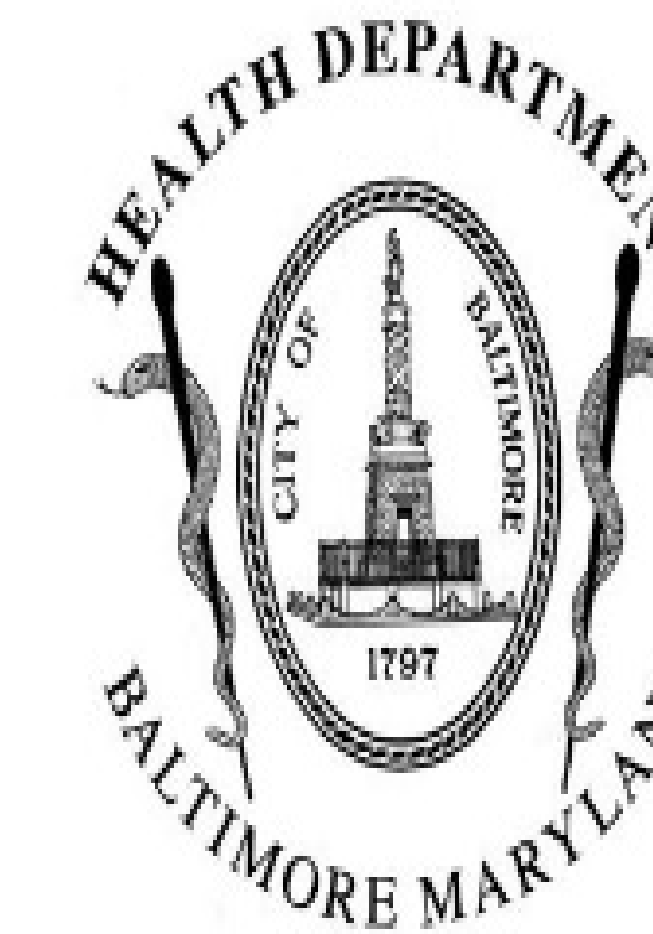


PROTECT BALTIMORE

Public Health Detailing Campaign to Implement Routine HIV Screening Among Primary Care Providers in Baltimore City



The Center for Child and Community Health Research

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Background

- Baltimore had the 6th highest rate of new HIV diagnoses in US (MD DHMH, 2011).
- In 2013, the US Preventive Services Task Force upgraded their recommendation for routine HIV Screening to Grade "A" for people aged 15 to 65, regardless of risk, a
- Primary care providers will play an increasingly important role in HIV prevention as funding for local health departments and HIV prevention changes.
- With the Affordable Care Act, primary care providers (PCPs) are likely to experience an influx of new patients (Abraham 2014).
- A joint effort between Baltimore City Health Department (BCHD) and the Center for Child and Community Health Research (CCHR) sought to develop relationships with primary care providers in order to advance routine HIV screening in areas known to have a high prevalence of HIV.

Methods

- Learned from NYC Department of Health detailing
- Identified eligible PCPs in high HIV transmission areas of Baltimore City.
- Developed an HIV Testing Action kit that addressed local epidemiology, testing and reporting laws, screening algorithms, pre- and posttest counseling scripts, billing details, linkage to care and patient education materials.
- 2 detailers visit PCPs throughout 2014
- Focused on practice managers, MDs, NPs and PAs
- Surveyed at baseline and followup about testing practices, questions, needs, opportunities and barriers.
- Provided or connected sites to training, answered questions, delivered materials (condoms, posters, etc)
- Surveyed at baseline and follow-up, 6 months later.

Results

Reach

- 281 kits were delivered to 85(100%) sites
- Interviewed 166 (79%) providers and 68 (86%) practice managers
- At followup, interviewed 91 (66%) eligible providers and 39 (57%) eligible practice managers

Receptivity

- 96% PCPs were satisfied or very satisfied with campaign
- 41% (n=38) reported using kit materials
- 95% managers satisfied or very satisfied with campaign

Impact

- Detailers found 44% of PCPs starting or already routinely screening, increased to 80% at followup
- 73% of PCPs report increased screening due to campaign
- 58% report changing activities associated with screening
- Offer rates increase from 21 to 25% (weighted mean)
- Acceptance rates increased from 86 to 89 (weighted mean)
- At followup, 43% of PCPs reported screening rates in the prior week greater than baseline rate
- 68% of sites at baseline and 48% at followup requested additional materials or training

