

# INDIVIDUALIZED PROVIDER FEEDBACK ON HIV/HCV TESTING



Evidence-Informed for the Structural Interventions Chapter

## POPULATION

- Emergency departments (ED) patients

## KEY INTERVENTION EFFECTS

- Increased HIV testing

## BRIEF DESCRIPTION

*Individualized Provider Feedback on HIV/HCV Testing* employs a physician champion who uses text messages and emails to provide individualized feedback with peer comparisons (“Over the past month you screened X% of your patients for HIV and X% for HCV compared with the ED averages of Y% and Y%”) to all ED providers about their performance for HIV and Hepatitis C Virus (HCV) testing. The physician champion meets with ED providers and gives regular updates including information about local epidemiology and the importance of HIV/HCV screening in the ED. The intervention also uses a testing dashboard and an existing HIV/HCV testing and response team for follow up and linkage to care for patients with an HIV or HCV positive test.

**DURATION:** 30 weeks

**SETTING:** Two hospital EDs (one academic and one community), New York

**STUDY YEARS:** 2018 – 2019

**STUDY DESIGN:** Observational cohort/interrupted time series analysis

**DELIVERERS:** ED physicians, ED physician assistants, ED nurse practitioners, physician champions, care coordinators

**DELIVERY METHODS:** HIV counseling and testing, technology

## STUDY SAMPLE

The baseline study sample of N = 215,622 patients was characterized by the following:

- 12% Hispanic, Latino, or Latina persons
  - 7% Black or African American persons
  - 5% White persons
  - 76% persons with other/unknown races/ethnicities
- 56% female persons
  - 44% male persons

## STRUCTURAL COMPONENTS

Access – HIV and HCV testing

- Increased HIV and HCV testing volume of patients in the ED

Capacity Building – Provider training

- Feedback from physician champion given to all providers on their preceding 1- and 6-month HIV and HCV screening counts and rates, the overall HIV and HCV screening rate for the prior month, and a target goal

**KEY INTERVENTION EFFECTS** (see **Primary Study** for all outcomes)

- The incidence rate ratios (IRRs) of HIV testing were 1.94 (95% Confidence Interval [CI]: 1.85 - 2.04) and 1.38 (95% CI: 1.31 - 1.45) times higher for the intervention and post-intervention periods respectively compared with the pre-intervention period.

**CONSIDERATIONS**

- The authors state the intervention was sustainable in the 30-week period following implementation.
- In the pre-intervention period, 25 patients with a new HIV diagnosis (0.96% positivity) were identified, 35 patients (0.69% positivity) were identified during the intervention period, and 33 patients (0.91% positivity) were identified in the post-intervention period.
- The IRRs of HCV testing were 6.96 (95% CI: 6.40 - 7.58) and 4.70 (95% CI: 4.31 - 5.13) for the intervention and post-intervention periods respectively.

**ADVERSE EVENTS**

The author did not report adverse events.

**FUNDING**

- National Institute of Allergy and Infectious Diseases (K23AI150378, L30AI133789, T32AI114398)

**PRIMARY STUDY**

Zucker, J., Purpura, L., Sani, F., Huan, S., Schluger, A., Ruperto, K., Slowkowski, J., Olender, S., Scherer, M., Castor, D., & Gordon, P. (2022). [Individualized provider feedback increased HIV and HCV screening and identification in a New York City emergency department.](#) *AIDS Patient Care and STDs*, 36(3), 106-114. doi: 10.1089/apc.2021.0225

**PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.**

**Contact**

**Jason Zucker, MD**

Division of Infectious Diseases

Columbia University Irving Medical Center and New York-Presbyterian Hospital

Email: [jz2700@cumc.columbia.edu](mailto:jz2700@cumc.columbia.edu)