

**Rationale, design and first results of an  
H-TEAM intervention to increase  
provider-initiated HIV testing in primary  
care in Amsterdam, the Netherlands**

**Saskia J. Bogers**

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## Authors:

Saskia Bogers, Maarten Schim van der Loeff, Nynke van Dijk, Marije Groot Bruinderink, Godelieve de Bree, Peter Reiss, Suzanne Geerlings and Jan van Bergen

PROactive HIV TESTing in the hospital and primary care setting (PROTEST 2.0)

# Disclosures

- The authors have no conflict of interest
- This project is funded by the Aidsfonds and is a part of the H-TEAM initiative

# H-TEAM

- Collaboration of all organisations and parties involved in prevention and treatment of HIV in Amsterdam, including the target groups
- Combines various innovative interventions throughout the HIV cascade of care and represents a city-focused approach to the HIV epidemic.
- Works closely with various other large cities and strives to ensure that the various campaigns reach a nationwide audience.

# Background

## PROTest 2.0: Earlier HIV testing and diagnosis



- Sexual Health Clinic (SHC)
- **General Practitioner (GP)**
- Hospital

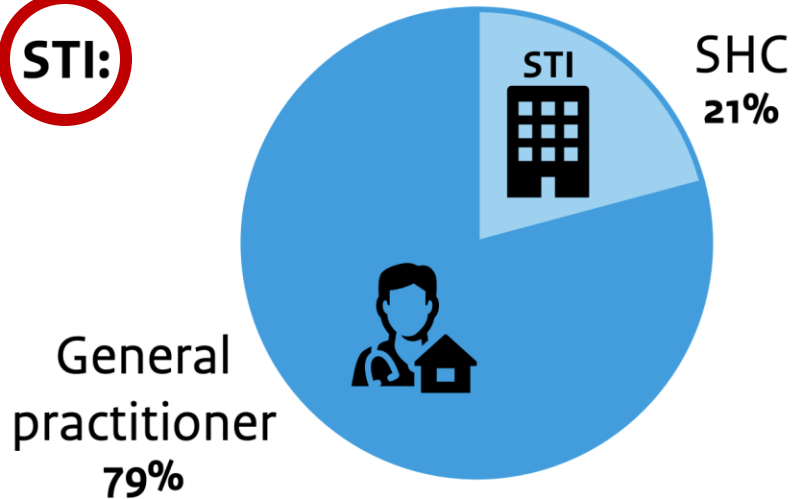
# Primary care in the Netherlands

- GP's are the gatekeepers to the healthcare system
- Registration with a GP is mandatory
- 75% of the population visits their GP at least once a year

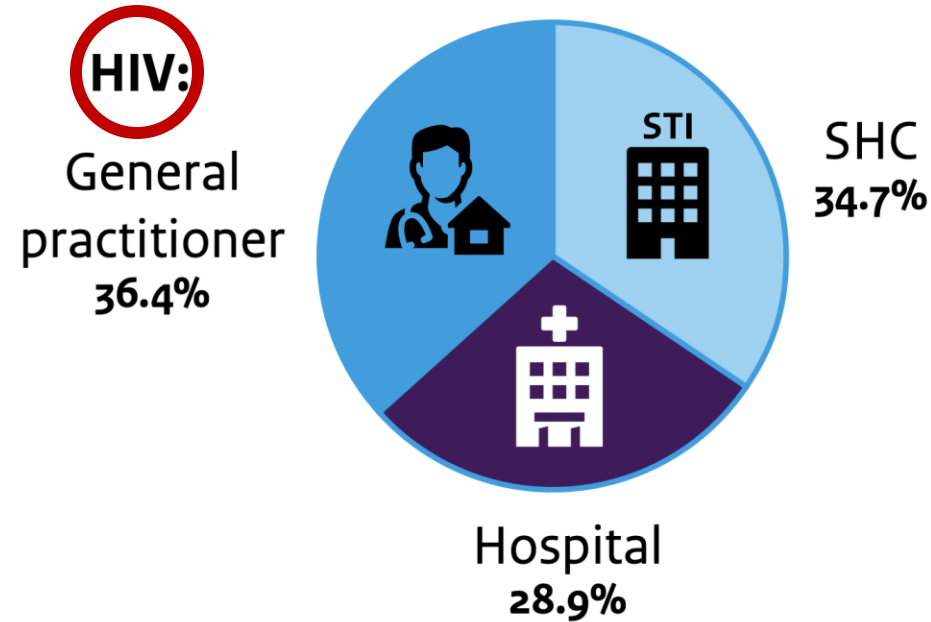
# Where are STIs and HIV diagnosed?

