



## 4.b.ii. ACCESS TO HIGH QUALITY CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT IN BOTH CLINICAL AND COMMUNITY SETTINGS



### PROJECT GOALS AND ORGANIZATIONAL COMMITMENT TO CHRONIC DISEASE PREVENTION

As a Performing Provider System (PPS) in New York State's DSRIP program, Advocate Community Providers (ACP) was formed to promote better health and well-being of Medicaid beneficiaries in four of New York City's boroughs: Brooklyn, Queens, the Bronx, and Manhattan. An overall goal of DSRIP is to reduce avoidable hospital use by 25% over five years.

ACP selected 10 projects that are the focus of its efforts, one of which is "Increase Access to High-Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings." To this aim, ACP will extensively engage in health education to increase health literacy on chronic disease prevention with a special focus on the preventive and screening measures for the following: (1) human papilloma virus (HPV), (2) breast cancer, (3) colorectal cancer, (4) cervical cancer, (5) endometrial cancer, (6) lung cancer, (7) prostate cancer, (8) Hepatitis B & C, (9) Obesity, and (10) HIV.

As this Chronic Disease Prevention Protocol indicates, ACP's providers will take part in cancer prevention through a community-based and office-based patient education campaign delivered by Community Health Workers (CHWs) in the office setting and at health fairs in which ACP participates. While PCPs and their staff are expected to educate patients one-on-one on lifestyle modification and identification of high-risk behaviors, time and resource limitations are well recognized, and ACP will offer to supplement the educational intervention by providing trained CHWs. Additionally, ACP's efforts will include population-wide educational initiatives to reach wider audiences in newsletters and other media.

ACP recognizes the benefits to patients' health and wellbeing when some forms of cancer are detected early. Improved outcomes and remission are directly related to early detection in a majority of cases. Therefore, prevention and early detection of cancers are a primary focus of ACP's

chronic disease prevention campaign. In other cases, e.g., prostate cancer, counseling about options allows patients to make more informed decisions about the benefits and burdens of watchful waiting compared with aggressive treatment.

ACP providers will be presented with the most current evidence-based guidelines from nationally respected organizations. Quality-based performance will be based on adherence to these recommendations.

### CHRONIC DISEASE SCREENINGS

► **Human Papilloma Virus (HPV)<sup>1</sup>:** In the United States each year, ~17,500 women and ~9,300 men are affected by HPV-related cancers. About 4,000 women die from cervical cancer. Most of these cancers could be prevented with HPV vaccine. In both women and men, HPV can cause anal cancer and mouth/throat (oropharyngeal) cancer. In women, HPV also causes cancers of the cervix, vulva, and vagina; in men, HPV also causes cancer of the penis.

ACP providers shall promote and educate patients and parents about the benefits of vaccination against HPV. ACP providers shall follow Centers for Disease Control and Prevention (CDC) recommendations for HPV vaccination:

- » It is recommended for both males and females.
- » The Advisory Committee on Immunization Practices (ACIP) recommended 9-valent human papillomavirus (HPV) vaccine (9vHPV).
- » It is routinely given at 11 or 12 years of age, but can be given at age nine years through age 26 years.

- » Three doses are recommended with the second dose given one-to-two months after the first dose and the third dose given six months after the first dose. For those who begin the vaccine before age 15, two doses are recommended.<sup>2</sup>
- » Vaccination is also recommended through age 26 years for men who have sex with men and for immunocompromised persons (including those with HIV infection) if not vaccinated previously. If the vaccine schedule is interrupted, the vaccination series does not need to be restarted.
- » If vaccination providers do not know or do not have available the HPV vaccine product previously administered, or are in settings transitioning to 9vHPV, any available HPV vaccine product may be used to continue or complete the series.

**Precautions and Contraindications.** HPV vaccines are contraindicated for persons with a history of immediate hypersensitivity to any vaccine component, and HPV vaccines are not recommended for use in pregnant women.

