

Physician Survey



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Executive Summary

Background

Get Tested Coachella Valley (GTCV) is a region-wide public health campaign dedicated to dramatically reducing HIV by making HIV testing standard and routine medical practice, and by ensuring that those who test positive are linked to care (www.gettestedcoachellavalley.org). The campaign is driven by a coalition of 50 community partners under the leadership of Desert AIDS Project (D.A.P.)

GTCV officially launched a three-year campaign to the general public in January of 2014, although there was an 18-month period of research, design, and planning prior to the public launch. Part of these preparations included hiring Health Assessment Resource Center (HARC, Inc.) to design and implement a variety of research and evaluation activities.

This report details one of those research and evaluation projects: a survey to capture the attitudes, behaviors, and beliefs of physicians in the Coachella Valley. This analysis will be repeated again at the end of the GTCV campaign.

Method

HARC and GTCV worked together to design a brief survey for physicians practicing medicine in the Coachella Valley. The survey was offered online and in-person on paper at one hospital's medical staff meeting. A total of 50 physicians completed the survey, 44 online and 6 on paper. All of these physicians were caring for patients in the Coachella Valley at the time of survey completion.

Physician Characteristics

Specialties of participating physicians varied widely; Family Medicine, Internal Medicine, Emergency Medicine, and Surgery were some of the more common. About 41% of participating physicians currently supervise trainees. On average, participating physicians have been practicing medicine post-residency for 19 years. The majority of participating physicians (88%) were male. Most participating physicians practice in an office and/or hospital; clinic settings were also common. Most participating physicians were a part of a group practice, although about a third were solo practitioners.

Patient Characteristics

Most of the participating physicians' patients were covered by Medicare or Medi-Cal, both of which cover the cost of routine HIV screening. Thus, lack of insurance does not appear to be a primary barrier to conducting HIV tests in clinical settings in Coachella Valley.

All participating physicians serve at least some adults and teens, and thus, should be conducting at least some HIV tests, as per the CDC's recommendations that all patients aged 13 to 64 should be routinely screened for HIV in healthcare settings. About 49% of participating physicians treat primarily teens and adults, and thus, should be conducting HIV tests for the majority of their patients.

HIV Testing

On average, participating physicians have each personally treated 234 patients in the past 30 days. In contrast, participating physicians have only ordered or conducted an average of 8 HIV tests in the past 30 days. Only 9.5% of participating physicians have ordered or conducted more than 10 HIV tests in the past month, despite seeing hundreds of patients. On average, participating physicians tested approximately 3% of their patients.

This discrepancy may be because many participating physicians believe that testing is not appropriate, not applicable, or not in their scope of practice. Others do not test because most or all of their patients have already been tested for HIV. Others are prevented from testing due to time limitations during the visit.

Only two of the participating physicians had a standard protocol for HIV testing at their training institution. Thus, lacking initial formal training, these physicians may need follow-up training (such as continuing medical education) and/or assistance from organizations like GTCV in order to make HIV testing routine in their practice

Physicians indicated that it would be helpful to have literature about HIV testing to give to the patients, and to have a better understanding of the CDC recommendations. System barriers, such as issues with electronic health records, were also mentioned as a barrier to routine HIV testing. Thus, GTCV should continue to produce educational materials for both the public and for the physicians themselves, and should ramp up efforts to make providers aware of the availability of these resources.

About half of participating physicians strongly believe in the importance of routine HIV testing for teens and adults. About 9% of participating physicians indicated they do not have a professional opinion on the subject, and thus, are likely excellent targets for GTCV to “convert” into understanding the importance of this test. About 7% of participating physicians do not believe that routine HIV testing is important, and thus are unlikely to be swayed by GTCV’s message without an enormous amount of time and effort.

As a testament to the strength of the GTCV’s publicity campaign, most participating physicians had at least heard of the GTCV campaign, although levels of familiarity varied. However, about a third had never heard of the GTCV campaign prior to taking the survey. Thus, it is clear that the publicity campaign still has strides to make in raising awareness of the GTCV movement among physicians.

One of the last questions on the survey asked physicians to give their perspective on increasing routine HIV testing: “One of the goals of the Get Tested Coachella Valley campaign is to encourage healthcare providers to offer HIV tests to all of their patients age 12 and over. Do you have any suggestions or feedback on how to best accomplish this?”

Results echoed the very same themes that GTCV centers around: education of the public, education of providers, and reduction of stigma. This confirms yet again that the GTCV strategy is a strong one.

Introduction

Background

According to the latest estimates from the Centers for Disease Control and Prevention (CDC), over 1.1 million people in the United States are living with HIV.¹ An additional 50,000 people are infected with HIV each year in the United States.² Approximately 70% of sexually-transmitted HIV cases are attributed to people who are unaware of their HIV-positive status, and thus, HIV testing is a critical first step in halting the AIDS epidemic, as this will increase the percent of our population who are aware of their HIV status.³ In the Coachella Valley, over half of adults (55.1%) have never been tested for HIV, presenting a major barrier to ending the AIDS epidemic.⁴ When a person with HIV tests positive and is linked to care, they antiretroviral therapy. Research has shown that individuals on antiretroviral therapy are 96% less infectious than their counterparts without medication.⁵ Thus, testing the public and linking those who test positive to care is a critical step in eliminating HIV.

Get Tested Coachella Valley (GTCV) was launched in an attempt to combat the HIV epidemic in the Coachella Valley region of Southern California. GTCV is a regional public health campaign that strives to dramatically reduce HIV by making HIV testing standard and routine medical practice, and by ensuring linkage to care for those who test positive (www.gettestedcoachellavalley.org). The GTCV campaign is multi-pronged, including efforts to:

- Educate medical professionals about HIV testing and encourage them to incorporate HIV testing as a routine practice for all patients;
- Increase the number of non-clinical tests (i.e., tests offered in non-medical settings) that are offered throughout the Coachella Valley;
- Increase public awareness and decrease stigma such that more people seek out HIV tests; and
- Provide a Linkage to Care network that can help refer any Valley residents who have been diagnosed with HIV to the specialized care that they need.

