

Early Identification of Individuals with HIV/AIDS

EIHA

Where Care Meets Prevention

20 Years of Leadership
A LEGACY OF CARE



2010 RYAN WHITE ALL GRANTEE MEETING AND 11TH ANNUAL CLINICAL CONFERENCE



Agenda

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Legislative References

■ Part A Grant

- “...shall determine **size and demographics** of the *estimated population of individuals with HIV/AIDS who are unaware of their HIV status*”
- “**determine** the **needs** of...*individuals with HIV/AIDS who do not know their HIV status*”
- “develop a comprehensive **plan**...that *includes – “*
 - “a **strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services**”



Legislative References

■ Part B Grant

- “develop a comprehensive **plan** – ”
 - “**describing the estimated number of individuals within the State with HIV/AIDS who do not know their status**”
 - “**describing activities undertaken by the State to find the individuals described in subparagraph (A) and to make such individuals aware of their status**”
 - “**describing the manner in which the State will provide undiagnosed individuals who are made aware of their status with access to medical treatment for their HIV/AIDS**”
 - “**describing efforts to remove legal barriers, including State laws and regulations, to routine testing**”



National Strategy Relevancy

■ Factors Contributing to the Current Epidemic:

1. **Too Many People Living with HIV Are Unaware of Their Status**
2. **Access to HIV Prevention is Too Limited**
3. **Insufficient Access to Care**
4. **Diminished Public Attention**



Definitions

- **Early Identification of Individuals with HIV/AIDS (EIIHA):**
 - Identifying, counseling, testing, informing, and referring of **diagnosed and undiagnosed** individuals to appropriate services, as well as **linking newly diagnosed** HIV positive individuals to care.



Definitions

- **Unaware** of HIV Status:
 - Any individual who has NOT been tested for HIV in the past **12-months**, any individual who has NOT been informed of their HIV result (**HIV positive or HIV negative**), and any HIV positive individual who has NOT been informed of their **confirmatory** HIV result.



Definitions

- **Identification** of Individuals Unaware of Their HIV Status:
 - The **categorical breakdown** of the overall unaware population **into subgroups**, which allow for the overall EIIHA **strategy** to be **customized based on the needs** of each subgroup, for the purposes of identifying, counseling, testing, informing, referring, and linking these individuals into care.



Definitions

- **Informing** individuals of their HIV status:
 - Informing an HIV **negative individual**, post-test, of their appropriate HIV **screening result**.
 - Informing an HIV **positive individual**, post-test, of their **confirmatory HIV result**.



Definitions

- Referral to care/services:
 - The provision of timely, appropriate, and **pre-established guidance** to an individual that is designed to refer him/her to a specific care/service provider for the purpose of accessing care/services **after** the individual has been **informed** of their HIV status (**positive or negative**).



Definitions

□ Linkage to care:

- The post-referral **verification** that **care**/services were **accessed** by an HIV positive individual being referred into care.
 - Example: Confirmation first scheduled care appointment occurred.



EIHA: 3 Basic Components



Strategy

- **“Blueprint” for Implementation:**
 - **Goals**
 - **Coordination with other RW Parts**
 - **Coordination with Prevention Programs**
 - **Coordination with other Community Efforts**
 - **Incorporation in to RFP’s**
 - **Consideration of ADAP Services**
 - **Role of Early Intervention Services (EIS)**
 - **Addressing Disparities in Access**



Plan

□ Activities, Methods & Means:

- Identify
- Inform
- Refer
- Link



Plan

- **Identifying Unaware** by Groups:
 - “Within the overall unaware population that encompasses any individual who is unaware of their HIV status, **develop a matrix listing the subgroups**, which will allow the applicant’s overall strategy to be customized to meet the needs of each subgroup.”



Plan

□ Strategy Customization:

- “For each subgroup in the EIHA Matrix, describe how the strategy will be **customized to address their respective needs** specific to identifying, informing, and referring HIV positive individuals who are unaware of their status.”



Plan

Informing Unaware:

“...educate providers regarding resources available whenever a client does not return for their HIV results...”