RVM 2018

**STI:**



**HIV:**



# PROTest 1.0:

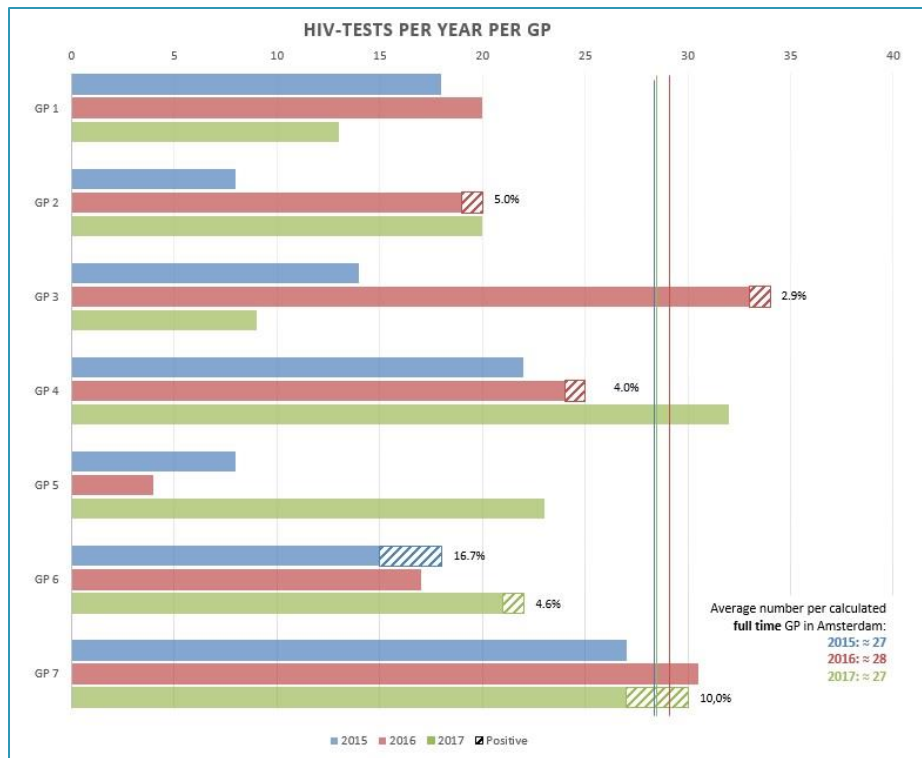
- In 1/3 – 2/3 of all STI consultations by GPs the high risk of HIV was not recognised and no HIV tests was performed  
(Trienekens 2013, Joore 2016)
- 62% of newly diagnosed PLHIV visited their GP in the year prior to diagnosis  
(Joore 2015)