NOTE: ACP will provide all PCPs with the latest guidelines for all immunizations and encourage the use of CDC Vaccine schedule application for their PCs and smartphones for easy reference. Posters will also be provided for member education and reference.

#### Quality Metric:

- » Evidence in the medical records of HPV having been administered three times to all patients 15 through 26 years of age and at least twice in children who began HPV vaccinations before age 15.
- ▶ **Breast Cancer:** Breast cancer is the most common cancer in women except for skin cancer. When detected early in its localized stage, the five-year survival rate is near 100%. Early detection is key.<sup>3</sup> ACP has adopted US Preventive Services Taskforce (USPSTF) guidelines for breast cancer screening (Grade B):<sup>4</sup>
  - » Biennial screening mammography for women aged 50 to 74 years.
  - » The decision to start mammography screening in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years.

- » These recommendations apply to asymptomatic women aged 40 years or older who do not have preexisting breast cancer or a previously diagnosed high-risk breast lesion and who are not at high risk for breast cancer because of a known underlying genetic mutation (such as a BRCA1 or BRCA2 gene mutation or other familial breast cancer syndrome) or a history of chest radiation at a young age.

#### Quality Metric:

- » Percent of women 50-74 years of age who had at least one mammogram to screen for breast cancer in the prior two years.
- ▶ **Colorectal Cancer and Polyps:** ACP has adopted the recommendations of the American College of Physicians (2015)<sup>5</sup>
  - » Average-risk adults aged 50 to 75 years should be screened for colorectal cancer by one of four strategies:
    - Annual guaiac based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT);
    - Flexible sigmoidoscopy every five years;
    - Colonoscopy every 10 years;
    - High-sensitivity FOBT or FIT every three years, plus sigmoidoscopy every five years.
  - » All of the following recommendations apply to average-risk individuals. Earlier and more frequent screening may be appropriate to younger individuals with higher risk profiles,<sup>6</sup> including:
    - Inflammatory bowel disease, such as Crohn's disease or ulcerative colitis;
    - A personal or family history of colorectal cancer or colorectal polyps;
    - A genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome).
  - » Those older than 75 years or with an estimated life expectancy of less than 10 years should not be screened.<sup>7</sup>

#### Quality Metric:

- » The percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test; flexible sigmoidoscopy every five years; or colonoscopy every 10 years.

▶ **Cervical Cancer:** The USPSTF recommends these cancer screening guidelines for most adult women:

- » Screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every three years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years. (Grade A – in process of being updated).
- » This recommendation statement applies to all women who have a cervix, regardless of sexual history. This recommendation statement does not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive).<sup>8</sup>
- » NOTE: These recommendations are in the process of being updated by the USPSTF.

#### Quality Metric:

- » The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:
  - Women age 21–64 who had cervical cytology performed every three years;
  - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

▶ **Endometrial (Uterine) Cancer:**

- » The American Cancer Society recommends that, at the time of menopause, all women should be told about the risks and symptoms of endometrial cancer.
- » Women should report any unexpected vaginal bleeding or spotting to their doctors.
- » Some women – because of their history – may need to consider having a yearly endometrial biopsy.<sup>9</sup>
- » Patient educational material will be provided to all PCPs about the latest evidence-based recommendations.

#### Quality Metric:

- » Evidence in the medical record that all menopausal women have been given counseling about the risks and symptoms of endometrial cancer.

▶ **Lung Cancer:**

- » The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years (Grade B).
- » Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.<sup>10</sup>
- » ACP will provide the most current guidelines to PCP offices to address questions from patients who smoke or have quit within the past 15 years.

#### Quality Metric:

- » Evidence in the medical record of annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.

▶ **Prostate Cancer:**

- » The USPSTF recommends against routine prostate-specific antigen (PSA)-based screening for prostate cancer due to the balance of harms versus benefits (Grade D).<sup>11</sup>
- » Note: These recommendations are in the process of being updated by the USPSTF.
- » Shared decision-making is **recommended** by other professional organizations. Patient's preferences about PSA testing can be considered once the potential risks and benefits have been explained.

