How-to Guide for DC Medical Providers
ROUTINE HIV SCREENING IMPLEMENTATION HANDBOOK

WE OFFER The Test
DC TAKES ON HIV
DC’s Standard of Care is for Medical Providers to Conduct Routine, Opt-Out HIV Screening

What is Routine, Opt-Out HIV Screening?
Routine “opt-out” HIV testing means that all DC practitioners should inform patients 13 and older that they should have an HIV test every year and give them the option of refusing or “opting-out”. The District of Columbia expects all practitioners (including but not limited to internal medicine, family practice, pediatric and OB/GYN) to include informed HIV testing as they do cholesterol, blood sugar and other standard health screens, in a patient’s examination. There is no required separate written consent in DC. Also, pre-test risk assessment and extensive counseling are neither required nor recommended.

The DC Department of Health maintains a policy, first announced in June 2006, that routine opt-out HIV testing in medical settings is the District’s standard of care. This policy is fully supported by the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings issued by the U.S. Centers for Disease Control and Prevention (CDC) in September 2006. The Department of Health has worked with many of DC’s medical providers to implement the practice of routine HIV testing and is advancing this policy to all.

LET’S ELIMINATE THE SPREAD OF HIV IN DC!
IT’S IMPORTANT FOR YOU TO GET INVOLVED WITH ROUTINE HIV SCREENING!

The District of Columbia has the highest AIDS case rates in the nation! The DC Department of Health’s 2010 Epidemiology Update reports that 3.2% of all District residents are currently diagnosed and living with HIV/AIDS.

However, based on behavioral studies, as many as one-third to one-half of DC residents living with HIV are unaware of their diagnosis. If you think you know which patients are at risk and do targeted testing, you’ll miss patients with undiagnosed HIV infection.

One of the most effective prevention measures that we can take to combat HIV/AIDS is to fully implement routine HIV screening for all adolescent and adult patients in health care settings. As with most chronic illnesses, early detection of HIV infection and linkage to care and prevention services is essential for positive health outcomes.

What is NOT Routine HIV Screening?
The above describes what routine “opt-out” HIV screening is, and the rest of the handbook covers the practical steps to implement it. However, it is valuable to clarify what routine HIV screening is not:

- It is not secret.
- It is not testing without telling patients.
- It is not mandatory.
- It is not asking patients IF they want HIV testing.
GETTING STARTED

The DC Department of Health expects that all medical providers perform routine, opt-out HIV screening. Opt-out screening is the practice of informing the patient that the test will be done (such as, cholesterol or blood sugar tests) then performing the test. The patient is afforded the right to refuse screening. Studies show that more patients consent to HIV screening when it is offered to everyone equally, as a part of routine care. Here are the five steps to implement this medical practice:

1. How to Inform Patients
   - DC surveys show that patients in our city will readily accept an HIV test when initiated by a practitioner.
   - Try this: “As a part of routine care, we test everyone for HIV, unless they refuse, just like we test cholesterol, blood sugar levels and other serious or common conditions.”
   - You can post a sign stating that all patients will be tested for HIV unless they refuse.
   - You can also add a sentence to your general consent for treatment form.

2. What Test to Use
   - There are several methods of HIV screening. Most providers do testing either by adding the test to blood already being drawn or by performing screenings using rapid test technology. Implement the best testing methodology for your practice.

3. What Documentation is Needed

Consent
   - Obtaining consent for HIV screening has never been easier!
   - DC does NOT require or recommend separate written consent for HIV screening.
Once you have informed your patient of your intention to perform the test, you can proceed with the screening, unless they have declined.

Additionally, you can add a routine opt-out HIV screening statement to your general consent forms.

If patients decline HIV testing, try to address their reason for refusal. If they still refuse, the DC Department of Health can provide you a card that lets them know they have decided to reject an important health test and they can change their mind any time. Document refusal of HIV test in patient’s chart and be sure to bring it up again at the next visit.

Reporting
- Additionally, DC expects providers to offer Partner Services to all HIV-positive patients. The DC Department of Health provides the partner notification services by notifying partners of possible exposure to HIV, while never disclosing your patient’s name.

4. How to Bill for HIV Testing
The Department of Health understands that issues around billing and payment greatly impact your ability to implement new protocols. DC has made significant progress in this area. The following billing hints can maximize reimbursements.

- For Medical Settings: The AMA has summarized clinical billing codes. These codes can be used for both rapid test technology and conventional HIV testing. For additional information, including specific ICD9 and CPT codes, please visit http://www.ama-assn.org/ama1/pub/upload/mm/36/hiv_cpt_guidance.pdf.
• **New For Emergency Departments:** Under the Insurance Coverage for Emergency Department HIV Testing Amendment Act of 2008, health insurers are required to reimburse for a voluntary HIV test performed during an insured’s visit, despite the reason for that ED visit.

