HIV Testing Practices Differ Among Black Primary Care Physicians in the US According to Physician Characteristics and Patient Demographics

Abstract #263670

INTRODUCTION

- The CDC recommends universal, opt-out testing for HIV in all healthcare settings¹
- Studies suggest that HIV testing rates may be directly related to physician recommendations²⁻⁴
- Black physicians comprise a minority of physicians in the US, but many Black patients may prefer medical care from Black physicians^{5,6}
- Black patients are disproportionately affected by HIV/AIDS,^{7,8} and evaluating the HIV testing attitudes and behaviors of physicians who treat these patients is important
- Here we report results from a survey evaluating HIV testing perceptions, predictors and barriers among Black primary care physicians in the US
- The lessons learned from studying HIV testing behaviors may apply to HCV testing because a substantial number of individuals infected with HCV are also unaware that they are infected (up to 75%)⁹⁻¹³

METHODS

- The survey was designed by the authors and approved by the NMA to examine how physician characteristics and practice composition affect HIV testing attitudes and behaviors in the Black community
- Surveys were administered at the 2010 NMA Annual Convention, separately via e-mail to eligible physicians identified through the NMA Masterfile, and through an online physician panel to reach non-NMA physicians
- Of >34,000 surveys distributed, 502 were completed
- Physicians were screened for the following inclusion criteria
- Black race
- Specialty in internal medicine/general practice, obstetrics/ gynecology, family practice, or emergency/urgent care
- Practicing medicine ≥1 year
- Treating primarily adults (≥60%)
- Patient base ≥20% Black
- The objective was to identify differences in HIV testing attitudes and behaviors based on
- Physician variables: specialty, age, gender, practice setting and type, years practicing medicine, geography, comfort level discussing HIV testing with patients
- Patient variables (physician-reported estimates): race, gender, socioeconomic status (SES), HIV status
- A *z*-test was used to compare percentages and a *t*-test to compare means

RESULTS

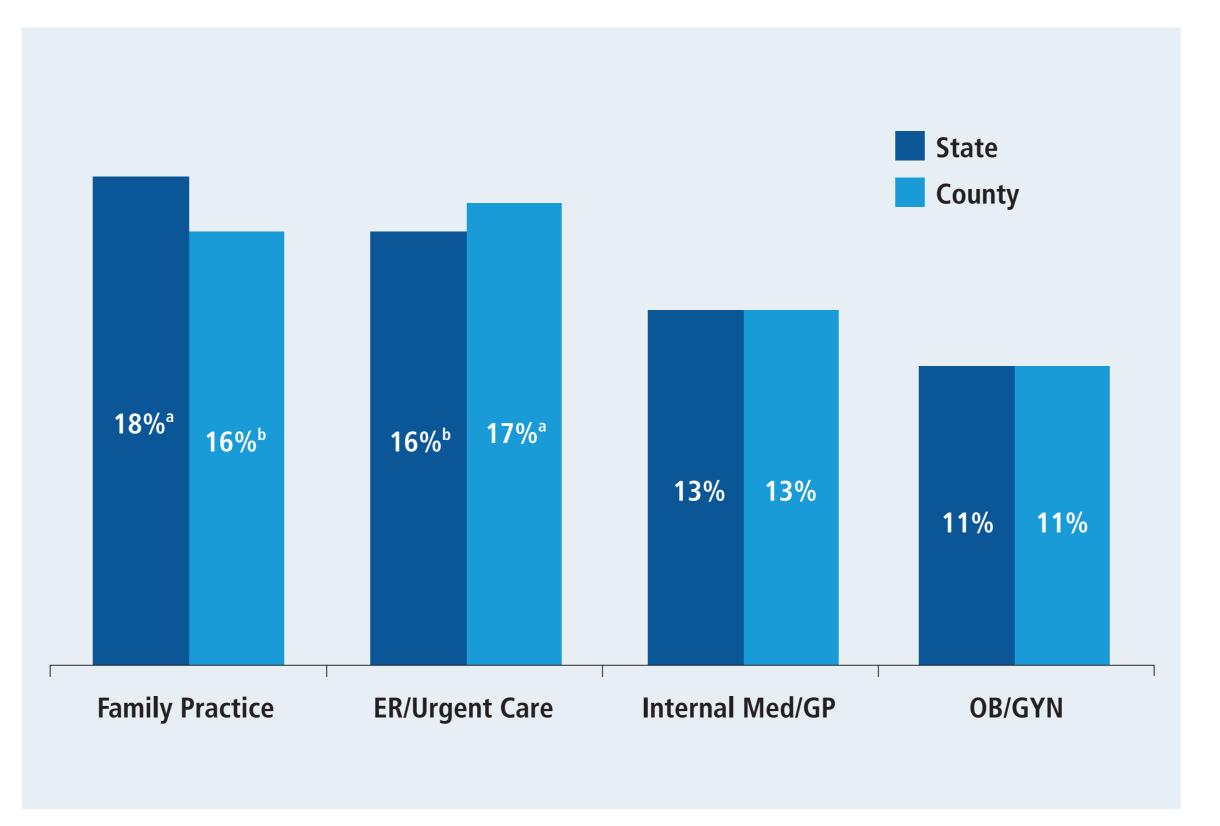
Parameter, %ª	Internal Medicine/GP (n=185, 37% of respondents)	OB/GYN (n=130, 26%)	FP (n=123, 25%)	Emergency/ Urgent Care (n=64, 13%)	All Specialties (N=502, 100%)
Female	42	65	54	61	53
Age, years					
<40	29	25	27	25	27
40-49	34	35	27	45	34
≥50	38	40	46	30	39
Mean Years Practicing					
1–5	13	20	14	16	15
6-10	25	18	22	19	22
11–15	20	15	16	22	18
16-20	16	16	10	19	15
21-30	19	23	31	23	24
≥31	6	8	7	2	6
Region in US					
Northeast	25	9	6	22	16
South	55	63	61	56	59
Midwest	12	18	24	14	17
West	8	10	10	8	9
Practice Setting ^b					
Office	50	57	65	8	50
Hospital	29	31	20	64	32
Academia	21	19	14	36	21
Community	21	12	27	11	19
Practice Type ^b					
Private/For-profit	68	76	64	48	67
Non-profit	30	24	32	39	30
Government	8	7	12	22	10
^a Percentages may sum to >100% due to ro GP, general practice; OB/GYN, obstetrics/g	ynecology; FP, family	practice	ake multiple selecti	ons.	

