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EVALUATION OF THE PILOT PHARMACY POINT OF CARE HIV TESTING

REPORT PRODUCED FOR ISLAND AND VANCOUVER COASTAL HEALTH
AUTHORITIES

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Executive Summary

This report provides the results of the evaluation of the Pharmacy Point of Care (POC) HIV Testing pilot. The pilot involved a partnership between Island Health, Vancouver Coastal Health (VCH), Providence Health Care, the Ministry of Health, and the Medicine Shoppe. This initiative is part of the provincial initiative From Hope to Health – Seek and Treat to Optimally Prevent HIV (STOP HIV) and was approved by the Board of Directors of the BC College of Pharmacists. The pilot involved the administration of a rapid HIV test by trained pharmacists at four pharmacies, two in Vancouver (Kingsway and Fraser Streets) and two on Vancouver Island (Fort Street in Victoria and Terminal Avenue in Nanaimo). The pilot test began in Vancouver in July 2014 and September 2014 on the Island. The evaluation examined the results of the pilot test as of July 31, 2015, about one year after the pilot was first implemented.

The main purpose of the evaluation was to determine the feasibility and acceptability of POC HIV testing in pharmacies to inform decisions about future services. The evaluation was guided by a steering committee. Data were collected through interviews with all pharmacists providing the POC HIV tests (5), an online patient survey (completed by 52 patients testing at Vancouver pharmacies in June and July 2015),¹ and a review of administrative data collected by the pharmacists.

Over the course of the pilot test, 926 POC tests were conducted, and there were no preliminary positive results. More tests were done at the Vancouver pharmacies than at the Island pharmacies (782 tests at Vancouver pharmacies versus 144 at Island pharmacies). Across all pilot pharmacies, there was a spike in the numbers of clients that coincided with the joint media release by VCH and Island Health in July/August 2014. After that, the volumes of clients declined; however, all pharmacies experienced variations in testing volumes throughout the pilot period with the largest variations occurring in the Vancouver pharmacies. The average number of clients across the pharmacies per month was 29.1 for Kingsway, 31.1 for Fraser, 5.5 for Fort, and 6.5 for Terminal. The average age of clients varied across sites and ranged from 37 to 45. Although POC testing attracted clients from all age groups, the Island pharmacies attracted slightly older clients. At all pharmacies, the majority of clients were male. On the Island almost all clients reported Caucasian ethnicity; in contrast, in Vancouver the majority of clients reported Asian ethnicity. Among all POC pharmacy clients, the majority were attached to a family physician (64%). There were differences between the pharmacies in the percentage of clients having their first HIV test. At Kingsway, there were about equal numbers of clients obtaining their first and repeat HIV tests; at Fraser, 74% of the clients were first time. In contrast, the majority of clients at both Island sites were not getting their first HIV test; only 42% were obtaining their first HIV test at Terminal and 29% at Fort.

There were slight differences in the data collected by the pharmacists in Vancouver and on the Island. In Vancouver, pharmacists recorded the city where clients lived. Unfortunately, we do not have location data for the Island clients. The two Vancouver pharmacies attracted clients from across the Lower Mainland; however, 69% of clients reported living in Vancouver. The client survey found that the majority of clients did not live within the Local Health Areas (LHAs) of the pharmacies; however, we do not know if this is representative of all Vancouver POC testing clients or an artifact of the data collection time period (June and July 2015).

¹ Clients obtaining POC tests at the Island pharmacies were invited to participate in the client feedback survey; however, none chose to complete it.

Feasibility

The results of the evaluation of the pilot test show that POC HIV testing in pharmacies is feasible. The pharmacists reported no significant problems in offering the service at their pharmacies. The pharmacists estimated that the testing took about 10 minutes. One pharmacy had to create a private consulting space but was going to do that anyway in order to provide other services to clients that require a private consulting area. At three of the pharmacies, no additional outlay was needed to create a private testing area. After the initial media release by the health authorities, the pharmacies were responsible for the ongoing promotion of the service. There were differences in how the pharmacies promoted the service, but most promotion involved signage, pamphlets, and an Internet presence. One pharmacist with ties to community-based organizations and local physicians used personal connections with these groups to promote the service. A second pharmacist thought that connecting to community-based organizations would be helpful in spreading the word about the testing. All pharmacists were very pleased with the expansion of their scope of practice and the opportunity this afforded them to provide an enhanced level of care to their clients and change public perceptions of the role of pharmacists in health care. They found the provision of POC HIV testing to be very rewarding. The opportunity to increase public awareness of HIV was also seen as an added benefit of the program.

All pharmacists were able to establish protocols with nearby primary care clinics for clients with initial positive tests. The processes and proximity to clinics differed among the pharmacies, but since no preliminary positive tests were found, there was no opportunity to test the effectiveness of the protocols. The pharmacists were split as to whether or not they believed it was critical to have a primary care clinic in close proximity to the pharmacy as long as a process had been worked out to support the follow-up needed. As this opinion was formed on the basis of no preliminary positive tests, it should be viewed within this context.

The pharmacists were satisfied with the training they received from VCH on the POC testing. The main challenge reported was low client uptake, particularly for the Island pharmacies. Most clients were drawn to the pharmacies in response to the initial media coverage, and without that coverage, the pharmacists found the uptake of the service dropped. The pharmacists also found that some clients were not comfortable with providing their names. In a few cases, clients left without the test because they wanted full anonymity. In other cases, clients were satisfied when they were told they could provide their initials. Minor challenges were also reported in initial comfort levels of pharmacists providing the pre-test information; however, this challenge disappeared through repeated testing. Some of these challenges reflect the learning curve that most of the pharmacists went through as they began to offer this service, but all reported they quickly gained the needed skills and became comfortable with the testing protocol.

Acceptability to Clients

Based on feedback received from 52 Vancouver pharmacy clients completing an online survey in June and July 2015, the service was very acceptable to clients. Clients were very satisfied with most aspects of the service. The element that received the lowest satisfaction ratings was the location of the pharmacies. Given that clients came from all over the Lower Mainland, these two pharmacies may not have been the most convenient locations. The three most commonly cited reasons for obtaining an HIV test at the pharmacies were getting the test done right away, not taking much time, and that fact that it was free. All respondents who were not initially knowledgeable about HIV prevention or the

importance of HIV testing reported the testing discussion with the pharmacist increased their knowledge of prevention and the importance of testing. Almost all clients reported they would choose a pharmacy if they required another HIV test.

Costs of Service

The costs of providing POC HIV testing in pharmacies included:

- \$15 compensation per test performed by pharmacists;
- \$16.65 per testing kit;
- about \$4,800 spent by the pharmacies on marketing, promotion, and, for one pharmacy, renovation; and
- in-kind contributions for training, marketing and promotion, data support, communications, and project management.

