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 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)
- Oral rapid HIV tests are now available that provide preliminary results in 20 minutes
- Pilot study found that nurse-initiated rapid HIV 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 a clinical reminder that triggers for eligible patients based on the current CDC / VA HIV testing criteria (age 18-64, not HIV positive, no recent HIV test)

Methodology

- Conducted formative and process evaluations at each site
  - Conducted 60 semi-structured formative (T1) interviews with stakeholders and frontline providers across both sites
  - Conducted 23 semi-structured qualitative process interviews (T2) with frontline providers from both sites after 6 weeks of NRT
- Interviews were audio-recorded
- Interviewers developed detailed field notes based on audio-recordings
- Conducted iterative thematic analysis of field notes to identify themes and sub-themes

Findings

T1 Interviews: Pre-implementation (Formative)

Perceived Facilitators:
- Need for increase in HIV testing because:
  - High HIV prevalence among local patient population
  - Early detection renders early treatment
- NRT in PC is seen as a feasible means to address increased testing
- Believe NRT fits within VA’s mission

Perceived Challenges:
- Widespread concern over the extra time NRT would add to patients’ visits
  - Nurses are already overburdened
  - Clinics are short-staffed and busy
- Concern about NRT-related logistics
  - Patient waiting space
  - Private location to deliver results

T2 Interviews: During Implementation (Process)

Perceived Facilitators:
- NRT smoothly incorporated into nurses’ clinical workload
  - “It has been a great success and a slam-dunk.”
- Patients receptive to NRT
- Pre-implementation training useful for NRT
- NRT clinical reminder has been helpful prompt
- Research staff available for answering questions, identifying instances when results not given to patients

Perceived Challenges:
- Communication between providers and nurses
  - “There was an occasion when I didn’t closely look at the paper, or the nurse didn’t clearly indicate that an HIV test has been ordered….So communication between nurse and provider is not 100% infallible.”
- Individual electronic medical records do not allow nurses and providers simultaneous access
- NRT requires logistical adaptation by nurses
  - “You have to come up with your own system; every system doesn’t work for everybody….If a sheet is tagged white then it means I have to enter the results into the computer. If a sheet is tagged yellow, then that means I have to close it out.”
- Occasionally test results not given to patients by end of visit

Discussion

- Although most participants at T1 anticipated NRT would be burdensome, at T2 participants said NRT was being smoothly integrated into clinical work
- Successful NRT requires logistical adaptation by nurses, posing a challenge to widespread implementation across the VA
- Necessary to develop more effective communication between nurses and providers for documenting and delivering results, especially because research staff will not be available to consult when NRT is more broadly rolled out