

Perceived Facilitators and Barriers of Couples HIV Testing and Counseling among Healthcare Providers in South Florida

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Disclosures

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Following this presentation the learner should be able to:

- 1) Develop a greater understanding of interpersonal risk and considerations for HIV transmission
- 2) Understand couples HIV counseling and testing as an HIV prevention tool
- 3) Consider health care providers perceptions in couples HIV counseling and testing implementation



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Outline

- Background
- Partner-based considerations
- Couples HIV Testing and Counseling (CHTC) overview
- Healthcare provider (HCP) perceptions of Couples HIV Testing and Counseling overview (CHTC) in Miami-Dade County, Florida
- Implication
- Conclusion



HIV screening remains to be a primary prevention strategy

- PITC (provider initiated testing) significantly increases testing offers
- Globally, HIV testing has increased by 33% from 2009-2013.
- In the U.S.:
 - 54% of adults reported ever having tested for HIV.
 - 85% of HIV testing occurs within clinical settings.
- HIV prevention remains individually focused



Partner-based considerations

- Globally, half of those HIV infected are in a long term sexual relationship w/ someone who is not
- Current U.S. epidemiology demonstrate interpersonal factors can pose greater for HIV transmission risk
 - **39% - 65%** of HIV incidence among U.S. MSM are from main partners.
 - **84%** of U.S. women acquire HIV through heterosexual transmission.
 - Unprotected sex with a partner who is unaware of his HIV infection, is responsible for >2/3 of new HIV infections in Black women.
 - Between 2010 and 2015, heterosexual contact with partners known to be HIV infected accounted for >40% of HIV infections among males and >50% of HIV infections among females.
- Relationships factors have been documented to override engagement in “safer sex behaviors”.

Beyond the individual

- There is a need to enhance testing strategies and seek unique ways to engage people into the HIV care continuum.
- There is an increased interest in couple based approaches to HIV prevention with specific focus to
 - Identify serodiscordant couples
 - Strategize to minimize HIV transmission
 - Optimize availability of old & newer treatment (i.e. PEP, PrEP)
- Couple based approaches are effective in reducing sexual and drug using risks.



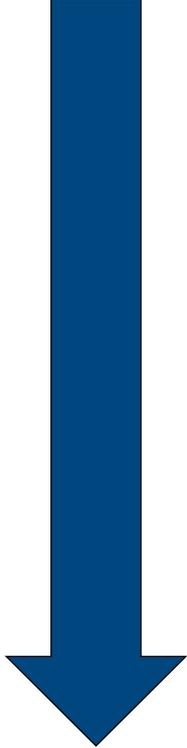
Couples HIV Testing and Counseling (CHTC) is a dyadic approach to HIV prevention CDC, 2012

1	Introduce CHTC and Obtain Concurrence
2	Prepare For and Conduct HIV Test
3	Explore Couple's Relationship
4	Discuss HIV Risk Concerns and Reasons for Seeking CHTC
5	Discuss Couple's Agreement
6	Provide Results
7	Develop Care, Treatment, and Prevention Plan Based on Results
8	Link with Follow-up Services



CHTC has been shown to:

- 
- Sexual safety & HIV knowledge
 - Willingness to test & testing
 - Condom use
 - Partner disclosure
 - **Sustained linkage to medical care for those who are seropositive**

- 
- Risk behaviors
 - **Seroconversion within discordant couples**
 - Number of extra-dyadic partners
 - Illicit drug use

World Health Organization CHTC Guidelines, 2012

- Guidelines based on experiences in low-mid income countries.
 - High-middle & high-income countries are encouraged to adapt the guidelines.
- Providers' attitudes and views must be considered when planning orientation and training for CHTC.
- Providers' support for CHTC and for HIV prevention in serodiscordant couples will be critical to the success of such services.



Healthcare Provider's Perceptions of CHTC in Miami-Dade County, Florida

- Purpose: To explore health providers' perceptions of couples HIV testing.
- Research questions:
 - What are U.S. healthcare providers' perception of couples HIV testing and counseling?
 - What are U.S. based providers recommendations for implementing CHTC?
- Specific aims:
 - Examine provider perceptions about CHTC.
 - Ascertain clinical provider knowledge about and attitudes toward CHTC as an HIV testing strategy.
 - Identify provider perceived challenges and facilitators of CHTC in a clinical setting.



