

Increasing HIV Screening in ECU General Pediatrics Clinic

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Our Team

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Background

HIV Testing

- In the United States, over one million adolescents and adults are currently living with human immunodeficiency virus (HIV).
 - Around 50% of undiagnosed infections were amongst those aged 13–24 years old, the largest percentage of all age groups.
- The American Academy of Pediatrics recommends HIV testing for all sexually active adolescents, and HIV screening at least once by age 16 to 18 years old **regardless of sexual activity** if the prevalence in a community is greater than 0.1%.
 - The prevalence in Greenville, NC is 0.35%.

Background



In our clinic:

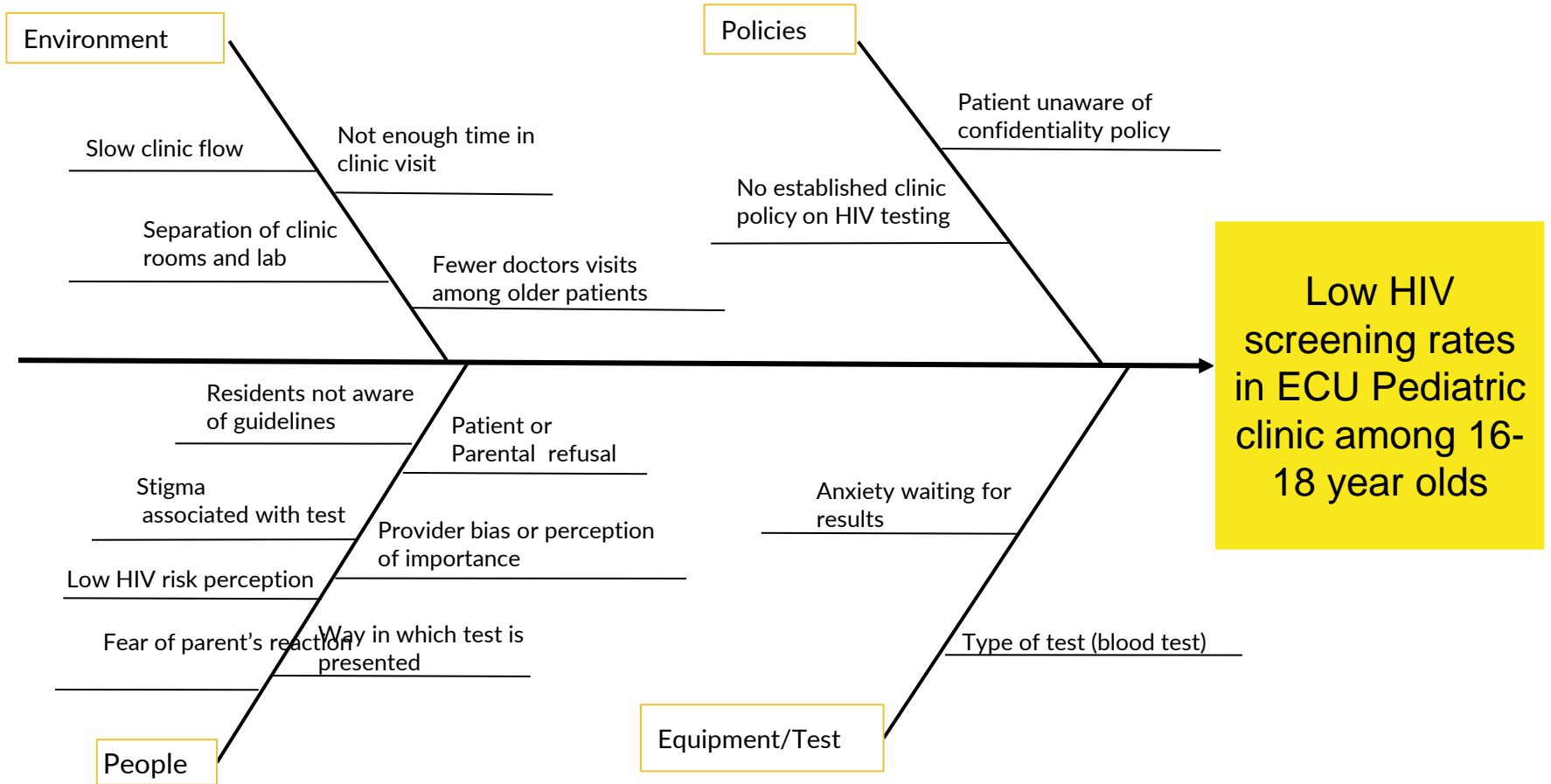
- Currently, there is no formal process in our clinic to check HIV levels. It is up to the discretion of the resident attending to offer screening to eligible patients.
- One of the major gaps is the lack of knowledge about the current AAP guidelines about HIV screening and to do so for 16-18 year olds regardless of sexual activity.
- Additionally, another gap is the way we communicate/offer the screening tests to our patients, which may result in more patients declining the screening, if offered.