The pilot test also included an allocation for evaluation. The total budget for the pilot was \$46,000, which was provided by Island Health.

Suggestions for Improvements

Most of the suggestions for improvements focused on the ongoing need for continuing promotion, media attention, and direct outreach. The decreasing uptake across the pilot sites and the spike in testing volumes due to the media release indicate that ongoing promotion may be important in sustaining awareness of the service. One pharmacist suggested that testing in a variety of community-based sites would be good. Another thought that allowing the pharmacy technicians to do the finger prick would help when the pharmacist was busy. One pharmacist suggested that refresher training using simulation would be helpful in building their capacity to deal with the post-test discussion.

Limitations

There are a number of limitations worth noting. First, we were unable to make comparisons between POC clients and clients obtaining HIV tests in other locations because we were unable to obtain full and meaningful comparison data. The second limitation concerns the generalizability of the client satisfaction findings. As we were unable to obtain client feedback data from the Island clients, there is no way to determine if the acceptability findings are applicable to Island clients. The third and final limitation concerns the generalizability of the location data from Vancouver clients. Although the majority of Vancouver clients completing the client survey did not live within the LHA of the two pharmacies, we cannot determine if this finding holds across the entire Vancouver testing population. There is no reason to doubt the generalizability of the client satisfaction data.

Conclusion

In conclusion, the results of the evaluation show that the provision of POC HIV testing in pharmacies is both feasible and acceptable to patients and pharmacists.

About this Report

This report presents the results of the pilot test of the pharmacy point of care (POC) HIV test. It is based on an analysis of administrative data collected by the pharmacists, interviews with all five pharmacists conducting POC tests, and an online patient feedback survey completed by 52 patients testing at Vancouver pharmacies during the months of June and July 2015. A draft report was reviewed and approved by the project steering committee.

About the Evaluation

The main purpose of the evaluation was to determine the feasibility and acceptability of POC HIV testing in pharmacies to inform decisions about future services. The evaluation was guided by a steering committee and was designed to address the following questions:²

1. How feasible was it for the community pharmacies to offer POC HIV testing (including marketing efforts)?
2. To what extent is POC HIV testing acceptable to clients?
3. How much does it cost to implement pharmacy POC testing?

Data were collected through interviews with all the pharmacists providing the HIV tests (5), an online client feedback survey (completed by 52 patients testing at the Vancouver pharmacies, which represents a 64% response rate of all Vancouver POC clients during the data collection period), and a review of administrative data collected by the pharmacists. Although clients of the Island pharmacies were invited to take the client feedback survey, we were unable to obtain any responses from clients at these pharmacies. The client feedback survey took place throughout June and July 2015. Pharmacist interviews were held in June 2015, almost one year after first implementing the pilot. Administrative data collected by the pharmacists span the pilot phase, which began in July 2014 at the Vancouver pharmacies and August 2014 at the Vancouver Island pharmacies and ended July 30, 2015.

About the Pharmacy POC HIV Testing

As part of the From Hope to Health – Seek and Treat to Optimally Prevent HIV (STOP HIV) Initiative, Island Health, Vancouver Coastal Health (VCH), Providence Health Care, the Ministry of Health, and the Medicine Shoppe partnered to offer POC HIV testing in pharmacies. The pilot was approved by the Board of Directors of the BC College of Pharmacists. Four pharmacies, two in Vancouver (Kingsway and Fraser Streets), one in Victoria (Fort Street), and one in Nanaimo (Terminal Avenue), were selected to offer the service. The pharmacists and a Vancouver physician at a co-located primary care clinic participated in the training provided by VCH. For Vancouver pharmacies, testing kits were provided by the Provincial Health Services Authority, and for Island pharmacies, Island Health purchased kits at a cost of \$25 per kit. VCH and Island Health jointly issued a press release at the start of the pilot (July/August 2014); after that the pharmacies were responsible for ongoing promotion.

² The evaluation was intended to collect information that would allow comparisons between POC clients and clients obtaining HIV tests at other locations; however, due to data availability issues and concerns about the appropriateness of the comparison data we were able to obtain, we were not able to include comparisons in this report.

Selection of Pharmacies

In selecting the pharmacies, VCH and Island Health were interested in finding pharmacies that were adjacent to primary care clinics. This was in recognition that a preliminary positive result is stressful for patients and providers, and rapid, expert clinical follow-up is essential. Through a partnership with the Medicine Shoppe, the final selection of sites was largely a matter of interest. In Vancouver, two sites were interested, one at 2030 Kingsway and a second at 6189 Fraser Street. Both pharmacies were co-located with walk-in clinics and were located in Local Health Areas (LHAs) with lower testing rates than that of the city centre. On the Island, interest was the main driver as well, with one pharmacy in Victoria (Fort Street) and one in Nanaimo (Terminal Avenue) expressing interest. Although the Island pharmacies were further away from the primary care clinics and labs, this did not impact their ability to establish protocols with the clinics for seeing clients with preliminary positive tests.

Clients

Number of Tests

According to records kept by the pharmacists, 926 tests were conducted during the pilot period (July 1, 2014 to July 30, 2015). None of these tests resulted in a preliminary positive. The breakdown across POC sites is shown in Figure 1 (see sidebar). As can be seen, Vancouver pharmacies had higher testing volumes than Island pharmacies.

Figure 2, shown on the next page, shows the testing volumes by month. As can be seen, all pharmacies experienced a peak in testing within the first few months of testing (corresponding to the joint media release), which then plateaued to a lower but variable rate of testing. The pharmacists believed that the initial media attention supported the higher testing numbers; however, the media attention was not repeated, so we have no way of knowing whether a similar media blitz would have increased testing volumes again or whether the peak represented some sort of saturation. The slopes of the lines in Figure 3 (see next page) indicate that over time there was a slight decrease in testing volumes that works out to a decrease of about one test per month.

