



Sexual Health Educators Supporting Routine HIV Screening in Primary Care

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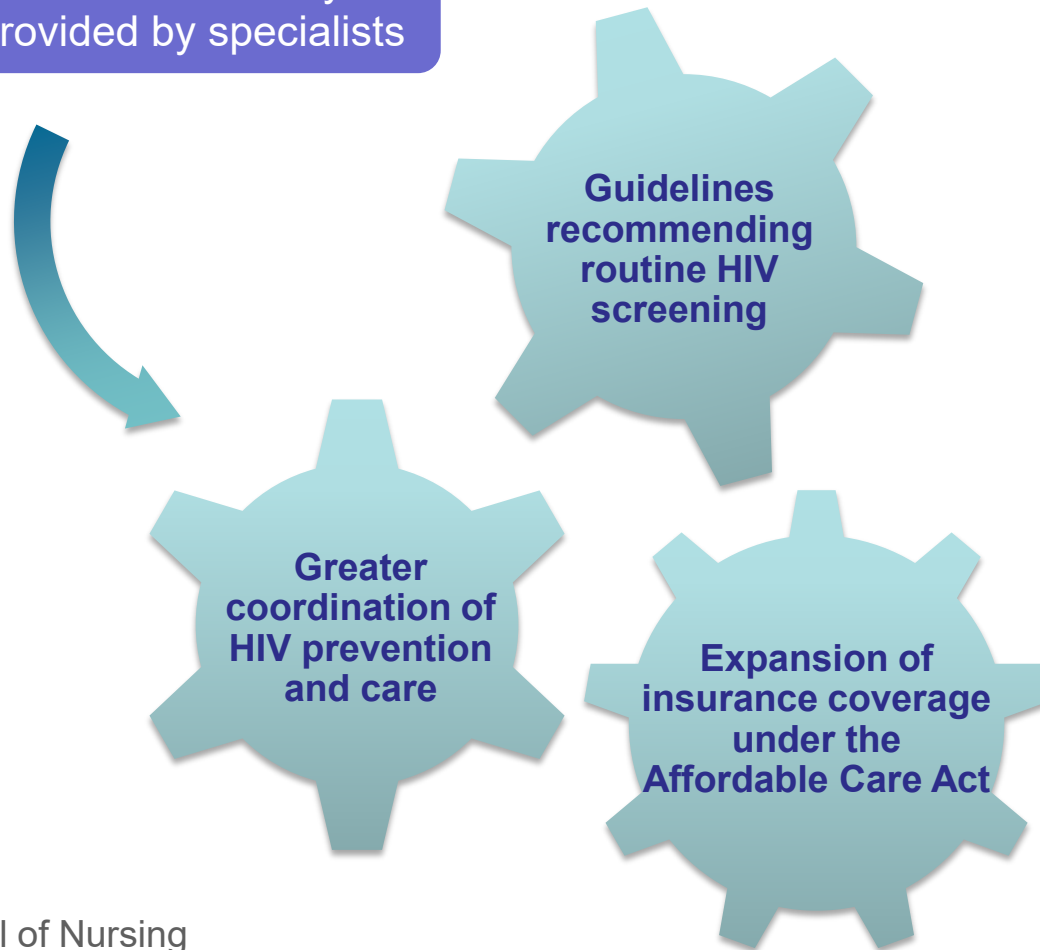
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BACKGROUND

Background and Significance

HIV care has traditionally been provided by specialists

Routine screening can help to combat HIV-related stigma



Need for PCPs to offer HIV screening and clinical care

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

People living with HIV (PLHIV) who are unaware of their status are responsible for 30% of new transmissions

PCPs less likely to follow guidelines with public health benefit



Use of antiretrovirals can eliminate new infections

U = U
PrEP
PEP
nPEP

Evidence-based interventions are needed to overcome PCPs' barriers to offering and implementing routine HIV testing

Doctor of Nursing Practice Project

- Literature review to identify PCPs' barriers/facilitators to routine HIV testing
- Survey of baseline PCP HIV testing practices
- Continuing education course to educate PCPs
- Follow-up survey
- Pilot study findings informing ongoing research

Setting

- Primary care practices (MDs/DOs/APNs/PAs)
- Offer routine preventive and health care services to consumers ages 13 to 64
- Family practice/Internal medicine/Pediatrics

Intervention

- Baseline survey
- Provide customized PowerPoint
- Follow-up survey after 2 months

Expected outcomes



- Increase in number of patients screened
- Expansion of testing beyond those “at risk”
- Decrease in magnitude of barriers



INTERVENTION

Interactive PowerPoint

Increasing Routine HIV Screening in Primary Care Practices



Expanding HIV testing is critical to identifying the approximately 6,800 people in NJ who are unaware they are infected.