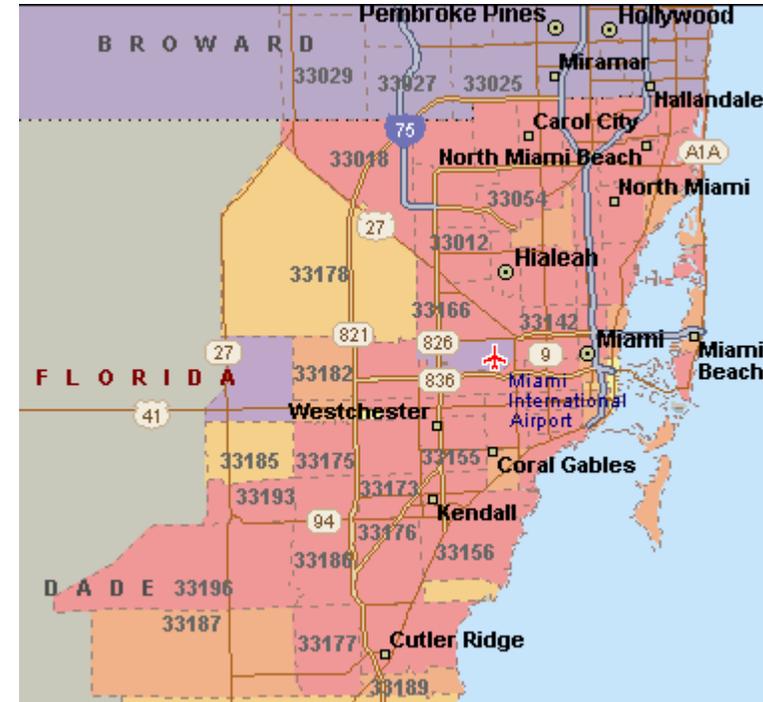
Florida: HIV infection context

- ~5,000 new dx, 2014
- HIV-specific criminal laws
- HB 321
 - Amended: July 2015
- Expedited Partner Therapy is prohibited
 - Amended: July 2016
- Miami-Dade
 - Twice the HIV infection rate of Florida (42.8 per 100,000)
 - CHCT Pilot



Methodology: setting and sampling

- Miami-Dade County, Florida
 - 2.6 million people (~400,000)
 - 50% foreign-born
- Two-tier purposive sampling design
 - Healthcare provider:
 - practiced for > 1 yr., HIV testing and/or care
 - Healthcare settings (4):
 - 2 Federally qualified health centers
 - 2 hospital-based HIV care clinics
- Snowball sampling



Methodology: paradigm, design & collection

• Paradigm

- Reciprocal interaction worldview (Fawcett, 1993)
- Post-modern framework (Creswell, 2007)

• Qualitative description design (Sandelowski, 2000 & 2010)

- Non-specific typology
- Least interpretive/theoretical

• Data collection

- In-depth semi-structure interviews (30 minutes – 1.5 hours)
- November 2015 to May 2016



Methodology: data tools

Domains	Sample interview prompts
Knowledge about couples testing	-Describe anything you know or have heard about couples testing for HIV.
Attitude about couples testing	-If you had the opportunity to jointly test sex partners for HIV, would you & why? -What would it take for you to offer couples to test for HIV?
Perceptions about couples testing	-What are your thoughts about CHTC? - Describe what you think of couples testing in a clinical setting? -What do you perceive to be motivating factors for couples testing in this setting?



