

Evaluation of Barriers and Facilitators to Providing Point-of-Care HIV Screenings in the Community Pharmacy Setting

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Abstract

Background/Objectives: The objectives of this project are to: 1) identify the challenges to offering point-of-care HIV screenings in a community pharmacy setting and 2) assess pharmacist' satisfaction levels in all components of the point-of-care HIV screening project. Beginning in January of 2019, twelve pharmacies in the state of Iowa began offering point-of-care HIV screenings to patients in their communities at no charge through the support and oversight of the Iowa Pharmacy Association (IPA) in collaboration with the Iowa Department of Public Health (IDPH). The ability to offer point-of-care testing, such as HIV screenings, in the community pharmacy setting may allow for an expansion of patient care services, especially in settings with limited access to health care. Often, HIV is diagnosed well after initial infection once the disease has had time to progress and the patient has become more ill. Expanding patient access to screening services by offering them in settings such as community pharmacies could decrease late diagnoses and improve long-term health.

Methods: This study will use brief surveys and semi-structured interviews of participating pharmacists to address the study objectives. Online surveys will be distributed via email to pharmacists at the twelve participating pharmacy locations who have received training to participate in the HIV screening program. The survey questions will assess training, resources required, and how HIV screening services fit into pharmacy workflow. Survey questions will be formulated as yes/no, text entry, and using agreement scales. Following submission of the surveys, a video conference interview with the site champion at each pharmacy will be conducted. The site champions include 11 pharmacists and 1 registered nurse. These interviews will be recorded and transcribed. The interviews will expand upon the survey responses to assess challenges that were identified prior to, and during the screenings, and assess strategies to overcome barriers. The transcripts will be coded to sort comments into topic categories and representative quotes will be selected. The survey and interview data will be used to summarize the range of participant experiences, describe how barriers were addressed, and provide evidence for the sustainability of HIV screening services. Adjustments were made after difficulty scheduling zoom or phone interviews with the participating pharmacists, and a second survey was developed to gather similar information to an interview. Additionally, the data will be used to identify areas for improvement. These analyses could then be applied to similar point-of-care testing in the community pharmacy setting.

Results: Pharmacists with varying backgrounds, education, and experiences all reported feeling comfortable providing point-of-care HIV screenings to patients in their communities. Some barriers to offering this service were identified; marketing, time, and patient interest being the main components; and identification of these barriers would allow for them to be overcome to continue to provide this and other point-of-care screening services in the community. Participating pharmacies have already taken some action to overcome the challenges they identified and continue to successfully offer point-of-care HIV screening at their locations.

Conclusions: The results of this study will be significant to patient care because successful integration of point-of-care screenings in the community setting increases patient access to care and improves public health outcomes.

Introduction

Beginning in 2018, the Iowa Pharmacy Association (IPA), in partnership with the Iowa Department of Public Health, partnered with 13 community pharmacies in Iowa to offer free HIV screenings to patients.¹ The HIV screenings began in January of 2019 following the project development and training provided by the IPA. The mission of the project was to implement a community pharmacy-based HIV screening and referral program that fully utilizes the knowledge and expertise of community pharmacists to improve the health of at-risk patients and the community in a safe and cost-effective way. The HIV screenings consisted of an education prior to and following the completion of the screening, a finger-stick to gather a blood sample using an INSTI HIV-1/HIV-2 test. Following completion of the screening, the pharmacies completed a case report and a referral as appropriate. These steps are laid out in table 1 below.

| Table 1: Point-of-Care HIV Screening Steps |
|---|
| Step 1: Explain information brochure to the patient |
| Confidential vs. anonymous |
| Screening vs. confirmatory |
| Negative vs. reactive |
| Step 2: Complete HIV Information and Testing Agreement |
| <i>Use minor consent form in the patient is 15-17 years of age</i> |
| Step 3: INSTI HIV-1/HIV-2 test |
| If positive, proceed to step 4 |
| If negative, proceed to step 6 |
| Step 4: Complete rapid-HIV screening case report form |
| Form provided and required by the Iowa Department of public health |
| Step 5: Active referral/Coordination of confirmatory testing agreement |
| Preliminary positive test results are then referred to an IDPH-funded test site |
| Step 6: Referral Card |
| Given for both reactive and negative |
| Includes active referral if reactive |

In 2013, Gubbins, et al. examined point-of-care testing for infectious diseases in the community pharmacy setting to expand pharmacy practices.² For many patients, especially in underserved communities, the pharmacist is their most accessible healthcare provider. Offering point-of-care testing, such as HIV screening, in the community pharmacy setting could lead to earlier detection and improved disease state management. The barriers identified in this review included a lack of pharmacist training for testing administration and lack of outside recognition regarding the value of pharmacy-based services.

