OptTEST
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

Co-funded by the 2nd Health Programme of the European Union

OptTEST Kick-off Meeting. 2nd Sept 2014
Jean Monet Building,
EU Commission,
Luxembourg

OptTEST Work Package 5
Development and Implementation of Tools and Strategies for Indicator Condition Guided HIV Testing

Ann Sullivan

Aim and Objectives

To create understanding and suggest evidence-based solutions to provider barriers to testing through pilot implementation of a novel HIV testing strategy (Indicator Condition-guided) in selected European healthcare settings and countries by 2016

To develop and implement tools and strategies for indicator condition guided HIV testing

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Pilot Sites

- Czech Republic
  - Charles University Hospital, Plzen
  - Faculty Hospital Bulovka, Praha
- Greece
  - Ippokration General Hospital, Athens
  - General Hospital of Athens, Athens
- Poland
  - Wojewodzki Szpital Zakazny, Warsaw
  - Wojewodzki Szpital Specjalistyczny, Bialystok
- UK
  - Chelsea and Westminster Hospital, London
- France
- Spain
- Estonia

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Indicator Conditions

Hepatitis B/C

- secondary care

Infectious Mononucleosis-like syndrome

- primary care

Recurrent and/or severe pneumonia

- primary and secondary care

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Three Phases

Scoping and mapping

Development of the four tools

Pilot Sites - implementation and spread of IC driven testing

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Phase One – Scoping and Mapping

Identify current guidance and policy, best practice, and regional barriers to testing (including stigma, legal barriers, criminalisation)

- literature and guidelines review
- completion of baseline data form
- interview key individuals (per region and IC)

Provider barriers and HCPs' education and training needs will be explored via web-based questionnaires for local HCP

Linked to transfer to care, cost effectiveness and stigma/criminalisation work packages (4,6,7)

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PART ONE – NATIONAL					
1. National HIV Testing Guidelines					
	YES	NO			If Y – insert link here
Do HIV Testing Guidelines exist?					
Do they specifically refer to Indicator Conditions?					
If YES – for <u>all</u> ICs or only specific ICs (please list if only specific ICs)?					
Do they give guidance re consent/PTD/PTC?					
2. Do Speciality Guidelines recommend HIV Testing?					
	YES - always	YES– sometimes in certain situations or following risk assessment (please give detail)		NO	If YES – insert link here
Speciality Guidelines for Hep B/C					
Speciality Guidelines for Pneumonia					
Speciality Guidelines for Infectious Mononucleosis-type illness				If no is HIV listed in the DDx?	
Do they give guidance re consent/PTD/PTC?					
3. HIV Testing					
	YES	NO			If YES – insert link here
Is there a national policy on HIV testing?					
Is there national guidance re consent/PTD/PTC?					

Other Topic Items

- Discrimination
- Access to HIV Treatment and Care
- Status and Access to Care
- Statutory Requirements re Reporting
- Linked National Surveillance
- Data Collection / Protection
- Ethics Requirements
- HIV Testing Information
- Access to Care
- Treatment Continuum

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PART TWO – SITE SPECIFIC (To assess any potential barriers)		
		Details
Are there any local policies or general guidelines on HIV testing? YES/NO		
Have there been discussions about HIV testing at Board or equivalent level, or within the specialty locally?		
Have there been any general training/profile events in the past 12M e.g Grand Rounds		
Is there any training on HIV testing for non-HIV/ID HCP?		
Who pays for an HIV Test in the IC service?		
Who offers/performs the HIV Testing in the IC service?		
Is the IC service site at a different location to HIV treatment and care site?		
Does the HIV/ID service provide any oversight of HIV testing/results outwith their service?		

Indicator Condition – Baseline Testing Data for individuals presenting with the INDICATOR CONDITION					
Denominator – number of people seen with IC/ year					
Either over previous 12M OR last 100 patients seen OR audit of 40 case notes					
	Over Previous 12 months	Last 100 Patients Seen	Audit of 40 Case Notes	Any Additional Information	
Number of HIV Tests Offered					
Number of HIV Tests Done					
Number of Positive HIV Test Results					
	CD4	VL	Date of attendance at HIV care centre	Any Other Data Collected?	
Was the following data collected on people with a positive HIV test result?					
If so what was the median result					
How are they linked to HIV care?					
Staffing					
	Doctors	Nurses	Other Group	Other Group (2)	Other Group (3)
Number of HCP at Site by Staff Group					
Number of HCP who could be offering tests					
Number of HCP assessed as currently competent to test					
Number who currently test					
Questionnaires –number of staff who completed					

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Study number: _____

Date: ____/____/____

1 Gender

□ Male
□ Female

2 Age (years) _____

3 Professional group

□ Nurse □ Doctor □ Admin & Clerical
□ Allied Health Professional

4 (a) Have you ever offered a patient an HIV test?

