



THE FIRST STEP

HIV Screening as the Gateway to Care

Virtual Area GPRA Coordinators Conference

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OSKIAN KOUZOUIAN

Data Coordinator, HIV Syndemic Branch | Indian Health Service



What You'll Take Away

UNDERSTAND

Describe the key characteristics of the IHS HIV Screening GPRA measure.

ACT

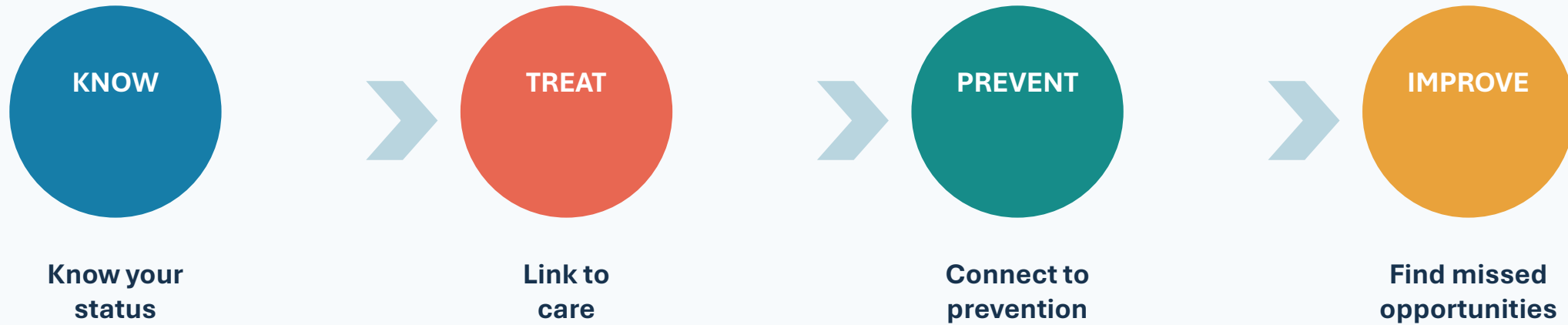
Identify practical strategies to increase HIV screening in your program.

IMPROVE

Recognize opportunities to use GPRA data to support local quality improvement.

Why Measure HIV Screening?

Screening is the gateway to both treatment and prevention.



158,000

CDC estimate

people in the U.S. were living with HIV without knowing their status in 2022.



HIV Screening GPRA Measure — The Basics

43.4%

FY2026 TARGET

EVER-SCREENED
MEASURE

Does not reset annually

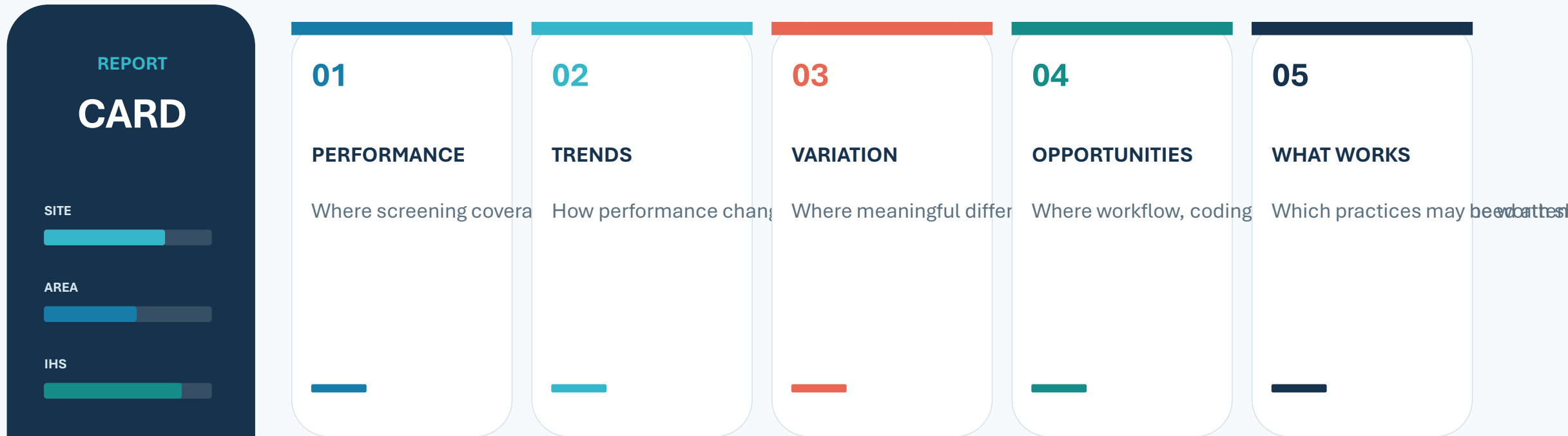
- WHO** User Population, ages 13–64
- EXCLUDES** Recorded HIV diagnosis before the end of the reporting period
- COUNTS** HIV screening documented any time before period end
- DOES NOT COUNT** Refusals
- ALSO** Separate pregnancy measure: 20-month window

CRS patient lists can identify patients with — and without — documented HIV screening.

Source: FY2026 IHS GPRA/CRS HIV Screening measure specifications.

Your Data in Action

CRS data become useful when they help us move from performance → insight → action.



SEE THE SIGNAL → ASK WHY → TEST AN APPROACH → LEARN → SHARE

Your data are actively used to identify opportunities, support improvement, and share successful practices.

The Next Challenge: Breaking Through the Plateau

Primary care can take you a long way.

Continued improvement often requires creating screening opportunities beyond the traditional primary care visit.



THE QUESTION BECOMES

**Where else can
screening happen?**

...and how do we make those
approaches routine?