Figure 1: Number of POC Tests Conducted

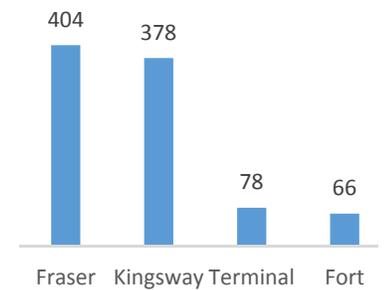


Figure 2: Number of Tests Conducted Throughout Pilot Period

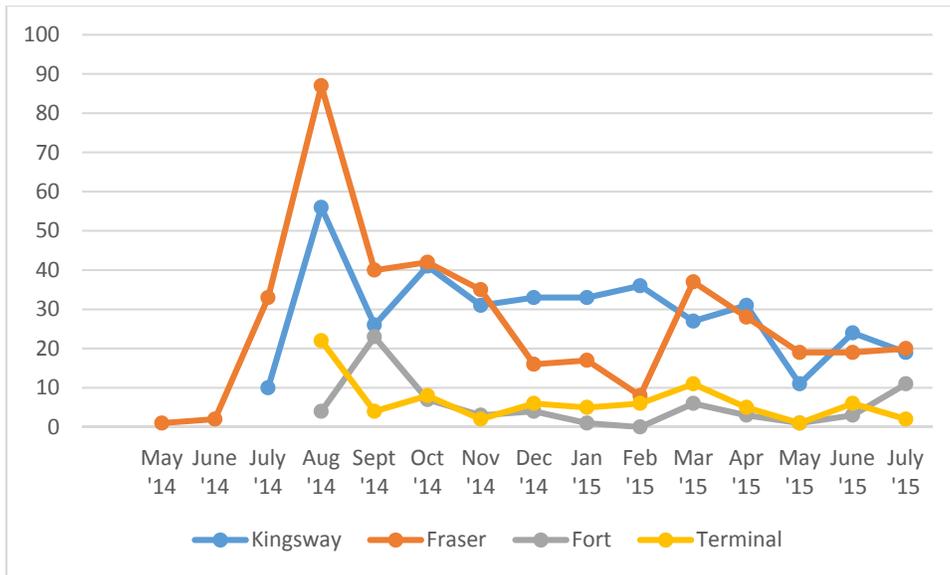


Figure 3: Slopes of Trend Lines of Number of Tests per Month

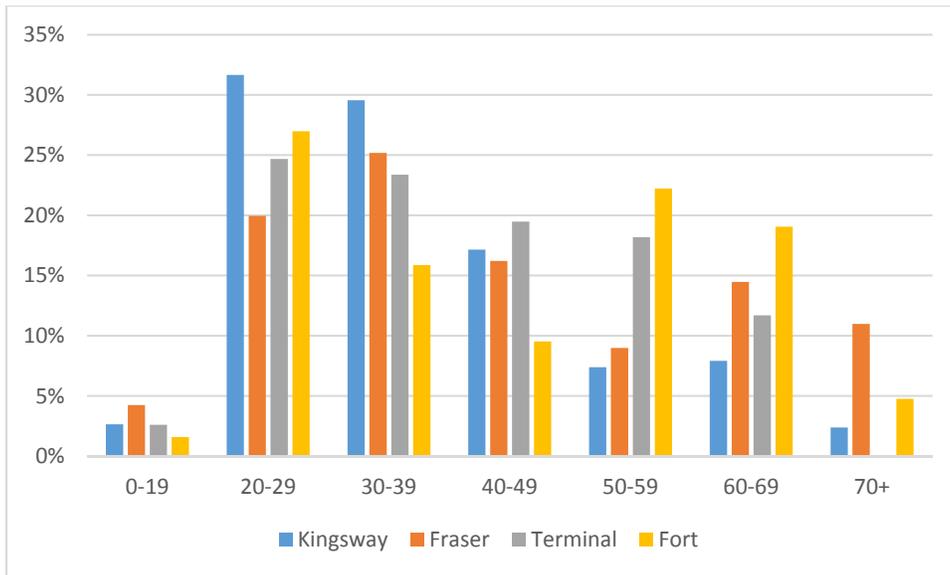
Site	Slope
Kingsway	-1.1
Fraser	-0.6
Fort	-0.5
Terminal	-0.8

Age of POC Clients

The average age of clients across POC sites was 40 years. Across the pilot sites, the average ages ranged from a low of 36.8 years to a high of 44.7 (see sidebar). Figure 4, found on the next page, shows the age distributions of the POC clients across sites. As shown, for three of the pharmacies, the largest proportion of clients was in the 20-29 and 30-39 age ranges. In contrast, in Victoria the largest group of clients was in the 20-29 range; however, the second largest group was in the 50-59 age group. Overall, POC testing attracted people of all ages.

Average Age of POC Clients	
Kingsway	36.8 years
Fraser	43.8 years
Terminal	40.0 years
Fort	44.7 years

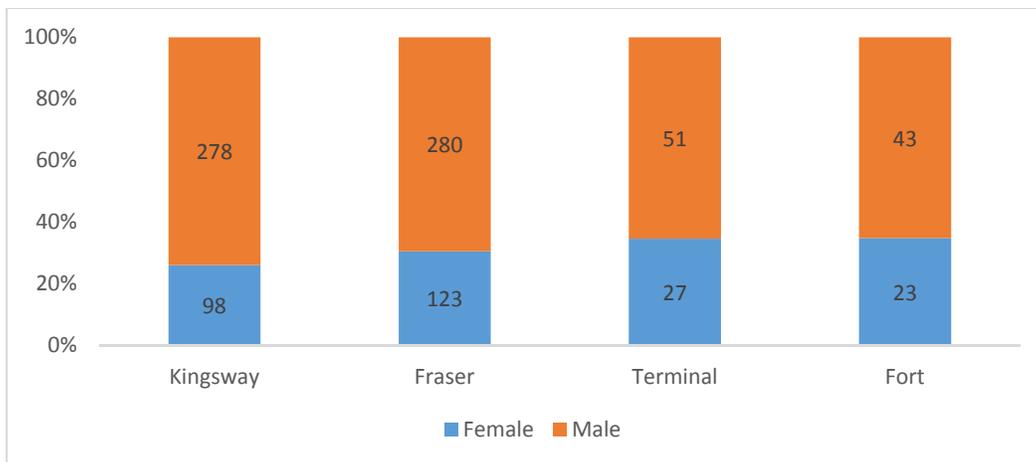
Figure 4: Age Distributions of POC Clients



Gender

As can be seen in Figure 5, there were substantially more male clients than female clients across all sites.

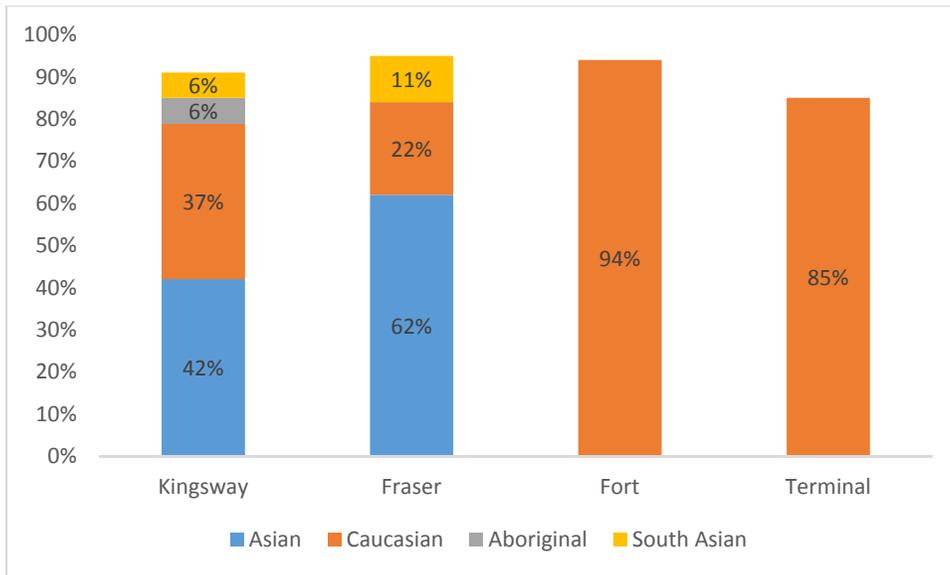
Figure 5: Gender of Clients across Pilot Sites



