

Providing HIV Testing through Telehealth

An Implementation Manual



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OVERVIEW

The purpose of this manual is to describe the procedures for administering HIV self-testing via telehealth, in which the participant uses OraSure's OraQuick In-Home HIV testing kit while observed and counseled via video-chat by a remotely located health provider. The session is recommended to be delivered by counselors who have completed training in Counseling, Testing and Referrals (CTR) – the foundational training for HIV testing. The aim is to provide a quality experience of HIV testing for the client in their home, while adhering to the tasks involved in CTR that would normally be enacted in a face-to-face testing session.

Providing HIV testing via telehealth takes approximately 30 minutes. The current manual describes the recommended stages of HIV testing to be employed via telehealth. Script examples are provided for each stage. The main goal is to ensure that the client correctly conducts the HIV self-test and leaves the session with a clear understanding of their test result and a well-articulated prevention or care plan. The aim is to encourage clients to become regular HIV testers, following the CDC recommendations of testing at least every 6 months.

This manual provides detailed information on the 3 components that are involved in successfully providing the 30 minute telehealth session for HIV home self-testing.

COMPONENTS:

Component 1: Open Session with a Structuring Statement and Discussion of Confidentiality

Component 2: HIV Risk Assessment and Testing

Component 3: Provide HIV Test Result, Prevention Plans and Linkage to Referrals

FROM SET-UP TO FOLLOW-UP

The Client Set-up

The first task in organizing any telehealth appointment with a client is scheduling. Providers may need to consider what scheduling software or strategy they can securely use, particularly with health screening appointments. The ability to utilize these scheduling software packages depends how they can be incorporated into a HIPAA compliant security protocol following institutional and regulatory standards required for health information: not all of the software options available on the market are HIPAA compliant and care should be taken to incorporate HIPAA compliance when choosing a scheduling software. Other simpler options like phone call, email, and text may also work for smaller scale programs that have staff capacity to accommodate the communication tasks.

Telehealth appointments have the advantage (and complication) of being taken in any private location chosen by the client and without having to physically commute to anywhere in-person, scheduling can be less of a time commitment. For less active telehealth sessions, we have scheduled clients during lunch breaks, car commutes to and from work, and in between classes. However, for labor intensive telehealth appointments like HIV testing, being at home or a stable private location is crucial. Providers should consider offering appointment times outside routine business hours that overlap with when their population of interest is primarily at home. Expanding staff and provider capacity to conduct e-visits during evenings and weekends could be central to engagement with a telehealth program.

After a client identifies a telehealth appointment time that aligns with provider availability and the shipment of supplies, they then need to be reminded in order to ensure attendance. Some scheduler software mentioned above includes automated reminders at time intervals that you can modify. At a minimum, sending reminders the day prior and day of will help reduce missed appointments. Make each reminder an opportunity for clients to reschedule or confirm their attendance. The form that these reminders takes (i.e. email, text, phone call, e-calendar notifications, or some combination) largely depends on which communication route that better accesses the population of interest. Reminders can also serve to reiterate what a client needs to be successful the day of. For example, the current FDA approved at-home, rapid HIV test requires that individuals have not ate or drank anything within the last 30 minutes before collecting their saliva sample. In this way, the appointment reminder can reiterate any remote preparation a client needs to accommodate. An additional element of client preparation that is universal across telehealth appointments is the basic technological infrastructure required by the virtual visit.



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Clients should receive concise, brief descriptions on what kind of technological and physical control they should attempt to maintain over their environment during the course of the call. With technology, at a minimum, this includes using an electronic device that has the ability to connect to a stable internet source and that has a microphone for audio and a webcam for video. These essential components can be commonplace for a variety of devices ranging from smartphones, tablets, desktop computers, and laptops. However, having to rely on the client's existing electronic resources poses unique challenges. Many individuals may have a smartphone or tablet on hand, but do they have access to a quality Wi-Fi internet connection or a mobile data plan that can sustain the video and audio transfer of the e-visit? Telehealth appointments have to outline not only device capability, but also the broadband data transmission requirements needed for the duration of the virtual call. Depending on the community being serviced, acquiring this minimum technological infrastructure can range from being quite simple to impossibly difficult. Telehealth thereby needs to be responsive to each person's virtual capacity – scaling technological requirements down or up to fit each situation. Providers have to decide if certain health appointments can be reasonably accomplished by something as technologically simple as phone call without sacrificing a high quality standard of care.



How much control a client needs to maintain over their physical environment during a telehealth appointment is another required point of instruction. Clients should remain in a stable, private location where confidentiality can be achieved for the duration of the call. The space needs to be well lit for video and reasonably quiet for audio communication. For some people, the spaces available within their home may not be able to live up to these conditions. It is a common misconception that people can readily simulate the well-controlled clinical environment wherever they live; somehow devoid of children, family, partners, roommates, pets, neighbors, etc. In preparing for an e-visit, providers may need to help clients identify physical locations that are the most appropriate while at the same time recognizing that space is often tied to device and internet access. Alternative physical locations such as inside a car or in a secluded outdoor area only work if an individual has the mobile data or hotspot capabilities to be away from Wi-Fi internet sources. Physical privacy adds another layer of complexity onto scheduling – can an appointment time be found when other people are away from the living space? There may be situations where even that is not feasible.

