

Rapid Start Expansion: Point-of-Care HIV Screening and Linkage to Care Beyond the **Emergency Department in Las Vegas Urgent Care Clinics** Hazel Gusman, MSN, RN, ACRN Rachel Summers, BSN, RN

University Medical Center of Southern Nevada



Conflict of Interest Disclosure Statement

Speakers have nothing to disclose

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,205,743 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor does mention of trade names, commercial practices, or organizations imply an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov. *Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.*



Project Team

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- Southern Nevada Health District
- Pacific AIDS Education Training Center-Nevada
- Rescue Behavior Change Agency





Use of Trade/Brand Names

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- Your input will help us refine and improve our presentations, ensuring they remain inclusive and respectful to participants.



Learning Objectives

- 1. Explain the principles and benefits of rapid-start antiretroviral therapy (ART) in urgent care settings
- 2. Describe the workflow and key considerations for implementing point-of-care HIV screening programs
- Assess the impact of expanding HIV screening and rapid-start programs on patient linkage to care and health outcomes
- 4. Describe why urgent care clinics are an ideal location for HIV and STI screening, prevention, and care



HIV in Clark County, NV

- In 2023, there were 13,857 PWH and there were 560 persons newly diagnosed with HIV (NDPBH, 2024).
- Clark County contains approximately 91% of the HIV burden in NV (NDPBH, 2017-2022).
- NV has the highest rate (19 per 100,000) of new HIV infections in the Western U.S.





HIV in Clark County, NV

- Since 2012, NV has experienced an increase in both the number of new HIV diagnoses and in the number of people living with HIV (PWH) (NDPBH, 2015) (NDPBH, 2017-2022).
- The CDC estimates that just 79.6% of those living with HIV infection in Clark County have been diagnosed (CDC, 2020).
- 1 in 5 PWH in Clark County are unaware of their status. For comparison, 1 in 7 people living with HIV in the U.S. are unaware of their status (CDC, 2020).



Ending the HIV Epidemic: A Plan for America

- The initiative focuses resources on areas where HIV transmission occurs most frequently
- Clark County, NV one of 48 priority jurisdictions in the U.S.





Priority States

Ending the HIV Epidemic (EHE)

Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.





Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.





https://www.hrsa.gov/ending-hiv-epidemic



HIV Screening Recommendations

- United States Preventive Services Task Force (USPSTF) (since 2013):
 - 15 65 years old at least once as part of routine health care
 - Has the highest "A" rating.
- CDC (since 2006):
 - 13 64 years old at least once as part of routine health care and at least once a year if higher risk.
- Nevada SB 211 (since 2021) mandates all primary care providers, midwives, and emergency departments ask patients about HIV/STI screening.



Urgent Cares are ideal for screening hard-to-reach populations

- The CDC states that despite seeing a PCP, many people at high risk for HIV are not getting tested every year. More than 75% of patients at high risk for HIV who saw a PCP in the last year weren't offered an HIV test during their visit (CDC, 2019).
- One study found that people choose to access urgent cares because they have limited access to primary care providers, patient perceived urgency and convenient location and time (Coster et al., 2017).



Urgent Cares are ideal for screening hard-to-reach populations con't

- One study that examined HIV screening in an urgent care, found that 47% of patients that agreed to be screened for HIV were minorities, suggesting that urgent care clinics are an ideal access point for these community members (Cirone, et al., 2016).
- Another study suggested that urgent care clinics may be an ideal setting for HIV screenings, as physicians may be less constrained by time or patient acuity compared to the ER setting (Burrell, et al., 2018).



Why urgent cares should screen for HIV

- Many young patients rely on urgent care as their "provider of first choice." These patients are generally healthy and need someplace to go when the occasional illness or injury arises.
- Patients tend to seek urgent care when concerned about sexually transmitted infections.
- Urgent care offers neighborhood, walk-in convenience without the "stigma" or "embarrassment" that deters some patients from specialized providers like sexual health or HIV clinics, or the public health department.



Source: https://www.jucm.com/urgent-care-center-offer-hiv-testing/. Ayers, A., 2017; Practice Management Editor, JUCM 10



University Medical Center of Southern NV

- UMC has served the health care needs of Southern Nevadans since 1931.
- 10 Urgent Care Clinics
- UMC Wellness Center was the first HIV care clinic in NV





University Medical Center of Southern NV







UMC Emergency Department Project

- UMC ED set the foundation for this project in 2018
- Started screening for HIV in ED on World AIDS Day 2018
- Funded through a Gilead Focus Grant
- EHR prompts build to standardize HIV Screening
- Established a referral process for HIV care and prevention to the UMC Wellness Center
- This project helped create hospital administration buy-in for urgent care project



Identify Stakeholders







Nurse Navigator

- NN were a critical addition after initial emergency department rollout noted a need for intensive support at identifying people with HIV that were out of care
- NN are a critical bridge for both providers and patients to provide education, support and linkage
- Key feature: 10 hours a day, 7 days a week phone access to Nurse Navigators



Nurse Navigators Support Linkage

- Educate: Educate patients and staff
- Contact and Connect: Early patient contact
- Ensure ART: Access while inpatient and for discharge planning
- Transition Care: Assist with barriers to care
- For urgent care, they addressed staff concern of availability of support for new positives



Identify Champions

Who are your stakeholders and champions?