Ethnicity

Figure 6 shows that the POC clients were more ethnically diverse in Vancouver than on the Island. At Fort, 94% of the clients reported Caucasian ethnicity, and at Terminal, 85% reported Caucasian ethnicity. In contrast, at the two Vancouver pharmacies, the majority of clients reported Asian ethnicity, and at the Fraser pharmacy, they made up a larger percentage of clients. This largely reflects the ethnic make-up of the respective communities.

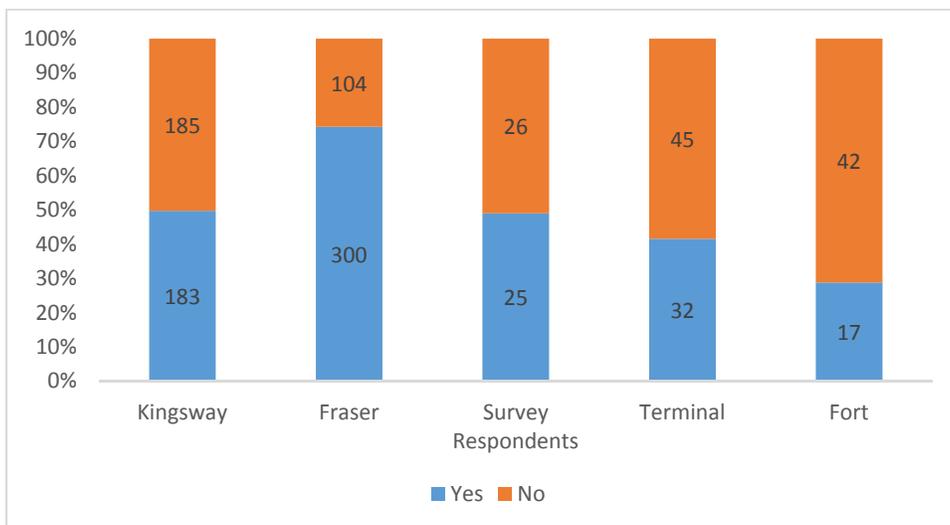
Figure 6: Reported Ethnicity of POC Clients



First-time HIV Tests

Across the full sample of POC clients, there were slightly more clients obtaining their first HIV test than clients who had previously been tested (59% obtained their first HIV test versus 41% who had a previous test); however, there were differences across the sites in the proportion of clients obtaining their first HIV test. As can be seen in Figure 7, Kingsway and the survey respondent groups were the only groups with roughly equal numbers of clients who were testing for the first time. At Fraser, the majority of clients were first time; however, for the majority of clients on the Island, this was not the first HIV test they had taken. Overall, these data show that the pilot attracted both clients who were getting their first HIV test and clients who had previously had an HIV test.

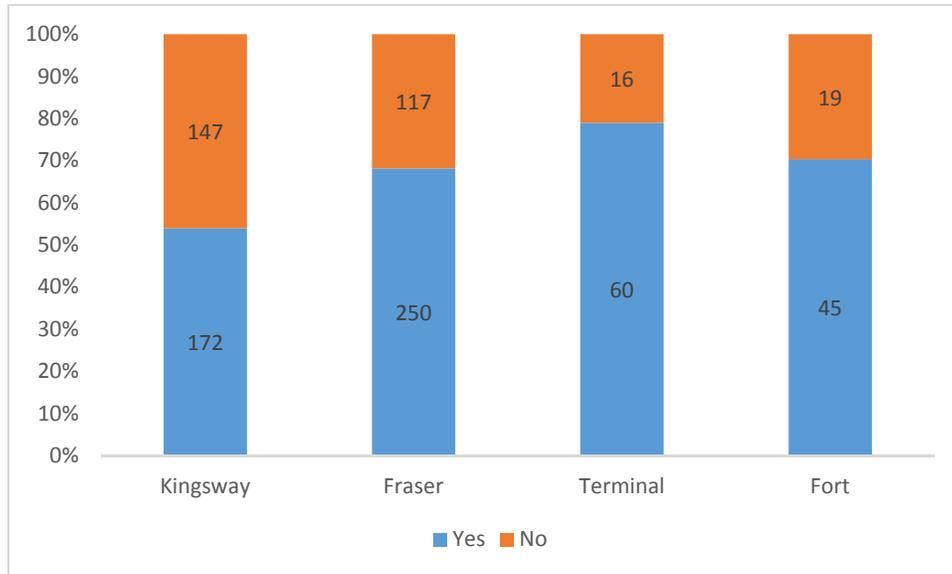
Figure 7: Proportion of First HIV Tests across POC Sites



Attachment to a General Practitioner (GP)

Across the four pilot POC pharmacies, the majority of clients had a GP (64%). When looking at each pharmacy, as can be seen in Figure 8, variations appear. At three of the pharmacies, a large majority of clients had GPs. At the Kingsway pharmacy, although the majority of clients had GPs, they represent a smaller percentage of clients than at the other pharmacies.

Figure 8: Proportion of POC Clients with a GP



Place of Residence

The pharmacists reported that most of the clients were not regular pharmacy customers but came to the pharmacy for testing. The Vancouver locations reported clients from Richmond, Surrey, New Westminister, and Burnaby. The Nanaimo pharmacy reported clients from Port Alberni, Courtney, and even Victoria. Very few clients completing the client feedback survey reported that they knew the pharmacists (2/52), suggesting that pharmacist observations were correct and the POC HIV testing was attracting new clients to the pharmacies.

