Feasibility of Introducing Rapid HIV Testing in Baltimore City Oral Health Clinics and School-Based Health Centers

Adrienne Shapiro
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Background: Rapid Testing

• 2006 CDC recommendations: offer screening for HIV infection in all health care settings for all patients aged 13-64yrs

• Goal: Increase number of people who know HIV status, diagnose HIV earlier, facilitate access to care earlier.
  – Nearly 50% of new infections in the US in ages 13-29
  – 70% Baltimore adolescents have never tested for HIV

• Rapid testing: point-of-care HIV test
  – Oral fluid or whole blood
  – Results available in 20 mins: may reduce loss-to-follow-up
  – Can be administered by anyone with training: may increase the variety of sites where testing can be offered

Rapid HIV testing in Baltimore

- Rapid testing currently offered in Baltimore at BCHD STD clinics, Emergency Departments, Community-Based Organizations, & through outreach activities in high risk locations
  + Increases % of testers who receive results
    - False positive results

- Not all residents access these facilities; other health-care settings exist within BCHD.

- Limited data on implementation of rapid testing in OHCs, SBHCs

Bogart et al. AIDS Behav (2008)
HIV Testing in OHCs/SBHCs

- **OHCs:** no HIV testing currently offered
  - MO dental clinic patient survey: pts would like, use HIV testing if available
  - Growing perception that comprehensive oral health can include HIV testing

- **SBHCs:** conventional HIV testing currently offered; no rapid testing used
  - Whole blood and OraSure (not rapid) avail.
  - Several studies of Baltimore adolescents found preference for rapid testing
  - HTYA program reported preference for rapid testing

Methods

- Interviews, site visits, protocol reviews at locations where rapid testing currently offered
- Distributed information on rapid HIV testing to providers in 2 OHCs & 10 SBHCs (high schools)
- Follow-up clinic visits to survey attitudes & preferences of providers
- Semi-structured questionnaire
  - OHC staff: dental asst. (N=5), pt coord (N=1), dentists (N=2)
  - SBHC staff: nurse practitioners (N=9); comm. health nurses (N=5)
  - Clinic workflow observation, inspection, determination of logistical opportunities and barriers
- Survey response themes coded
- Descriptive statistics: percentages
Results-SBHC

• Background & prior exposure
  – Mean est. return for HIV test results: 88% (60%-100%)
  – Low positivity rate: most NPs had given 0-1 + result
  – 0/14 nurses had used rapid test before
  – #1 reason for refusing to get test: don’t like needles

• Advantages perceived (unprompted)
  – Decrease time to results: 64%
  – Decrease anxiety during waiting period: 29%
  – More students might get tested with rapid: 36%
  – No advantages for staff: 57%

• Disadvantages perceived (unprompted)
  – Interrupting clinic workflow (79%)
  – Clinic disruption due to students waiting (64%)
  – Concern about confidentiality (58%)
  – Students miss class while wait for test to develop (50%)
  – Lack of support for results delivery (65%)
SBHCs cont’d

- Overall response (on a scale of 1-5):
  (1) Strongly positive: (4) 29%
  (2) Somewhat positive: (6) 43%  72% [95% CI 42-92%]
  (5) Strongly negative: (4) 29% [95% CI 8-58%]

- Logistics: - lack of staffing barrier to testing
  » Not always staff for blood draw

- Other comments:
  – Wanted to know student opinions
  – Wanted to hear more from experienced setting (e.g. HTYA)
  – “Why fix what isn’t broken?”
Results-OHC

- **Advantages perceived (unprompted):**
  - Would provide more opportunities for testing (50%)
  - Providing a service that pt population needs (50%)
  - Would be less stigmatizing than being seen in an STD clinic (50%)
  - Can provide better care if know pt status (50%)
  - No disadvantages (38%)

- **Disadvantages perceived (unprompted):**
  - Concern about confidentiality (25%)
  - Concern about additional workload, time constraints (50%)

- **Overall attitude:**
  - Strongly positive: 6/8 75%
  - Somewhat negative: 1 (12.5%) 25% [95%CI 3-65%]
  - Strongly negative: 1 (12.5%)

- 6/7 would like training in counseling & testing
• Comments:
  – “They [patients] wouldn’t feel like they’d be stamped [by] going upstairs.”
  – “It would increase public health services [that we could provide]...but we can’t accommodate people as is.”
  – Patients already think that staff are “practicing” on them because of the reduced rate. They will be “suspicious of HIV testing.”
  – “Make it available...people should be aware.”

• Preliminary protocol developed for integrating rapid HIV counseling & testing into patient visit
Strengths & Limitations

Limitations:
- Small sample size
- Varied knowledge & familiarity with rapid testing

Strengths
- Completeness within Baltimore City
- Input from wide variety of stakeholders within BCHD
  - Providers, laboratory, administrative, other staff
- Recommendations can be specifically tailored to settings
Recommendations: OHCs

- Facilitate partnership with OHC, STD clinics to discuss post-test referral for confirmatory testing & follow-up
- Provide training to OHC staff, develop protocol with staff input
- Develop monitoring and evaluation benchmarks: uptake, test results, transfer outcomes
- Phased initiation of rapid HIV testing in OHCs
Recommendations: SBHCs

- Informational seminar with HTYA, adolescent physicians, and NPs/CHNs/MOAs
- Develop protocols & pilot introduction at one clinic
  - evaluate timing for students
- Parallel survey of school attendees on interest, willingness to use
Public Health Significance

- Expanding testing base and opportunities within city infrastructure
- Responding to need identified by data and national recommendations
- Engagement of clinical providers across disciplines
- May serve as model for other settings (OHC)
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