The purpose of this presentation is to provide information and resources to primary care providers to help increase routine HIV screening according to established guidelines.

Background

Barriers

Resources

Conclusion

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Note: Boxes with green highlight are links to associated website or document.

Background Education

Background

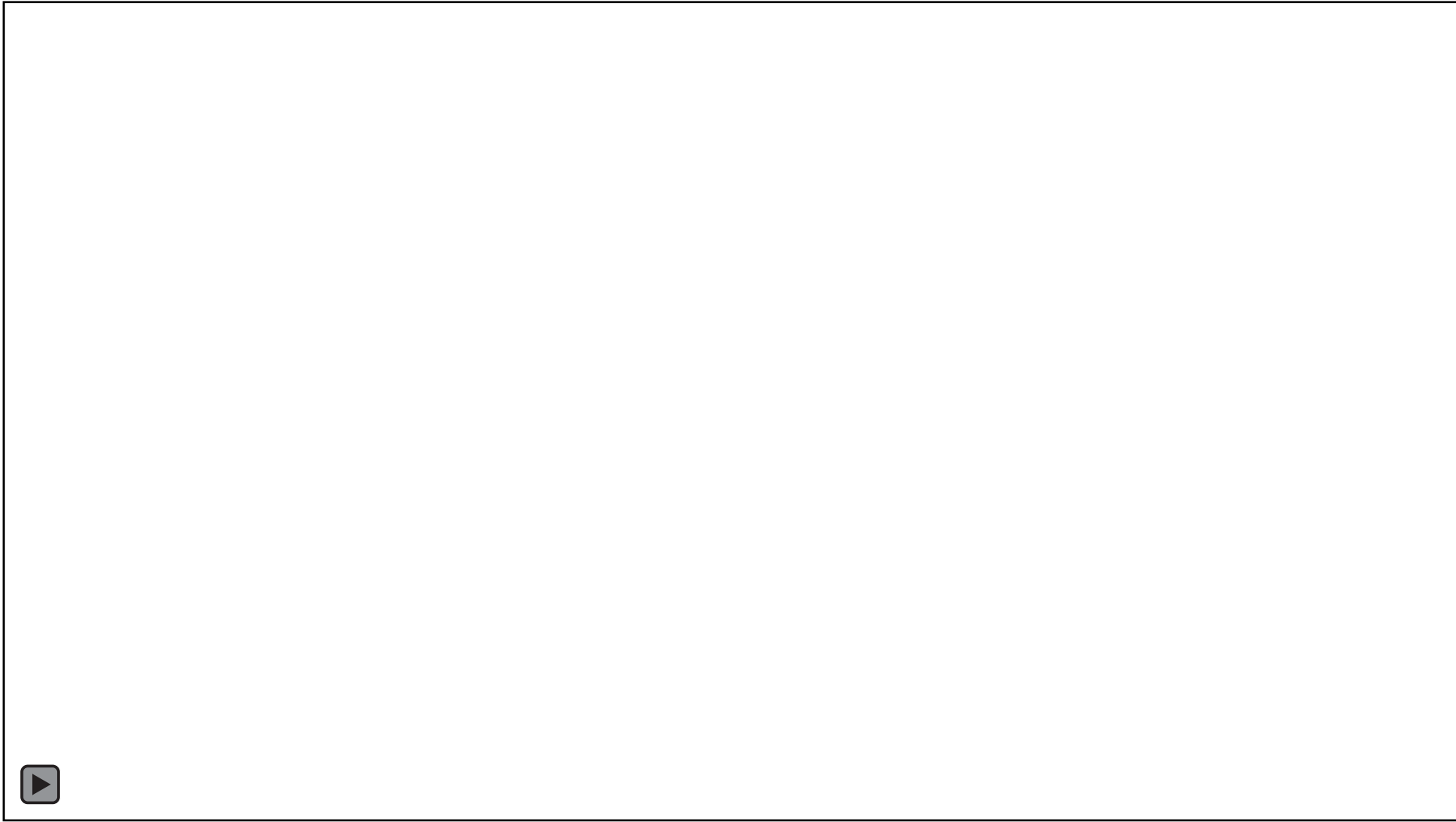
- HIV prevalence/Care Continuum
- CDC/USPSTF recommendations

