

National Resource Center for Academic Detailing Conference 2015 Academic Detailing and Public Health in Washington, DC

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DC Department of Health

The Washington Post

November 26, 2007

Study Calls HIV in D.C. a “Modern Epidemic”

The New York Times

November 27, 2007

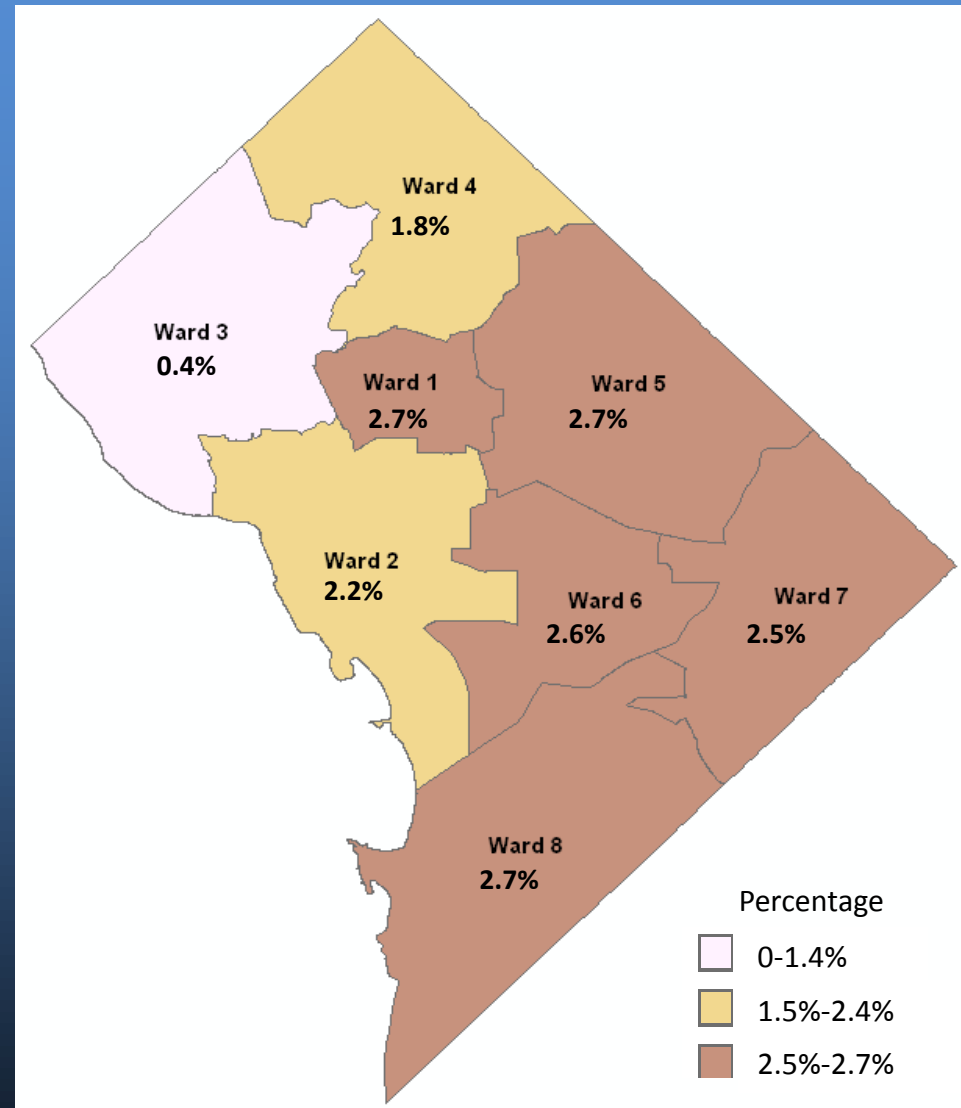
Report Finds Washington Has Highest AIDS Infection Rate Among U.S. Cities

HIV in DC

Prevalence of HIV in the District of Columbia, 2011

- 15,056 reported living with HIV in the District at the end of 2011
- 4,919 new HIV cases reported between 2007 and 2011
- 2.4% of the District's population diagnosed with HIV

	Black	Hispanic	White	Other	Total
Men	7,459	760	2,374	289	10,882
Women	3,848	144	108	74	4,174
Total	11,307	904	2,482	363	15,056
DC%	75.1%	6.0%	16.5%	2.4%	100.0%
US% (2009)	44.5%	19.2%	33.1%	3.2%	100.0%



