

Separate Consenting for HIV Testing in New York City: Where Policy, Community and Funding Intersect

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CDC Recommendation Routine Screening for HIV Infection (2006)

**Opt-out HIV screening for
persons aged 13-64 years
in all healthcare settings**

CDC Rationale OPT Out

- **Detects HIV infection earlier**
- **HAART is most effective when started earlier in the course of HIV infection.**
- **Persons aware of their HIV infection are much less likely to transmit HIV**
- **Reliable, inexpensive, and noninvasive screening tests can detect HIV**
- **The costs of screening are reasonable in relation to the anticipated benefits**

Organizational Support for CDC Recommendations

- **AIDS Education and Training Centers (AETC)**
- **AIDS Healthcare Foundation**
- **American Academy of Pediatrics**
- **American College of Emergency Physicians**
- **American College of Nurse-Midwives**
- **American College of Physicians**
- **American Medical Association**
- **Association of State and Territorial Health Offices**
- **Emergency Nurses Association**
- **HIV Medicine Association**
- **National HIV/AIDS Clinicians Consultation Center**
- **National Medical Association**

States with Separate HIV Consenting Procedure

Eight states require separate written consent

- **Alabama**
 - **Massachusetts**
 - **Michigan**
 - **Nebraska**
 - **New York**
 - **Pennsylvania**
 - **Rhode Island**
 - **Wisconsin**
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- **New York State's HIV law written more than 20 years ago**

Clinician Level Barriers

- **Time necessary to implement separate consent**
- **Competing clinical duties**
- **Provider discomfort**
- **Difficulty locating necessary paperwork**
- **Lack of privacy in clinic setting, especially ED setting**

Patient Level Barriers

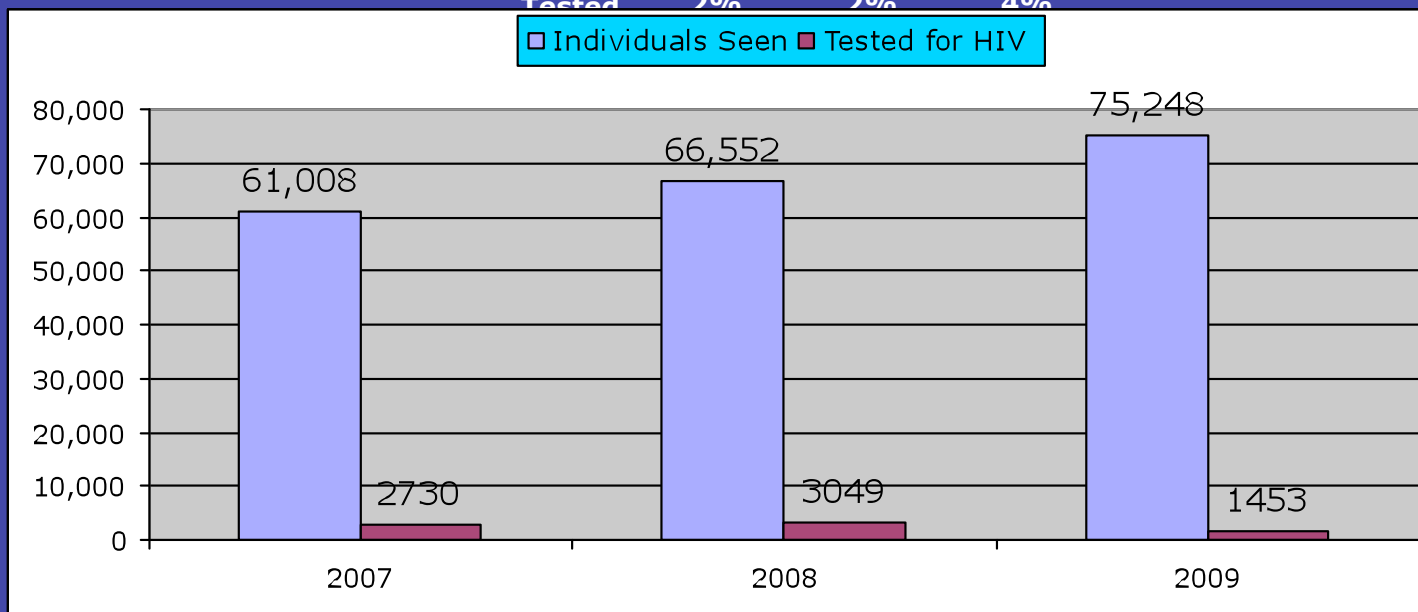
- **Patient does not believe they are at risk**
- **Patient does not wish to disclose sexual behavior**
- **Patient is anxious about signing separate forms for specific diagnostic test**
- **Patient feels “risk profiled” and is offended**

St. Luke's-Roosevelt Experience

- **2006**
 - **Funding from NYC DOHMH for RHIV testing**
 - **Integrated into ED, GYN, Inpatient, OB, Outpatient Medical Clinics**
- **Original Model (2007-late 2009)**
 - **HIV Counselor in the ED, trained providers in other areas**
 - **ED positivity rate: 2%**
 - **Only testing 4% of all eligible ED patients**
- **2009 New ED Model**
 - **Physician-initiated**
 - **Satellite lab**
 - **ED Techs**

St. Luke's-Roosevelt Emergency Departments 2007-2009

SLR	2007	2008	2009
Individuals Seen	61,008	66,552	75,248
Tested for HIV	2730	3049	1453*
Monthly % Tested	4%	5%	2%
Positive	62	63	52
% Positive of Tested	2%	2%	4%



* Decrease in testing was a result of test kit shortage and staff shortage for new model. Two types of test kits are now available to ensure consistent supply and ED Techs have been trained in RHIV testing.

