

# VIDEO-DELIVERED RAPID HIV PRE-TEST INFORMATION TO STREAMLINE HIV TESTING

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#### **OVERVIEW**

- Video development
  - "Do you know about rapid HIV testing?"
    - www.brown.edu/brunap
- Pilot study
  - Trial One: In-person discussion vs. no pre-test information
  - Trial Two: In-person discussion vs. video
- Non-inferiority trial
- Patient satisfaction with pre-test information



## VIDEO DEVELOPMENT

#### "Do you know about rapid HIV testing?"

- Animated and live-action 9.5-minute informational film
- Five sections
  - HIV/AIDS definitions and descriptions
  - HIV transmission
  - HIV prevention
  - HIV testing
  - Rapid HIV testing with OraQuick®
- Content based upon 2001 CDC HIV counseling and testing recommendations
- Cognitive-based assessments through intensive interviews conducted evaluating video quality, message, and intent



# "Do You Know About RAPID HIV TESTING?"

HIV/AIDS definitions and descriptions



HIV/AIDS prevention



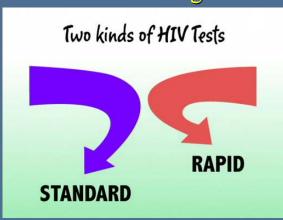
HIV/AIDS transmission



Rapid HIV testing with OraOuick®



#### **HIV** testing



## PILOT STUDIES: TRIALS ONE AND TWO

#### - Objectives

- Compare ED patient comprehension of rapid HIV "pre-test" fundamentals
  - Trial One: In-person discussion vs. no information
  - Trial Two: In-person discussion vs. video

#### · Methods

- Random selection of patients present in the ED on a convenience sample of dates in 2005
- Random allocation of eligible participants
- Scripted in-person discussion with a research assistant (RA)
  - 2001 CDC-recommended elements for HIV pre-test information
  - > 40 hours of mock interviews and direct observation to ensure quality of RA delivery of the in-person discussion
- RA administration of the 26-item "Rapid HIV pre-test information" questionnaire
  - "True", "False", "I don't know" responses

## PILOT STUDIES: TRIAL ONE RESULTS

No

	Information		Disc	ussion	varue
	n=38		n.	=31	
Subject Area	μ (σ)	Median (Range)	μ (σ)	Median (Range)	p≤
HIV/AIDS Definition	2.66 (1.15)	3 (0-4)	3.48 (0.68)	4 (1-4)	0.00
HIV Transmission	2.82 (1.18)	3 (1-5)	3.90 (0.94)	4 (2-5)	0.00
HIV Prevention	2.84 (1.37)	3 (0-5)	3.52 (1.03)	4 (2-5)	0.04
HIV Testing	2.84 (1.42)	3 (0-6)	3.65 (1.20)	4 (1-5)	0.01
Rapid HIV Testing	2.03 (1.38)	2 (0-5)	4.26 (1.12)	4 (2-6)	0.00
All Subject Areas	13.34 (4.45)	13 (6-24)	18.71 (3.50)	20 (10-24)	0.00

p-

In-person

# PILOT STUDIES: TRIAL TWO RESULTS

	In-person		Video		p- value
	Discussion				.,
	n=59		n=55		
Subject Area	μ (σ)	Median (Range)	μ (σ)	Median (Range)	p≤
HIV/AIDS Definition	3.51 (0.68)	4 (1-4)	3.33 (0.86)	4 (1-4)	0.35
HIV Transmission	4.02 (0.96)	4 (2-5)	4.22 (0.79)	4 (2-5)	0.34
HIV Prevention	3.73 (1.19)	4 (1-5)	3.73 (1.10)	4 (1-5)	0.85
HIV Testing	3.73 (1.27)	4 (0-6)	4.18 (1.06)	4 (2-6)	0.05
Rapid HIV Testing	4.29 (1.25)	4 (2-6)	4.45 (1.14)	5 (1-6)	0.39
	10.2 (2.52)		20.0 (2.00)		0.22
All Subject Areas	19.2 (3.63)	20 (11-25)	20.0 (2.98)	21 (11-25)	0.33

## Non-Inferiority Trial

#### Objectives

- Determine if the video "Do you know about rapid HIV testing?" is an effective substitute for an in-person discussion for rapid HIV pre-test information
- Identify ED patients with potential difficulties in comprehending rapid HIV pre-test information

#### Methods

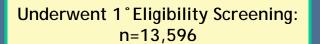
- July 2005-July 2006
- Random selection of patients
- ED patients agreeing to undergo rapid HIV testing
- Randomized, controlled, non-inferiority trial
  - Video vs. in-person discussion with an HIV counselor (RA)
- "Rapid HIV pre-test information comprehension" questionnaire

#### Non-Inferiority Trial

#### Data analysis

- Primary objective
  - Non-inferiority comparison
    - 95% confidence interval (CI) approach
      - » Video not inferior to in-person discussion if the 95% CI for the difference in means between the two groups was less than a 10% reduction
      - » 10% acceptable difference (maximum of 2.6 points) based upon results of pilot study, work by Calderon, et al., and typical value for "non-inferiority"
- Identification of subgroups with reduced comprehension of pre-test information
  - Linear regression
  - Predicted scores based upon race/ethnicity, years of education, and information group

#### Non-Inferiority Trial



Eligible for 2° Eligibility Screening: n=2,528 (18.6%) Did Not Meet 1° Eligibility Criteria: n=11,068 (81.4%)

Wrong Age 52.6% Intoxicated 5.8% Not English speaking 20.6% HIV infected 1.4% Currently pregnant 2.7% 2.4% Mentally disabled **Inmate** 1.9% Physically disabled 2.1% Psychiatric visit 8.2% Previously in study 0.8% Unavailable for screening 14.9%

