

Integrated HIV, STD, and HCV Testing Practices among a Sample of HIV Testing Providers in New York State

Christina Ortega-Peluso¹; Rosalind Thomas²; Dan O’Connell³; Kamiar Alaei¹; Shu-Yin John Leung¹; Tugba Hocagil¹

New York State Department of Health, AIDS Institute, (1) Office of Program Evaluation and Research; (2) Bureau of STD Prevention and Epidemiology; (3) Division of HIV, STD, and Hepatitis C Prevention and Epidemiology



Background

CDC’s Program Collaboration and Service Integration (PCSI) initiative is a mechanism for organizing and blending interrelated health issues, activities, and prevention strategies to facilitate comprehensive delivery of services (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, 2012).

The recent expansion of New York State Department of Health (NYSDOH) AIDS Institute funding initiatives to integrate STD and hepatitis screening with HIV/AIDS services and a 2010 realignment of HIV, STD, and hepatitis programs under a single leadership structure within NYSDOH has contributed to a paradigm shift supporting the PCSI model of full integration of services at the client level.

As NYSDOH continues to integrate STD and hepatitis testing services into initiatives that previously focused primarily on HIV prevention, an understanding of integrated testing practices among HIV testing providers, the barriers to integrated testing, and the technical assistance needs of providers is key to accomplishing PCSI goals.

Methods

- The Integrated HIV, STD, and HCV Testing Survey was administered using the web-based data collection tool, Survey Monkey (surveymonkey.com).
- The survey contained sixty-seven questions and took 20 minutes to complete.
- Key questions included:
 - The agency’s integrated HIV, STD, and HCV screening and referral practices;
 - The nature of the partnerships or collaborative relationships with other agencies for STD and HCV screening purposes; and,
 - Technical assistance or training needs that would enhance agency capacity to perform or build partnerships for STD and HCV screening.
- HIV counseling and testing providers at selected agencies were invited to participate in the survey via e-mail.
- It was requested that a representative from the agency who is familiar with the HIV, STD, and HCV testing practices complete the survey.
- Data collection took place between March 2011 and October 2011.
- Respondents were offered a \$50 office supplies gift card as an incentive.

Methods, cont’d

One hundred and one HIV counseling and testing providers in NYS (excluding New York City), or the rest of NYS (ROS), were identified and invited to participate in the Integrated HIV, STD, and HCV Testing Survey. The sample for this survey was drawn from the three sources listed below. Data were analyzed using SAS and SPSS.

- 1) The AIDS Institute’s Contract Management System Database**
All 32 agencies in ROS funded by the AIDS Institute’s HIV Counseling and Testing initiative were invited to participate in the survey.
- 2) CDC’s National HIV and STD Testing Resources Website**
A subset of the 211 agencies in listed on CDC’s website (hivtest.org) that offer HIV testing in the ROS were invited to participate in the survey.
- 3) The AIDS Institute’s HIV Counseling and Testing Resource Directory**
A subset of the 301 HIV Counseling and Testing agencies listed in the Resource Directory located in ROS were invited to participate in the survey.

Results

Forty-six people responded to the survey. After removing ineligible and duplicate responses from the dataset, our sample contained responses from 40 agencies that provide HIV counseling and testing in ROS. All ROS regions of New York were represented in the study.

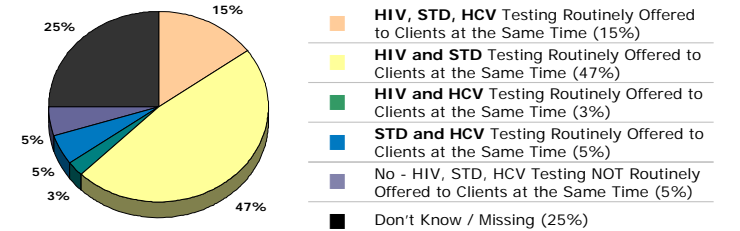
- Most of the participating agencies (65%) were funded by the AIDS Institute’s HIV Counseling and Testing initiative at the time of the study.
- Sixty-three percent of participating agencies were hospitals or community health clinics, and 38% were AIDS Service Organizations (ASOs), Community Based Organizations (CBOs) or Public Health Departments (PHDs).
- Almost all agencies in our sample (N=37) offer routine STD screening.
 - Among AIDS Institute-funded agencies 89% offer routine STD screening.
 - All of the agencies funded by other sources offer routine STD screening.
- Fewer (N=22) agencies indicated that they offer routine HCV screening.
 - Among AIDS Institute-funded agencies 62% offer routine HCV screening.
 - Among agencies funded by other sources 43% offer routine HCV screening.