Demographics of ED Positives

SLR	2007 (62) N(%)	2008 (63) N(%)	2009 (52) N(%)
Male	44 (71%)	39 (62%)	38 (73%)
Female	18 (29%)	24 (38%)	14 (27%)
African American	38 (62%)	40 (63%)	28 (54%)
Hispanic/Latino	20 (32%)	20 (32%)	15 (29%)
Caucasian	4 (6%)	3 (4%)	9 (17%)

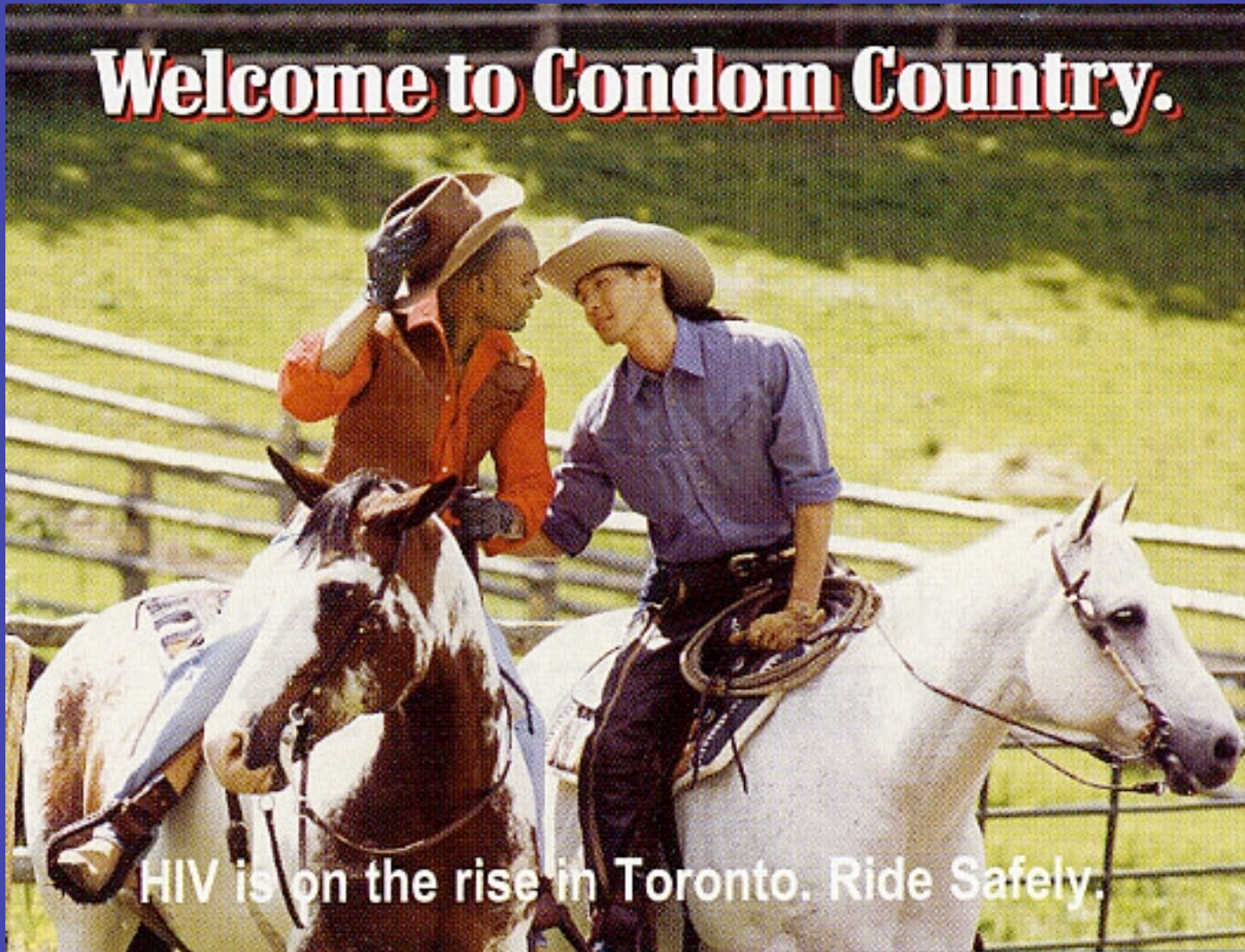
Case Studies

- **19 y/o African American male. Second visit to the ED in a week for R arm pain. Pt was surprised as he tested negative three weeks earlier in mobile van.**
- **38 y/o Hispanic male, married with newborn. To ED for genital rash. Had tested negative two years earlier on d/c from prison. Wife negative during pregnancy; wife and baby retested, both negative.**
- **50 y/o African American married male. To ED with abdominal pain, dizziness. Pt was admitted for further evaluation. Wife tested negative.**
- **75 y/o Hispanic male, married for 50 years. Unprotected sex 15 years ago. Admitted with PCP.**

Funding & Policy Implications

- **Fund advocacy efforts to overturn burdensome laws mandating separate consenting for HIV testing**
- **Shift responsibility for patient literacy about HIV to public health campaigns away from individual clinic visits**
- **Focus funding on prevention with positives and primary prevention with groups at highest risk for HIV acquisition, e.g. with highest HIV incidence rates, such as young MSMs**

Welcome to Condom Country.



HIV is on the rise in Toronto. Ride Safely.

Questions?

Thank You

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