While GTCV has been several years in the making, for the purposes of data analysis, GTCV was officially launched to the public in 2014, and will be a three-year project initially (that is, the calendar years of 2014, 2015, and 2016).

In 2013, GTCV partnered with HARC, Inc., a local research and evaluation nonprofit, to evaluate the many facets of the GTCV campaign. This particular report covers one of these evaluation components: a survey of the attitudes, beliefs, and behaviors of Coachella Valley physicians.

¹ Centers for Disease Control and Prevention (2013). HIV Surveillance Report, 2011. Volume 223. Available online at: http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance_Report_vol_23.html

² Ibid.

³ Marks, G. (2006). Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS*, 20(10), 1447-1450.

⁴ HARC (2014). Coachella Valley Community Health Monitor Executive Report 2013. Available online at: http://harcdata.org/pdfs/HARC_CoachellaValley_ExecutiveReport_2013.pdf

⁵ Cohen, M.S., Chen, Y.Q., McCauley, M., et al. (2011). Prevention of HIV-1 infection with early antiretroviral therapy. *New England Journal of Medicine*, 365, 493-505.

Physicians and HIV Testing

Physicians and clinical settings play a critical part in the fight to end the HIV epidemic. In an effort to ensure that everyone is tested, in 2006 the Centers for Disease Prevention and Control (CDC) released formal recommendations for making HIV testing routine in all healthcare (clinical) settings. Specifically, the CDC recommends that all patients aged 13 to 64 should be routinely screened for HIV in healthcare settings.⁶

Despite this recommendation, HIV testing is not commonly done in clinical settings. Previous research has shown that although 88% of physicians were aware of the CDC guidelines recommending that everyone ages 13 to 64 be tested in healthcare settings, these physicians only conducted HIV tests with 2% of the patients they had seen in the last 30 days. Some studies have attempted to assess why this might be. For example, one study of general internists found that barriers to routine HIV testing included other priorities at the time of visit, lack of time, and patient reluctance/refusal.⁷

HARC and GTCV's previous work has demonstrated that physicians are a key access point to improving HIV testing rates in the Coachella Valley. In the July of 2014, HARC conducted a community survey about HIV testing on behalf of GTCV. Data collection was done in both English and Spanish, both online and in person. A total of 995 community members participated in the survey. Results demonstrated that only 56% of these community members had been tested for HIV.

Those who had been tested for HIV were asked why they got tested. The number one reason for getting tested was, "My healthcare provider offered to do the test." To complement this perspective, those who had never been tested for HIV were asked why they had not been tested. The second-most common reason for not getting tested was, "My doctor/healthcare provider has never offered to test me" (behind only "I don't think I'm at risk for getting HIV"). Thus, it was clear that physicians have great influence over whether or not Coachella Valley community members are getting tested for HIV.

To understand more about physicians' attitudes, beliefs, and practices regarding HIV testing, HARC and GTCV created a physician survey.

⁶ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings (2006). Centers for Disease Control and Prevention, MMWR. Available online at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

⁷ Korthuis, P.T., Berkenblit, G.V., Sullivan, L.E., Confrancesco, J., Cook, R.L., Bass, M., Bashook, P.G., Edison, M., Asch, S.M., & Sosman, J.M. (2011). General internists' beliefs, behaviors, and perceived barriers to routine HIV screening in primary care. *AIDS Education and Prevention*, 23, 3, 70-83.

Methods

HARC and GTCV staff worked together to develop the physician survey. Several physicians involved in the GTCV campaign reviewed and revised the survey tool to ensure that the language was appropriate and the terminology was correct.

Recruitment was conducted primarily through the Riverside County Medical Association's email list of members. Unfortunately, due to a miscommunication, the initial recruitment email was sent by RCMA on Tuesday, November 25 instead of Monday, December 1st (World AIDS Day) as planned. This email received a 30% open rate.

On Monday, December 1st, Susan Unger, the Director of GTCV, sent a personal email to her contacts at each of the three regional hospitals (Desert Regional Medical Center, Eisenhower Medical Center, and JFK Memorial Hospital). The email included the email that was sent by RCMA, and asked them personally to send the email on to their physicians.

The recruitment request was also included in RCMA's monthly newsletter, which went out via fax and email from RCMA on Tuesday, December 9, 2014.

RCMA sent a reminder email to all RCMA members who did not open the initial email on Thursday, December 11. A final reminder email was sent from RCMA to all RCMA members on Tuesday, December 16, 2014.

On January 7, 2015, Susan Unger sent a personal email to her contacts at each of the three regional hospitals, asking if there might be an upcoming provider meeting where the survey could be publicized, and paper copies could be distributed. One of the hospitals responded in the affirmative. Paper copies were distributed at a physician meeting on January 13, 2015.

The survey was closed on February 5, 2015. HARC entered data from the paper copies, and cleaned and analyzed the data to create this report.

Results

Physician Characteristics

A total of 50 physicians completed the survey, 44 online and six on paper. All of these physicians were currently caring for patients in the Coachella Valley.

Specialty

As illustrated in Table 1, physician's specialties vary widely with some of the most common being family medicine, internal medicine, emergency medicine and surgery.

