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Implementing Routine HIV Testing and Prevention in Primary Care Setting

Development of Routine Preventative and Testing Protocol & Evaluation of Barriers

Michelle Bassett

Executive Summary

Introduction of the Problem

Despite knowledge of how HIV is spread and ways to prevent transmission, the CDC estimated more than 39,000 new infections in 2016 (Dailey et al., 2017). By the end of 2015, 1.1 million were living with HIV and an estimated 15% or 1 in 7 did not know they were infected (CDC, 2017). Many hospitals across the nation are offering routine HIV testing in the emergency room setting (Knapp, Hagedorn, & Anaya 2014). However, routine screening in primary care settings may not always be offered to patients during their visits. The CDC recommends that all persons aged 13-64 years old be tested for HIV yearly regardless of risk factors (CDC, 2017). Despite these recommendations, it is estimated that less than 37% of people get tested regularly for HIV (CDC, 2017). Efforts to implement routine testing are essential to reduce the spread of HIV and improve the health outcomes of patients by being able to begin medication therapy early on and decrease likelihood of spreading the virus to others.

The primary care provider at the primary care clinic selected for this project identified a need to implement routine HIV testing and education into patients' well visits. In 2017, only 5 HIV tests had been ordered at this practice site. There were 576 well visits in this primary care clinic during that time period, which averages out the rate of HIV testing to less than 1% of patients receiving well visits at this site. This significantly low rate of HIV screening is evidence of the need for implementation of a HIV routine testing protocol at this primary care clinic.

Literature Review

In 2016, the National HIV/AIDS Strategy for the United States was updated through the year 2020 (Fisher et al., 2018). The strategy focuses on four main goals that include reducing new infections, improving access to care and health outcomes, reducing HIV related health disparities, and improved, more coordinated national response (Fisher et al., 2018). The U.S. government plans to meet these goals by increasing HIV testing, improving support for those living with HIV, offering widespread access to PrEP, and increasing universal virus suppression through medication access and compliance (Fisher et al., 2018). In a cohort study done in a publicly funded community health center in Houston, Texas, 137 physicians were surveyed from January to March 2013 to assess their knowledge of CDC guidelines and use of them in their practice (Arya et al., 2014). Of the physicians surveyed, fifty-five were unaware of the updated CDC guidelines, and one hundred fourteen of them were aware of the guidelines but did not realize they should recommend testing despite risk factors (Arya et al., 2014). Their study also found that physician recommendation was the top reason patients agreed to be tested (Arya et al., 2014).

White et al. (2015) noted several barriers to routine HIV testing that exist involving policy, community, practitioner, and individual factors. These barriers include financial barriers such as lack of insurance coverage, need for parental consent for adolescents, community stigma, and practitioner lack of time and competing obligations (White et al., 2015). Education for practitioners is key in the effort to increase routine testing. Practitioners who have participated in training sessions about HIV testing are more likely to offer routine testing in their practice setting (Myers et al., 2012). This supports the idea that improving education about routine HIV testing has the potential to change provider behavior in their practice.

Project Methods

The purpose of this project was to educate health care providers in a primary care setting about implementation of a protocol for routine HIV testing and evaluation of provider's perceptions about the

feasibility of implementing the protocol. The protocol included education about offering routine HIV testing, giving HIV test results, linking new positives to case management and care, and offering PrEP to patients assessed as being high risk for HIV exposure. Health care staff education was designed using templates from the CDC and Missouri Department of Health and Human Services. Materials were organized into a PowerPoint presentation that was conducted during office hours for health care providers at the clinic. Education incorporated both visual aids, discussion, and interactive role playing. Materials were also put in a binder that was made available to staff for reference and clarification when questions arose. The provider evaluation questionnaire used for this project was from the CDC Evaluation Toolkit: Patient and Provider perceptions about Routine HIV Screening (CDC, 2012). The questionnaire aimed to assess the perceptions of the health care staff at the clinic including the physicians, nurses, and any other health care staff involved in offering HIV testing.

The project was implemented in a primary care office in rural southern Illinois. The stakeholder is the sole proprietor and provider in the office. Participants were selected by convenience sampling and included the physician, medical assistant, and visiting Advanced Practice Nursing students from several colleges. This project was deemed exempt from the Institutional Review Board at Southern Illinois University Edwardsville and approved by the Research Review Committee at the facility. Participation was voluntary. There were minimal threats to subject welfare including loss of time and/or emotional distress.

Evaluation

Staff and providers were receptive to the education presented about the HIV protocol implementation. A total of 4 education sessions were conducted. Each presentation lasted 30-45 minutes. Participants listened to the material presented and asked questions relevant to the presentation. Feedback was offered at the end of the education session.

