NASTAD *Chair's Challenge*
READY TO END THE HIV AND VIRAL HEPATITIS EPIDEMICS

PHARMACY-BASED HIV TESTING

TARGET POPULATION: General public
LOCATION: Virginia
PROGRAM DESIGN: Expanding access to HIV testing
ESTIMATED COST: $61,000
FUNDING SOURCE: Secretary's Minority AIDS Initiative Fund for Care and Prevention in the United States (CAPUS)

CORE ACTIVITIES

HIV TESTING

Pharmacists in select Walgreens stores conduct HIV testing alongside screening tests for other chronic diseases, including diabetes, hypertension, and cancer. Pharmacists use a one-minute HIV test, and do not offer risk counseling, in order to minimize impact on the pharmacy. Offering testing in a nontraditional setting alongside other point-of-care health screenings normalizes the act of seeking an HIV test, and increases service uptake among first-time testers.

LINKAGE TO CONFIRMATORY TESTING

Clients who test positive are linked to confirmatory testing through a Local Health Department (LHD) or Community-Based Organization (CBO). Pharmacists are provided with materials to make a referral to confirmatory testing, or they may use the 24/7 triage line. The triage line exists to help clients who've received a positive test result link to resources in their community for follow-up testing and linkage to care.

> "Retail pharmacy-based HIV testing is a program designed to expand access to HIV testing in areas of limited resources or high stigma. Pharmacies are known to offer a variety of products for daily use, and some have recently expanded to provide select point-of-care health screening tests. This program helps normalize the act of seeking an HIV test by offering it in a familiar environment alongside nonstigmatized screening tests. The original pilot was conducted at 13 Walgreens stores across the state; after the pilot, the program expanded to include an additional 18 stores. Funding for the program was provided by the CAPUS program, and will continue under DDP's core HIV prevention grant."

OUTCOMES

Offering HIV testing in a pharmacy may have reduced stigma related to requesting an HIV test. The proportion of clients who were receiving an HIV test for the first time was significantly higher than in healthcare settings and non-healthcare settings, such as CBOs. As a result, the proportion of clients whose first test was positive was also significantly higher in pharmacies.

Data-driven Decisions

In order to help guide resource allocation, DDP cross-referenced data from the census and the American Community Survey to identify census tracts with high rates of Black and Latino residents, and high rates of poverty. This data was used during the process of selecting Walgreens stores for the testing pilot, and during expansion. As a result of using demographic and socioeconomic data during site selection, pharmacies performed on par with CBOs which provide targeted testing at reaching men (58% vs. 55%), African-Americans (51% vs. 53%), and young adults aged 20-29 (43% vs. 42%).

Winning Hearts and Minds

When the program was first announced to stakeholder organizations, the reaction was negative. CBOs largely perceived pharmacy-based testing as an existential threat. However, as the program has matured, and clients who tested positive in a pharmacy have become CBO clients for linkage to care, and stakeholder organizations have come to see pharmacy testing as just another option for HIV testing, rather than as a threat to the targeted testing model that CBOs practice.

DATA

Between June 1, 2014 and June 30, 2016, 3, 217 clients received an HIV test at a Walgreens pharmacy. Twenty-five of those clients (0.8%) tested positive, and 87% received confirmatory testing and linkage to care from a LHD or CBO. Thirty-nine percent of tests were performed during regular business hours (weekdays 9:00am – 5:00pm), while 61% were performed after 5:00pm or on weekends. The average number of tests conducted per store was 101.

Thirty-eight percent of clients were first-time testers compared to 26% at healthcare settings, and 29% at non-healthcare settings during the same period. Among clients who tested positive, 48% had never been tested, compared to 20% in healthcare settings, and 19% in non-healthcare settings. An additional 16% of clients who tested positive were unsure if they had previously received a test.

EVALUATION

The retail pharmacy-based HIV testing program has not undergone formal evaluation, aside from regular data reporting as required by the CAPUS grant.

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FUNDING & COST

Walgreens was reimbursed on a cost per test basis. Over the two-year life of the program, DDP reimbursed Walgreens $81,736, or $40,868 per year. In addition to reimbursements directly to Walgreens, DDP spent approximately $13 per test toward the purchase of test kits, test kit controls, auxiliary supplies for testing, and expenses related to training. Across the life of the program, the net expense to the health department was $122,246, or $61,123 per year.

STAKEHOLDERS

Virginia Department of Health; Walgreen Co.; Nationz Foundation; Minority Health Consortium; ACCESS AIDS Care; NovaSalud; Council of Community Services; Health Brigade; International Black Women's Congress; Fredericksburg Area HIV/AIDS Support Services; Eastern Virginia Medical School; Virginia Commonwealth University; Inova Juniper Program; University of Virginia; Centra; Carilion

STRENGTHS

Pharmacy-based testing is client-centered, as pharmacies are available to provide HIV testing during hours when traditional offices are not open. Having this additional option for HIV testing contributes toward DDP's goal of having "no wrong door" to knowing your HIV status.

LIMITATIONS

The pharmacy testing program was designed to conduct general screening, and as such, pharmacists did not collect risk information, or conduct risk reduction counseling with clients. As a result, while the positivity rate (roughly double that of the statewide rate) signals that the program is likely reaching high-risk individuals, DDP is not able to determine the risk groups to which those clients belong.

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