



STD • HEPATITIS • HIV  
Prevention & Care

June 2007

## Rain Partners with Local Healthcare Providers to Promote National HIV Testing

To mark the fifteenth annual National HIV Testing Day, Rain has joined forces with health conscious members of the community to offer FREE testing for HIV on June 27, 2007.

Each testing location will offer HIV prevention counseling and the oral fluid swab or sample blood draw test methods to test for the HIV antibody. The results of these test will be available in two weeks. The Boone County Health Department also offers a finger stick blood test with results available the same day.

According to the Centers for Disease Control, “More than 1 million Americans are living with HIV and one quarter of those people are unaware of their infection.”

As part of an ongoing HIV prevention strategy, the CDC began recommending that HIV testing become part of routine medical care. Information on this and other recommendations is available at [www.cdc.gov](http://www.cdc.gov).

Rain has always encouraged people to know their HIV status and is willing to assist any provider who would like to begin regular testing. Rain’s trained staff is also available to provide prevention counseling, risk assessment, client-centered risk reduction plans and positive test results.

### Know More. Live More. Get Tested.

For more information, please call Rain at  
(573) 875-8687  
or visit our Website at  
[www.missourirain.org](http://www.missourirain.org)



**Date:** Wednesday, June 27th

**Time:** 1:00 p.m.— 4:00 p.m.

#### Testing Locations:

Rain-Central Missouri Office  
1123 Wilkes Blvd., Suite 250  
Columbia, MO 65201

Boone County Health Department  
1005 W. Worley Street  
Columbia, MO 65203

Columbia Family Medical Group  
1506 E. Broadway, Suite 220  
Columbia, MO 65201

Kilgore’s Pharmacy North  
700 N. Providence Road  
Columbia, MO 65203

Kilgore’s Pharmacy South  
1608 Chapel Hill Road  
Columbia, MO 65203

UMC Student Health Center  
1101 Hospital Drive  
Columbia, MO 65201

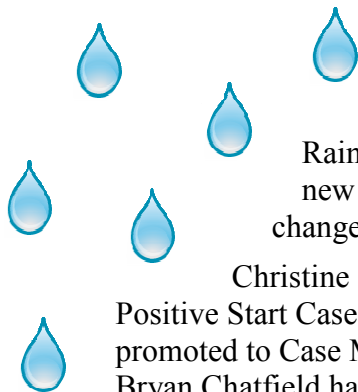
Hallsville University Physicians  
501 Route B  
Hallsville, MO 65255

**Rain Provider Update**

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## Rain Staff News

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Rain's staff has made some new additions and a few key changes to improve client care.

Christine Smith, our former Positive Start Case Manager, has been promoted to Case Management Supervisor. Bryan Chatfield has assumed the responsibility of going to the prisons as our Positive Start Case Manager.

Dustin Hampton was promoted to Education and Testing Coordinator and will organize our outreach events as well as our testing efforts.

We've also added two more case management positions. Steve Santoyo returned to Rain in February and is the first Hepatitis C Case Manager in the State of Missouri. Misti Pennington comes to us from Daybreak. Misti is an HIV Case Manager with an emphasis on dual diagnosis.

We've also restructured the Medical Services Coordinator position, held by Kimberly Wright, to cover pre-authorizations for both HIV and HCV providers. As a result of that change, Melissa Pollard, Program Assistant, will be handling all accounting questions for both programs.

Everyone at Rain would like to thank you for your patience and understanding during our transition period and reassure you that our clients come first, but our providers run a very close second.

Please do not hesitate to contact us by phone or e-mail, and we will do our best to assist you.

Rain-Central Missouri    P: 573.875.8687  
1123 Wilkes Blvd., Ste. 250  
Columbia, MO 65201    F: 573.875.8689

Visit us on the Web at: [www.missourirain.org](http://www.missourirain.org).

### Rain Staff Directory

Mindy Mulkey Executive Director	x 227
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Dustin Hampton Education & Testing Coordinator	x 258
Kimberly Wright Medical Services Coordinator	x 236
Ken Cissna Housing Coordinator	x 228
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Misti Pennington Mental Health Case Manager	x 234
Jaya Williams Waiver Case Manager	x 262
Christine Varner HIV Case Manager	x 237
Ken Munyeria HIV Case Manager	x 222
Melissa Pollard Program Assistant	x 233

Or e-mail us at: [info@missourirain.org](mailto:info@missourirain.org).

Last week, a medical student was talking about a case they were working on in their problem-based curriculum. It involved an HIV positive mom and baby. The student mentioned that with opt-out HIV screening and treatment, the baby could have potentially avoided becoming infected.

Those who work with PLWH are aware a positive HIV test result has a profound significance on an individual's life and have been very conscientious about the rules for opt-in testing.

With opt-in testing, patients are asked about their risk factors for HIV, receive pre-test counseling about risk prevention, and sign a written consent specifically for HIV testing. Then they are scheduled for a follow-up visit to review their test results and receive post-test risk reduction counseling. While theoretically this approach appears smooth and direct, in practice providers and patients encounter many obstacles:

- Uncomfortable discussions about drug use and sexual activity.
- HIV stigma deters patients from specifically requesting the test.
- Only patients perceived to be at risk are targeted for testing or counseled for prevention and risk reduction.

As a result of these obstacles and some new research findings, a different attitude and approach to HIV testing is emerging.

In March of 2006, the CDC recommended new guidelines for routine, opt-out HIV testing of all patients, ages 13-64, in their regular medical setting.<sup>1</sup> Opt-out testing involves notifying a patient of the HIV test to be performed, regardless of the patient's medical situation, and allowing the patient to accept or decline the test.