Sample: HIV healthcare providers

Demographics Variable	N	Provider Variable	N
Age (years)		Years in practice	
30-39	7	<5	2
40-49	8	5-10	5
>50	7	11-19	9
Race (self-identified)		>20	6
Black	9	Licensed Practitioner type*	
White	11	Advanced nurse practitioner	8
Hispanic/Latino	2	Medical doctor	2
Foreign -born		Physician assistant	1
Yes	8	Mental health provider	4
No	14	Other non-clinical provider**	
Nationality (self-identified)		Program managers	4
American	13	Testers/Counselors	4
Latino	4		
Caribbean	7		
Gender			
Female	13		
Male	9		



Safety and quality assurance

- Subject & data protection:
 - University of Miami IRB approval
 - Orally Informed consent
 - Provider demographic information and interviews were stored separately.
 - Identification of provider via study ID



Results: Analytical Units

Providers perceptions of couples HIV counseling and testing as a health promotion disease prevention strategy

Providers approaches to engaging individuals and couples into the HIV care continuum



Provider perception of potential facilitators and barriers to Couples HIV counseling and testing in a clinical setting



Provider knowledge

"... Of course I know about CHTC, you know I'm in the field of HIV, so I should be aware. But you know I know studies and PrEP all these things so its not that I just heard about it, we are very familiar with CT."

"...it is a new service that we offer, I did not know that it originated in Africa. I am so surprised and impressed with that. I am embarrassed by that personally. We're supposed to be the forefront of medical technology and that includes the way we approach our clients."

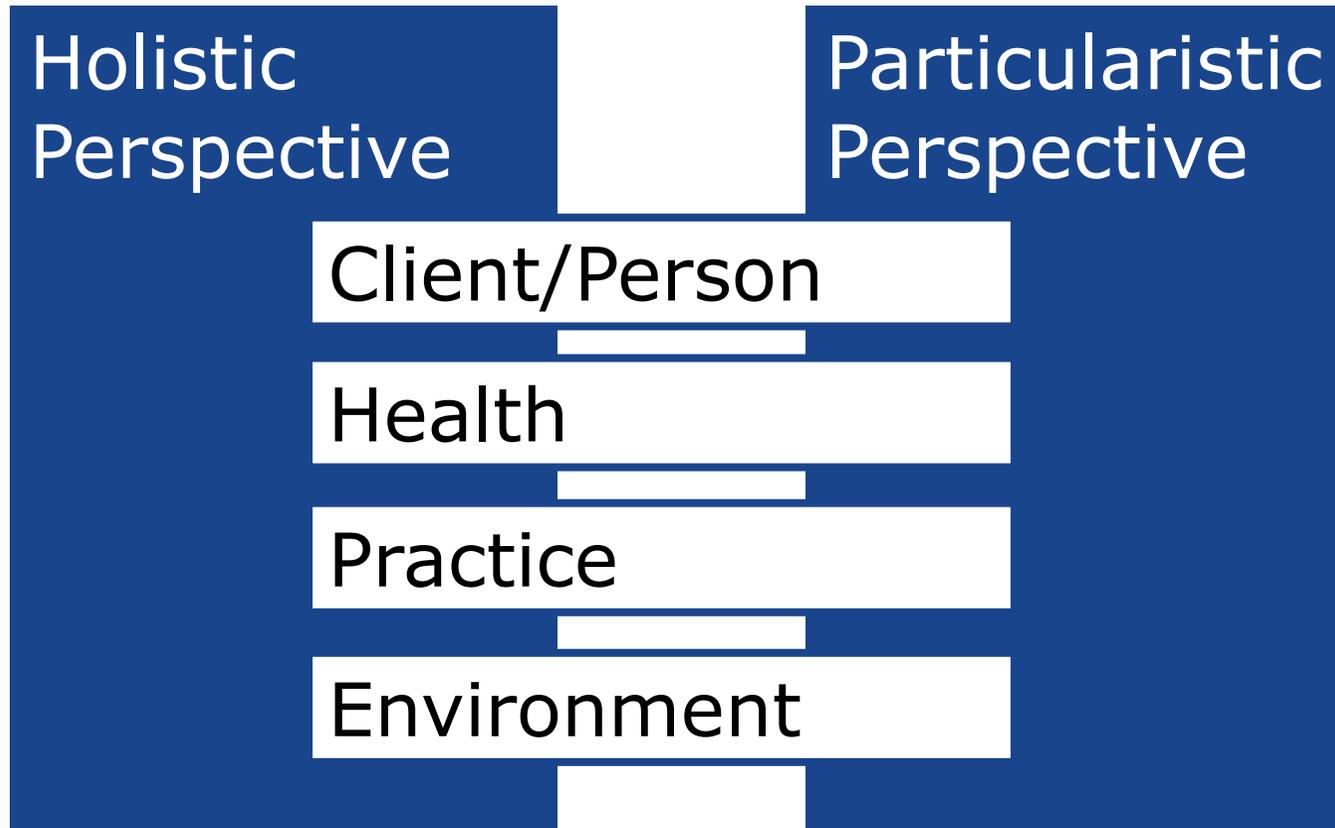
... well I did not necessarily know they were doing it in this clinic until I seen the flyer and when I seen the flyer well, they were kind of like putting it more directly towards homosexual couples, but I think heterosexual couples need to do the same."