A similar pilot project published in 2014 implemented HIV testing services in community pharmacies and retail clinics serving members of urban and rural communities.³ Twenty-one sites participated and at the end of the project, 17 sites planned to continue offering testing services with plans to utilize support from health departments or other organizations. The results from this pilot study indicated that there is a place for HIV screening services through community pharmacies, and potentially extended access to communities without already existing services.

In 2019, Iowa reported 98 diagnoses of HIV in the state. While this is the lowest number reported since the number peaked in 2016, 20% of these reported diagnoses were identified as “late testers”, or

someone who is diagnosed with AIDS within 3 months of their initial diagnosis. Though the numbers have been decreasing in recent years, the availability of services such as testing and counseling in the community pharmacy setting may allow Iowa to decrease these numbers even further. The expansion of patient-care services in the community pharmacy setting could decrease the number of patients whose HIV diagnosis is late and could be applied to additional disease to improve patient care.

This project will use brief surveys and semi-structured interviews of the pharmacists at the 13 Iowa pharmacies who have participated in the HIV screenings since initiation of the screenings in January of 2019. The goal is to identify barriers related to training, marketing, workflow, counseling, and conducting the screenings. In addition to the identification of the barriers, interviews will include probing the ways these pharmacies were, or were not, able to overcome the challenges to provide a successful service. The sustainability of this service will be established by determining common barriers and what methods were successful in overcoming those challenges, as well as evaluating how the services fit into and expand current patient-care workflow. Additionally, the interview with the participating pharmacists will allow for the assessment of the comfort levels both for screening administration and patient counseling. The pharmacies participating in the HIV screening are in clinics as well as standalone community pharmacy locations. This variation may allow for investigating how differences in the settings contributes to the different barriers encountered during the screenings.

This project is significant to improving patient care because determining the barriers and facilitators of point-of-care screening in the community pharmacy setting both allows the pharmacist to practice at their full potential and increases patient care access. For many patients, a community pharmacist is the main healthcare provider they have access to. This is especially true in rural or underfunded communities. By combining education on various disease states and medications, including HIV treatments and prevention, with the training to conduct point-of-care testing, pharmacists have the unique opportunity to increase early disease detection and provide additional education to patients who are at-risk. The feasibility of the currently offered HIV screening in these community pharmacies could additionally be expanded to other types of point-of-care testing, allowing for the continued expansion of patient care services in various community pharmacy settings.

Objectives

The objective of this study is to 1) identify challenges and facilitators to offering point-of-care HIV screening in a community pharmacy setting and 2) assess pharmacist comfort levels in all aspects of the project – training, testing, and patient education, and counseling.

Methods

Setting: Twelve community pharmacies throughout Iowa are participating in the HIV Screening project with the Iowa Pharmacy Association (IPA) and Iowa Department of Public Health (IDPH). Nine of these pharmacies are standalone community pharmacies and three are located within healthcare facilities – two affiliated with major hospital systems and one with a health center. Most of the pharmacies involved in the study are in northeastern Iowa counties: Black Hawk, Bremer, Fayette, and Winneshiek counties. Three participating pharmacies reside in the southern Iowa counties of Cass and Marion. Comparatively, these counties reported varying prevalence of HIV disease in the 2019 report, with Black Hawk county having the highest prevalence. Black Hawk county is also the county with the largest number of participating pharmacies – 5 out of 12.

Participants: Each participating site identified a “site champion” in the project with the Iowa Pharmacy Association. The contact information for that practitioner was provided by the IPA, and possible participants were contacted directly via email. One champion declined participation due to being new to the site and the project, however an additional contact was made for that pharmacy to still allow them participation. Any member of the pharmacy team who had completed the point-of-care HIV screening training through the IPA were eligible to complete the surveys.