Background

- Most sexually active adolescents and young adults do not feel that they are at risk of HIV infection and do not get tested.
- Adolescents also cite concerns about confidentiality, access to testing, and invasive blood procedures as barriers to testing

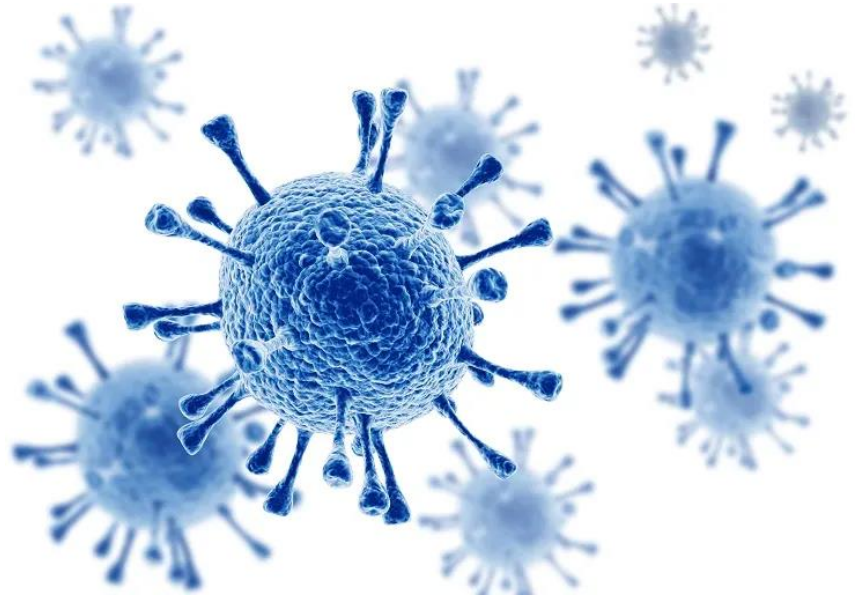
Pediatrics 2011;128:1023–1029

Background (cont)



Aim Statement

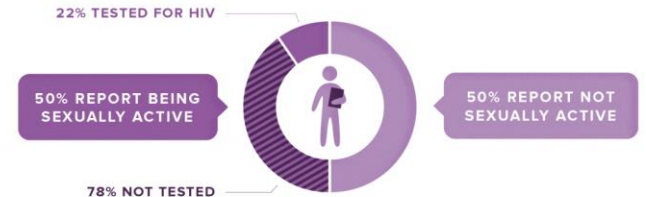
- Our aim is to increase the rate of HIV testing in 16-18 year old adolescent patients in the general pediatrics clinic to 50% by February 2022.



Measures

- We measured the rate of 16-18 year old males and females who have received an HIV screening test.
- Disparity measure(s):
 - Gender screening rate disparity

Improving HIV screening for adolescents when they go to their primary care doctor