"... the health department was offering the training and...I encourage some of our counselors to get that training."

"...I don't know who spearheaded it. I don't know if this is an idea from the health department or the University of Miami or where it began, but I remember it was all starting at the same time at the different sites ."

"...I have to say I don't know much, so it's not something I do currently. I don't know much about it."

A typology: Metaparadigms and conceptual domains in nursing



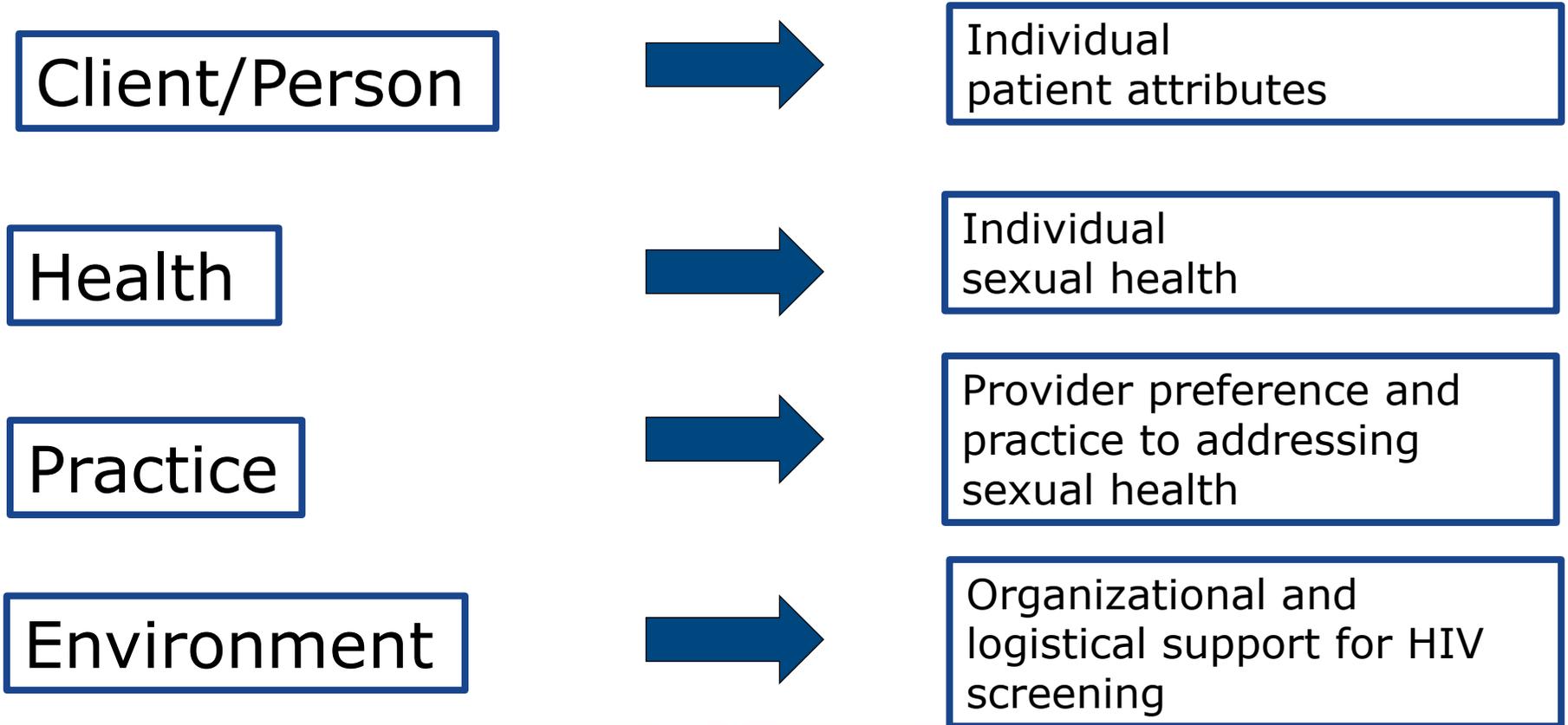
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Fawcett, 1996; Kim, 2010