Barriers

Resources



- Patient/provider educational materials



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:

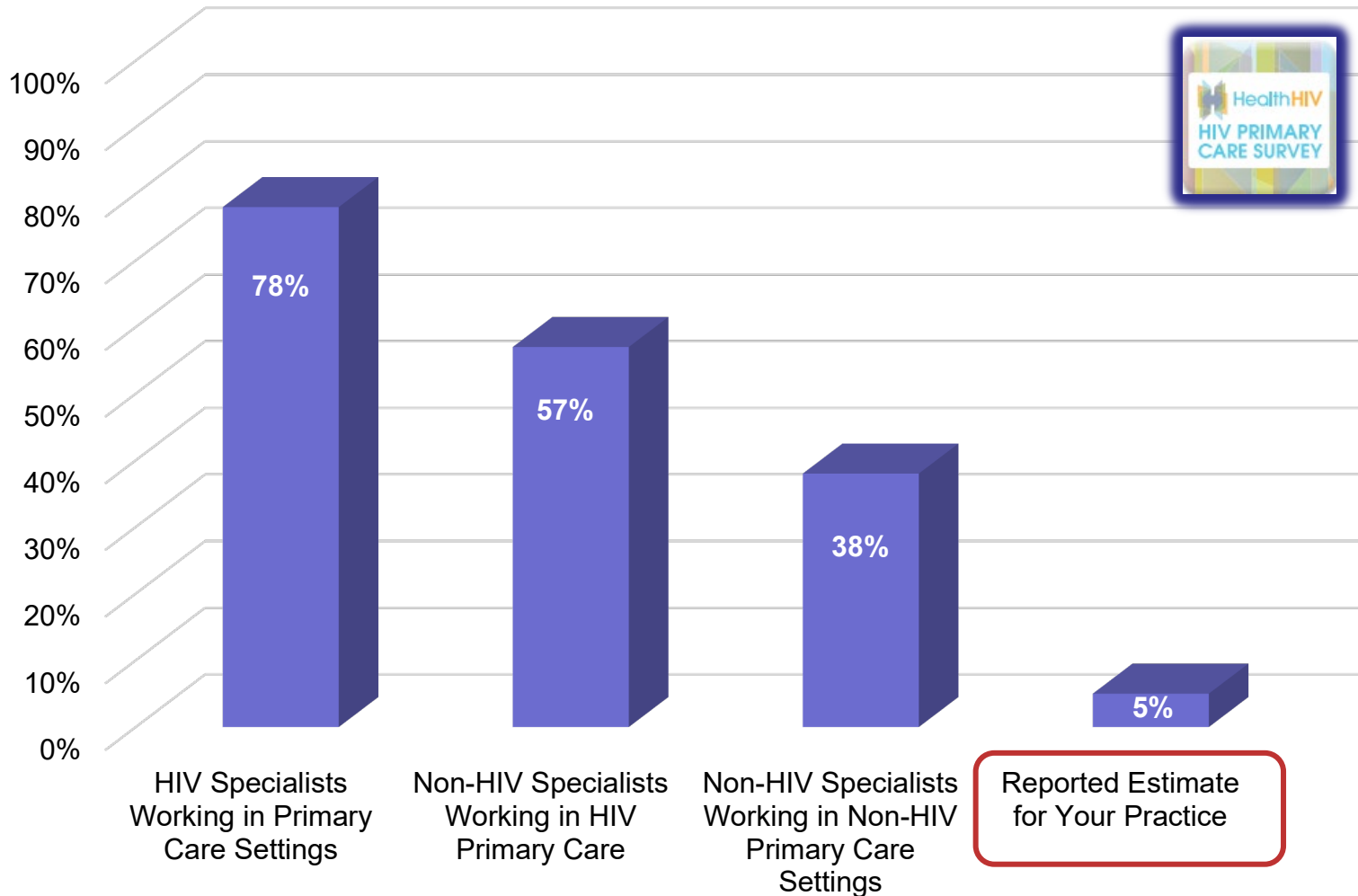
HIV Prevention Community Planning
Support and Development Initiative



