



‘Oops! I forgot HIV’: Resident physician self-audits and universal HIV screening



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Summary

Background: Innovations are needed to increase universal HIV screening by primary care providers. One potential intervention is self-audit feedback, which describes the process of a clinician reviewing their own patient charts and reflecting on their performance.

Methods: The effectiveness of self-audit feedback was investigated using a mixed methods approach. A total of 2111 patient charts were analyzed in a quantitative pre-post intervention study design, where the intervention was providing self-audit feedback to all internal medicine residents at one institution through an annual chart review. Qualitative data generated from the subsequent resident focus group discussions explored the motivation and mechanism for change using a knowledge–attitude–behavior framework.

Abbreviations: FGD, focus group discussion; PGY, post-graduate year; UTD, up-to-date.

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Results: The proportion of primary care patients screened for HIV increased from 17.9% (190/1060) to 40.3% (423/1051). The adjusted odds ratio of a patient being screened following resident self-audited feedback was 3.17 (95% CI 2.11, 4.76, $p < 0.001$). Focus group participants attributed the improved performance to the self-audit feedback.

Conclusions: Self-audit feedback is a potentially effective intervention for increasing universal HIV screening in primary care. This strategy may be most useful in settings where (1) baseline performance is low, (2) behavioral change is provider-driven, and (3) resident trainees are targeted.

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Introduction

Universal HIV screening of all American adults <65 years old offers important individual and public health benefits [1,2]. Diagnosis is the first step toward effective treatment [3,4] and can also decrease transmission rates through viral suppression and behavioral risk reduction [5–7]. However, approximately 20% of Americans living with HIV are unaware that they are infected [8]. The United States National HIV/AIDS Strategy aims to halve this number by 2015 [9].

Despite clear benefits and national goals, only 60% of U.S. general internists reported adopting universal HIV screening, most of which takes place in clinical settings [10,11]. Many providers remain unaware of the recommendation to screen for HIV universally [12]. Some providers are dissuaded because they find the topic awkward despite patients generally being receptive to screening [13–15]. Although the perceived barriers and facilitators to universal HIV screening have been described, interventions proven to be effective are scarce [10,13–22]. Targeting resident physicians for improvement in universal HIV screening may be particularly productive because (1) they represent the next wave of practicing physicians, and (2) they are more likely to successfully integrate guidelines adopted during residency into their practice [16,23].

This study aimed to evaluate the effectiveness of self-audit feedback as a mechanism for improving clinician-driven universal HIV screening among internal medicine residents at a single training program. Self-audit feedback describes a process whereby a healthcare provider performs a standardized chart review of his/her patient panel. The exercise provides immediate feedback on the

provider's practice habits. Self-identified shortcomings may motivate changes in practice patterns [24]. To the best of our knowledge, only two other studies incorporated physician feedback on HIV screening, and their interventions bundled this feedback with other quality improvement efforts [19,25]. Therefore, this is the first study to (1) use a self-audit mechanism and (2) evaluate the isolated effect of feedback on universal HIV screening. A mixed methods approach was chosen: a quantitative pre-post intervention design captured changes in HIV screening performance over a one-year period, and a qualitative analysis of focus group discussions among residents examined their motivation and mechanism of change. Residents serve a predominantly white, rural-to-suburban population with an estimated HIV prevalence of 0.2% [26].

Material and methods

Study participants and chart review data collection

The study used data on all residents who completed self-audit feedback in 2010 (pre-intervention) and/or 2011 (post-intervention) and all patients <65 years old who were selected for chart review during those years. The residency program integrated HIV screening as a new topic while routinely updating an established self-audit feedback process. This existing process will be described to provide background for the intervention. All internal medicine residents with primary care panels at the University of Wisconsin participate in an annual self-audit feedback on preventive health performance for educational purposes. The training program allots one afternoon at the end of

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