For example, we once worked with a client to time their telehealth appointment right when they arrived at their physical work site since they started in the morning totally alone and felt confident about the conditions of the space. When scheduling, clients need to have an understanding of what their physical space need should emulate in order to have the best experience possible.

The final aspect to setting up a telehealth appointment with a client is preparing them to use the video call software. There are a variety of HIPAA compliant telehealth platforms available that require different levels of set-up and familiarity from the client's perspective. We will focus on Zoom Health due to its widespread use to illustrate some key preparation involved. When creating a Zoom Health video meeting invite, it's important to make sure it is created in the local time zone of the client to avoid any confusion.

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After the meeting invite has been created for the correct day and time, clients should receive the unique Zoom meeting hyperlink, the Meeting ID number, the meeting password, the Zoom conference phone line to call in as a backup, and where to download the free Zoom application prior to the appointment time. Using Zoom Health on a desktop or laptop computer allows clients to join the meeting using only their web browser, however tablets and smartphones require the application to be installed.

Given the unpredictability of people's available technology, it is important to provide steps on how to download the application regardless of the device they intend to use.

To help facilitate installation, you should provide hyperlinks to the Zoom application in the Google Play store for Android users and Apple store for iOS users and encourage clients to download this prior to their appointment. Lastly, clients need to be able to call the provider through an alternative phone number in case something goes wrong and they require additional troubleshooting.



The Provider Set-up

While a considerable amount of effort and organization goes into the client set up, the provider has their own unique preparation needed to make the telehealth appointment a successful and trusted experience. Colloquially referred to as “netiquette,” providers need to adhere to standards of online professionalism when conducting e-visits. Similar to the client preparation outlined above, this requires minimum physical and technological conditions for success. If a provider is working remotely, device and data security is paramount. Clients may be able to use their personal mobile devices to complete a telehealth appointment, but providers need equipment with high grade encryption and VPN access to ensure the client's health information is highly protected in accordance with HIPAA guidelines. Providers should work closely with their institution's I.T. or data security departments to make sure that the computer system being considered is guaranteed to be HIPAA compliant for telehealth practice. Alongside device security, providers need to develop robust data security protocols and user procedures when managing telehealth information off-site. The use of encrypted email/messenger, accessing client health history through encrypted channels, cloud storage of post-telehealth appointment results, strong password requirement across files, removal of any client health information stored locally on a provider desktop, and the appropriate destruction of any physical provider notes taken during the call are just a few considerations that telehealth programs need to standardize across providers.

Additional training and device monitoring is usually warranted as providers move into personal remote work sites that have less security protections than on-site spaces. Although this system infrastructure is largely unseen to the client, it is fundamental to establishing the same level of care and protection they would receive at an in-person health visit.

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The technological measures implemented by a provider are largely unseen, but how providers physically prepare for a telehealth appointment is on full display for the client. Think of how client trust is established at an in-person health appointment through different visual cues – the physical setting, the provider’s dress, interpersonal decorum, etc.



The same visual criteria applies when working online. The physical space where a provider conducts e-visits needs to be private, well-lit, quiet, and the visible background needs to be professional and neutral. While bookshelves and blank walls are common physical background choices for video calls, some thought needs to be put into what may be visible on screen. Are any book titles, photographs, or artwork distinguishable that would be inappropriate in an office setting? To avoid variability in provider backgrounds, we use physical cloth screens with our organization’s logo that remove home visual cues while on camera. Virtual backgrounds can be similarly helpful in removing casual home visuals, but they often lapse and sporadically show the existing physical background which can not only be distracting for the client, but unprofessional and inauthentic. Alongside their visible surroundings, providers need to observe the same professional dress code they would when working in-person. Whether that be white medical coats, scrubs, or business attire; it needs to be implemented from head to toe. There are infamous examples of providers only wearing professional attire from the waist up and less appropriate clothing or lack

thereof from the waist down. You would be surprised how simply reaching for something during an appointment can reveal a provider’s entire outfit. To avoid any incidents, a full professional dress code should be mandated for every e-visit, especially when at home.