5. **Linkage to Care: Creating Pathways for Positives**
   - You need to link HIV-positive patients into HIV care and treatment! Early detection of HIV infection leads to better health outcomes and can help stop HIV transmission. Recent research has shown that delaying therapy can increase the risk of death by as much as 94%, while starting treatment early showed a relative reduction of HIV transmission of 96%.
   - You should provide your patient with a follow up appointment for HIV medical care immediately after delivering either a preliminary or confirmatory positive test result. Through our Red Carpet Entry program, patients can be linked to care within 48 hours of being diagnosed with HIV.
   - Identify an HIV Specialist to whom you will refer your patients, like you do for all other specialty care. You, along with the specialist you identify, can co-manage your patient to assure the best health outcomes. Fortunately, the District has an abundance of medical and social service providers for people with HIV.
HIV/AIDS. For more information on publicly supported medical and social service providers go to www.doh.dc.gov/hiv.

6. DC expects providers to offer Partner Services to all HIV positive patients.
The DC Department of Health supports this expectation by providing tools for providers, as well as partner notification services, which inform partners of possible exposure to HIV without disclosing your patients’ names.

Don’t wait to implement routine HIV screening in your practice! Determine the screening protocols for your practice and start testing! DC DOH offers technical assistance.

SOME COMMON EXCUSES WHY HIV SCREENING IS NOT THE JOB OF PRACTITIONERS

Providers have given many reasons for not including HIV in their medical screening. Here are a few:

HIV is difficult. It’s tough to give positive results.
Practitioners have been told for years that HIV is not in their arena, because of the difficulty of positive test results. Yet, practitioners readily give diagnoses of cancer, diabetes, heart disease, and other chronic conditions.

I don’t have the time to do the counseling.
DC’s standard of care does not require practitioners to provide pre-test or other counseling. DC expects practitioners to be able to give results and connect patients to HIV specialists.
Practitioners will be inundated by HIV-positive results.  
The DC Department of Health estimates approximately 100 patients are diagnosed with HIV every month. The majority of practitioners may diagnose only 2 or 3 patients at the most each year.

My patients don’t get HIV. My patients are older and HIV is a young person’s disease.  
HIV is mostly an adult disease in DC. More than 70% of cases are 40 and older. One in 7 new cases is among 55 and older. HIV crosses all population groups, ages and genders.

It’s only the people having lots of sex who get HIV.  
Given the high prevalence of HIV in DC, it only takes one instance of unprotected sex to be exposed to HIV.

I can tell by looking or talking with patients to decide who needs an HIV test.  
The DC Department of Health does not expect practitioners to assess whether or not their patients may be at risk for HIV. There is no longer a requirement to ask about behaviors and calculate, as in a Rubik’s cube, whether or not the test is required. Based on the across the board impact of HIV among all populations in the city, the Department of Health is making it easier for practitioners by making HIV testing a standard for all adolescent and adult patients.
ROUTINE HIV SCREENING CHECKLIST

☐ Inform patient that Routine HIV Screening is administered to all patients, unless they decline.
☐ For negative results: explain the importance of regular HIV testing every year.
☐ For positive results: explain the result immediately and LINK your patient to an HIV specialist to co-manage HIV care and other health maintenance.
☐ Encourage patients to tell a friend or family member as having support is helpful to them.
☐ Report HIV-positive patients to Department of Health.

Special note for OB/GYNs
There are many women whose primary physician is her OB/GYN. This is the doctor she sees on a regular basis. If she is generally healthy, this may be the only physician she sees. As such, it is important for you to offer HIV screening as part of every woman’s annual exam (unless she opts out). DC DOH has materials available for routine screening and screening during pregnancy. Feel free to contact DOH with any questions.

Special note for Pediatricians
Pediatricians can play a crucial role in the lives of their adolescent patients. A number of risk assessments are performed for adolescents. While this method is not recommended to determine HIV risk, the other risk assessments do allow for an opportunity to introduce routine HIV screening. In addition to the recommendations from the CDC and DC DOH, the American Academy of Pediatrics (AAP) also endorses the practice of routine HIV testing in adolescence. The AAP recommendation can be obtained at www.pediatrics.org/cgi/doi/10.1542/peds.2011-1761.
PATIENT PRESENTS FOR MEDICAL APPOINTMENT

Inform Patient About Opt-Out HIV Screening

Accepts

Perform Test

Perform HIV Screening: Rapid or Panel

Positive

Provide Result and Answer Questions

Link Patient to HIV Care

Provide Result Card and Risk Reduction

Negative

Provide Patient with Test Result Card

Report Positive to DOH

Declines

Provide Patient Opt-Out Card
RESOURCES

For additional information on routine and expanded screening in DC, please contact:

HIV Testing Expansion Coordinator
DC Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
(202) 671-5061
avemaria.smith@dc.gov

DOH/HAHSTA hosts regular trainings on OraQuick rapid HIV screening devices. For more information, contact the Training Coordinator, at (202) 671-5079.

For assistance with Partner Services, call (202) 727-9860.

For a list of services for people with HIV/AIDS, visit www.doh.dc.gov/hiv or call (202) 671-4900.

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