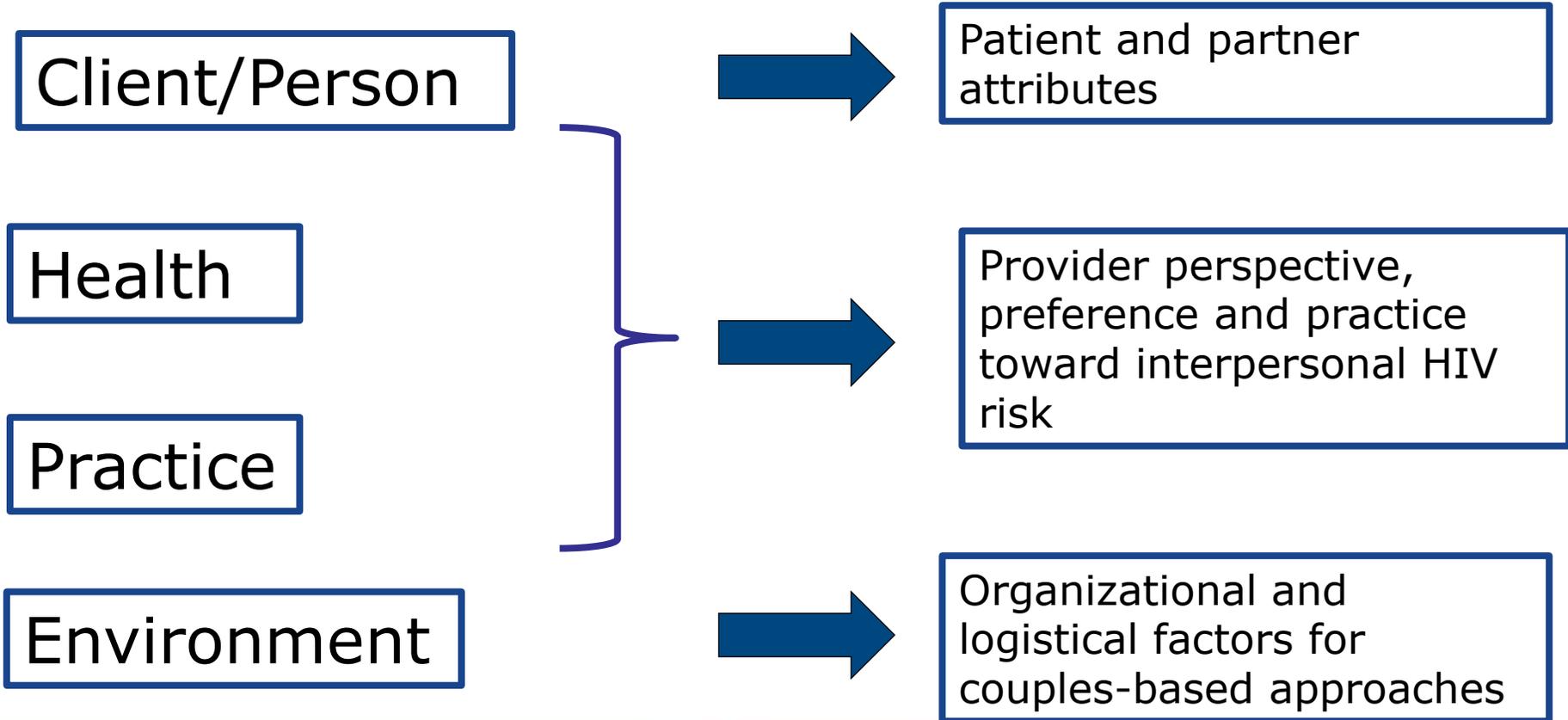


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Holistic perspective: Sexual health promotion and HIV screening as a prevention tool



Particularistic perspective: Perceived facilitators and barriers to CHCT



Client domain

- Partner traits
 - Gender
 - Couple type
 - Perception of sexual health
- Partner engagement
 - In healthcare
- Joint risk perception
 - “not ready”
 - Current demand

“I am not sure how that would work because it is already difficult alone just to get people alone to submit to the testing and now you're asking them to bring their partner in, I'm not sure if everybody is ready to take that leap.”



