

THE TIME
IS NOW

STOP
HIV
IOWA



STOP HIV IOWA: PRIMARY CARE PROVIDER SURVEY SUMMARY

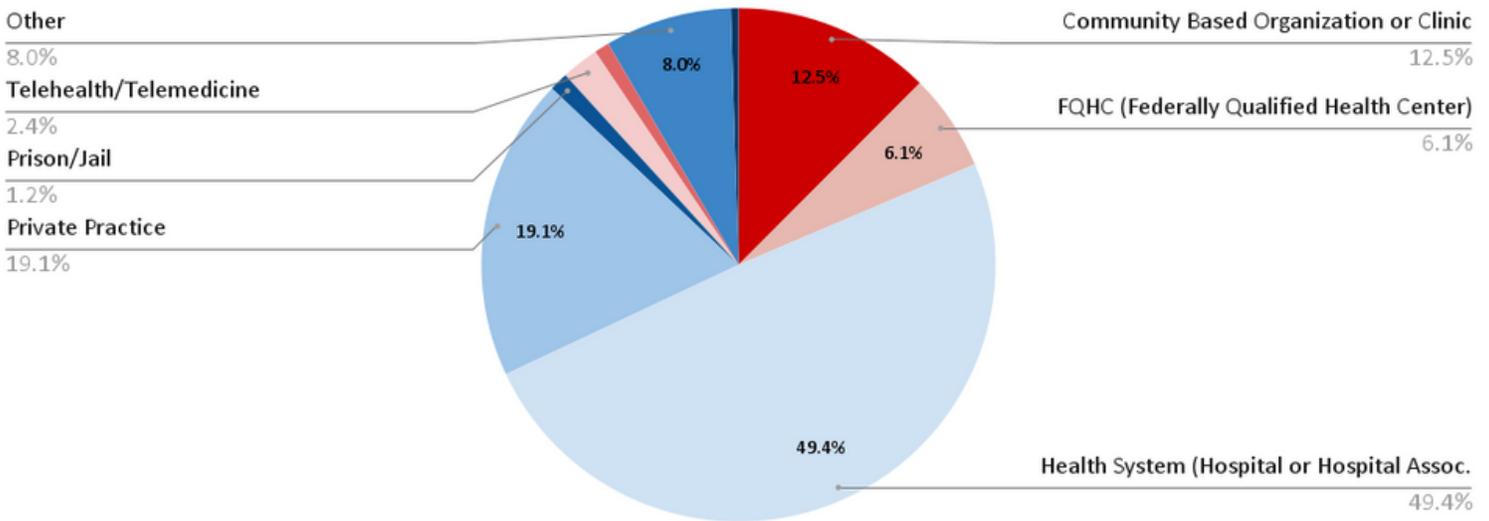
IOWA DEPARTMENT OF PUBLIC HEALTH
MIDWEST AIDS TRAINING+EDUCATION CENTER SERVING MN & IA
AUGUST 2022

IOWA PRIMARY CARE PROVIDERS

Who took this survey? Where do they work?

In total, 415 people started the survey we designed for Primary Care Providers (PCPs) in Iowa, and our analysis included 331 complete responses. Almost half (49.4%) of survey respondents were PCPs in a health system, such as a hospital or hospital-associated clinic. The next largest groups represented were PCPs from private practice (19.1%) and PCPs from Community Based Organizations or Clinics (12.5%).

Organization Type of PCP Respondents to the Stop HIV Iowa Survey (N=331)