□ Yes □ No □ Don't know

(b) Did they accept?

□ Yes □ No □ Don't know

(c) Do you have any experience of working with HIV positive patients?

□ Yes □ No □ Don't know

5 Please tick, as appropriate, your opinions on the following statements regarding HIV testing:

(a) It is important to know one's HIV status

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(b) HIV testing should be available in services other than sexual health and antenatal clinics

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(c) HIV tests should only be offered to those people who are at risk

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(d) HIV tests should routinely be offered to everyone

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(e) Only a patient should raise the issue of HIV testing during a consultation

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(f) A brief pre-test discussion is sufficient before offering an HIV test

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

6 Please tick, as appropriate, your opinions on these statements about offering an HIV test in this department:

(a) Offering HIV testing routinely to all patients in this department is a good idea

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(b) I don't think this department provides sufficient privacy to routinely offer an HIV test to all patients

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(c) I am concerned that patients would have questions I could not answer

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(d) I don't think that the routine offer of HIV tests will be acceptable to patients

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

Please answer question 7 only if you are a doctor or nurse. If you are admin/clerical, or Allied Health staff, please proceed directly to question 8.

7 Please indicate your opinion on these statements about carrying out HIV tests in this department:

(a) I don't have time to include routine HIV testing as part of patients' care in this department

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(b) I would feel comfortable offering an HIV test to all patients in this department

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(c) I feel that I have the appropriate skills needed to offer an HIV test

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(d) I would require additional training before routinely offering HIV tests to patients

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

(e) I would prefer to offer a test if was offered as one of a number of tests for other blood borne viruses (eg; Hep B/C)

□ Strongly agree □ Agree
□ Disagree □ Strongly disagree

8 The following venues are appropriate places to offer HIV testing:

	Strongly agree	Agree	Disagree	Strongly disagree
Sexual health clinics	□	□	□	□
GP Surgeries	□	□	□	□
Emergency Departments	□	□	□	□
Hospital Outpatients	□	□	□	□
Hospital Wards	□	□	□	□
Dentists	□	□	□	□
Community settings (such as faith organisations, social clubs, etc)	□	□	□	□

Please answer question 9 only if you are a doctor or nurse. If you are admin/clerical, or Allied Health staff, please proceed directly to question 10.

9 (a) HIV testing can be done on a number of samples.

(i) "I would be happy collecting the following samples for an HIV test:"

	Strongly agree	Agree	Disagree	Strongly disagree
Blood test	□	□	□	□
Saliva	□	□	□	□
Dry mouth swab	□	□	□	□
Finger prick blood test	□	□	□	□

(ii) "I think patients would find the following acceptable samples:"

	Strongly agree	Agree	Disagree	Strongly disagree
Blood test	□	□	□	□
Saliva	□	□	□	□
Dry mouth swab	□	□	□	□
Finger prick blood test	□	□	□	□

9 (b) If rapid tests were used in this department, departmental staff would inform patients of their result and would be responsible for referral of positive patients into care pathways. Please tick as appropriate:

	Strongly agree	Agree	Disagree	Strongly disagree
"I would be happy to give a patient a negative HIV test result"	□	□	□	□
"I would be happy to give a patient a positive HIV test result"	□	□	□	□
"I am confident that I would be able to refer an HIV positive patient to care"	□	□	□	□

10 Which of the following reasons do you think patients may give if they decline an HIV test?

- □ I have had a test recently
- □ I have other health concerns today
- □ I am worried that it will take a long time
- □ I am concerned about confidentiality
- □ I am concerned about insurance
- □ I do not think I am at risk of HIV infection
- □ I am worried about a positive result
- □ I don't know why Other _____

11 For non-rapid tests, which of the following do you think are appropriate methods of informing patients of their results?