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Table 1. Demographics of Physicians Who Met Inclusion Criteria

 Physicians generally overestimated their local HIV prevalence to be 13% to 14% on average (Figure 1); the highest actual local US prevalence is about 3% (Washington, DC).^{14,15} Nationwide it is under 0.5%¹⁶

Figure 1. Physicians' Perceptions of County and State HIV Prevalence, by Specialty



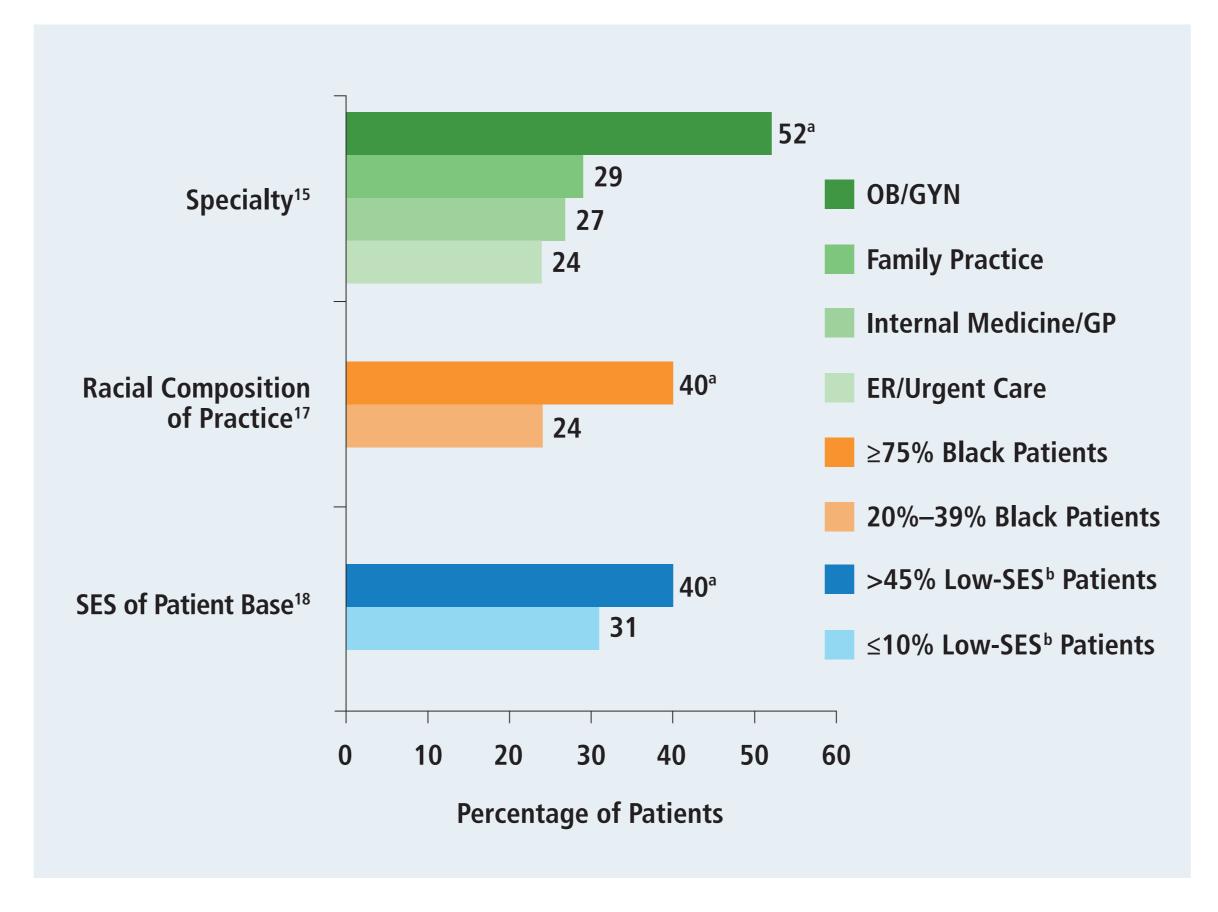
Significantly higher (P≤0.05) than Internal Med/GP and OB/GYN; ^bSignificantly higher (P≤0.05) than OB/GYN. ER, emergency room; GP, general practice; OB/GYN, obstetrics/gynecology