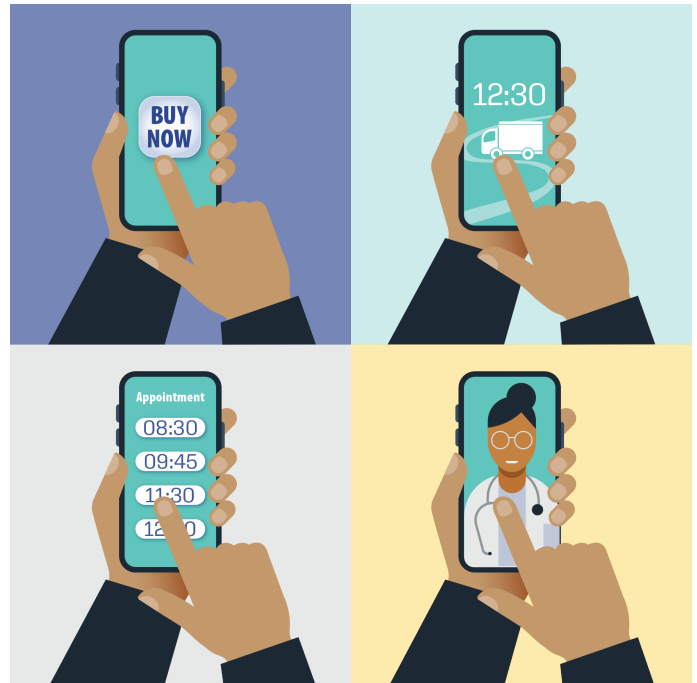
The Start-up

With all the set-up in place and as the telehealth appointment is getting ready to start, providers should validate a few aspects of the client’s information and their call conditions. As soon as audio communication becomes available in the telehealth platform, clients should confirm their name and date of birth as a form of identity authentication. Next, the client should provide their verbal consent to participate in the call.

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Providers then need to verify what personal phone number or other contact information is best to reach them in case the video call cuts out and additional follow-up or rescheduling is needed. With consent and the assurance that individual on the call is the same person who made the appointment, providers need to assess the client's location. What is the address of where they are taking the call in case of an emergency? Is there an emergency contact person they would want providers to try first before calling 9-1-1? Are they physically alone and believe they will remain alone over the estimated length of the e-visit? Is the space well lit enough for visual demonstration purposes? Is there any background noise that may prohibit open communication? If the physical conditions of the client's location are not conducive to completing the call, providers should advise rescheduling and go over what an appropriate location may look like. We once had a client try to take a telehealth call while ordering fast-food at a drive through. We advised rescheduling and explained that the situation didn't lend itself well to the sensitive information we need to go over during the appointment. Having regular FaceTime calls with friends and family he assumed it was the same sort of casual experience. As video calls have become a widespread form of communication, helping clients distinguish how telehealth appointments should be treated differently is important for their future service provision.

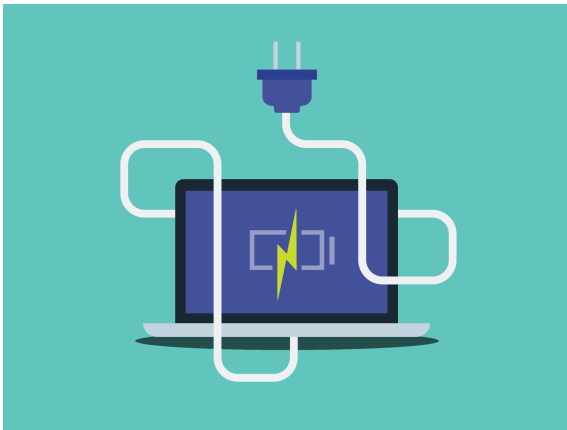
After a client's physical location is deemed suitable, another challenge is evaluating their mental state. At home and within other personal locations, the availability of substances like alcohol and other drugs is commonplace. We have had calls with individuals who were just finishing off a bottle of wine or started smoking marijuana in the middle of the conversation.



Since substance use is normative within private spaces, it shouldn't be surprising that it is occasionally observed or alluded to during calls. However, sobriety is needed especially when conducting a sensitive health screening for something like HIV. In such moments, providers should reschedule and in a non-judgmental manner explain the sobriety expectations surrounding the e-visit. Another point of evaluation is mental health. If an individual indicates suicidal ideation, providers need to have a protocol in place to address the potentially life-threatening situation. Our protocols incorporate on-call psychiatrists to intervene and a list of suicide hotlines that can be used as supplemental resources. The development of such protocols in the telehealth space should be in accordance with each institution's current in-person procedures and guidelines. Additional training may be warranted to guarantee provider preparedness to handle such situations while working online. For the duration of the e-visit, the individual's well-being and safety becomes the responsibility of the provider. These systems of checks and evaluation can be how your program provides assurance that the client is protected no matter where they are.

The Set-backs

The remote nature of telehealth makes the line of communication fragile – at any moment the client’s technological or physical conditions may alter, the call might suddenly stop mid-sentence, or someone may unexpectedly enter the room where the client is located. This is where providers need to be adaptable in a moment’s notice and recalibrate aspects of the telehealth appointment in order to move forward. There will be times when a client’s internet connection lags to the point where the video or audio of the call can no longer be supported. Their screen may freeze or the audio will warp to an illegible degree. In these situations, providers should attempt to contact the client through the back-up contact information acquired prior to or at the start of the e-visit to troubleshoot the connection. For individuals connected to a shared Wi-Fi internet source, there may be too many people streaming or surfing online and the bandwidth is stretched too thin to support the telehealth platform. Providers can instruct clients to request that external streaming or internet use be paused in order to finish out the rest of the appointment if possible. Clients who are connecting with a mobile data phone plan, may not have enough data remaining to sustain the taxing video and audio transfer of the e-visit. In these instances, providers can explore if there are other potential internet sources available for the client to connect to before attempting to re-enter the telehealth platform.



