HIV and Hepatitis C Screening in Specialty Mental Health Clinics: Barriers and Facilitators

Jacob Johnson, MD (jacob.johnson2@ucsf.edu); UCSF Public Psychiatry Fellowship, 2024-25

Background:

- HIV and hepatitis C (HCV) occur at higher rates in the serious mental illness (SMI) population and guidelines recommend universal screening.
- Specialty mental health clinics may be one of few trusted access points to healthcare screening for this population. HIV and HCV screening could improve outcomes.
- The barriers and facilitators to universal screening in these settings are unclear.

Setting:

San Mateo County Behavioral Health and Recovery Services (BHRS) provides specialty mental health services at five regional clinic sites. There are no guidelines for HIV and HCV screening in BHRS.

Objectives:

 Evaluate provider-identified institutional, interpersonal, and intrapersonal barriers and facilitators to universal HIV and HCV screening.

Quantitative Results:

Response rate:

Attendings: 25/37 (67.6%)Residents: 10/11 (91%)

Knowledge and screening practices:

Currently screening: 11% HIV, 6% HCV

• Knowledge of guidelines: 23% HIV, 14% HCV

Barriers:

- 1. Access to primary care HIV (74%) HCV (80%)
- 2. Locating orders in EMR HIV (60%) HCV (74%)
- 3. Perceived as PCP responsibility HIV (63%) HCV (57%)
- 4. Reporting positive results
 HIV (54%) HCV (57%)

Facilitators:

- 1. HIV and HCV added to lab panel (85.7%)
- 2. Onsite primary care (77.1%)
- 3. More patient education (62.9%)
- 4. More info from public health (57.1%)

Methods:

Mixed quant. and qual. analysis of survey data:

- Demographics, expertise, and screening
- Likert scale and binary response selection
- Analysis of themes in free response question

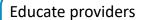
Qualitative Results:

- Guidelines and Education (37%): "more educational material to learn how to order them and what to do with the results."
- **Primary care integration (37%):** "too many barriers to PCP is the issue."
- Additional support (20%): "Already feel like I'm drowning with paperwork"
- Updating lab panel (17.1%): "Having HIV/HCV [...]in the basic lab panel would make it easier to order."
- Outside scope (11.4%): "'outside the scope' for psychiatrists..."

> Key Findings:

- Few providers report screening or being familiar with screening guidelines
- Barriers are primarily institutional (access to information and primary care)
- Facilitators include adding orders to lab panel, better primary care integration, and more guidelines and education.

Next Steps:



Create HIV/HCV screening guide

Change processes

 Update BHRS lab panel

Advocate

Primary care integration

Improve quality

Study impact of interventions