Identify Funding

What funding is needed to achieve goal?







Step 1: Readiness Assessment

Activities

(Processes)



- People
- Infrastructure
- Materials
- Information Technology

- What is done
- How it is done
- (Outputs)

 Health service is

Results

- delivered
- Change in health behavior
- Change in health status
- Patient satisfaction



Know your local regulations

Waived HIV Test Only Laboratory – Online, Initial Application Check List

If you plan on opening a laboratory that will be performing **only** waived HIV tests then this is the correct application to complete. If you plan on conducting any other tests besides a waived HIV test then withdraw this application and begin a new application for the correct laboratory type.

- \$150 online payment will be required.
- Be prepared to enter the names, professions (such as nurses), license/certificate numbers and expiration dates for each individual performing the waived HIV tests. Include in this list individuals that are currently certified as an office laboratory assistant.
- Ensure that each individual who will be performing tests that is not currently certified/licensed has
 completed a Certificate of Completion of Training by the Southern Nevada Health District's Office of
 Disease Surveillance (ODS) HIV Rapid Testing, Counseling, Safety, and Certificate program OR has
 submitted an online application to become an office laboratory assistant. Be prepared to upload the
 training certificate for each individual who has taken the training into the system.



Readiness Assessment Step 1: Resources - People								
Identify an administrative lead	Identify a clinical champion	Identify clinical staff that will be impacted						
 Contracts, budgets, purchasing, community referrals, regulatory compliance 	 Buy-in from clinical staff Better integration into clinical practice Meets standard of care 	 Providers Support staff: RNs, LPNs, MAs, Lab Tech, Social Workers, Health Educator, Case Manager, Front Desk 						



Clinical Capacity Needs Assessment

The 11-page assessment was adapted from a clinical capacity assessment designed by the New York State Department of Health AIDS Institute. Evaluated each Quick Care:

- Examine physical space
- Provide HIV pre-test counseling
- Evaluate and offer recommendations for Pre-Exposure Prophylaxis (PrEP) for
 patients who test negative for HIV
- Evaluate and offer recommendations for PEP

- Conduct and deliver results of confirmatory testing for all patients who test preliminary positive
 - Refer all HIV positive clients to HIV specialty medical care
- Establish a quality assurance plan



Clinical Capacity Needs Assessment

Instructions-Please Read Carefully: This capacity building needs assessment is for the UMC Quick Care Clinics who are implementing a comprehensive HIV counseling and rapid testing program utilizing the OraQuick, INSTI, and Alere Determine rapid HIV test. Read the required elements listed in column one of the page and then answer the associated key questions to consider in column two. After you have reviewed each key question on the page, complete the Capacity Rating in column three and make notes for capacity building. Transferring the capacity rating from each page to the Quick Reference table (last page of document) will help highlight areas that require further attention.

I. Ensuring Appropriate Physical Space to Conduct Rapid Testing

	ions to c	onsider	Capacity Rating
Counseling place in a s privacy from others.	and test pace that m being s	Complete this column after reviewing column 1 and 2 on this page. Check One Box	
A clean, fla locations w Yes	t, level s here testi □No	urface is available in all ing will be performed. Don't Know	My clinic is currently prepared to meet all required elements listed in this category.
The space	where the	test will be conducted	
□Yes	□ No	🗆 Don't Know	My clinic would need to make minor
The space if	s set up s will be ab	modifications to our current practices in order to meet each	
□ Yes	□ No	Don't Know	required element listed in this category.
The agency accommoditesting.	has adec ate the nu	quate space to imber of clients seeking	Notes:
🗆 Yes	🗆 No	Don't Know	
Does the sp dispose of	biohazar	ain an area to properly dous material?	
LICS		Don t Know	
Is the locat accessible, intended ta	on where safe and rget audie	e testing will be offered desirable for the ence?	
	Counseling place in a system privacy from others. □ Yes A clean, fla locations w □ Yes The space t and read is □ Yes The space is around the □ Yes The space is a space if for testing the space is a	Counseling and test place in a space that privacy from being r others. □ Yes □ No A clean, flat, level s locations where test □ Yes □ No The space where the and read is well-lit. □ Yes □ No The space is set up s for testing will be at around the area com □ Yes □ No The agency has aded accommodate the nu testing. □ Yes □ No Does the space of biohazar □ Yes □ No Is the location where accessible, safe and is the location where	Counseling and test processing will take place in a space that affords the client privacy from being seen or overheard by others. □ Yes □ No □ Don't Know A clean, flat, level surface is available in all locations where testing will be performed. □ Yes □ No □ Don't Know The space where the test will be conducted and read is well-lit. □ Yes □ No □ Don't Know The space is set up so that clients waiting for testing will be able to move in and around the area comfortably. □ Yes □ No □ Don't Know The agency has adequate space to accommodate the number of clients seeking testing. □ Yes □ No □ Don't Know The agency has adequate space to accommodate the number of clients seeking testing. □ Yes □ No □ Don't Know The space of biohazardous material? □ Yes □ No □ Don't Know Is the location where testing will be offered accessible, safe and desirable for the interded treet sudience?