HIV in DC, 2011

Figure 2. Proportion of Residents Diagnosed and Living with HIV by Current Age
District of Columbia, 2011

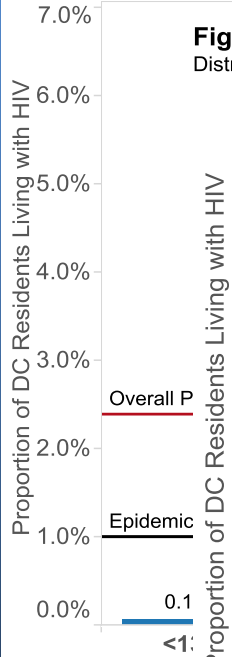


Figure 3. Proportion of Residents Diagnosed and Living with HIV by Race/Ethnicity
District of Columbia, 2011

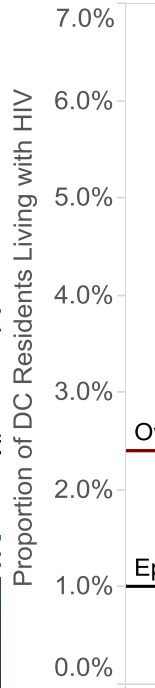
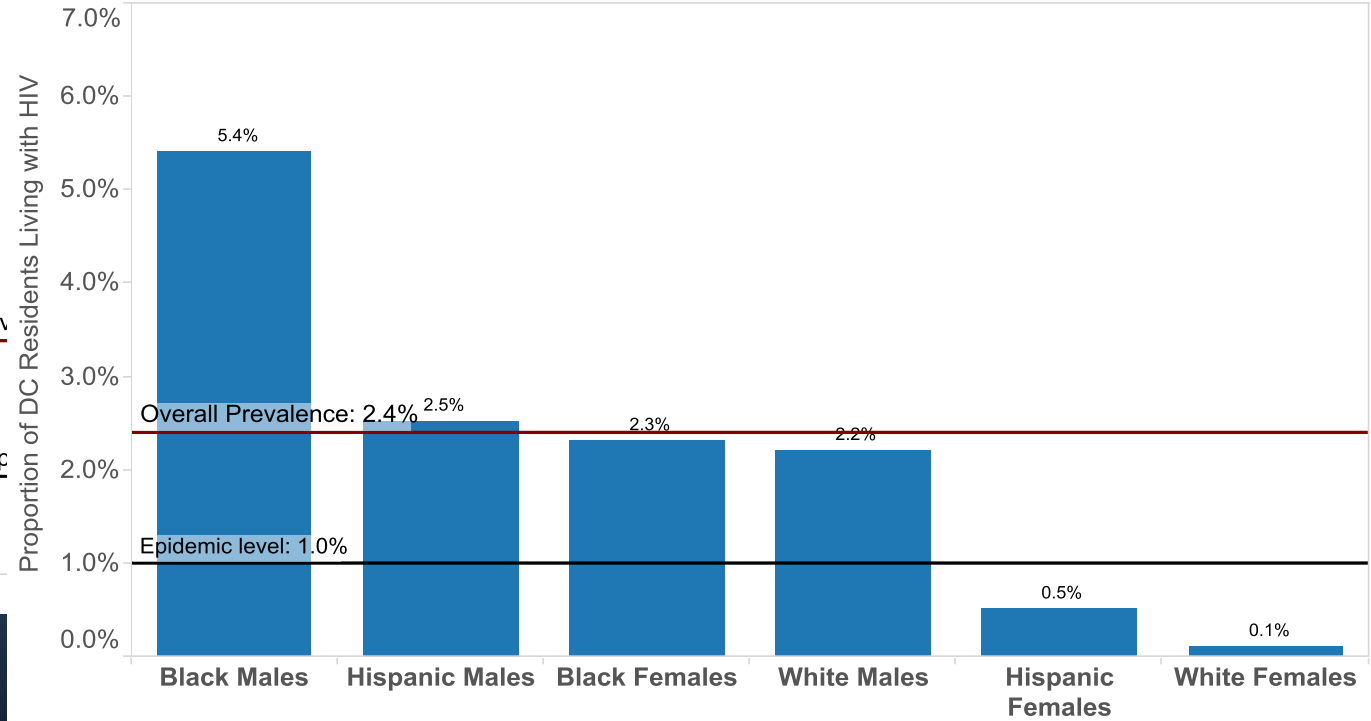