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

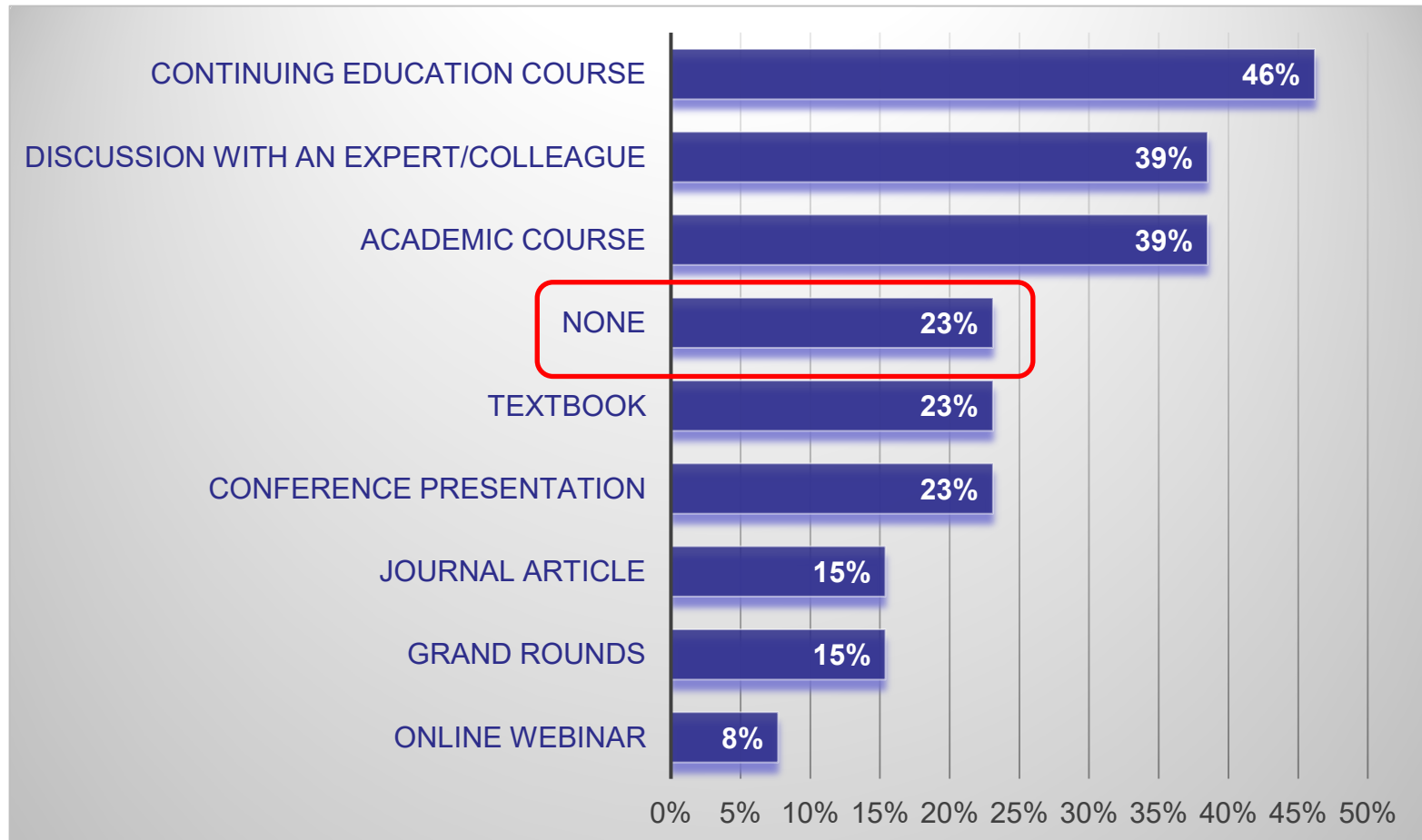
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Rates of Routine HIV Screening



