Using Chart-stimulated Recall to Identify Barriers and Facilitators to Routine HIV Testing Among Pediatric Primary Care Providers

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Adolescents account for one in five new HIV infections in the U.S. Yet, only 25% of sexually active adolescents report HIV testing, and testing rates have not improved over time. In this study, the primary aim was to identify barriers and facilitators to routine HIV testing in the pediatric primary care setting. Practices within a large pediatric network were stratified by higher and lower rates of HIV testing. Providers were purposively sampled across practices, and chart-stimulated recall was used to explore HIV testing knowledge and practices by having providers review actual adolescent well visit records. Interviews were audio-recorded and transcribed. Qualitative content analysis identified categories of barriers and facilitators to HIV testing among higher and lower performing sites. Of participants (n = 31), 52% were from higher performing clinics, and 48% from lower performing clinics, and mean number of years in practice was 16.9 (standard deviation 10.8). Provider-identified barriers at lower-performing sites included lack of knowledge of testing guidelines, inadequate sexual risk assessment, concerns about damaging patient/caregiver relationships, and competing priorities, whereas both high- and low-performing cites reported concerns about confidentiality. Identified facilitators at higher performing sites included availability of on-site resources (Title X funding; laboratory). Several distinct barriers and facilitators to routine HIV screening were identified at lower and higher performing sites. These findings can inform the development of multilevel interventions to improve HIV testing rates in pediatric primary care.

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