Figure 4. Proportion of Residents Diagnosed and Living with HIV by Race/Ethnicity and Sex
District of Columbia, 2011



HIV Testing in DC

- Emergency Departments
- Clinic-based Primary Care
- HIV Medical Providers
- Community-Based Organizations



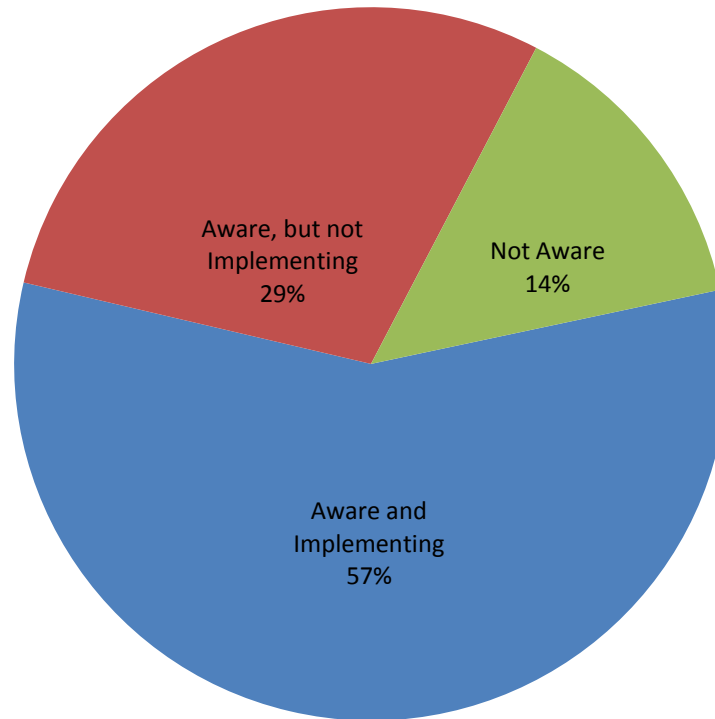
HIV Testing Medical Providers

- 72% of healthcare providers surveyed do not know the severity of the D.C. HIV/AIDS epidemic.
- Only 28% correctly stated that all four quadrants of the District meet the World Health Organization's threshold for a “generalized and severe” HIV epidemic.
- 91% of healthcare providers surveyed “agree” that it is important to incorporate routine HIV screening in the medical care of their patients.
- 21% of healthcare providers surveyed report that they provide HIV tests to 90% or more of their patients.

Source: DC Physician HIV/AIDS and Routine HIV Testing Knowledge and Awareness Survey, Gerson Lehrman Group, 2010

HIV Testing Medical Providers

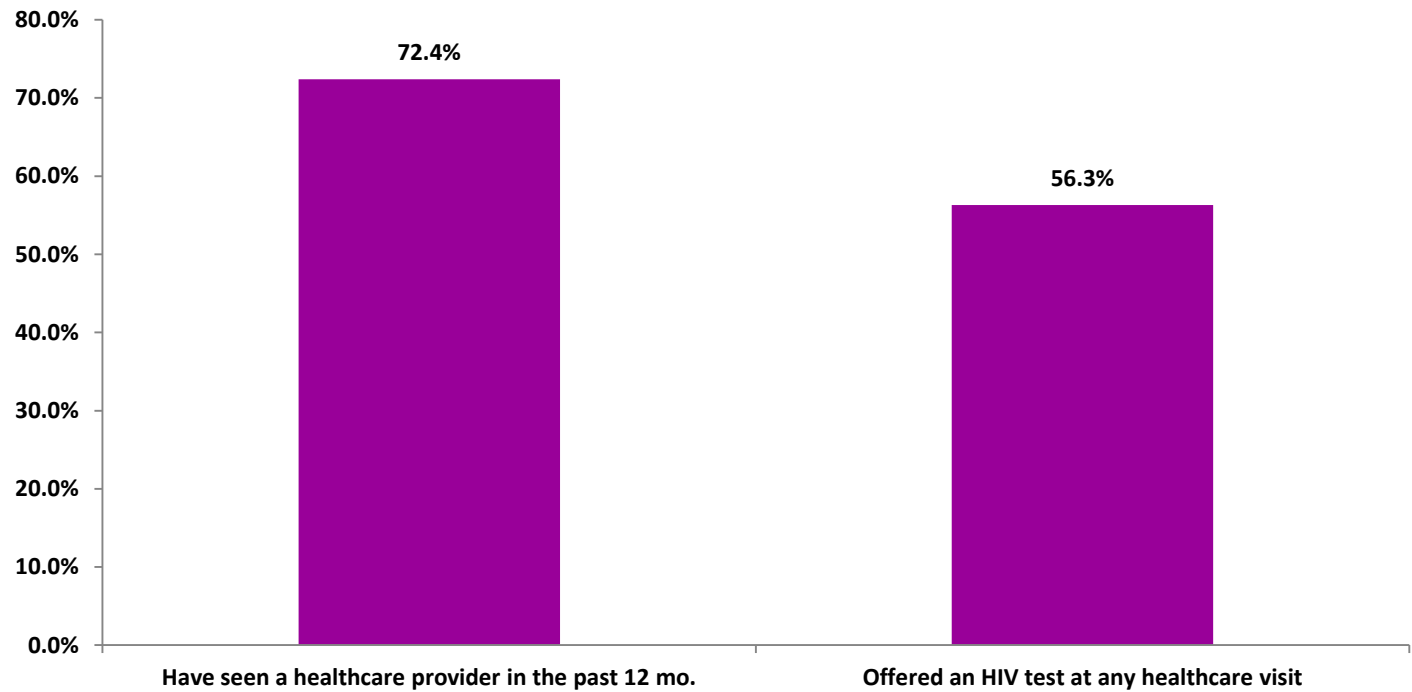
The CDC recommends conducting opt-out HIV screenings for all patients ages 13-64 in all health care settings, and annually for persons at high-risk for HIV infection. Are you aware of and implementing this recommendation?



