

Tips for Implementing Routine HIV Screening on the U.S. – Mexico Border

This handout can be accessed online at tinyurl.com/hivtestingtips

1. Identify a champion in the clinic who will:

- Work with clinic leadership to make HIV screening a priority. This could be initiating HIV screening or expanding an already existing HIV screening program to reach full implementation.
- > Facilitate development of policies and protocols that fit the special needs of the clinic.
- Motivate staff and serve as an agent of change.

2. Know your clinic's HIV test and supplemental testing algorithm.

- ➤ HIV testing technology has vastly improved. The new CDC-recommended 4th generation HIV testing algorithm has the ability to identify HIV within 16 days of HIV infection.
- > Know which HIV test your clinic is using, the length of the window period, and the appropriate supplemental tests in the event of a positive result.
- Click here for more information on HIV tests.

3. Update clinic's policies and procedures to reflect new screening protocol.

- ➤ Depending on the size of your clinic, policy change may require engaging the advisory board, risk management, and legal and compliance offices. Be prepared to explain the benefits of HIV screening to all stakeholders and address concerns.
- AETCs can provide examples of routine, opt-out HIV testing policies and help revise/update HIV testing policies that reflect the CDC HIV testing guidelines.

4. Know your state testing laws.

- All U.S. Mexico border states (California, Arizona, New Mexico, and Texas) have testing laws that no longer require written consent for HIV testing.
- > Routine HIV testing can be incorporated into general medical consent.
- Formal pre and post test counseling is not required.
- Click here to access a compendium of state HIV testing laws.

5. Streamline testing and distribute responsibilities among team members in the clinic.

- Routine testing requires collaboration from everyone at the clinic. No group should feel that a disproportionate burden falls on them. Cross train each discipline so they understand the roles others will play.
- An example of distribution of roles would be: 1) medical assistant consents patient, 2) RN draws blood, 3) provider discloses results, 4) case manager offers counseling and/or links to HIV care if needed, and 5) lab reports positive results to the state.

6. Explain that HIV screening is reimbursable and should be at no cost to insured patients.

- In February 2013, the U.S. Preventive Services Task Force gave HIV testing a grade "A" rating. This means all insurers, including Medicaid and Medicare, must cover HIV testing at cost to the patient.
- Click here for more information regarding the USPSTF grade a recommendation.

7. Develop education plan for clinic staff and patients.

- Create a plan to make sure all clinic staff have at least a basic understanding of HIV, the rationale behind HIV screening and are comfortable with their roles in the testing process.
- > Role-plays are a good way for clinic staff to practice consenting patients and disclosing positive results.
- For your patients, create/obtain patient friendly literature on HIV/AIDS and HIV testing. Consider having materials available in Spanish if appropriate.
- Contact your local AETC if you would like training for your clinic or help creating patient friendly literature.

8. Establish a plan to link patients with a positive test result to HIV medical care.

- > Decide if your clinic will provide HIV care or if you will refer out. Set-up agreements with the local health jurisdiction and HIV clinic / Ryan White providers prior to testing.
- A Release of Health Information (ROI) form may be needed for your clinic to share patient information with appropriate referral resources.
- Mexico has an HIV care system that is similar to Ryan White where all patients can receive HIV care regardless of ability to pay. It is helpful to know your counterparts across the border in the event that a bi-national patient needs to seek care in Mexico.
- > Click here for more information on connecting patients to care in Mexico or Central America.

9. Initiate data collection process specific to HIV testing.

- > Data collection is essential to evaluate your screening program. Identify someone to track the number of tests conducted, how many positive tests, and how many false positives. Patient demographic information and risk information may also be useful in informing the effectiveness of your program.
- For patients with positive test results, collect referral and linkage to care information. This information will help evaluate the effectiveness of the testing program and identify areas for improvement.

10. Ask for help.

- The AIDS Education and Training Centers (AETCs) offer free training and technical assistance. Go to http://aidsetc.org/directory to find the AETC site nearest you. Ways in which AETCs can help:
 - 1) Assess training needs for health care providers and staff.
 - 2) Update testing policies and help create testing protocols.
 - 3) Provide TA to improve linkage to care systems for patients that test positive.
 - 4) Evaluate testing programs and identify areas for improvement.
 - 5) Much more!
- > The AETCs collaborate with federal training centers for substance abuse, family planning, TB, and HIV/STD prevention. Training and technical assistance can be tailored to meet the needs of any type of border clinic or program that serves patients living with HIV.
- For providers working with substance use disorder treatment settings who wish to implement HIV testing, see this fact sheet from the Addition Technology Transfer Center: www.nattc.org/rapidtesting

11. Be aware of cultural norms around HIV and HIV testing.

- Normalize HIV testing by offering the test to every patient that seeks care at the clinic. Let the patients know the test is offered to everyone.
- Provide educational materials in English and Spanish.
- Explain that testing is confidential; results will only be shared with the patient. Assure the patient even if he or she is found to be positive, you will not share results with his or her partner or family.