Some other clients may struggle with connecting their audio or video when first accessing the call. This is where provider familiarity of the telehealth platform can help provide basic troubleshooting tips. Audio or video connections can often be resolved by having clients navigate to their video call settings and selecting a different source feed for the call to use. Clients may also need to restart their device to help any recently installed application to sync with their system settings. Anyone struggling to enter the call may need to try installing the telehealth application and restarting their device as well. If any of these basic troubleshooting tips is unable to resolve an issue, providers may need to suggest using a different device (ex: laptop instead of a

tablet) or consider switching to a simple phone call to proceed. As mentioned previously, providers then have to determine if the session content can be accommodated by a phone call without diminishing the quality of care.

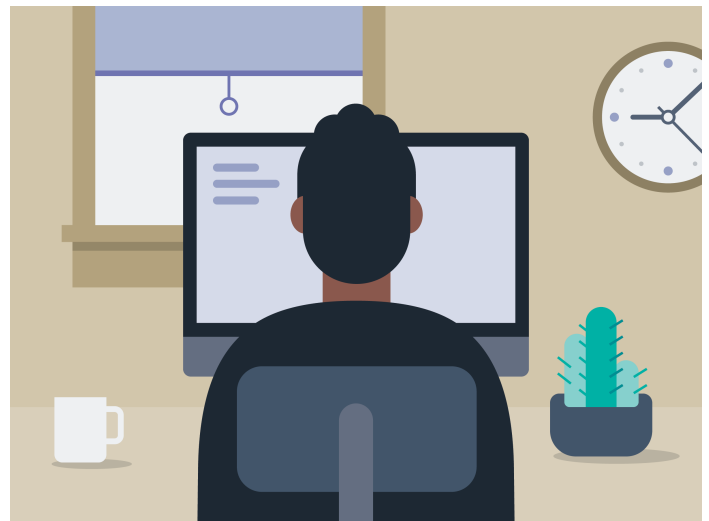
Another issue that comes up during e-visits is when people accidentally breach the client’s confidentiality during the call. While this is alarming for providers anxious to adhere to HIPAA health information protections, the external individual is often someone known by the client such as a romantic partner, a roommate, or a child. For many people, there is no place where being alone is realistic for a long period of time. In situations where confidentiality is breached, a provider should instruct the client to try to please find another location where they can be alone and if needed, the call can be stopped for several minutes and restarted once the client has regained privacy. If being alone is no longer possible, then the call might have to be rescheduled to another time. However, for some appointments like HIV testing where there may be an active test running with results imminently available, rescheduling is not an option. The client may have to briefly shut themselves into a bathroom or any space with a door for the remainder of the call. The locations where clients ultimately choose to take telehealth calls are beyond our control and all we can do is provide appropriate privacy instructions and then try to mitigate any breaches that transpire.

Providing HIV Testing through Telehealth

Working in people's homes or whatever location they choose comes with distractions that are not as present within clinical settings. We have had individuals streaming Netflix on a television off-screen during an appointment, opening Instagram to overlay on top of their the Zoom meeting in progress, various pets knocking over sample collection materials, food cooking idly in the distance, and laundry being done. Healthcare provision takes place in the context of all of these competing priorities, but nowhere does this reality come into such sharp relief than within telehealth practice. Some home distractions like pets can actually be an asset during a call such as when a client learns difficult health information and they can provide tangible emotional support that benefits the session overall. Other distractions such as television, social media, and household tasks can be a detriment to productively engaging in the e-visit. These distractions should be called out directly and politely. Asking clients to please pause whatever else they are doing and bring their full attention to the session is usually enough to reorient focus back to the task at hand. For others who remain visibly disconnected or even unresponsive, providers may need to suggest rescheduling or cancellation of the appointment if they cannot regain attention. These distractions may be frustrating to some providers, but it is important to keep in mind that working within people's homes can sometimes better position us to witness the full complexity of their lives and their attending healthcare needs.

The Content

Once the session is functional and all safety checks have been met, providers can then tap into the full range of video call functionalities available to deliver telehealth content. Providers are able to live demonstrate, observe, screen share, e-chat, and even allow restricted virtual control for clients to engage with information remotely. Perhaps the most obvious utility of a telehealth platform is accessing the live video feed to visually connect with clients. During at-home HIV testing sessions, our providers showcase proper sample collection and set-up by acting out the instructions for clients to model and then closely observing their subsequent process. This helps not only with screening fidelity, but to foster client self-efficacy in being able to reproduce the same procedures on their own. Depending on the appointment, other video feed uses may include self-examinations such as palpitation, visual inspection of symptoms such as a rash, or observing non-verbal behavior. While these examples prove the value of the video mediated clinical interactions, other call features can be equally beneficial in providing care.



One under-utilized video call mechanism in the telehealth space is screen sharing. Although providers have to be cautious about what window, files, and web browser tabs are visible to clients during a screen share, this tool can be a powerful means of illustrating health education. In our programs, we have screen shared infographics with newly HIV diagnosed clients on what it means to be undetectable, explained the dosing strategy for PrEP 2-1-1 using a visual timeline for other HIV negative clients, and shared local HIV/STI testing sites to identify the best referral. Screen sharing can help bring attention to the vast world of online health information while at the same time filtering out unscientific sources. In this way, screen sharing and bringing awareness to credible outlets may help improve the health literacy of clients as they continue browse health information online.