3.A. Individuals Not Post-Test Counseled (HIV positive & HIV negative)		3.C. Received Preliminary HIV Positive Result Only – No Confirmatory Test	3.D. High Risk Individuals				3.D. Moderate & Low Risk Individuals	
4.A. Tested Confidentially	4.B. Tested Anonymously		4.C. I V D U	4.D. M S M	4.E. Infants Of Infected Mothers	4.F. Partners of HIV+ Individuals	4.G. Not Tested in Past 24 Month	4.H. Not Tested in Past 48 Month



Plan

□ Challenges:

- “For **each subgroup** in the EIIHA Matrix, describe the respective challenges (including any local legislation or policies) associated **with identifying, informing, and referring** individuals who are unaware of their HIV status.”



Plan

□ **Activities:**

- “For **each subgroup** in the EIHA Matrix, describe the respective activities essential for **identifying, informing, and referring** HIV positive individuals who are unaware of their status.”
- Establishing a **Baseline**
 - Activities implemented **immediately**
 - Activities **not** implemented **immediately**



Plan

□ **Linkage To Care:**

- “Describe the activities essential to **ensuring access** to care regardless of where any newly identified **HIV positive individual** enters into the continuum of care.”



Plan

□ **Linkage To Care:**

- “For any newly identified **HIV positive individual** referred into a **Ryan White funded program**, describe the **activities** undertaken post-referral **to verify that care/services were accessed.**”



Plan

- **Linkage** to care:
 - “Describe the **activities** undertaken to **form and maintain relationships** with **private** HIV care **providers** for the purpose of verifying that individuals referred into private care have accessed care post-referral.”



Data

- **National Prevalence Estimates of Undiagnosed HIV Infection**
 - **National Estimates of Undiagnosed HIV Prevalence Among Adults/Adolescents in the United States at the end of 2006, Campsmith et. al. JAIDS 2010; 53: 619-624.**
 - **Extended back calculation (EBC) methods used**
 - **An estimated 21% of infected individuals had not been diagnosed at the end of 2006**
 - **Includes estimated proportion undiagnosed by sex, race/ethnicity, age group and transmission category**



Data

□ Formula:

$$\text{Local Undiagnosed} = \frac{p}{(1-p)} \times N$$

□ Factors:

- *National Proportion Undiagnosed HIV (21%) = p*
- *Number of individuals diagnosed with HIV and living as of December 31, 2008 = N*



Data

□ Example:

$$266 = \frac{.21}{(1-.21 = .79)} \times 1,000$$

□ Factors:

- *National Proportion Undiagnosed HIV = 21%*
- *Number of individuals diagnosed with HIV and living as of December 31, 2008 = 1,000*
- *Local Undiagnosed = 266*

Data

□ Considerations

- **Maturity of HIV reporting system a factor affecting most methods**
- **Completeness and accuracy of surveillance data vary by state**
- **National level analysis allows use of interstate comparisons**
- **Impact of interstate migration unknown**
- **CDC currently reviewing issues related to local application and piloting use of EBC methods**



Data

- **Total** Number of Individuals **Tested**
 - Number **Informed** of Status
 - Number **Positive**
 - Number **Referred** into Care
 - Number **Linked** to Care ****asked in future years****
 - Number **NOT** informed of Status
 - Number **Positive**
 - Number **Referred** ****asked in future years****



Part A VS. Part B

Part A

- EIIHA Requirement Included in Supplemental Grant
 - 34 points (Need)
 - **33 Points (EIIHA)**
 - 10 points (Admin)
 - 8 points (Access)
 - 5 points (Planning)
 - 5 points (Budget)
 - 5 points (CQM)

Part B

- EIIHA Requirement Included in Formula Grant



Scoring

- Scoring will be **based on** the **comprehensiveness, strength, and feasibility** of the strategy, plan, and data provided.
- Scoring will **NOT** be affected by the **amount of RW funds committed to EIIHA** efforts as long as the strategy, plan, and data can be effectively carried out via collaborative efforts.
- Scoring will **NOT** be affected by the **estimated number of individuals unaware** of their HIV positive status.
- Scoring will **NOT** be affected by the **number** of unaware HIV positive individuals **identified, informed, referred, and linked** to care.
- Scoring will **NOT** be affected by the number of activities that are able to be **implemented immediately VS.** the number of activities that are **NOT able to be implemented immediately.**



Planning Council Vs. Grantee Duties

Planning Council Duties

- Determines **size and demographics** of estimated **HIV+** unaware population
- Determines the **needs** of the **HIV+** unaware population
- Develops a plan for organization and **delivery of** health and support **services** to **HIV+** unaware population

Grantee Duties

- Development & Implementation of **EIHA Strategy**
- Development & Implementation of **EIHA Plan** to Identify, Inform, Refer, and Link Unaware Population to Care
- Report **Outcomes & Data** associated with EIHA Strategy & Plan