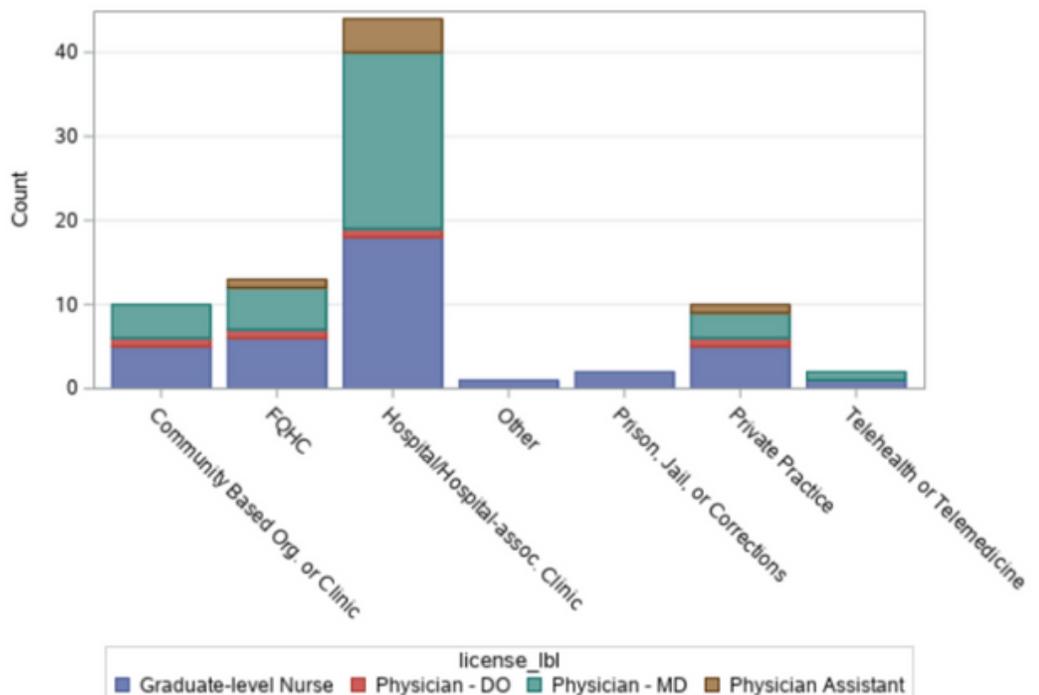


The figure to the right shows the licensure of survey respondents. In total, we analyzed responses from 167 graduate level nurses (NP, CNM, ARNP, and CRNA), 36 PAs, 34 DOs, and 91 MDs.

Nearly 25% of respondents (N=105) have practiced for over 21 years, and the next largest segment of respondents have practiced for 5 years or fewer (N=95).

The most popular specialty area reported by respondents was Family Medicine (N=180).

Organizations providing Primary Care to People Living with HIV, by respondent licensure

