Background

- Drexel University College of Medicine – Division of ID and HIV Medicine, large urban Ryan White Funded HIV clinic
- 2002 started rapid testing in DR – 600 women tested, .9% seropositivity rate, 1 MTCT
- 2003 started rapid testing in Women's Care Center (WCC) – tested > 4000
- 2006 rapid testing in ER - 2000 tested, 88.2% acceptance, .8% seropositivity rate
- 2004 test partners in HIV clinic – 8% seropositivity rate

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HIV testing in an OB/GYN/FP Clinic: Women's Care Center (WCC)

- 2003, opt out testing by a full time HIV counselor from the HIV clinic WCC
  - Patients and partners offered testing
- 2007, opt out HIV screening transferred to clinic staff
  - Consent and information sheet given to all patients during registration
  - Oral HIV test performed by medical assistants during triage
  - Rapid test performed in lab
  - Results provided by physicians and NPs

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What changed?

	Dedicated tester	Clinic Staff
Who offers HIV test?	Dedicated HIV counselor or clinicians	Clinic staff
Where is test offered?	Waiting room, or exam room	Triage room
Consent	Special HIV-only consent	HIV integrated into general clinic consent for services
Who performs tests?	Dedicated HIV counselor	Medical assistants
Counseling model	20-30 minutes risk-reduction counseling	Streamlined counseling avg 3-5 mins
Results location	Private office	Lab/ exam room
Who gives results?	HIV counselor	Clinicians (MDs and NPs)

Progress report

- 2003-2008 >4,100 tested
- 37 positive result:
  - seropositivity rate: 0.8%
  - 15 pregnant women
    - 0% MTCT transmission rate
  - 100% linked to care
- Acceptance rates
  - before transition= 76%
  - after transition= 89% (17% increase)
- HIV screening rate increase:
  - 34% of all patients tested in 2003
  - 65% tested in 2007
  - 2007 - 97% prenatal patients tested

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Staff survey results

70% of staff responded to a **survey regarding attitudes and practices related to opt out rapid HIV testing**

- Importance of offering routine HIV screening to all patients:
  - **100% VERY IMPORTANT**
- Rate the success of integration of HIV testing:
  - **78% VERY** or **SOMEWHAT SUCCESSFUL**
- Are you performing HIV testing in the clinic
  - **56%** answered yes

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In-Home Testing

- In 2005, a partnership was formed between 3 organizations to incorporate HIV testing into an in-home prenatal and postpartum care program:
  - HIV medical clinic
  - community-based organization providing in home maternal health services, Maternity Care Coalition
  - faith-based community organization, Neighbor to Neighbor Community Development Crops, Inc.

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Methods

- HIV counselors accompanied prenatal advocates on home visits, offering HIV education, prevention counseling, and rapid testing to pregnant women
- An HIV education, skill-building, and rapid testing component was integrated into the home-based maternal health program.
- Services were provided to partners and family members in the home.
- Prevention messages were given on an individual basis as well as through “kitchen table” family and friends participation

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Oraquick Oral Rapid Test

Prelim. Positive Results

Perform a blood fingerstick

Prelim. positive

Patient Education
Confirmatory Oral Test
Western Blot

Schedule return appointment

Negative

Risk Reduction Counseling
Confirmatory Oral Test
Western Blot

Schedule return appointment

Negative Results

- **If pregnant, repeat at 32 weeks gestation**
- **Repeat 6 months post partum.**

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Program results

	N	%
Clients HIV tested	40/70	57%
HIV results provided	40	100%
Acceptance	40/53	75%
Clients previously tested	61	87%
Clients educated	70	100%
Negotiation skills	59	84%

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Lessons Learned

- In-home testing may be valuable for pregnant women who are not accessing prenatal care, and other hard-to-reach populations.
- High acceptance rate for testing in home.
- In-home testing can focus on 3rd trimester and six month postpartum testing.
- Privacy and convenience of home visits may increase likelihood of accepting HIV testing.
- Partners and family members who otherwise may not interface with health care system had increased access to HIV services.
- “Kitchen table” testing should be further explored.

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