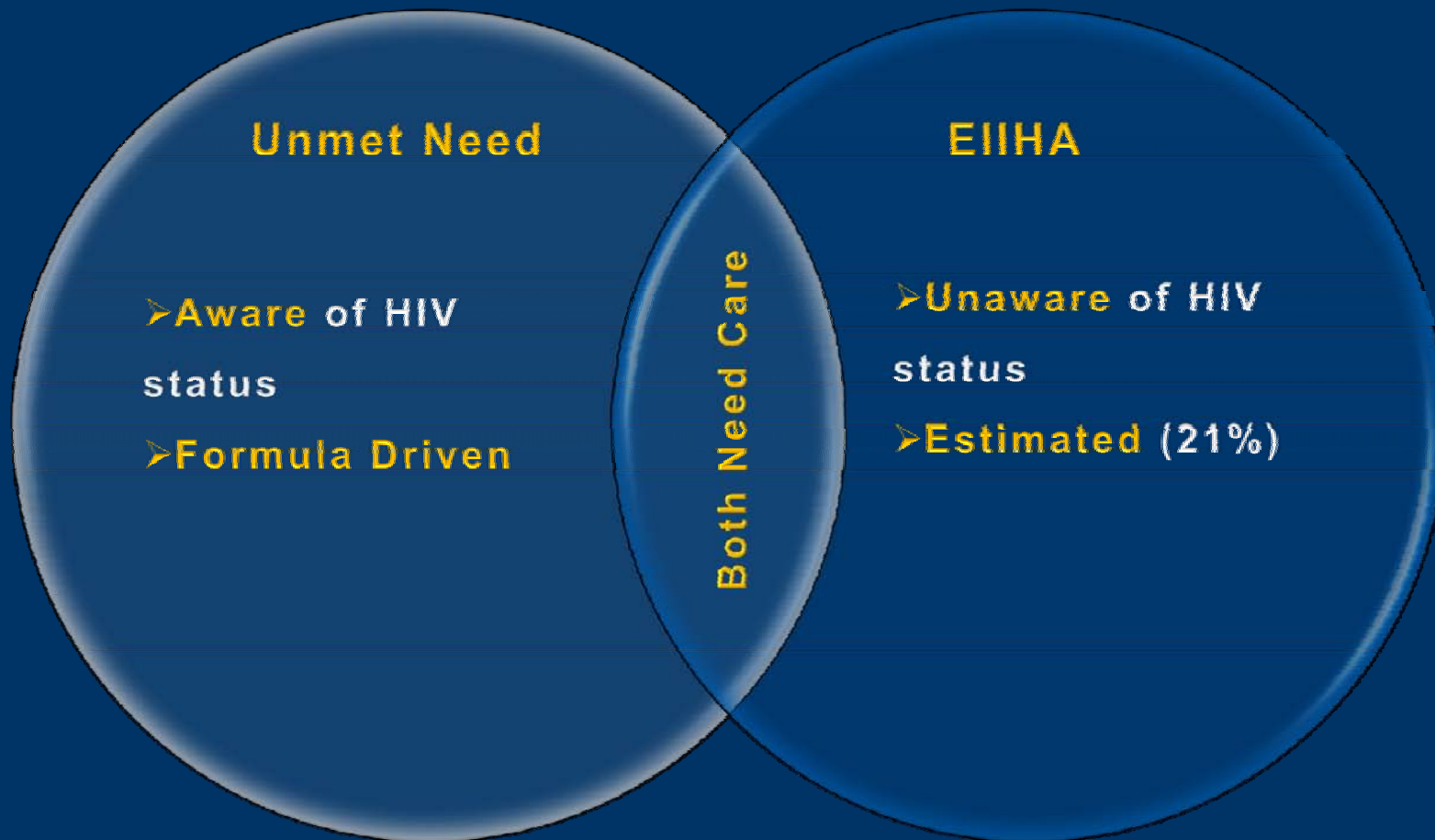
EIIHA Vs. Unmet Need

■ Definition Comparison

- **Unmet Need** Definition: HIV+ individuals who are **AWARE** of their HIV status but not in primary medical care.
- **EIIHA** Definition: HIV+ individuals who are **UNAWARE** of their HIV status and therefore not in primary medical care.



EIIHA VS. Unmet Need





Q & A SESSION