FINDINGS

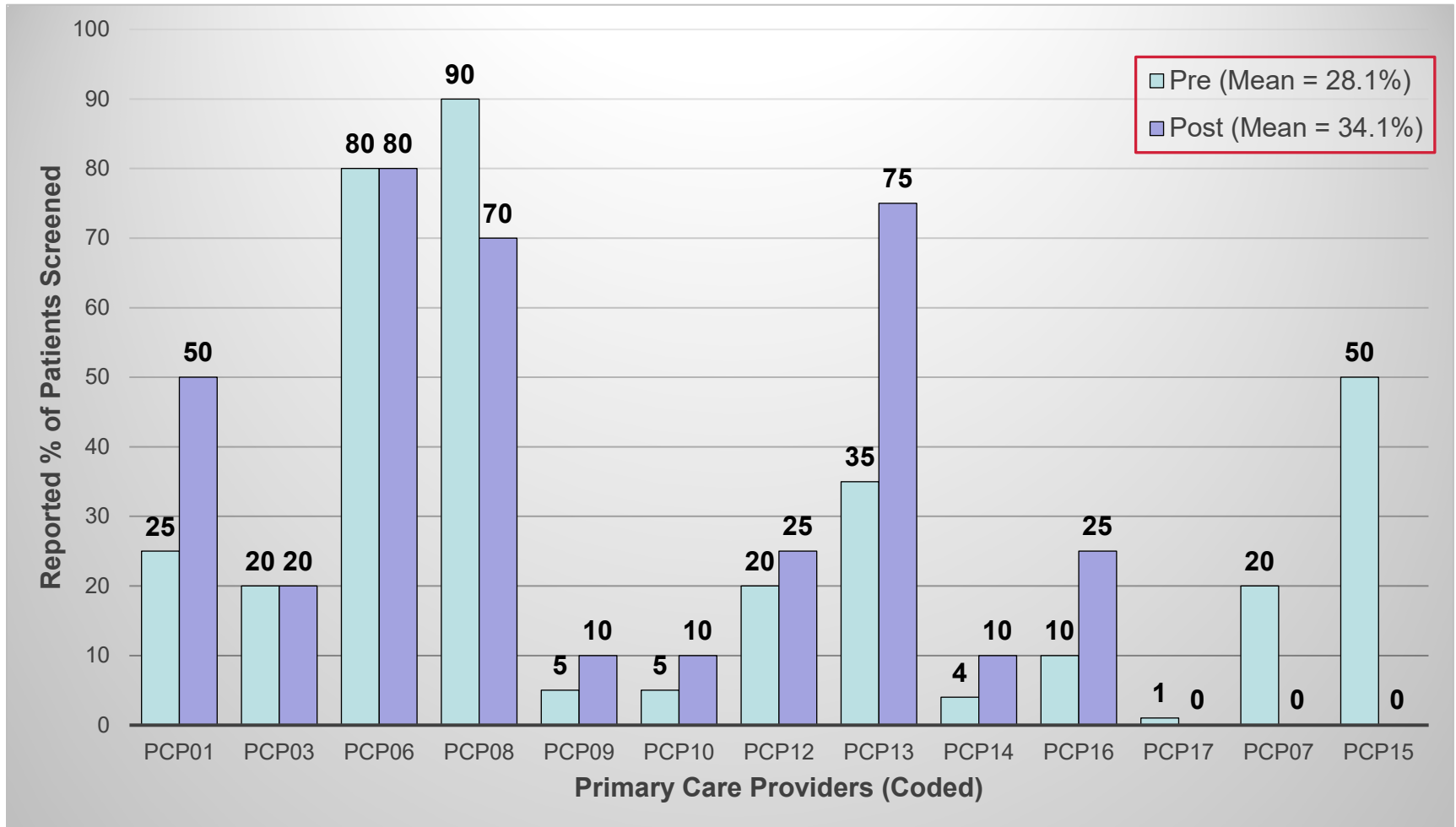
Education on HIV in the last 3 years



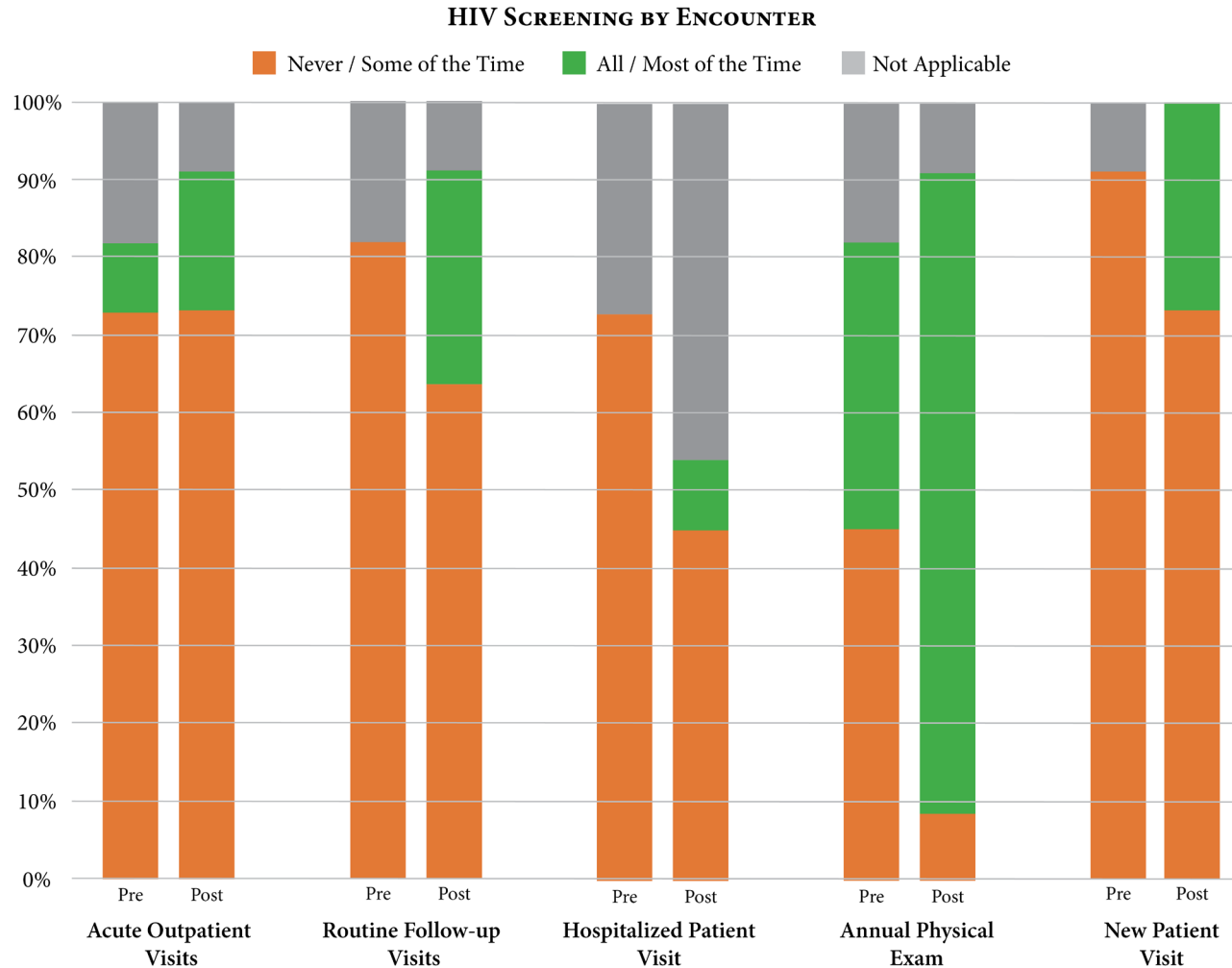
Most Common Barriers Endorsed

*Patients do not want to be tested for HIV.	7
*Difficulty screening adolescents when accompanied by a parent/guardian.	7
Risk of breaking patient confidentiality when billing for HIV screening.	7
*HIV screening is not relevant to the reason for the patient visit.	5
*Consent from a parent/guardian should be obtained prior to screening for HIV in an adolescent.	5
*Financial costs to patients if testing is not covered by insurance.	4
*Lack of standardized practice protocol for HIV screening.	4
*Lack of awareness of the CDC recommendation.	3
*Lack of access to point-of-care testing (i.e., a rapid test) for HIV.	3
*Inadequate training in how to discuss HIV with patients.	3
*Lack of support for HIV screening among practice administration.	3
*Forgetting to screen for HIV.	3
*Inadequate staffing resources for HIV screening.	2
*Suggesting HIV testing might damage the patient-provider relationship.	2
*Discomfort discussing a positive test result with a patient.	2
*Lack of educational materials for patients to make informed decision about HIV testing.	2
*Lack of referral sources if a patient tested positive for HIV.	2
*Low prevalence of HIV in the local service area.	2
*There are more important preventive screens to emphasize during patient encounters.	2
*Barrier endorsed as one of top three barriers by at least one participant	