Provider Educational Needs Assessment

- Screening patients for HIV risk
- Risk reduction counseling
- Offer HIV screening
- Discuss HIV results
- Evaluated for PEP and PrEP
- Linkage to care
- Stigma
- Communication with UMC staff about educational need was continual

Nevada nt Questions
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TRAINING NEEDS ASSESSMENT

Please rate how often you practice the activities listed below by selecting the most appropriate answer of the list. Never, Sometimes, Often, Always

Activity	Never	Sometimes	Often	Always
How often do I screen patients for risk of HIV infection (sexual				
history, considering substance use, history of handling blood,				
receiving, donating or selling blood in areas without a securely screened blood supply)?				
How often do I perform a complete sexual history (considering				
sexual encounters, history of STIs, sexual orientation, safe sex practices)?				
How often do I provide risk reduction counseling for HIV?				
How often do I offer patients HIV screening lab tests?				
How often do I discuss HIV test results with my patients?				
How often do I link patients who test positive for HIV to proper care?				
How often do I evaluate exposure risk and prescribe Post- Exposure Prophylaxis (PEP) to patients?				
How often do I evaluate exposure risk and offer recommendations for Pre- Exposure Prophylaxis (PrEP) to patients?				
How often do I link an HIV positive patient to specialty care?				
How often do I take care of patients of special populations				
(LGBTQ, racial and ethnic minorities, people who use substances,				
and other commonly stigmatized groups)?				
How often do I provide care to patients experiencing medical distrust ?				



2022 UMC Educational Needs Assessment-STD Focus

The following are the results of the UME Educational Weeds Assessment Survey ran from Jane to October 2023. A test of B Hashbarge providers in direct patient care responded to the usevey. The bashbarge providers describe their role as literanced practical masse 9 (11%), many practitioner 6 ($P_{0,0}$, physician (30)/K), registres' masses 3 (46)/K), registres' areas (36)/K). The other caregory included roles its data is charge many, GMA, and admissions. Fifty three percent (n=53) of the respondent workeful I studie Care (Clinic, and Derly-scene) (n=53) percent subsect of locks.

- Overall, the survey found that the providers reported in greater numbers to never: • Complete a patient's sexual history (considering sexual encounters, history of STDs, sexual encounters).
- orientation, and safe sex practices)

 Offer three-site STD testing to patients presenting with STD concerns
- Offer three-site STD testing to patients presenting with STD concerns
 Provide care for patients of special populations (LGBTQ, racial and ethnic minorities, people who use substances, and other commonly signatured groups)
- Provide care to patients experiencing medical distrust

See Table 1.0

When stratilied by provider type, the primary care providers reported never completing a sexual history more frequently than Quick Care providers.

Questions	Never	N	Sometimes	N	Often	N	Always		Tetal
How often do I perform a complete sexual history (considering sexual encounters, history of STDs, sexual orientation, safe sex practices)?	33.80%	24	32.39%	23	15.49%	11	18.31%	13	71
How often do I offer three site STD testing to patients presenting with STD concern?	29.58%	21		19	28.17%	20	15.49%	11	71
How often do I provide care for patients of special populations (LGBTQ, racial and ethnic minorities, people who use substances, and other commonly stigmatized groups)?	30.00%	21		16	22.86%	16	24.29%	17	70
How often do I provide care to patients experiencing medical distrust?	21.13%	15		22	29.58%	21	18.31%	13	n



Provider Educational Needs Assessment Results

Please rate how often you practice the activities listed below for people who are at risk for HIV by selecting the most appropriate answer of the list: Never, Sometimes, **Often, Always**





Other Tools Institute for Healthcare Improvement

QI Team Member Matrix Worksheet



This worksheet is part of the IHI Quality Improvement Practicum, a 9-week online course in which participants receive tools, coaching, and community support to aid them in running a local improvement project. Learn more at ihi.org/QI.

QI Team Member Matrix Worksheet

Effective QI teams are multidisciplinary and include different areas of expertise. Write the names of your team members along the top row. Check off the boxes below to reflect the expertise they bring or perspective they are representing.

What will each person bring to your QI project team?				
 Project sponsor Consider: Can this person relieve barriers to your work and ensure you have the resources you need? Tip: The project sponsor might be a committee chair, department director, or executive leader. He or she should be kept informed but may not regularly attend meetings. 				
Day-to-day process owner Consider: After the project ends, will this person continue to be involved in implementing and maintaining the improvement? • Tip: The process owner is usually the team leader.				

http://www.ihi.org/resou rces/Pages/Tools/Qualit y-Improvement-Team-Member-Matrix-Worksheet.aspx



Readiness Assessment Step 1: Resources - Infrastructure Point of care vs Lab send out Do you have a lab? Do you have space for a lab? Who does the lab tests? Do you send out for labs or do labs pick-up samples?