Refused 2° Eligibility Screening: 14.5%

Underwent 2° Eligibility Screening: n=2,162 (85.5%)

Eligible for Study: n=2,155 (99.7%)

Completed Enrollment: n=592 (27.4%)

Did Not Meet 2° Eligibility Criteria: 0.4%

HIV infected n=4 HIV vaccine study n=3

Dropped Out During Preliminary Study Questions: 2.3%

Declined to be Tested for HIV and be in Study: 59.5%

Agreed to be Tested for HIV but Declined to be in Study: 7.8%

In-person Discussion: n=313 (52.9%) Video Presentation: n=279 (47.1%)

**Dropped out During Enrollment: 3.0%** 

# PARTICIPANT DEMOGRAPHICS AND HIV TESTING HISTORY ALL PARTICIPANTS N=592

Median Age (Range)	30 (18-55)
Gender	%
<u>Female</u>	54.2
Male	45.8
Ethnicity	
Black	19.9
Hispanic	14.1
<u>White</u>	64.1
Other	1.9
Partner Status	
Single/Never Married	48.4
Married	18.6
Divorced/Separated/Widowe	ed 17.8
Unmarried Couple	15.2

Divorced/Separated/Widowed Unmarried Couple	17.8 15.2
Ever Tested for HIV	%
Previously HIV Tested	62.4
Never Tested for HIV	36.2
Unsure if Ever Tested	1.4

Insurance Status	%
Private	36.9
Governmental	35.7
Private/Governmental	1.9
None	25.5
Years of Education	
Grades 1-8	3.8
Grades 9-11	22.7
Grade 12 or equivalent	34.2
College 1-3 years	27.3
College 4 years	3.0

Time Elapsed Since Last HIV Test	%
>5 years ago	19.6
>2 years but ≤5 year	19.0
>1 year but ≤2 years	17.1
>6 months but ≤1 year	21.6
≤6 months	22.7

#### TRIAL RESULTS

- · Mean scores on the questionnaire
  - Video arm: 20.1 (95% CI: 19.7-20.5)
  - In-person discussion arm:20.8 (95% CI: 20.4-21.2)
- Difference in mean acorea by study arm
  - $-\Delta = 0.68$  (95% CI: 0.18-1.26)
- Non-inferiority criterion met
  - 95% CI of the difference in mean scores between study arms (0.18 to 1.26) was less than a 10% reduction in the mean score of the in-person discussion arm (< 2.08)</p>



#### PREDICTORS OF HIGHER MEAN SCORES ON THE "RAPID HIV TESTING COMPREHENSION" QUESTIONNAIRE: MULTIVARIABLE MODELS

Ethnicity/Race	β (95% CI)	Years of Education	β (95% CI)
White	Reference	Grades 1-8	Reference
Black	-0.77 (-1.45, -0.09)	Grades 9-11	1.94 (0.48, 3.39)
Hispanic	-1.19 (-1.98, -0.40)	Grade 12/equiv.	2.99 (1.55, 4.42)
Other	-0.84 (-2.78, 1.10)	College 1-3 years	4.13 (2.67, 5.60)
Insurance Status		College 4 years	4.90 (3.30, 6.50)
Private	Reference	Information Group	
Governmental	-1.12 (-1.80, -0.44)	Video	Reference
Private/Governmen	ntal 0.36 (-1.59, 2.31)	In Person Discussion	0.65 (0.12, 1.18)
None	-0.62 (-1.36, 0.11)		



#### PRE-TEST INFO PREFERENCES

# Preferences for delivery format of rapid HIV pre-test information

	All Participants	Video Group	In-person Discussion Group
	(n=561)	(n=266)	(n=295)
A person	54.2%	31.2%	74.9%
A video	7.7%	14.3%	1.7%
Either a person or a video	38.2%	54.5%	23.4%

#### PRE-TEST INFO PREFERENCES

- Information delivery format: main reason for preferences
  - − From a person (54.2%)
    - Ask questions/interact (52.0%)
    - More personal than a video (24.7%)
  - From a video (7.7%)
    - Visual aids (37.2%)
    - More entertaining/engaging (20.9%)
  - From either a person or a video (38.2%)
    - Different merits/advantages (38.3%)
    - Same information (28.5%)



#### PRE-TEST INFO PREFERENCES

# How well informed after receiving pre-test information

	All Participants	Video Group	In-person Discussion Group
	(n=561)	(n=266)	(n=295)
Not well informed	0.2%	0%	0.3%
Somewhat informed	5.7%	8.6%	3.1%
Well informed	43.7%	50.8%	37.3%
Very well informed	50.5%	40.6%	59.3%

#### DISCUSSION AND COMMENTARY

- Video an acceptable substitute for HIV pre-test information
  - Superiority of in-person discussion?
    - "Unfair" comparison of video
    - Patient preference for in-person discussion
      - » Acquiescence bias/Social acceptance
      - » "Try it and you'll like it"
  - Clear effect of education
    - Test taking skills
    - Effect on HIV prevention?
  - No effect of prior HIV testing
  - Small contribution of race/ethnicity
  - Hybrid approach?
  - Minimum content necessary for testing?
  - As an alternative to formal HIV prevention counseling?



#### LIMITATIONS

## Study sample

- Large number of excluded patients
- Exclusion of Spanish-speakers
- Likely selected for lower risk groups
- One study site

#### Questionnaires

- Did not measure HIV infection risk
- Cannot assess "readiness" for HIV testing
- Non-blinded patient satisfaction assessment



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