Introduction

- 1.2 million people are living with HIV infection in the U.S., and 156,300 (12.8%) are unaware. Iowa has one of the highest rates of undiagnosed HIV infection, ranking 47th in the nation.1
- Delay in diagnosis leads to poor individual health outcomes and an increased risk of future transmissions of the virus, presenting a public health challenge.
- Incorporating routine, HIV screening in accordance with CDC2 and USPSTF3 recommendations is a critical step in early linkage to medical care, resulting in reduced morbidity and mortality from HIV disease and decreased incidence of new HIV infections.

Iowa’s HIV Care Continuum

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Living with HIV</td>
<td>2,295 (80%)</td>
</tr>
<tr>
<td>Linked to Care</td>
<td>2,251 (8%)</td>
</tr>
<tr>
<td>Retained in Care</td>
<td>1,763 (78%)</td>
</tr>
<tr>
<td>Virally Suppressed</td>
<td>1,675 (73%)</td>
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Purpose

To increase the number of Iowans who are screened for HIV in accordance with national guidelines.

Objectives:

1. Develop a protocol for routine HIV testing, incorporating it as the standard of care.
2. Provide education and training to clinic staff on HIV testing recommendations and protocols.
3. Implement routine HIV testing for a pilot period in order to inform feasibility and expansion of HIV screening at all PHC clinic sites.

Methods

- Project deemed not human subjects research.
- Setting: Primary Health Care, Inc. - Marshalltown, Iowa
- Population: Patients aged 18 to 65 who have not previously been screened for HIV.
- Protocol: Routine screening offered by LPN/RN when rooming patients; use of both rapid testing and conventional serum testing; EHR customization to prompt, streamline and report HIV screening.
- Training & Education: Group presentations and written materials for all clinical staff on screening guidelines, testing modalities, offering the test, giving results, and referral and follow up for positive results.
- Data were collected from Sept 2015 – Feb 2016.

Outcomes

- 100% (25) of clinical staff trained
- 793 patients were offered tests: 531 patients (67%) accepted, with no positive test results
- The % of patients offered screening increased from 0% to 20% in the first month of implementation and then steadily declined for each month following

Evaluation

- In qualitative interviews regarding the decline in screening offered, staff was reluctant to offer testing:
  - To acutely ill patients (strep, flu, sinusitis, etc.)
  - When family or friends were present in exam room
  - If the patient had multiple or complex needs
  - When they were running behind schedule
  - If they sensed the patient might be offended
- Staff felt comfortable offering screening during annual physicals and with new patients.
- Data limitations: 1) documentation of patient’s HIV screening history was often not captured; 2) patient visits were duplicated, meaning if patients were seen in clinic multiple times during the project period all visits were counted, whether they had ever been screened or not, contributing to low percentages.

Conclusions

- 531 patients are now aware of their HIV statuses, patients who likely would not have known otherwise.
- The majority (67%) of patients were open to HIV screening and accepted when offered.
- Total percentage of patients screened remained low. Time, competing clinical priorities, and stigma are barriers to routine HIV screening in primary care.
- Despite challenges, PHC is committed to this important public health initiative and two additional PHC clinic sites will be adopting this model in spring/summer 2016.

References


Acknowledgements

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