Readiness Assessment Step 1: Resources - Materials						
Point of care vs Lab send out	Counseling/ Education Materials					
 What kind of Point of Care test will you use? 	 On HIV Testing On risk education On PrEP/PEP 					



Selecting an HIV Test

REVIEW

Selecting an HIV Test: A Narrative Review for Clinicians and Researchers

Hurt, Christopher B. MD^{*+}; Nelson, Julie A.E. PhD^{*‡}; Hightow-Weidman, Lisa B. MD, MPH^{*+}; Miller, William C. MD, PhD, MPH[§] **Author Information** ⊙

Sexually Transmitted Diseases: December 2017 - Volume 44 - Issue 12 - p 739-746 doi: 10.1097/OLQ.000000000000719

- Be aware of window periods
- Define the situation:
 - Screening vs Diagnosis?
 - Needing PEP or on PrEP?





Pros and Cons of Point of Care vs Lab Draw

Point	of Care	Outsi	de Lab
 PROS immediate notification and counselling same-day services 	 CONS more change involved in clinic window period may be longer 	 PROS minimal change in clinic confirmatory testing done 	 CONS delay in test result challenges in notification of positives



Window Period of HIV Test



Days Following HIV Acquisition



34

https://www.hiv.uw.edu/go/screening-diagnosis/diagnostic-testing/core-concept/all#figures

Rapid HIV Tests Suitable for use in non-clinical settings

Test Name	Time to test result	Indications for use	Sensitivity for established HIV-1 infection, % (95% CI) ^b	Specificity % (95% CI)⁵	CLIA-Waived approved specimen types and volumes	Test kit shelf life/ storage temperature range/Testing area temperature range
Determine HIV-1/2 Ag/Ab Combo Test	20 min	Antibodies to HIV-1 and HIV-2, Detects HIV-1 p24 Antigen	Finger stick whole blood 99.9 (99.4-100)	Finger stick whole blood: Low risk subjects 100 (99.5-100), High risk subjects 99.7 (98.9-100)	Finger stick whole blood 50 µL	15 months; 36-86°F/ 59-86°F
INSTI HIV-1/HIV-2 Antibody Test	<2 min	Antibodies to HIV-1 and 2	Finger stick whole blood 99.8 (99.3-99.9)	Overall from low, high and unknown risk individuals Finger stick whole blood 99.5 (99.0.9-99.8)	Finger stick whole blood 50 µl	15 months; 59-86°F/ 59-86°F
ETC ALDS Education & Training Center Program uth Central	https://	/www.cdc.go	v/hiv/pdf/partners/to	esting/rapid-hiv-tests	-non-clinical.pdf	
Resources for Materials

Man official website of the United States government Here's how you know ~

CDC HIV		Q SEARCH
About	How It Spreads Testing Prevention Treatment Living with HIV Stigma HIV Award	eness Days
VIEW ALL	. >	

ESPAÑOL

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About

General overview of HIV, including transmission, prevention, and testing.



How It Spreads General overview of how HIV is transmitted.

Testing
PrEP
Condoms
Living with HIV

Stigma



https://www.cdc.gov/hiv/testing/index.html#cdc_testing_resources-resources

FREE RAPID HIV TESTING CALL 702-207-TEST (8378)



PrEP and PEP are methods for preventing HIV infection that involve taking HIV medicines. When you take steps to protect yourself against a disease, like HIV, it's called prophylaxis. PrEP and PEP arefor people who don't have HIV, but are at risk of getting it.

Daily PrEP reduces the risk of getting HIV from sex by more than 90 percent when taken correctly. Among people who inject drugs, it reduces the risk by more than PrEP is for people regardless of sexual orientation who don't have HIV but are at risk of getting it by: PrEP can be Most Nevada Having sex with a Condom use is prescribed by still important insurance covers partner with HIV while on PrEP PrEP and cost any healthcare provider. You must to prevent assistance Having sex with take on HIV test the spread of rograms people whose HIV other STIs such are available before beginning status is unknown PrEP to be sure as syphilis. through drug Sharing injection you don't already chlamydia and manufacturer have HIV and every gonorrhea. drug equipment 3 months while taking it.



Flyers/Testing Line



PANDT

IT'S TIME TO RETHINK HIV

EVERY DAY someone in Nevada is diagnosed with HIV, including those with "no identifiable risk". We now have groundbreaking medicines that can prevent you from passing it along or getting it. But the first step in keeping you and your loved ones safe is getting tested. Together, we can win against HIV in Nevada.



when a provider asks you for an HIV test today.

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"Daily rates calculated as an average of new inflection rates per year. Source "Nevada 2020 HIV Fast Facts," Nevada Department of Health and Human Services Division of Public and Behavioral Health Office of HIV / HIV Prevence and Surveillance Registery. Office of Avalytics.

This material is supported by the Cooperative Agreement Namber, NUC295932462, funded by the Centers for Diseas Control and Prevention for the Southern Newade Namin Distinct, Forling the NVF (piletime) [FHI (Pilega); it is contents are solely the responsibility of the authors and do not necessarily represent the efficial views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.