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Some interactive tools can be used to further demonstrate a particular point during a session. This is where allowing restricted remote virtual control may be considered. For example, during HIV test sessions, clients often want to know how risky a certain sexual behavior is in the context of HIV. To help explore different scenarios, we have screen shared the CDC's [HIV Risk Estimator](#) tool and then have provided restricted remote access to a client so they can browse only that webpage. The client can then click around and apply different criteria to the sexual situation they were interested in (insertive vs. receptive anal sex, condom use, PrEP, having another STI, etc.) and together discuss why certain situations added risk while others decreased risk. In order to remain HIPAA compliant, providers need to carefully regulate virtual control privileges and ensure if it's even allowable given their institution's data security guidelines before incorporating. Despite security concerns, virtual remote control is another way providers can increase client engagement within a telehealth session.



One last video call feature that can be utilized during a telehealth visit is the e-chat function. When encountering audio issues, e-chat can help bridge the communication gap to provide trouble shooting tips and keep the call active. During breaches of confidentiality, providers can help minimize possible disclosure of session involvement by muting the call's audio feed and using the private chat to discreetly communicate instructions on how to regain privacy or alert the client that you will end the call if necessary. Providers can chat the name of new medications for PreP or treatment, like Descovy, for a client to copy and paste into their own web browser for further exploration. There are also live feedback opportunities that are made possible with chat. For a recently HIV diagnosed individual who was afraid to schedule a follow-up care appointment alone, we had a provider sit in on the phone call to offer emotional support and chat relevant information to bring up such as the names of the tests they've already completed.

These are just some strategies that incorporate different video call features into telehealth care delivery. There is a tendency to view telehealth as an imperfect proxy for in-person clinical care; the back-up plan when face-to-face interaction isn't possible. As shown above, the types of interaction afforded during an e-visit have their own unique strengths and weaknesses. While the goals of in-person and remote care may be the same, the standards needed to measure quality and success are not. Telehealth is not just a remedial solution for the inability to be in-person, but a subgenre of healthcare provision that offers its own creative possibilities to improve access and patient engagement.

The Long Distance Follow-up

After a telehealth appointment wraps up, there may be a few lingering elements of follow-up required. Some clients need referrals to specialized care, mental health counseling, support groups, substance use recovery, or additional testing and treatment. Due to the remote nature of e-visits, catchment areas may expand beyond an organization's usual jurisdiction. We have provided telehealth services to clients living all across the United States, often in areas we have never visited, let alone tried to provide a quality local referral to. In these long distance situations, resource locator websites are essential in the referral process.



When pulling together nearby social services such as mental health, housing, food pantries, domestic violence shelters, substance use programs, or disease support groups, the [United Way 2-1-1](#) locator is great starting place. When searching local HIV/STI/hepatitis screening sites and STI treatment facilities, we rely on the [CDC Get Tested locator](#) and [AIDS Vu](#) for comprehensive and regularly updated sites. Specifically for linking newly HIV diagnosed individuals to treatment providers, we start with the [HRSA Ryan White locator](#) to ensure care coverage regardless of insurance status. Lastly, for PrEP referrals, the [PrEP locator](#) is helpful in identifying local clinicians experienced in screening and

management of that prevention tool.

If there is time during the video call appointment, it may be worthwhile to screen share these different online locators and go through various options. Clients may have already tried specific sites and can actively choose which providers they are interested in going to. This helps create mutual buy-in and trust in their care plan. For programs supplying active referrals, this screen share step in the e-visit will be required to then make an appointment together. Other programs issuing passive referrals should send an encrypted email or health portal message that includes the name of the organization hyperlinked with its website, description of the services provided, the location of the service hyperlinked with Google maps, their hours of operation, and contact information needed to make an appointment. For some referrals like those linking HIV positive individuals may need additional provider contacts. We usually check in on such referrals through simple phone calls set at intervals following linkage to care guidelines. With these remote referral steps, providers can help clients tap into their local social and clinical service network and perhaps even build their capacity to find supplemental services on their own in the future.

CONDUCTING THE TELEHEALTH HIV TESTING SESSION

Component 1: Open Session with a Structuring Statement and Discussion of Confidentiality



Component 1: Open Session with a Structuring Statement and Discussion of Confidentiality

Estimated time: 5 minutes

Goals:

1. Establish rapport
2. Communicate
3. Establish expectations for session and ground rules

Task 1: Introduce yourself and describe your role as the counselor

Open Session with a Structuring Statement

Counselor:

“Hello, my name is ____, and I work at _____. I will be your health provider/ counselor today. [Facilitator inserts a little bit about themselves (e.g. I have my degree in public health and am passionate about LGBTQ health, etc.)]

I am going to start by telling you a bit about what is going to happen today. First, we are going to do the HIV test. Then, while we are waiting for the results we’re going to talk about HIV risks and possible prevention options. Finally, after we get your HIV test results we are going to talk about a HIV prevention plan. The session will last about 30 minutes.”

Task 2: Obtain consent to continue the session

Obtain verbal consent from individual.

