

# Appendix 1

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## DSTDP Assessment: HIV testing in SSuN STD Clinics STD Clinic Provider Interview Guide

April 2017  
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### Administrative

Participant ID/Archival #: \_\_\_\_\_ Site: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YY)

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

### Informed Consent

**Introduction:** Hello, my name is \_\_\_\_\_, and I am with the Centers for Disease Control and Prevention in Atlanta, Georgia. This clinic participates in the STD Surveillance Network, also known as SSuN, which is a particularly relevant project for the CDC's response to the National HIV/AIDS Strategy, especially regarding HIV testing in categorical STD clinics. Currently, SSuN monitors progress on the proportion of patients, not known to be HIV-positive, who are diagnosed with an acute STD at participating STD clinics and who are tested for HIV – either at the initial diagnostic visit or in a 14-day window on either side of that visit. We use SSuN STD clinic component data for this measure and are grateful for your clinic's ongoing contribution to this important initiative.

**Purpose:** As part of a more comprehensive discussion of this measure, we would like to get a better understanding of HIV testing practices in the SSuN STD clinics. Given your role at the clinic, we would like to discuss your clinic's HIV testing protocols and provider practices for offering and conducting HIV testing. We believe you are in a unique position to help us better understand the context and what might help explain the current testing rates, particularly the related barriers to and facilitators for implementing and documenting HIV testing of STD clinic patients and documentation of PrEP data. This is not a critical evaluation of the Program or Department or has anything to do with your or anyone else's job performance.

If you agree to participate in the interview, I will ask you basic questions about your work life and about your use of the electronic medical records. I will ask your opinion about existing clinic policies and procedures for HIV testing, as well as documentation of HIV testing and PrEP in the electronic

medical records. The interview will take about 60 minutes to complete. I will be taking notes. I am using a recorder so that I have a more complete record of the interview and to help me as I transcribe my notes.

**Voluntary participation:** Your participation today is completely voluntary. Your supervisor will not know if you choose to participate or not. You may ask to turn the recorder off or you can tell me to stop the interview at any time if you do not want to continue. If there are questions you do not like, you do not have to answer them.

**Benefits and risks:** There will be no money given to you for taking part in this interview. Participating in this interview will not help you directly, but it may help us to better understand variability in HIV testing and documentation of HIV testing and PrEP across SSuN sites. Please share your true feelings about this issue. I will not record your name and interview forms will not contain your name. We will analyze and report all of the information from all of the interviews together. The information you give us will be stored securely. The recording will be erased as soon as the interview notes are typed up. At the end of the interview you will be able to ask any questions that are of interest to you.

You may contact the DSTDP staff conducting this partner feedback assessment, Brandy Maddox, via telephone at: (404) 639-8511 or Marion Carter at: (404) 639-8035, if you have any questions about the assessment or if you would like to withdraw your answers. If you have any questions about your rights as a participant in this assessment, please contact CDC/ATSDR's Acting Deputy Associate Director for Science at 1-800-584-8814. Leave a message with your name, phone number, and refer to CDC protocol #/OMB # \_\_\_\_\_, and someone will call you back.

**Oral Consent:**

Do you have any questions?      Yes      No

Would you like to participate in this interview?      Yes      No

**A. Background Information**

To start with, I have a few basic questions about you that will help us better understand your perspective and role at the clinic.

1. What is your current position or role and how long have you been in your position?
  - a. Do you see patients at the clinic; are you directly involved in patient care?
  - b. Do you see patients in other clinical settings (e.g., HIV, PrEP)?

**B. Clinic HIV Testing SOP/Protocol**

I would like to better understand your clinic's standard operating procedures (SOPs) or protocol for conducting HIV testing of patients with an STD.

[\*\*Acute STD: chlamydia (CT) identified by positive laboratory result or diagnosis, gonorrhea (GC) identified as either a positive laboratory result or diagnosis code, trichomoniasis, pelvic inflammatory disease (PID), non-gonorrheal urethritis (NGU), and P&S syphilis.]

