

# Integrating Prevention in HIV Medical Care: Findings from a Clinicians' Survey

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# Objectives

Describe the methodologies for implementing an anonymous web based survey with clinicians

Identify clinician factors important to assess when building or enhancing a prevention with positives program

Differentiate between clinicians' responses to determine direction for program planning

# Background

40,000 new HIV cases occurring annually in the United States

1,000 – 1,200 new HIV cases annually in Philadelphia

July 2003 MMWR: The CDC, HRSA, NIH & IDSA developed recommendations for incorporating HIV prevention into the medical care of people living with HIV disease.

# Rationale

Goal: Develop an EMA-wide prevention with positives (PWP) strategy

## 1<sup>st</sup> Step: Needs Assessment

- Attitudes about PWP
- Perception of knowledge, comfort, and effectiveness
- Structural barriers to providing PWP

# Clinician Assumptions

- Do not value or wish to perform prevention with positives activities
- Lack knowledge, comfort, & skills, which may differ for sex & drug behaviors
- Lack awareness of the prevention available services
- Lack time, staffing, prevention materials, or other resources

# Methods

- Web-based anonymous survey to 136 clinicians
- 33 questions
  - Clinician demographics
  - Clinic and clinician practices
  - Perception of knowledge, comfort, and effectiveness
  - Experience with prevention services
  - Barriers experiences and assistance needed

# Survey Participants

Participants: Part A HIV medical care clinicians

|                      | Survey population<br># (% of total) | Respondents<br># (% of total) |
|----------------------|-------------------------------------|-------------------------------|
| Physician            | 47 (35%)                            | 28 (35%)                      |
| Nurse practitioner   | 18 (13%)                            | 16 (20%)                      |
| Physician assistants | 16 (12%)                            | 8 (10%)                       |
| Other                | 55 (40%)                            | 27 (34%)                      |
| Total                | 136 (100%)                          | 79 (100%)                     |

# Results:

## Perceptions of Roles & Attitudes

- 100% of clinicians believe PWP belongs in HIV medical care
- 100% of clinicians believe PWP is important and part of their professional role
- 96% of clinicians screen each patient at least once a year for sex and/or drug-use behaviors

# Perception About Skills, Knowledge, & Comfort Level

- 58% believe they provide an effective intervention
- Knowledgeable and comfortable discussing risk behaviors
- Limited effectiveness at motivating change
  - 40% reported limited effectiveness with sex
  - 67% reported limited or no effectiveness with drug-use

# Barriers to Discussing Behaviors

## Sex:

- 27% report not enough time during visit to discuss
- 31% report not a priority because of medical issues

## Drugs:

- 23% report patients are unwilling or reluctant to discuss
- 25% report not enough time during visit to discuss

# Clinicians' Preferred Goals

- 46% want to be more effective in providing PWP interventions
- 46% want to refer patients to PWP services
- 56% want to distribute condoms, bleach kits, and pamphlets
- 42% want to screen more regularly

# Perceptions of Prevention Services

- 2-4% do not believe services are effective
- 6-22% do not know where service are located
- 4-22% believe services are not accessible to their patients
- Satisfied with support groups (71%), condom distribution (84%), and licensed mental health services (65%)

# Clinician Assistance: Materials, Trainings, & Changes

|   |     |
|---|-----|
| Written materials for patients about drug and sexual risk behaviors | 50% |
| Information on <i>Prevention With Positives</i> referral sources    | 46% |
| Counseling specialists at medical clinic                            | 42% |
| Longer patient appointments   | 40% |
| Better understanding of the prevention services available           | 40% |
| Training in risk management strategies for drug-use behaviors       | 38% |
| Examples of screening tools for high-risk drug-use behaviors        | 38% |
| Examples of screening tools for high-risk sexual behaviors          | 33% |
| Written materials for clinicians about drug-use behaviors           | 33% |

# Next Steps

- Incorporate findings into prevention plan and RFP process
- Educate clinicians about existing prevention referral resources
- Use care system as a recruitment resource for prevention services
- Further analysis: Differences by demographics
- Case manager survey