Counselor:

“Are you comfortable with what I have said so far and willing to continue with the HIV test? I want you to remember that if you become uncomfortable at any time during the session, you can let me know and we can work something out.”

“Do you have any additional questions for me?”

CONDUCTING THE TELEHEALTH HIV TESTING SESSION

Component 2: HIV Risk Assessment and Testing



Component 2: HIV Risk Assessment and Testing

Estimated time: 5 minutes

Goals:

1. Enhance rapport.
2. Explain HIV test and possible results.
3. Walk participant through the OraSure In-Home HIV test kit.
4. Review participant's risks for HIV.

Task 1: Explain HIV test and possible results

Counselor:

“To start with I have some information for you about how HIV testing works and the meaning of the results. This test involves an oral swab of your gums. Using the OraQuick In-Home HIV Test kit that we sent to you, we can tell if you’re reactive (HIV positive) or non-reactive (HIV negative). There is a small chance that the test will come back as “invalid”, meaning that something went wrong with the test. However, since I’ll be here to walk you through the test, the chance of this happening is low.

It’s important to keep the “window period” in mind. This is the time between exposure to HIV and when we can actually detect it using our test. For the OraQuick In-Home HIV test kit, we can see an accurate result about 3 months after exposure. For example, if someone was exposed to the virus less than 3 months ago and is infected, our test could come back saying they’re negative because not enough time has passed since exposure.

If this test comes back as positive, it will be important for you to get retested by a healthcare provider to confirm the result. If the test comes back as invalid (again, meaning that something went wrong with the test), we will overnight you another OraQuick In -Home HIV test kit for you to retest yourself.

Lastly, as a reminder, you have the right to withdraw your consent at any point.”

“Do you have any questions?”

Give participants time to respond to question, follow-up as needed.

Task 2: Walk participant through OraQuick In-Home HIV test

Purpose: Each participant will conduct a rapid HIV test (OraQuick) and will be guided by a counsellor.

Goals:

1. Explain the process of the rapid HIV test (OraQuick) test.
2. Guide the participant through the test.
3. Set the test aside to develop.

Suggested script:

Are you ready to take the rapid HIV test? Is it okay to get started?

[Ask for permission]

As I mentioned before, we are going to now conduct the rapid HIV test (OraQuick).

Before getting started it is important that you have not had anything to eat, drink, or used oral care products (such as toothpaste) for at least 30 minutes before starting the test.

When you are ready to start, you will want to grab your test kit. There is a pull out drawer on the bottom of the test kit. Inside of the drawer are two packets labelled test stick and test tube. We will start with the packet labelled test tube. You will pop off the test tube cap. Be careful not to twist the cap off because liquid will spill. Put the test tube in the holder labelled "test tube" on the left side of your testing kit.

Next, you will want to grab the packet labelled "test stick." It is important that you do not touch the pad that will be used to swab your gums. When you are ready, you'll start at the upper gums, swiping only once, and then you will swipe the test stick along your lower gums once. Now, put the test stick into the test tube holder. This will take about 20 minutes to develop.

Could you please put the test out of sight or behind you now? I'll let you know when it's ready to look at it. Or you can instruct them to use the flap that comes with the kit to cover the test as it is processing.

Task 3: HIV testing history

Purpose: The CDC recommends repeat HIV testing for high risk groups. Repeat HIV testing refers to testing at least every six months. The goal of this section is to raise awareness, motivate potential for change around specific concerns, and begin to plant a seed about the possible benefits of change. Remember the principle of acceptance, and that we view our participants with positive regard, regardless of any risky or unhealthy behaviors they may engage in.

Goals:

1. Ask about recent HIV testing behaviors.
2. Explore reasons for not HIV testing.
3. Explore reasons for testing for HIV today.

Suggested script and tools for responding:

To start with, can you tell me what you think I need to know about your HIV testing history? Probe: Have they ever tested? When was last test? How many tests in the last year?

If they have tested: where do you typically go to get tested? Do you know what types of test you have used? (Probe: ever used a home test/ tests in doctor's office or at an ASO).

What are some of the reasons that you haven't tested for HIV recently/ haven't tested for HIV before/ haven't tested for HIV regularly?

You may need to use prompts to explore and learn a little more. Suggested prompts:

- What are some of the advantages of trying to find HIV testing services that work for you?
- What concerns does not getting tested give you with regard to HIV?

Ok, it sounds to me like.....[summarize the client's HIV testing history].

Task 4: HIV risk assessment

Purpose: The goal this section is to understand the client's recent behaviors that may have put them at risk for HIV infection.

Goals:

1. Understand client's perceived risks for HIV

Ok, so now I would like us to talk about your risk for HIV, and how you are managing your risks. First, can you tell me was there a specific reason that you wanted to test for HIV today? For example, was there a specific risk or event that made you want to get tested?