Patient Brochures

THERE ARE MANY **OPTIONS TO GET TESTED**

Today there are many ways you can get tested for HIV, and most insurances will cover an HIV test.

At your next healthcare appointment the test may be offered, but you can always ask to get tested too no matter the purpose of the appointment.



If you want to get tested in the privacy of your home, there are home testing kits available at most pharmacies and even online at Collect2Protect:

RethinkHIVNevada.org/Collect2Protect

You can also visit a FREE testing location near you to get tested. The link below is a list of different testing locations throughout Nevada.

RethinkHIVNevada.org/TestingLocations

AETC AIDS Education & Training Center Program South Central

If you have any questions, please feel free to contact the UMC Testing Information Line at 702-207-TEST (8378)

THERE ARE MORE **TOOLS THAN EVER**

REGULAR SCREENINGS:

When you get tested regularly, it's not just status- it's about having access to breakthrough treatments so you and everyone can stay healthy.

PREVENTION MEDICATIONS:

Medications commonly known as PrEP, if taken properly, can make HIV 99% preventable before exposure.

HIV can be prevented after exposure too. There are medications commonly known as PEP and if taken properly within 72 hours of exposure, it reduces your risk of getting HIV by about 80%.

You can get these medications from most healthcare providers and are covered by most insurances. The link below is a list of providers that can help with PrEP or PEP.

RethinkHIVNevada.org/prep-providers

CONDOMS:

Always have condoms with you, so that you're never without one when you need it. And remember, an unopened condom can't protect you from HIV or other STIs.

IV SUBSTANCE EQUIPMENT:

Be prepared ahead of time and always carry more than one set of clean needles and equipment. Ensuring that you never share equipment protects you and whoever you use with.

For more information on how you can reduce your risk with the different tools available, visit:

RethinkHIVNevada.org/ReduceRisk



TEST & PROTECT

Help END HIV In Nevada?



EVERYONE IN NEVADA IS BEING ASKED TO GET TESTED FOR HIV

Nevada has one of the country's highest HIV infection rates, EVERY DAY someone in Nevada is diagnosed with HIV, including those with "no identifiable risk"*.

The days of thinking HIV "isn't my problem" are over. Taking care of yourself and others includes getting tested for HIV.





Nevada is pioneering a program that makes HIV tests more

accessible to everyone. With HIV numbers going up, getting tested

is the first step in keeping up with

lity of the

ACCESS GROUNDBREAKING SCIENCE

We now have access to groundbreaking medicines that. when taken correctly, prevent you from passing HIV along or getting it.

These treatments can make the virus "undetectable" in your body, which means even blood tests can't find it. When medicine makes the virus undetectable, it's virtually impossible to pass it to others, or "untransmittable".

Undetectable=Untransmittable. U=U.





your whole health, and protecting the ones you love. And, if we ALL do our part and get tested, even if you don't think vou're at risk, we can help end HIV in Nevada.

> This material is supported by the Cooperative Agreement Number, NU62PS924642, funded by the Centers for Disease Control and Prevention for the Southern Nevada Health District, Ending the HIV Epidemic (EHE) Project. Its contents are solely the respo authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of







Discussion Guides

TALKING WITH YOUR PROVIDER

Here are some questions you can ask your healthcare provider about HIV.

How do I add an HIV test to today's appointment:

Can I do the HIV test here? Where can I access at-home HIV tests via Collect2Protect?

Ouestions about HIV test results:

How do I get my HIV test results?
Are my HIV test results confidential?

Ouestions about your risk:

- What's my level of risk for getting HIV?
- I partake in IV drugs what's my level of risk for being HIV positive?

Questions about HIV prevention:

- What should I do to prevent getting HIV, even if I test negative?
- In what situations do I need to use condoms?
 Are extremely effective HIV prevention
- medications, commonly known as PrEP, right for me?
- How can I get PrEP?
- Where can I access clean substance use equipment?

Questions about what to do if you think you were exposed to HIV:

 If I think I might have been exposed to HIV, what options do I have for PEP that can help prevent me from becoming HIV positive?
 How do I get PEP?

Questions about what happens after the test:

- What happens if my results are positive?
- What are the next steps?
- How do I get the medicine that works best
- for me?
- Can I get my virus to become "undetectable"?

Daily rates calculated as an average of new infection rates per year. Source: "Newada 2020 HIV Fast Facts," Nevada Department of Health and Human Services Division of Public and Behavioral Health Office of HIV / HIV Devention and Surveillance Processor. Office of Analytics.

This material is supported by the Caceparative Agreement Number, NUEDS924443, funded by the Canters for Diseas Control and Prevention for the Southern Neveral Health Distinic, Ending the Hrt Spatianic (EHE) Project. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Canters for Disease Control and Provertion of the Diseastners of Health and Human Services.

If you have any questions, please feel free to contact the UMC Testing Information Line at 702-207-TEST (8378)



Ask the healthcare provider you're seeing today to **add an HIV test to your visit,** so that we can TEST AND PROTECT together, and end HIV in Nevada.

You can also learn more, at **RethinkHIVNevada.org.**





TALK WITH YOUR PROVIDER ABOUT HELPING END HIV IN NEVADA.