2. To your knowledge, what is your clinic's protocol or SOP for HIV testing patients with an STD?

Probe:

- a. Opt-in versus Opt-out HIV testing?
  - b. Criteria for who gets tested/offered testing or differences by patient "type" (e.g., universal testing, symptomatic, for screening only/express visit patients, risk-level)?
  - c. Types of HIV tests being used? (e.g., OraSure versus blood, algorithm for testing)
  - d. When is testing offered or explained in the course of the patient visit? (How do you bring that topic up?)
  - e. When is testing conducted in the course of the patient visit?
  - f. When is testing documented? (We'll circle back to *how* you do this in a moment)
  - g. What interval are patients recommended for STD re-testing?
  - h. When is HIV testing performed as part of the STD re-testing visit?
3. What would change about this clinic's protocol or SOP for HIV testing of patients with an STD, if you could?
4. How well do you think other health care providers at this clinic understand the HIV testing SOP/protocol?
- a. Has the SOP/protocol changed recently? In what ways?

### C. Documenting HIV Testing in EMR/EHR

I am interested in understanding more about how the electronic medical record is used to document HIV testing.

***[If available, show the provider screenshots of the clinic's EMR]***

5. How do you usually go about documenting whether or not a patient has been tested for HIV at this clinic in their medical chart?

Probe:

- a. How do you use open text fields? (e.g., what 'notes' do you document?)
  - b. How do you document patient refusal? (including having been tested recently elsewhere)
  - c. How do you document a patient's need for an HIV test? (e.g., including HIV status)
  - d. How does this documentation vary by type of clinic visit or clinic setting?
6. What challenges have you experienced with documentation of HIV testing in the patient's medical chart?

#### **D. Facilitators and Barriers to HIV testing**

Using SSuN data, our colleagues have calculated the % of patients diagnosed with STDs who were tested for HIV within 14 days of their diagnosis. There is a lot of variation among SSuN sites. This is the figure from this site (pointing to graph).

***[If available, show provider clinic HIV testing data]***

7. Does this figure surprise you? Why/Why not?
8. Why do you think the HIV testing rate is not higher?  
Probe:
  - a. Patient-related barriers or reasons
  - b. Provider-related barriers or reasons
  - c. Documentation/data-related barriers or reasons

9. What do you think facilitates HIV testing at this clinic?

#### **E. HIV Testing Quality Improvement**

I have a few final questions related to HIV testing at this clinic.

10. How important do you think it is for this clinic to assess and monitor its HIV testing rates on a regular basis?
11. Does this clinic do this now? If so, how? If not, why not?
12. What is the one thing you would do to improve HIV testing at this clinic?
13. What additional information would you like to share related to HIV testing in your clinic that is important for us to know?

#### **F. Documenting PrEP data in EMR/EHR**

Before we end, I want to switch gears a bit and ask briefly about PrEP. I understand that [*reiterate status of PrEP roll out in that clinic.*] We are exploring the feasibility of asking for PrEP-related data as part of SSuN, so we have a few questions about PrEP data and information collected at the provider level.

14. How does PrEP come up in your typical STD patient visit?
  - a. Do you ask patients about their PrEP use? How?
  - b. For those not on PrEP, do you assess patients for PrEP eligibility?
15. How does your clinic's PrEP policy affect HIV testing? (Delayed in offering, referred elsewhere?)
16. How do you usually go about documenting whether or not a patient is on PrEP in their medical chart?

Probe:

  - a. Where is it in the EMR?
  - b. How do you use open text fields? (e.g., what 'notes' do you document?)
  - c. PrEP use, history, PrEP provider?
17. How do you usually go about documenting whether or not a patient is eligible for PrEP?

- Probe:
- a. Where is it in the EMR?

- b. How do you use open text fields? (e.g., what 'notes' do you document?)
- c. PrEP offered, refusal, referral, initiation/use, and adherence?

18. What challenges have you experienced with documentation of PrEP related data in the patient's medical record?

### **Final Closing**

Thank you, again, for your time and willingness to speak with us. The information you have shared with us today is very helpful.

We are planning to develop a report summarizing what we have learned from across the SSuN STD clinics to share with you and your counterparts in the near future. Please feel free to contact us if you have any questions or think of other aspects of what we have discussed today that may be helpful for us to consider. Thank you!