[If client talks about a recent potential exposure]: *Thank you for sharing that with me. So what I am hearing is [summarize their recent exposure] and you are worried that may have led to you becoming infected with HIV?*

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Explain the window period to the client: *Are you familiar with the term “window period?” (If no, explain. If yes, clarify the window period for the specific test you are using.) The window period is the amount of time it would take between potential exposure to HIV and when it shows up on a HIV test. The window period for a HIV test is about 6 weeks. If you were to test negative today, would there be any incidents in the last ____ (days/weeks) you would be concerned about? (If yes, advise client to come back for another test.) What questions would you have about a negative test result? Concerns?* Remember what I said earlier about the window period, the test today will only tell us the results of an exposure that happened more than 3 months ago. Can you tell me exactly when the event happened?

If the exposure is less than 12 weeks ago, remind the participant that they should continue to use condoms and make sure they test for HIV again in 3 months.

[If the client does not talk about a recent exposure and says that this is just a regular test] . *Ok, so it sounds like this is just a regular HIV testing check-up for you today? Can you tell me what you think your main risks are for HIV infection?* Probe for: number of sex partners, condom use, ever or current use of PrEP.

What have you done to lower your risk for HIV? How do you think that is working for you? After today, how do you think you will continue to protect yourself against HIV?

Remind the client of the importance of regular HIV testing.

I do have some information today that might be useful to you on how setting up and keeping to a regular HIV testing plan can keep you healthy? Would it be ok if I shared this with you?

People with HIV who know they are infected can get HIV treatment (antiretroviral therapy, or ART) that can keep them healthy for many years. Studies indicate that all people living with HIV, including those with early infection, benefit from ART. Treatment with antiretroviral medications lowers the level of HIV in the blood (viral load), reduces HIV-related illness, and reduces the spread of HIV to others. Taking ART the right way every day can reduce an HIV-positive person’s chance of transmitting HIV by as much as 96%. People living with HIV who know they are infected can also make other decisions that lower their risk of transmitting HIV to a partner. Studies have shown that many people with HIV who know they are infected avoid behaviors that might spread the infection to others with whom they have sex or share needles. People who get tested and learn they are HIV-negative can also make decisions about sex, drug use, and health care that can protect them from HIV. For example, taking HIV medications daily, called pre-exposure prophylaxis or PrEP, can prevent HIV infection in persons who are HIV-negative and at very high risk for HIV.

How do you think you can continue to test for HIV in the future? What frequency of HIV testing do you think would be good for you?

CONDUCTING THE TELEHEALTH HIV TESTING SESSION

Component 3: Provide HIV Test Result, Prevention Plans and Linkage to Referrals



Component 3: Provide HIV Test Result, Prevention Plan and Linkage to Care and Referrals

Estimated time: 15 minutes

Purpose: Participants should be clear on the meaning of and next steps for each potential outcome to minimize the amount of new information relayed when delivering test results. In the event of a reactive test result, it is important that the participant is informed about confirmatory testing, referrals to case management and/or care, and treatment options, as trying to cover new information can be disorienting and distressing. Additionally, covering these outcomes with the participant beforehand will prepare the counselor for the nature of the participant's emotional response. As counselors, we never want to assume a participant's reaction. For example: if the participant has been having sex with a partner they know is positive and is expecting a reactive test, a negative test result may be confusing or even a letdown.

Tasks:

1. Explain the meaning of reactive and non-reactive results
2. Explain what will happen in the event of each potential outcome
3. Assess participant's emotional response to either outcome

It is important to begin to prepare the participant in a hypothetical way by briefly reviewing their reactions to receiving negative and positive results.

Sample statements for discussing **negative (non-reactive)** test results:

If your test is non-reactive today, that means that HIV has not been detected, or in other words, is negative. How would you feel if that was your result today?

Sample statements for discussing **positive (reactive)** test results:

If your test is reactive, that means the test detected HIV antibodies. How would you feel if that was your result today? Would you be surprised/scared/upset/etc.? (Reflect the participant's reaction and elicit further response.) You would be very upset – that's very understandable. What questions would you have for me if that were your result today? What does that result mean to you?

Explain to the participant what the steps for confirmatory testing and referral would be. Ask the participant about how they would feel about informing their partners and explain Partner Services. Assure the client that it is possible to live a healthy life and that there are treatment options for people living with HIV. Assess for any misinformation and offer correct information.

Providing HIV Testing through Telehealth

Before transitioning into discussing the results of the test, assess the participant's readiness to hear the results by asking for consent: *Now that we've talked about what it would look like if your test was reactive or non-reactive, would you mind if we discuss your test results?*

Estimated time: 5 minutes

Non-reactive/ HIV-negative result

Today your HIV test result was negative, how does it feel to hear that? What does it mean to you?

Depending on the participant's emotional reaction, you may respond differently with reflections. For example:

- Relief: *You were worried about the results today and it is a relief to learn your test was not reactive for HIV.*
- Uncertainty: *Although your results were negative, you are concerned about whether you might have recently contracted HIV.*
- Excitement: *This is a big deal, and you're thinking about how you might celebrate.*

Focus on Repeat HIV Testing

It's often the case that people who are testing for HIV wonder what, if anything, they should do next, and the answers are not always so simple. Thinking over the last month or so, are there any potential sexual or drug experiences (such as sharing syringes) that you had that might make you want to get tested again for HIV soon?

