Health Department HIV Testing Programs: Status and Opportunities

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Methods

• Periodic survey to monitor HD testing activities, trends, emerging issues
• Inform technical assistance, policy

• 2015 survey
  o Testing activity (volume, type, sample)
  o Program practices
    • Technologies
    • Settings/Venues
    • Integration of HCV
  o Third-party billing

• N=52 (46 SHD, 3 Territories, 3 cities)
  o 34 (31 SHD, 3 cities) completed all prior surveys
HIV Test Volume by Sample Type 2014 (N=52)

- Venipuncture: 1,104,103 (42%)
- Dried Blood Spot: 904 (0%)
- Oral Fluid: 40,283 (2%)
- Unknown: 182,645 (7%)
- Rapid Whole Blood: 762,630 (29%)
- Rapid Oral Fluid: 204,614 (8%)
- Rapid Serum: 493 (0%)

Total Tests: 2,707,362
Test Volume by Test Type, 2006 – 2014
Selected Health Departments (N=34)
Selected Health Departments (N=34)
Laboratory-Based Testing Practices (N=52)

- Of 32 that do not require use of PHL, only 11 (34%) require Ab/Ag capability
- Of 14 that require PLH, 13 (93%) provide Ab/Ag

Providers may use public health laboratory
- 29 (56%)

Providers required to use public health laboratory
- 14 (27%)

Providers required to use commercial or clinical laboratories
- 3 (6%)

Other
- 6 (11%)
## Rapid Testing Practices 2014 (N=52)

### Rapid HIV Tests Used Point-of-Care

<table>
<thead>
<tr>
<th>Test</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearview COMPLETE HIV 1/2:</td>
<td>33</td>
<td>63%</td>
</tr>
<tr>
<td>OraQuick ADVANCE Rapid HIV-1/2 Antibody Test</td>
<td>32</td>
<td>62%</td>
</tr>
<tr>
<td>Determine HIV-1/2 Combo Test</td>
<td>27</td>
<td>52%</td>
</tr>
<tr>
<td>INSTI HIV-1 Antibody Test</td>
<td>18</td>
<td>35%</td>
</tr>
<tr>
<td>UniGold Recombigen HIV-1/2</td>
<td>13</td>
<td>25%</td>
</tr>
<tr>
<td>Clearview HIV1/2 STAT-PAK</td>
<td>8</td>
<td>15%</td>
</tr>
<tr>
<td>Count of Chembio DPP HIV-1/2</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Type of Sample Used for Rapid HIV Testing

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Blood Fingerstick</td>
<td>50</td>
<td>96%</td>
</tr>
<tr>
<td>Oral Fluid</td>
<td>27</td>
<td>52%</td>
</tr>
<tr>
<td>Whole Blood Venipuncture</td>
<td>23</td>
<td>44%</td>
</tr>
<tr>
<td>Serum</td>
<td>7</td>
<td>13%</td>
</tr>
</tbody>
</table>

- 29% (15) use multi-test algorithm
- 33% (17) plan to purchase other rapid test
- 4% (2) support home testing
- 79% (41) no plans to support home testing
Health Department-Supported HIV Testing by Setting

Targeted (N=52) vs. Routine (N=42)
Integrating HCV Testing (N=52)

- Provided in selected settings/venues in which HIV testing provided: 30 (58%)
- Provided in all settings/venues in which HIV testing provided: 9 (17%)
- Plan to support HCV testing within 12 months: 4 (8%)
- No plans to support HCV testing: 6 (11%)
- Other: 3 (6%)
**3rd-Party Billing Practices**

**Status of 3rd-Party Billing for Health Department Delivered HIV Testing Services (N=36)**

- Currently Billing: 11 (31%)
- Plan to Bill w/in 12 mos.: 7 (19%)
- No Plans: 12 (33%)
- Other: 4 (11%)
- Don’t know: 2 (6%)

**Health Department Requirement for Providers to 3rd-Party Bill for HIV Testing (N=44)**

- Providers not required to bill: 26 (59%)
- Some providers required to bill: 12 (27%)
- All providers required to bill: 1 (2%)
- Other: 5 (12%)
Discussion

• Trends:
  o Overall volume
  o Oral fluid testing
  o Rapid testing

• Areas of Opportunity:
  o Optimizing technology
    • HD policy and capacity for ab/ag testing
    • Oral fluid rapid testing
    • Emerging technology
  o 3rd-party reimbursement
  o Integration