- □ Message via text if negative/personal phone call if positive
- □ Ring a results line (limited hours)
- □ Collect in person
- □ Letter
- □ "No news is good news"

12 Please read the "Staff Info Leaflet" and the HIV testing information leaflet we are going to supply to patients when the new service commences:

(a) Did you find the Staff Info leaflet... (please tick all that apply)

- □ Helpful
- □ Contained too much information
- □ Contained too little information
- □ Contained information that you did not know
- □ Made you anxious

(b) Did you find the patient info leaflet... (please tick all that apply)

- □ Helpful
- □ Contained too much information
- □ Contained too little information
- □ Contained information that you did not know
- □ Made you anxious
- □ Explained your options clearly

(c) Do you think most patients will want to speak to someone and ask more questions before having a test?

□ Yes □ No □ Don't know
(If yes, what %____)

13 How many new HIV positive patients do you think we will find in a month?

_____patients

Thank you. Please hand your survey to the Researcher

Please use this box for general comments on any aspect of the study, if you have any

HIV Testing in Non-Traditional Settings The HINTS Study

Pre-pilot Staff Questionnaire

Version 1.2; 26/06/09

This survey aims to gather information from staff members regarding their attitudes towards the development of HIV testing in wider, general healthcare settings. This information will help us to develop effective strategies to reduce the burden of undiagnosed HIV in the UK

The questionnaire is strictly confidential

Please answer all questions as fully and accurately as possible

Study conducted by:

Chelsea and Westminster Hospital NHS Foundation Trust

Kings College Hospital NHS Foundation Trust

Homerton University Hospital NHS Foundation Trust

The Health Protection Agency

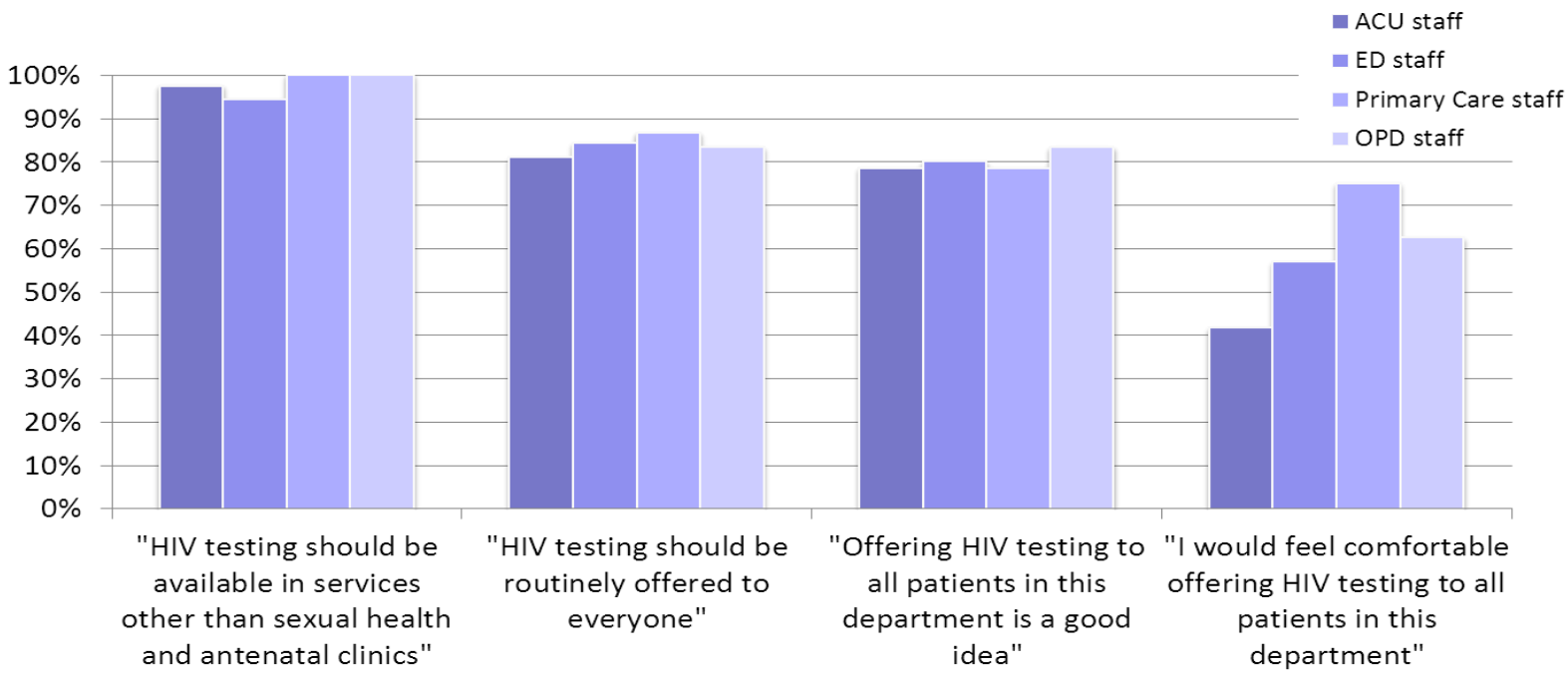
Study funded by:

DH Department of Health

NIHR CLAHRC for Northwest London

Staff attitudes towards HIV testing

- 96% staff were supportive of the need for increased HIV testing, and 84% thought it acceptable for HIV testing to be offered in their Department (n=146)
- BUT only 54% staff agreed they would feel comfortable offering HIV tests themselves



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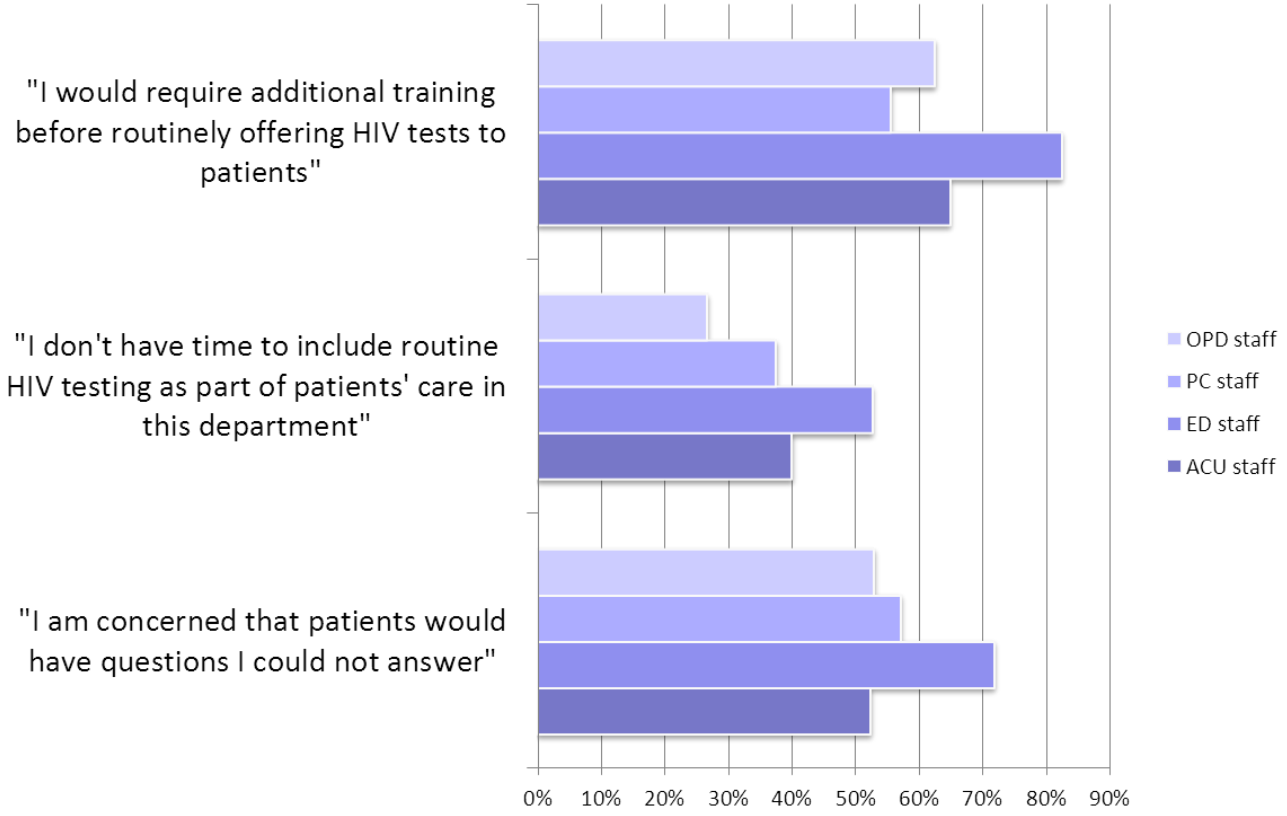
Staff Attitudes towards HIV Testing