Use reflection to highlight concerns that come up:

You're not feeling totally out of the woods after that hookup, so you think you might want to get tested again soon.

You're not really sure what happened while you were drunk that night, so getting another test soon might ease your mind.

Even when people are out of the "window period" it can be useful to think about making regular HIV testing a part of your routine, like brushing your teeth. The Centers for Disease Control and Prevention recommend HIV testing annually, or for those at higher risk, every six months.

What do you think some of the benefits for you might be if you get in the habit of testing every 3 months or so?

PrEP Referral

Testing regularly is one key way to keep tabs on your status. It is also important to know that there is medication/medicine that prevents HIV, such as Truvada, that people take to help them stay HIV-negative. It is called pre-exposure prophylaxis or PrEP. When taken regularly, PrEP can almost eliminate your risk of getting HIV. Would that be something you would be interested in learning more about?

Providing HIV Testing through Telehealth

Share up to date information on PrEP and referral information. It is important that wherever possible referrals are transgender appropriate and sensitive.

If this is something you're considering, getting in touch with these resources and/or your doctor can help get this process started. Many people tell us that the biggest barriers to getting evaluated for PrEP are finding a medical provider and getting insurance to cover it. This is why we have included a list of PrEP providers as well as information on the Gilead Advancing Access Co-Pay Program.

In this clinic we have people called PrEP navigators that can help you with getting evaluated for PrEP. Would you like to be referred to a PrEP navigator?

Summary and a Plan for Action

We've talked about a lot today. So, I wanted to check in and see what you're thinking. What if any goals might you have for HIV testing or PrEP in the future?

Reflect goals around repeat testing and/or PrEP evaluation.

Great! So, it seems like you have a goal of _____. What steps might you take to achieve this goal?

What kinds of things might make it more difficult to meet this goal?

End with a summary of the participant's goal and thank them for sharing: *Okay, thanks so much for talking about these issues today. Moving forward you're thinking about _____(goals)_____ and you've got some tools to be successful in that. Now we'll wrap up the rest of today's appointment.*

Reactive/ HIV-positive results

Purpose: The goal of this section is to process the participant's responses to testing HIV-positive and encourage them to follow through with linkage to HIV care. If a participant tested positive for HIV in Visit 1, the focus will be on processing his current thoughts and feelings about testing HIV-positive as well as enhance motivation to engage in HIV care. Empathic reflections and affirming strengths are key strategies for working with participants during this difficult period.

If participant is testing positive:

Today your test result is positive for HIV. It is what we call a "preliminary positive" test and we will need to run a test to confirm you are HIV-positive. People who have recently tested positive for HIV have a range of emotional reactions, and it is important to take time to process everything that you're feeling and experiencing right now. How are you feeling about testing HIV-positive today?

Providing HIV Testing through Telehealth

Shock/Surprise/Disbelief, Sadness, Angry, Numb, Expected Outcome... are all reactions that might occur. Use an empathic reflection to respond, such as:

You're pretty shocked right now.

This news is somewhat surprising.

You're feeling pretty worried and not sure what to do next.

Focus on Linkage to HIV Care & Successful treatment options

It's clear that this can be a difficult time and there are some changes that you will be asked to make to more effectively manage HIV. Would you like to talk about those briefly now?[Ask permission]

When you take medications to suppress HIV, it improves your own health and greatly decreases the likelihood that you would transmit HIV to any HIV-negative sexual partners. Being undetectable is a great goal, but the first step is seeing a HIV medical provider.

What do you think about all this? What might be some benefits to you of seeing an HIV medical provider?

Use reflection to highlight benefits.

You're more likely to stay healthy if you see someone as soon as possible.

You could still meet your goals if you get started treating this right away.

Summary and a Plan for Action

What's the best way for you to move forward? What kind goals do you have for your HIV Care?

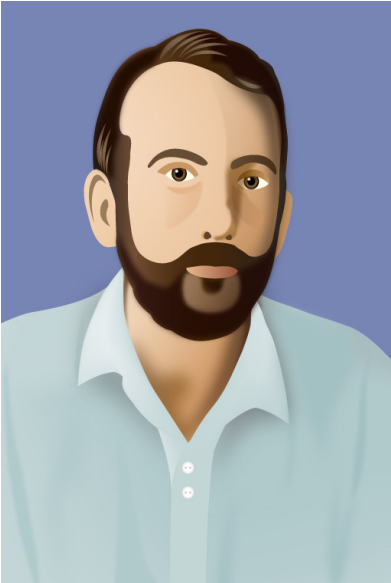
Great! So, it seems like you have a goal of _____. What steps might you take to achieve this goal?

End with a summary of the participant's goals and thank them for sharing.

Okay, thanks so much for talking about these issues today. Moving forward you're thinking about _____(goals)_____ and you've got some tools to be successful in that. Now we'll wrap up the rest of today's appointment.

ABOUT THE AUTHORS

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Providing HIV Testing through Telehealth

An Implementation Manual

Rob Stephenson, PhD & Stephen Sullivan, MPH

For questions about this manual and inquiries on how to set-up a telehealth HIV testing program, please reach out to OraSure Technologies, Inc. at hello@orasure.com.