Conclusions

- Campaign increased readiness to screen and screening behaviors
- Revealed many PCPs needed training/education;
- Established relationships between PCPs and the local health department,
- Address needs through tailored training and support.
- Able to identify and provide more intensive support to selected sites through funding from GILEAD Sciences' HIV FOCUS initiative

Figure 1. A quick reference pocket card with a routine HIV screening algorithm, pretest counseling basics, reporting instructions and guidance on linkage to care

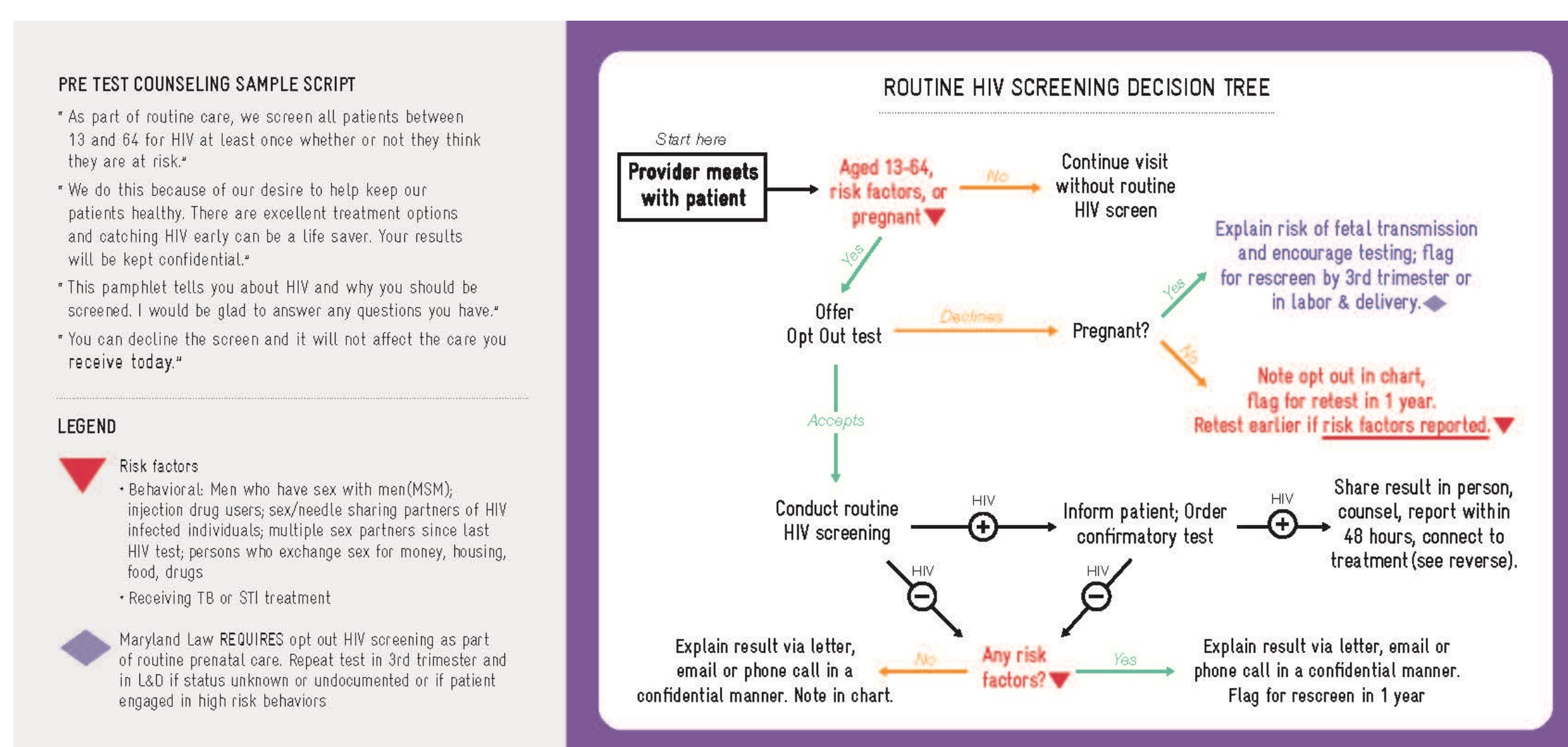


Figure 2. Epidemiologic profile showing the CSA in Baltimore City with the highest annual HIV diagnosis rate.

