What makes a good HIV testing encounter?

Jen Johnson and Emily Lenton
BBV Sector Development Program
Australian Research Centre in Sex, Health and Society, La Trobe University

TALKING TESTING: BEST PRACTICE IN HIV PRE- AND POST-TEST DISCUSSION

The BBV Sector Development Program at the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University conducted a qualitative study to explore best practice in HIV test discussions. Data were collected from semi-structured interviews and focus groups with clinical and community-based HIV testing providers, plus key informants from community-based, research, policy and workforce education settings (n=40).

Normalising HIV testing

Normalisation of HIV testing is essential to improve rates of diagnosis and reduce late diagnosis. Normalisation increases awareness of the benefits of HIV testing among all patients, not just those who disclose risk factors for HIV. Normalising HIV testing is also a powerful way of reducing the stigma associated with HIV. HIV testing is normalised when it is offered across all preventive and general health care settings.

What can healthcare providers do?

- Consider discussing HIV testing with all patients, not just those presenting with risk factors for HIV
- Be aware that expert knowledge in disease management or prevention, or specialist skills in counselling, are not needed to initiate HIV testing
- Understand that any amount of time discussing HIV testing is valuable, even just a couple of minutes

Stigma sensitive practice

The concept of stigma sensitive practice is a key outcome from the study. Stigma sensitive practice is the conscious use of basic communication skills to reduce experiences of stigma. Stigma can make it difficult for people to ask for testing, and difficult for health care providers to start testing conversations with patients. Rapport and respect are central to stigma sensitive practice.

What can healthcare providers do?

- Use basic communication skills to show awareness that HIV stigma exists, and that it can be worse in healthcare settings
- Meaningfully recognise that communities affected by HIV experience many forms of marginalisation
- Appreciate that the experience of HIV testing can be difficult

Talking about risk history

Direct questioning by providers about risk practices can be invasive and confronting for patients. It can amplify stigma, deter people from regular testing, and impact on further engagement with HIV care. It may also deter some providers from initiating testing.

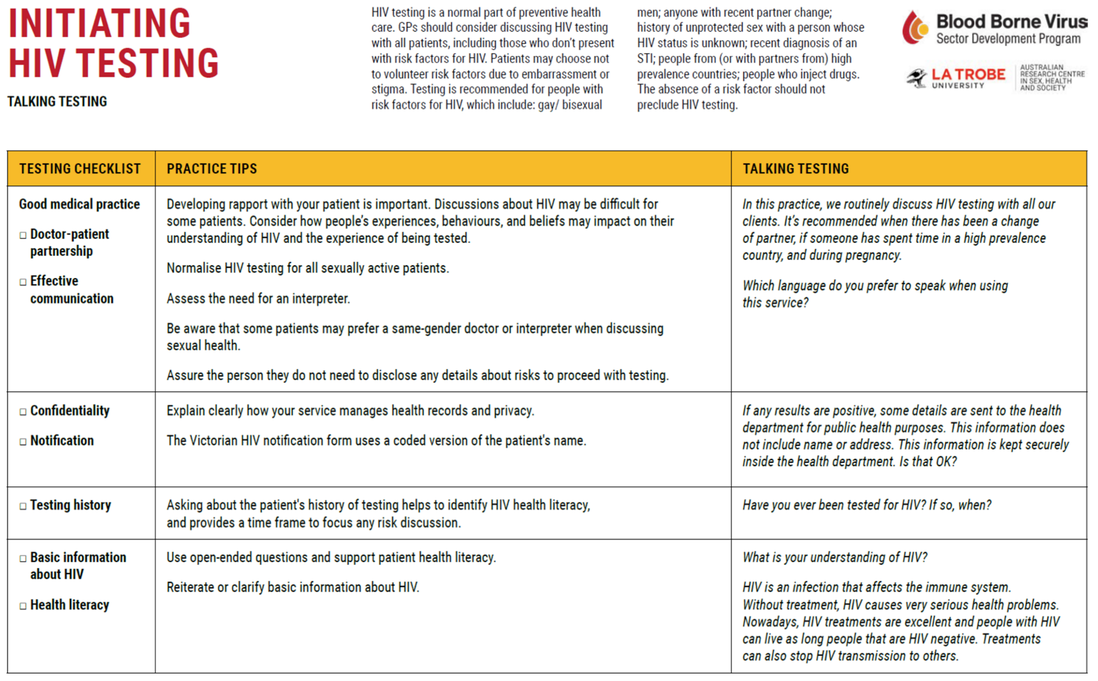
What can healthcare providers do?

- Provide plain language descriptions of transmission routes and associated practices, then use open questions to invite discussion. It is not always necessary to take a full risk history to proceed with testing.
- When discussing risk, use open reflective questioning *(What sort of HIV prevention strategies do you try to use?)* instead of routine closed questions *(How often do you have unsafe sex?)*

Initiatives that support providers to discuss HIV testing with all patients, and improve awareness of the impact of stigma on the testing experience, will contribute significantly to improving rates of HIV diagnosis.

You can read the full report from this study on the ARCSHS website.

Other outputs from the study, including the *Initiating HIV testing – Talking Testing* practice support tool for testing providers, are available on the ARCSHS website.



INITIATING HIV TESTING

TALKING TESTING

HIV testing is a normal part of preventive health care. GPs should consider discussing HIV testing with all patients, including those who don't present with risk factors for HIV. Patients may choose not to volunteer risk factors due to embarrassment or stigma. Testing is recommended for people with risk factors for HIV, which include: gay/ bisexual men; anyone with recent partner change; history of unprotected sex with a person whose HIV status is unknown; recent diagnosis of an STI; people from (or with partners from) high prevalence countries; people who inject drugs. The absence of a risk factor should not preclude HIV testing.

Blood Borne Virus Sector Development Program

LA TROBE UNIVERSITY | AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY

TESTING CHECKLIST	PRACTICE TIPS	TALKING TESTING
Good medical practice □ **Doctor-patient partnership** □ **Effective communication**	Developing rapport with your patient is important. Discussions about HIV may be difficult for some patients. Consider how people's experiences, behaviours, and beliefs may impact on their understanding of HIV and the experience of being tested. Normalise HIV testing for all sexually active patients. Assess the need for an interpreter. Be aware that some patients may prefer a same-gender doctor or interpreter when discussing sexual health. Assure the person they do not need to disclose any details about risks to proceed with testing.	*In this practice, we routinely discuss HIV testing with all our clients. It's recommended when there has been a change of partner, if someone has spent time in a high prevalence country, and during pregnancy.* *Which language do you prefer to speak when using this service?*
□ **Confidentiality** □ **Notification**	Explain clearly how your service manages health records and privacy. The Victorian HIV notification form uses a coded version of the patient's name.	*If any results are positive, some details are sent to the health department for public health purposes. This information does not include name or address. This information is kept securely inside the health department. Is that OK?*
□ **Testing history**	Asking about the patient's history of testing helps to identify HIV health literacy, and provides a time frame to focus any risk discussion.	*Have you ever been tested for HIV? If so, when?*
□ **Basic information about HIV** □ **Health literacy**	Use open-ended questions and support patient health literacy. Reiterate or clarify basic information about HIV.	*What is your understanding of HIV?* *HIV is an infection that affects the immune system. Without treatment, HIV causes very serious health problems. Nowadays, HIV treatments are excellent and people with HIV can live as long people that are HIV negative. Treatments can also stop HIV transmission to others.*

Australian Research Centre in Sex, Health and Society

Blood Borne Virus Sector Development Program

latrobe.edu.au/arcshs

CRICOS Provider 00115M