#### Quality Metric:

- » Evidence in the medical record of counseling about the benefits and burdens of PSA screening for those with a PSA test.

▶ **Hepatitis B & C:** According to the CDC, millions of Americans have viral hepatitis and an estimated 72,000 become infected each year.<sup>12</sup> ACP's commitment to Chronic Disease Prevention also includes Hepatitis B and Hepatitis C:

**Assessment and Prevention:** Based on the findings of the USPSTF,<sup>13,14</sup> ACP will implement the following:

### Screening for Hepatitis B virus (HBV) infection in persons at high risk for infection (Grade B):

- » Persons born in countries and regions with a high prevalence of HBV infection ( $\geq 2\%$ );
- » U.S.-born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection ( $\geq 8\%$ ), such as sub-Saharan Africa and southeast and central Asia;
- » HIV-positive persons;
- » Injection drug users;
- » Men who have sex with men;
- » Household contacts or sexual partners of persons with HBV infection:
  - Prevention through education on safe sex practices;
  - Education on avoiding blood contamination, even by incidental household exposure;
  - Education on the dangers of needle sharing;
  - Promote vaccination against Hepatitis B and work to provide better access to the vaccine for all patients.

### Quality Metric:

- » Evidence of Hepatitis B screening for those at risk.

### Target Population for Screening

**for Hepatitis C (HCV):**<sup>15,16</sup> The New York State Hepatitis C Testing Law was enacted to increase HCV testing and ensure timely diagnosis and linkage to care and is consistent with recommendations issued by the CDC and the USPSTF. These include:

- » Offering Hepatitis C screening test to every individual born between 1945 and 1965 receiving health services as an inpatient of a hospital or receiving primary care services in the outpatient department of a hospital or in a freestanding diagnostic and treatment center or from a physician, physician assistant, or nurse practitioner providing primary care.
- » Exceptions apply if the health care practitioner providing such services reasonably believes that:
  - The individual is being treated for a life-threatening emergency; or
  - The individual has previously been offered or has been the subject of a Hepatitis C screening test (except that a test shall be offered if otherwise indicated); or
  - The individual lacks capacity to consent to a Hepatitis C screening test.

### HCV testing is also recommended for those who:<sup>17</sup>

- » Currently are injecting drugs;
- » Ever injected drugs, including those who injected once or a few times many years ago;
- » Have certain medical conditions, including persons who:
  - Received clotting factor concentrates produced before 1987;
  - Were ever on long-term hemodialysis;
  - Have persistently abnormal alanine aminotransferase levels (ALT);
  - Have HIV infection; and
  - Were prior recipients of transfusions or organ transplants, including persons who:
    - Were notified that they received blood from a donor who later tested positive for HCV infection;
    - Received a transfusion of blood, blood components, or an organ transplant before July 1992.

Note: For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended.

- HCV testing based on a recognized exposure is recommended for:<sup>18</sup>
  - Health care, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood;
  - Children born to HCV-positive women.

### Screening Tests: HCV antibody test.

**Follow up:** The law further requires that if an individual accepts the test offer and the screening test is reactive, the health care provider must either offer the individual follow-up health care or referral to a health care provider who can provide such care, including a Hepatitis C diagnostic test.

**Cultural Competency:** The offer of testing must be culturally and linguistically appropriate in accordance with rules and regulations promulgated by the Commissioner of Health.

**Screening Intervals:** USPSTF recommends screening as follows:<sup>19</sup>

- » Persons in the birth cohort, and those who are at risk because of potential exposure before universal blood screening and are not otherwise at increased risk, need only be screened once (Grade B);
- » The USPSTF also recommends offering a one-time screening for HCV infection to adults born between 1945 and 1965 (Grade B).
- » Persons with continued risk for HCV infection (injection drug users) should be screened periodically;
- » The USPSTF found insufficient evidence to make any recommendation regarding how often screening should occur in persons who continue to be at risk for new HCV infection.