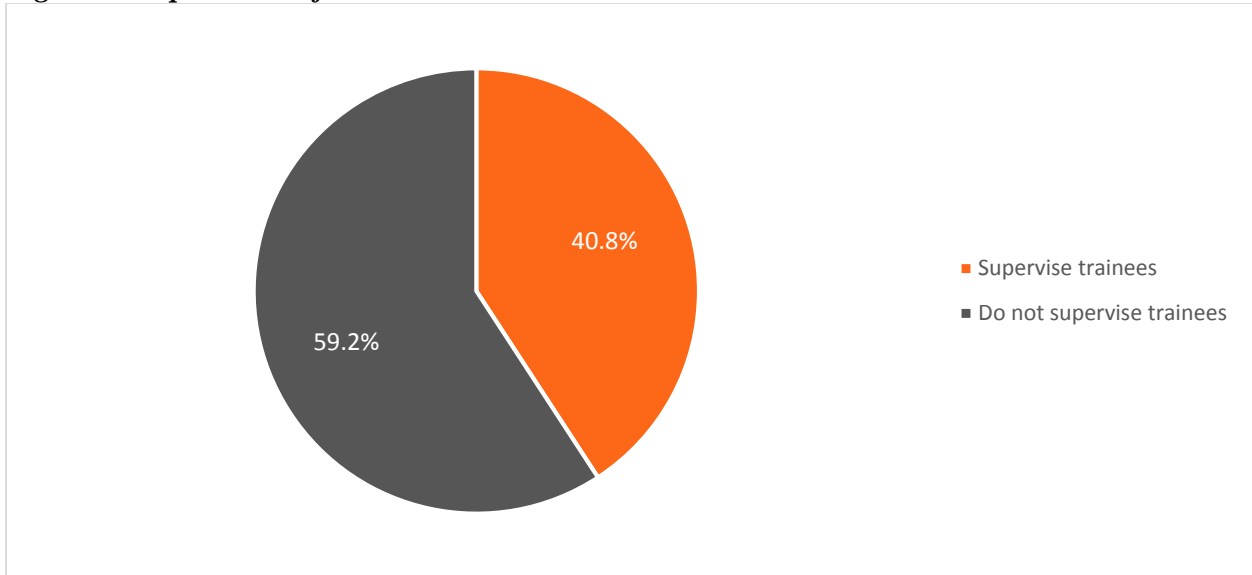
Table 1. Specialty

Specialty	Frequency	Percent
Family Medicine	7	14.6%
Internal Medicine	6	12.5%
Emergency Medicine	4	8.3%
Surgery	4	8.3%
Ophthalmology	2	4.2%
Radiology	2	4.2%
Allergy and Immunology	1	2.1%
Colon and Rectal Surgery	1	2.1%
Neurological Surgery	1	2.1%
Obstetrics and Gynecology	1	2.1%
Orthopedic Surgery	1	2.1%
Otolaryngology	1	2.1%
Pediatrics	1	2.1%
Physical Medicine and Rehabilitation	1	2.1%
Plastic Surgery	1	2.1%
Thoracic and Cardiac Surgery	1	2.1%
Other	13	27.1%
Total	48	100.0%

Supervision

As illustrated in Figure 1, about 41% of participating physicians currently supervise trainees such as med students, physician residents, or physician fellows.

Figure 1. Supervision of Trainees

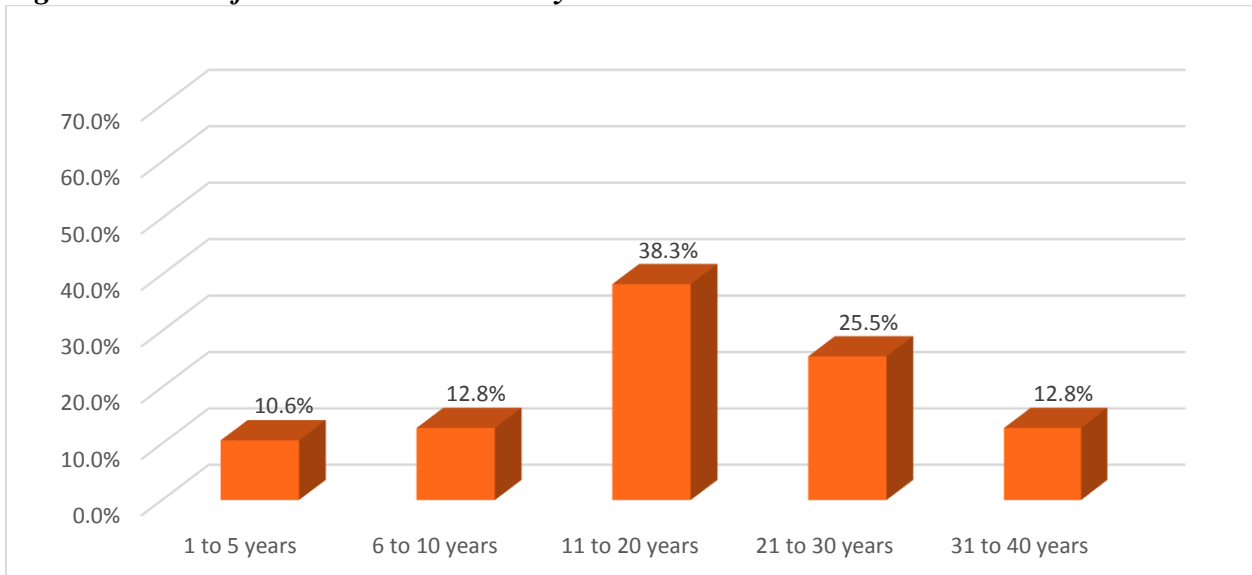


Note. n = 49.

Years of Practice

The average physician in this sample had been practicing medicine for 19 years, although years of practice ranged from 1 to 39. As illustrated in Figure 2, most physicians in this sample were very experienced, and had been practicing medicine post-residency for at least a decade.

