San Francisco Chronicle Examines Partner Notification as HIV Prevention Method

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The San Francisco Chronicle on Monday examined the increasing role of partner notification in the battle against HIV/AIDS in California and across the U.S. Partner notification, which emerged from the contact tracing method used since the 1940s to curb the spread of syphilis, notifies the sexual partners of people who test positive for HIV and is "a more efficient and focused way to test for HIV," according to the Chronicle. The HIV-prevalence rate among sexual partners of those who have tested positive for HIV nationwide is estimated at around 20%, and most partner-notification programs are aimed at people who are unaware of their HIV status. According to Disclosure Assistance and Partner Services, a partner-notification program working on behalf of the San Francisco Department of Public Health, encouraging newly diagnosed clients to provide a list of sexual partners is "among the most sensitive tasks for team members," and all disclosures therefore are voluntary, the Chronicle reports. The DAPS program, which advises partners who have been exposed to HIV to access the city's free testing services, does not reveal the name of the HIV-positive client. Since 1985, when an HIV antibody test became available, it has been recommended that HIV–positive individuals be counseled to notify their sexual partners. Despite such recommendations, a University of Washington survey finds that only 30% of HIV-positive people nationwide reported receiving such counseling. To reduce the estimated 40,000 new HIV cases that occur annually in the U.S., CDC in April 2003 issued a redesigned federal HIV prevention strategy highlighting partner notification. Although some opponents of partner notification say that the method infringes on privacy rights, programs are being expanded statewide in California, as well as nationwide. In 2004, one year after San Francisco increased partner notification efforts, a report published in the New England Journal of Medicine finds that 112 partners of 136 clients newly diagnosed with HIV were notified through the DAPS program, resulting in the detection of 10 new HIV cases (Russell, San Francisco Chronicle, 1/9).

RECENT RESEARCH ON HIV AND QUALITY OF LIFE

Although a great deal of HIV research focuses on treatment-related issues, many studies examine less clinical topics, such as mental health, family planning and complications such as cardiovascular disease or osteoporosis. At a major U.S. government-organized conference in September in Atlanta, Ga., experts gathered to discuss the latest research on these and other key topics. Sharon Dian Lee, M.D., and Marjorie Williams, M.P.H., review the highlights in this conference recap (From The Body Pro Newsletter 1/5/06) http://www.thebodypro.com/redirect/updates/web051228b.html?mb56t

We are in the process of reassessing the Network News and would love to hear from you. What things do you find helpful? What things are not helpful? What would you like to see added? Would you like to contribute to the Newsletter? Are there people you would like to see write guest columns? We are very open to any and all suggestions. Please contact me with your ideas.

Thank you. Rick Stoller, 503-230-1202 stollerr@ohsu.edu
I want to let you know about some about recent changes in Social Security disability law. As you may know, these benefits can be paid to anyone eligible for Social Security disability benefits, which certainly includes hard-working union members. Disability payments can be made to an injured person even if there is pending personal injury litigation, or to those getting workers’ compensation. It will be paid along with and long or short-term disability insurance payments such as union or corporate disability insurance policies. Social Security disability payments can sometimes be made to people getting disability payments from state and local governmental disability programs. Any disabled person who has a work history is eligible for these monthly Social Security payments, regardless of unearned income or resources. It pays just like an insurance policy, once disability is proved. Social Security disability comes with Medicare eligibility. SSI disability eligibility standards are the same, but there are asset limitations. Qualification for SSI gains OHP+ eligibility.

Here are some of the important changes in Social Security law, policy and regulations that have taken effect during this past year:

The Social Security Administration is deep into a major revision of claim processing, moving quickly toward a fully electronic files. This will allow case access from any point in the system. Currently cases can take up to seven years to be appealed up through federal courts, so this is long overdue. Initial applications can be done online, and soon all appeals will be available through the internet. The delays occasioned by mailing and lost files will be eliminated. Change is always tumultuous, and can make representation by an attorney even more important. There are a few potholes remaining in the electronic highway.

A complete overhaul of the Multiple Body Systems section of the law and the Immune Systems section and is underway. These include lupus, chronic fatigue and other autoimmune disorders) There is a new regulation granting immediate approval to anyone diagnosed with Lou Gehrig’s disease. Social Security has announced its intention to revise the regulations on neurological impairment, last updated in 2000. This process typically takes several years.

