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Original article

Family practitioners screening for HIV infection☆

Dépistage de l'infection par le VIH en médecine générale

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Abstract

Background. – We assessed how family physicians screened for HIV infection in Paris, in 2013 and whether their practice had changed after publication of the HAS (French National Authority for Health) recommendation for systematic screening.

Method. – Family practitioners (FPs) in Paris answered a questionnaire by e-mail or regular mail from January to April 2013. The statistical analysis was performed with the Chi^2 test.

Results. – Four hundred and seven FPs answered (77.8% response rate). FPs did not always identify risk cases: 78% in case of sexually transmitted infection, but 32% for partner change, 39% for patients from a highly HIV endemic country, and 21% for sexually active teenagers or adults. Practices differed according to districts. FPs in the 1st and in the Northeastern Paris districts detected risk cases for HIV more often than their colleagues, and they used screening more often, with, consequently, more frequently positive results. The screening strategies also differed according to the FPs' demographic characteristics and their type of practice: young ($P = 0.0002$) female ($P = 0.02$) FPs working in "sector 1 (patients fully reimbursed)" ($P = 8.10^{-5}$) prescribed more HIV blood tests. Surprisingly, only 45% of FPs was aware of the recent recommendation for systematic screening of HIV.

Conclusion. – The Paris FP screening practices differ according to demographic characteristics, place, and type of practice. Screening practices have not changed since the publication of the new screening strategy.

Keywords: Family practice; Systematic screening; HIV

Résumé

Objectif. – Évaluation des pratiques de dépistage de l'infection par le VIH des médecins généralistes installés à Paris en 2013 et recherche des modifications depuis la parution en 2009 de la recommandation par l'HAS du dépistage systématique.

Méthode. – De janvier à avril 2013, après accord téléphonique, les médecins généralistes parisiens ont répondu à un questionnaire par mail ou courrier. L'analyse statistique a été réalisée par le test du Chi^2.

Résultats. – Quatre cent sept réponses ont été obtenues (taux de réponse de 77,8 %). Les médecins n'identifiaient pas toujours les situations à risque : 78 % en cas d'infection sexuellement transmissible mais 32 % pour un changement de partenaire, 39 % pour les patients originaires de pays à forte prévalence et 21 % pour les jeunes et les adultes sexuellement actifs. Les pratiques différaient selon les arrondissements. Les médecins du

Abbreviations: BSMG, Baromètre santé médecins généralistes, Family Practitioners Health Barometer Study; CMU, Couverture médicale universelle, National Free Healthcare Insurance System, which covers healthcare expenses for the most socially deprived citizens; FPs, family practitioners; HAS, Haute Autorité de santé, French National Authority for Health; HIV, human immunodeficiency virus; STI, sexually transmitted infections.

☆ This study was presented at the Congrès national de médecine générale France, in April 2014 in Paris.

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1er arrondissement et ceux du Nord-Est de Paris étaient plus confrontés à l'infection par le VIH que leurs confrères, et plus actifs pour le dépistage, dont le résultat était plus souvent positif. Les stratégies de dépistage variaient aussi en fonction des caractéristiques démographiques des médecins et de leur type d'exercice : les jeunes ($p = 0{,}0002$) femmes ($p = 0{,}02$) médecins installées en secteur 1 ($p = 8.10^{-5}$) prescrivaient plus de sérologies. Seuls 45 % des médecins étaient au courant de la recommandation sur le dépistage systématique.

Conclusion. – Les pratiques de dépistage des médecins généralistes parisiens diffèrent selon les caractéristiques démographiques, le lieu et le type d'exercice. Elles n'ont pas changé depuis la parution de la nouvelle stratégie de dépistage.

Mots clés : Dépistage systématique ; Médecine générale ; VIH

1. Introduction

Epidemiological models have demonstrated a hidden HIV infection epidemic in France. It is estimated that, in 2010, 30,000 [1] HIV-infected individuals were unaware of their condition. Furthermore, a significant number of these individuals did not necessarily belong to sub-groups of the population at higher risk of contracting the infection. Screening was made on a voluntary basis at the beginning of the HIV epidemic, targeting mainly people with significant risk factors. There was no systematic HIV screening in France except for pregnant women at their first OB visit and for prison inmates. However, being aware of the HIV serology status is crucial for individuals and for the community since it is now recommended to begin antiretroviral therapy [1] at the initial stage of the infection to stabilize it, but also to decrease the viral load and consequently the risk of viral transmission.

This new data stresses the need for a new approach in screening methods. The French National Authority for Health (HAS) published a new recommendation in 2009 for the systematic screening of all individuals 15 to 70 years of age, in addition to targeted screening [2]. This extended screening would allow identifying HIV-infected individuals having escaped targeted screening and decreasing the rate of patients consulting late in the course of their HIV infection (AIDS defining event or CD4 <200).

We had for objective to assess: the HIV screening practice of family practitioners (FPs) in Paris, in 2013, the FPs characteristics, and their adherence to the recent guidelines.

2. Material and methods

This study was approved by the Paris V Medical School, Department of Family Medicine, in December 2012.

We contacted 50% of the 2293 FPs working in Paris in 2012. The list of FPs was determined by crosschecking the http://www.ameli.fr/ website (French government health care program site) with the Yellow Pages. The sample of FPs was randomly built (every other name from a list in alphabetical order) taking into account the rate of FPs per district. Non-tenured physicians, or physicians whose main activity was not "family practice" were excluded from the study.

FPs were first contacted by phone, from January to April 2013. During the phone interview, the study was briefly explained and oral consent for participation in the study was given.

The assessment of practice was performed with a validated questionnaire used in the 2009 Family practitioners Health Barometer Study (Baromètre santé médecins généralistes or BSMG) [3].

The questionnaire was divided in 3 parts.

The first part took into account the demographic and professional characteristics of FPs and of their patients: age, gender, district of practice, fee sector (French FPs can be affiliated with "sector 1" which corresponds to a specific fee sector for which the French government healthcare program supports medical fees, or "sector 2" for which medical fees are only partially refunded by the French government healthcare program and by the patient's private insurance), faculty member in a Paris medical school, number of visits per day, number of patients covered by the "CMU" (French health insurance system which covers all healthcare expenses for the most socially deprived citizens), and practice of another specialty besides family medicine.

The second part was dedicated to the FPs' participation in HIV infection treatment and their HIV screening practices: referral of patients to an HIV specialist, number of HIV-infected patients, previous prescription of antiretroviral drugs, member of an HIV network, number of screening test prescribed in the previous month, and circumstance of latest HIV screening test prescribed (patient's request, physician's initiative, or care protocol). FPs were also asked whether they prescribed an HIV screening test in case of exposure to several risks (sexually transmitted infections (STI), patients from a highly endemic country, sexually active teenagers or adults), patients not at risk without waiting for their request, and patients not screened for a long time.

The third part assessed adherence of FPs to the 2009 HAS HIV screening strategy: their awareness of the guidelines as well as that of their patients, training to apply guidelines, modification of prescribing behavior since publication of guidelines, whether they were convinced of its applicability, and whether they thought that this strategy could improve HIV infection screening.

The survey questionnaire was sent by e-mail or regular mail, with an explanatory letter. FPs who had given their e-mail address were sent a reminder at 15 days, then 3 weeks, and finally a month after the first phone call to obtain consent. We decided not to contact by phone FPs wishing to reply by regular