Figure 2. Years of Practice Post-Residency

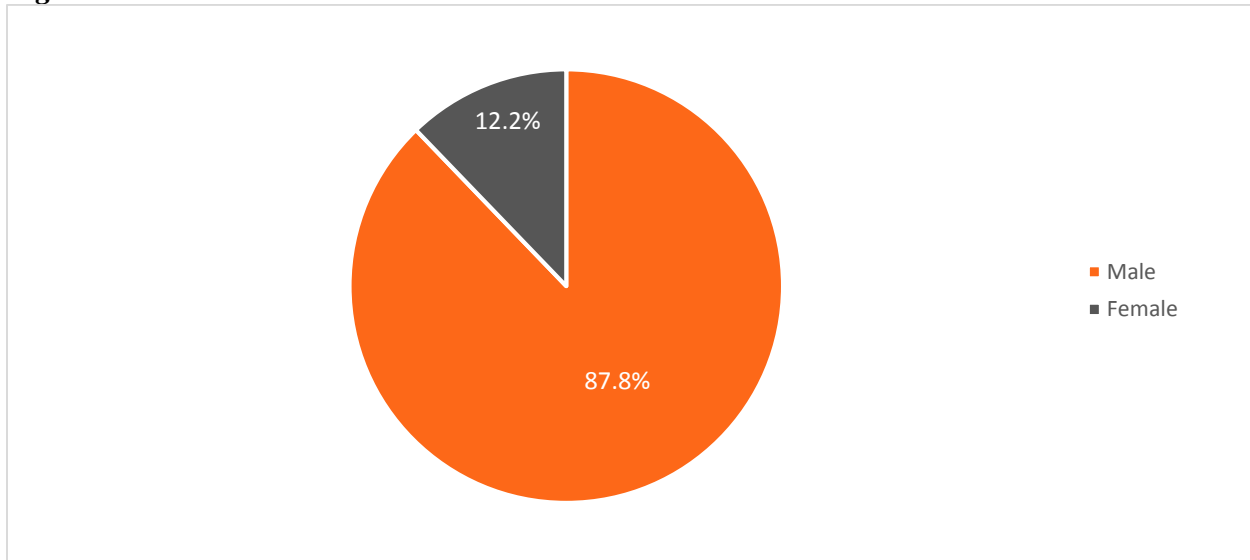


Note. n = 47.

Gender

The vast majority of participating physicians are male, as illustrated in Figure 3. Only six female physicians participated in the study.

Figure 3. Gender



Note. n = 49.

Setting

The majority of participating physicians, 68.0%, practice in an office setting. Other common settings include hospitals and clinics, as illustrated in Table 2.

Table 2. Setting

Setting	Frequency	Percent
Office	34	68.0%
Hospital	28	56.0%
Clinic	11	22.0%
ER	5	10.0%
Urgent Care	1	2.0%
Other	5	10.0%

Type of Practice

The majority of participating physicians (about 61%) practice in a group practice. As illustrated in Table 3, about 30% of participating physicians practice in their own solo practice.

Table 3. Type of Practice

Type of Setting	Frequency	Percent
Medium to large group practice	15	32.6%
Solo practice	14	30.4%
Small group practice	13	28.3%
Academic medical group	3	6.5%
Other	1	2.2%

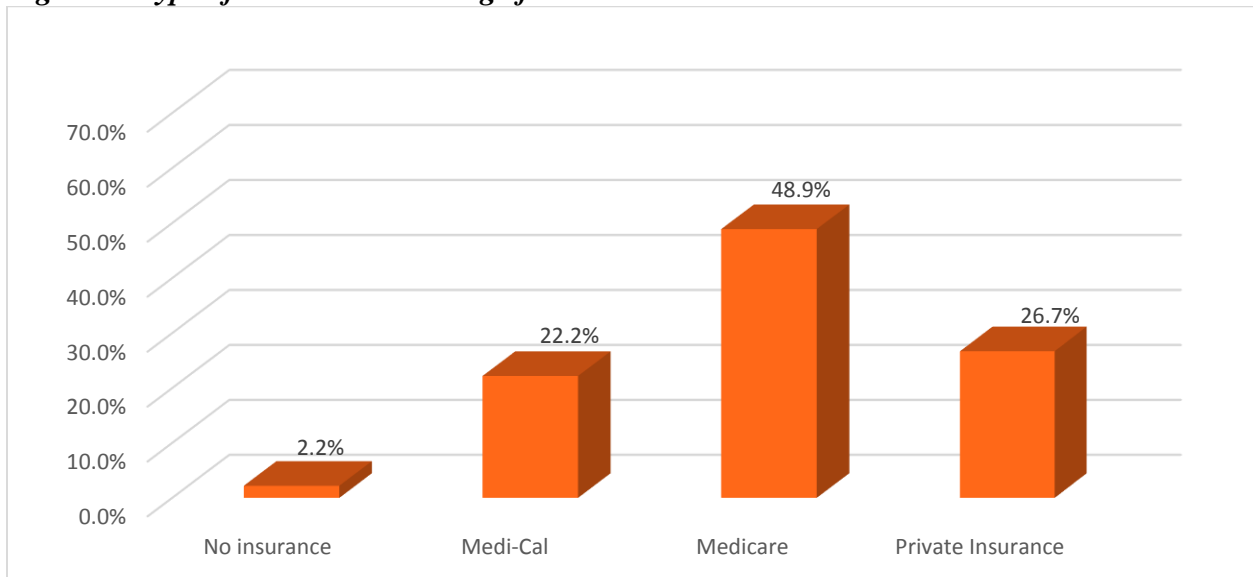
Patient Characteristics

Insurance Coverage

As illustrated in Figure 4, most participating physicians' patients are covered by Medicare or Medi-Cal, the state of California's Medicaid program.

Medicare Part B covers HIV screenings once every 12 months for anyone who requests the test.⁸ Medi-Cal also covers routine HIV screening.⁹ Private insurance varies based on the insurer, but nearly all cover routine HIV screening. Thus, most of the patients that are treated by participating physicians have healthcare coverage that would indeed cover the entire cost of an HIV test. Therefore, lack of healthcare coverage does not appear to be a primary barrier to conducting HIV tests in clinical settings in the Coachella Valley.

Figure 4. Type of Insurance Coverage for Most Patients



Note. n = 45.

⁸ Medicare.gov: Is my test, item, or service covered? HIV Screening. Available online at:

<http://www.medicare.gov/coverage/hiv-screening.html>

⁹ State Medicaid Coverage of Routine HIV Screening. (2014). The Henry J. Kaiser Family Foundation. Available online at: <http://kff.org/hiv/aids/fact-sheet/state-medicare-coverage-of-routine-hiv-screening/>

Age

The CDC recommends that all patients aged 13 to 64 should be routinely screened for HIV in healthcare settings.¹⁰ Thus, any physicians who routinely treat teens and adults should be screening for HIV on a regular basis.