Final participants included 7 pharmacists (table 2). The participating pharmacists are in positions including clinical pharmacist, pharmacy manager, pharmacist-in-charge, and co-owner; six of the seven pharmacists hold a Doctor of Pharmacy degree and have been in practice for over 10 years.

| Table 2: Demographics | |
|--|---|
| Current Position | |
| Clinical Pharmacist | 3 |
| Pharmacy Manager/ Pharmacist-in-Charge | 3 |
| Co-Owner | 2 |
| Degree | |
| Doctor of Pharmacy | 6 |
| Registered Pharmacist | 1 |
| Years in Practice | |
| <10 | 1 |
| 10-20 | 5 |
| >20 | 1 |

Design: The initial survey was created specifically for this project through Qualtrics and distributed electronically to each of the participating pharmacies via contact information provided by the IPA. The survey (Appendix A) consisted of thirteen questions and was developed to be fully anonymous.

The goal at each site was for the survey to be completed by the site champion, as well as any other pharmacists or pharmacy team members trained in conduction of the HIV screenings and counseling. The surveys are to be completed prior to a scheduled interview.

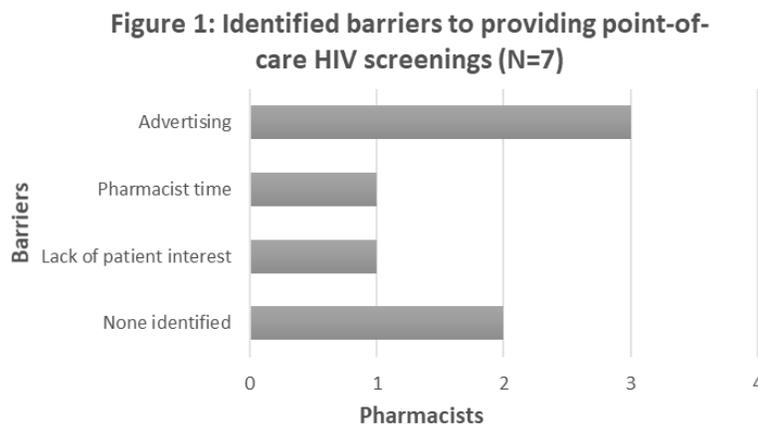
The interview questions planned to be structured around the survey questions to further build upon the information collected through the responses. However, when the initiation of COVID-19 vaccinations was added to many pharmacies’ workflows, the ability to complete formal interviews was significantly diminished. To combat this, a second Qualtrics survey (Appendix B) was created to allow survey respondents to expand upon their initial survey responses on their own time. The second survey consisted of four fill-in-the-blank questions. These four questions took the main challenges identified – pharmacist time and scheduling and advertising abilities – as well as the responses relating to comfort levels and assessed what adjustments were made to overcome those challenges. At this time, no responses have been received through the second survey.

The information collected through the initial survey has been compared and analyzed across the different locations and practice settings for themes regarding the barriers and facilitators to offering HIV screenings. Additionally, the information will then be used to assess the viability of offering continued HIV screenings or similar services in the community pharmacy setting.

Results

Objective 1: Identification of challenges to providing point-of-care HIV screening services in a community pharmacy setting.

At the initiation of any new service, it is common to identify challenges or barriers to successfully implementing that new product or service. The provision of point-of-care HIV screenings in community pharmacies being no exception. The IPA project is grant funded, allowing for the participating pharmacies to have access to the required testing kits and supplies and offer the screenings at no charge to their patients without being required to find the funding to do so. However, even with the financial barrier removed for both the pharmacies and the patients, there were additional challenges that pharmacies needed to overcome. Figure 1 (below) shows the breakdown of barriers that were identified by pharmacists. Although 2 (28.6%) of pharmacists reported having no barriers to providing point-of-care HIV screenings, 5 (71.4%) did identify some sort of challenge. The most reported challenge related to the ability to advertise the new service. Some pharmacies did utilize platforms such as social media, radio, news media, and printed materials in the pharmacy to reach members of their surrounding community. Other identified barriers included pharmacist time/fitting the screenings into pharmacy workflow, and patient interest. A lack of patient interest could be directly related to a lack of marketing abilities, in those patients who would have been interested in the screenings may have not known they were available to them.



