

Evaluation of Readiness to Implement HIV Rapid Testing in Substance Use Disorder (SUD) Clinics



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SUBSTANCE USE AMONGST VETERANS



355,000 veterans seen in the Veterans Administration (VA) in FY06 had substance use disorder (SUD) diagnoses

Rates of primary and secondary SUD diagnoses in the VA have increased since 1997

SUD patients are at high risk for HIV

VA RECOMMENDATIONS

Upon entry into a VA substance abuse treatment program, VA policy recommends that **all** patients be **routinely** tested for HIV

LOW RATES OF HIV TESTING AT VA

Yet 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

HIV NURSE-BASED TESTING (NRT)

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

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

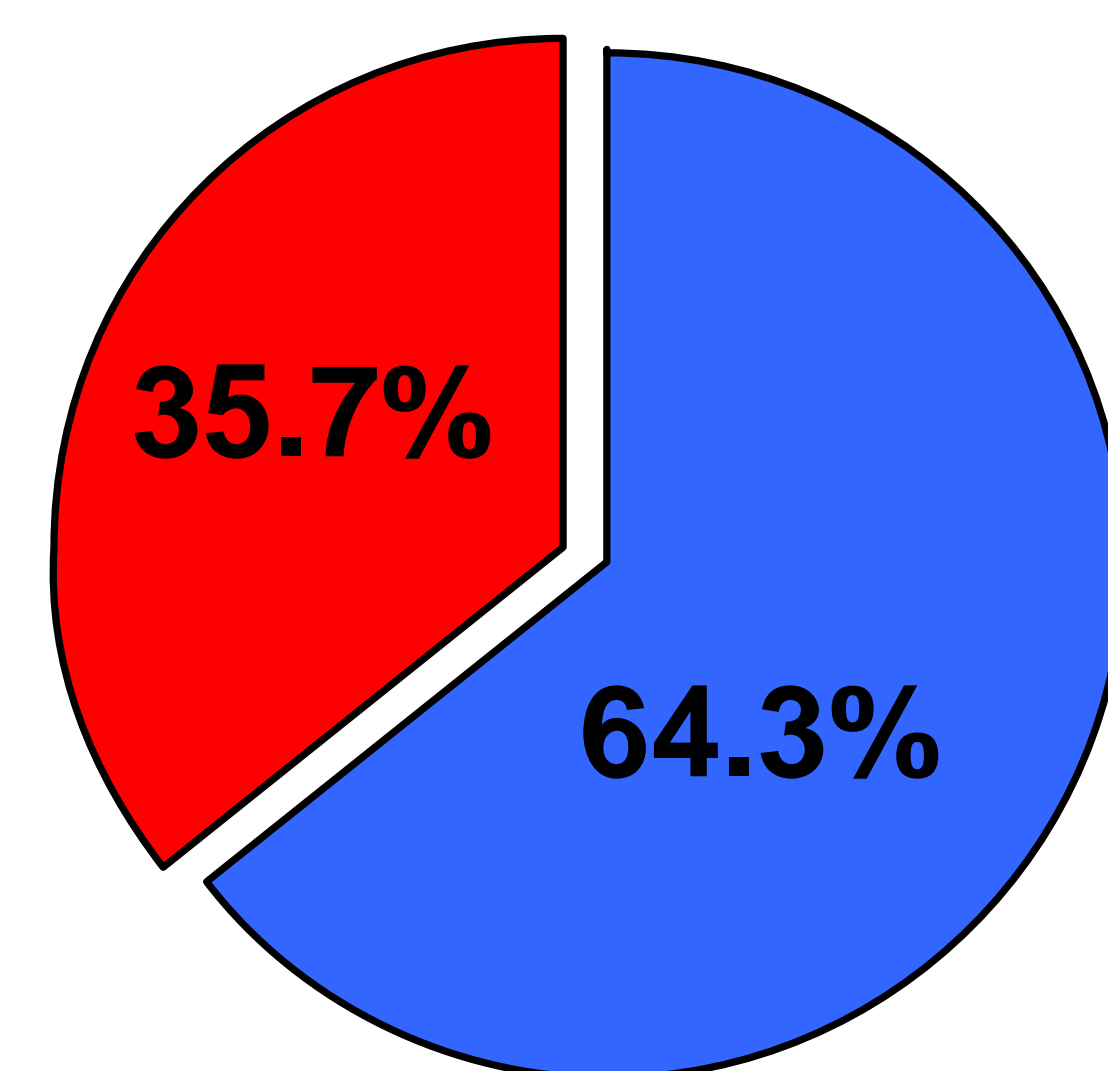
INTERVIEW METHODOLOGY:

- 1) Using snowball surveying techniques, we conducted semi-structured interviews with key SUD stakeholders at 2 VA sites (LA, Minneapolis)
- 2) We surveyed front-line SUD staff to examine organizational capacity and readiness for HIV NRT in the following domains: Leadership support, employee attitudes toward NRT in SUD clinics, feasibility of possible future intervention, and readiness for routine implementation

RESULTS:

Staff believed that HIV testing is the responsibility of the primary care clinic (81.2%, n=16)

Over half (62.5%) believed that addressing infectious diseases, such as HIV, is within the SUD mission



64.3% agreed that NRT would be beneficial for SUD patients

BARRIERS:

Barriers to NRT included:

- 1) Concerns that NRT will increase nursing workload
- 2) Anxiety over communicating positive results
- 3) Concern over availability of space for pre/post-test counseling
- 4) Concerns on the need for more staffing
- 5) Political climate

FACILITATORS:

Staff suggested that NRT could be facilitated by:

- 1) Conducting NRT on all new and readmitted patients
- 2) Incorporating NRT into existing staff responsibilities
- 3) Training that emphasizes communication skills
- 4) Private settings for pre-/posttest counseling
- 5) Availability of an on-site/on-call mental health specialist to assist with positive results

IMPLICATIONS:*

Preliminary results garnered by surveys and interviews suggest surmountable barriers to the implementation of routine NRT

Mental health sites, such as SUD centers provide an entry point for discussion of HIV and risk factors

Based upon the high prevalence of HIV infected individuals in SUD clinics and overall staff willingness, stakeholders should consider SUD clinics as a viable option in regard to implementation of routine NRT.

*Future findings may be affected by the passage of Senate Bill S.2889 (October 2008) which repeals the current VA mandate for 1) informed consent and 2) pre and post-test counseling for all tested for HIV

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