Results, cont’d

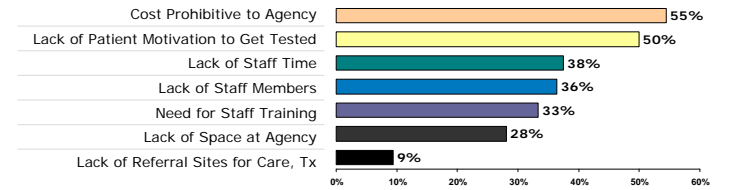
Routine STD and HCV Screening Practices (N=40)

Agencies that Routinely Conduct STD screening (by Direct Service or Referral) <i>Includes BV, Chlamydia, Gonorrhea, HSV 1&2, HPV, LGV, Syphilis, and Trichomoniasis</i>	93%
Agencies that Routinely Conduct HCV screening (by Direct Service or Referral)	55%

Integrated HIV, STD, and HCV Testing Practices (N=40)



Barriers to Providing STD and/or HCV Screening



Facilitating Factors

- Specific funding for STD and HCV testing resources and staff
- The ability to perform STD testing with a urine sample versus serum
- Motivated clinical staff to initiate offers and perform screenings
- Close referral relationships with agencies that offer free walk-in testing
- Increasing access to free testing

Specific Technical Assistance and Training Needs

- Almost 70% are interested in learning about HCV rapid testing technology
- Almost 40% seeking educational materials for patients on HCV screening, 28% STD
- One-third seeking educational materials for providers on both HCV and STD screening
- Other interests (at least 20%) include STD treatment guidelines, staff training in data management and phlebotomy

Results, cont’d

- Seventy-three percent (of 33 respondents) indicated that providing STD testing is within the agency’s core scope of services.
 - ASOs and CBOs (46%) were less likely to indicate that STD screening is within the agency’s core scope of services compared to hospitals, clinics, and PHDs (95%).
- Fifty-three percent (of 32 respondents) indicated that HCV screening is within the agency’s core scope of services.
 - ASOs and CBOs (27%) were less likely to indicate that HCV screening is within the agency’s core scope of services compared to hospitals, clinics, and PHDs (72%).
- The 37 agencies that offer routine STD screening to their clients use a range of service delivery models, including direct service only (61%), referral only (18%), and a mixed model of both (21%).

Conclusions

Seventy percent of agencies surveyed provide some form of integrated HIV, STD, and HCV testing. While just 15% provide truly integrated testing, 55% routinely offer at least two of the three screening tests to clients in the same visit. As anticipated, the most common among them was offering HIV and STD testing to clients in the same visit.

Providing routine HCV screening was more of a challenge for participants. When asked why all three screening tests are not offered at the same time (results not shown), cost or lack of funding for HCV testing was the most common response; lack of provider motivation was the next most common response. HCV rapid testing technology presents a potential opportunity to overcome both of these barriers. Provider and patient education around the rationale for integrated HIV, STD, and HCV testing is also needed to enhance motivation to test.

Our study is limited by its small sample size. In addition, 63% of agencies included in our sample were hospitals and clinics that may already have the capacity to provide, or be charged with providing, integrated HIV, STD, and HCV testing. The results highlight opportunities for further promoting and expanding STD and HCV services among HIV testing providers, particularly among ASOs, CBOs, and other agencies that previously have had limited capacity to carry out integrated testing.