



Reducing Barriers to HIV Testing

Jennifer C. Morris, MD, MPH, Fatima Bawany, MD, Meghan K. Train, DO, FACP, and Jennifer K. Readlynn, MD, FHM
University of Rochester Medical Center

Introduction

- The New York State Department of Health has noted a rise in new HIV diagnoses in Monroe County since 2019
- Verbal or written consent for HIV-related testing has not been required per New York state law since 2017; however, the University of Rochester healthcare system continued to include documentation of consent when ordering an HIV test in inpatient and outpatient settings
- Current guidelines recommend that every person ages 15-64 be screened for HIV at least once during their lifetime
- HIV stigma has been associated with reduced rates of testing, lower rates of clinic follow-up, and negative mental health outcomes.
- Our Quality Improvement project involves removing the HIV consent button from the order set to increase rates of HIV testing and, by extension, allow more individuals with HIV to be diagnosed early and obtain the care they need.

SMART Aims

To improve HIV testing rates in adult patients at the University of Rochester Strong Internal Medicine AC5 clinic by 20% and resident inpatient units by 10% in the next 12 months.

Methods

Interventions:

- Gather data regarding baseline testing
- Removing the consent button for HIV testing in the electronic medical record
- Incorporating HIV testing as part of routine care for all patients ages 15 and older
- Developing educational materials for patients and staff to promote understanding and participation

Outcome measures:

- Number of HIV tests performed in the 24 months pre- and post-intervention
- Demographic variables of patients

Patient Education to be Added to AVS

EXPECT THE TEST

This health care facility follows good medical practice and public health law by offering HIV testing to all patients aged 13 and older.

Routine Lab Tests

- Glucose
- Cholesterol
- HIV Test
- Complete Blood Count
- Lipid Profile

HERE'S WHAT YOU NEED TO KNOW ABOUT HIV TESTING

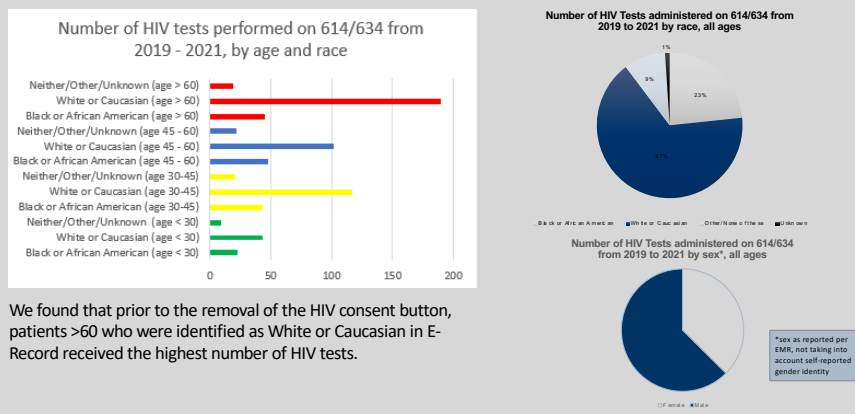
- HIV testing is voluntary and all HIV test results are confidential (private).
- HIV can be spread through unprotected sex, sharing needles, childbirth, or breastfeeding.
- Treatment for HIV is effective, has few or no side effects, and may involve taking just one pill a day.
- Partners can keep each other safe by knowing their HIV status and getting HIV treatment or taking HIV pre-exposure prophylaxis (PrEP). Not sharing needles and practicing safer sex will help protect against HIV, hepatitis C and other STDs.
- It is illegal to discriminate against a person because of their HIV status.
- Anonymous HIV testing (without giving your name) is available at certain public testing sites.
- HIV testing is a routine part of health care but you have the right to object or decline an HIV test.
- If you wish to decline HIV testing, inform the health care provider.

Talk to your health care provider about how and when you will learn your HIV results.
Worst HIV status: unknown. Testing puts you in control. HIVtestNY.org

Pre-Intervention Testing: AC5

We found that prior to the removal of the HIV consent button, approximately 52% of the AC5 clinic population had been screened for HIV at least one time. We were unable to determine if patients received more than one screening.

Pre-Intervention Testing: 614/634



Limitations

- Demographic data for AC5 patients with HIV testing was difficult to discern.
- For inpatient testing, it is unclear if HIV tests were run multiple times on the same patient and if they were for diagnostic or screening purposes

Future Directions

- Survey internal medicine residents, GMD faculty, and HMD faculty regarding their knowledge about HIV testing, including regulations around testing and how often to test different populations
- Educate AC5 staff and add HIV testing to the annual healthcare maintenance.
- Re-assess the percentage screened in AC5 Strong Internal Medicine clinic and 614/634 in the year after these changes have been made
- Streamline process of referring those with positive tests directly to HIV ID clinic from AC5

Conclusions

- Around half of AC5 patients are currently being tested for HIV at least one time.
- The highest demographic tested for HIV are white or Caucasian people over age 60 on the inpatient units.
- We need to assess baseline knowledge of faculty and residents are of the regulations regarding HIV testing and how often different patient populations should be tested.

Acknowledgements

We would like to thank the following individuals for their support and contributions:

- Conrad Gleber, MD, MBA, medical informatics
- Marguerite Urban, MD, Division of Infectious Diseases
- Rodolfo Alpizar-Rivas, MD, Division of Infectious Diseases
- Daniela DiMarco, MD, MPH, Division of Infectious Diseases
- Ann Ottman, Quality Institute

References

- Pearson CA, Johnson MO, Neilands TB, et al. Internalized HIV Stigma Predicts Suboptimal Retention in Care Among People Living with HIV in the United States. *AIDS Patient Care STDS*. 2021;35(5):188-193. doi:10.1089/apc.2020.0244
- Babel RA, Wang P, Alessi EJ, Raymond HF, Wei C. Stigma, HIV Risk, and Access to HIV Prevention and Treatment Services Among Men Who have Sex with Men (MSM) in the United States: A Scoping Review. *AIDS Behav*. 2021;25(11):3574-3604. doi:10.1007/s10461-021-03262-4