

Qualitative Assessment of Implementing Routine Rapid HIV Testing Within the US Department of Veteran's Affairs

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VA GREATER LOS ANGELES HEALTHCARE SYSTEM



BACKGROUND

- As of 2006, CDC recommends routine HIV testing for all patients aged 13-64 years
- Rapid testing at point-of-care sites is low
- HIV testing in the VA is underutilized
 - **Less than 10%** of VA outpatients ever tested for HIV
 - **Less than 3%** of VA outpatients tested in 2009
- As part of a randomized control study (RCT) we found **nurse-based HIV rapid testing (NRT)** is more acceptable to patients than current venipuncture methods and increases receipt of test results
- NRT allows nurses to **initiate** and **administer** HIV testing



OBJECTIVE

To evaluate implementation barriers and facilitators to NRT at two VAMCs within the VA Greater Los Angeles Healthcare System (GLA)

METHODOLOGY

Qualitative data collection:

- 1) Conducted formative evaluation prior to implementation at site 1
- 2) Conducted process evaluation of ongoing implementation at site 2
- 3) Evaluation conducted through semi-structured interviews with key informants identified through snowball sampling: 9 managers; 24 front-line practitioner

Qualitative data analysis:

- 1) Detailed field notes coded for emergent themes and codebook established
- 2) Summary memos compiled
- 3) Research assistants coded, based on codebook
- 4) Coders and investigators discussed and agreed on major emergent themes for barriers and facilitators

Quantitative data

collection/analysis:

- 1) Rapid test rates tracked through medical record extraction

BARRIERS

Clinical workload/staffing may be insufficient for uptake of routine versus risk-based testing

Burden of pre-test counseling / consent

Bureaucratic delay for inclusion of NRT in nursing scope of practice (site 1)

MD preference for blood draws

Space restrictions

Provider stigma towards HIV/ value judgments regarding patients (site 1)

FACILITATORS

Identification of local champions dedicated to NRT

Provider education: refresher courses, "cheat sheets", clinical reminders

Patient activation through education/publicity

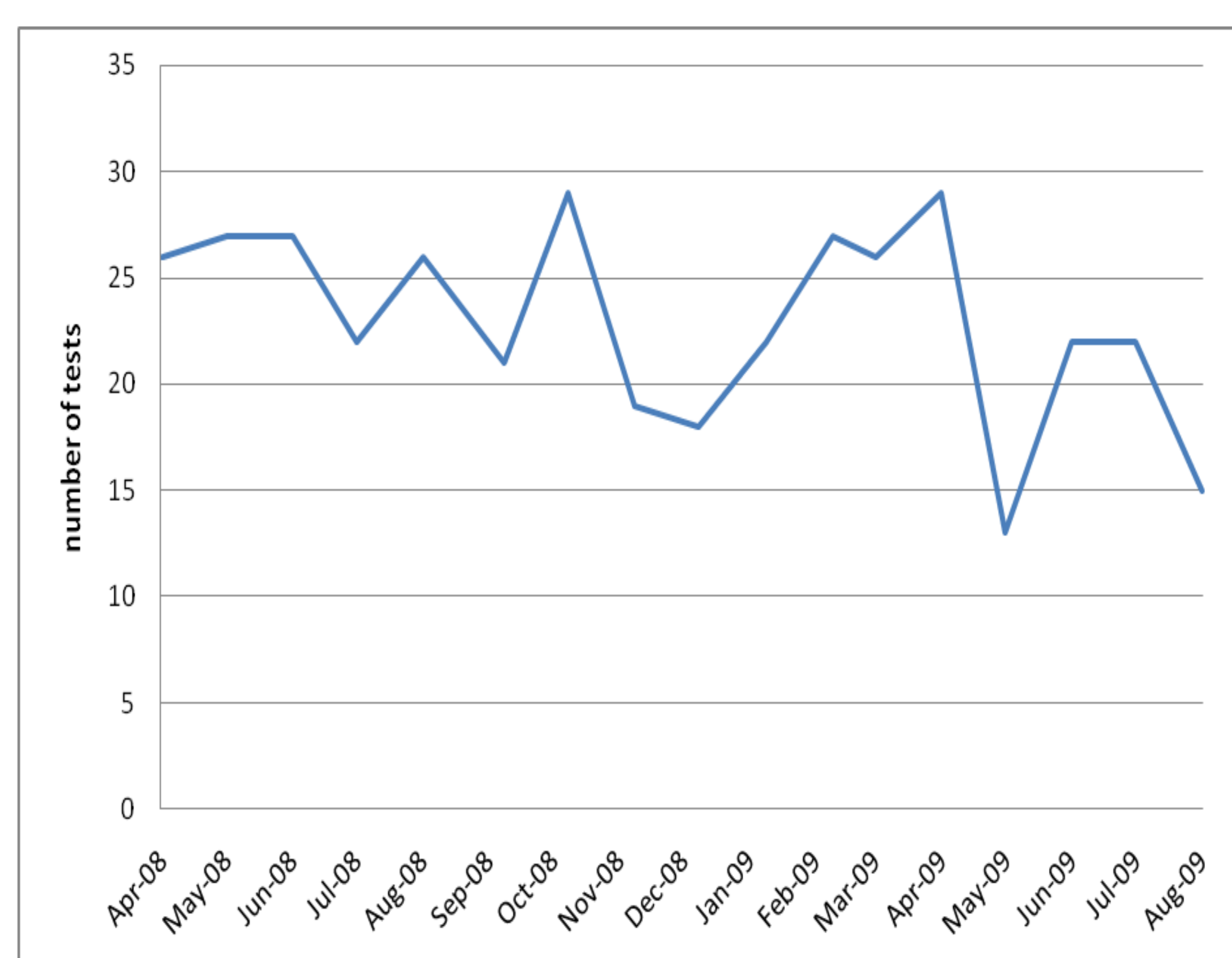
Provider characterization of rapid testing as simple, quick, and non-invasive

