

Setting a benchmark for HIV testing at visits to U.S. physician offices by males

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Background

- Access to HIV testing in healthcare settings increased with implementation of the Affordable Care Act (ACA) in 2014
 - ACA requires health plans to cover certain preventive services without patient cost-sharing, including those with an “A” grade by the US Preventive Services Task Force (USPSTF)
 - HIV testing received an “A” grade by the USPSTF in 2013
- Males are disproportionately burdened by HIV infection
 - Routine testing is important to identify persons who might be unaware of their infection

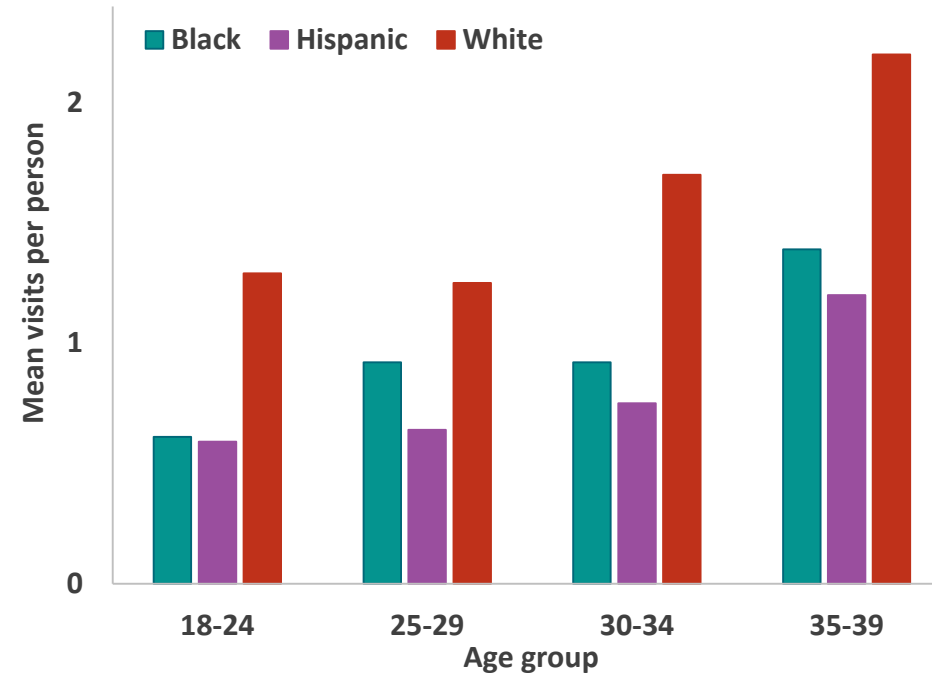
Objectives

To estimate the frequency of HIV testing of males at visits to U.S. physician offices needed to achieve near-universal testing coverage by age 39 years

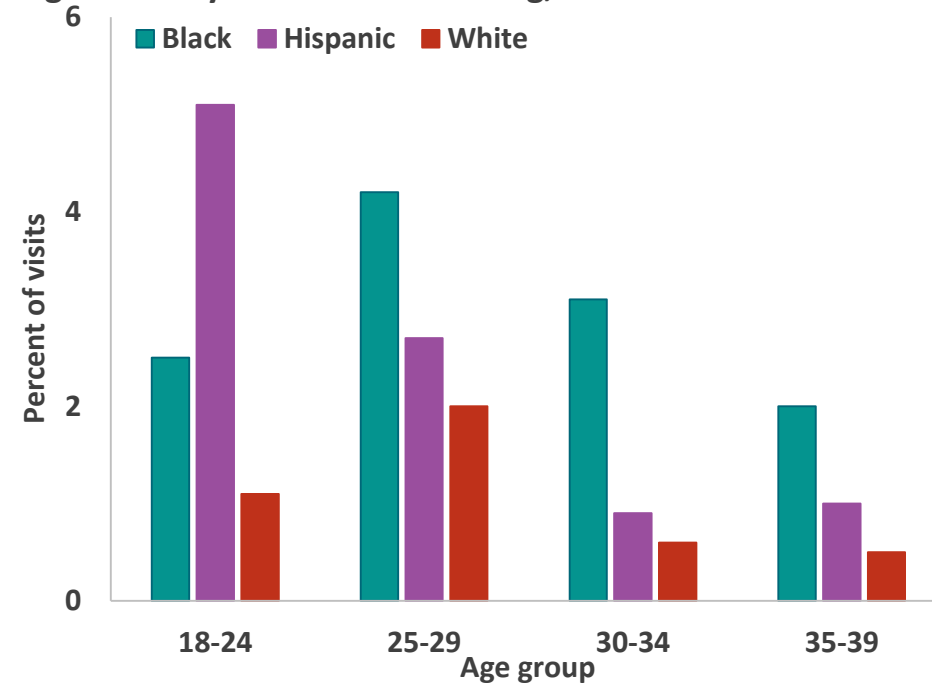
Methods

- We analyzed data from the 2009-2012 National Ambulatory Medical Care Survey (NAMCS) and the U.S. Census
- NAMCS is a nationally representative medical record abstraction of health services provided at physician office visits in the United States
- We estimated the mean annual number of visits per person made by males aged 18-39 years, and HIV testing at visits, stratified by age and race and ethnicity from 2009-2012
- We calculated the probability of an HIV test in a given year as $1 - (1 - p)^r$ where $p = \text{tests} / \text{population}$, and $r = \text{visits} / \text{population}$
- We modeled the proportion of males would have been tested by age 39 years based on 2009-2012 HIV testing rates, and testing rates that were 2-, 3-, 4-, 6-, or 8-fold higher