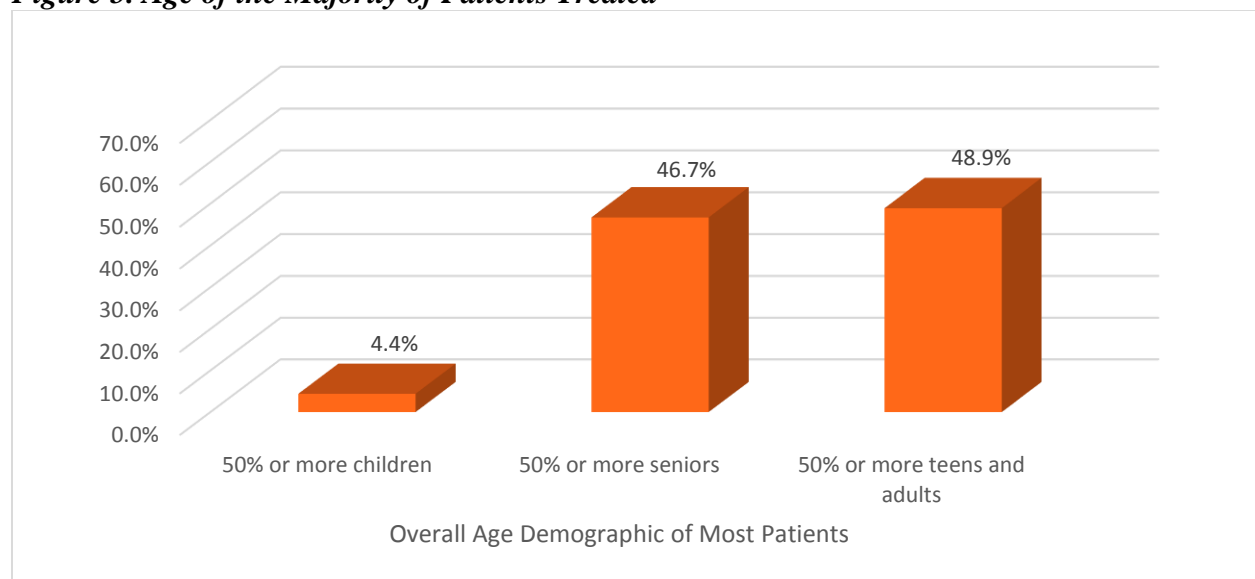
To assess this, participating physicians were asked to report what percent of their practice were young children (0 to 10), adolescents and teens (11 to 17), adults (18 to 64), and seniors (65 and over).

All participating physicians served at least *some* teens and adults, and thus, all participating physicians should be conducting at least some HIV tests. However, it is logical that physicians who treat primarily young children (ages 10 and below) would not routinely conduct HIV tests on their patients, nor would those who treat primarily seniors (age 65 and above). As illustrated in Figure 5, about 4% of participating physicians treated primarily young children (50% or more of their patients fell into this age group), and thus, are unlikely to engage in high levels of HIV testing in their practice.

About 47% of participating physicians primarily treated seniors age 65 and over, as illustrated in Figure 5. Thus, it is natural that their HIV testing rates might be lower than those whose practice focuses on teens and/or adults.

About 49% of participating physicians primarily treat adults and teens between the ages of 11 and 64, and thus, should be routinely ordering HIV tests for the majority of their patients.

Figure 5. Age of the Majority of Patients Treated



Note. n = 45.

¹⁰ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings (2006). Centers for Disease Control and Prevention, MMWR. Available online at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

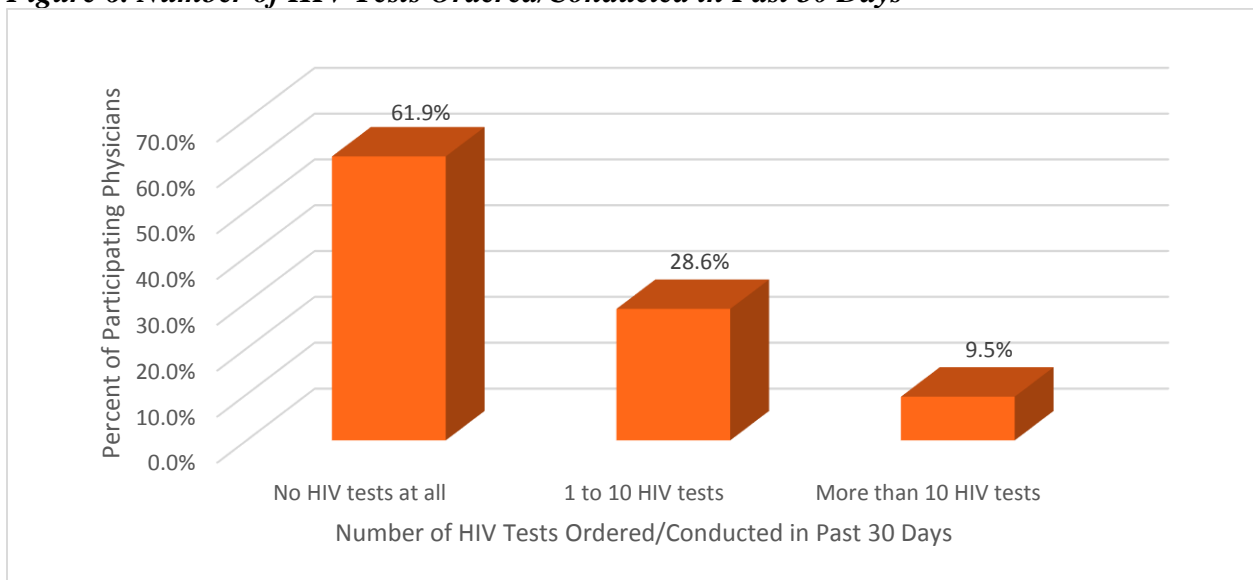
HIV Testing

To assess frequency of HIV testing behavior, physicians were asked two questions: 1) how many patients they had personally seen in the past 30 days, and 2) How many HIV tests they had personally ordered or conducted on their patients in the past 30 days.