#### Quality Metric:

- » Evidence of Hepatitis C in screening for those at high risk for infection;
- » Evidence of one-time screening for HCV infection in adults born between 1945 and 1965.

► **Obesity:** According to New York City Department of Health statistics, obesity is at epidemic rates. More than half of New Yorkers are overweight and 22% are obese.<sup>20</sup>

- » The USPSTF recommends screening all adults for obesity (Grade B, but being updated). Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m<sup>2</sup> or higher to intensive, multicomponent behavioral interventions.<sup>21</sup>
- » The USPSTF recommends that clinicians screen children aged six years and older for obesity and offer them or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status (Grade B).
- » ACP is committed to promoting awareness of the obesity epidemic through education on better nutrition and increased physical activity. All ACP providers shall participate in BMI measuring and tracking and shall counsel all overweight and obese patients. Treatment may include referrals for nutritional counseling. ACP shall also promote education through community-wide seminars and educational campaigns.

#### Quality Metric:

- » Evidence of obesity screening for all patients aged six years and older with BMI annually.

Note: Obesity in children is defined as being at or above the 95<sup>th</sup> percentile for BMI.

- » For those found to be obese ( $\geq$  BMI 30 kg/m<sup>2</sup>), evidence of referral for comprehensive, intensive behavioral intervention to promote improvement in weight status.

► **HIV:** NYS had an estimated **2,925 new HIV infections** in 2013 or 17.6 infections per 100,000 population.<sup>21</sup> **Non-Hispanic blacks and Hispanics made up almost 70% of estimated new infections**, although their combined population proportion was just 32% in 2013. The estimated rate for non-Hispanic blacks (41.6 per 100,000) was six times that of non-Hispanic whites (6.8 per 100,000), and the rate for Hispanics was five times higher (34.0 per 100,000).

#### Screening testing

The USPSTF<sup>23</sup> recommends:

- » Clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened (Grade A);
- » Clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown (Grade A);
- » The HIV Diagnostic Testing Algorithm is a multi-test algorithm, incorporating tests that detect HIV antigens, antibodies, and RNA, and the final interpretation is based on a combination of test results rather than a single confirmatory test such as the Western blot.<sup>24</sup>
- » Rapid HIV testing may use either blood or oral fluid specimens and can provide results in five to 40 minutes. The sensitivity and specificity of the rapid test are also both greater than 99.5%; however, initial positive results require confirmation with conventional methods.

#### Target Population

ACP shall implement screening practices for HIV pursuant to New York Public Health - Article 27-F - § 2781 HIV Related Testing 2015.<sup>25</sup> ACP partners must offer HIV testing to all persons between the ages of 13 and 64 receiving inpatient or emergency department services at hospitals, persons receiving primary care services through hospital outpatient clinics, diagnostic and treatment centers, and persons receiving primary care services from physicians, physician assistants, nurse practitioners, and midwives regardless of setting. In accordance with New York State law 2015 revision, oral consent shall be sufficient for testing; written consent shall no longer be required.

The law does not require an offer of testing to be made when the individual:

- » Is being treated for a life-threatening emergency;
- » Has previously been offered or has been the subject of an HIV related test (unless otherwise indicated due to risk factors);
- » Lacks the capacity to consent (though in these cases the offer may also be made to an appropriate person who is available to provide consent on behalf of the patient).

**A.** On the basis of HIV prevalence data, the USPSTF considers the following at-risk populations in need of testing:<sup>26</sup>

- » Men who have sex with men;
- » Active injection drug users;
- » Persons engaging in behavioral risk factors for HIV infection, including unprotected vaginal or anal intercourse;
- » Having sexual partners who are HIV-infected;
- » Bisexual, or injection drug users;
- » Persons who exchange sex for drugs or money;
- » Other persons at high risk include those who have acquired or request testing for other sexually transmitted infections (STIs).