Source: DC Physician HIV/AIDS and Routine HIV Testing Knowledge and Awareness Survey, Gerson Lehrman Group, 2010

HIV Testing Medical Providers

Missed Opportunities for HIV Testing among All Participants, DC Behavior Study, 2010, N=482



Academic Detailing 2012-2014

- Alosa Foundation
- Routine HIV Screening Education
- Materials
 - Evidence Document
 - Prezi
 - DC DOH Provider Guides
- Clinical Nurse Educator Training
- Provider Focus
 - Primary Care, Family Practice, Internal Medicine
 - OB/GYNs
 - Pediatricians
 - Practice Staff
- Evaluation
 - Practice Survey
 - Provider Survey



Academic Detailing 2012-2014

Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome:

What the primary care physician should know about diagnosis and management

Author: Rebecca Plank, M.D.

Consultants: Jerry Avorn, M.D., Nitesh K. Choudhry, M.D., Ph.D., Anita Denison, M.D., M.P.H., Michael Fisher, M.D., M.S.

This material is provided by the Alpha Foundation, a nonprofit organization pharmaceutical company. Support for the creation of this educational material was provided by the Department of Health, HIV/AIDS, Hepatitis, STD, TB Administration (HASTA), D.C. Department of Health. These are general recommendations only; specific clinical decisions treating physician based on an individual patient's clinical condition.

ROUTINE HIV SCREENING CHECKLIST

- Inform patient that Routine HIV Screening is administered to all patients, unless they decline.
- For negative results: explain the importance of regular HIV testing every year.
- For positive results: explain the result immediately and LINK your patient to an HIV specialist for on-going HIV care.
- Encourage patients to tell a friend or family member as having support is helpful to them.
- Report HIV positive patients to Department of Health.

NOTES

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Screening: Who, when, and why to test

The DC Department of Health (DOH) recommends testing everyone ages 13-84. This should be done on an "opt-out" basis; that is, the patient is notified that HIV testing will be performed, and has the option to decline.

- Counsel those who opt out about the benefits of early diagnosis.
- Neither written consent nor prevention counseling are required to test for HIV (both can discourage testing).
- Universal testing can help identify the between 20% and 40% of infected DC residents who do not know they are infected. This will allow them to be treated, and can also reduce transmission to others.

Test all pregnant women as early as possible in the pregnancy, ideally in the first trimester.⁵

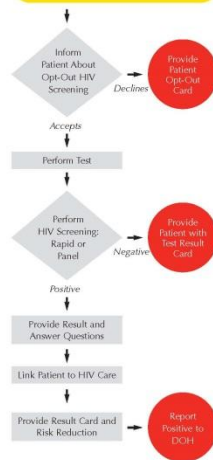
- Repeat screening in the third trimester in high-prevalence states. The District, Maryland, and Virginia are all considered areas of high prevalence.
- Timely diagnosis during pregnancy can prevent perinatal infection of infants.