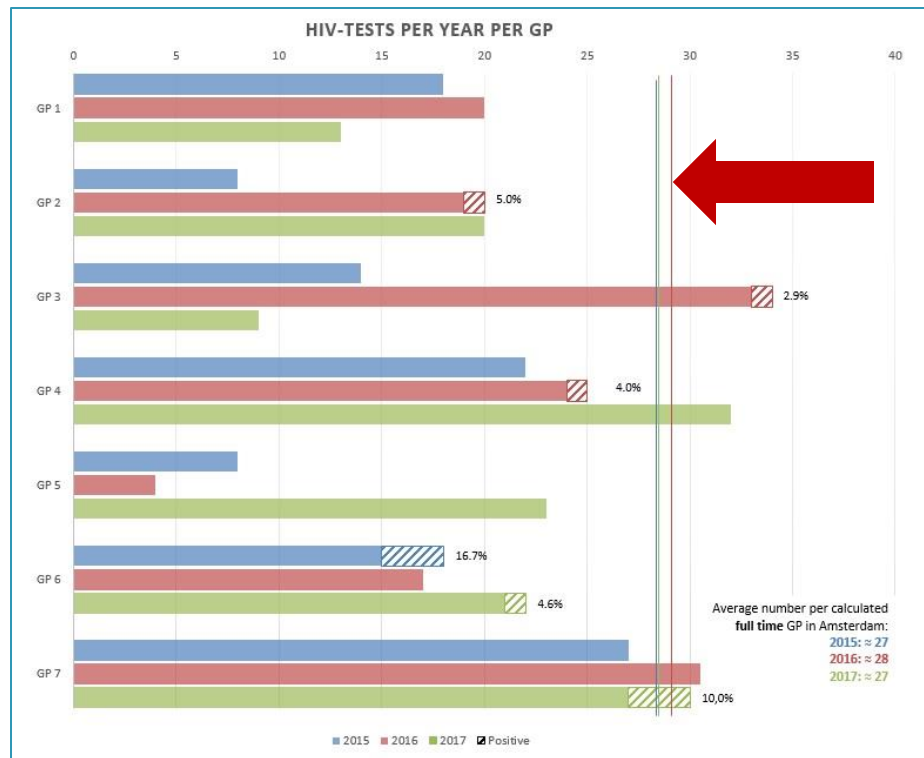
# Methods

- Educational intervention project
- 2 sessions of 2 hours each on HIV and STI
- Organised by GPs for their group of peers
- Graphical audit and feedback

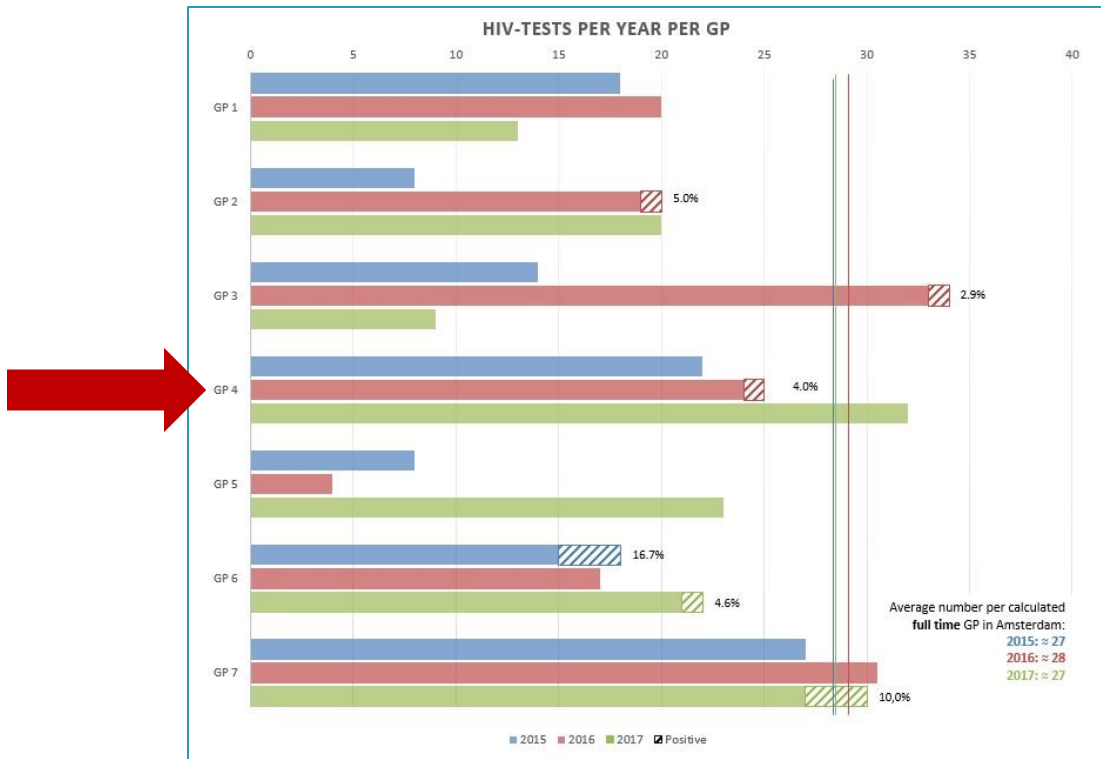
# Graphical audit and feedback : Number of HIV tests per GP



