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The article “Why physicians don’t ask: interpersonal and intrapersonal barriers to HIV testing-making a case for a patient-initiated campaign,” co-authored by Monisha Arya, M.D., appeared in the *Journal for International Association of Providers of AIDS Care* in November 2014. Arya is an assistant professor of medicine in the sections of Infectious Diseases and Health Services Research at Baylor College of Medicine.

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HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

Why don't physicians talk to their patients about recommended HIV screening tests?

“We clinicians mean well, but it’s complicated,” says Monisha Arya, M.D., MPH, a clinician and health communications researcher at Baylor College of Medicine. Arya and her team have been interested in why physicians don’t offer HIV testing to all of their patients, despite national and professional society recommendations.

Since 2006, the Centers for Disease Control and Prevention (CDC) has recommended that all adults be tested for HIV if they live in a high HIV prevalence city, such as Houston. The CDC made these recommendations because the HIV epidemic was continuing unabated despite the availability of life-saving drugs. Many people infected with HIV initially have no symptoms, so they do not get tested and remain unaware of their HIV status. These unaware people can’t get life-saving antiretroviral therapies and unknowingly pass HIV to others. Antiretroviral therapy can save their lives and, if taken regularly, can also reduce the chance of transmission to others by more than 90 percent. Yet studies have found that many patients diagnosed with HIV were never tested for HIV during multiple prior physician visits. When an HIV test was finally done for these patients, many were already at or near a life-threatening AIDS diagnosis and possibly had spread HIV to others by that time. Why weren’t these physicians following the national recommendations?

Arya’s team discovered a patient-physician HIV testing communication disconnect. Her team surveyed 175 primary care physicians in Houston. One-third were not testing all of their patients for HIV. These physicians thought their patients would be uncomfortable discussing HIV, would be offended if the HIV test were offered or would refuse the test. In fact, 70 percent would rather that their patients ask for the HIV test. However, research by Arya’s team and others

found that patients want their physicians to offer the HIV test and, in fact, expect their physician to test them.

In 2015, Arya’s team began developing media campaigns to help address this HIV testing communication disconnect. A 1.5-minute video encouraging physicians to offer HIV testing to all of their patients was created in collaboration with Rice University undergraduates in Professor Kirsten Ostherr’s medical media arts lab. The video addresses eight physician barriers to testing – including informing physicians of the CDC’s HIV testing recommendations and providing data showing that 81 percent of their patients would say “yes” to an HIV test if their physician offered it. Because many physicians indicated they want patients to just ask for the HIV test, Arya’s team is also working on an innovative mobile health campaign that will text patients immediately before an appointment to remind them that their HIV test is due and to encourage them to discuss it with their physician.

Traditional push-pull models push consumers to create demand for products or services. Arya’s team is adapting this model, developing media campaigns that will “push” patients or physicians to “pull” the other into a discussion for a recommended health service. “If we can develop innovative campaigns to encourage both patients and their physicians to talk to each other about HIV testing, these campaigns could be used as a model to improve communication for other disease prevention initiatives such as missed cancer screenings or missed immunizations,” Arya said. Arya hopes her work will be a helpful nudge for busy physicians faced with a barrage of health recommendations and also will educate patients and engage them in the important role of advocating for their own health.

HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by **Vivian Ho, Ph.D.**, James A. Baker III Institute Chair in Health Economics and director of the Center for Health and Biosciences at Rice University's Baker Institute for Public Policy, in collaboration with **Laura Petersen, M.D., MPH**, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

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