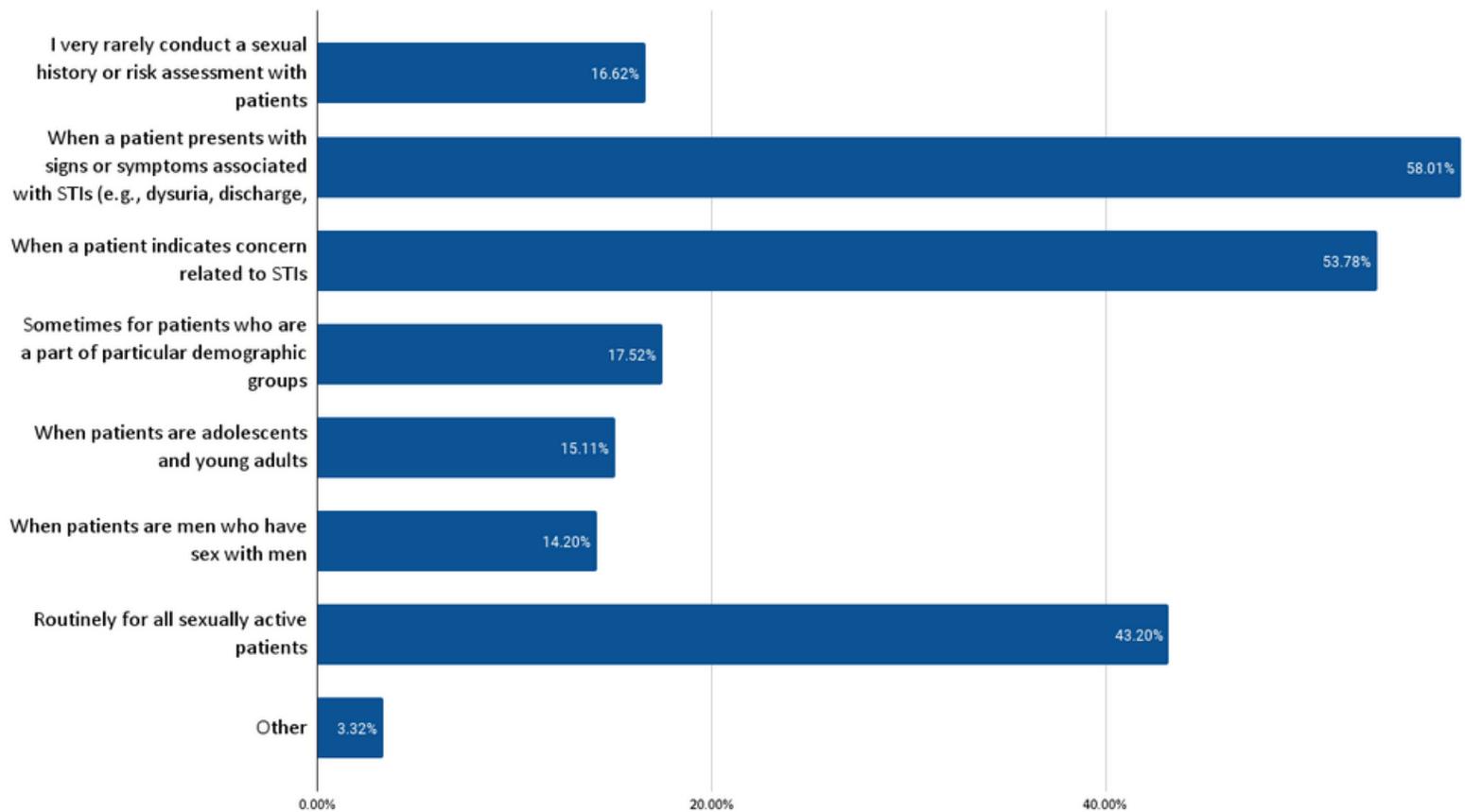


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Let's Talk about Sex: Circumstances in which PCPs conduct sexual histories & risk assessments

Over half of survey respondents reported sexual history taking when patients present with STI-associated signs or symptoms (58.01%) and when patients indicate STI-related concerns (53.78%). Many PCPs reported routinely conducting sexual history with all sexually active patients (43.20%). Also of note, 16.62% of survey respondents reported they very rarely conduct a sexual history with patients.

Under what circumstances do you conduct sexual history or sexual risk assessment with patients? Percent of respondents selecting, N=331.