Opt-out testing does not mean that people will be tested without their knowledge. Just as with any other medical test or treatment recommendation, the patient has the right to refuse. The HIV test discussion should be documented in the office visit note, but a special written consent for HIV testing is not required.

In San Francisco, the simple act of not requiring a written consent appeared to increase the screening rate for HIV from 13.5 tests/1000 to 17.9 tests/1000 in 2006.<sup>2</sup>

Here is how the typical opt-out HIV test conversation might go:

*"Mrs. Smith you are 50 years old. You should have a mammogram and colonoscopy. Because of your new partner this past year, we should do a pap smear and test you for HIV. We've already updated your cholesterol, fasting blood sugar and tetanus shot."*

*Mrs. Smith says, "Okay," or perhaps she has questions about any one of these recommendations, which I answer. Then, without pre-test counseling, without a special written consent for HIV testing, I and my staff organize her routine preventive care for the year.*

Opt-out HIV testing has the potential to identify more HIV positive individuals by testing more people, prevent known HIV positive individuals from spreading HIV, and improve health outcomes by establishing HIV care at earlier stages of the disease.



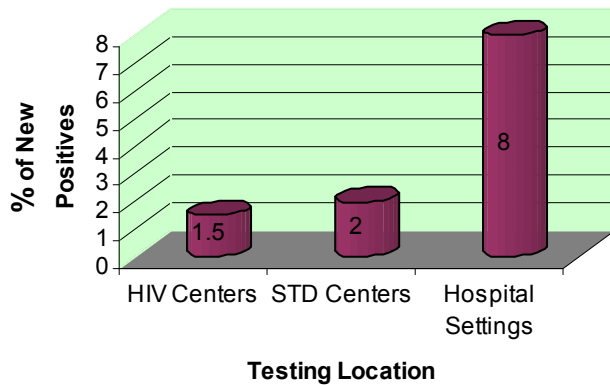
A Kaiser Permanente 2003 study showed 43% of new HIV diagnoses had CD4 <200. In South Carolina, 4315 new cases of HIV infection were identified between 2001 and 2005. Of these new cases, 41% were diagnosed with AIDS within one year of their HIV diagnosis, and 16.5% were diagnosed with AIDS within 30 days of their HIV diagnosis. These studies suggests that these individuals had been infected for some length of time and had the potential to infect others without knowing their status.

The median number of visits to a doctor during the undetected time period was four with 65% identifying themselves as heterosexual.<sup>3</sup> This suggests that with opt-out testing, there were potentially four opportunities for an earlier diagnosis. It may also be speculated that their sexual orientation might not have initiated a

discussion for opt-in HIV testing.

Testing at high risk centers, the focus of most testing strategies, has been shown to yield lower results than testing in usual medical care centers.

**Testing Sites of New HIV+**



While opt-out testing has its' advantages, there are some drawbacks.

- False-positive rates depend on the prevalence of HIV in the area. (The Northeast portion of Missouri is clearly at < 1% prevalence rate, which is a cut off rate recommended by some for universal screening.)
- Uncertainty about reimbursement from insurance providers and whether HIV testing is a covered.
- Individual states may continue to require written consent.
- Significant stigma remains attached to an HIV diagnosis.

It is possible routine opt-out HIV testing will help eliminate HIV stigma and associate it with the usual care and concern extended to patients with newly diagnosed chronic diseases.

HIV testing is as cost effective as other routinely accepted screening measures for chronic diseases.<sup>4,5</sup> With advances in HIV treatments (i.e. one pill per day), this life-threatening illness is now a manageable disease. With opt-out testing, providers and patients no longer have to rely on inaccurate stereotypes as a means for determining risk.

So, when is the time to offer opt-out HIV testing to all of your patients? . . .

**The time is now.**

Citations

1. Centers for Disease Control and Prevention. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR Recomm Rep. 2006; 55(RR-14): 1-17.
2. Zetola NM et al. Association between rates of HIV testing and elimination of written consents in San Francisco. JAMA 2007 Mar 14; 297: 1061-2.4.
3. Centers for Disease Control and Prevention. Missed opportunities for earlier diagnosis of HIV infection - Southern Carolina, 1997-2005. MMWR Morb Mortal Wkly Rep 2006 Dec 1; 55; 1269-72.
4. Paltiel AD et al. Expanded screening for HIV in the United States – an analysis of cost-effectiveness. NEJM, 2005; 352: 586-595.
5. Sanders GD, et al. Cost-effectiveness of screening for HIV in the era of highly active antiretroviral therapy. NEJM. 2005; 352:570-585.

**Salute to Life Walk '07 Success**

The Salute to Life Walk '07 participants experienced a warm, spring day in early May and raised more than \$9,000.

This year's event offered a cow-milking contest, tricycle races and music featuring a Q106.1 live radio remote broadcast.

Individuals and teams collected donations and competed for prizes and bragging rights. All proceeds from the Walk remain in Mid-Missouri for client services such as emergency food vouchers, bus passes and utility assistance.

Rain greatly appreciates everyone who turned out to support this year's event and everyone who made a donation. We'd also like to show special recognition to the 2007 Salute to Life Walk Sponsors.

**2007 Salute to Life Walk Sponsors**

The Arch & Column Pub, Bristol-Myers Squibb, David The Salon, Flying Cow T-Shirt Co., Lifestyles Furniture, McDonald's, Mediacom, Mid-Missouri Dental Center, MO United Methodist Church, Phoenix Programs, Dr. Carin Reust, Summit Travel, www.treweb.org, The University Club, Visionworks, and "Q106.1"