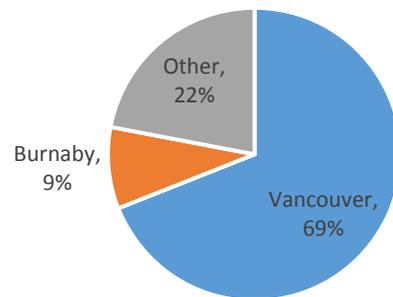


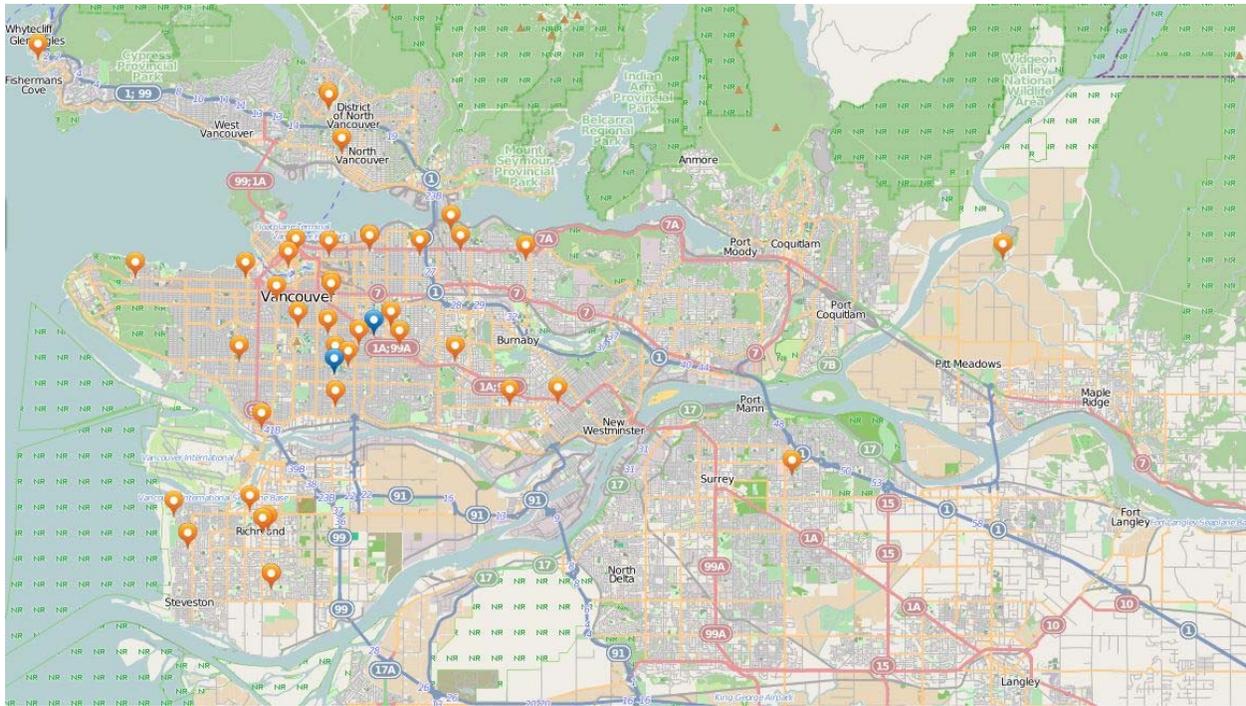
Figure 9: City of Residence of Vancouver POC Clients

Only the Vancouver pharmacists collected information on client place of residence. As we can see in Figure 9, 69% of Vancouver POC clients lived in Vancouver.

Information on place of residence was also collected in the client feedback survey; however, as mentioned, it is only available for Vancouver clients. Figure 10 shows a map of client place of residence and the two Vancouver pharmacies (blue pins). Forty-five out of the 52 respondents provided the postal

codes for their place of residence. Although not shown on this map, one client provided an Abbotsford postal code. This map confirms the pharmacists' observations that clients were drawn from all areas of Vancouver and adjacent municipalities, including North Vancouver, Richmond, Burnaby, Surrey, and Pitt Meadows. It should be noted that there does not appear to be a concentration of clients around the two pharmacies, again supporting the pharmacists' observations that clients were drawn to the pharmacies for the testing.

Figure 10: Location of Clients – Vancouver Pharmacies



Feasibility

Ease of Testing

The interviews with the pharmacists revealed that the POC testing was very easy to add to their practices. On a scale of 1 to 10, with 1 representing very difficult and 10 representing very easy, an average rating of 8.2 was achieved with a range of 7 to 10.

*“It’s a very quick test, so it works well in the pharmacy, it doesn’t take too much of my time.”
(Pharmacist)*

Training

All the pharmacists and pharmacy technicians received a full day of training on the POC HIV test. Training was provided by VCH. Vancouver pharmacists also received another half-day of training as a refresher due to the time lapse between initial training and the beginning of the pilot test. A Vancouver doctor in a co-located walk-in clinic participated in the training as well. All pharmacists reported that

the training was very good. Training was provided in Vancouver and Victoria. Only a few suggestions for improving the training were offered. One pharmacist wanted more information on how the POC test compares to other tests in terms of the window period and accuracy. One person suggested more information on “technical matters” would be helpful, including “tips and hints on drawing blood” from people who are not bleeding or people who are coagulating:

“Those technical issues that the nurses that are more familiar with and probably a few more tips and hints would have been helpful.”

One pharmacist suggested periodic refresher training:

“... maybe a good refresher training in case if the client turns out to be positive, how will you handle it. That is the only thing we probably need a refresher on. From the professional perspective, what needs to be, talk to them, how you would handle it, the different scenarios, and then you are well prepared. Once every six months or once in a year probably. There is a coordinator or HIV nurse who can give us some kind of a mock-up.”

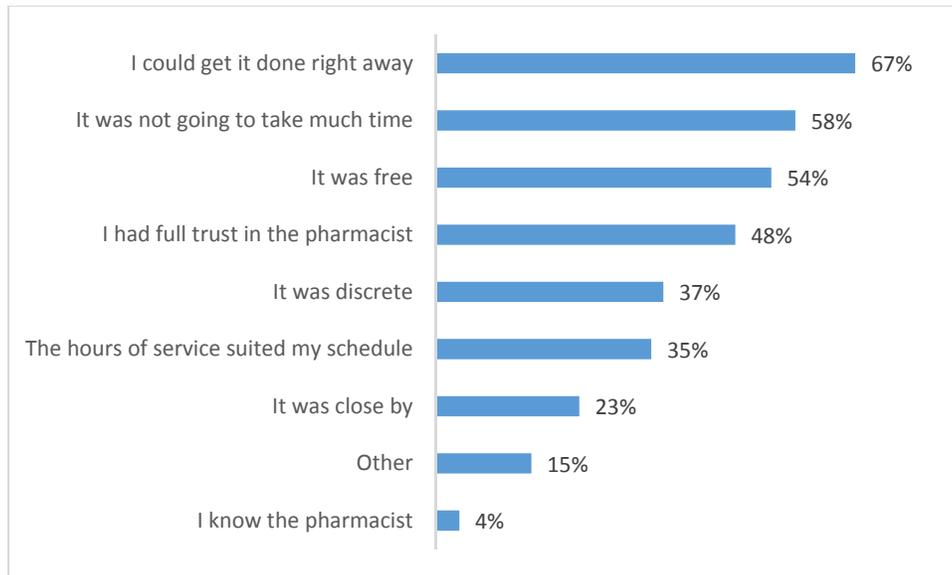
Space Requirements

Only one pharmacy had to undertake renovations to create a private space for the pre- and post-testing discussion. About \$1,000 was spent on renovations. The other pharmacies had private spaces that were appropriate for the testing and discussions. One pharmacist used a room that also was used as the staff lunch room and that required a bit of tidying before clients could be seen.