The ability of pharmacies to fit point-of-care HIV screenings into their workflow is crucial to their ability to offer this service in their practice site. Requiring patients to wait or draw attention to their request could hinder the patients' interest in completing the screening at a location, as the stigma surrounding HIV is still strong. Some of the responding pharmacists had not completed any point-of-care screenings at their practice site, however those that had completed them reported each step of the screening process taking less than 10 minutes, with four out of five reporting it to take less than 5 minutes. This would mean the entire process often takes less than 20 minutes to complete. At least one participating pharmacy utilized an online scheduler to allow patients to privately schedule their appointments ahead of time. In addition to ensuring the patients were offered complete privacy from start to finish, this also allowed the team members to be prepared for the screening and fit it into their daily workflow. Despite the challenges identified above, participants all reported feeling that their pharmacies had the abilities to offer patients privacy, fit the screening into their daily workflow, and to appropriately market the screening service to members of their communities.

Objective 2: Assessment of pharmacist comfort levels in all aspects of the project – training, testing, patient education and counseling.

Participating pharmacists evaluated both the training that was provided by the IPA prior to project initiation (table 3), as well as their own comfort levels at each stage of the screening (table 4). Of the 7 responding pharmacists, the majority them felt that the training they were provided was sufficient. Training was conducted in-person by members of the IPA and the IDPH at a neutral location away from the pharmacy. Though not all team members were available to attend this in-person training, the pharmacy team members who did attend were then able to return to their practice sites and pass the training along to other team members. Additionally, a binder was provided to each participating pharmacy that included project background, the appropriate paperwork, instructions for completing the screenings, and community resources. Members of the IPA continued to be available after screening initiation to continue to provide support and answer questions.

| Table 3: Evaluation of the provided training (N=7) | |
|---|---|
| Preparation of the testing area | |
| Needed more training | 1 |
| Right amount of training | 6 |
| Pretest education and documentation | |
| Needed more training | 0 |
| Right amount of training | 7 |
| Specimen collection and handling | |
| Needed more training | 0 |
| Right amount of training | 7 |
| Test result interpretation | |
| Needed more training | 0 |
| Right amount of training | 7 |
| Counseling on results | |
| Needed more training | 3 |
| Right amount of training | 4 |

When asked about counseling on results, nearly half of the participating pharmacists (42.9%) did report feeling that they needed more training on that aspect. The results surrounding the training assessment correlated to the comfort level results, with nearly all (85.7%) of participants reporting feeling somewhat or extremely comfortable at each step. The steps assessed included the conduction of the point-of-care screening, the explanation of screening results, and the provision of patient education. Although some pharmacists felt they could have used more training on counseling, this did not correlate to their self-assessed comfort levels providing that patient education.

| Table 4: Assessment of pharmacist comfort levels. (N=7) | |
|--|---|
| Comfort level: Conducting point-of-care screening | |
| Somewhat uncomfortable | 1 |
| Somewhat comfortable | 4 |
| Extremely comfortable | 2 |
| Comfort level: Explaining results | |
| Somewhat uncomfortable | 1 |
| Somewhat comfortable | 4 |
| Extremely comfortable | 2 |
| Comfort level: Providing patient education | |
| Somewhat uncomfortable | 1 |
| Somewhat comfortable | 5 |
| Extremely comfortable | 1 |

The correlation between the data above, however, did not correlate with the previous experiences and educations of the participating pharmacists (table 5). Of the seven responding pharmacists, five (71.4%) reported having no prior HIV-focused education. Applicable educations included continuing educations, webinars, self-teachings, or education provided by colleagues. As shown in table 5, one pharmacist reported having some continuing education relating to HIV and one pharmacist reported receiving education from colleagues. Upon further expansion, the education received from colleagues was based on the in-person training provided by the IPA prior to project initiation.

| Table 5: Number of pharmacists reporting prior education and experiences (N=7) | |
|---|---|
| HIV-Focused Education | |
| None | 5 |
| Education from colleagues | 1 |
| Continuing Education | 1 |
| Point-of-Care Testing Experiences (Select all that apply) | |
| None | 3 |
| Hgb-A1C | 2 |
| INR | 3 |
| Rapid Strep | 1 |
| Rapid Influenza | 1 |

Regarding previous experiences, 3 out of 7 pharmacists reported having no prior point-of-care testing experiences before the initiation of the IPA HIV Screening project, while some pharmacists reported having multiple types of point-of-care testing experience. This broad range of experiences is like the varying demographics of the participating pharmacists are previously listed.