Survey question: What would you estimate the prevalence of HIV/AIDS to be in the county and state where you practice?

HIV Testing Practices

• Overall, 34% of the physicians' patients were reportedly tested for HIV in the past year; 67% of those patients were tested due to physician recommendation^{15,17,18} (Figure 2)

Figure 2. Percentage of Patients Tested for HIV in the Past Year (Physician Reported)



^aDenotes significant difference (*P*<0.05) compared with other groups in the same category; ^bLow-SES patients defined as poor. OB/GYN, obstetrics/gynecology; GP, general practice; ER, emergency room; SES, socioeconomic status

 Routine HIV testing was reported as less common than testing in the presence of risk factors (Table 3, Figure 3)

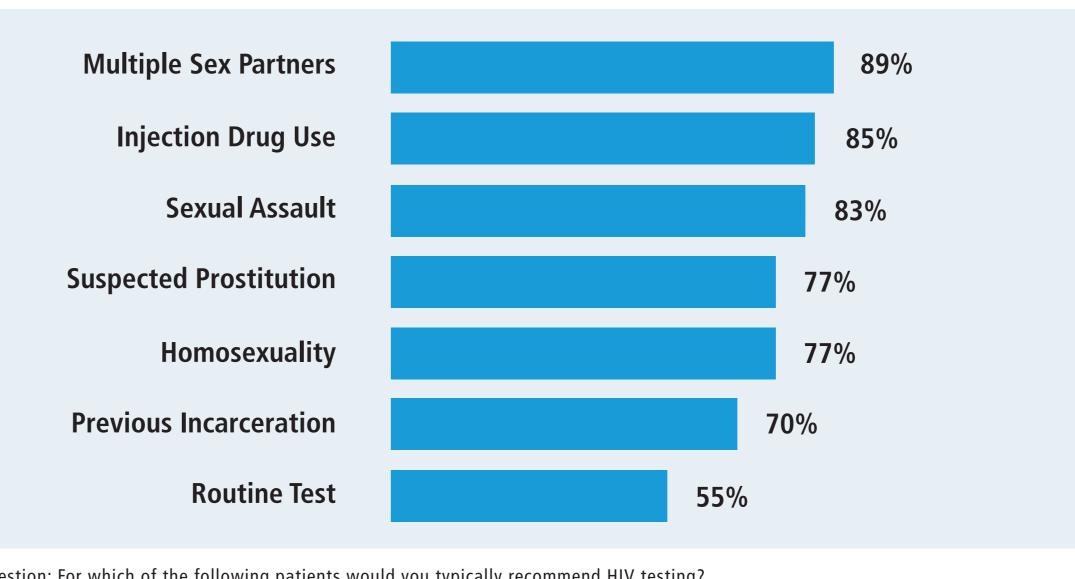
Poster presented at the 2012 National Summit on HIV and Viral Hepatitis Diagnosis Prevention and Access to Care, Washington, DC, USA, November 26-28, 2012. If you have any additional questions or would like a copy of the poster, call +1-800-JANSSEN (+1-800-526-7736).

