STD and Viral Hepatitis Screening for Ryan White Clients: A Case Management Approach

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Objectives

- 1. Recognize the need for innovative approaches in resource-limited or rural areas.
- 2. Describe the benefits of cross-program collaboration.
- 3. Consider new strategies to improve accessibility of testing.

Background

- Wyoming has a population of 579,315
 - 2 counties designated as urban, 2 as rural, and 17 as frontier
- Three HIV providers in the state
 - Ryan White case managers in each county
- Integrated Communicable Disease Unit
 - Surveillance, Prevention, and Treatment for HIV, STDs, viral hepatitis, and tuberculosis
- Communicable disease testing available every county through Public Health Nursing offices
 - STD (extragenital), HIV, hepatitis B and C, and tuberculosis



Wyoming Chlamydia Epidemiology

Chlamydia rate per 100,000 population, Wyoming and United States, 2013-2017





Wyoming Gonorrhea Epidemiology

. Gonorrhea rate per 100,000 population, Wyoming and United States, 2013- $2017^{\ast_{4\text{-}7}}$



Wyoming

-US

Wyoming Syphilis Epidemiology

Syphilis rate per 100,000 population, Wyoming and United States, 2013-2017





Newly diagnosed HIV case rate per 100,000, 2013-2017



HIV - 2017

- Prevalence 312 people living with HIV
- Incidence 11 newly diagnosed HIV cases



91% of new diagnoses were among men

36%

of newly reported infections were diagnosed as AIDS

91%

of newly reported cases were among non-Hispanic Whites. Hispanics of any race accounted for an additional 9%



HIV Care Continuum, 2017



Ryan White Clients – 2017

• 206 enrolled clients





Project Background

- Wyoming Department of Health receives Ryan White Part B and C funding
- HRSA recommends STD and viral hepatitis testing for newly enrolled Ryan White clients (RWC)
- Prior to 2016, local public health nursing offices were not involved in screening of RWC
- Data on the number of clients screened and testing results were incomplete
- In 2015, 7% of RWC had documented tests for STDs/VH with 0% positivity

Methods



Results



Methods



Results



Thoughts From the Field

- Case Managers:
 - Completing with the annual application keeps clients from making multiple trips
 - Incentives work well and are helpful in encouraging clients to participate
 - Detected positive cases in partners of clients
 - Easy process
 - Able to treat clients for positive results
- Clients
 - Thought their physician was already doing it or should be
 - Receptive to getting tested
 - Appreciate the incentive
 - \circ Not sexually active so not applicable
 - \circ Too invasive

Conclusions

- Improved data on STD and viral hepatitis screening and testing among RWC
- Ensured appropriate screening and testing based on client risk
- Improved data collection, testing accessibility, and offered treatments for infections that may have otherwise gone undetected
- Enhanced client services offered by Ryan White case managers

Project Funding

- 2016
 - Case managers received a flat fee of \$75
 - Clients received a flat fee of \$25
- 2017
 - Case managers received a flat fee of \$100
 - \circ Clients received \$10 for completing the risk assessment, \$25 for completing testing
- Ryan White Part B, Part C, and rebate funds were used to pay case management fees and laboratory fees
- HIV Prevention, STD Prevention, and hepatitis funds were used to pay for client incentives and laboratory fees

Next Steps

- Implement newly revised Ryan White Annual Application
 - Includes screening within the application
- Refine data collection and management
- Define clear steps for case managers to successfully complete the process
- Maintain incentive structure for clients

Key Points

- Capitalize on current resources available across programs
- Integrate screening/testing into existing processes or client visits
- Offer additional training to field staff to increase capacity
- Seek feedback to improve new processes, policies, or programs
- Identify partners with similar goals or funding

Thank you!

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