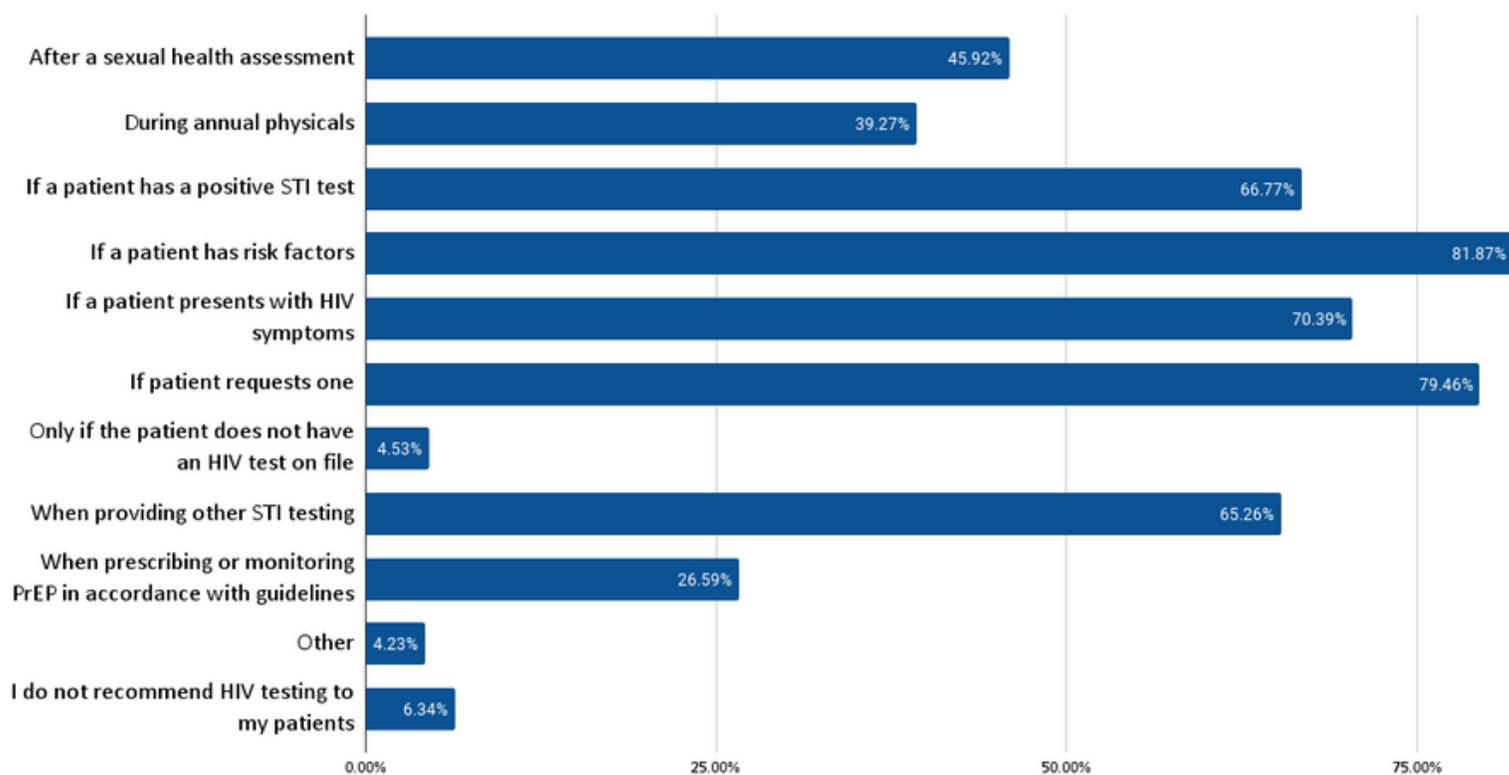


Let's Talk about Sex: Best Practices

In [A Guide to Taking a Sexual History](#), the Centers for Disease Control and Prevention (CDC) states, "A sexual health history should be as a routine part of health care, as well as when there are symptoms or physical exam findings suggestive of STIs." The results of