




Point of Care HIV Testing in Primary Care Pediatrics

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The Why

- AAP Recommends Routine Screening of HIV in 16 to 18 year olds with >0.1% Prevalence
- High Risk Population
- Screening rates at our clinic GC/C, > 80%, HIV < 10%
- Difficulty/Discomfort with Follow Up

The How

- Lobby clinic leadership for importance of POCT HIV
 - Check in what others are using – Unigold Recombigen HIV 1/2 Ab
 - Build order/billing into EMR
 - Develop protocol for who to test
 - Develop protocol for pre-test counseling, and what to do with a positive
 - Train nursing on running the test
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How Did It Go?

- Increased rates of POCT HIV, from < 10% to about 60%
- Increased staff satisfaction
- No positives in clinic so far, but have been able to quickly respond to a false positive from an outside source
- Medicaid reimbursement did cover costs
- Did slow down an already slow visit

The Roadblock

- 9/2019- Contacted by billing that we can no longer do POCT HIV, because it is not being reimbursed
- Had been removed from CLIA Waived tests
- Lots of emails, phone conferences with billing, lab, and Epic to find out that the only POCT HIV tests now CLIA waived are POCT HIV 1/2 Ab/Ag
- Change to Alere Determine POCT HIV 1/2 Ag/Ab
- Medicaid does cover cost + about \$4

WILL IT BE EASY?

NOPE

WILL IT BE WORTH IT?

ABSOLUTELY