Reasons for Choosing POC Testing

The pharmacists reported a number of reasons why they believe clients were choosing to have their tests done at the pharmacy. The convenience of not requiring an appointment, of having the test done right away, and the short amount of time it took were mentioned, as was the anonymity of the test. As we can see in Figure 11 below, these reasons also surfaced in the client feedback survey. The top reasons clients selected the pharmacy for their testing were: getting the test done right away, not taking much time, and that fact that it was free.

Figure 11: Reasons Clients Chose Pharmacy Testing



Promotion and Awareness of the Testing

When the pilot test began, the two health authorities jointly issued a press release that was picked up by major media outlets leading to stories in the press and interviews with the pharmacists. The health authorities included the pharmacies in online resources such as the “clinic finder” that provides information on options for obtaining an HIV test. After the initial press release, most of the subsequent promotion was the responsibility of the individual pharmacies. All pharmacists posted signs in their pharmacies and distributed pamphlets to customers. As described by one pharmacist:

“They [the pamphlets] get handed out to anyone that comes into the pharmacy as a customer, so it’s like a bag-stuffing thing.”

All pharmacists also advertised the testing on their websites. VCH also had links to the testing on their websites. One pharmacist with ties to community-based organizations and local physicians also used word of mouth to promote the service. A second pharmacist advertised in the local Starbucks, recreation centres, and the university in that city.

The pharmacists reported that most clients learned about the testing from the initial media attention. Subsequent to that, the pharmacists reported that clients found out about the testing through Internet searches; this was confirmed in the client feedback survey where 80% of respondents indicated they found out about the testing through the Internet.

Benefits for the Pharmacists

The pharmacists mentioned several benefits of the testing. All pharmacists commented favourably on the expanded scope of practice that allowed them to focus on prevention and education. This was seen to be of value for the profession:

“I think for the profession it’s good, it shows that we’re trying to move towards a more patient-centred care, to more patient-focused services. I think it’s a great thing that we’re doing.”

The pharmacists also found this work to be very rewarding as it enabled them to help people in a new way and provided the opportunity to interact with clients in an expanded capacity and to be appreciated by clients, as these quotes reveal:

“I just found that level of trust was very rewarding for us.”

“Well, it added definitely an interesting component to it. I had a few amazing interactions, I have to say.”

“We feel that we are doing a noble job. We are caring beyond prescription and I feel very proud that I am a part of it.”

“I am getting clients all over, and then it’s that they feel so grateful like after you do the test, and then they feel so good.”

One pharmacist remarked that the initiative had resulted in increased awareness of HIV prevention, and another believed the service is better for the health care system as it reduces the workload on other health care providers.

None of the pharmacists believe the POC HIV testing made much difference to the business side of the pharmacy. As stated by one pharmacist:

“In terms of bringing more patients in, usually people just come in for the test, they just leave.”

Proximity to Primary Care Clinics

For the pilot test, the health authorities had wanted to work with pharmacies that were in close proximity to primary care clinics. Among the four pharmacies involved in the pilot test, the proximity to clinics varied with some co-located with clinics and others several kilometres apart. Regardless of the proximity, arrangements were made with the clinics for clients who preliminarily test positive; however, they differed among the pharmacies and some adaptations were made over the course of the pilot test. For example, one pharmacist worked with the clinic and lab to obtain signed requisition forms so clients with preliminary positive tests could go right to the lab to get a confirmatory test. The clinic was to be informed of the test results and that the client was going to the lab.

In Vancouver, each pharmacy was located next to a primary care clinic. If a client had a preliminary positive test, the doctor from the clinic would come to the pharmacy to see the patient. When the clinic was closed, the pharmacist requested contact information from the client and asked the client to come back the next day when the clinic was open to see the physician and do a confirmatory test.

The pharmacists differed in how important they felt it was to be in close proximity to a clinic. Three pharmacists did not think it was necessary as long as a process had been put in place for clients with a preliminary positive test, and two felt it was very important to be in close proximity to a clinic. Since no preliminary positive results were obtained, these views need to be viewed in this context.

Challenges

Although the pharmacists noted a number of challenges, none of them were reported as significant. The most frequently reported challenge concerned the lack of anonymity of the test. As with any

medical device, two pieces of contact information were required in case there was a recall of the device. Pharmacists therefore had to record client names and dates of birth, and this created a difficulty for some clients. Two pharmacists reported that clients (three or four in one case and only one in another) actually walked out when it was revealed that they had to provide their names and birth dates. Clients were under the impression that the testing was anonymous. In response to these reactions, the pharmacists learned how to broach the subject and, if the client showed signs of distress, provided the option of offering initials, which seemed to be acceptable to clients.

Some of the other challenges mentioned were associated with the learning curve of mastering a new set of practices. Among the new tasks pharmacists had to get used to were making patients feel comfortable and getting used to the workflow of the testing protocol. The pharmacists in the Vancouver pharmacies who had higher testing volumes reported that, during busy times, their other work did get backed up. They reported that clients did not seem to mind the 10-minute waits that were sometimes required. The last challenge reported was the challenge of uptake. As mentioned, over time testing numbers varied but showed a small overall decline across sites.

The interviews with the pharmacists revealed that a number of adaptations were made to the testing protocol. For example, the standard testing protocol is for the pharmacist to handle all the equipment, including doing the finger prick on the client. Some pharmacists were supporting patient-assisted finger pricks. When these adaptations were brought to the attention of health authority staff, they were reviewed and discussed with the pharmacists. In future, it should be recognized that adaptations will take place when new practices are introduced, and routine processes should be put in place to review practice and ensure the adaptations are safe and appropriate and are disseminated across the practice community, if warranted.

