


Implementation of the Expanded and Integrated HIV Testing Program in Baltimore City



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Prevention



HIV/AIDS in Baltimore City and Maryland

- Baltimore City has the second highest prevalence of AIDS of any US metropolitan area (37.7 per 100,000)
- Baltimore City is home to nearly half of Maryland residents living with HIV/AIDS
- 88.5% of the people living with HIV and AIDS and 87.1% of the newly diagnosed HIV cases in Baltimore City occur among African Americans, who make up 64% of the population



CDC Guidelines for Increasing HIV Testing

- Make HIV testing an integrated part of medical care
- Implement new models for diagnosing HIV infections outside of medical settings
- Prevent new infections by working with persons diagnosed with HIV and their partners
- Further decreases in perinatal HIV transmission



The Expanded HIV Testing Program in Baltimore City

Goals:

- Increase HIV testing opportunities for populations disproportionately affected by HIV through expanded HIV screening, testing, and linkage to care activities
- Reduce the number of new HIV infections by increasing the number of persons living with HIV who know their status
- Increase the number of persons living with HIV who are linked to appropriate prevention, care, and treatment services
- Actively integrate HIV activities with STD, viral hepatitis, and Tuberculosis screening and prevention activities



The Expanded HIV Testing Program in Baltimore City

Strategies:

- Initiate new routine HIV testing programs in clinical settings
- Expand integrated HIV/STD/Hepatitis testing programs in STD clinics
- Initiate and expand alternative-venue and mobile HIV/STD testing programs
- Expand HIV Partner Counseling and Referral Services (PCRS) programs and the role of Disease Intervention Specialists;
- Implement innovative HIV testing social marketing campaigns



Methods

- Created a survey instrument to gather relevant information about the challenges and successes that have been a part of the program implementation
- Conducted 19 in-person interviews with key program staff at BCHD and at the various program sites



First Steps of Implementation

BCHD:

- Get experts together to develop a plan to implement the Program.
- Identify partner sites (EDs and CBOs) willing to run the Program.
- Find additional staff at various levels in the Program.
- Find a core coordinating person who would integrate the various aspects of the Program.
- Set the Program in place in collaboration with the partners.
- Plan out the Program monitoring and evaluation activities.



First Steps of Implementation

EDs

- Introduce program from the “top down”
- Create staff buy-in
- Set up relationship with the lab

Outreach

- Ensure enough space for client privacy
- Get cooperation from community programs
- Arrange proper support to transport those who screen positive into care



First Steps of Implementation

STD Clinics

- Incorporate the rapid test into the clinic flow

CBOs

- Create an outreach program
- Form community partnerships



Implementation Challenges

- RFP process, hiring, and City bureaucracy
- Multiplicity of data collection tools and sites
- Communication
- Logistical and administrative delays
- Staff buy-in
- Clientele, confirmatory testing, and linkage to care
- Resources
- False positives
- Politics



Implementation Lessons

- Test kit and rapid HIV testing
- Planning
- Roles and Responsibilities
- Contracts and data rights
- Communication
- Evaluation and follow-up



Reactions

BCHD

- Given resource constraints, successfully implemented
- Rapid test gets mixed reviews
- Rapid testing in outreach settings
- Data

EDs

- Program well-liked, but would not work with existing staff
- Change in views on rapid testing



Reactions

Outreach

- Liked the quick results and oral swab
- Lack of privacy an issue in outreach settings

STD Clinics

- Rapid test has increased uptake of HIV testing

CBOs

- Expanded ability to accomplish their mission
- Does not permit simultaneous testing of syphilis



Policy Implications

- CDC Recommendations
 - Integrated consent
 - Opt-out consent
 - No pre-test counseling
- MD State law
 - Pre-test counseling
 - Verbal consent permitted
- No one-size fits all approach



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