- Most staff felt they would require further training to offer HIV tests, in addition to identifying operational barriers in many settings



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Phase Two – Implementation Tools

Web based
Adapted for country/region and indicator condition
Specifically address identified provider barriers

Four tools

1. Strategic - to influence at organisational/departmental level

2. Operational – governance, technical factors, audit, data

3. Practical - delivery of testing by HCP – education and training (competency assessments and certification)

4. Care bundles, including partner notification and transfer to care; also for those testing negative (how to stay negative and post window period testing)

Likely to include presentation outlines, patient and staff stories, interactive sections (assessing knowledge, role play scenarios), knowledge and competency assessments

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Phase Three – Pilot site implementation and spread of IC driven testing

Pilot sites will be established in UK, France, Spain, Estonia, Poland, Greece and Czech Republic to test and develop the tools and interventions. These will be adapted for each IC and country as necessary

Quality Improvement methodology (e.g. PDSA cycles, Statistical Process Control charts) will be used to identify, test and expand effective interventions (regionally tailored) to increase testing

Assessment of those testing positive and negative for HIV will also feed into WP4: transfer to care and WP6: cost-effectiveness analyses

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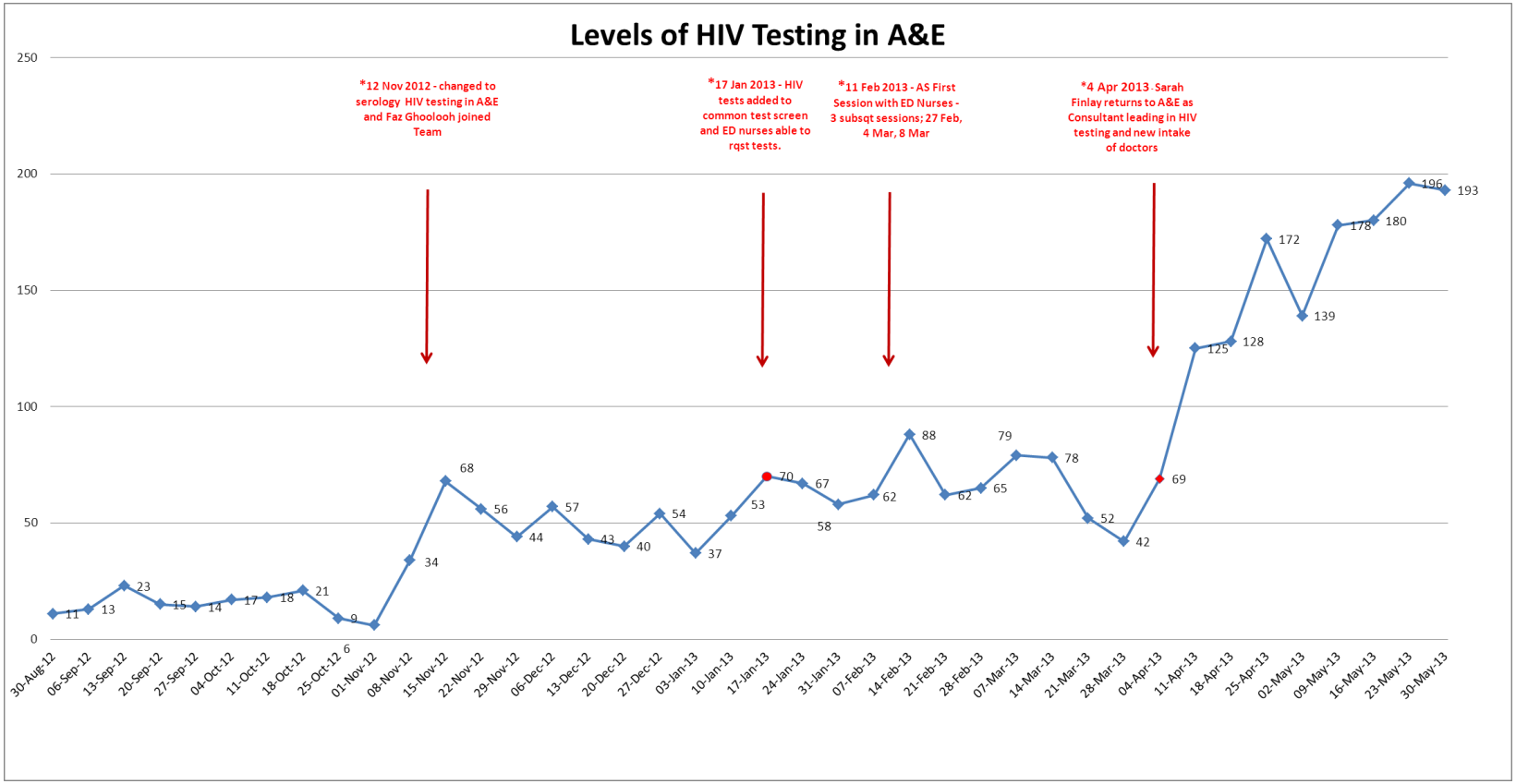
Data Reports from HIV Testing in A&E



