

Registration of HIV-risk factors in the Electronic Medical Record (EMR): What do GPs in Flanders Prefer?

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Background

- Increase of HIV-diagnoses
- HIV as a chronic disease
- Sexual history by GPs (General Practitioners)

Research questions

1. What are important HIV-risk factors according to GPs?
2. How can GPs get information about patients' HIV-risk factors?
3. How can GPs register information about HIV-risk factors?

Methods

- Semi structured interviews
- Interview guide
- Transcribed and manually coded
- Second researcher

Sample

Characteristic	Specification	Amount of participants
Age	29-35	6
	42-65	7
Sex	Female	6
	Male	7
City of practice	Antwerp	2
	Brussels	4
	Ghent	4
	Leuven	3
Practice composition	Local health center	7
	Group practice	4
	Solo practice	2

1. Important HIV-risk factors

- Previous STI or STI screening

"If you see that the patient was tested every year, well why do you do that?"

- Origin

"Of course origin is a risk factor for HIV, yes, you can see that based on the name."

- Age

"Sometimes we see young people who don't know anything about safe sex or contraception, I think we've an educational role to play there."

1. Important HIV-risk factors

- Sexual orientation

"After so many years there are few who escape our attention... Of course there are a lot of bisexuals where we do not know it from"

- Sexual risk behaviour

"Sometimes you know there is a history of STIs, so, well that does not come around when you have safe sex."

2. Collect the essential information

- Occasional sexual history
 - Searching for an opportunity
 - Waiting for the patient
 - Lack of registration

"A sexual anamnesis? I do this rather ad hoc... I think we do that to little, only if there are certain occasions."

2. Collect the essential information

- Inquiry on the GP's initiative
 - Difficult and rare
 - Willingness to improve communication
 - No HIV testing or screening policy

"Indeed, we must do something with homosexuals, but we do not have a policy in our practice, neither to ask for it, nor to register. But yes I think I will bring this to the next meeting, because we don't do anything standard and that has to change."

2. Collect the essential information

Creating an occasion

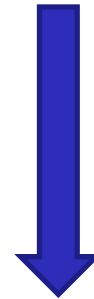
"If you are asking during history taking, people are in the rhythm of 'yes', 'no' and if there comes a question about sexuality, it will be less shocking."

Basics for in-depth sexual history!

3. How to register information?

Inserting info in the EMR?

- Consult summary
- GP's memo
- Coding 'at risk for STI'



There is **no appropriate place** in EMR

"There is no place for it in the record, you can not fill in such things, if the program must allow that, I would fully do it."

Discussion & implications

- GPs wait for patients initiative
- GPs are receptive for a proactive approach
- In-depth sexual history
- Pre-conditions:
 - Integration in sexual history
 - Appropriate place EMR
 - STI & HIV screening/testing policy

Discussion & implications

- Continuity of care and holistic approach
- Image of sexual behaviour
- Targeted STI/HIV prevention actions for patients at risk