Suggestions for Improvements

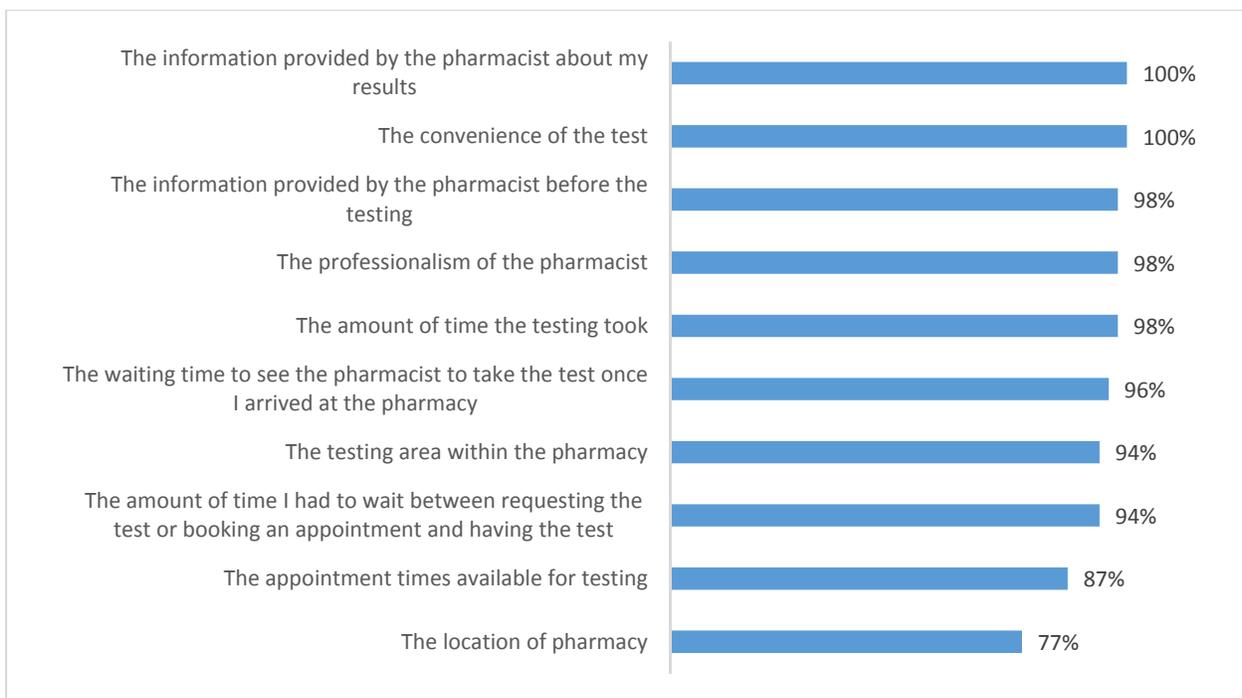
After the initial media support provided by the health authorities, the pharmacists were primarily responsible for promoting this testing option. Further health authority media promotion was not possible until the results of the pilot test were known. As the number of clients declined right after the initial spike, the pharmacists believed this was due to lack of media attention. Not surprisingly, the most frequently reported suggestions for improving the program centred on more media attention, including social media. In addition to this push form of diffusion, one pharmacist suggested doing outreach and offering mobile testing or testing at different sites. It was also suggested that the program could be improved by allowing pharmacy technicians to do the testing, with the pharmacist retaining responsibility for pre- and post-test discussion. It was pointed out that technicians were already participating in other types of testing in the pharmacy and one pharmacy got permission from the HIV nurse to allow the technician to conduct all tests at the same time when the client consented to multiple tests (*"We are pricking the finger and we are taking a couple drops of the blood for the kidney function and then the next drop of blood is used for HIV testing"*). For the pharmacies that had larger client volumes, the use of the technicians was seen as a feasible way to improve client service and reduce client waiting times. Suggestions were also offered to expand the service to more pharmacies. In an effort to support clients who preliminarily test positive, the use of pre-signed lab requisition forms was suggested. As mentioned, one pharmacy was able to work with their clinic and lab and have signed forms on site.

In conclusion, all pharmacists found the POC HIV testing to be very feasible and were pleased with the benefits the testing provided.

Acceptability of Testing

As mentioned, client feedback was obtained only from Vancouver clients during the months of June and July 2015, about one year after the pilot was first implemented. None of the Island clients chose to complete the client feedback survey. Responses were obtained from 52 Vancouver clients, which represents a response rate of 64%. Overall, clients completing the client feedback survey rated the service as very high quality. As shown in Figure 12, clients were very satisfied with all aspects of the testing. The aspect receiving the lowest satisfaction rating was the location of the pharmacy; however, even this aspect was highly satisfactory to 77% of clients.

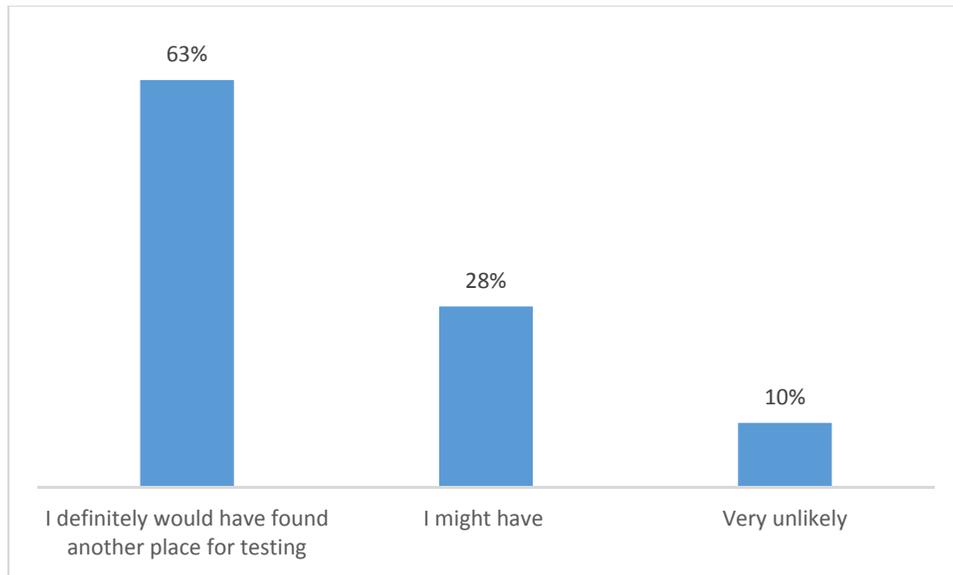
Figure 12: Percentage of Clients Reporting Being Very Satisfied



Almost all respondents reported they would be “very likely” to return to this or another pharmacy if they wanted another HIV test (92% of respondents). One hundred per cent of respondents agreed that providing POC HIV testing in pharmacies is a very valuable service. No one indicated that “it is a good service but it is not important for it to be offered at a pharmacy” or that “it is not a very useful service.”

