Establishing Routine, Opt-Out Screening Policies for HIV, Viral Hepatitis, STDs & TB

PRIMARY CARE

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WHO is this resource for?
This resource was developed for state and local policymakers, primary care providers, and public health decision makers.

WHAT does this resource offer?
This resource synthesizes information on routine, opt-out screening policies for HIV, viral hepatitis, STDs (specifically chlamydia, gonorrhea, and syphilis), and tuberculosis (TB) in primary care settings in six states with high disease prevalence: California, Florida, Georgia, Illinois, New York, and Texas.

WHAT IS ROUTINE, OPT-OUT SCREENING?

Routine, opt-out screening occurs when a healthcare provider screens all eligible patients **(routine)** instead of using an individualized risk-based assessment, and informs the patient that a test will be performed unless they explicitly decline the test **(opt-out)**. Alternatively, "opt-in" screening occurs when patients are asked if they want a test to be performed.

CASE STUDY
NEW YORK SCREENING LAW

67% of people with hepatitis B infection, and **51%** of people with hepatitis C infection **do not know that they have the virus.** They are also at risk of developing fatal liver disease or cancer, and of transmitting the virus to others. [1]

Screening can detect undiagnosed infections and link patients to care. In 2014, New York implemented the **first state hepatitis C virus (HCV) testing law**, requiring health care providers to offer hepatitis C antibody testing to primary care patients born between 1945-1965 (this group made up 75% of all HCV infections in the U.S. in 2017). [2]

After New York's law went into effect, **HCV testing increased by 51%** among people born between 1945-1965, **and linkage to care for people newly diagnosed with HCV increased by 40%** across the state. [2]

A federally qualified health center in Atlanta, Georgia saw a 733% increase in the annual number of HIV tests conducted and a **238% increase in the number of positive HIV tests after implementing a routine, opt-out HIV screening program.** [3]

A routine, opt-out gonorrhea and chlamydia screening program for youth ages 14-24 across various primary care settings **led to a 14% increase in testing** and detected more cases compared to the clinics' previous risk-based screening method. Pediatric clinics increased gonorrhea and chlamydia testing by **31%.** [4]

The routine, opt-out screening program also **decreased the differences in testing rates** between male and female patients, English and Spanish-speaking patients, and White and Black or African American patients. [4]

Routine, opt-out screening can be cost-effective and highly effective in identifying undiagnosed infections, reducing the stigma associated with infectious disease testing, facilitating earlier diagnosis and treatment, and reducing risk of transmission. [5-8]

Click here to view CDC screening recommendations for HIV, viral hepatitis, STDs, and TB.

HOW DO POLICIES DESCRIBE SCREENING?

ROUTINE, OPT-OUT SCREENING

Policies explicitly describing or requiring routine, opt-out screening in primary care facilities were *not* identified in the six states with high disease prevalence (California, Florida, Georgia, Illinois, New York, and Texas).

However, the Texas Department of State Health Services' STI Clinical Standards states, "Notifying the patient that an HIV test will be performed unless the patient declines **(opt-out screening)** is recommended and should be **routine** for persons attending STI clinics and those seeking treatment for STI in other health-care settings."

OTHER SCREENING POLICIES

The following policy language does ***not*** *explicitly* indicate routine, opt-out screening:

HIV screening:

California's Health and Safety Code states, "Each patient who has blood drawn at a primary care clinic and who has consented to the HIV test... shall be offered an HIV test."

New York law states, "Every individual age thirteen and older (or younger than thirteen if there is evidence or indication of risk activity) ... who receives primary care services in an outpatient department of [a general] hospital or in a diagnostic and treatment center ... [shall] be offered an HIV related test."

Viral hepatitis screening:

California law states, "An adult patient who receives primary care services ... shall be offered a hepatitis B screening test and a hepatitis C screening test."

New York law states, "Every individual born between the years of nineteen hundred forty-five and nineteen hundred sixty-five ... who receives primary care services in an outpatient department of [a general] hospital or in a diagnostic and treatment center ... or from a physician, physician assistant or nurse practitioner providing primary care shall be offered a hepatitis C screening test or hepatitis C diagnostic test."

Notes *from the* Field

I think the benefit [to opt-out screening] is definitely [being] able to ... better screen patients and **catch some of these infectious diseases a little bit earlier and offer treatment.** The challenge [to opt-out screening] may be patients ... not really understanding what's happening or what's actually being tested if the provider does not take the time to educate [the patient].

- Medical director, federally qualified health center network

KEY CONSIDERATIONS: ADVANCING ROUTINE, OPT-OUT SCREENING POLICY

1 Tailor screening guidelines for primary care settings to local disease prevalence and relevant population needs.

There is not a one-size-fits-all approach when implementing routine, opt-out screening. Connect with your local health department to determine which screening protocols are supported by data that is reflective of the population, disease rates in the community, and available local resources.

→ Click here for more information about disease prevalence rates for HIV, STDs, viral hepatitis, and TB.

2 Identify current policies on routine, opt-out screening for primary care settings in your state or jurisdiction.

Screening policies may be issued by various branches of government, such as state or local legislatures, administrative and regulatory bodies, or agencies like departments of health.

3 Systematize and streamline routine, opt-out screening orders.

Limited time, staff, and resources are common barriers to implementing routine, opt-out screening. Integrating routine, opt-out screening protocols into a health network's electronic medical record (EMR) system could increase screening without burdening providers, who already have limited time to spend with each patient.

> *I think what would be helpful is … automation in our EMR where for this period of time, if this [screening] hasn't been done, and the next time they see a provider, it's something that's automated where it's automatically ordered … a hard stop in the EMR, you can't move forward until it's ordered and the patient gets their labs.*
> ***- Medical Director, federally qualified health center network***

4 Primary care clinic funding may affect their ability to implement routine, opt-out screening.

Conducting routine, opt-out screening may be more costly in privately funded primary care clinics than clinics that receive public funding, such as federally qualified health centers. Federally qualified health centers may qualify for Title X funding, as certain STD screenings are family planning services. Public funding dollars may cover operating expenses for testing, making tests free to the primary care clinic and the patient. Tests may also be reimbursable from insurers. If providing care to minors, note that insurance companies may notify parents that their child received STD screenings.

POLICY REFERENCES FROM THE SIX STATES WITH HIGH DISEASE PREVALENCE: HIV, VIRAL HEPATITIS, STDS, & TB

CALIFORNIA

State Law:

- CA Health & Safety Code § 120991
- CA Health & Safety Code § 1316.7

NEW YORK

State Law

- NY Public Health Law Article 27-F, § 2781-A: Required offering of HIV related testing
- NY Public Health Law Article 21, Title 7, § 2171: Required offering of hepatitis C screening testing

TEXAS

Department of State Health Services

- Routine HIV Screening in Healthcare Settings

ADDITIONAL REFERENCES:

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[7] Owusu-Edusei K Jr, Hoover KW, Gift TL. Cost-effectiveness of opt-out chlamydia testing for high-risk young women in the U.S. Am J Prev Med [Internet]. 2016 Aug [cited 2023 Aug 1];51(2):216-224. Available from: https://pubmed.ncbi.nlm.nih.gov/26952078/

[8] Serag H, Clark I, Naig C, Lakey D, Tiruneh YM. Financing benefits and barriers to routine HIV screening in clinical settings in the United States: a scoping review. Int J Environ Res Public Health. 2022 Dec 27 [cited 2023 Aug 1];20(1):457. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9819288/