

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

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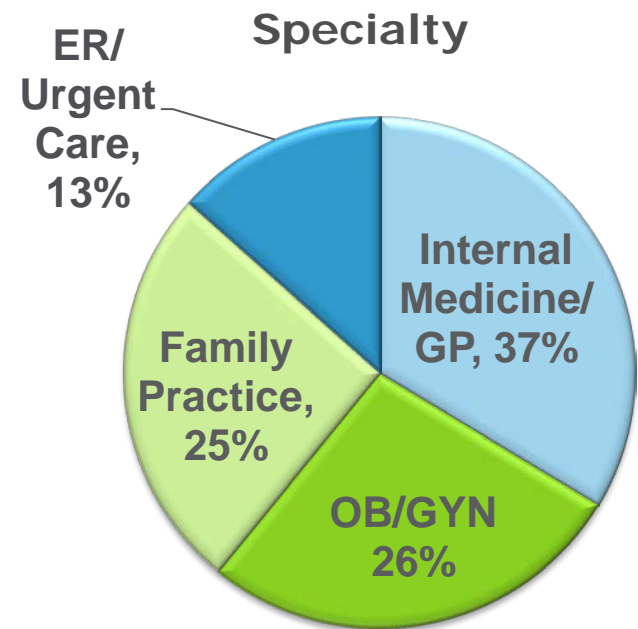


# HIV Testing Survey: Methods

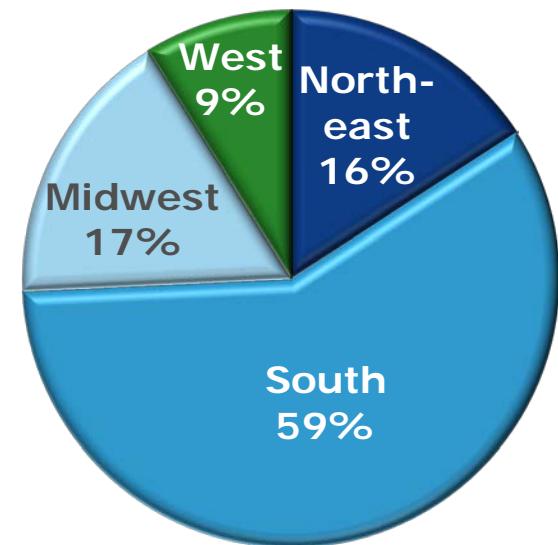
- Surveys administered at 2010 NMA Annual Convention, via e-mail invitation to eligible physicians identified through the NMA Masterfile, and through an online physician panel to reach non-NMA physicians
- Of >34,000 surveys distributed, 502 were completed
- Physicians were screened for the following inclusion criteria
  - Black race
  - Specialty in internal medicine/general practice, obstetrics/gynecology, family practice, or emergency/urgent care
  - Practicing medicine  $\geq 1$  year
  - Treating primarily adults ( $\geq 60\%$ )
  - Patient base  $\geq 20\%$  Black

# Physician Demographics<sup>a</sup>

Parameter	% Physicians (N=502)
Male	47
Age, years	
<40	27
40-49	34
>50	39
Years in Practice	
≤5	15
6-10	22
11-15	18
16-20	15
>20	30
Practice Setting	
Office	50
Hospital	32
Academia	21
Community	19
Practice Type	
Private/For-profit	67
Non-profit	30
Government	10