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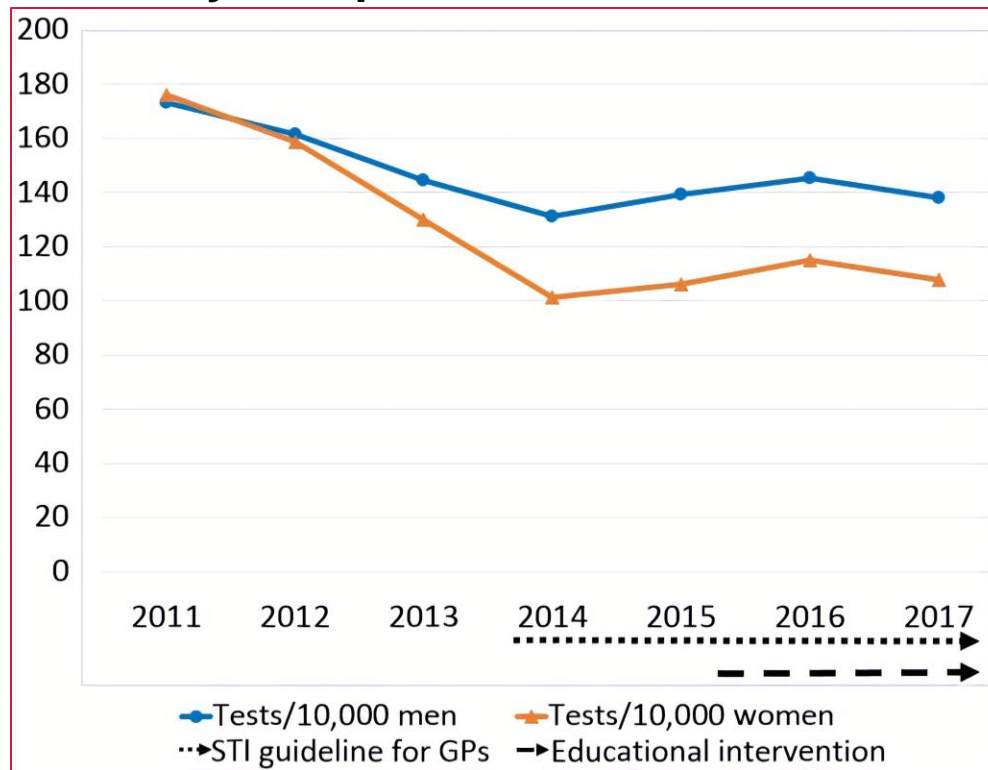
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- Graphical audit and feedback
- Quality improvement plans
- Laboratory data → HIV testing rate per 10,000 person-years

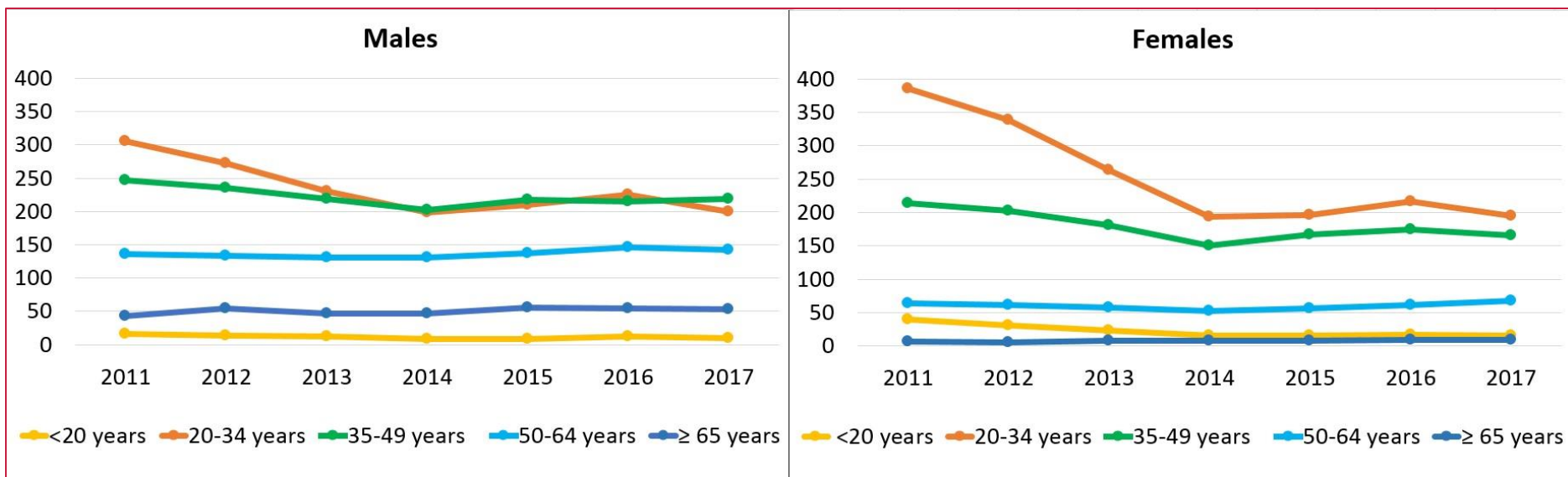
# Results

- Since 2015:
  - 29 Educational sessions
  - 214 Participating GPs (40% of all Amsterdam GPs)
- Average appreciation in evaluations: 8.5/10
- Laboratory data: 95% coverage

