

Title: Implementing Routine HIV Testing: Stories from the Field

Track: ATC-213

Date/Time: Monday, August 25 2:30pm-4:00pm

Moderator: Lynn Wegman
Department of Health and Human Services
Health Resources and Services Administration
Insert your Bureau/Division

Presenters:



Evolution of the Special Projects of National
Significance Prevention with HIV-Infected
Persons Seen in Primary Care Settings
Initiative

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**Ryan White HIV/AIDS Program
Prevention Activities**

- The Ryan White CARE Act Prevention Project (2000-2002)
- Incorporating HIV Prevention into the Medical Care of Persons living with HIV: Recommendations of CDC, HRSA, NIH, and HIVMA (2003)
- SPNS Initiative: Prevention with HIV-Infected Persons seen in Clinical Settings (Prevention with Positives Initiative, 2002 – 2008)
- OPTIONS Project (2005-2007)

The Ryan White CARE Act Prevention Project 2000 - 2002

- Current practices of providers regarding primary prevention with HIV-infected patients in clinical settings
- Incentives and barriers to providing prevention with positives in clinical settings
- Perceptions of patients receiving care in clinical settings regarding their prevention needs and services

Findings:

The Ryan White CARE Act Prevention Project*

- HIV prevention counseling was not routine in most clinics; patients reported receiving prevention counseling significantly less frequently than counseling related to diet, nutrition and adherence to ARVs.
- Lack of time, lack of specialized training and funding dedicated to the provision of prevention counseling were cited as barriers providing HIV prevention in the clinical setting.
- Some clinical providers did not understand their role in “prevention with positives”.
- The low frequency of HIV prevention services in these clinical settings represented “missed opportunities” for reducing HIV transmission.

*Morin et al. (2004) Missed Opportunities: Prevention with HIV-Infected Patients in Clinical Care Settings. *J-AIDS*, 36(4):960-966.

Incorporating HIV Prevention into the Medical Care of Persons living with HIV: Recommendations of CDC, HRSA, NIH, and HIVMA/IDSA*

- Guidelines support the provision of HIV prevention in clinical settings
- Provide clinicians with the tools needed to conduct a behavioral assessment, screen for sexually transmitted diseases, and provide appropriate prevention messages

*CDC. (2003) Incorporating HIV Prevention into the Medical Care of Persons Living with HIV. Recommendations of CDC, the Health Resources & Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. *MMWR Recommendations and Reports*, 52 (RR-12), 1-24.

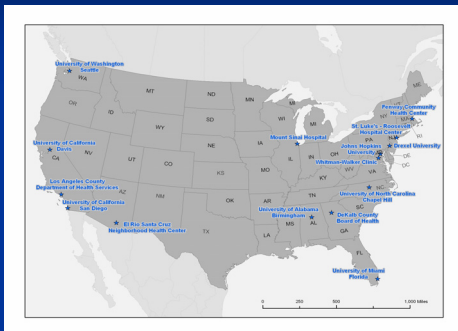
SPNS Initiative: Prevention with HIV-Infected Persons seen in Clinical Settings (Prevention with Positives Initiative)

- **Goal:** To evaluate the effectiveness of behavioral prevention intervention programs for HIV-positive clients seen in clinical care settings by examining the following questions:
 - Can behavioral interventions in primary care clinical settings help HIV+ clients reduce the risk of transmitting HIV to others?
 - What models are most appropriate with different populations (e.g., MSM of color, heterosexual women, rural drug users)?
 - What models are most appropriate for different primary care settings (e.g., rural, urban, high volume, community-based organization, large hospital)?

Prevention with Positives Initiative Overview

- 15 sites were funded to implement and evaluate HIV prevention interventions tailored to their individual clinics
- A TA & Evaluation Center received funds to conduct a multi-site evaluation and assist demonstration sites in designing their interventions and local evaluations

SPNS Prevention with Positives Initiative Demonstration Sites



Prevention with Positives Initiative Overview

- Interventions implemented by the sites differ in terms of:
 - Modality;
 - Target population; and
 - Types of professionals, from peers to physicians, who “deliver” the intervention.

Intervention Modality

| Site | Intervention Modality | |
|---|-----------------------|-------------|
| | Individual Level | Group Level |
| Johns Hopkins University, Baltimore | √ | |
| University of Alabama, Birmingham | √ | |
| County of Los Angeles | √ | |
| St. Luke's Roosevelt Hospital, New York | √ | |
| University of Washington, Seattle | √ | |
| El Rio/Special Immunology Health Ctr., Tucson | | √ |
| University of California, Davis | √ | |
| DeKalb County Board of Health, Decatur | √ | |
| Whitman Walker Clinic, Washington, DC | √ | |
| Drexel University, Philadelphia | √ | √ |
| University of North Carolina, Chapel Hill | √ | |
| University of California, San Diego | √ | |
| Fenway Community Health Center | √ | |
| Mt. Sinai Hospital, Chicago | √ | |
| University of Miami | | √ |

Target Populations

- All patients (3)
- Patients with sex or drug risk in last 6 months (2)
- MSM with sexual activity in last 6 months (1)
- All returning patients with sexual activity in last 3 months (1)
- All returning patients (1)
- All MSM (1)
- Patients reporting sexual activity in last 3 months (1)
- Male patients (1)
- Female patients (1)
- Patients reporting risk in last 6 months (1)
- Patients diagnosed with HIV for at least 3 months (1)
- Patients age >45 reporting unprotected sex in last 12 months