our survey indicate that more of Iowa's primary care providers might need to incorporate sexual histories into their routine care practices.

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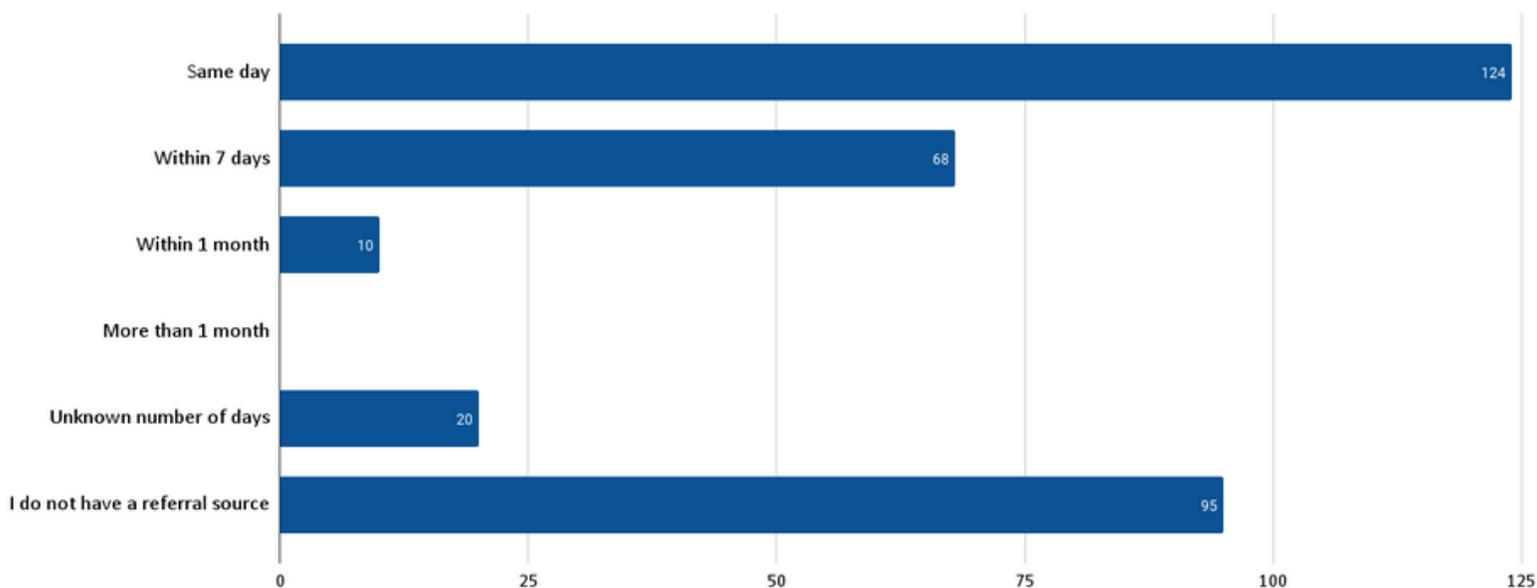
In which of the following circumstance(s) do you recommend HIV testing? Percentage selecting each option (N=331)