## HIV tests performed by GPs per 10,000 residents of Amsterdam by sex

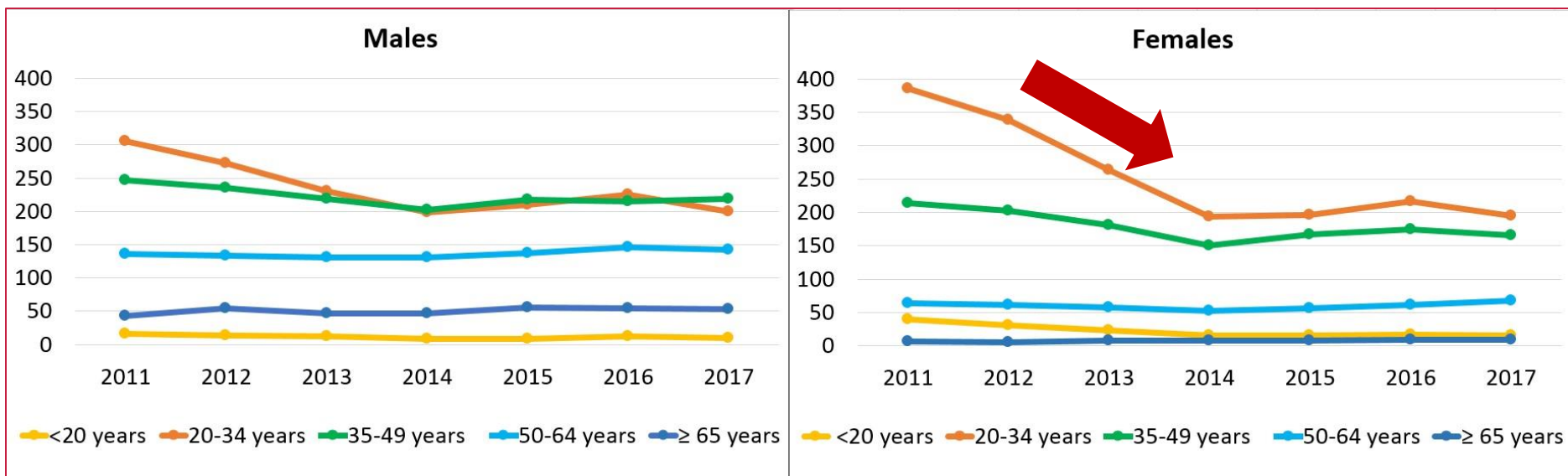


## HIV tests performed by GPs per 10,000 residents of Amsterdam by age categories and sex

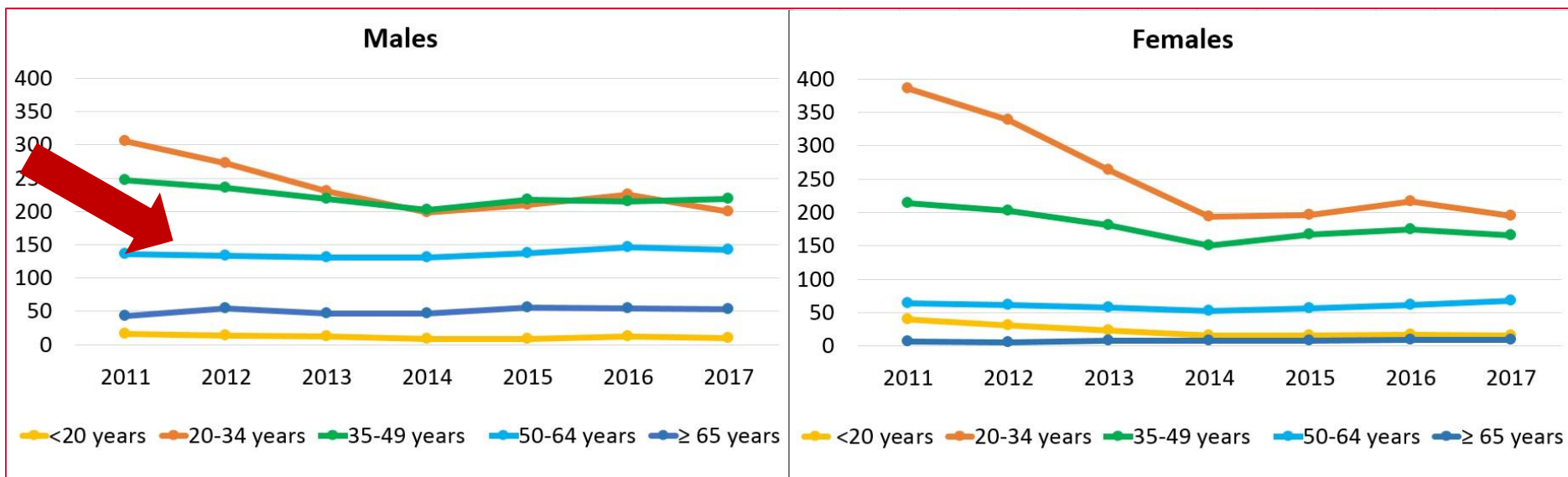




## HIV tests performed by GPs per 10,000 residents of Amsterdam by age categories and sex



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# Discussion

## Strengths

- Unique dataset: 95% of HIV and STI tests by Amsterdam GPs since 2011
- Good participation rates and appreciation in evaluation of the sessions

## Limitations

- Downward trend in HIV testing rates does not necessarily infer to worse testing behaviour
- No patient characteristics in the dataset to correct for patient risk factors

## Future work...

- Project runs until 2020
- Analyses on the effect of the intervention
  - Before and after within participants
  - Participants versus non-participants
- Qualitative analyses