Several conditions are more common in patients with HIV, and should prompt HIV testing:

- Herpes zoster
- seborrheic dermatitis
- thrush
- recurrent vaginal candidiasis

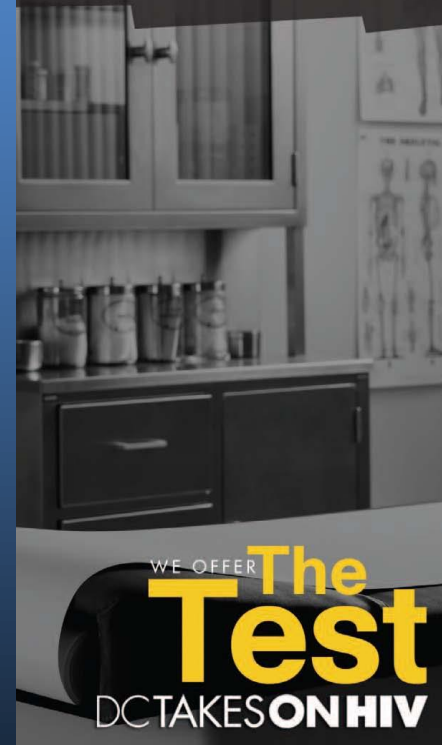
Test all patients with a sexually transmitted

PATIENT PRESENTS FOR MEDICAL APPOINTMENT



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How-to Guide for DC Medical Providers ROUTINE HIV SCREENING IMPLEMENTATION HANDBOOK