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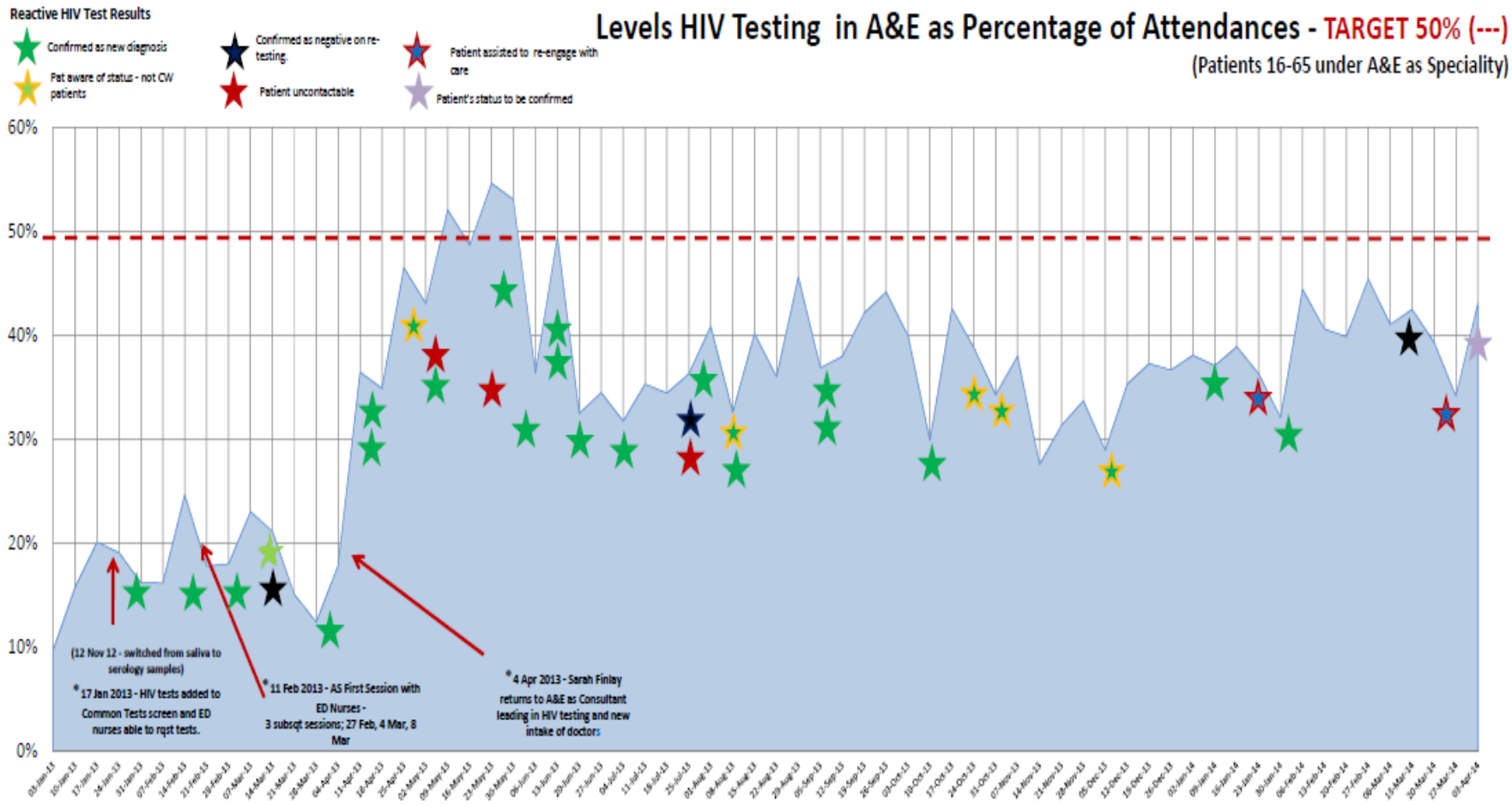
HIV testing in ED as percentage of attendances (16-65yo) Oct 2012 to April 2014