HIV Testing: Who? When? Why?

The CDC recommends everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. And for people with certain risk factors, CDC recommends testing for HIV at least annually. The figures on this page indicate room for improvement on both the frequency of HIV testing and the speed of referrals for new diagnoses.

On average, how quickly do you refer someone upon being newly diagnosed with HIV to a specialist or Ryan White program?



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Referrals: Best when they're quick & active

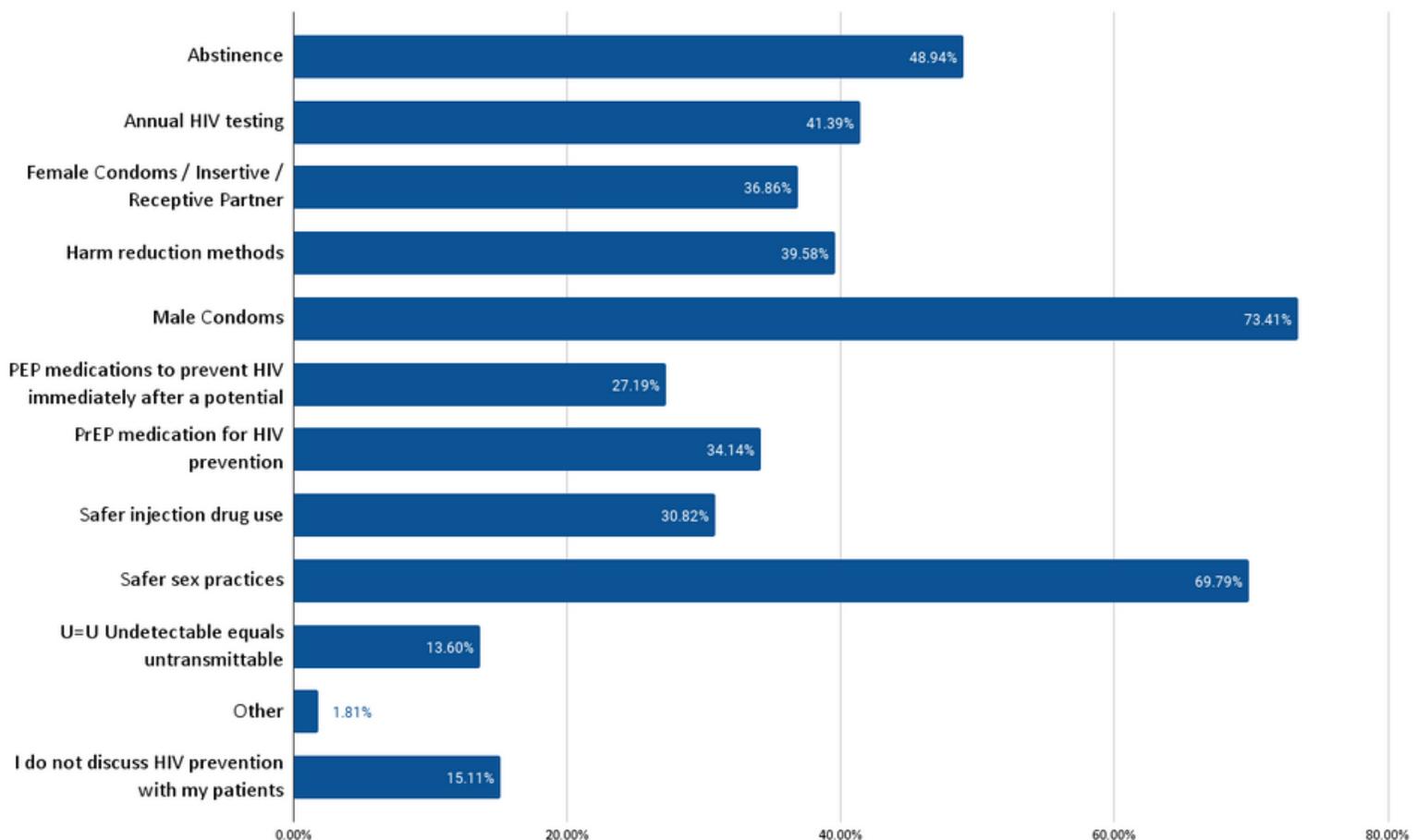
When asked, on average, how quickly they refer someone upon being newly diagnosed with HIV to a specialist or Ryan White program, **28.7% of respondents selected "I do not have a referral source."**