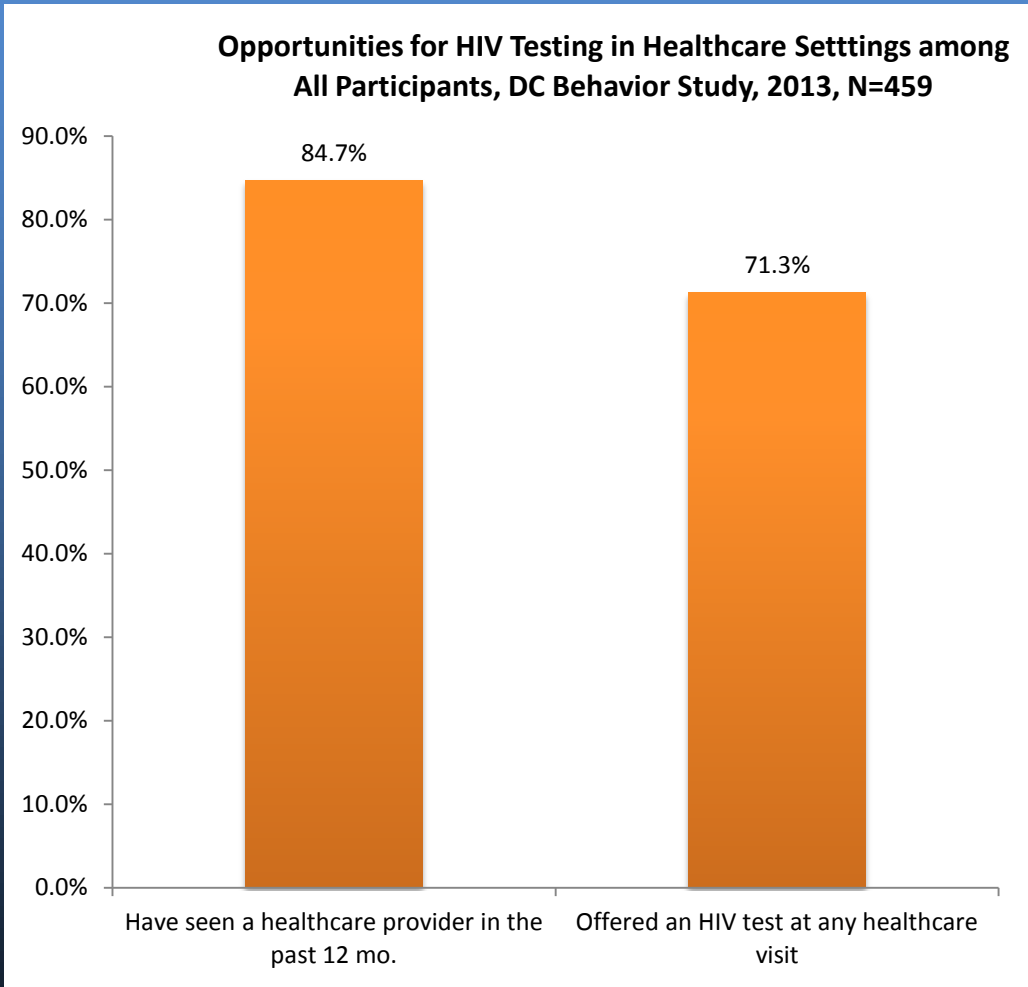


Academic Detailing 2012-2014

	Goal	Total	% of Goal
Unique Physician Visits	565	565	100%
All Visits	1,350	1,650	122%

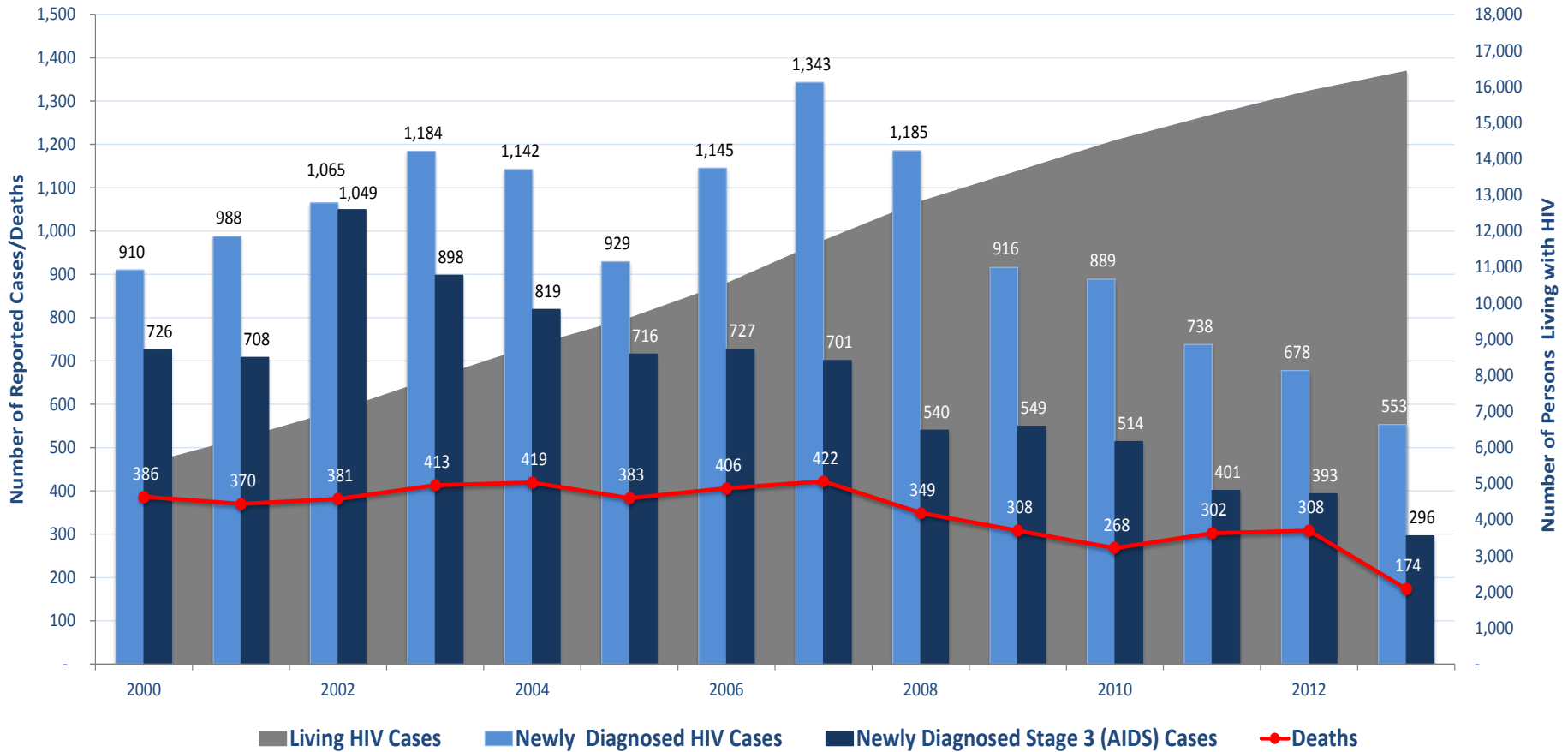
- 329 Providers Partial/Full Screening
- 875 New HIV diagnoses
- Provider Feedback
 - *Dr. B was very appreciative of information; has diagnosed 10 new patients with HIV since March.*
 - *Dr. C was having difficulty with telling patients about routine HIV screening – we reviewed how to notify patients; Dr. C thinks the information is helpful.*
 - *Dr. E requested HIV training. Dr. E currently recommends HIV test to all patients regardless of risk factors.*