  - Using semi-structured interviews amongst participating GPs

# Acknowledgements



## Participants

### Participating laboratories:

AMC  
Comicro  
Reinier MDC  
Streeklab  
ATAL Huisarts  
OLVG  
SHO

### Participating GPs

## Professor Joep Lange



## Partners



## Sponsors



Saskia Bogers

s.j.bogers@amsterdamumc.nl

# QUESTIONS?

# Quality improvement plans

## Quality improvement plans concerning HIV testing

Offer more provider-initiated HIV testing, e.g. by offering an HIV tests at consultations concerning other complaints, at the intake procedure, when performing diagnostics for different reasons and through offering HIV testing on the TV-screens in the waiting room

Specifically screen high-groups for HIV proactively, including men who have sex with men, people from HIV-endemic countries and patients with positive STI tests in the past

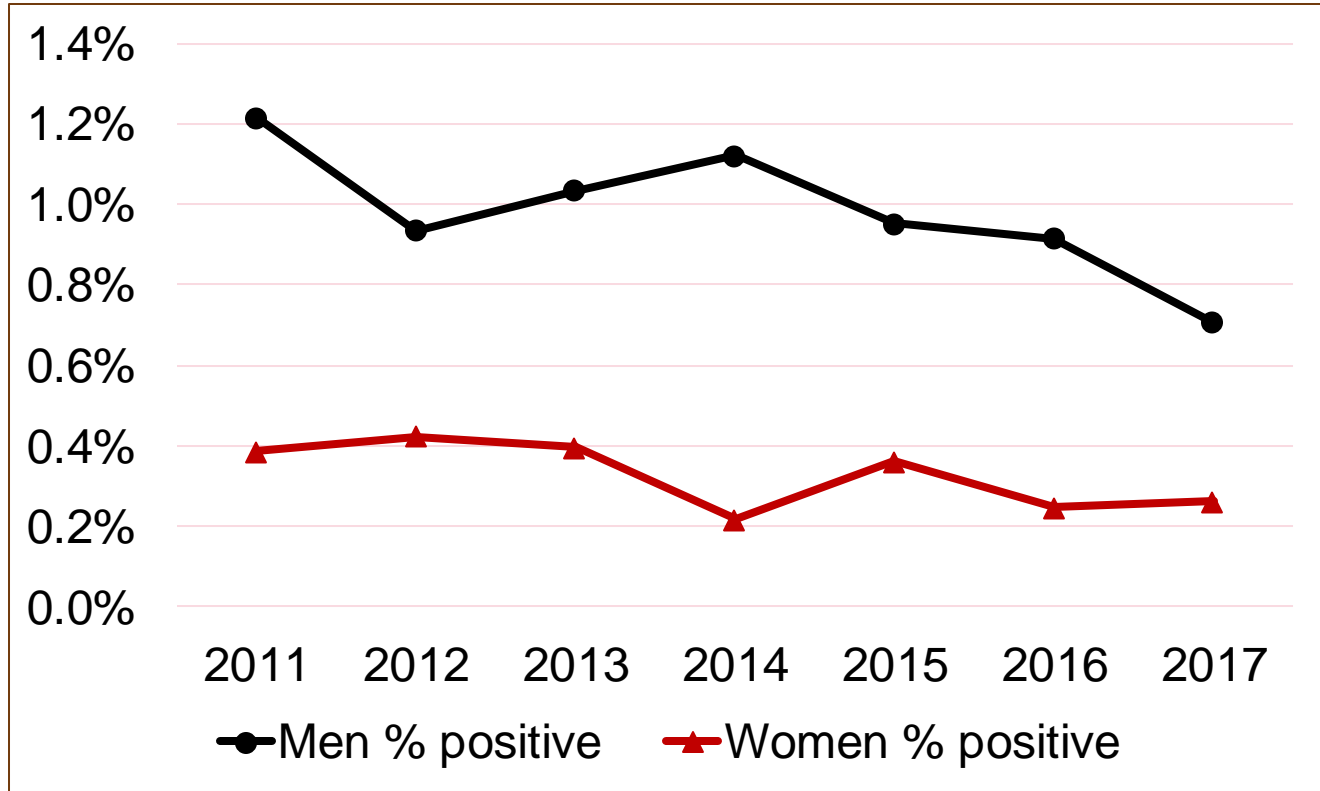
Test for HIV more when diagnosing or suspecting an HIV indicator condition, including other STI

