

Program B.R.I.E.F.: A 32 Month Analysis of a High Volume Rapid HIV Testing Multimedia Model

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Background

- In September 2006, the CDC revised prior recommendations, advocating in all health care settings, persons ages 13 to 64 should be screened voluntarily for HIV.
- HIV screening should become a routine part of medical care and be offered in non-traditional HIV counseling and testing (C&T) sites, such as urgent care and emergency rooms.
- Rapid HIV testing is a critical tool for identifying individuals at high risk for HIV infection.
- The recommendations state in health care settings, counseling does not need to be linked explicitly to HIV testing.
- Inner city EDs are often the only health care providers for the individuals most at risk for HIV infection (i.e., minority populations, women, adolescents). De-linking counseling with HIV testing may sever the only access these patients have to prevention information and education.
- When using rapid HIV testing, patients can receive prevention education and information while they wait for their results. The CDC recognizes that since patients might be more likely to think about HIV and consider their risks at the time of testing, it is an opportune time to provide prevention messages.

Objective

This study evaluated a novel approach to C&T in a high-volume inner-city ED in terms of number of patients who could be tested, test positive, and were linked to care.

Methods

Study design

This prospective cross-sectional evaluation was conducted for 32 months. A convenience sample of stable patients presenting to an inner-city municipal hospital Urgent Care Area (UCA) and ED were recruited. A previously evaluated multimedia tool which included validated videos for HIV pre- and post-test counseling were used. There were between 1 and 10 full-time equivalent Public Health Advocates (PHAs) trained in HIV counseling whom actively recruited patients to participate in our rapid HIV testing program. Data on demographic characteristics, risk factors, and sexual history were collected from those patients who both agreed to and refused testing. Data were collected on the number of patients tested, number of HIV identified patients, patient satisfaction and knowledge conveyed, to assess acceptability and effectiveness of the tool.

Subjects

All clinically stable patients 13 or older presenting to the ED. English and Spanish speaking patients were eligible.

Exclusion criteria:

- 1) Clinical instability
- 2) Unable to understand consent process
- 3) HIV testing within 6 months

Recruitment

All patients seen in the Urgent Care ED area were recruited by PHAs to participate in the study. Consent for HIV testing was obtained from those patients who agreed to participate.

Intervention

Video Intervention:

Videos were used to administer both pre-test and post-test counseling. The effectiveness of each video has been validated in previous studies. (Calderon 2006, Abstract 2006) The pre-test video conveyed information regarding HIV transmission, the definition of AIDS and HIV infection, nature and meaning of the HIV test, benefits of testing, reporting, partner notification and the definition of voluntary and mandatory testing. The content of the post-test video reinforced the use of condoms as a positive behavior. The video also included information about the interpretation of HIV results, partner notification and domestic violence.

Computer Intervention:

A computer program was designed to ease the process of data acquisition. After patients viewed the videos they used a touch screen computer to answer questions about demographic information, HIV knowledge, risk factors and satisfaction with the study.

Results: Characteristics of the Cohort* (n=12940)

Age	33.8 ± 12.5
Male	43.3 (5604)
Race	
Hispanic	37.7 (4873)
White	6.1 (792)
African Am.	34.5 (4463)
Asian	1.4 (181)
Other	5.5 (708)
Missing	14.8 (1923)
Language	
English	83.3 (10774)
Spanish	14.0 (1815)
Tested Before (Yes)	72.7 (9413)
Prior Counseling (Yes)	65.1 (6724)

	Males (n = 5308)	Females (n = 6918)
<i>Number Male Partners in past year</i>		
0	89.8%	13.0%
1	5.0%	58.3%
2 - 5	4.0%	24.7%
6 or more	1.2%	3.9%
<i>Number Female partners in past year</i>		
0	12.0%	92.0%
1	43.2%	4.7%
2 - 5	34.1%	2.7%
6 or more	10.7%	0.6%
<i>Vaginal Sex in the past 3 months</i>	81.5%	84.8%
<i>Anal Sex in the past 3 months</i>	14.3%	12.5%

	N = 12853
<i>Sex with partner with HIV</i>	2.3%
<i>Sex with drug user</i>	11.6%
<i>Sex w/partner who exchanged sex for money</i>	3.6%
<i>Previously had an STD</i>	20.7%
<i>Previously had hepatitis</i>	3.5%
<i>Previous non-IV drug use</i>	25.6%
<i>Previous IV drug use</i>	2.0%
<i>Previously used street drugs before sex</i>	8.9%
<i>Have more than 3 drinks before sex</i>	33.3%
<i>Have had transfusions</i>	5.4%
<i>Have had a needle stick exposure</i>	2.2%
<i>Have had sex without using a condom</i>	81.0%
<i>Has been homeless within past 6 months</i>	3.3%
<i>Has exchanged sex for money or drugs</i>	1.6%
<i>Currently use non-IV drugs</i>	11.7%
<i>Currently use IV drugs</i>	0.8%

Patients Randomized to Satisfaction Survey

	N = 8065
Felt videos answered their questions about HIV testing	97.4 (7208)
Thought rapid HIV testing in the ED was helpful	99.4 (7976)
Felt they learned something new	
Moderate amount	26.4 (2109)
Large amount	55.4 (4416)
Preference	
Video Alone	10.0 (803)
PHA Alone	16.3 (1305)
PHA + Video	73.7 (5906)

Statistics

- Of the 15065 patients that were approached, 1181 were ineligible for testing
- Of the 13884 eligible patients, 93.2% (12940) agreed to be tested
- 70.9% of patients who had been sexually active in the past 3 months reported their condom use as "never", "almost never" or "sometimes"
- 91 newly diagnosed or confirmed HIV positive patients.
- 75 patients were linked to care through admission into the hospital or seen in an HIV clinic without delay.

Conclusions

A rapid HIV program using a multimedia tool in a busy urban ED can effectively test a large number of patients with a significant rate of acceptance to testing without sacrificing the opportunity to provide education and prevention messages.