HIV Testing Medical Providers



HIV in DC

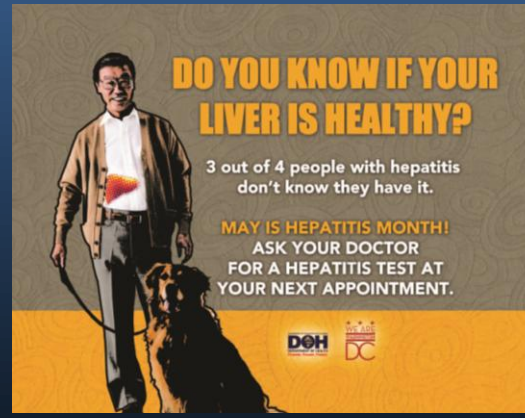
Figure 1: Trends in Reported HIV/AIDS Diagnoses and Deaths
District of Columbia, 2000-2013



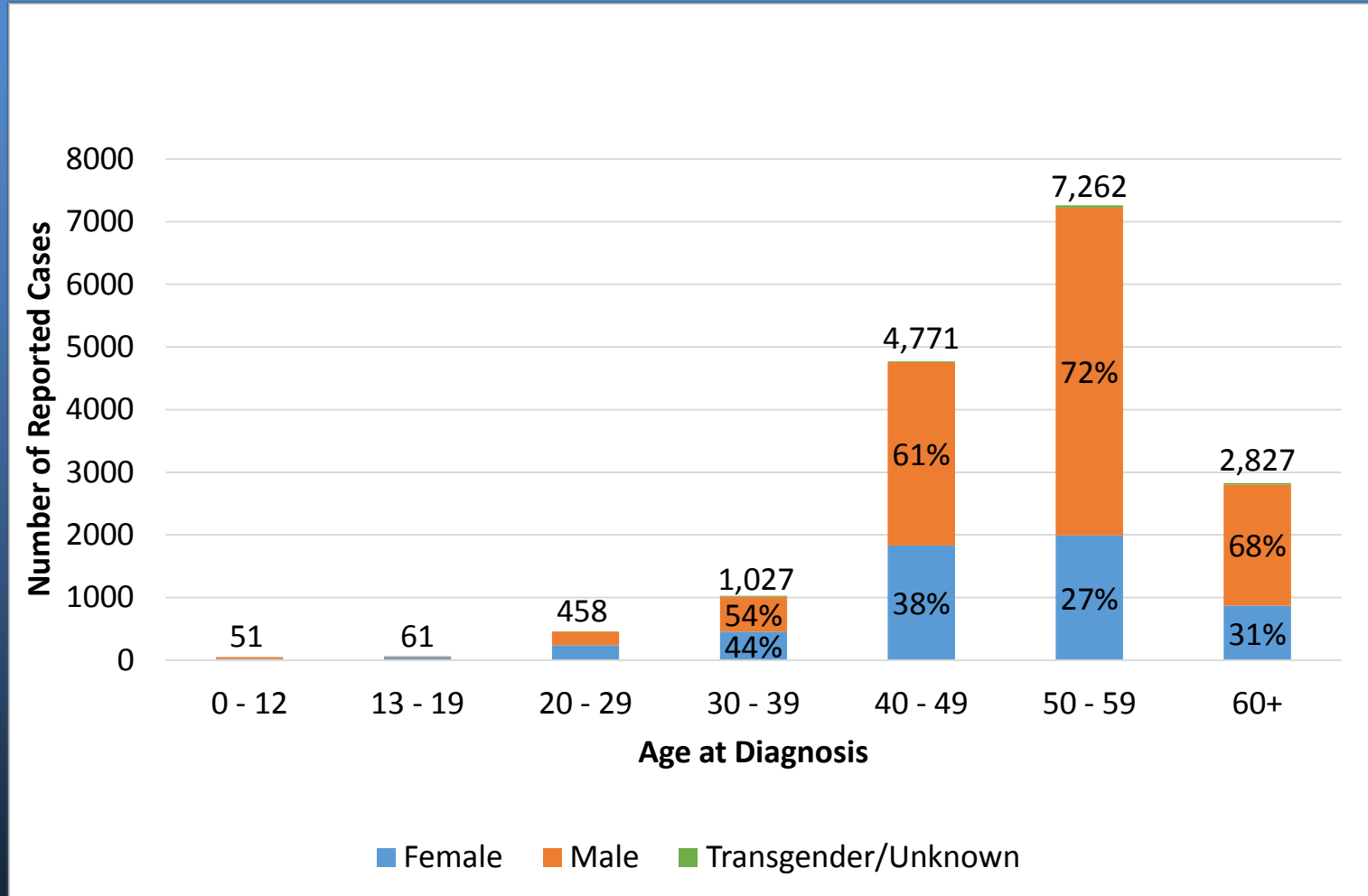
* 2013 deaths only include information from local vital records. Data from other sources (i.e. SSDMF, NDI) were not available at the time of analysis.