Discussion:

The information gathered relating to both pharmacists' comfort levels and the perceived abilities of their pharmacies to continue to offer point-of-care HIV screening services indicates that this service could not only be continued beyond the completion of the IPA project, but also indicates that community pharmacies could expand this to other point-of-care testing services. Pharmacists of different backgrounds, community settings, and experiences all stepped up to participating in this project and bringing this testing resource to their community. Despite these differences, many of the surveyed pharmacists reported that themselves and their pharmacy team comfortable and capable to provide this screening service. The ability to identify the different backgrounds of the participating pharmacists is important to supporting other pharmacists in their abilities to initiate similar services at their pharmacies.

Though barriers such as marketing, time, and interest were all identified; the surveyed pharmacists did all feel that their pharmacy could overcome those challenges. Utilizing resources provided by the IPA, IDPH, and the CDC, as well as outlets such as local news and social media, community-based pharmacists can spread the knowledge of their abilities to offer the point-of-care screenings at no charge to any members of their communities. Using social media increases likelihood that word of the services would be able to reach beyond the local communities and into areas that may have more limited access to healthcare providers. Pharmacists are in a unique position within their communities that they have the ability and knowledge to significantly expand patients' access to point-of-care testing services such as the HIV screening services. June 27th is National HIV Testing Day. The IPA has provided participating pharmacies with additional marketing materials to highlight their abilities to offer these screenings surrounding that. As more and more people are getting vaccinated and becoming more comfortable going back into stores and day-to-day life, this platform is an excellent opportunity to the pharmacies to remind their communities of the services they provide.

One factor that may contributed to patient interest is the stigma that still surrounds HIV. To overcome that, all the pharmacies surveyed reported being able to offer their patients privacy to speak with the pharmacist and conduct the screening. At least one participating pharmacy utilized a secure online scheduler, using only the patients initials, and with instructions to arrive at the pharmacy and ask to speak to the pharmacist in a counseling room. This workflow development added an extra layer of privacy to the patients to make them more comfortable coming in for the screening. If these screening services would be expanded to additional pharmacies, patients would have the option of going to a nearby pharmacy if privacy is a concern of theirs at the local pharmacy.

Additional barriers came in the form of the COVID19 pandemic and vaccination efforts, as both pharmacists' abilities to see patients face-to-face became limited and their schedules became busier. Many community pharmacists stepped up to play a large role in the COVID19 vaccination efforts in their communities. Doing so often limited their available time in the pharmacy as well as their responses to the data collection surveys sent out.

With the recent passing of test-and-treat legislation in Iowa, supporting local pharmacies in their abilities to offer point-of-care screenings has become even more important. Many Americans have easier access to their local pharmacists than they might have to a physician, with the ability to walk in and ask questions or be seen without an appointment. Pharmacists are well equipped to educate patients and the data collected through these surveys has shown that in this setting as well. Based on responses received from the participating pharmacists, indicates that pharmacies can continue to grow

and expand these efforts into other pharmacies and to include other services, which will additionally be supported as protocols are created based on the new test and treat legislation.

Conclusion:

Pharmacists in the community setting are well equipped and fully capable to provide services such as point-of-care HIV screenings to members of their community. As indicated by the current participating pharmacists, they reported feeling comfortable and prepared following a single, in-person, training session provided by the Iowa Pharmacy Association and the Iowa Department of Public Health, despite differences in previous educations and experiences. This is a strong indicator that more pharmacists across the state of Iowa would be well prepared to offer these services in their pharmacy settings as well and allow us to continue to expand patient's access to crucial healthcare services.

Though challenges were identified, the surveyed pharmacies have taken steps to overcome those barriers with the support of the IPA and will continue to do so. The project is being expanded to include Hepatitis C screenings at one pilot pharmacy now. As CDC screening recommendations for hepatitis C have broadened to include everyone over the age of 18 be screened at least once in their lifetime, this is another service that could be incredibly beneficial for communities.

Pharmacists' unique placement and involvement within their communities, as well as their knowledge and skill sets, make them a crucial partner in the expansion of healthcare services. The positive responses received through this survey and the success of the IPA HIV Screening project both support that and support the continued growth of services provided in the community pharmacy setting.

Sources

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3. Weidle PJ, Lecher S, Botts LW, et al. HIV testing in community pharmacies and retail clinics: A model to expand access to screening for HIV infection. *J Am Pharm Assoc.* 2014; 54:486-492. doi: 10.1331/JAPhA.2014.14045
4. IDPH Bureau of HIV, STD, and Hepatitis. State of Iowa HIV disease end-of-year 2019 surveillance report. June 2020.