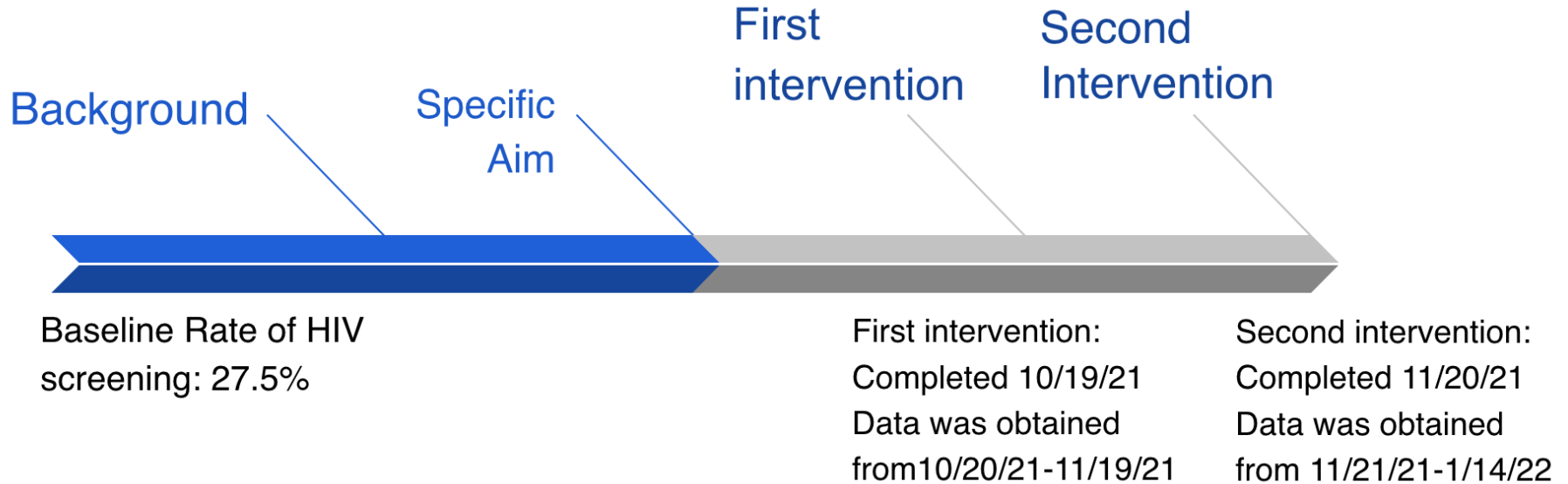


Almost 78% of youth who reported to be sexually active have not been tested for HIV.

Measures

- Retrospective data collection by manual chart review of 16–18-year-old clinic visits to assess whether HIV screening was completed.
 - Patients who received a prior HIV test or patients who had a virtual visit were excluded.
- Baseline Measurement - Forty patients were reviewed during our baseline data collection the week of September 27th, 2021
- Outcome measurement - The percentage of adolescent patients who were tested for HIV

Measurements



- Forty patients were chart reviewed following each of the PDSA cycles
- A total of 120 encounters were analyzed

Improvements

FIRST INTERVENTION

- Educate all providers via email on importance of HIV screening in 16-18 year olds
- Attaching a reminder to all clinic workspaces that physicians use

After our first intervention, we found the most common reason for a patient to reject HIV testing was sexual activity status

Improvements

SECOND INTERVENTION

- An educational video was sent out demonstrating a mock patient encounter on how to approach the conversation regarding HIV screening and the importance to screen, regardless of sexual activity

Because sexual activity was major factor in decision for HIV testing among patients, a mock interview was distributed to all residents

