



DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE

Public Health Service

Memorandum

Date

From Acting Director

Subject Services for Patients with Human Immunodeficiency Virus (HIV) Infection in
Community/Migrant Health Centers (C/MHC) - Regional Program Guidance
Memorandum - 88

To Regional Health Administrators, PHS
Regions I-X

The attached document describes the Bureau of Health Care Delivery and Assistance' (BHCDA) general expectations for C/MHC activity related to services for patients with HIV infection. The lead Regional Health Administrator for Primary Care has been consulted in developing this program guidance. Please distribute the document to your staff and the centers in your region to encourage discussion surrounding the many Acquired Immune Deficiency Syndrome (AIDS) related issues.

The BHCDA will distribute protocols and brochures to the centers through the National Clearinghouse for Primary Care Information. Regional division directors will receive the attachments under separate cover.

William E. Aspden, Jr.

ATTACHMENT

Services For Patients With Human Immunodeficiency Virus Infection In Community/Migrant Health Centers

Community and Migrant Health Centers (C/MHC) are unique in that they are the predominant providers of primary care services to special population groups including those likely to have a high incidence of Human Immunodeficiency Virus (HIV) infection and those at risk for infection as a result of certain behaviors. Demographic data indicate that some of the populations infected with, or at risk for, HIV resemble in many ways the current service population of C/MHC. The C/MHC must recognize that the provision of direct and preventive health services to combat the Acquired Immunodeficiency Syndrome (AIDS) epidemic is consistent with their mission, and they must do more than serve as a point of referral for HIV patients.

Background

Infection with the HIV is an epidemic of major proportion and addressing this problem is a health priority for the United States Public Health Service. Statistics indicate that as many as 1.5 million individuals in the United States may be infected with the HIV and are at risk for developing AIDS. To date, there have been over 50,000 cases of AIDS resulting in over 28,000 deaths. By '99 it is estimated that a cumulative total of 270,000 cases of AIDS will have been reported with approximately 80,000 deaths. Much discussion has centered on the role of primary care physicians in the provision of services to AIDS patients and patients with HIV infection. Given the estimated projections, and the incidence of HIV infection, primary care providers are and will continue to serve as significant health resources for HIV infected individuals.

Expectations

The C/MHC administrative and clinical staff must assess the needs of their service populations precipitated by the threat of AIDS and move aggressively to develop strategies to meet these needs. These strategies should encompass community education and health services ranging from risk reduction and HIV prevention for all patients to the provision of comprehensive primary care for AIDS patients. Many centers are already members of a health care network which provides the multifaceted health and related services for the prevention and/or treatment of AIDS; other C/MHC must also contribute to these efforts. At a minimum, C/MHC should develop the activities and procedures described below:

1. Staff Education - Providers, staff and board members need to be provided with up-to-date, accurate, general information on AIDS as well as on the prevalence and implications of AIDS in the communities they serve. Staff will need to be appropriately educated and trained to deal with the many and varied aspects of providing services for patients with HIV infection. Skills needed range from the management of AIDS patients to meeting the concerns and needs of the "worried well." This educational process will be facilitated by efforts such as the AIDS

Education and Training Centers funded by the Health Resources and Services Administration (HRSA), workshops, seminars, and State and Regional meetings, and can be conducted internally by having knowledgeable and previously trained staff members train other staff members. In addition to initial training, staff should also receive continuing education and regular updating on new developments .

2. Needs Demand Assessment - Centers must attempt to estimate, through State and local data sources, the prevalence of HIV infected individuals (to include AIDS related complex and AIDS) in the communities they serve. Before a service plan can be developed for AIDS patients, the demographic characteristics of the "at risk" and potentially infected populations should be assessed. In addition, all providers of services to this group of people must be identified and, in most cases, linkage arrangements with these providers will be necessary. Ongoing contact between centers and other relevant individuals and organizations such as State AIDS Coordinators, local public health authorities, AIDS work groups and task forces, AIDS community based service organizations, and the Health Resources and Services Administration sponsored AIDS Demonstration Projects (where appropriate) is important in order to assemble the necessary data and to assure current information. An inventory of the community's health resources for HIV infected individuals should be developed and maintained.

3. Health Care Plan - Each center must develop an overall health care plan derived from a needs assessment. This plan must contain a description of HIV related services in the community. It should define which services are to be provided through direct service, shared services, or on a referral basis. The C/MHC will also need to describe networking arrangements and have in place procedures for patient referrals which ensure continuity of care and access to needed services. These services include but are not limited to preventive activities, testing and counseling, treatment, hospitalization, and a variety of support services.

a. Prevention - The C/MHC must address the need for information for the general population and for those whose drug use or sexual behaviors place them at risk for HIV infections. The C/MHC must be involved in primary prevention activities including the following:

1. appropriate prevention and health education for all patients;
2. appropriate community/service area prevention and education programs planned and coordinated with existing programs;
3. identification of patients at special risk; and
4. risk reduction counseling for patients at risk of acquiring HIV infections.

b. Networking - Since patients with HIV infection will require medical assessment, monitoring and management of HIV related conditions, C/MHC must ensure that these patients have access to needed medical and support services. These services may be provided by the C/MHC and/or other area providers. Management of patients with HIV infection requires involvement of a multidisciplinary group of health care professionals many of whom will not be located in a single health center. Therefore, referral and formal networking will be required to ensure that the necessary comprehensive and continuous services for the HIV-infected individual are provided. When necessary, C/MHC will have to assume appropriate case management of HIV-infected patients and, in this capacity, should serve as primary participants in a cooperative network of health care providers and should take responsibility for orchestrating and reviewing the overall progress of the individual patient through this network. The C/MHC need to become aware of other financial resources within their communities and States and avail themselves of them as appropriate. The C/MHC must be knowledgeable about, and maintain close linkages with, other public and private providers of medical and support services to HIV-infected patients to ensure continuity of care.

c. Testing - Provision for HIV testing must be available from the C/MHC directly or by convenient referral. Protocols for testing must be established and fully operational before any testing is done and need to include procedures for:

1. obtaining informed patient consent;
2. providing pre- and post-test counseling by appropriately trained persons;
3. communicating test results; and
4. maintaining patient confidentiality safeguards.

4. Health worker protection - Centers must have infection control procedures for all transmissible diseases such as Hepatitis B (HBV) and the HIV to ensure health worker and patient protection. The recommendations contained in the most recent Centers for Disease Control Guidance, "Recommendations for Prevention of HIV Transmission in Health-Care Settings" published in the August 21, 1987, issue of Morbidity and Mortality Weekly Report, should be followed for medical, laboratory, dental and other appropriate health care providers and staff. A copy of this publication has been sent to each C/MHC by the National Association of Community Health Centers.

Finally, policies to ensure confidentiality should be adopted by centers to "limit knowledge of test results to those directly involved in the care of the infected patients or as required by law." (MMWR 8/21/87). Since laws vary considerably from State to State, C/MHC must be knowledgeable about the laws of their State. Although strict confidentiality applies to all patients, the

potential implications of a positive HIV test are such that C/MHC must ensure the adequacy of their current procedures. The issue of confidentiality must be included in staff training and reflect an overall health center policy pertaining to patient rights.