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Monitoring and Evaluation

Baseline data	Process Indicators	Output Indicators	Outcome Indicators
Current National HIV testing guidelines, specialty and regional guidelines. Identify barriers at national, specialty, organisational level	Scoping and mapping - baseline data collection forms completed by partners and pilot sites – M12	Report on guidelines lacking IC recommendation, evidence of stakeholder involvement in guidelines	Changes to any guidelines, recommendations, policies
Local guidelines and policies	Baseline data collection form completed by pilot sites – M12	Presentation at grand round, HIV testing as an agenda item at health service Board, committee meeting	Production of local guidance and policies

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Monitoring and Evaluation

Baseline data	Process Indicators	Output Indicators	Outcome Indicators
Identify HCP education and training requirements, including any individual level barriers to offering HIV tests	HCP completion of questionnaire and Tool 3 Use of tool 3 by at least 2 HCP (or 50% staff) in IC clinic.	Training needs and barriers identified via HCP survey; at least 1 pilot site in each of 7 countries. HCP receiving competency certificate	Overall improvement in knowledge, reduction in perceived barriers
	Development of implementation tools - 1 per IC for each country by M18	Use of at least 1 of Tools 1,2,4 by each site	Web-based tools available on project web site by M36

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Monitoring and Evaluation

Baseline data	Process Indicators	Output Indicators	Outcome Indicators
HIV testing levels for each IC at each pilot site and country Includes HIDESII audit data where available	One pilot site in each of the 7 countries ready to deliver one IC survey by M24. Patient level data collection HIV testing behaviour HIV test result CD4 cell count Time to transfer to care	50% increase in proportion of patients testing for HIV by M32 If baseline>50%, then 15% increase	New HIV diagnoses in pilot site service Median CD4 count is higher than national/regional average
	Development of quality improvement methodology and initial interventions M18	Data demonstrating increasing levels of testing in response to QI (eg PDSA, SPC)	As above

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Stakeholder Analysis

	WP 5
Content	The WP will test a novel and evidence based testing strategy in health care settings across Europe with the aim of developing applicable tools and training materials for its broad implementation. Focus will be on provider barriers and offer and uptake rates of HIV testing.
Primary stake-holders	• Health care providers and commissioners • Health care decision makers and national authorities • Specialty Groups/Societies
Secondary stake-holders	• Key populations • Special Interest groups – e.g. NAT, Hep C Trust • Those involved in medical school and nursing education (inc. post grad), Specialist training programmes for Junior Drs • Laboratory staff • IT staff (related to development of pop-up prompts etc.) • Commercial companies – HIV testing technology, IC/HIV drug companies
Key messages	• All individuals have a right to know their HIV status • Indicator condition driven testing is an effective strategy to deliver this; normalising testing and removing potential provider based barriers • IC driven testing has the potential to decrease levels of late presentation and those who are undiagnosed • It is a cost effective intervention
Goals	Spread the knowledge and application of indicator based testing

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Synergies

Co-ordinate baseline collection of data

Work Package 4 – feed in local level data to highlight any gaps between guidelines/national data and local delivery.

Work package 6 – feed in local level data, including costs of PDSA interventions. In the future this could allow services to tailor their programme based on estimated return for specific cost.

Work package 7 - Stigma and legal barriers - feed back data from scoping exercise and baseline data form to JH

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