Health concept/Practice domain

- **Provider traits**
 - Interpersonal skills
 - Perception of provider role
- **Provider preference**
 - Individualized vs. dyadic HIV care
 - Patient relationship
 - Provider induced stigma
- **Provider practice**
 - Provider education
 - Provider capacity

“I know there are some clinicians who do not like having other people in the room when they are seeing one particular patient. So that may be an issue, but for me personally, it is not.”



Environment domain: The model of care and the health problem

Temporal

- Time
- Setting has experience w/couples & families

Qualitative

- Social
- Symbolic
- Physical

Spatial

- Space to consult a couple



Model of care and the health problem

The concordance between

“We are already comfortable with doing HIV testing and counseling. So I think my response may be a little bit skewed. I think for us it's a little bit different in comparison to other primary care clinics because it's kind of what we do all the time.”

The discordance between

“The provider can't see a patient that is not in the room to be seen without financial screening, accessibility, insurance approval...It's just not the patient is like, 'hey my partner is here, let's do it.' Before they even make the appointment they need to say, 'they're both are there for couples testing' ...you are not allow to order a test for someone who is not your patient.”



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Provider recommendations

“...the best motivation is an education. I think a lot of it comes down to teaching residents and health staff early on and getting them more comfortable...you can see that the younger people are better at certain things than senior individuals and it's not that they have been motivated, it is that they have been educated and this is what their norm [is]... a large part is making sure that the youth in medicine come up understanding these things and accept them and feel comfortable with them.”

- Addressed conceptual domains
- Need for a paradigm shift
 - Provider education
 - Patient education
- Streamline existing healthcare services
 - Develop concordance between the model of care and the health problem.



Implications

- Inform CHTC implementation
 - In a U.S. clinical setting
 - Challenges are not wholly CHCT specific - ecological
- Enhance provider ability/identify provider considerations to address interpersonal processes/risk in HIV prevention
 - Risk reduction education must consider the interpersonal relationship
 - Require improved sexual health assessment
 - Think outside of “condom use only” and exclusive biomedical paradigms
- Need integration of health promotion into primary /clinical care



Conclusion

- Nursing metaparadigm and conceptual domains proved relevant to this sexual health phenomena of CHTC
- Facilitators and barriers to CHTC implementation are both holistic and particularistic (ecological and specific) in nature
- Both providers and patients require greater awareness and capacity to address sexual health and interpersonal risk for HIV infection.



Limitations

- Two settings were piloting CHTC
- Self-selected participants
- Miami-Dade county providers only
- National insurance policy is targeted for re-design



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Thank you

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Examination of HIV infection through heterosexual contact with partners who are known to be HIV infected in the United States, 2010-2015

- Determined the number of HIV infected people attributable to heterosexual contact.
- % of HIV infected people who indicated heterosexual sex with previously dx partners:
 - 43% to 45% of males
 - 53% to 55% of females (majority unknown risk).
- HIV infection through heterosexual contact accounted for:
 - >4 in 10 HIV infections among males
 - >5 in 10 HIV infections among females
- An estimated 15.6% of HIV infection persons attributed to heterosexual contact are not aware of their infection.

Crepaz, et al. 2017³⁶



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Establishing Trustworthiness

Data quality verification	Prep work with providers in the field; Ongoing discussions with chair
Credibility	Variety of provider types participate A semi-structured tool used Open-ended interview prompts
Transferability	Ability to share methods; Documentation
Dependability	Used semi-structured tool; Documentation and audit trail
Confirmability	Consistent interview style Probing/ f/u questions