Table 2. Comparing Physician Characteristics of More^a vs Less^b Routine HIV Testers^c

More ^a Routine Testers (n=173)	Less ^b Routine Testers (n=157)		
46% OB/GYN ^d	12% OB/GYN		
Mean age 46 yrs (generally younger)	Mean age 49 yrs (generally older)		
60% women ^e	55% men		
37% tested for HIV themselves in past year	16% tested for HIV themselves in past ye		
Perceived higher local HIV prevalence rates (16%)	Perceived lower local HIV prevalence rates (10%–11%)		
Generally more patients who are (mean %): Black (62) Low SES (34) On Medicaid (30) HIV-positive (9)	Generally fewer patients who are (mean % Black (52) Low SES (27) On Medicaid (18) HIV-positive (7)		

^aTested more than 25% of patients (>50% on average); ^bTested 0%–7% of patients (<3% on average); ^cListed are the main differences between the "more" and "less" routine groups; dOB/GYNs tested more frequently regardless of physician gender; Female physicians' testing rates were likely inflated due to over-representation of OB/GYNs. OB/GYN, obstetrics/gynecology; SES, socioeconomic status

Figure 3. Primary Reasons Physicians Recommend an HIV Test (Physician Reported)



Survey question: For which of the following patients would you typically recommend HIV testing?

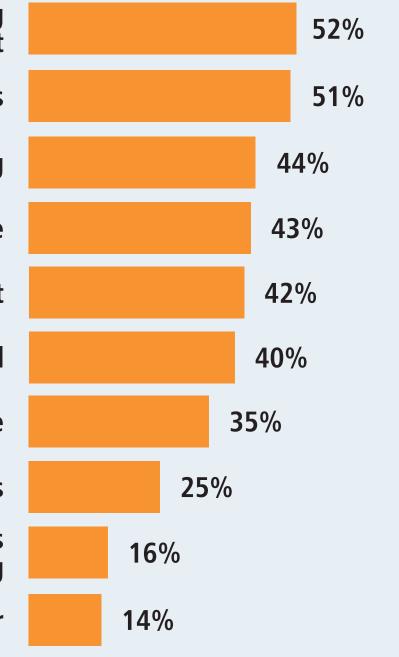
Table 3. Top Barriers to Recommending an HIV Test (Physician Reported)

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Barrier to HIV Testing	Percent Listed in Top 5
Patient may perceive the recommendation as accusatory or judgmental	57
Patient wouldn't want to be identified as HIV+ Patient would be worried that people will find out	48
Competing priorities/other needs more urgent	45
Insufficient time with the patient	45
There's such a stigma associated with HIV, doctors don't want to offend anyone	43
rvey question: What are the key factors that limit you from recommending HIV testing? Select your top five.	

 Many of the resources that Black physicians report would help them test more frequently for HIV already exist, but they may be unaware of this or may not have access to these resources (Figure 4)

Figure 4. Resources That Would Support More HIV Testing (Physician Reported)

Office posters/brochures/information stressing HIV testing is important
More media attention raising the issue for patients
Having more education/training on HIV testing
Government mandate requiring HIV testing become routine
Accurate prepackaged in-office test
Increased government attention to HIV issues in general
More information about different types of tests available
Having a script for easily raising the issue with patients
Online community where I could talk with other physicians about the challenges of testing
Mentorship program where I get guidance from a peer



Survey question: What would help you to test more patients for HIV?

CONCLUSIONS

- HIV testing recommendations made to the patient seem to be a key driver of testing
- Physician characteristics, such as specialty and age, and demographics of patient base, such as race and SES, had a significant impact on physician-reported HIV testing rates
- Many physicians perceive very high local prevalence of HIV and believe HIV/AIDS is a crisis in the Black community, yet reported testing only 34% of their patients for HIV in the past year; much of the testing was risk-based
- Training and adoption of policies around CDC guidelines may encourage more routine HIV testing and improve linkage to care in the US
- This may also apply to HCV testing because HCV is similar to HIV in that many infected individuals are unaware of their status and physicians are inconsistent in their testing practices

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