Hepatitis in DC

- Chronic Hepatitis C
 - 16,241 Reported Cases (2009-2013)
 - 66% Men 33% Women 1% Transgender/Unknown
 - 8,935 Newly Reported Cases (2009-2013)
 - 67% Men 31% Women 1% Transgender/Unknown

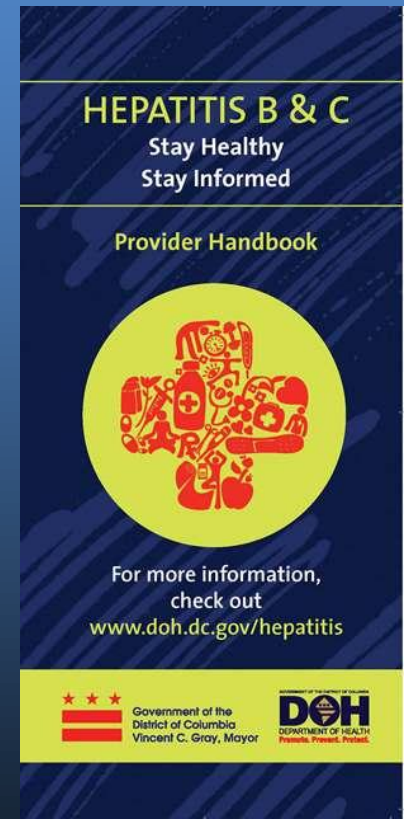


Hepatitis C in DC



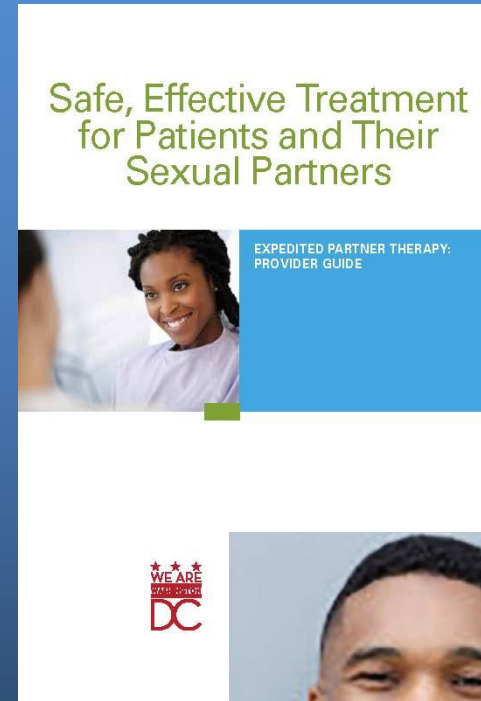
Academic Detailing 2014-2015

- New Hepatitis C Screening Guideline
- DC DOH Provider Guide
- Clinical Nurse Educator training
- 538 Prescriber Education Visits
- Prescriber Surveys
 - 60% unaware recommendation
 - 65% plan to double testing
 - 10% 6-10 new diagnoses
 - 30% 10 or more new diagnoses



Next Health Practices

- STDs
 - Screening guidelines
 - Expedited Partner Therapy
- HIV Prevention
 - Pre-Exposure Prophylaxis
 - Post-Exposure Prophylaxis



Questions

Report shows new HIV cases continue to fall in D.C.



washington
blade

Washington Blade | Michael Key