

Providence St. Joseph Health

## Providence St. Joseph Health Digital Commons

---

Providence St. Vincent Internal Medicine

Oregon Academic Achievement

---

4-29-2020

### Battling the Stigma: HIV Screening in Resident Primary Care Clinic

Garrett Spencer

*Providence St. Vincent, Internal Medicine Residency, Portland, Oregon, Garrett.Spencer2@providence.org*

Laura Loertscher

*Providence St. Vincent, Portland, Oregon, LAURA.LOERTSCHER@providence.org*

Shelley Sanders

*Providence St. Vincent, Internal Medicine, Portland, Oregon*

Follow this and additional works at: [https://digitalcommons.psjhealth.org/psv\\_internal](https://digitalcommons.psjhealth.org/psv_internal)



Part of the [Internal Medicine Commons](#)

---

#### Recommended Citation

Spencer, Garrett; Loertscher, Laura; and Sanders, Shelley, "Battling the Stigma: HIV Screening in Resident Primary Care Clinic" (2020). *Providence St. Vincent Internal Medicine*. 10.

[https://digitalcommons.psjhealth.org/psv\\_internal/10](https://digitalcommons.psjhealth.org/psv_internal/10)

This Poster is brought to you for free and open access by the Oregon Academic Achievement at Providence St. Joseph Health Digital Commons. It has been accepted for inclusion in Providence St. Vincent Internal Medicine by an authorized administrator of Providence St. Joseph Health Digital Commons. For more information, please contact [digitalcommons@providence.org](mailto:digitalcommons@providence.org).

# Battling the Stigma: HIV Screening in Resident Primary Care Clinic

Garrett Spencer, MD, Laura Loertscher, MD, Shelley Sanders, MD

Providence St. Vincent, Internal Medicine Residency, Portland, Oregon



## INTRODUCTION

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.

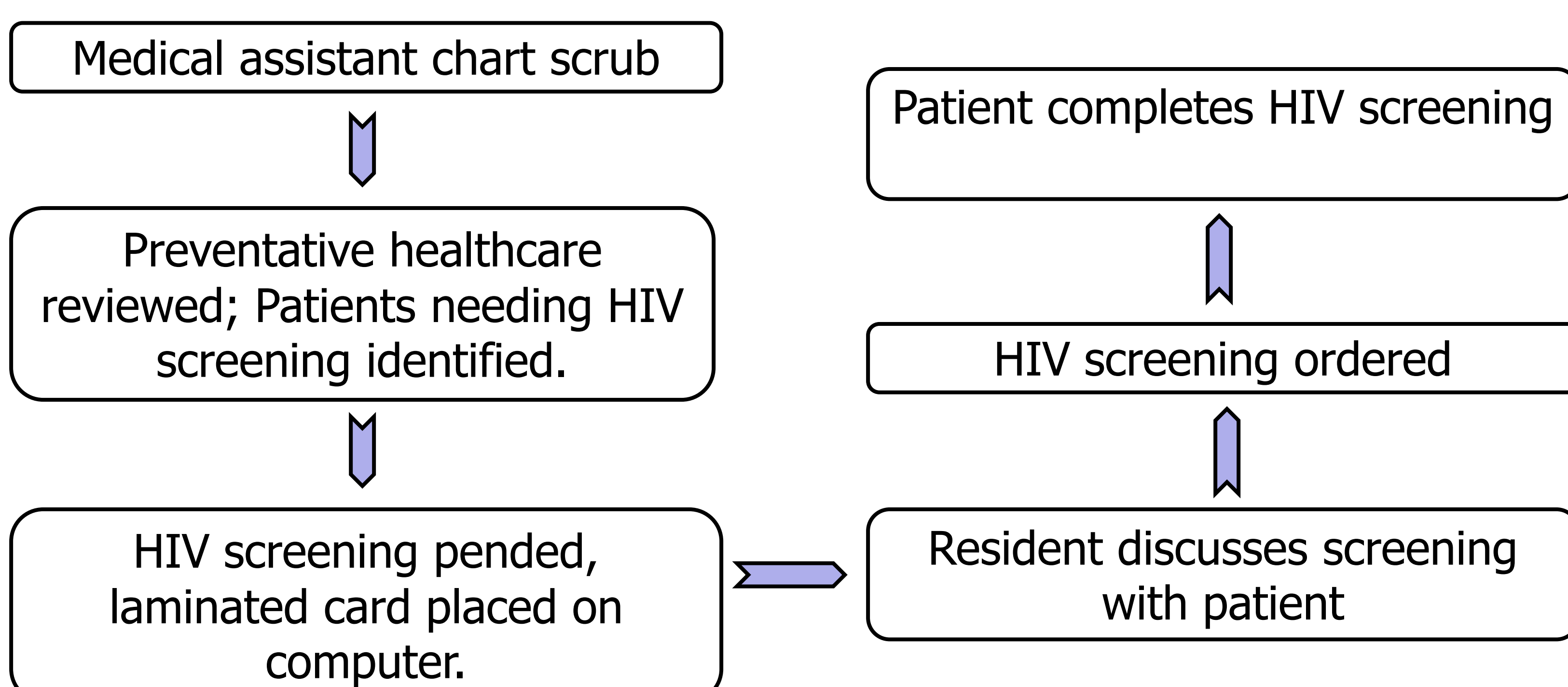
## METHODS

Using a time-series design we measured quarterly rates of HIV screening tests ordered and resulted in active clinic patients, ages 18-65 and seen in office, during the study period.