New claims may now be filed while an appeal is pending at the Appeals Council level of appeal which takes place after the administrative law judge’s hearing. The Appeals Council currently takes an unconscionable 2-3 years to process appeals. Workers now receiving Social Security payments are often being urged to participate in Social Security’s Return-to-Work programs. It is important to know about the plusses and minuses of these programs. There is greatly increased funding to nudge people back into the workforce. It may be hard to navigate the complicated rules on this, and keep future eligibility in place. Counseling is available through Oregon Advocacy Center to help explain the options.

Remember: People over 62 and under the new full retirement age of 67 are eligible for disability payments instead of early retirement benefits. If disability can be demonstrated, that disability payment amount is higher than the early retirement benefit.

Current figures for Oregon show 67% of cases are denied at the initial claim level. Over 89.4% are denied at the second “Reconsideration” level. Many claimants become discouraged and fail to file appeals or ask for a hearing. Time is of the essence in these appeals, and delays can add months to processing times.
Cool sites on the Web

There are a number of websites that offer HIV/AIDS information. Some offer some useful patient oriented tools, such as AIDSmeds.com and MedActionPlan.com.

**AIDSmeds.com**

This site is an HIV+ owned and operated, and contains easy to read, comprehensive HIV & AIDS treatment information targeted towards patients. Some cool tools are offered including personalized drug interactions report and custom graphing of labs.

To get a graph of your lab tests you enter the test dates and results. In addition to HIV viral load and CD4 count you can add what ever test you want to follow. You can also add comments like 'started meds'. You can even get a graph tracking the results of two different tests at the same time. You start by creating an “account” on the secure servers using your email address and a password. This allows you to update your results over time.

To check your meds for drug interactions, simple select what medicines you are on (both HIV and non-HIV meds) and then hit the 'Check interactions' button. You will get a summary of possible interactions, ranked as Major, Moderate, or Minor.

**MedActionPlan.com**

There is a link at this website to the HIV Visual Med Scheduler®, a program that can be used to quickly create patient medication schedules that will improve patient understanding of their medications by providing a visual display. It is intended to be used by healthcare professionals; you will need to set up a password on the secure server. Over 200 medications and doses are available to be included in the visual med schedule. Patient instructions can be customized to promote patient-centered care. The schedule includes adherence tips and can be printed in either letter or wallet size. Three additional features available are: a Checklist to document pill taking (like a pill diary), a Health Tracker to document your labs and link to check drug interactions.

To get started with the HIV Visual Med Scheduler: Call MedActionPlan.com at 800-543-2230 to receive your free access code. Click Set Up a New Account and enter the case-sensitive access code when prompted.
Comings and Goings

CAP has a new Executive Director, Jean Ann Van Krevelen. She started January 3rd and was the former ED of RAIN (Regional AIDS Intercommunity Network), the statewide AIDS services organization in Oklahoma. We welcome Jean Ann to our community and encourage you all to take an opportunity to personally greet her.

Cascade AIDS Project is now offering a new Benefits Assistance Program funded by the Oregon Department of Human Services HIV program. The purpose of the program is to provide technical assistance regarding benefits to case managers who provide services to people living with HIV/AIDS. In addition to services technical assistance the program will provide regional trainings to case managers and will accept direct referral of Title II clients to address specific issues. As part of the services that we offer to case managers, we will give ongoing monthly updates in this column in the “Network News”, a publication that goes out to Ryan White case managers and other providers statewide.

This statewide program offers assistance in the following areas:

- Medicaid (OHP)
- Medicare (Part A, Part B, Part D)
- CAREAssist (ADAP)
- FHIAP
- OMIP
- COBRA
- Veteran’s Administration (VA)
- Pharmaceutical Patient Assistance Programs
- Social Security (SSI, SSDI)
- Private Insurance

Please let us know any suggestions and questions about this column and which areas or topics you would like to see in the future training sessions so we can better meet your needs.

Column provided by Sandra Sciaccotti, Statewide Benefits Coordinator at Cascade AIDS Project.
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Fact Sheets Address Daily Living with HIV

UCSF’s HIVInSite has developed a series of patient fact sheets, "Daily Living with HIV," that provide practical information about living with HIV. Topics include: complementary therapies; coping with HIV and mental health; sex and sexuality; drugs and alcohol; nutrition; and exercise.
To view the fact sheets go to: http://hivinsite.ucsf.edu/InSite?page=md-daily-00

The Puertas de Esperanza Conference, a conference for Latino PLWH/A and their families will be held on April 15th 2006 in Portland. For more information contact Roberto Asotorga at CAP at 503.223.5907 or rastorga@cascadeaids.org