Surveys were distributed post-education to evaluate barriers to offering routine HIV testing. Surveys contained a series of 14 questions in a Likert type style scale with responses rated 1-5 with 1 being strongly disagree to 5 strongly agree. There were 7 questions pertaining to personal perspectives on routine HIV testing that rated responses 1-5 with 1 being never and 5 being always/almost always. Surveys were completed by 9 healthcare providers that participated in the educational sessions. The providers included a primary care physician, medical assistant, receptionist, and nurse practitioner students.

Results of the survey showed that the majority of providers believe that routine HIV testing is an important part of regular health care with the average answer being 5/4-strongly agree/agree. Providers expressed concern over patients being offended by being offered routine HIV testing with the average answer being 4-agree. One provider expressed concern that language was a barrier to offering HIV testing. Several providers expressed that patients do not receive adequate pre-test information prior to being offered HIV testing. Providers expressed comfort in discussing HIV with patients, but the majority of those surveyed answered that patients do not expect to be offered a routine HIV test at their preventative exam. Three participants expressed concerns about cost and reimbursement when offering HIV testing.

When assessing personal perspectives about testing, one provider felt that HIV testing interfered with providing other health care services. The majority of the remaining participants felt it never/rarely interfered with other care. All the participants felt that results are given in a confidential manner and documented so that other providers can use the information while providing care. The majority of providers answered never/rarely that patients are concerned or upset by routine HIV testing. Three participants expressed belief that presence of family members/visitors make it difficult to offer HIV testing. The majority of participants agreed that

patients adequately understand the information they receive about routine HIV testing. All of the participants agreed that patients who test positive receive appropriate referral for after care. Some of the participants who felt that time constraints prevented them from discussing HIV testing noted that they choose to use the time they had with the patients to discuss other health issues such as lifestyle, diet, and exercise. Several participants stated “I just forgot” or “I don’t think about it” when asked why they do not regularly offer HIV testing during routine well visits. However, all of the participants expressed a desire to begin discussing sexual health and HIV during routine visits. In addition, education materials and posters were provided in the waiting area and exam rooms to prompt discussion. Participants expressed belief that the education materials will make routine HIV testing more accessible for patients and providers.

Limitations of this project included limited sample size and sampling bias. Due to time constraints, size of the primary care clinic and staff availability, only a small convenience sample of providers were able to participate, which limits generalization of the findings.

Impact on Practice

Prior to this project, the participants expressed knowledge of the recommendations for routine HIV testing by the CDC, but they were not routinely adhering to them. In 2017, only 5 HIV tests had been ordered at this practice site. There were 576 well visits in this primary care clinic during that time period, which averages out the rate of HIV testing to less than 1% (0.9%) of patient’s receiving well visits at this site. In 2018, post protocol implementation, there were 33 HIV tests done out of 1947 routine well visits. This equates to an HIV screening rate of 1.7% which is almost two times higher than prior to the protocol implementation. These results indicate that provider education efforts can lead to increases in routine HIV testing and education at least in the short term. Having visible reminders in the waiting and exam rooms to prompt the

providers and patients to initiate discussions about HIV testing were useful. Additionally, this project highlighted continued barriers in attitude regarding offering routine HIV testing. As a result of this project, the protocol was revised to include offering HIV testing while family and partners are not present in the room. Multiple revisions to the education and protocol were made based on the post-education survey including providing a list of free testing centers for uninsured and underinsured patients. Participants demonstrated a strong level of support for implementing routine HIV testing as a part of well exams with the stakeholder offering to add a prompt in the EMR reminding clinicians to ask about HIV testing. Stakeholder also expressed a desire to research reimbursement for rapid HIV testing with intention to begin offering it in the office. Due to the short-term nature of the implementation of this project, it is difficult to assess or estimate the long-term effect of the HIV testing protocol education on actual rates of HIV testing at this primary care site. Further long-term education and evaluation are needed to evaluate long-term effects, as well as tracking the number of HIV test being offered on a weekly or monthly basis.

Conclusion

Evidence-based research has demonstrated that routine HIV testing and education is pivotal in identifying new infections early to provide access to medications and educate on lifestyle modifications to decrease rate of transmission. It also provides opportunities to discuss safer sex habits and referral to PrEP for those identified as high risk. Every point of contact with a patient is an opportunity to educate about sexual health and HIV testing. The results of this project revealed a willingness in providers to start discussing HIV and HIV testing at routine visits. It identified a need to provide reminders and prompts to offer testing. This project further identified a need for more information on cost and reimbursement for routine HIV education and

testing, as well as, further information regarding rates of reimbursement for rapid HIV testing in office compared to the expense to the provider. This information may make rapid testing more accessible to patients during routine visits further increasing HIV testing rates.

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