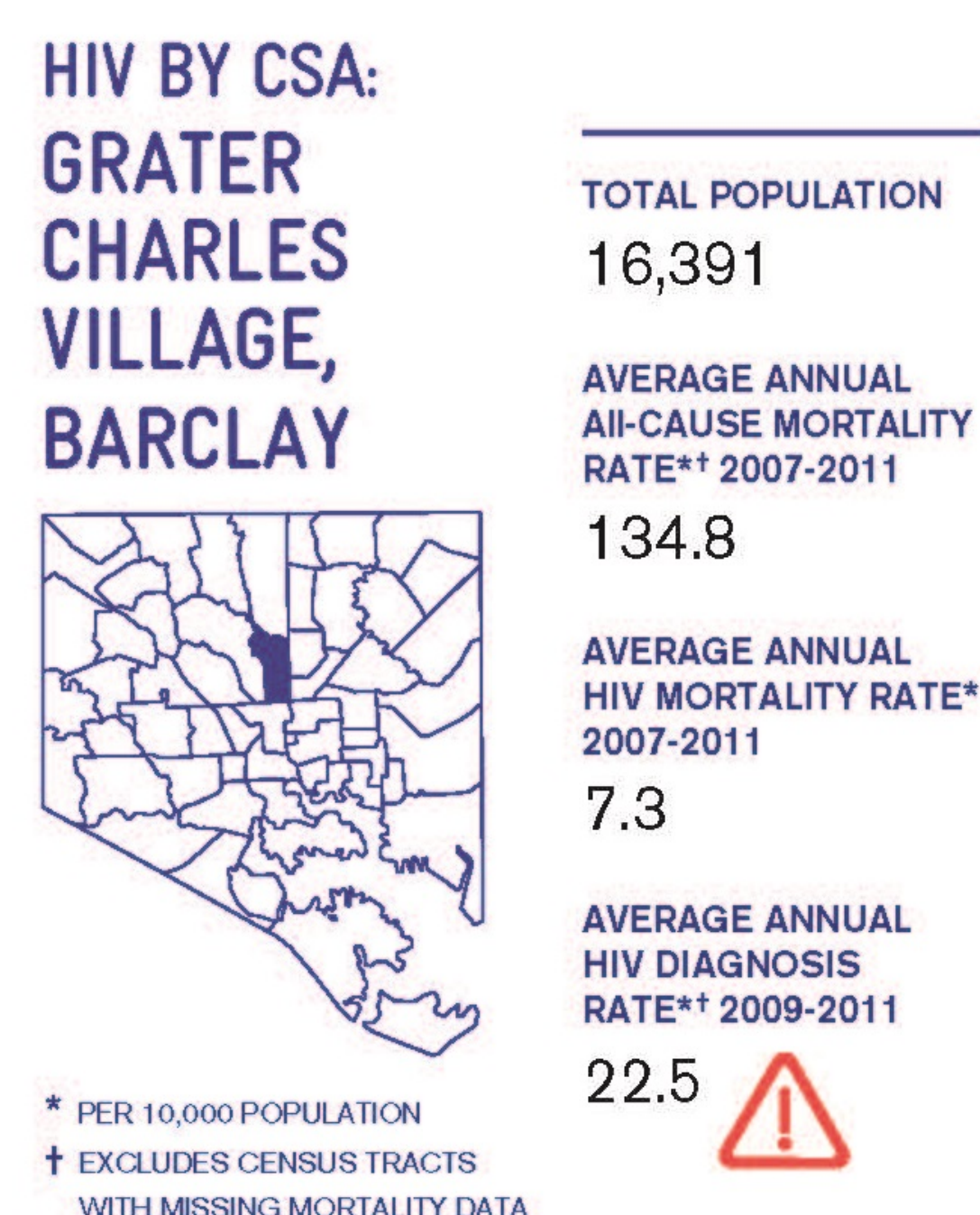
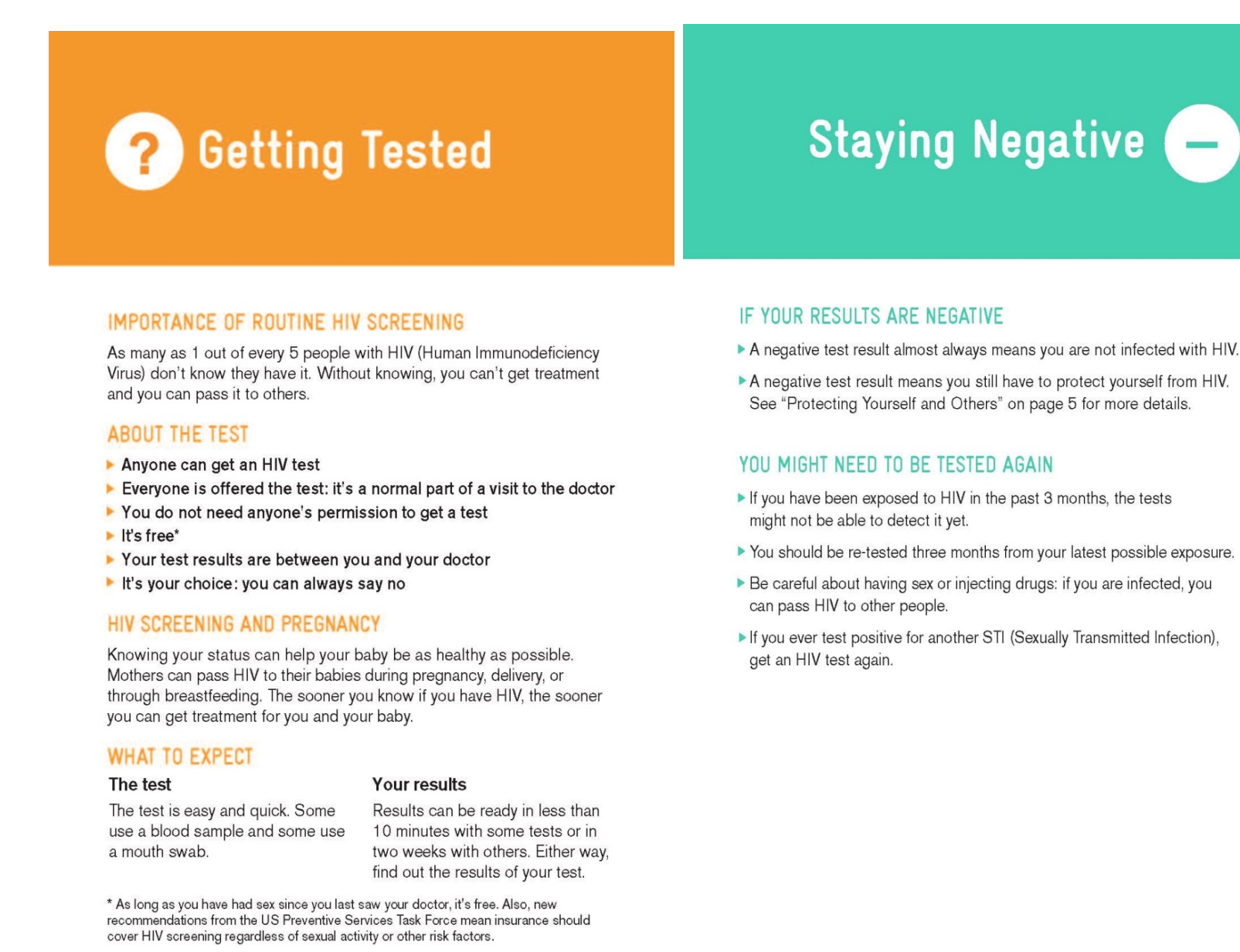


Figure 3. Patient brochure covering pretest counseling information and resources for testing and care



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References

- Abraham JM. 2014. How Might the Affordable Care Act's Coverage Expansion Provisions Influence Demand for Medical Care? The Milbank Quarterly. 92(1): 63-87.
- Maryland DHMH. Estimated HIV Diagnoses during 2011, Ranked by Rates. <http://phpa.dhmm.maryland.gov/OID/EOR/CHSE/Shared%20Documents/2011%20HIV%20and%20AIDS%20Rankings%20by%20MSA.pdf>