

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

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Background

There is an increase of HIV-diagnoses in Belgium among men who have sex with men. GPs take a key position in discussing sexuality with their patients. They have an overall picture of their patients health, including the health risks (e.g. smoking). Yet it is unclear whether GPs are aware of the (extent of) sexual risk behaviour and the sexual orientation of their patients before problems occur. However, at least the **awareness of sexual risk behaviour and/or the sexual orientation** of patients seems to be necessary for the prevention of HIV.

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** with 13 GPs familiar with HIV and working in urban communities in Flanders. The interview protocol was based on a literature review, groups conversations and feedback from experts. Each interview of 1 hour was **transcribed** and line-by-line **coded**. A second researcher revised the codes and categories.

Results

Sample Characteristics (n = 13)

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

Emerging themes

Patients at risk: Some patient characteristics or medical events in patients' history were used by GPs to estimate the risk of the patient for HIV:

- The sexual orientation
- Previous sexually transmitted infections (STI's) or STI-screening
- Known sexual risk behaviour
- Origin, age and attitude about sex

Sexual orientation: Within the scope of HIV, GPs underlined the relevance of being informed about the sexual orientation of their patients. Generally this information is revealed by the patient or observed. Only in consultations about sexual topics, some GPs would ask for it.

"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."

An occasional sexual history: GPs stated that in the current practice a sexual history was taken in case of :

- Sexual complaints or problems
- Sexual concerns expressed by the patient
- Consultation opportunities like pregnancy tests

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

Waiting for the patient: Sexual information was collected when the reason for encounter was a sexual problem or complaint. Starting a conversation about sex out of the blue was difficult.

"It is a sensitive topic and it is hard for me to just start a conversation about it. If the patient comes with a question or complaint, then I will go into it."

Creating an occasion: GPs thought it could be interesting to integrate some questions about sexual health and sexuality in the history taking. In particular:

- Sexual orientation
- Marital status
- Previous STI's

"I think if you are asking questions in the beginning of the history taking, people are in the rhythm of 'yes', 'yes', 'no', 'yes', 'no' and if there comes a question about sexuality, it will be less shocking. It is something simple, but I think I will keep that in mind".

No appropriate place in the medical record:

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

Discussion

GPs underline the relevance of being informed about the sexual orientation or the sexual risk behaviour of their patients within the scope of HIV-prevention. They consider themselves as having an important role to play in this matter. Yet starting a conversation without patients' initiative or before problems occur is rare. This decreases the possibility for proactive counseling and preventive care. Although GPs stated that the sexual orientation is one of the most important risk factors for HIV, in current practice they often rely on their **assumptions** about patients' sexual orientation. Moreover they do not check the correctness of these assumptions and this can possibly lead to mistakes. Effective doctor-patient communication is a fundamental task in medicine, but sexuality remains a sensitive topic. GPs do not feel comfortable to start a conversation about sex out of the blue. The lack of GPs' initiative in systematically ask for the sexual orientation and additional sexual health information can be dangerous for the quality and continuity of care. Nevertheless it is encouraging that the majority of the interviewees is receptive for a systematical and proactive collection of this information. They see **advantages in asking for HIV risk factors as part of the intake**. Getting in depth information about sexuality, however, assumes a relationship of trust and is therefore something they prefer to implement later in the consultation line. Furthermore GPs need **an appropriate place** for the registration of HIV risk factors and sexual information in the EMR. In this way the information would be easy accessible to colleagues inside the practice and this would increase the awareness for patients at risk.

Practice implications

The need to increase awareness and improve skills to systematically ask for important (e.g. sexual orientation) sexual risk information arises. Therefore there should be adequate training of GPs in talking about sexuality.

Technological improvement of the EMR is needed to improve the continuity of sexual healthcare. A striking place to register the sexual orientation and an appropriate place for more in depth sexual information is necessary.

Conclusion

GPs are willing to systematically collect information about HIV risk factors from their patients. Especially the sexual orientation of patients seems to be an important risk factor for HIV. Therefore, the majority of the interviewees stated that it could be advantageous to integrate this in history taking. A clear registration of HIV risk factors requires changes of the EMR.