What if YOU could end a decades old disease that has one of the country's highest infection rates, right here in Nevada? The disease? HIV. Yes, that H-I-V, except it's time to **rethink HIV**. We now have access to groundbreaking medicines that, when taken correctly, prevent you from passing it along or getting it. We can end HIV together, but we need your participation to make that a reality.

In your healthcare appointment, ask to get tested for HIV, even if your appointment is totally unrelated or you don't think you're at risk.

WHY ME?

Nevada has one of the country's highest HIV infection rates. EVERY DAY someone in Nevada is diagnosed with HIV, including those with "no identifiable risk". The good news is that with everyone's participation, we can change that and END HIV in Nevada.

WHY NOW?

Nevada is pioneering a program that makes HIV tests more accessible to everyone. With HIV numbers going up, getting tested is the first step in protecting yourself and the ones you love. And, if we ALL do our part and get tested, even if you don't think you're at risk, we can help end HIV in Nevada.

WHAT'S DIFFERENT TODAY?

HIV has been around for decades, but we now have access to groundbreaking medicines that, when taken correctly, prevent you from passing HIV along or getting it.

These treatments can make the virus "undetectable" in your body, which means even blood tests can't find it. When medicine makes the virus undetectable, it's virtually impossible to pass it to others, or "untransmittable". **Undetectable=Untransmittable. U=U.**

If you're pregnant or might become pregnant, treatment can make it almost impossible to pass HIV to your baby.

It's in everyone's best interest to get tested and access the right prevention or treatment methods recommended by your healthcare provider.

RethinkHIVNevada.org







Readines	s Assessment
Step 1: Resources –	- Information Technology
Paper Chart vs EHR Integration	Counseling/ Education Materials
 Paper Chart Make a form EHR Can new question prompts be built into the system? 	 On HIV Testing On risk education On PrEP/PEP





EPIC Systems – EHR Utilized at UMC







EPIC Systems – EHR Utilized at UMC

Rooming	0 [
Visit Info Vital Signs Allergies Immunizations Medication Management Pain Assessment Fall Risk PHQ-9 C-SSRS Social Determinants Abuse Indicators Travel/Exposure HIV Verify Rx Benefits Sexual Orientation and Gender Identity History UMConnect Signup UMConnect Proxy Care Everywhere	ş
HIV Screening	t 1
Responsible 📩 Create Note 💉 Macro Manager Show All Choices	æ
Clark County has increased rates of HIV, syphilis, gonorrhea, chlamydia, and hepatitis C.	*
Healthcare guidelines recommend that all patients ages 15 to 65 be offered screening for HIV at least once REGARDLESS of risk. We can do a fingerstick test today and will have results in minutes. Would you like the test? Yes No Fill T	/ou
Image: Market Restore ✓ Close X Cancel	xt





Readiness Assessment Step 1: Activities Current Clinic Workflow

Patient assessed by nursing staff-Screening performed



Physician examines patient, formulates medical plan with tests ordered







Readiness Assessment Step 1: Results (Outputs) Health service is delivered

Offer HIV screening tests
 Offer other STI screening and treatment
 Offer PrEP/PEP services
 Offer HBV/HCV screening





Step 2: Planning- Developing Your Process

Segment	Visualize	Standardize	Develop a Back-up Plan
 What are we trying to do and who are we trying to reach? 	 What is the current clinic flow? 	 Who? What? When? Where? How? 	 Who? What? When? Where? How?



Readiness Assessment Step 2: Planning-Developing your process			
Segment	Visualize		
 What are we trying to do and who are we trying to reach? 15 to 65 years old (USPSTF) 	 What is the current clinic flow? Patient assessed by nursing staff- Screening performed Physician examines patient, formulates medical plan with tests ordered Patient discharged from clinic 		





Readiness Assessment Step 2: Planning-Developing your process

Standardize/Simplify

Develop a back-up plan





Readiness Assessment Step 2: Planning- Lessons Learned at UMC

- Listen to your frontline stakeholders
- Roll-out screening concepts one at a time, one urgent care at a time
 - HIV Screening
 - STI Screening and Treatment
 - PrEP/PEP/HCV Screening
- Design clinic workflow and respond to needs
- Implementation at each urgent care gave team ability to refine rollout process in mini-PDSA cycles

Urgent Care Workflow

- Facilitators
 - Staff training and engagement
 - EHR Integration
 - Nurse Navigators
- Barriers
 - Initial POCT >15 min
 - UMC Wellness Center and Urgent Cares had different hours of operation







Rapid Start Antiretroviral Therapy

- Starting ART immediately after confirmed HIV diagnosis can result in earlier viral load suppression, improved retention in care, reduced HIV transmission
- Immediate Linkage and ART aligns with Rapid Start goals
- ART can be initially prescribed by Urgent Care provider
- Immediate ART Initiation Guide for Clinicians
- Will patient have access to ART?- Cost and availability
- Linkage, Follow up, Long Term Support are critical



Provider Support Starting ART

- Benefit of starting ART in urgent care- No delay in treatment start
- System in place for follow up-Nurse Navigator, rapid start team, health workers, clinic staff
- Prescribed vs. Started- did patient actually take ART



Starting antiretroviral therapy (ART) immediately after HIV diagnosis is recommended by U.S. federal guidelines. Rapid ART (aka immediate ART) can result in earlier HIV viral suppression, improved retention in care, and reduced HIV transmission.