**B.** Informed Consent. Persons being asked to consent to HIV testing must be provided the following explanations:

- » HIV is the virus that causes AIDS and can be transmitted through: unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood as in sharing needles (piercing, tattooing, drug equipment including needles); by HIV-infected pregnant women to their infants during pregnancy or delivery; or while breast feeding.
- » There are treatments for HIV/AIDS that can help an individual stay healthy.
- » Individuals with HIV/AIDS can adopt safe practices to protect uninfected persons from acquiring HIV and infected people from acquiring additional strains of HIV.
- » Testing is voluntary and can be done anonymously at a public testing center.
- » The law protects the confidentiality of HIV test results and other related information.
- » The law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences.

- » The law allows an individual's informed consent for HIV related testing to be valid for such testing until such consent is revoked by the subject of the HIV test.

**C.** Mandatory Testing: Testing is, however, mandatory in certain limited circumstances, as follows:

- » As of February 1997, all newborns in New York State are tested for HIV antibodies. A newborn's test result also provides information about the mother's HIV status.
- » Blood, body parts, and organ donations are tested for HIV.
- » HIV testing can be required in order to participate in some federal programs, such as the Job Corps and the Armed Forces.
- » Under certain conditions, inmates in federal prisons (but not in state or local correctional facilities) are tested for HIV without their consent.
- » HIV testing can be required for certain types of insurance, like disability or life insurance. However, insurance companies must tell applicants they will be tested for HIV. In New York State, people cannot be denied health insurance because they are living with HIV or AIDS.
- » Testing may be performed without consent in instances of occupational exposure when the source patients are not able to themselves consent and the other conditions are met.
- » HIV testing may be required of convicted and indicted sex offenders in certain cases.

**D.** Screening Intervals: Individuals known to be HIV-positive do not need repeat testing. Per guidance from the USPSTF, one-time screening is enough for adolescents starting at age 15 and for adults to identify persons who are already HIV-positive. For those with unknown HIV status, those known to be at risk for HIV infection, and for those engaged in high-risk behaviors, repeated screenings are recommended. Additionally, repeated testing is recommended for those who live or receive medical care in a high prevalence setting (e.g., sexually transmitted disease (STD) clinics, correctional facilities, homeless shelters, tuberculosis clinics, clinics serving men who have sex with men, and adolescent health clinics with a high prevalence of STDs).<sup>27</sup>

The evidence is insufficient to determine optimum time intervals for HIV screening. With lack of evidence supporting intervals for screening, the USPSTF recommends annual screening for these high-risk populations.<sup>28</sup>

- E.** If a person tests HIV positive, the person ordering the test (or through a representative) must provide the test result and, with a patient's consent, schedule an appointment for follow-up HIV medical care. In addition, patient counseling should be provided that addresses:
- » Coping emotionally with the test results;
  - » Discrimination issues relating to employment, housing, public accommodations, health care, and social services;
  - » Authorizing the release and revoking the release of confidential HIV-related information;
  - » Preventing high-risk sexual or needle-sharing behavior;
  - » Availability of medical treatment;
  - » HIV reporting requirements for the purposes of monitoring the HIV/AIDS epidemic;
  - » The advisability of contacts being notified to prevent transmission, and to allow early access of exposed persons to HIV testing, health care, and prevention services, and a description of notification options and assistance available to the protected individual;<sup>29</sup>
  - » The risk of domestic violence in conformance with a domestic violence screening protocol developed by the commissioner pursuant to law;
  - » The fact that known contacts, including a known spouse, will be reported to the health department. Protected persons will also be requested to cooperate in contact notification efforts of known contacts. Patients name additional contacts they wish to have notified with the assistance of the provider or authorized public health officials;
  - » Protection of names and other information about HIV-infected persons during the contact notification process;
  - » The right to have an appointment made for HIV follow-up medical care, the use of HIV medications for prophylaxis and treatment, and the availability of peer group support;
  - » The risk of perinatal transmission;
  - » Explain that if a person with HIV appears to have fallen out of care, he or she may be contacted by the medical provider or health department staff to address barriers to entry into care and promote engagement in care.

