
HIV Testing in Primary Care

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Advances since the 2006 CDC Guidelines for HIV screening

- Numerous studies reveal a higher level of acceptance and willingness on the part of primary care providers to offer HIV testing in their practices (esp in Ryan White–supported centers).
 - familiarity with the rationale for this recommendation
 - endorse the concept that offering an HIV test to patients is a sensible health maintenance task
- Studies have found that the majority of primary care patients (>80%) are willing to be tested.
- HIV testing laws less of a barrier to routine screening in nearly all states.
- Successful federal reforms have increased coverage for testing

Advances since the 2006 CDC Guidelines for HIV Screening

- **NEW:** The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen adolescents and adults ages 15 to 65 years for HIV infection regardless of risk.
 - **This is a grade A recommendation.** The USPSTF concludes that there is a high level of certainty for a substantial net benefit of screening for HIV infection in adolescents, adults, and pregnant women
 - Coverage and reimbursement for preventive services under Medicare, and most private insurance depend on the level of USPSTF endorsement (“A” or “B” level).

Persistent Perceived Barriers to Routine HIV Testing in Primary Care Settings

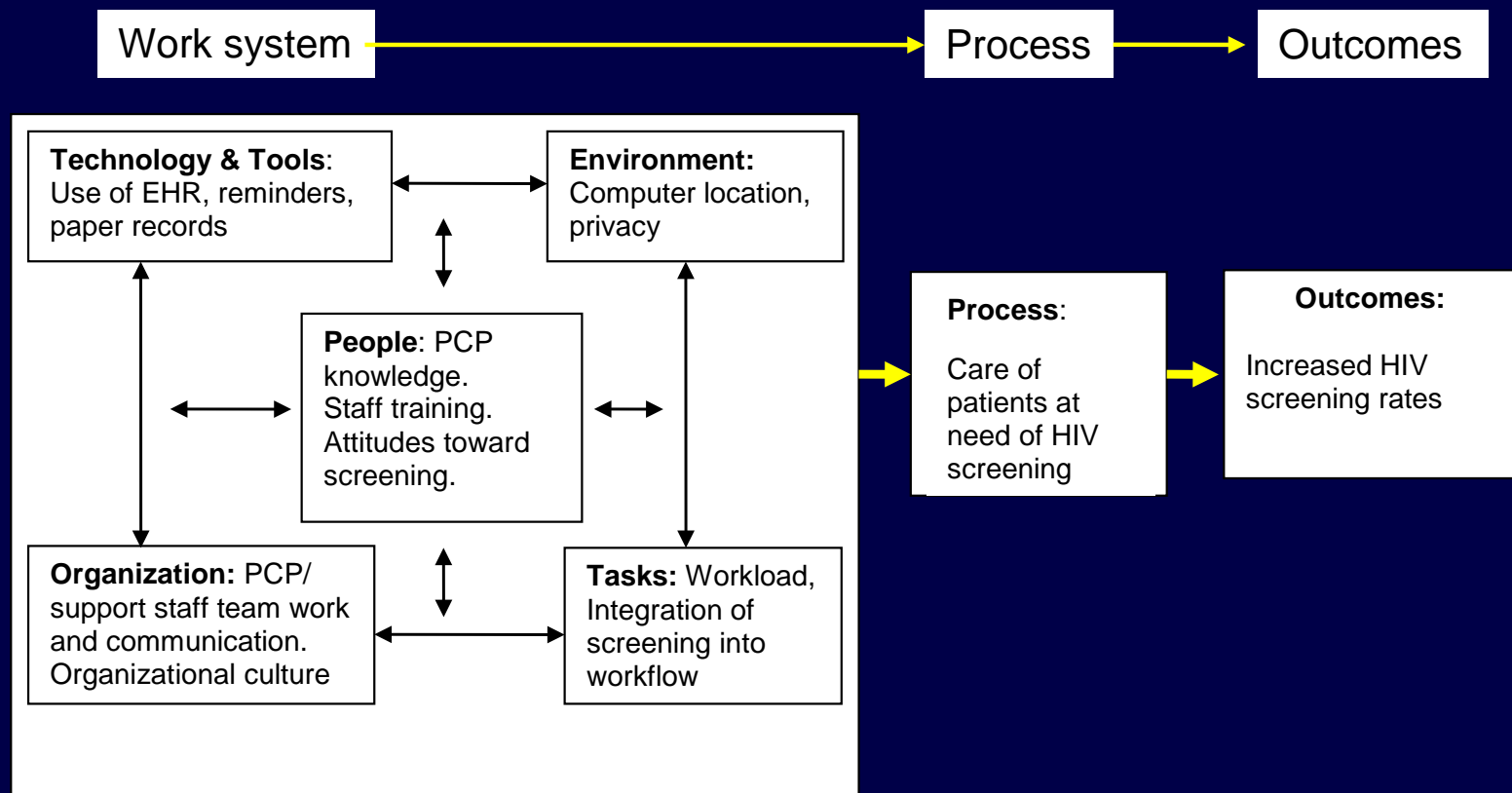
- Requires too much provider time
 - “Lack of time” is cited in all departments as an operational barrier
- Disruptive of patient flow
- Time and resources needed to train staff and develop protocols
- Staff perceptions of patient acceptability
- Concerns about the practical aspects of delivering HIV test results
- Uncertainty about insurance coverage for HIV screening.
- Provider perception that *“we are already testing a high percentage of our patients”*

Best Practice Interventions to Increase Routine HIV Testing

- Pilot interventions successfully incorporate opt-out HIV testing into routine primary care
- The exact model for routine HIV testing will differ in each setting
- Common themes from successful pilots
 - Integrate testing into existing health maintenance guidelines
 - Utilize a collaborative process
 - “outsiders” such as a quality improvement group or infectious diseases personnel without direct leadership, must establish buy-in
 - provider engagement and activation

Employ an Organizational Change Model

Systems Engineering in Patient Safety (SEIPS) Model



Best Practice Interventions to Increase Routine HIV testing

- Identification of organizational barriers
- Identify goals/outcomes before developing implementation processes
- Point-of-care testing preferred
- Ensure that providers know about linkage to care mechanisms
- Develop systems for tracking all aspects of testing
- Audit and feedback

Next Steps: Expanded Roll-out

- Determine potential areas to target for increased screening
 - Get base line data
 - Employ an organizational change model ie SEIPS
 - Examine the work system
- Develop interventions
- Implement interventions
- Reassess screening rates at the provider level