

HPTN 065 (TLC-Plus): A Study to Evaluate the Feasibility of a Community-Focused Approach for HIV Prevention in the United States

Expanded HIV Testing Fact Sheet

HPTN 065, also known as the Test, Link-to-Care Plus Treat (TLC-Plus) study, was a three-year research study evaluating the feasibility of a community-focused strategy to expand HIV testing, diagnose HIV infection, link HIV-positive individuals to medical care, initiate treatment according to current guidelines, and ensure that patients adhere to their treatment regimens.¹ This continuum, which begins with HIV testing and ends with viral suppression, is essential for a successful community-wide strategy centered on the use of antiretroviral therapy for HIV prevention. HPTN 065 (TLC-Plus) was designed to increase testing, linkage and viral suppression, key steps of the continuum.

In HPTN 065, efforts to increase HIV testing in the Bronx, NY and in Washington, DC included social mobilization activities to promote HIV testing in the communities and activities to increase HIV screening of hospital inpatients (IPs) and patients in hospital emergency departments (EDs). Additionally, an analysis of the costs associated with different testing processes at EDs was conducted at a subset of hospitals.

Social Mobilization Campaign:

Over the three-year study, media campaigns in Washington, DC and the Bronx encouraged men who have sex with men (MSM) to get tested frequently for HIV, at a minimum of every 6 months. In the Bronx, an additional campaign reminded the general public that, since 2010, NY health care providers are required by law to offer a voluntary HIV test to all patients aged 13 to 64, and encouraged people to accept HIV testing when it was offered. These campaigns used a variety of methods including posters, printed brochures, radio ads and web-based outreach.

Expanded HIV Testing in Hospital Settings:

Over a three-year study period, 9 hospitals in the Bronx and 7 hospitals in DC aimed to build upon existing HIV testing efforts to universally offer HIV testing in their EDs and IPs. The study encouraged hospitals to shift from HIV point-of-care testing (oral swab or finger stick) to automated laboratory-based testing to maximize efficiency; however, each hospital could use the approach they considered most appropriate. The goal was to increase the proportion of people tested for HIV so those found to be HIV-positive could be linked to appropriate HIV care.

The following key results from the expanded HIV testing efforts in hospital settings were presented at CROI 2015.²

- HIV testing was conducted at 7% of all ED visits in the Bronx and at 14% of all ED visits in DC. At different hospitals, the percentage of ED visits where HIV testing took place varied greatly, ranging from 2% to 13% in the Bronx, and from 5% to 39% in DC.

- Compared with ED testing, a higher percentage of hospital IPs were tested for HIV: 13% in the Bronx and 22% in DC. Similar to ED testing, the percentage of inpatients who were tested for HIV varied greatly at different hospitals, ranging from 5% to 27% in the Bronx, and from 10% to 49% in DC.
- The change in the percentage of patients tested over the course of the three-year study varied widely at different hospitals, ranging from a 13 point drop to a 16 point increase among ED visits, and from a 17 point drop to a 12 point increase among IP admissions.
- In DC, the percentage of HIV-positive test results was 8.2 times higher among IPs (4.9%) than among ED visits (0.6%).
- In the Bronx, the percentage of HIV-positive test results was 4.5 times higher among IPs (1.8 %) than among ED visits (0.4%).

This study found that HIV testing varied widely at different hospitals in the Bronx and DC, but the overall percentage of patients tested showed little change during the three-year study. Even with the most concerted efforts, hospitals tested less than half of their patients. The CDC recommends routine HIV screening in health care settings if the percentage of positive HIV tests out of all HIV tests conducted exceeds 0.1%.³ All hospitals participating in this study exceeded this threshold.

Cost Analysis:

The cost analysis was conducted in the EDs of four hospitals (two in the Bronx and two in DC) that switched from HIV point-of-care rapid tests to rapid-result laboratory testing. Information was collected from ED staff interviews and observations and included the time it took to perform HIV tests and provide results to patients, the costs for labor, fringe, and materials, but excluded overhead, supervisory and “downtime.” A best-case scenario for laboratory HIV testing was constructed based on the most efficient HIV testing process steps observed at any of the hospitals. The cost of the best-case scenario process was compared with the cost per completed HIV test for each ED.

The following key results from the cost analysis were presented at CROI 2015.⁴

- For HIV-negative test results, the costs per completed laboratory HIV test ranged from \$17 to \$24, and the costs per completed point-of-care test ranged from \$18 to \$38.
- For HIV-positive test results, the costs per completed laboratory test ranged from \$89 to \$110, and the costs per point-of-care test ranged from \$102 to \$123.
- If hospitals use more automated processes in their ED HIV testing processes (for example, using electronic medical records to determine testing eligibility or order HIV tests), the cost per completed HIV-negative laboratory test result could be lowered by 45% (to ~\$11).
- Along with automated improvements, changes in staffing (for example, using counselors instead of medical providers to deliver HIV-positive test results) could lower the cost per completed HIV-positive laboratory test result by 20% (to ~\$85).

For More Information:

For more information about HPTN 065 visit:

http://www.hptn.org/research_studies/hptn065.asp

References

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2. Chavez PR, Greene E, Buchacz K, et al. Expanding HIV testing in hospital emergency departments and inpatient admissions. Poster presented at the Conference on Retroviruses and Opportunistic Infections (CROI) February 25, 2015.
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