On average, participating physicians treated 235 patients in the past 30 days. This ranged from not seeing any patients in the past month (3 physicians) to seeing 600 patients in the past month (3 physicians).

In stark contrast, the average number of HIV tests ordered in the past 30 days was only eight. As illustrated in Figure 6, the majority of participating physicians had not ordered or conducted any HIV tests in the past month. Only four physicians, or 9.5% of participating physicians, had ordered or conducted more than 10 HIV tests in the past 30 days.

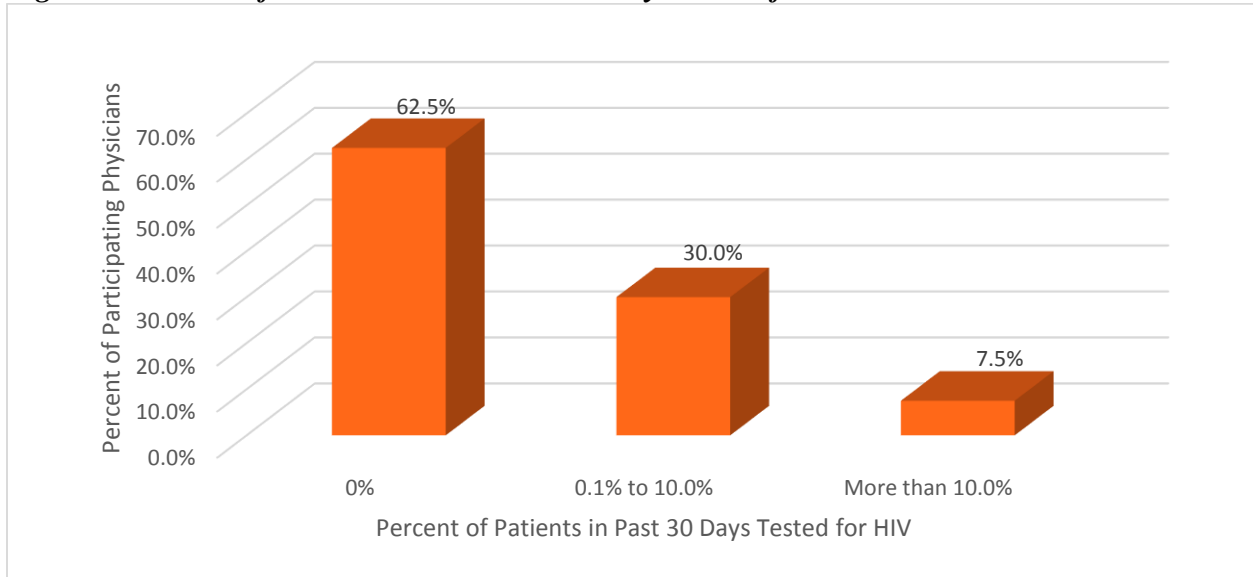
Figure 6. Number of HIV Tests Ordered/Conducted in Past 30 Days



Note. $n = 42$.

On average, participating physicians tested approximately 3% of their patients for HIV in the preceding month. This ranged from 0% of patients (25 physicians) to a high of 42% of patients (one physician). As illustrated in Figure 7, only 7.5% of participating physicians tested more than 10% of their patients for HIV.

Figure 7. Percent of Patients Seen in Past 30 Days Tested for HIV



Note. n = 40.

Facilitators of HIV Testing

To assess what factors might make HIV testing easier to implement, participating physicians were asked, “What factors, if any, would increase the number of HIV tests that you order for your patients? Please check all that apply.” As illustrated in Table 4, many participating physicians stated that facilitators were “not applicable” to them. This may be because they have no intention of testing their patients (for example, if they typically treat young children), or if their patients have all already been tested for HIV (for example, if they work at Desert AIDS Project).

Ten physicians stated that having literature about HIV testing to give to patients would help them to implement HIV testing. GTCV has already produced some literature for the community; from this it is clear that this is a strong strategy that GTCV should continue to support. Additionally, some physicians may not be aware of the availability of these materials, and thus, GTCV should work to raise awareness among physicians that these materials exist and are available for use. One participant suggested, “Specifically literature that focused on the ‘test everybody’ strategy recommended by CDC”.

Additionally, it may be fruitful to offer some educational materials for the physicians themselves on the CDC recommendations as well as how to offer counseling services.

Table 4. Facilitators of HIV Testing

Factors that would increase the number of HIV tests ordered	Frequency	Percent
Not applicable	14	28.0%
None	10	20.0%
Having literature about HIV testing to give to patients	10	20.0%
Better understanding of CDC recommendations	8	16.0%
Training in counseling services	6	12.0%
Better reimbursement for counseling time	6	12.0%
Having information about state and local consent requirement	4	8.0%
Other	8	16.0%

Several of those who selected “other” indicated that they already offer tests. For example, one physician stated, “I already order HIV test, as I am involved in the area of HIV disease”. Another said, “I am an ID physician and order the test whenever possible.”

Others listed reasons why they do not offer tests. For example, “Patients not at risk” and “Pediatric dentist”.

One physician indicated that getting buy-in from elderly patients was difficult: “Persuading people over 70 in low risk groups that they should be tested”.

Barriers to HIV Testing

To assess what barriers currently exist that prevent routine HIV testing, participants were asked, “What factors, if any, reduce the number of HIV tests that you order? Please check all that apply.”

As illustrated in Table 5, many physicians report that most or all of their patients have already been tested for HIV, and thus, they may not see the need to conduct the test again. Many participating physicians have other priorities at the time of their visit, and thus, may not be able to fit HIV testing in.