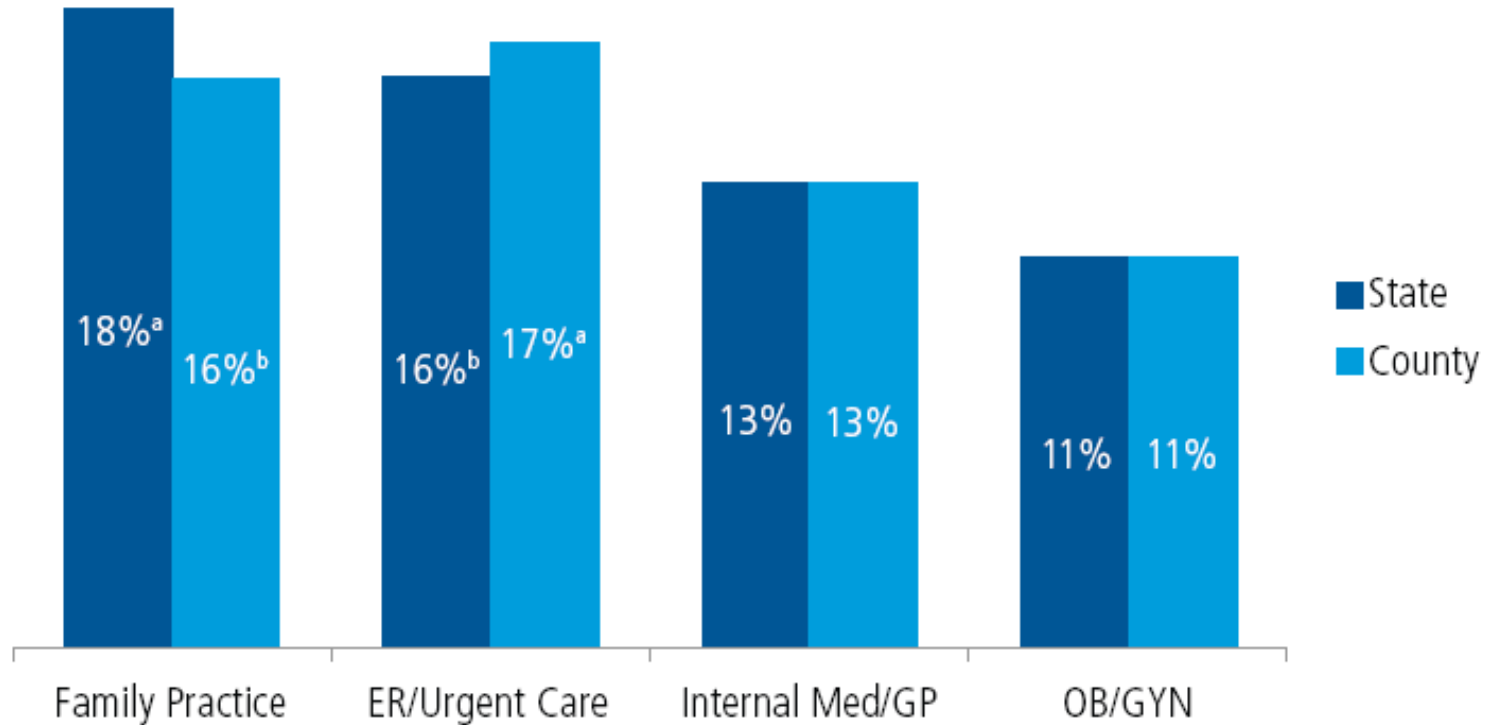
**Geographic Region**



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<sup>a</sup>Percentages may sum to >100% due to rounding; NMA, National Medical Association; ER, emergency room; GP, general practice; OB/GYN, obstetrics/gynecology

