Testing Priorities and Triage

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For the past several years, demand for HIV antibody testing at state-funded sites has been overwhelming. This is true largely because of two events. First, basketball star Magic Johnson disclosed his HIV infection in 1991 and brought unprecedented awareness to antibody testing. Second, in 1997, the state conducted an outreach campaign that encouraged people to “Get Tested.” Increased volume—in some areas demand quadrupled—was seen initially as a sign of the success of testing programs to reach out into many communities and test as many people as possible.

However, policymakers are now scrutinizing the benefits of such widespread testing and counseling, based in part on the expense of such programs as well as the belief that many people are testing needlessly. They argue that these factors are draining resources and inhibiting programs from meeting their central purpose: screening clients who have engaged in behaviors. Because they have this information at the outset of the session, counselors have more time to intervene and assess client’s needs.

California’s Triage Plan

In anticipation of a $3 million shortfall in the state’s testing program in the current fiscal year, the Office of AIDS is considering various options, including recommending a triage system. The goal for local testing programs would be to give priority, within existing testing resources, to people who are at highest risk for HIV infection. In 1992, 17 percent of those who tested identified no risk for HIV infection. Had these individuals alone not tested, officials estimate that testing programs could have redirected $1.7 million.

Currently in the discussion and pilot phases of development, the recommendation would be that counselors assess caller risk and give priority appointments to those at highest risk. They would discuss with low- and no-risk callers whether the test is necessary for them and what alternative services would meet their needs. Counselors would refer low- or no-risk clients who insist on testing, and who can pay for the test, to fee-based programs. If callers cannot pay or continue to want a test through the public program, they would be given a “low priority” appointment for counseling and testing. Low priority means a client would be assigned an appointment further in the future than someone identified as being at higher risk. When these clients visit the test site, they would receive further counseling and, as appropriate, be referred elsewhere. If clients decline a referral, they would then be tested.

Another option being considered is to give low- and no-risk clients who...
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Triage Counseling Techniques

Be aware that phone counseling has a special focus and demands excellent listening skills. While in-person contact gives counselors the opportunity to assess through visual cues, the telephone requires and allows a counselor to closely monitor and comment on voice quality, tone, and pauses.

Telephone counselors must convey to clients what to expect during the phone call. This will help callers make the transition from expecting simply to schedule an appointment to responding to questions. A counselor must begin by greeting the client and asking how the counselor may be of assistance. When the client responds, for example, “I'm calling to schedule an HIV test,” counselors can respond, “Before I know whether I can schedule a testing and counseling appointment, I need to ask some questions about your testing history and risks for HIV infection.”

Clients may be surprised by this change. They may feel entitled to an appointment based on previous experience, and may express curiosity, anger or frustration at the change. Clarify for callers in a neutral and calm tone that program requirements have changed, making it necessary to ask these questions.

Follow the client's lead while being aware that the counselor's role is to learn whether the client has tested before, and if so, where and when. The counselor can then ask the client: “What makes you seek testing and counseling now?” It may be necessary to clarify for callers that the message has changed: some people may respond better to one counseling setting than to another, but, if skillfully counseled and educated, most clients will disclose sufficient information in either setting.

Adapting to the New Limits

It is important for HIV antibody test counselors working in triage and test-related counseling to continue focusing on clients as individuals, performing the best risk assessment possible, making appropriate counseling interventions and linking clients to optimal referrals. In addition, in light of triage, the final step of letting go and moving on is even more critical.

Counselors have always realized there are limits to the test counseling role and that some clients test to address unfounded fears. Triage explicitly acknowledges these limits by institutionalizing them and offers counselors a framework in which to respond.
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