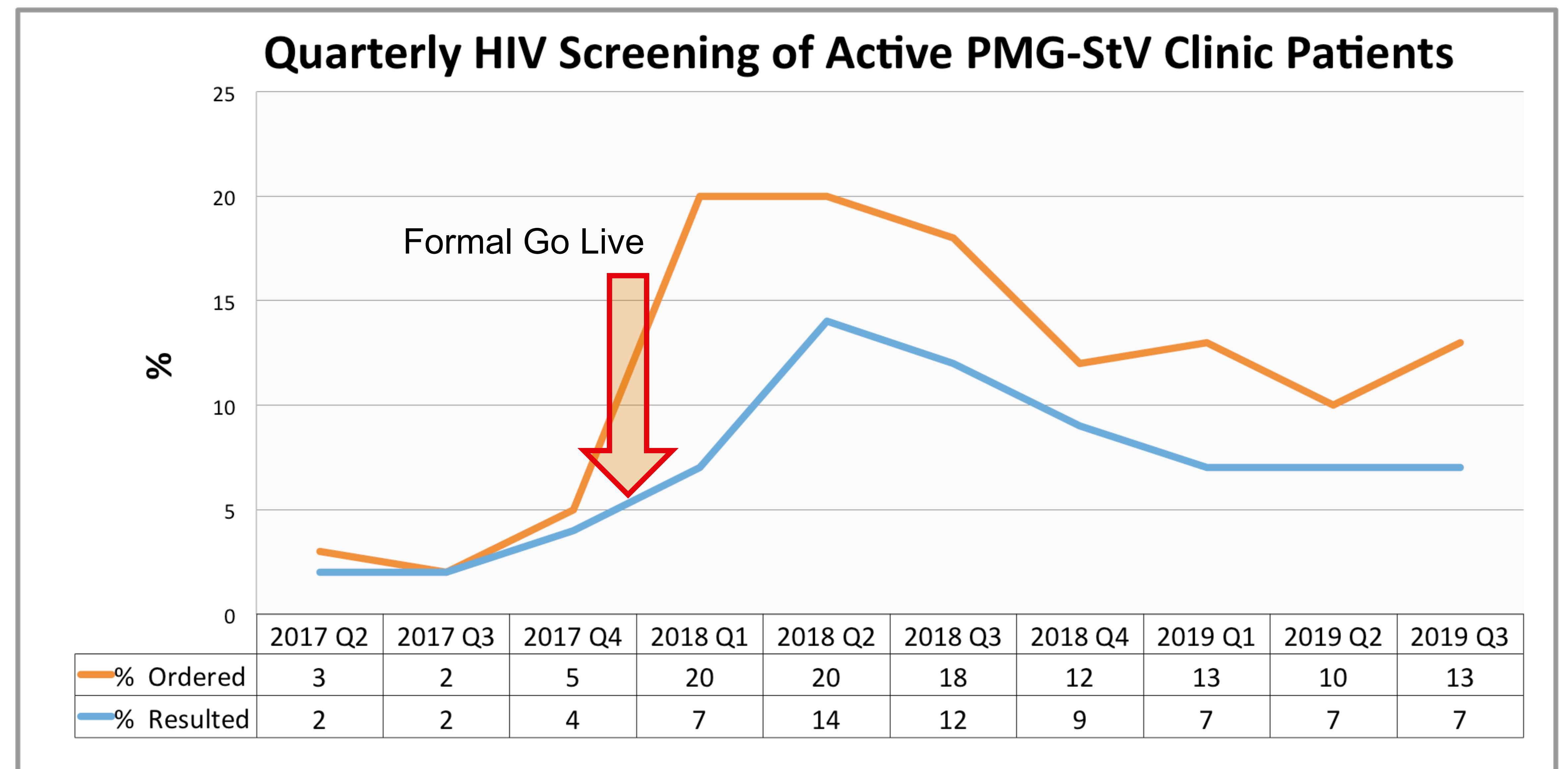
We utilized a pre-existing preventative healthcare workflow for routine cancer screening, influenza vaccines, etc.

We introduced this workflow to residents and staff prior to our go-live date.

## WORKFLOW



## DATA



## 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.