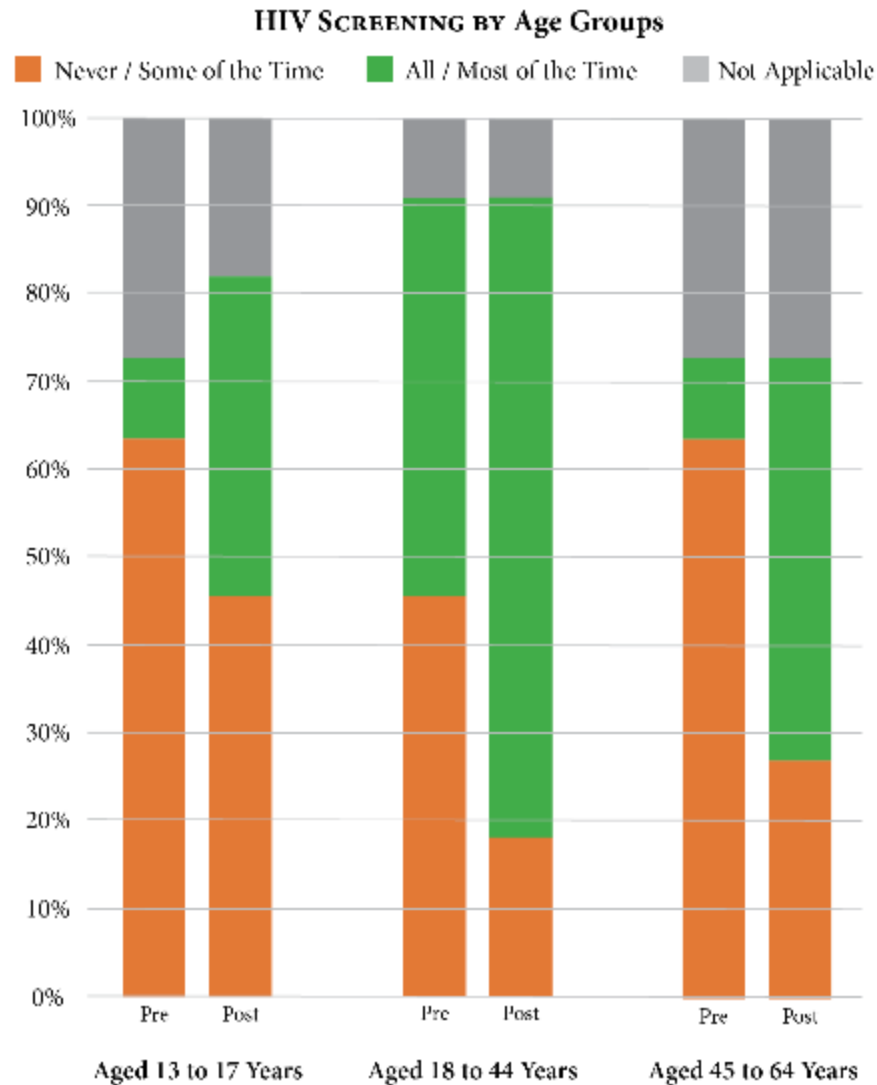
Pre vs Post: % of Patients Screened



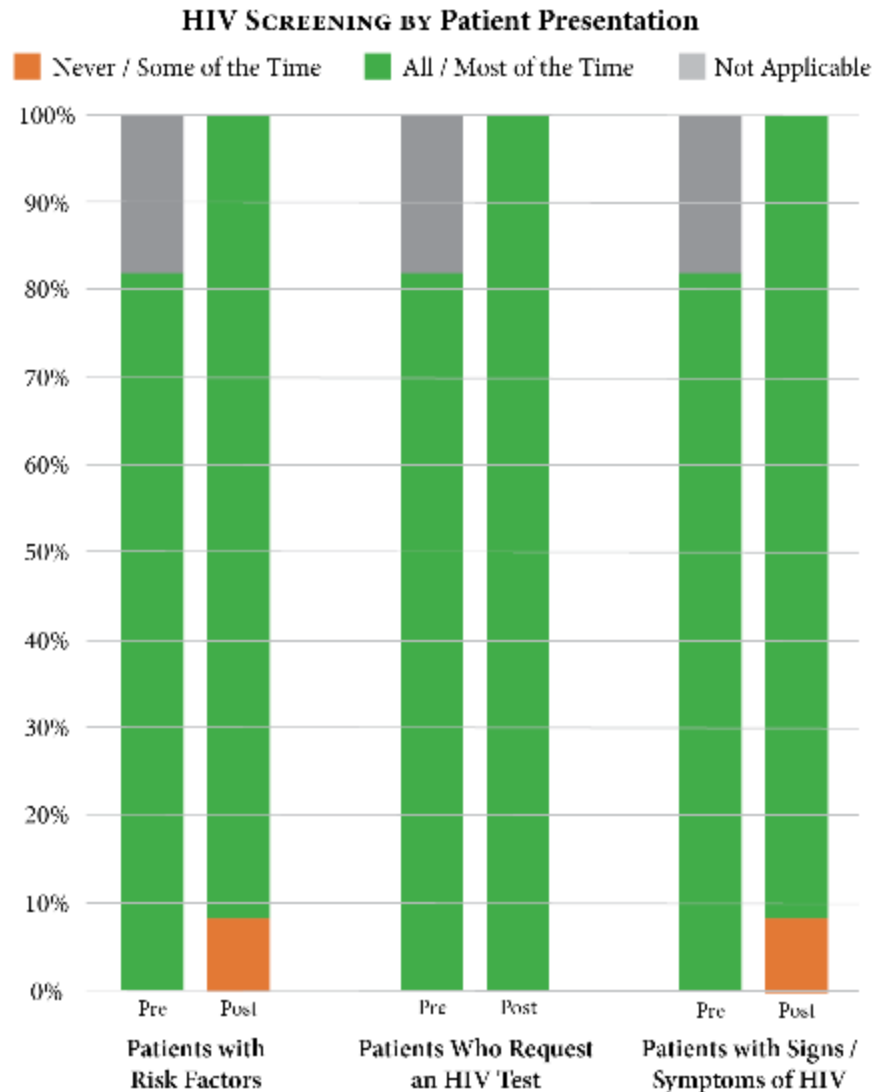
Pre vs Post: % of Patients Screened by *Encounter*



Pre vs Post: % of Patients Screened by Age Groups

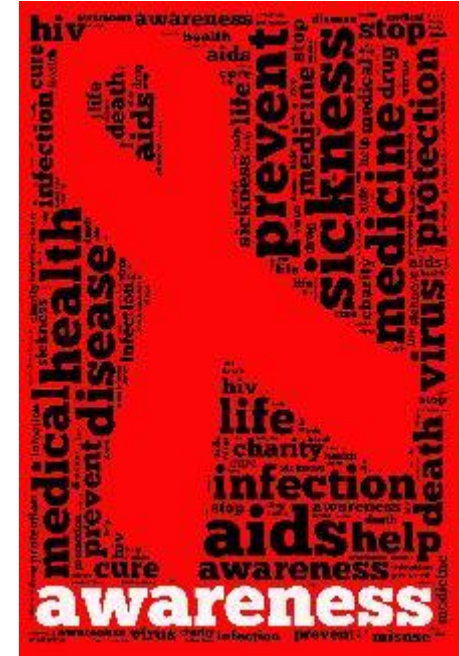


Pre vs Post: % of Patients Screened by *Patient Presentation*



Key Findings

- PCPs do not receive regular education on HIV
- PCPs infrequently screen for HIV
- When screening for HIV, PCPs use risk assessment to decide who to test
- Exposure to education that addresses individual barriers may increase routine testing:
 - Encounter type
 - Patient age
 - Patient presentation



IMPLICATIONS

Policy Implications

CDC's recommendations are not legally binding

- States bear the responsibility for health regulation

Study supports policies that could enhance HIV screening rates

- Requirements for continuing education credits
- New Jersey Taskforce to End the HIV Epidemic by 2025
 - Reduce the rate of new HIV infections by 75%;
 - Ensure that 100% of persons living with HIV/AIDS know their status
 - Ensure that 90% of persons living with HIV/AIDS are virally suppressed

Policy interventions can reduce provider stigma

- StepUp! SOS

Opportunities for Sex Educators

Let's add primary care practices to this list...

WHERE CAN I GET AN HIV TEST?

-  Health clinics and hospitals
-  Specialist HIV/sexual health services and voluntary counselling and testing (VCT) sites
-  Family planning or antenatal clinics
-  Youth drop-in centres
-  Drug and alcohol services
-  Community testing sites in workplaces, schools or religious facilities
-  By mail order or online (in some countries!)

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