INDICATIONS

Rapid ART is appropriate for:

 Individuals with a confirmed HIV diagnosis (i.e., HIV Ag, Ab, and/or HIV RNA viral load)
 Persons with suspected acute HIV infection, with or without

confirmed HIV diagnosis (HIV Ag or Ab test results may be negative or indeterminate at the time of evaluation)

Rapid ART is not appropriate for:

 Persons with certain untreated opportunistic infections (OIs)—e.g., the CNS infections cryptococcal or TB meningitis; begin OI treatment before starting ART (consult with experts)

COMPRESSED HIV INTAKE

· Review of HIV test results

- Targeted health history
- HIV risk behaviors
- Date of last negative HIV test
 Use of PrEP or PEP
- Use of PrEP or PEP
 Psychoemotional counseling, support
- Psychoemotional counseling, support
 HIV education (including ART benefits, possible adverse
- HIV education (including ART benefits, possible a effects, adherence, preventing transmission)
- effects, adherence, preventing transmission) • Targeted physical exam
- Benefits counseling, insurance enrollment or optimization

Baseline Labs

- Repeat HIV testing (if indicated)
- HIV RNA (quantitative viral load)
- CD4 cell count
- HIV genotype, including integrase
 HILA-R#E701
- HLA-B*5701
 CBC/differential
- CBC/differentia
- Complete metabolic panel (kidney & liver tests, glucose)
 STI testing: syphilis test (RPR, VDRL, or treponemal),
- chlamydia and gonorrhea NAAT tests (urine, pharynx,
- rectum as indicated by sites of exposure) • TB screening test (e.g., Quantiferon)
- I b screening test (e.g., Quantiferon)
 Hepatitis serologies (HAV IgG, HBsAb, HBsAg, HBcAb, HCV IgG)
- Pregnancy test (if appropriate)

AIDS Education and Training Center Program. January 2023. AIDSETC.org

Offer ART

 If patient agrees and there are no contraindications, prescribe 30-day supply, give starter pack if available

 If patient declines immediate ART, follow up within 1-2 weeks, re-offer ART, continue HIV education

RECOMMENDED REGIMENS

These can be modified based on results of baseline labs.

 Dolutegravir (Tivicay), 50 mg once daily + [TAF/FTC (Descovy), TDF/FTC (Truvada), or TDF/3TC] 1 once daily Bictegravir/TAF/FTC (Biktarvy) 1 once daily Darunavir/cobicistat/TAF/FTC (Symtuza) 1 once daily

If taking PrEP or PEP at or since the time of HIV infection:

- Consider an enhanced regimen: boosted PI + integrase inhibitor + TAF/FTC (Descovy), TDF/FTC (Truvada), or TDF/3TC; seek consultation
- If on injectable cabotegravir PrEP, consider boosted PI + TAF/FTC (Descovy), TDF/FTC (Truvada), or TDF/3TC

If pregnant or trying to conceive (some antiretrovirals are notrecommended during pregnancy):

 Dolutegravir (Tivicay), 50 mg once daily + [TAF/FTC (Descovy), TDF/FTC (Truvada), or TDF/3TC] 1 once daily
 Other options may be appropriate; consult with expert

Abbreviations: 3TC: lamivudine; FTC: emtricitabine; PI: protease inhibitor; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate; BID: twice daily

FOLLOW UP

Schedule a follow-up visit for 1-2 weeks, then at least monthly until well established in care

RESOURCES / REFERENCES

 AETC National Clinician Consultation Center Monday - Friday 9 AM to 8 PM ET / 800-933-3413 See full Rapid ART guide a thirty://aidsetc.org/rapid-art Based on: Getting to Zero San Francisco, Rapid ART: Immediate ART initiation at HIV diagnosis and re-engagement in care at <u>www.gettingtzerosf.org</u>



Challenges During Implementation







Impact of expanding HIV Screening

- Awareness, education and reducing stigma
- Education provide for PrEP and PEP Awareness
- The need for HIV Screening as suggested by USPSTF
- Decreasing community viral load by starting ART therapy for newly diagnosed patients
- Reaching 16,000+ people to be aware of HIV status
- Individual improved health outcomes



Patient Story-All ages

- 15-17 y/o male, MSM
- Upper body rash
- Mother present
- Positive 11/29/23
- Linked 12/1/23 appt
- CD4 98, VL 99,100
- VLS 1/26/24
- In care. Challenges

- 74-77 y/o male, MSM
- Exposure to STI
- Regular PCP care
- Positive 12/27/23
- Linked 1/9/24
- CDR 499, VL 206,000
- VLS 2/15/24
- In care. Maintained VLS





