Battling the Stigma: HIV Screening in Resident Primary Care Clinic

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HIV affects ~1.2 million in the US, with 25% unaware of their status and annual incidence of 50,000. Early detection and treatment reduces risk of AIDS-related deaths and transmission. Both the CDC and the US Preventative Service Task Force recommend routine HIV screening.

The Providence Medical Group at St Vincent (PMG-STV) resident clinic has no routine screening protocol.
• 24% (757/3139) of all clinic patients have ever been screened.
• Of active clinic patients seen quarterly, 5% are offered screening with only 3% completing screening.

We implemented and measured a clinic-wide HIV screening protocol leveraging existing clinic workflows.

We aimed to increase screening of active clinic patients from 3% to 25% at one year.

**RESULTS / DISCUSSION**

Our primary outcome was to increase quarterly HIV screening rate of active patients, with a secondary outcome to increase overall clinic HIV screening rate.

We increased the quarterly screening rate of active patients from 3.34% to 9.19% (P<0.001) by increasing quarterly screening offered from 5.31% to 13.94% (p<0.001).

We increased overall clinic screening from 24% to 30% (757/3139 to 987/3214).

**Patient Uptake**
While we nearly tripled number of HIV screening ordered, only 65% of patients completed screening. Even when screening is offered, not all patients will complete it; uptake did not increase with increased screening tests ordered.

**Barriers**
• Physicians, including residents, may find screening unrelated to their patients’ acute needs, are limited by time, or are not comfortable discussing this subject.
• Patients may resist or not complete screening for self-perceived low risk, HIV stigma, or need for additional phlebotomy.

**Next Steps**
• Active outreach to healthy patients not seen in clinic
• Import records of screening from other health systems

Though much work remains, we nearly tripled guideline-recommended HIV screening among active patients by implementing a routine screening practice leveraging existing clinic workflows.