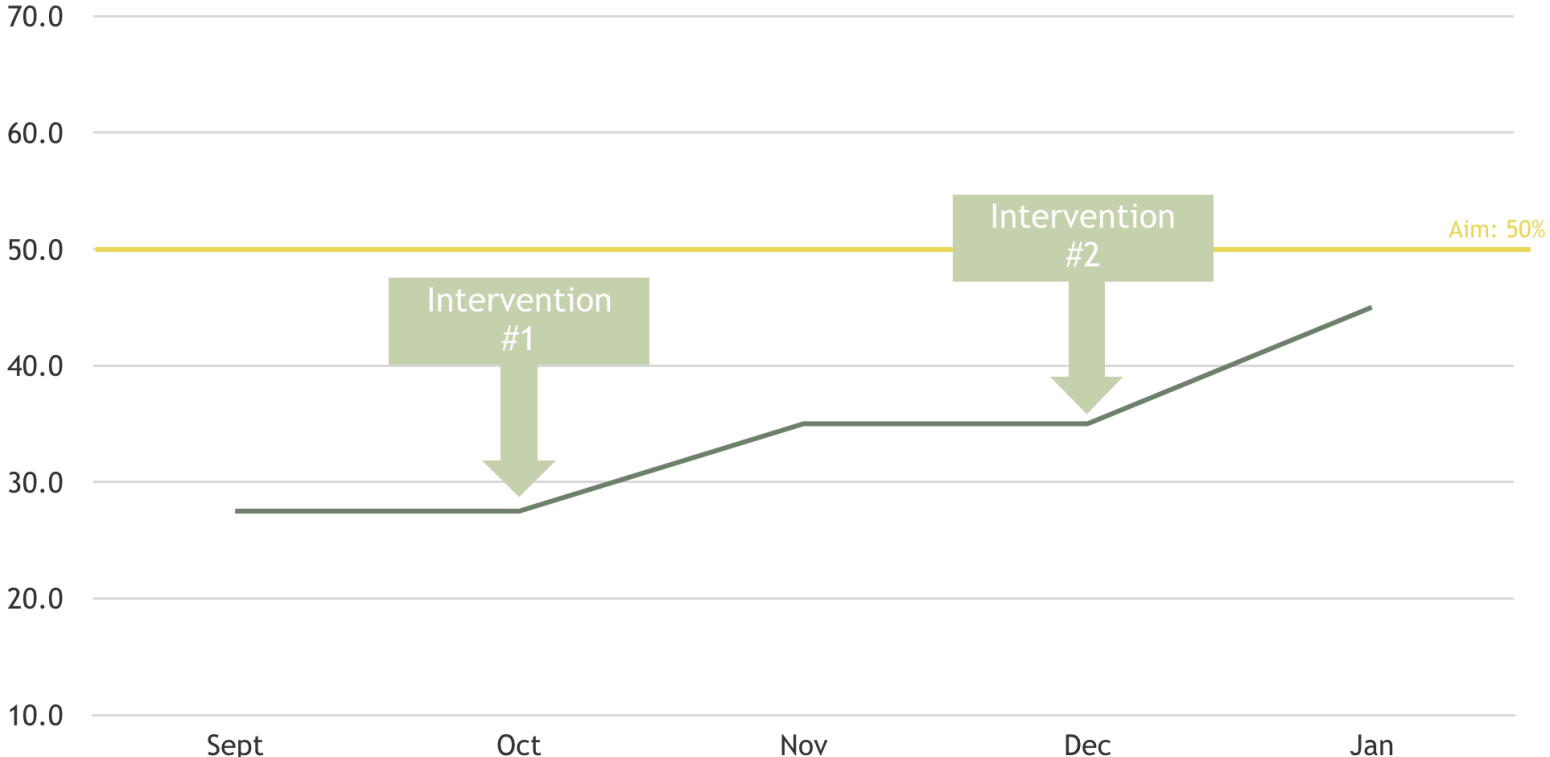
Outcomes

- After our first intervention HIV screening rate **increased from 27.5% (baseline) to 35%**
- After our second intervention, screening rate **was further improved to 45%**
 - We did not reach our aim to increase rate of testing to 50% among all adolescents, but did increase rates of HIV testing overall
- We also found a gender disparity in the HIV screening rate
 - Baseline HIV screening was 22% in females and 35% in males
 - After two PDSA cycles:
 - Female HIV screening rate increased to 40%
 - Male HIV screening rate increased to 50%

The HIV screening rate improved for both genders, but the HIV screening rate was still lower in females

Run Chart

Percentage of 16-18 Year Old Adolescent Patients Tested for HIV in the General Pediatrics Clinic



Challenges faced and overcome

- Low adolescent visit compliance rate
 - Rejection to HIV testing due to sexual inactivity
 - Rejection to HIV screening due to fear to parental retaliation
 - Stigma by providers and communities remains an important obstacle
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- **Future alternatives**
 - Broaden age group and consider other health entities recommendations
 - Further explore gender disparity

References

American Academy of Pediatrics advises Universal, routine HIV screening in teens and biomedical HIV prevention for youth at risk. Home. (2021, December 20). Retrieved January 18, 2023, from <https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-advises-universal-routine-hiv-screening-in-teens-and-biomedical-hiv-prevention-for-youth-at-risk/>

Centers for Disease Control and Prevention. (2006, September 22). *Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings.* Centers for Disease Control and Prevention. Retrieved January 18, 2023, from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>