[Stop HIV Iowa's website](#) is a great place to start for providers making their first referral - they've outlined the step-by-step process for newly diagnosed adults.

An Ounce of Prevention: HIV prevention methods providers recommend to their patients

We also asked respondents to select all of the HIV Prevention Methods they recommend to patients. Male condoms (73.41%) and safer sex practices (69.79%) were the selected the most. Also, almost half of all respondents selected abstinence (48.9%); however, all respondents who selected abstinence also selected at least one other prevention method or topic. **Note: [comprehensive risk reduction](#) (not abstinence-only education) was found to be an effective strategy to reduce adolescent pregnancy, HIV, and STIs.**

Prevention Methods Recommended When Talking about HIV with Patients, by Percentage of respondents selecting each option



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U=U: Undetectable equals Untransmittable

When asked to select all the topics covered when talking with patients about HIV, only 13.6% of survey respondents selected "U=U, undetectable equals untransmittable."

Resources for learning about and incorporating U=U into your practice are available through the [Prevention Access Campaign](#). U=U has been endorsed by WHO, PEPFAR, CDC, UNAIDS, NIH, NIAID and others; read more about the global support for U=U [here](#).

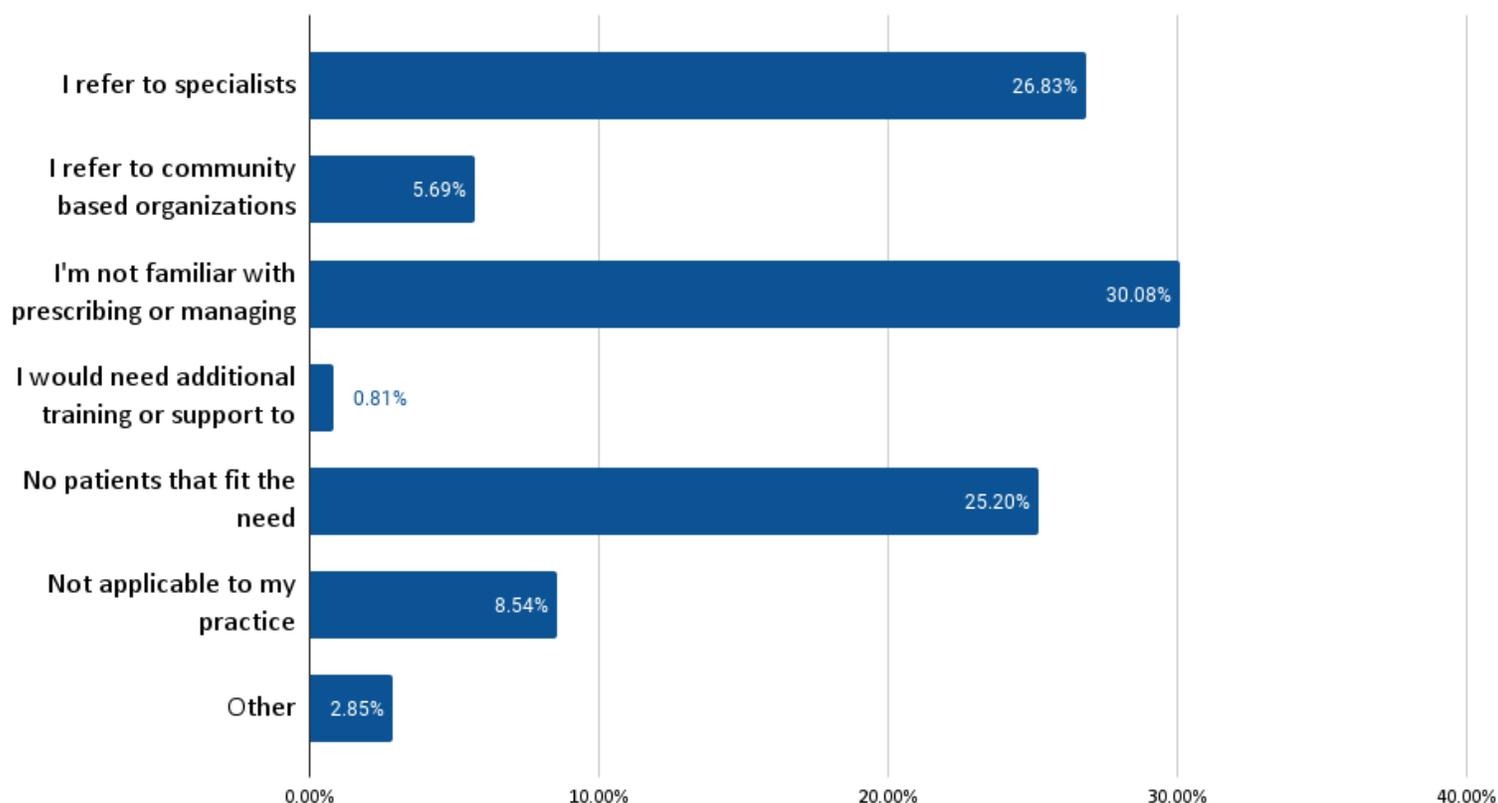
To Prescribe or Not to Prescribe: PrEP for HIV Prevention

Only 23.1% of 331 total respondents selected "Yes" they prescribe PrEP.

The 76.9% of PCPs who responded "No" were asked to share reasoning as to why they don't prescribe PrEP. The most common reasons were "I refer to specialists," "I am not familiar with prescribing or managing PrEP," and "No patients that fit the need."

The U.S. has taken major strides in prescribing PrEP. [CDC Preliminary data](#) showed, in 2020, about 25% of the 1.2 million people for whom PrEP is recommended were prescribed it, compared to only about 3% in 2015.

Percentage of respondents selecting each option under "Why do you not prescribe PrEP?"