Table 5. Barriers to HIV Testing

Factors that may reduce HIV testing	Frequency	Percent
All (or most) of my patients have already been tested for HIV	14	28.0%
I have other priorities at the time of the visit	11	22.0%
I am concerned about how my patients might react to being offered the test	5	10.0%
There is not enough time	5	10.0%
I am uncomfortable broaching the subject with my patients	2	4.0%
Some of my patients have refused to be tested or HIV	1	2.0%
Other	16	32.0%

Of note, 16 physicians selected “other” barriers. Those physicians were then asked to elaborate. Many stated that they did not test because it was not applicable, not appropriate, or not necessary. For example:

- “Not applicable in my practice”
- “Not appropriate”
- “Not in scope of practice”

Some explained why they didn’t believe HIV testing was necessary. A few physicians felt that the setting in which they practice was a barrier. For example:

- “ER is not the correct setting for such testing”
- “Not necessary for trauma”
- “Specialist”
- “Not every patient setting is the correct setting for the discussion and follow up for HIV testing.”

Several physicians stated that their patients were very low risk, which may be why they do not regularly test for HIV. For example:

- “Extremely low risk population”
- “Low risk patients”
- “Most pts not high risk”

One physician stated, “dont know regs or recs”, [sic] indicating that they would likely benefit from education and outreach from GTCV regarding the CDC’s recommendations, as mentioned in the facilitators section.

Another physician noted difficulty with the electronic health records (EHR) which impeded their ability to offer HIV tests: “My system does not allow results to populate in the EHR. They are kept in a top-secret mystery file, so I have no way of tracking when the last HIV test might have been. It's difficult to remember to ask every patient when their last test was, especially when I'm meeting them all for the first time. (I'm a new provider in the system.)”

Thus, it seems that systems change, especially pertaining to the EHR, would likely remove barriers and facilitate frequent HIV testing in clinical settings for some care providers.

One physician's response was, “The few HIV positive patients I see always disclose that they are HIV positive”.

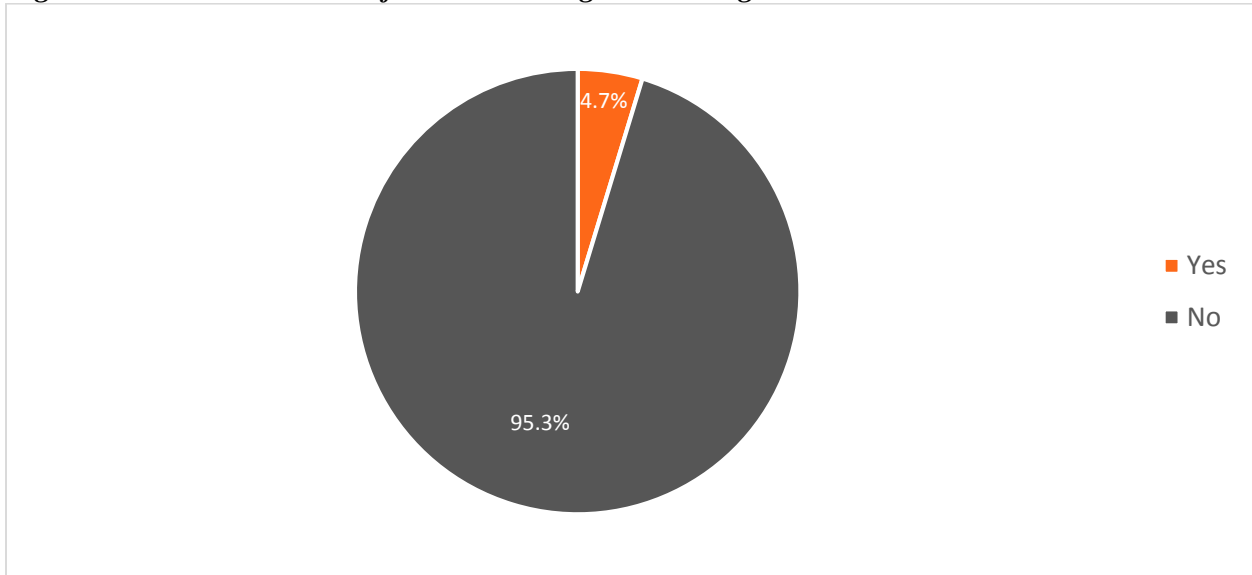
Training About HIV Testing

Some physicians may not be conducting HIV testing regularly because they were not trained on the procedure. This is especially relevant for this group of physicians, several of whom have been practicing for longer than HIV has been in existence.

Thus, to assess their experience, participating physicians were asked, “At your training institution (where you did your residency and/or fellowship), was there a standard protocol for HIV testing?”

For the majority of physicians, 95.3%, there was not a standard protocol for HIV testing at their training institution, as seen in Figure 8. Only two of the participating physicians indicated that there was a standard protocol for HIV at their training institution. Thus, many of these physicians were not exposed to HIV testing protocol at their training institution, and must rely on continuing education to introduce the topic. Thus, it seems that GTCV’s strategy of offering continuing education opportunities for physicians may be a strong approach.

Figure 8. Standard Protocol for HIV Testing at Training Institution



Note. n = 43.

Attitudes Towards HIV Testing

Attitudes and beliefs are deep-rooted feelings about subjects which can be difficult to shift. To assess physicians' attitudes towards HIV testing, participants were asked, "Which statement best describes your professional opinion about HIV testing?" and given five options.

As illustrated in Table 6, almost half of participating physicians believed it is critically important that every teen and adult get tested for HIV at least once. About 9% of participating physicians have no professional opinion about HIV testing, and thus, are prime targets for GTCV's campaign. In contrast, about 7% of participating physicians either believe that routine HIV testing is not very important, or completely disagree with the CDC's recommendation to make HIV testing routine. It is unlikely that the GTCV campaign will be able to move such deep-seated beliefs without a great deal of effort.

