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Increasing opportunities for HIV diagnosis in primary care

A borough wide evaluation of HIV testing and pre-diagnosis care in general practice

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HIV is overlooked in primary and secondary care

- **Secondary Care: BHIVA National Audit 2010**
  - Of 1,112 newly diagnosed patients in the audit, 52.2% were diagnosed with “late” HIV (CD4 <350 cells/mm3).
  - In 36.9% there was a missed clinical opportunity for earlier diagnosis.

- **Primary Care: Tower Hamlets 2012**
  - 63% of all patients presented to their GP with an indicator condition in 3 years prior to diagnosis.


Borough wide analysis of primary care electronic records in City and Hackney (prevalence of diagnosed HIV 8.8/1000).

**QUESTIONS:**

- ✓ Where was the HIV diagnosis made?
- ✓ What was the CD4 count at diagnosis?
- ✓ Any indicator conditions or missed opportunities?
- ✓ Frequency of attendance with indicator conditions

Act as a reflective exercise for GPs and a learning tool for the surgeries.
Methods

- Retrospective electronic records (RER) review in primary care
- 43 surgeries invited to take part (Oct 2012 → Mar 2013).
- Inclusion criteria:
  - Patient with a diagnosis of HIV made after 01/10/2008
  - age ≥ 15 years
  - 2 years of clinical notes available prior to diagnosis
- Up to 5 patient records were reviewed by the GP to document problem titles of GP face-to-face consultations.
- Data on low platelets and low neutrophils were recorded.
- Each session (2-5 hours) financially incentivised.
- Immediate feedback was given after data collection.
Results: Surgery Recruitment

43 surgeries invited

31 SURGERIES: AGREED TO TAKE PART

Data collected
27 surgeries

No patients with HIV
1 surgery

No eligible patients
3 surgeries

INCLUSION CRITERIA MET
89 PEOPLE
Results: Clinical setting of HIV diagnosis (n = 89 patients)

- 28% GP
- 11% Diagnosis considered by GP even if diagnosed elsewhere
- 32% GUM
- 21% Hospital/A&E
- 11% Outpatient
- 4% ANC
- 2% Unknown
- 1% Other

Results: Missed opportunities

• CONSULTATIONS (n=716)
  o 89 patients attended 716 face-to-face consultations with a GP over 2 years (range 0-29, median 7).
  o 119 of these were for indicator conditions (119/716, 17%).

• PATIENTS (n=89)
  o 13 indicator conditions were identified.
  o These 13 indicator conditions (range 0-4) occurred in 55 patients.
  o 55/89 (62%) had at least one indicator condition.
Results: Indicator conditions (IC) (n=119)

- LYMPHADENOPATHY OF UNKNOWN CAUSE
- WEIGHT LOSS OR CHRONIC DIARRHOEA
- BACTERIAL PNEUMONIA
- MULTIDERMATOMAL HERPES ZOSTER
- STI
- SEBORRHOEIC DERMATITIS
- BLOOD DYSCRASIA
- MONONUCLEOSIS TYPE INFECTION
- ORAL CANDIDIASIS

% OF ALL ICS CONSULTATIONS (N=119)
Results: Unexplained blood dyscrasias

• Added: Initially NOT actively looked for.
• 11/27 surgeries blood dyscrasias were consistently recorded for each patient.
• In these 11 surgeries 33 patients that met the inclusion criteria.
• 11/33 with either low platelets or low neutrophils in the 2 years prior to diagnosis (33%).
Discussion

• Unique – first borough wide HIV case notes analysis in primary care.
• Works as an education tool for local GPs and practice staff.
• It highlighted common indicator conditions and when an HIV test should be offered.
• It has seen diagnostic opportunities revealed with discussion of any cases which were sub-optimally managed.
• GPs are testing for HIV – GREAT NEWS!
What did GPs say?

• “Reviewing patient notes prior to diagnosis is a real eye-opener. I can’t believe how often he came (to the surgery)”.  

• “With hindsight it’s easy to see that HIV testing should have been discussed with this patient”.  

• “I didn’t know that CIN2 was an indicator condition. This list is very helpful”.
Outcomes

• For GPs:
  ✓ Case notes review
  ✓ List of the most commonly occurring indicator conditions

• For HIV specialists:
  ✓ GPs are interested in missed opportunities.
  ✓ GPs want to know how they can do better.

• For commissioners:
  ✓ A reproducible survey tool that could be performed in other boroughs.
  ✓ This approach can be used as a model of education in general practice.
Thank you.

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British HIV Association
BHIVA

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