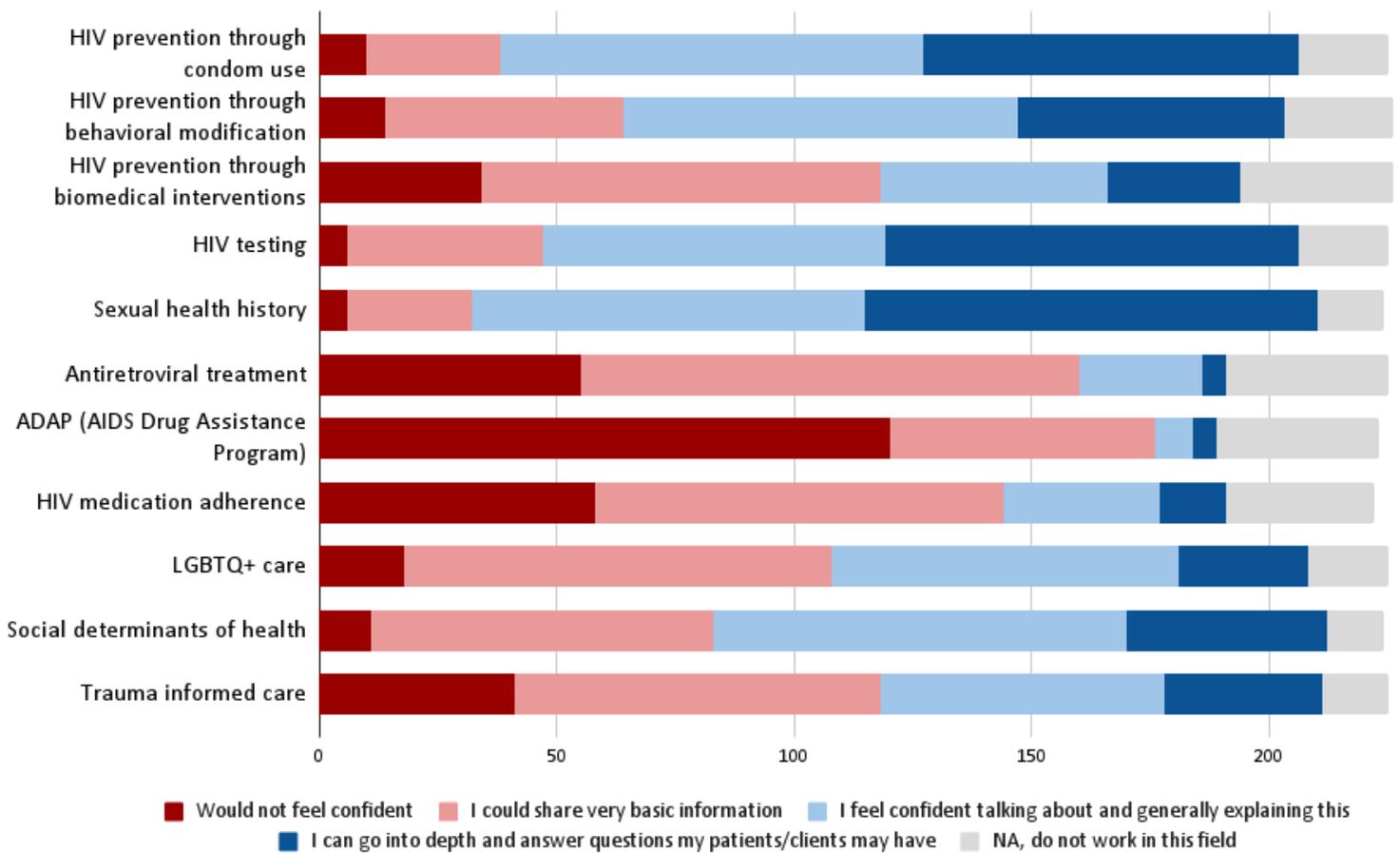
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Confidence Boost: Building Provider Confidence and Competency in HIV-related Topics

Improving providers' ability to competently and confidently hold discussions with patients on topics that are relevant to HIV is an accessible way to improve the care people living with HIV receive and prevent new HIV infections.

In the figure below, the topics with the most dark red (or least dark blue) are areas for growth; such as HIV treatment, AIDS Drug Assistance (ADAP), HIV medication adherence, and Trauma informed care.

Confidence in Topics



Capacity Building & Training Opportunities

The Midwest AIDS Training and Education Center (MATEC) offers free training opportunities year-round. Be sure to check out regional and Iowa-specific offerings [here](#) and join the listserv by filling out [this form](#).

Resources are also available through StopHIVIowa.org and your [Regional Health Specialist](#) through the Iowa Department of Health (find your contact [here](#)).