

Pharmacist-provided rapid HIV testing in two community pharmacies

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Abstract

Objective: To evaluate the acceptability and feasibility of pharmacist-provided rapid testing for human immunodeficiency virus (HIV) infection in community pharmacies.

Practice description: A pharmacist-provided HIV testing model—including rapid HIV testing, counseling, and linkage to confirmatory HIV testing services—was developed and implemented.

Setting: Two independent pharmacies located in Michigan cities of different size and with different prevalence of HIV infection.

Main outcome measures: Number of HIV tests performed, time required for HIV testing services, description of participants who received an HIV test, and pharmacist and participant perception of the HIV testing experience.

Results: From October 2011 to March 2013, pharmacists provided HIV tests to 69 participants. One (1.5%) participant had a reactive HIV test and was immediately referred to an appropriate health care provider for confirmatory testing. HIV testing services required a median time of 30 (range, 20–90) minutes. Participants had a median age of 23 (range, 18–61) years and were diverse by gender (59.4% women) and race (46.4% black; 39.1% white). This was the first HIV test for 42% of participants, many of whom reported high-risk behaviors in the prior 6 months. Participants and pharmacists reported favorable perceptions of the HIV testing experience.

Conclusion: This project demonstrates the acceptability and feasibility of pharmacist-provided rapid HIV testing in two community pharmacies with distinct characteristics. Further development of HIV testing services in this practice setting is warranted.

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In the United States (U.S.), approximately one-sixth of the nearly 1.2 million persons infected with the human immunodeficiency virus (HIV) are unaware of their infections,¹ and this situation contributes to nearly 20,000 new infections in this country annually.² Since 2006, the Centers for Disease Control and Prevention (CDC) has recommended routine HIV screening as part of standard medical care for all persons ages 13–64 years,³ and a similar recommendation was recently made by the U.S. Preventive Services Task Force.⁴

Despite this guidance, only 54% of surveyed American adults reported ever being tested for HIV by 2012, an increase of only 4 percentage points since 2000.⁵ Expanding HIV testing to community pharmacies could improve uptake. Community pharmacies are widely accessible and frequently visited, with more than 60,000 locations across the U.S. and an estimated 13 billion consumer visits annually.^{6,7} Pharmacists are highly trusted,⁸ knowledgeable, and experienced health care professionals. Pharmacist-provided HIV testing is infrequently described in previous peer-reviewed literature.

Objectives

The purpose of this project was to demonstrate acceptability and feasibility of pharmacist-provided rapid HIV testing in community pharmacies.

Key Points

Background:

- Routine HIV testing has been recommended since 2006, but uptake has been slow.
- Expanding HIV testing to community pharmacies could improve uptake, but few data describing pharmacist-provided HIV testing exist.

Findings:

- This pilot study developed and implemented a pharmacist-provided rapid HIV testing model in two independent pharmacies in Michigan, distinct by community setting, population, and prevalence of HIV infection.
- Pharmacists and participants reported highly favorable perceptions of the HIV testing experience.
- This pilot study demonstrated that pharmacist-provided HIV testing was feasible within the community pharmacy setting, as well as acceptable to both pharmacist providers and a diverse group of participants.

Methods

Practice innovation

A pharmacist-provided HIV testing model was developed and implemented at two community pharmacies from October 2011 to March 2013. Investigators met with HIV care providers in each community to guide development of the model, including referral plans for confirmatory HIV testing. For Site 1, this included referral to a student health center, physicians group, or health department. For Site 2, the pharmacist planned to contact a health department representative for referral, who agreed to come to the pharmacy within 45 minutes to perform onsite confirmatory HIV testing.

Pharmacists (two at site 1 and three at site 2) received onsite training on HIV test procedures from the manufacturer's representative and on HIV test counseling (based on a course provided by the Midwest AIDS [acquired immunodeficiency syndrome] Training and Education Center⁹) from the study principal investigator, an HIV-specialized clinical pharmacist.

Study setting

Both study locations were independent pharmacies that were open weekdays, had a private counseling room available, and already offered various clinical services. Site 1, which dispensed approximately 40 prescriptions daily with one full-time pharmacist, was situated on a college campus in a large urban setting with an HIV prevalence rate of 981 cases per 100,000 population¹⁰ (Detroit, MI). Site 2, which dispensed approximately 225 prescriptions daily with two full-time pharmacists, was situated within an academic medical center in a smaller urban community with an HIV prevalence rate of 167 per 100,000 population¹⁰ (Kalamazoo, MI). Each pharmacy maintained a valid Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver on file throughout the study.¹¹

Institutional Review Board (IRB) approval was obtained at Wayne State University and Bronson Methodist Hospital. Northwestern University served as the data-coordinating center; the study was exempted from its IRB purview.

Study population and procedures

Pharmacy consumers were not directly offered HIV testing. Each pharmacy implemented marketing strategies to notify consumers and community residents of the opportunity for HIV testing, including posters readable from outside the pharmacy, postcards distributed with prescriptions or purchases ("bag stuffers"), flyers at nearby businesses, information on the pharmacy websites and Facebook pages, and a news release. A CDC-issued pamphlet (*HIV Screening. Standard Care*) was also displayed in the pharmacy waiting area.¹²

Interested participants presented to the pharmacy during advertised HIV testing walk-in hours, approxi-

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