## Quality improvement plans concerning STI testing

Be more alert on extragenital STI testing (oral, anal) when indicated

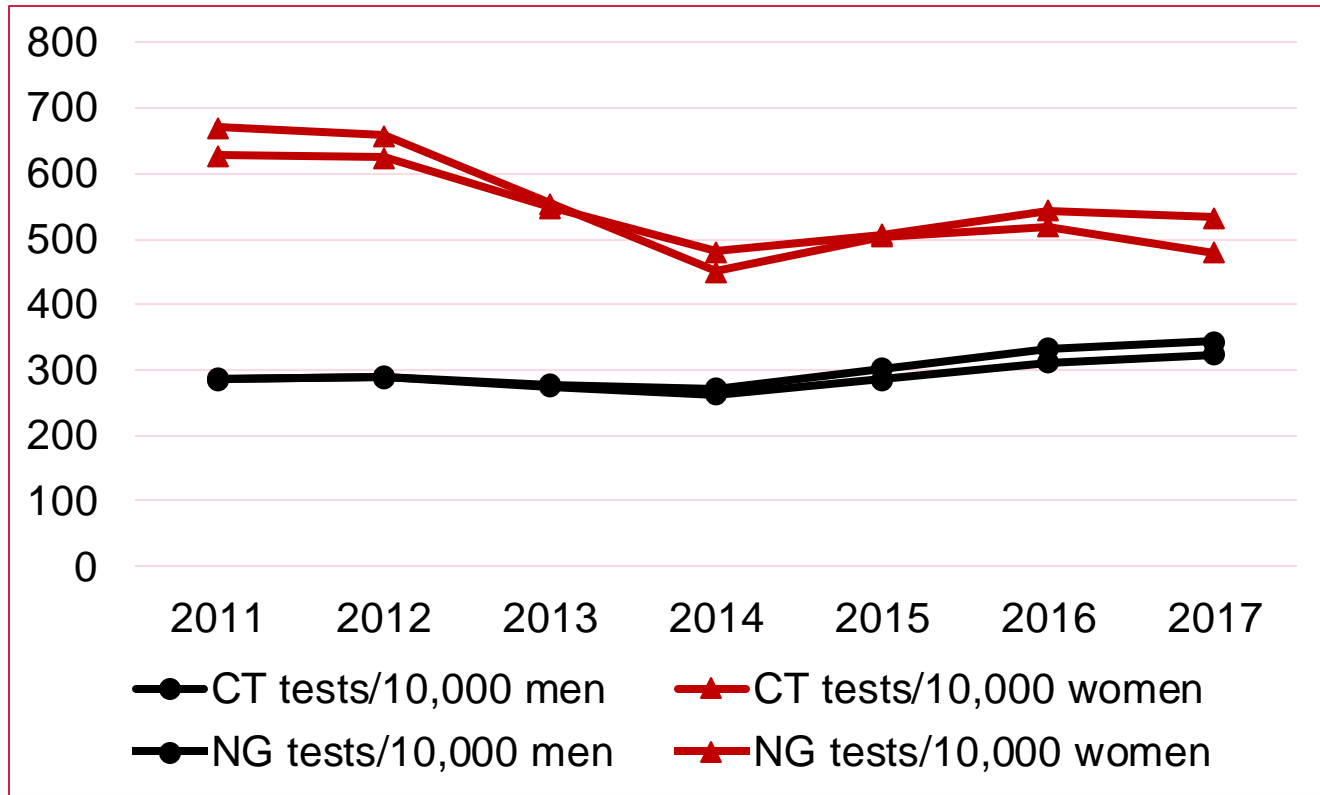
Choose type and anatomical location of testing (urogenital, oral, anorectal or blood) based on the guidelines and diagnostic decision tool more