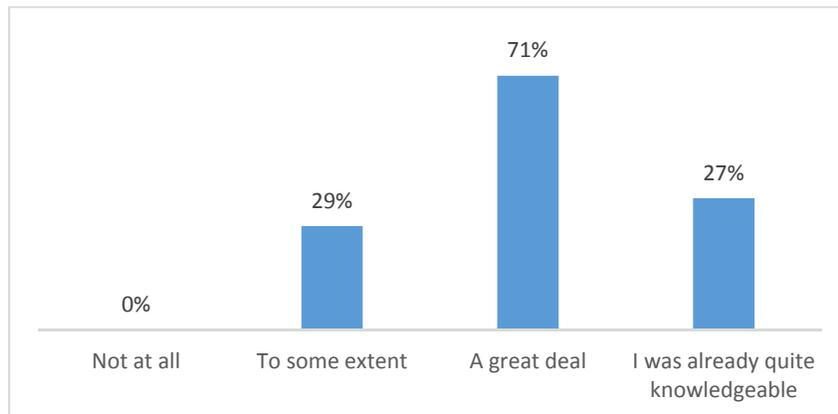
When asked how likely they were to be tested elsewhere if testing was not available at a pharmacy, about two-thirds of respondents indicated they “definitely would have found another place for testing,” as shown below.

Figure 13: Likelihood of Testing Elsewhere



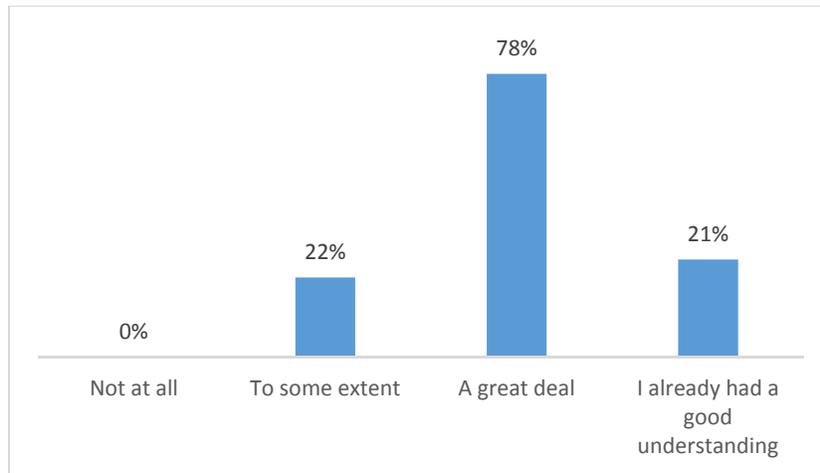
All respondents who were not already knowledgeable about HIV prevention prior to their POC HIV test reported that the testing discussion with the pharmacist increased their knowledge of preventing HIV infection (71% indicated their knowledge had increased “a great deal,” and 29% indicated it increased “to some extent”). Twenty-seven per cent of respondents indicated they were already quite knowledgeable, as seen below in Figure 14.

Figure 14: Ratings of Increased Knowledge of HIV Prevention



Similarly, of respondents who did not report being knowledgeable about the importance of HIV testing prior to their POC HIV test, all reported increasing their understanding of the importance of HIV testing, with the majority (78%) reporting their knowledge had increased “a great deal,” as can be seen in Figure 15.

Figure 15: Ratings of Increased Understanding of Importance of HIV Testing



Costs

The budget for the pilot test was \$46,000, which was provided by Island Health. This money was used for purchasing testing kits for the Island pharmacies, compensating pharmacists for their time conducting the tests, and supporting an external evaluation. In-kind funding was also provided by VCH for training, and both health authorities provided in-kind staff support for the initiative (project management, communications, and data support), as did other partners. The pharmacists spent an estimated \$4,800 on marketing, promotion, and renovations. The Provincial Health Services Authority provided the testing kits for Vancouver pharmacies through their HIV Point of Care Testing program.

Overall, the costs of providing POC HIV testing in pharmacies would include:

- \$15 per test to compensate pharmacists for their time;
- \$16.65 per testing kit (based on the amount paid by Island Health at the time of the pilot);
- training costs for trainers, pharmacists, and physicians to attend training;
- project oversight, management, monitoring and evaluation; and
- communications/marketing support.

Additional costs could also be borne by pharmacies for marketing, promotion, and renovations.

Limitations

There are several limitations that need to be considered. First, although we had planned on comparing POC clients with clients obtaining HIV tests at other venues, we were unable to obtain full and meaningful comparison data. We are therefore unable to describe how POC clients compare to other clients obtaining an HIV test. Second, we were unable to obtain any client feedback data for Island clients and cannot say whether or not Island clients were as satisfied with the service as Vancouver

clients. Third, we do not know how the Vancouver client feedback survey respondents compare to the population of Vancouver POC clients. For example, we cannot say if the majority of Vancouver POC clients live outside the LHAs of the two pharmacies or if this is an artifact of the period in which the survey was implemented. While client satisfaction with the service is likely generalizable to all Vancouver POC clients (i.e., there is no reason to believe the provision of service changed over the pilot period), we cannot say with certainty that the location of clients was consistent across the pilot period. It is possible that, in the initial months, more clients from the pharmacy LHA were tested and, as time passed, this population was saturated and POC clients were drawn from further away. Nonetheless, it is clear that the POC testing did attract clients from across the Lower Mainland.

Summary and Conclusions

Data obtained from pharmacists and Vancouver POC clients clearly indicate that POC HIV testing in pharmacies is feasible for pharmacists and acceptable to clients. No major challenges were reported by pharmacists in providing the service other than initial challenges associated with becoming proficient in a new area of practice and client reluctance to providing their names and dates of birth. The training was reported as good, and at least one pharmacist thought that refresher training would be helpful.

Clients at the Vancouver locations who responded to the client survey were very satisfied with the service. The most frequent reasons cited for selecting the pharmacy were getting the test done right away, not taking much time, and that fact that it was free. The aspect of the testing that received the lowest satisfaction ratings was the location of the pharmacies. Vancouver POC clients lived throughout the Lower Mainland, coming from the North Shore, Richmond, Vancouver, Burnaby, Pitt Meadows, Surrey, and Abbotsford, with the majority living in Vancouver. The majority of POC clients were male, had a family doctor, and were on average 40 years of age. In Vancouver, the majority of clients reported Asian ethnicity; on the Island, the majority reported Caucasian ethnicity. There were differences across the pharmacies in the proportion of clients obtaining their first HIV test. At Kingsway, POC clients were almost equally likely to be getting their first or repeat test; at Fraser, 74% were obtaining their first HIV test. On the Island, the majority of clients were not having their first test, 58% in Nanaimo and 71% in Victoria. For clients not already knowledgeable about the benefits of testing and HIV prevention, the POC testing increased their knowledge of both.

In conclusion, this pilot test has shown that the provision of POC HIV testing is acceptable to clients. Clients across all age groups used the service. In Vancouver, the POC testing drew clients from across the Lower Mainland. In all three cities, the majority of clients already had family doctors, and the service attracted clients who were obtaining their first and repeat tests. Pharmacists also see POC testing as a feasible and valuable service as it expands their scope of practice and provides another venue for education on HIV.