Table 6. Professional Opinion on HIV Testing

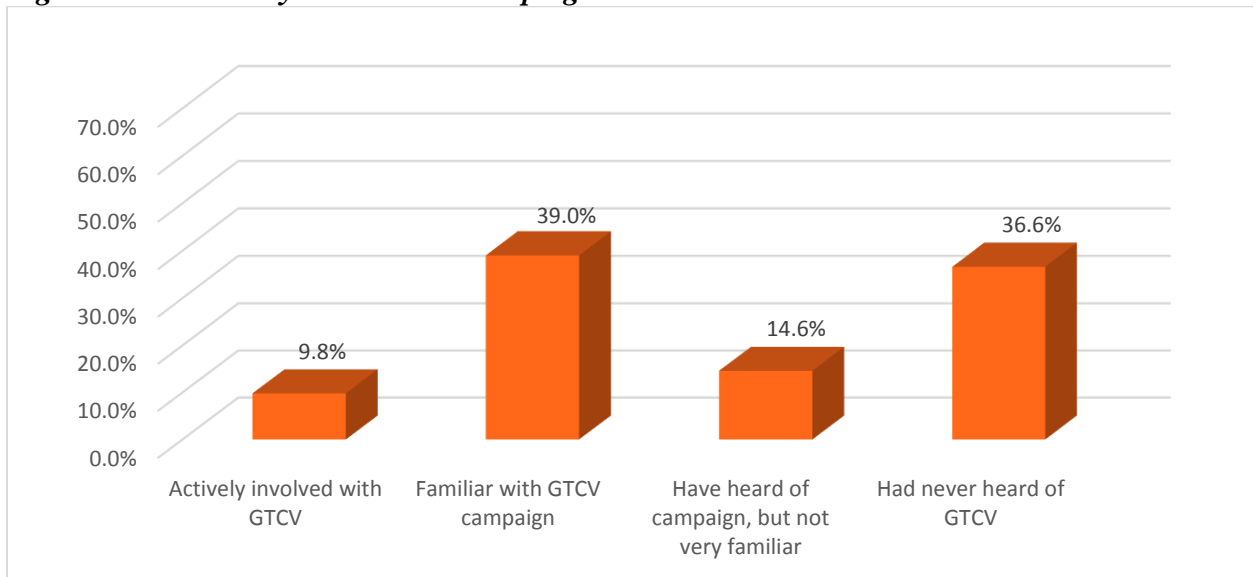
	Frequency	Percent
I think it is critically important that every teen and adult get tested for HIV at least once	21	48.8%
I think it is somewhat important that every teen and adult get tested for HIV at least once	15	34.9%
I do not have a professional opinion about HIV testing	4	9.3%
I think it is not very important that every teen and adult get tested for HIV at least once	1	2.3%
I'm opposed to the CDC recommendation that all teens and adults should be tested for HIV at least once	2	4.7%
Total	43	100.0%

Knowledge of GTCV

To assess provider knowledge of the GTCV campaign, each participant was asked, “Prior to taking this survey, were you at all familiar with the Get Tested Coachella Valley campaign? Please select the statement that best describes your level of familiarity with the Get Tested Coachella Valley campaign.”

As a testament to the strength of the GTCV’s publicity campaign, most participating physicians (63.4%) had at least heard of the GTCV campaign, although levels of familiarity varied. However, as illustrated in Figure 9, about a third had never heard of the GTCV campaign prior to taking the survey. Thus, it is clear that the publicity campaign still has strides to make in raising awareness of the GTCV movement among physicians.

Figure 9. Familiarity with GTCV Campaign



Note. n = 41.

Physician Perspectives and Suggestions

One of the last questions on the survey asked physicians to give their perspective on increasing routine HIV testing: “One of the goals of the Get Tested Coachella Valley campaign is to encourage healthcare providers to offer HIV tests to all of their patients age 12 and over. Do you have any suggestions or feedback on how to best accomplish this?”

Results echoed the very same themes that GTCV centers around: education of the public, education of providers, and reduction of stigma.

Several comments pertained to educating and empowering the public so that they can request the test and be comfortable with the concept of routine HIV testing:

- “Educate the public!”
- “I think ads and other means of communication with the community should stress that HIV is or should be as common as any other routine blood test, at least done once on each adult regardless of risk group status”
- “Education to the public regarding why they should ask to be tested.”
- “We should reach out the various health plans, hmos. Consider having bill boards. Have the ‘get tested’ ads in doctors offices just like there are ads for immunizations for flu.”

Others focused on physician or hospital education and/or changes in procedures:

- “I believe that it is all about Provider awareness/education. Once ‘old’ habits are broken, Providers will accept testing as a ‘standard’.”
- “Send information to primary doctors.”
- “Convince Eisenhower that they need to get on board the destigmatization train by making results available in EMR and the patient portal, rather than hidden away in a top-secret bunker.”
- “Address med staff meetings”
- “I believe it is a marketing strategy. Providers need to be reminded again and again. Awareness will eventually affect provider prescribing habits.”

And finally, several participating physicians noted the important role of stigma reduction:

- “Educate, encourage, try to lower the stigma. Counsel.”
- “Education of community, doctors, general public. Reduce the stigma. Improving access to care.”
- “Somehow lessen the stigma associated with testing, i.e. some patients think that asking to be tested for HIV may be implying that they are irresponsible in their sex lives”

Based on these comments and suggestions, GTCV’s multi-prong approach of educating the public and the care providers while lowering stigma appears to be a winning strategy.

Conclusion

As demonstrated in HARC's Community Survey for GTCV, physicians play a huge role in making HIV testing the standard practice and reducing the spread of HIV throughout the Coachella Valley. The results of this study confirm that routine HIV testing is not the norm for many doctors. Some of this may be because they believe it is inappropriate for their patient population or their setting, others simply because they lack the time.

Based on these results, GTCV should continue to offer education and interventions aimed at both providers and the general public. While the public needs to be empowered to ask for the test, the providers also need assistance to make HIV testing truly routine.

Offering education to providers is likely to help, especially for those who did not have an HIV testing protocol at their training institution. This will also be especially beneficial for those who are not as familiar with the CDC's recommendations. Education and outreach to physicians may also help to change beliefs about who should be tested and in what settings. Systematic changes, such as changing the structure of electronic health records, should be explored as well. Providing physicians with literature to give to patients would be beneficial for many providers. The publicity campaign, which is already strong, needs to be continued and further strengthened, in order to raise awareness that these valuable resources exist, and to spread the GTCV message to all physicians in the Valley.

Overall, GTCV's multi-prong approach of educating providers, educating and empowering the public, and working to reduce stigma seems to be making a strong impact, based on physician feedback.