

# EVALUATION OF READINESS TO IMPLEMENT NURSE-INITIATED RAPID HIV TESTING AT HIGH PREVALENCE PRIMARY CARE SETTINGS WITHIN THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

Butler JB,<sup>1</sup> Solomon JL,<sup>3</sup> Golden JF,<sup>1</sup> Bokhour BG,<sup>3</sup> Rodriguez-Barradas MC,<sup>4</sup> Kan VL,<sup>5</sup> Anaya HD<sup>1,2</sup>

<sup>1</sup> QUERI-HIV/HEPATITIS, VA Greater Los Angeles Healthcare System, Los Angeles, CA; <sup>2</sup> UCLA David Geffen School of Medicine, Los Angeles, CA; <sup>3</sup> VA New England Healthcare System, Bedford, MA; <sup>4</sup> Michael E. DeBakey VA Medical Center, and Baylor College of Medicine, Houston, TX; <sup>5</sup> VA Medical Center, and George Washington University, Washington, DC

## Background

- As of 2006, CDC recommends routine HIV testing for all patients aged 13-64 years
- HIV testing in the US Department of Veterans Affairs (VA) is underutilized
  - < 10% of VA outpatients ever tested for HIV
  - < 3% of VA outpatients tested in 2009 (Public Health Strategic Health Care Group, VA 2010)
- Subgroups of US veterans are at high risk of HIV infection (e.g. minorities, substance users, the mentally ill, and homeless)
- Pilot study found that nurse-initiated rapid testing (NRT) significantly increased testing and result receipt rates over current practice (Anaya et al. JGIM 2008; 23(6):800-7)



## Objective

- Evaluate readiness to adopt NRT at 2 Veterans Administration Medical Center (VAMC) primary care clinics (PC) with high HIV prevalence

## Intervention

- Multi-year staggered NRT implementation rollout at two sites, a mid-Atlantic urban VAMC (site A) and an urban Southwest VAMC (site B)
- Train nurses in PC to offer and administer HIV rapid tests (RT) to patients
- Training includes skills on educating patients about HIV, administering test, interpreting test results, and result delivery
- Testing is prompted by clinical reminder with current CDC / VA HIV testing criteria

## Methodology

- Conducted 60 semi-structured qualitative interviews with key stakeholders and frontline providers from sites A and B at the *pre-intervention* interview time point
- Thematic analysis performed from interview field notes



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## Current Results

- Widespread concern over the extra time NRT would add to patients' visits
- Nurses are already overburdened
- Clinics are short staffed and busy
- Staff worried over the NRT-related logistics
  - Patient waiting space
  - Private locations to deliver results
- Consensus confirmed need for increase in HIV testing due to the following reasons:
  - High HIV prevalence among local patient population
  - Early detection renders early treatment
  - NRT in PC is seen as a feasible means to address this increased testing rationale
- Many are in support of routine HIV testing
  - Believe NRT fits within VA's mission
- Current testing is mostly risk-based or at patients' request
- RT benefits the patient
- Some are skeptical on how NRT will operate in PC (e.g., clinic flow)
- To prevent interruption of clinic flow, some interviewees suggested designating a tester and/or having an established HIV testing clinic within PC

**While not expressed by the majority, several salient facilitators and barriers were shared by interviewees:**

### Facilitators

- Previous nurse experience with other point of care testing\*
- Previously successful testing events
- HIV awareness among staff and patients
- Involvement of HIV testing advocate(s)
- \***Only exists at site #A**

### Barriers

- Concern over RT accuracy
- Preference for traditional venipuncture HIV screening
- Discomfort with nurses performing RT
- Resistance of nurses to additional tasks

## Discussion

- In evaluating the readiness of NRT adoption in PC, a number of barriers were initially found that may impact implementation regardless of the general support extended
- Process evaluations are ongoing at both sites
- Future interviews will elucidate how NRT was adopted at each site and will present the barriers, facilitators, and unintended consequences associated with this intervention
- VA policies for NRT adoption require sensitivity to local conditions and nurses' existing duties, while maintaining the generalizability needed for nationwide rollouts within the VA and adoption at other large healthcare institutions

## Project Update

- Mid-process interviews have recently been completed for site A and are currently underway for site B – please ask presenter for preliminary findings at conference