Potential expansion of RT training to include LVNs/LVPs

Distinct themes emerged as barriers/facilitators to practitioner adoption of routine HIV RT:

SITE 2: CONCURRENT IMPLEMENTATION EFFORTS

HIV Rapid Tests Administered per Month at Site 2



- Over 17 month period, HIV rapid testing was consistent.
- Post-launch, NRT can continue at a limited threshold with little external support.

DISCUSSION

The majority of providers recognized the importance of HIV testing and the benefits of RT (does not require a 2nd visit, less invasive); however, provider stigma and anxiety with testing were found to interfere with the offering of the tests to patients. Workload and staffing constraints were an additional barrier. The expansion of training to include LVNs/LVPs could alleviate some of the staffing issues.

Providers cited the following as necessary to be in place prior to implementation:

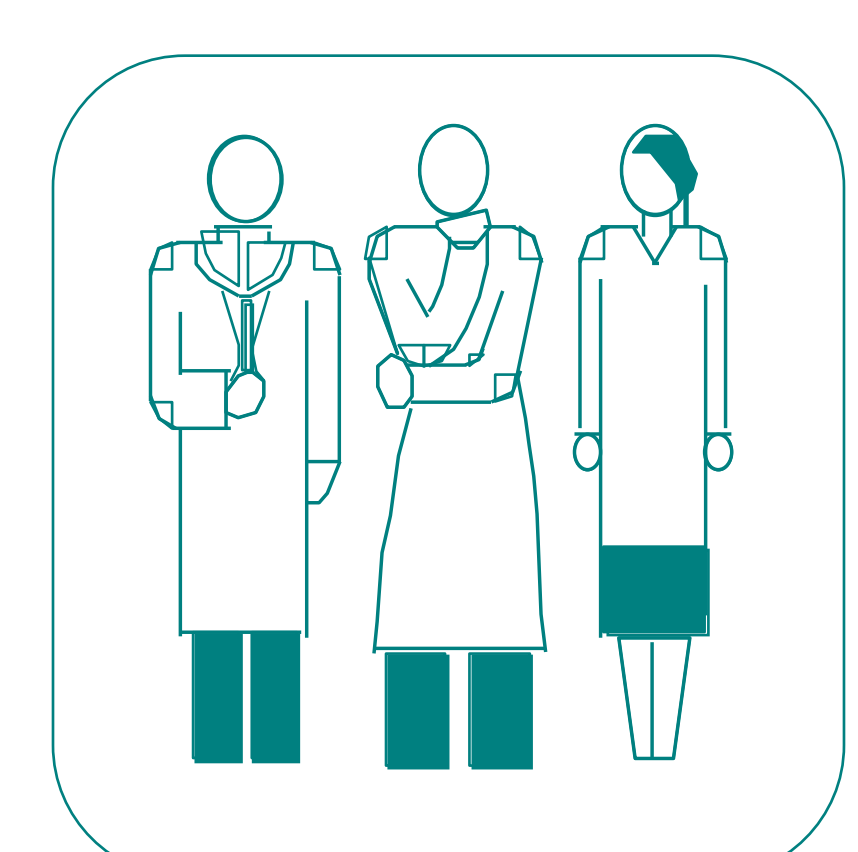
- Comprehensive and timely training for providers including: basic HIV info, test demonstration, communication techniques for dealing with positives, contact info for mental health support and refresher courses prior to launch
- Plan for follow-up for positives
- Documentation/coordination with lab
- Storage/access to test kits
- Resources: adequate space for privacy, sufficient lighting, timers to assist in integrating NRT into workflow
- Nursing scope of practice
- Administrator support to coordinate education and publicity

CONCLUSIONS

These findings can be used as a guide to implementing future routine HIV testing activities in accordance with the aforementioned CDC recommendations. Formative and process evaluations in health services research can reveal unforeseen barriers/facilitators to future efforts and aid in dissemination of research findings.

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