Appendix A: Initial Survey

Point-of-Care HIV Screening in Community Pharmacies

Thank you for your interest in providing feedback about the Iowa HIV screening in Community Pharmacies initiative through the Iowa Pharmacy Association and the Iowa Department of Public Health.

This evaluation survey is being sent to all pharmacy participants and with a small group, every response is important to understanding what went well and what could be improved as we look to sustain and potentially expand the service.

Your responses are anonymous, and you can skip any items you would rather not answer. If there are any additional questions, please feel free to contact me via email at madison-mcdonald@uiowa.edu or by phone Monday-Friday at Greenwood Pharmacy 319-234-6673 and ask for Madison.

Thank you for your consideration and for engaging with this important service.

Q1: Prior to the start of this project with the Iowa Pharmacy Association, what, if any, training specific to HIV treatment, education, or screening had you completed?

Q2: Please rate the amount of training provided by the IPA for the HIV screening project for the following steps of the screening procedure:

| | Needed more training | Right amount of training | Too much training |
|--------------------------------------|-----------------------|--------------------------|-----------------------|
| Preparation of the testing area | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pre-test education and documentation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specimen collection and handling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Test result interpretation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Counseling on results | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q3: Please describe your pharmacy's ability to complete the following at the beginning of the project:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Fully able to fit screening into pharmacy workflow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fully able to offer patients privacy during scheduling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fully able to offer patients privacy during the screening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fully able to market screening services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q4: Please describe your pharmacy's ability to complete the following at the current stage of the project:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Fully able to fit screening into pharmacy workflow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fully able to offer patients privacy during scheduling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fully able to offer patients privacy during the screening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fully able to market screening services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q5: Please describe your personal comfort level for the following:

| | Extremely comfortable | Somewhat comfortable | Neither comfortable nor uncomfortable | Somewhat uncomfortable | Extremely uncomfortable |
|--|-----------------------|-----------------------|---------------------------------------|------------------------|-------------------------|
| Conducting point-of-care screenings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Explaining the results of each screening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing patient education before, during, and after each screening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q6: To date, how many total point-of-care HIV screenings has your location completed?

Q7: To date, how many reactive point-of-care HIV screenings has your location completed?

Q8: On average, how long has each step of the point-of-care screening taken to complete?

| | <5 minutes | 5-10 minutes | 11-20 minutes | >20 minutes |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Pre-test education and documentation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Test set up | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specimen collection and test completion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Test result interpretation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Post-test education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q9: Prior to initiation of the HIV screening project, what types of point-of-care testing do you have experience with?

- Hemoglobin A1C Monitoring
- INR Monitoring
- Rapid Strep Test
- Influenza Test
- Covid-19 Test
- No prior point-of-care testing
- Other: _____

Q10: In which of the following areas, have you had challenges to completing point-of-care HIV screenings?

- Advertising/Marketing of the screening
- Access to testing kits
- Pharmacist time for appointments
- Storage of Testing kits
- Ability to offer patient privacy
- Providing patient education
- Other: _____

Q11: What degree(s) do you hold?

Q12: What is your title/position at your current place of employment?

Q13: For how many years have you worked in the community pharmacy setting?

Appendix B: Follow-Up Survey

Point-of-Care HIV Screening - Challenges and Adjustments

Thank you for completing our previous survey regarding your experiences. As vaccine initiatives have recently rolled out, as well as the continued expansion of COVID-19 testing access, we understand that there have been many changes to day-to-day workflow within pharmacies and clinics.

In response, and in lieu of a scheduled zoom interview, I hope that you will utilize this free-response anonymous survey to expand upon a few challenges identified through our initial survey.

As with the previous survey, your responses will remain anonymous and are voluntary. Thank you in advance for helping us gather information on the challenges that you and your practice site have experienced since initiating HIV point-of-care screenings.

Please reach out to Madison McDonald at madison-mcdonald@uiowa.edu if there are any questions regarding these two surveys.

Q1 Briefly describe how your site provided scheduling opportunities to patients for HIV point-of-care screening appointments.

Q2 Briefly describe how you site advertised the availability of point-of-care screening services.

Q3 Briefly describe any changes you made to increase your comfort offering counseling and screening services.

Q4 Briefly describe any adjustments you made to your workflow that improved your ability to offer point-of-care HIV screening services.