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

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Low Rates of HIV Testing at VA

HIV testing in the VA is underutilized

Less than 5% of VA outpatients were tested for HIV in FY06

67% of VA labs report rapid HIV testing capacity

Rapid testing at point-of-care sites is low

Nurse Based Rapid Testing (NRT)

Through a randomized controlled trial we found that nurse-based HIV rapid testing (NRT) is more acceptable to patients and increases receipt of test results than current venipuncture methods

NRT allows nurses to ***initiate*** and ***administer*** HIV testing

Objective

Implemented NRT at 2 VAMCs within the VA Greater Los Angeles Healthcare System (GLA). We conducted both formative and process evaluations to ascertain the effectiveness of the implementation.

Methodology

Site 1: Conducted formative evaluations prior to implementation

Site 2: Conducted process evaluations of ongoing implementation.

For both evaluations we conducted semi-structured qualitative interviews of pre-identified key informants. We employed modified snowball sampling, resulting in 9 manager and 24 front-line practitioner interviews. Field notes were analyzed for qualitative themes.

Barriers | Facilitators

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

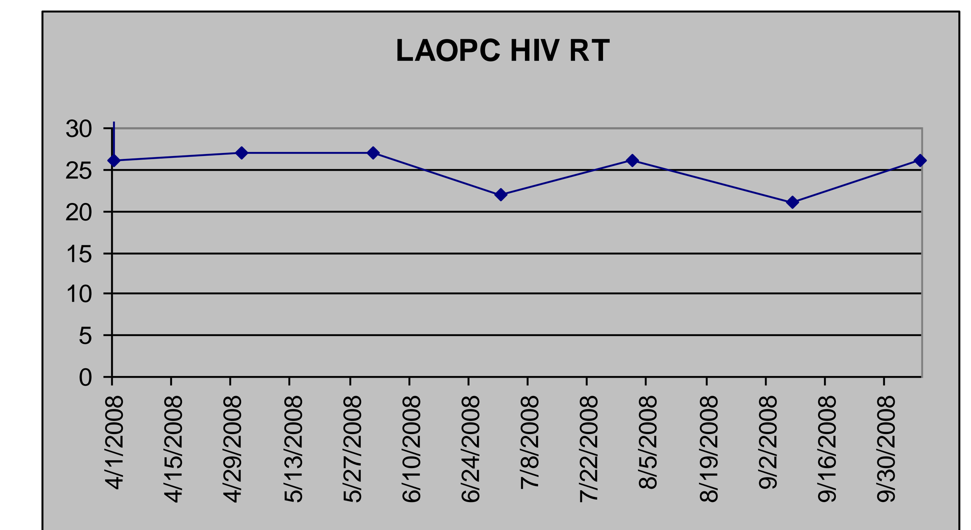
Barriers	Facilitators
1) Clinical workload/staffing was insufficient for uptake of routine versus risk-based testing	1) Tailored staff trainings, specific to departmental mission/logistics
2) Lack of congruence with perceived responsibilities and roles in administrating NRT	2) Patient education activities/publicity
3) Bureaucratic delay for inclusion of NRT in nursing scope of practice	3) Identification of local champions dedicated to NRT
4) MD preference for blood draws	4) Potential expansion of RT training to include LVNs/LVPs

Site 2: Concurrent Implementation Efforts

13 staff trained in NRT; only 7 adopted 3 months after launch

Single primary care RN emerged as the main HIV RT representative

Number of HIV Rapid Tests Administered per Week at Site 2



NRT sustained after launch at rate of 25 tests/mo. for 6 mos.

Discussion

Formative findings indicate staff concern regarding adequacy of training and incorporating NRT into workflow.

Process findings indicate:

1) Concerns over training could be alleviated, but that workload/staffing concerns remained a barrier
1) Expanding training to include LVNs/LVPs may mitigate this constraint
3) Post-implementation administration of NRT was highly variable by provider motivation and service area. Community care, substance abuse and walk-in were identified as preferred clinics for NRT.

Conclusions

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

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