**A person who tests HIV negative** must be provided with the result and information concerning risks of infection with participation in sexual and needle-sharing activities. Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) should be discussed as prevention options. This information may be in the form of written materials such as that available on the Department's website. The negative test result and required information do not need to be provided in person.

#### ► **General ACP Procedures for Positive Screening Results**

- » Any and all patients testing positive in any of the screening tests will be referred by the PCP to the appropriate ACP specialty partner for care and will be provided Care Coordination services to monitor fulfillment of referrals and treatment plans.
- » Patients testing positive will also be referred and information be reported to appropriate governmental agency as required and appropriate.
- » Care managers will be assigned to work with patients to ensure adherence with treatment plans and counseling support.
- » Every patient with a positive result shall additionally be counseled and screened for depression via a PHQ9 and, if positive, IMPACT (Improving Mood--Promoting Access to Collaborative Treatment for Depression) shall be implemented.
- » Any patient in whom drug use is encountered shall be connected with an OASAS (Office of Alcoholism and Substance Abuse Services) partner for treatment.
- » Social services, including community-based support providers, shall be incorporated into the patient's treatment to ensure that the patient's needs are met in a holistic manner.

#### **Quality Metric:**

- » Percent of all patients 13-64 and those younger than 13<sup>30</sup> at increased risk with an HIV test.
- » Percent of pregnant women with an HIV test.

## Other General Population Health Metrics Not Previously Mentioned:

- » Asthma ED visits per 10,000;
- » Asthma ED visit rate per 10,000, aged 0-4 years;
- » Percentage of adults who are obese;
- » Percentage of children and adolescents who are obese;
- » Percentage of adults with health insurance – Aged 18-64 years;
- » Percentage of premature death (before age 65 years);
- » Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics;
- » Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics;
- » Age-Adjusted heart attack hospitalization rate per 10,000;
- » Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ years;
- » Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 6 - 17 years;
- » Age-adjusted preventable hospitalizations rate per 10,000 – Aged 18+ years;
- » Age-adjusted preventable hospitalizations rate per 10,000 – Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics.

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<sup>22</sup><http://www.cdc.gov/tobacco/campaign/tips/partners/health/materials/twyd-5a-2a-tobacco-intervention-pocket-card.pdf>

<sup>23</sup>US Preventive Services Taskforce. Obesity in Adults: Screening and Management Release Date: June 2012. <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-adults-screening-and-management?ds=1&s=obesity>. Accessed June 2016

<sup>24</sup>[https://www.health.ny.gov/diseases/aids/general/statistics/docs/hiv\\_incidence\\_2013.pdf](https://www.health.ny.gov/diseases/aids/general/statistics/docs/hiv_incidence_2013.pdf)

<sup>25</sup>U.S. Preventive Services Task Force. Final Recommendation Statement: Human Immunodeficiency Virus (HIV) Infection: Screening. April 2013. Available at: <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening> Accessed February 2016.

<sup>26</sup><https://www.health.ny.gov/diseases/aids/providers/testing/algorithm.htm>

<sup>27</sup>[https://www.health.ny.gov/diseases/aids/providers/regulations/testing/section\\_2781.htm](https://www.health.ny.gov/diseases/aids/providers/regulations/testing/section_2781.htm)

<sup>28</sup>Ibid.

<sup>29</sup>Protected persons or individuals are persons or individuals with HIV-related medical information beyond the offer of the HIV test.

<sup>30</sup>Drug screen in those under 15 by use of the CRAFFT Screening Interview (see Project 3.a.i) [http://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT\\_Screening\\_interview.pdf](http://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf)