Missed Opportunities: Improving Rates of HIV Screening and Linkage among Primary Care Providers

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BACKGROUND
Missed Opportunities

The Role of Primary Care

Eradicating HIV requires participation of Primary Care Providers (PCPs)

- Since 2006, the Centers for Disease Control and Prevention (CDC) has recommended routine screening for everyone ages 13 to 64
- In 2013, the CDC recommendation was endorsed by the United States Preventive Services Task Force (USPSTF)

Rationale for routine screening (USPSTF)

- Available tests are very accurate in detecting HIV
- Identifying those infected allows earlier initiation of antiretroviral therapy
- Testing is cost effective
- Risk-based screening is ineffective in identifying everyone
- Increasing routine screening can help to address HIV-related stigma

Risk-based screening is ineffective

- Providers may not ask the right questions
- Patients do not think they are at risk
- Patients may not want to divulge risk behaviors to providers
Missed Opportunities

**Needs Assessment**

- **Rates of routine testing are suboptimal**
  - 67% among HIV PCPs versus 38% among non-HIV PCPs
  - HIV PCPs who are not credentialed as HIV specialists have lower rates of routine HIV testing than specialty providers

- **168,000 people are living with HIV but undiagnosed**
  - Approximately 6,800 may be undiagnosed in New Jersey
  - PLHIV who are unaware of their status are responsible for 30% of new transmissions

- **PCPs are less likely to follow guidelines with a public health benefit**
  - Focus on individual health concerns and outcomes
  - Emphasize perceived individual risk factors and behaviors for preventable conditions

Evidence-based interventions are needed to overcome PCPs’ barriers to offering and implementing routine HIV testing.
DOCTOR OF NURSING PRACTICE PROJECT
Objectives and Aims

- Identify PCPs’ barriers/facilitators to routine HIV testing
- Identify evidence-based approaches to improving guideline adherence
- Map testing barriers to evidence-based interventions
- Deliver interventions in a sample of PCPs
- Evaluate the effectiveness of interventions using a pre-/post-test design
Missed Opportunities

Participants / Setting

- PCPs (MDs / DOs / APNs / PAs)
- Provide health care services to consumers ages 13 to 64
- Family practice/Internal medicine/Pediatrics

Approach

- Qualtrics on-line survey (baseline and follow-up)
  - Participant background / practice characteristics
  - Frequency of HIV screening
  - Barriers to routine screening
- Interventions
  - Evidence-based / practice-specific
  - Delivered via customized PowerPoint presentation
- Expected outcomes
  - Increased frequency of offering routine HIV screening
  - Increased screening by visit type/patient characteristics
Missed Opportunities

**Intervention**

- HIV prevalence/Care Continuum
- CDC/USPSTF recommendations
- Stigma/Ryan White

- Interview: Dr. Yelena Karasina
- Top 3 barriers identified from baseline survey
- Linked to TDF domains and evidence-based behavioral change techniques

- Copies of guidelines
- Referral sources/Ryan White providers
- Reporting forms/billing codes
- Patient/provider educational materials
Discomfort Discussing a Positive Test Result

Discuss in a judgment-free, factual context
Promotes more open discussion
Reduces stigma

Deliver positive results confidentially in a calm, nonjudgmental manner

"The tests confirm that you have HIV infection."

Free CEU course offers examples of how to speak with patients
Lack of Referral Sources

Primary care providers are increasingly providing care for people living with HIV in consultation with experts:

Contact Ryan White-funded sites for access to HIV specialists (See Resources for list of sites in NJ)

For additional assistance identifying resources and referrals, contact:

848-932-4191 or hivtraining@ejb.rutgers.edu

800-624-2377
Rates of Routine HIV Screening

- HIV Specialists Working in Primary Care Settings: 78%
- Non-HIV Specialists Working in HIV Primary Care: 57%
- Non-HIV Specialists Working in Non-HIV Primary Care Settings: 38%
- Reported Estimate for Your Practice: 5%
FINDINGS
Missed Opportunities

Education on HIV in the Last 3 years

- Continuing Education Course: 46%
- Discussion with an Expert/Colleague: 39%
- Academic Course: 39%
- None: 23%
- Textbook: 23%
- Conference Presentation: 23%
- Journal Article: 15%
- Grand Rounds: 15%
- Online Webinar: 8%

Rutgers. Revolutionary for 250 Years.
### Barriers Identified

- Patients do not want to be tested for HIV.
- Difficulty screening adolescents when accompanied by a parent/guardian.
- Financial costs to patients if testing is not covered by insurance.
- It should be the patient’s responsibility to request an HIV test.
- Lack of access to point-of-care testing (i.e., a rapid test) for HIV.
- Suggesting HIV testing might damage the patient-provider relationship.
- It is not the responsibility of primary care providers to conduct HIV screening.
- Discomfort discussing HIV risk behaviors with patients.
- Discomfort discussing a positive test result with a patient.
- Uncertainty about the legal obligations for reporting a positive test result.
- HIV screening should be limited to those with risk factors for infection.
- Lack of referral sources if a patient tested positive for HIV.
- Pre-test counseling significantly lengthens the time required to screen for HIV.
- Inadequate training in how to discuss HIV with patients.
- HIV screening is not relevant to the reason for the patient visit.
- Risk of breaking patient confidentiality when billing for HIV screening.
- Lack of standardized practice protocol for HIV screening.
- Lack of awareness of the CDC recommendation.
- Lack of support for HIV screening among practice administration.
- Forgetting to screen for HIV.
Pre vs Post: % of Patients Screened

Reported % of Patients Screened

Primary Care Providers (Coded)

Pre (Mean = 28.1%)
Post (Mean = 34.1%)
Pre vs Post: % of Patients Screened by Encounter

HIV Screening by Encounter

- Never / Some of the Time
- All / Most of the Time
- Not Applicable

Pre vs Post:
- Acute Outpatient Visits
- Routine Follow-up Visits
- Hospitalized Patient Visit
- Annual Physical Exam
- New Patient Visit
Pre vs Post: % of Patients Screened by Age Groups
Pre vs Post: % of Patients Screened by *Patient Presentation*

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<thead>
<tr>
<th>Presentation</th>
<th>Pre</th>
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<tr>
<td>Patients with Risk Factors</td>
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<tr>
<td>Patients Who Request an HIV Test</td>
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<tr>
<td>Patients with Signs / Symptoms of HIV</td>
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- **HIV Screening by Patient Presentation**
- **Never / Some of the Time**
- **All / Most of the Time**
- **Not Applicable**
Interview with Dr. Karasina

• Lack of awareness of HIV Testing Law
• Fear of damaging patient / provider relationship
• Perception regarding stigma among patients
• Incorporating HIV screening into the electronic medical record

• Identified 3 patients who were infected with HIV
  - Patients she would not have thought to screen
  - Would not have been identified otherwise
  - Patients referred to infectious disease specialist
Opportunities

- Provide access to rapid testing
- Serves as referral sites when patients test positive
- Act as expert consultants for PCPs willing to provide care for PLHIV
- Offer education to enhance competencies of PCPs

Policy initiatives could enhance screening rates

- Require continuing education credits on HIV screening for PCPs
- Adopt an HIV Testing Law in New Jersey
- Implement interventions to address HIV-related stigma
Enhancing Linkages

- Racism
- Poverty
- Homophobia
- misogyny
- conventionalism
- SHAME
- violence
- STIGMA
- marginalization
- homelessness
- CLASSISM

Bar Before the Bars

Diagnosed

Linked to Care

Retained in Care

Prescribed ART

Virally Suppressed
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