Patient Story

- 50-55 year old Female. Sexually active, male partners.
- Presented with abscess on buttock.
- Positive 2/3/22
- Immediate Nurse Navigator contact and Telemedicine.
- Seen in person 2/4/22. ART started same day.
- Lab 2/22/22: CD4 221, HIV PCR 1,500 (already on ART)
- VLS 6/10/22
- In Care. Maintained VLS. Most recent CD4 590





Barriers and Challenges

Staff

- Fatigue/competing priorities
- Time / motivation to test
- Turnover
- Trusting the Test
 - False positives



Screening general population with lower prevalence





Educational Programs

- 18 programs for UMC staff on:
 - HIV screening
 - Interpreting results
 - Risk reduction
 - STI screening
 - EMR demonstrations
 - Case presentations







Educational Programs (continued)



- 19 Community training programs
 - Sexual History taking
 - HIV/STI screening
 - Sexual Orientation
 - Medical Distrust
 - Trauma Informed Care
 - Internalized Stigma







AETC AIDS Education & Training Center Program South Central



Summary

As of 12/31/2024 **16,446** HIV Rapid Tests were performed throughout UMC ambulatory clinics.

44 newly diagnosed patients, in addition, linking 2 treatment naïve patients (with previous diagnosis) and 2 patients that were out of care.



Reason for Visit of New HIV Cases**

Age	STI Related Visit	Non-STI Related Visit	TOTAL
15-19	0	1	1
20-24	5	6	11
25-29	5	4	9
30-34	6	2	8
35-39	3	4	7
40-44	0	4	4
45-49	2	2	4
50 & Older	1	3	4
	22	26	48
	46%	54%	



**Data includes (2) treatment naïve/Out of care patients (2)

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Reason for Visit of New HIV Cases

- Rash x4
- Oral thrush
- Sore throat x2
- Fever
- Cough/Congestion
- Lacerationx2
- Dysuria

- Shortness of Breath
- Partner Positive
- Lower Leg
 Swelling
- Frequent Urination
- Abdominal pain
- Chronic fatigue

- Earache
- Abscess on leg
- Tooth infection
- STI Screening x3
- Penile Discharge x5
- Vaginal itching and rash



Success and Lessons Learned

- All 10 UMC urgent care sites offer rapid HIV screening
- As of 12/31/24: 44 PWH linked to care
- More than half of new HIV diagnosis were non-STI related
- Increased staff education
- Incentives work but continued messaging and engagement need to happen
 - Patient: Condoms, Lube, informational handouts
 - Staff: Supplies (Tests, PPE), incentives (apparel, pizza party, pens)





Provide Incentives

Number of HIV Tests, January 2023 to May 2024







Celebrate Success





Incentives Work!

The final clinic to go live was Blue Diamond and they have done an exceptional job. In fact, in only two months they alone have tested more

than 200 patients! Tema members at Blue Diamond were treated to a pizza lunch as a thank you for so whole heartedly embracing the testing program.

By providing this testing, patients are able to learn their HIV status in approximately one minute. Additionally, patients are given resources and provided with same-day treatment and counseling if they receive a positive diagnosis.

This "Rapid Start" initiative also assists with linking patients to treatments that can make HIV undetectable in the body, making it virtually impossible to pass on to others. UMC and our ambulatory sites are playing a huge part in helping to end the HIV epidemic, again showing the way we care for our community.

Spread the word. Anyone can test at no cost, just call 702-207-TEST.





Outreach, Celebrations, Support









Thank you!









It Takes A Village

- It Takes a Village: Partnerships and collaboration matter
 - Include front-line staff in the process and listen to them
 - Nurse-driven HIV screening at intake by EHR integration
 - Switched from 20-minute to 1-minute rapid test (significantly impacting clinic flow)
 - UMC Wellness working with UMC staff across various divisions as well as community partners
 - SNHD working with UMC, AETC, RESCUE





What Now? Plan for Sustainability

- Check to see insurance coverage of testing
- Look for other funding sources
- Automate what you can so it becomes integrated into clinic practice
- Document and collect data to convince decision makers if (or when) funding sources change
- Document and collect data to convince decision makers if (or when) funding sources change



Things To Remember



"DON'T LET PERFECT BE THE ENEMY OF GOOD"







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Resources

- National Clinician Consultation Center http://nccc.ucsf.edu/
 - HIV Management
 - Perinatal HIV
 - HIV PrEP
 - HIV PEP line
 - HCV Management
 - Substance Use Management
- Present on ECHO
- <u>https://hsc.unm.edu/scaetc/programs-</u> services/echo.html

- AETC National HIV Curriculum <u>https://aidsetc.org/nhc</u>
- AETC National Coordinating Resource Center <u>https://targethiv.org/library/aetc-national-</u>

coordinating-resource-center-0

- HIVMA Resource Directory <u>https://www.hivma.org/globalassets/ektron-import/hivma/hivma-resource-directory.pdf</u>
- Additional trainings scaetcecho@salud.unm.edu
- www.scaetc.org


Special Acknowledgement

Dr. Rosanne Sugay– Creator of content provided in powerpoint, advocate and champion of HIV Testing Project at UMC





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