# Physicians' Perceptions of their Local HIV Prevalence, by Specialty<sup>1</sup>



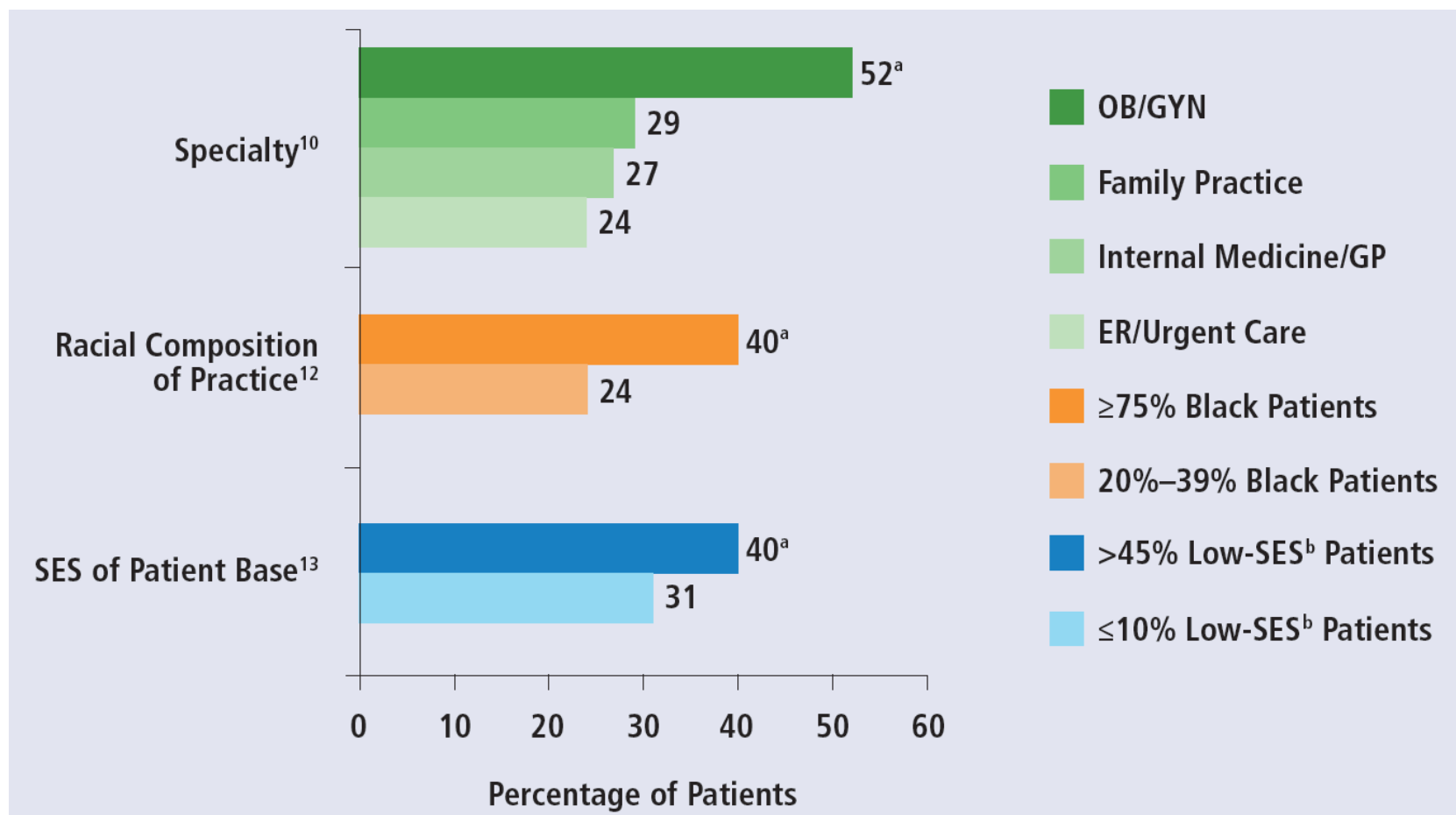
- Black physicians generally over-estimate their local prevalence of HIV
  - Actual national prevalence is <1%<sup>2</sup>
  - Washington DC has the highest rate in the US (about 3%)<sup>3</sup>

1. Jordan W, et al. AAFP Scientific Assembly 2011. Poster P111  
 2. MMWR 2011 60(21): 689-693  
 3. Tanne J. *BMJ* 2009; 338:b1205

Jordan W, et al. IAC 2012. Poster THPE591

<sup>a</sup>Significantly higher ( $P \leq 0.05$ ) than Internal Med/GP and OB/GYN;  
<sup>b</sup>Significantly higher ( $P \leq 0.05$ ) than OB/GYN; ER, emergency room;  
 GP, general practice; OB/GYN, obstetrics/gynecology

# Percentage of Patients Tested for HIV in the Past Year (Physician Reported)



<sup>a</sup>Denotes significant difference ( $P < 0.05$ ) compared with other groups in the same category; <sup>b</sup>Low-SES patients defined as poor; OB/GYN, obstetrics/gynecology; GP, general practice; ER, emergency room; SES, socioeconomic status

Jordan W, et al. AAFP Scientific Assembly 2011. Poster P111;  
 Stone V, et al. IDSA 2011. Poster 466;  
 Jordan W, et al. HIV Prevention Conference 2011. Abstract 20080  
 Jordan W, et al. IAC 2012. Poster THPE591



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# Comparing Physician Characteristics of More<sup>a</sup> vs Less<sup>b</sup> Routine HIV Testers<sup>c</sup>

More <sup>a</sup> Routine Testers (n=173)	Less <sup>b</sup> Routine Testers (n=157)
46% OB/GYN <sup>d</sup>	12% OB/GYN <sup>d</sup>
Mean age 46 yrs (generally younger)	Mean age 49 yrs (generally older)
60% women <sup>e</sup>	55% men
37% tested for HIV themselves in past year	16% tested for HIV themselves in past year
Perceived higher local HIV prevalence (16%)	Perceived lower local HIV prevalence (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)

<sup>a</sup>Tested more than 25% of patients (>50% on average); <sup>b</sup>Tested 0%–7% of patients (<3% on average); <sup>c</sup>Listed are the main differences between the “more” and “less” routine groups; <sup>d</sup>OB/GYNs tested more frequently regardless of physician gender; <sup>e</sup>Female physicians’ testing rates were likely inflated due to over-representation of OB/GYNs; OB/GYN, obstetrics/gynecology; SES, socioeconomic status

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# 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

# Acknowledgements

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