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INTRODUCTION

In September 2006, the CDC endorsed routine, voluntary HIV screening for all individuals 13 to 64 years of age in all health care settings regardless of risk factors.

Successful implementation of the 2006 CDC HIV testing guidelines will require internal medicine (IM) physicians to integrate routine HIV testing into their practices.

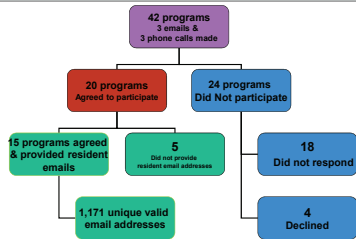
Among IM physicians, urban IM resident trainees:
- Should be the most up-to-date on clinical practice guidelines
- Historically understudied group of HIV testers in contact with individuals in high prevalence settings (i.e., inpatients in large urban teaching hospitals).

As New York State law requires written HIV consent and pre-test counseling, we conducted an electronic cross-sectional survey of NYC IM residents.

The study characterized HIV testing-related knowledge, attitudes, and behavior, including perceived individual and institutional barriers to HIV testing.

METHODS

Study sample



Data collection/Survey Instrument

Electronic (SurveyMonkey) anonymous questionnaire administration occurred from February 8 to June 25, 2007

29 closed-ended questions with text field for "other" responses

- 4 sections:
 - Demographics
 - Knowledge of HIV and CDC guidelines
 - HIV testing pattern
 - Barriers to offering an HIV test

Sample questions on computer screen

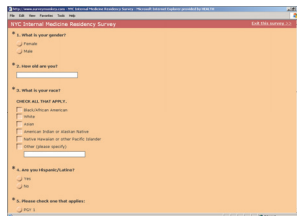


TABLE 1. Characteristics of NYC IM residents who responded to the survey compared to the demographics of US IM residents

* Indicates that NYC IM responding residents are significantly different than US IM residents trainees (p<0.01)

Resident Characteristics	NYC Internal Medicine (IM) Residents N (%)	United States IM Residents N (%)
Age (median)	29	n/a
Male	235 (53.0)	12,518 (56.6)
Race/ethnicity		
Asian*	194 (43.9)	8,309 (37.6)
White	154 (34.9)	n/a
Hispanic	55 (12.6)	n/a
Black	24 (5.6)	n/a
Other	12 (2.9)	n/a
Year of PGY Training		
PGY 1	177 (39.9)	8,564 (38.8)
PGY 2	122 (27.5)	n/a
PGY 3	145 (32.7)	n/a
International Medical Graduate* (yes)	245 (55.2)	9,737 (44.1)

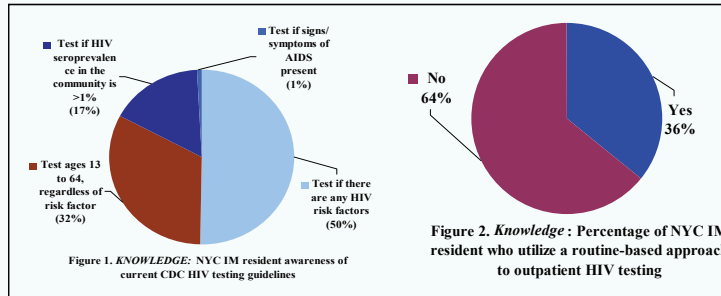


Figure 1. KNOWLEDGE: NYC IM resident awareness of current CDC HIV testing guidelines

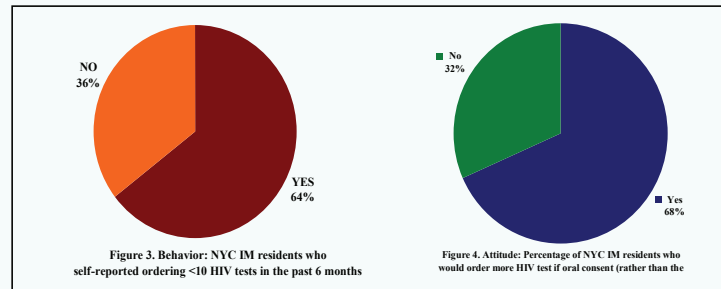


Figure 3. Behavior: NYC IM residents who self-reported ordering <10 HIV tests in the past 6 months

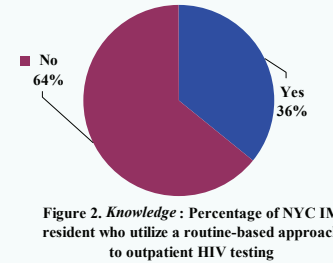


Figure 2. Knowledge: Percentage of NYC IM resident who utilize a routine-based approach to outpatient HIV testing

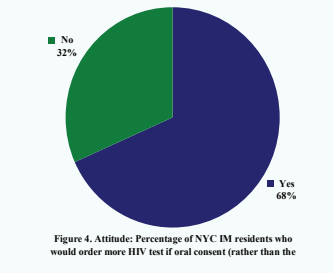


Figure 4. Attitude: Percentage of NYC IM residents who would order more HIV tests if oral consent (rather than the written consent) was required

Figure 5. Most frequent procedural barriers to outpatient HIV testing, NYC IM resident respondents

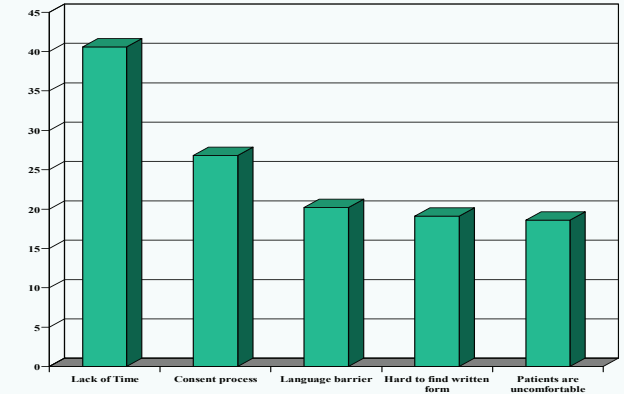


TABLE 2. Multivariate analysis: Factors associated with ordering <10 HIV tests in past 6 months, NYC IM residents

Factor	AOR	95% Confidence Interval
Not trained to provide pre-test counseling	7.0	1.6 – 41.7
Utilize risk-based HIV testing for outpatient testing	4.5	2.5 – 8.2
Never/often take a sexual history	3.9	2.2 – 7.2
Never/occasionally refer patients to another provider to obtain HIV testing	2.8	1.4 – 5.6
Not deterred by pre-test counseling to order more HIV tests	2.6	1.4 – 4.9
Never conveyed a positive HIV test result	2.2	1.3 – 3.8

CONCLUSIONS

- First survey of knowledge regarding barriers to HIV testing among IM residents nationally
- NYC IM residents are not routinely offering HIV tests as advised by 2006 CDC Revised Recommendations for HIV testing in Health-Care Settings.
- Lack of awareness of CDC recommendations appears to be contributing to continued risk-based testing by the majority of respondents
 - IM residents who practice risk-based approach to HIV testing were 5 times more likely as routine-based testers to order <10 HIV tests in previous 6 months.
- Procedural barriers were identified that hamper residents' ability to order more HIV tests will need remediation.
- Results reaffirm that the current New York State separate, written consent is impediment to testing.
 - Legislative change will be required to implement "opt-out" portion of 2006 CDC recommendations in New York State.