Barriers and Facilitators to Universal HIV Screening Among Internal Medicine Residents

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BACKGROUND

HIV screening rates remain low among Internal Medicine physicians despite the 2006 CDC guidelines and 2009 ACP guidelines recommending universal screening[1,2]. A national survey of internists reported only 61% offered HIV screening regardless of risk[3]. In 2008, 44.6% of Americans aged 18- 64 reported ever being tested for HIV; another survey reported that 17% of adults say a physician or health-care worker has ever suggested an HIV test[4,5].

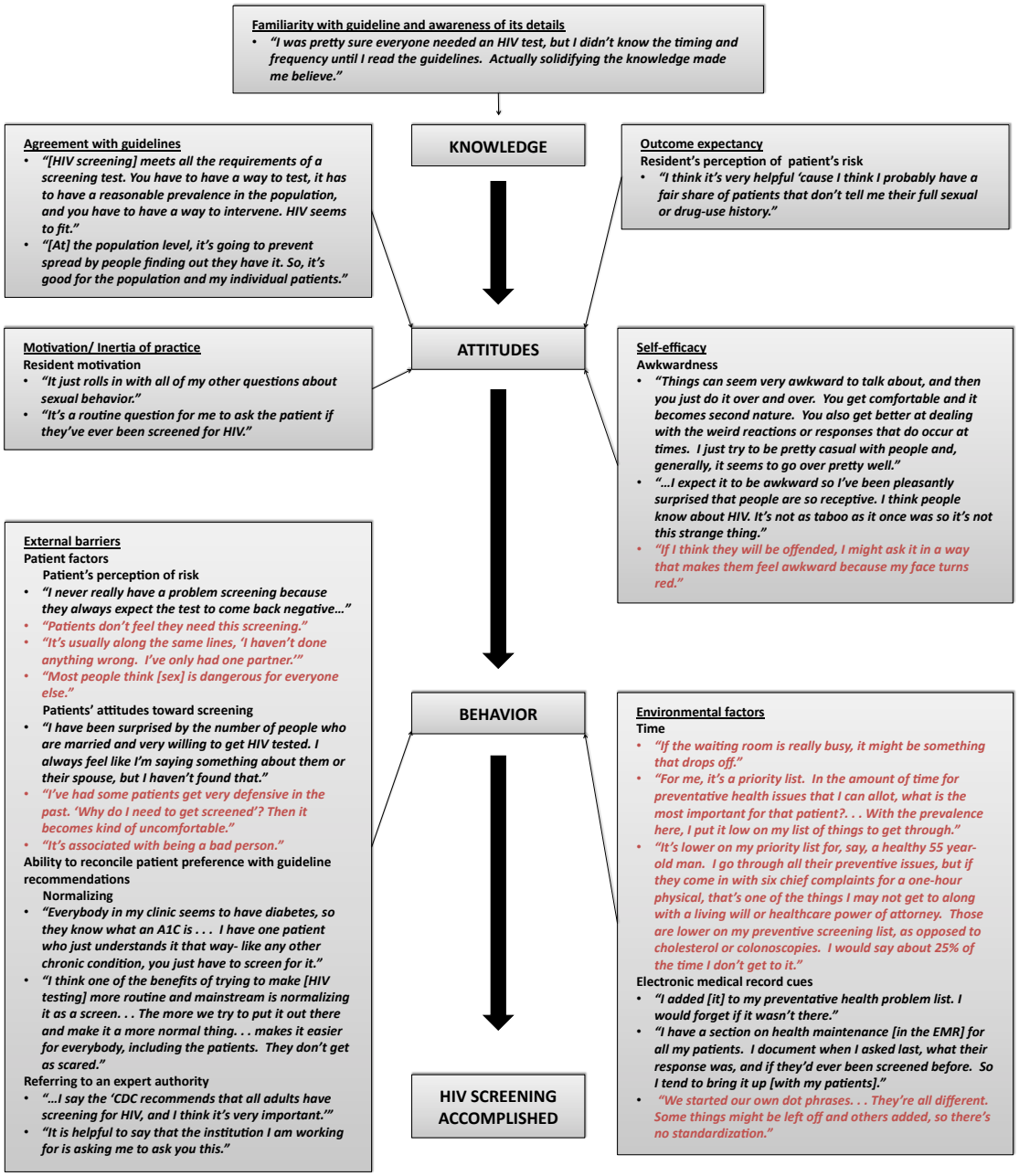
In 2010, our internal medicine residency program introduced HIV screening to an annual chart review focused on meeting preventative health guidelines. After its introduction, resident screening rates increased from 18 to 44%. This improvement prompted us to design a qualitative study examining current barriers residents encountered and facilitators they developed to increase HIV screening rates.

METHODS

Fifteen internal medicine residents, representing 20% of the training program, volunteered to participate in one of three focus groups exploring barriers and facilitators to routine out-patient HIV screening. A trained facilitator led the groups using a standardized interview guide. Questions were formulated based on 1) a knowledge-attitude-behavior framework for physician non-adherence to guidelines, 2) existing reports of barriers, and 3) informal discussions with residents and recent graduates regarding their experiences[6]. Focus groups were audio recorded, transcribed, and de-identified. Two investigators used a hybrid-thematic analysis of 1) deductive codes from the original knowledge-attitude-behavior framework and 2) inductive, HIV-specific, codes derived from the focus groups themselves to code the transcripts line-by-line[7]. Inter-rater reliability was 95%. Discrepancies and main themes were discussed until consensus was reached.

PARTICIPATING RESIDENT DEMOGRAPHICS

Characteristic	Residents (n=15)
Year of training	
First	1
Second	8
Third	6
Anticipated Specialty	
Primary Care	5
Subspecialty	9
Undecided	1
Primary care clinic site	
University clinic	11
VA clinic	4
Gender	
Male	5
Female	10



STANDARD FOCUS GROUP GUIDE

Tell me about the last patient you screened for HIV in your primary care clinic.
Can you remember a patient you didn't screen but wished you had?
Do you think most residents know the 2006 CDC guidelines?
How do you approach screening? What works well and what doesn't?
Why do you think patients decline screening?
Has it ever been awkward? What types of things do you do to keep it from becoming awkward?
What are some barriers to screening?
What has made screening easier?
Do you think the perception that we work with a low prevalence community affects physician's likelihood to screen?
What role could the electronic medical record play in HIV screening?
According to the annual chart review, HIV screening has gone up quite a bit- almost doubled. How did you guys do it, and what motivated you?

MAIN BARRIERS AND FACILITATORS

Barriers:

1. Some patients were reluctant to accept screening because of perceived low risk or stigma.
2. HIV screening became a low priority in time-limited encounters.
3. Approaches to screening were not standardized.

Facilitators:

1. Residents normalized the screening process and drew analogies to other chronic diseases.
2. Residents referred to an expert authority such as the CDC.
3. Residents developed modifications to their electronic health record templates as a cue to address the topic.

CONCLUSIONS

Internal medicine residents displayed knowledge and positive attitudes toward universal HIV screening. Most barriers were behavioral and some involved a subset of patients who indicated reluctance to undergo testing.

- **Physicians wishing to promote HIV screening in primary care should consider utilizing three facilitators in their routine:**
  1. **Normalizing the topic**
  2. **Referring to an expert authority**
  3. **Employing an electronic health record reminder**

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