Take more detailed sexual histories, to more accurately assess risk-behaviour to choose the appropriate diagnostics accordingly

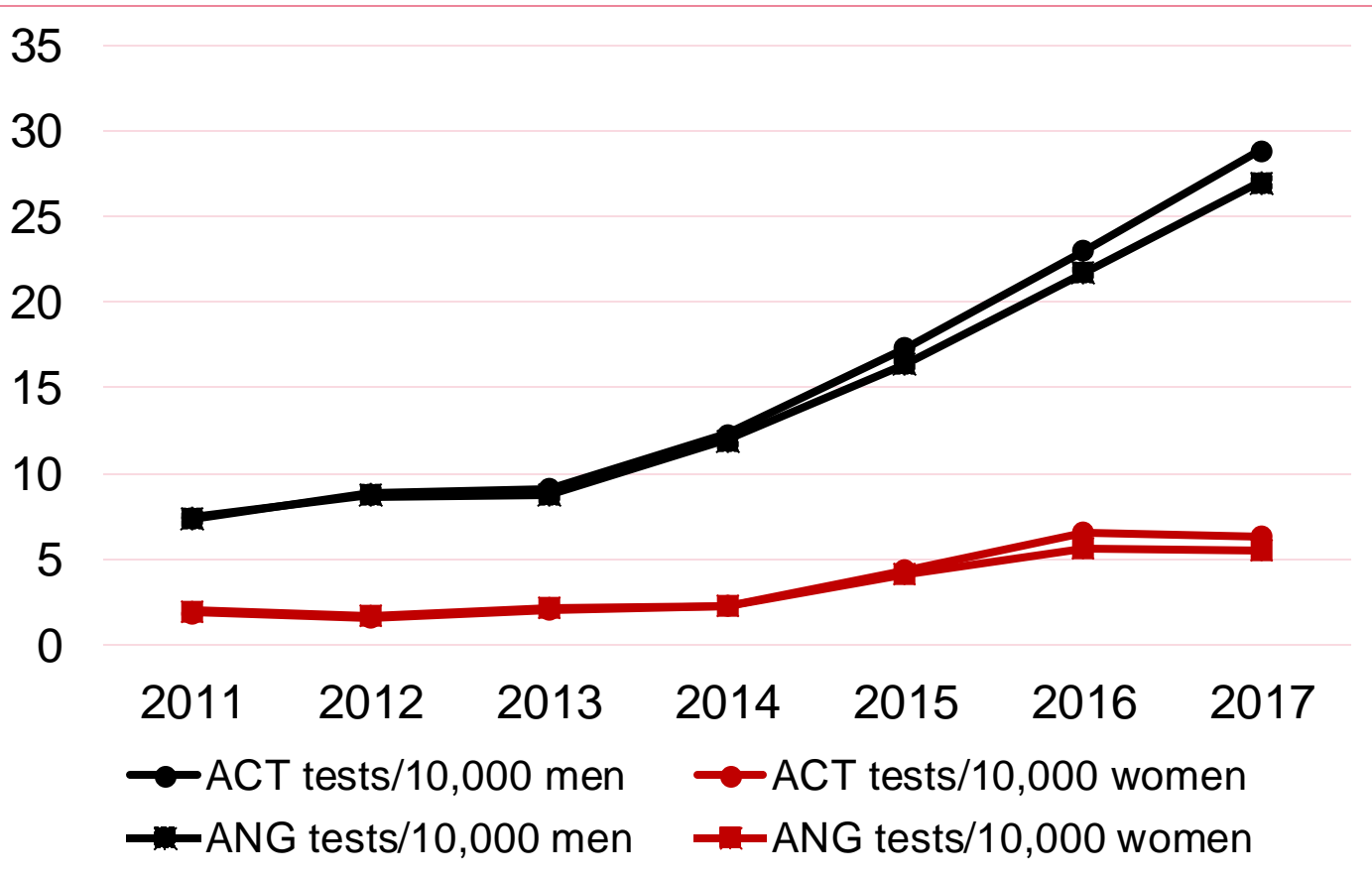


Percentage of positive HIV tests





Chlamydia and gonorrhoea tests per 10,000 residents of Amsterdam by sex  
 CT = Chlamydia trachomatis, NG = Neisseria gonorrhoeae



Anorectal chlamydia and gonorrhoea tests per 10,000 residents of Amsterdam by sex  
 ACT = anorectal Chlamydia trachomatis, ANG = anorectal Neisseria gonorrhoeae