Three Strategies for Continued Improvement

01

NORMALIZE

Make screening routine — not exceptional.

Opt-out testing • awareness • stigma reduction

02

ACCESSIBLE

Create more opportunities to get screened.

Field/community • jails • incentives • mobile • EDs

03

SUSTAINABLE

Build screening into everyday systems.

EHR reminders • standing orders • training

The strongest programs combine strategies that fit their setting.

Normalize HIV Screening

Make HIV testing feel like a normal part of healthcare.

1 OPT-OUT TESTING

Offer screening routinely rather than relying only on perceived risk.

2 RAISE AWARENESS

Reinforce that HIV screening is a normal preventive health service.

3 REDUCE STIGMA

Consistent, routine offers help make testing feel ordinary.

Routine offers reduce the number of opportunities that depend on someone deciding a patient “looks at risk.”

Make Screening Accessible

Meet people where they are — not only where care traditionally happens.

COMMUNITY + FIELD

Health fairs • outreach events • mobile services

NON-TRADITIONAL

Correctional facilities • other settings

INCENTIVES

Gift cards or other incentives where appropriate

RAPID TESTING

Reduce friction • create more testing opportunities

BREAK THE PLATEAU

The remaining unscreened population may not be regularly coming through primary care.



Make Screening Sustainable

Build the knowledge, systems, and processes that make routine screening last.

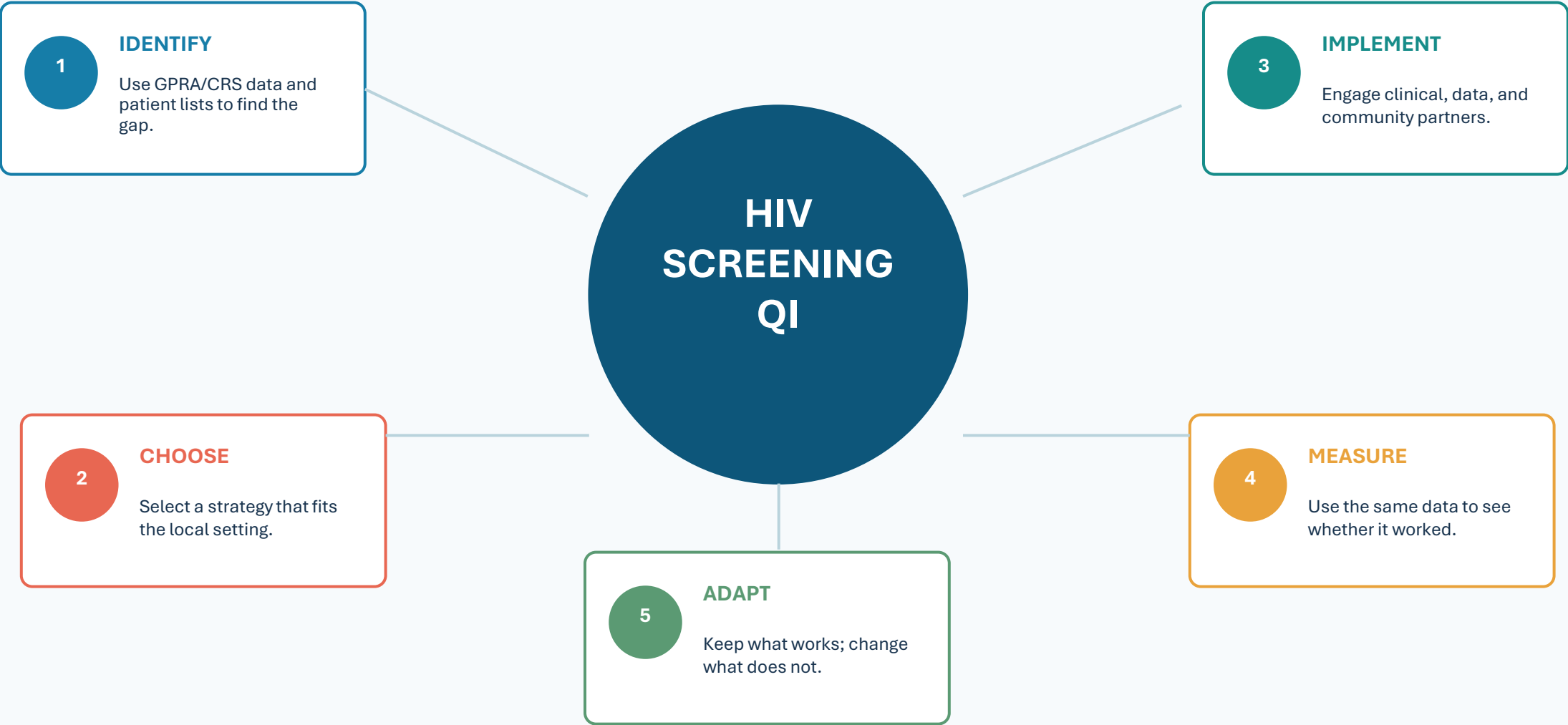


IHS EVIDENCE Higher screening was associated with long-standing EHR reminders, standing orders, and involving both nurses and providers.

Reilley B, et al. Public Health Reports. 2015; study of 51 IHS facilities. PMID 25656861.



A Ready-Made Quality Improvement Opportunity



Developmental GPRA measures for HCV and syphilis can provide additional CRS/GPRA-based QI opportunities.

Take It Back to Your Program



Is screening

NORMALIZED?

Is screening

ACCESSIBLE?

Is screening

SUSTAINABLE?

Use the measure. Try a strategy. Learn from the data. Share what works.

Questions?