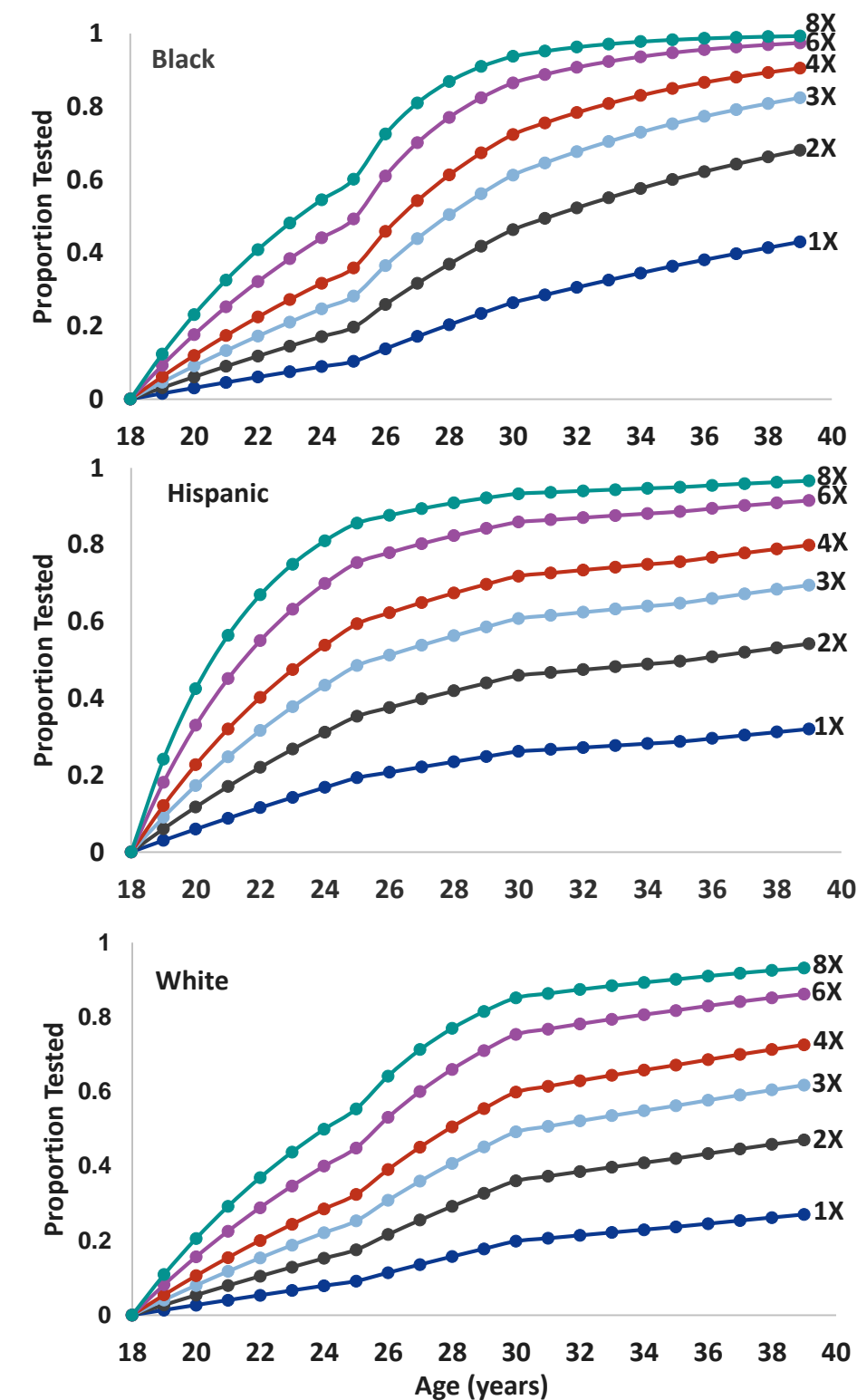
Mean annual number of visits per person to U.S. physician offices made by males aged 18-39 years, 2009-2012



Mean annual percentage of visits to U.S. physician offices made by males aged 18-39 years with HIV testing, 2009-2012



Modeled HIV testing coverage of black, Hispanic, and white males based on 2009-2012 healthcare utilization and HIV testing rates at U.S. physician offices



Summary

- The mean numbers of annual visits made by black and Hispanic males were lower than visits made by white males for all age groups
- Overall, only 1.3% of males aged 18-39 years were tested for HIV at an estimated 58.4 million annual visits to physician offices
- HIV testing rates were higher at visits made by black and Hispanic males than visits made by white males
- With current HIV testing rates, most males would not be tested by age 39 years
- Increased HIV testing at visits to U.S. physician office by 4-fold could achieve high HIV testing coverage by age 39 years, and increased testing by 8-fold could achieve near-universal coverage

Conclusions

- In 2009-2012, HIV testing rates were suboptimal and would not result in universal HIV testing coverage as recommended by the USPSTF
- Young black and Hispanic males visit physician offices less frequently, so it is important that an opportunity for HIV testing not be missed at these visits
- Interventions are needed to achieve increased testing coverage might include:
 - Structural interventions such as routinized opt-out testing models
 - Provider education and social marketing
 - Dissemination of toolkits for opt-out testing

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