HIV Screening and Access to Care
Series Summary

The HIV epidemic remains a major disease burden in the United States, with more than 56,000 new infections occurring each year during the last decade. Ensuring that people know their HIV status and receive adequate care if infected can improve clinical outcomes and reduce the transmission of HIV. Yet researchers estimate that 21 percent of the 1.1 million people estimated to be living with HIV/AIDS are unaware that they have the disease.

The White House Office of National AIDS Policy (ONAP) is responsible for coordinating government efforts to address the HIV epidemic. In July 2010, ONAP released its National HIV/AIDS Strategy, aimed at reducing HIV incidence, increasing access to care and improving health outcomes for people living with HIV, and reducing HIV-related health disparities. To help implement the Strategy, ONAP commissioned the Institute of Medicine (IOM) to evaluate the extent to which federal, state, and private health insurance policies and practices pose barriers to expanding HIV testing and treatment and to examine the current capacity of the health care system to administer more HIV tests and accommodate new HIV diagnoses. The IOM also was asked to identify options for overcoming existing barriers and ensuring adequate system care capacity.

During the course of its study, the IOM committee issued three reports:

Barriers and Facilitators to Expanded HIV Testing

The committee identified a variety of laws and policies that can inhibit expanded HIV testing. For example, federal agencies have conflicting guidelines on who should be screened, and the discrepancies may hinder insurance coverage of routine testing. Also, some federal and private health insurance programs set low reimbursement rates for HIV testing, which discourages providers from offering the tests. Some states have laws restricting how HIV tests can be conducted and who is allowed to do the testing. Other barriers include a shortage of programs that support clinician education and training in HIV testing, as well as a widespread lack of programs to address the stigma and discrimination that often is associated with HIV and that can discourage people from being tested.

A variety of strategies may help promote expanded HIV testing. These include expanding programs to notify partners of HIV-positive individuals, linking HIV testing with other health care and social services, and mounting media and social network outreach efforts. Expanding the use of “rapid” HIV tests also may help. Unlike conventional tests that take days to yield results, rapid tests provide results immediately and thus may reduce the number of people who fail to receive their test results. It also would be beneficial to streamline the administration of HIV tests to make them easier to administer in busy clinics. Finally, it may be possible to expand and simplify HIV testing in prisons and other correctional facilities, where HIV often is prevalent.

Promoting Access to and Provision of HIV Care

With the widespread use of antiretroviral treatment, HIV has become a chronic disease, but treatment must be started early and continued for life. A number of barriers can impede care delivery. For example, many patients lack access to a provider with expertise in treating HIV, or they cannot afford treatment, even with insurance.

Many of the barriers arise from the lack of integration of state and federal government programs addressing the complex needs of HIV-positive individuals and the intertwined medical and social problems often associated with HIV. Such fragmentation, coupled with multiple funding sources with different eligibility requirements, causes many individuals to shift in and out of eligibility for HIV care.

The Ryan White Program funds cities, states, and local community-based organizations to provide HIV-related services for people who do not have adequate health care coverage or financial resources for coping with HIV infection. For many people needing treatment, the Ryan White Program has been a lifeline in filling gaps left by other sources of care coverage. Funding for the program depends on annual appropriations from Congress, however, and does not always match the needs for care, leaving gaps in access to care in several states and cities. The Affordable Care Act of 2010 outlined changes that will address some of these issues by providing, for example, increased access to Medicaid and private insurance, but the changes are still being implemented. The committee raises concerns, however, that not all of the benefits available through the Ryan White Program will continue to be supported under the Affordable Care Act.

The committee identified strategies for overcoming a variety of barriers to treatment. These include making eligibility criteria for public and private coverage consistent with the guidelines issued by the Department of Health and Human Services for initiating antiretroviral therapy, providing cost-sharing assistance for lower income populations, imposing monthly and annual caps on a patient’s overall out-of-pocket expenses, ending the practice of denying coverage for failure to pay for services, and eliminating annual or lifetime coverage limits for treatment.
Ensuring System Capacity for Increased HIV Testing and Care

Projections of the U.S. HIV care workforce—and the primary care workforce more generally—indicate that there will be a shortage of providers to handle the number of people who need to be tested and treated. Many among the “first generation” of HIV providers are reducing their practices or retiring, and relatively few new health professionals are choosing to specialize in HIV care. The majority of providers receive little training or practical experience in HIV care, especially in outpatient clinics where most HIV care now occurs, and thus many of them may be uncomfortable with taking sexual histories and providing HIV tests to patients.

To meet workforce demands, there is a need to increase the exposure of health professionals to outpatient HIV care during their training and to provide continuing education for professionals throughout their careers. There also is a need to reach beyond the primary care physicians and infectious disease specialists who provide HIV care and to utilize advanced practice registered nurses and physician assistants to the full extent of their training and abilities. Registered nurses, dentists, pharmacists, and social workers are among the large number of providers necessary to provide quality HIV care in a variety of settings. It also may be desirable to provide better financial and other incentives to encourage more health professionals to enter and remain in HIV care.

The committee also underscored the need to develop coordinated care and integrated delivery systems, possibly modeled on the approach used in the Ryan White Program. Health care providers and public health officials will need to be increasingly flexible and willing to employ a variety of approaches to meet the needs of HIV-positive individuals, especially given the financial and capacity strains facing the health care system. Providers likely will need to collaborate on care of patients and often divide tasks among providers to the extent permitted by state regulations. Approaches to expanding HIV testing and treatment should take account of the setting in which they are being implemented, so as to fit as seamlessly as possible into the workflow.

Conclusion

More and more HIV-positive individuals are being identified and provided the care they need. Unfortunately, the system, already strained, is facing increasing pressures. The National HIV/AIDS Strategy offers a sound course forward. The challenge will be to reduce or eliminate existing barriers, keep new barriers from arising, and implement a system capable of meeting the nation’s needs—and the needs of the people who live their lives with HIV.