Identifying Clinicians Qualified to Manage the Longitudinal Treatment of People Living with HIV and Resources to Support Quality HIV Care

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This document was developed to provide guidance to health systems and third-party payers to identify HIV physicians and other clinicians to participate in their provider networks who are best qualified to manage the care of patients with HIV and to compile clinical tools, standards and resources available to promote high quality HIV care. The suggested standards are intended for medical providers managing the ongoing care of patients with HIV in an out-patient or clinic setting.

The criteria recommended below are based on a large body of evidence that indicates that, regardless of a physician's specialty training, the two best predictors of high quality, cost effective HIV care are patient management experience and ongoing professional development through HIV-related continuing medical education.

Qualified HIV Physician Criteria

Category	**Criteria** Criteria should be met for <u>all three</u> of the categories as identified below.
Patient Management	Management of at least 25 patients with HIV longitudinally in the preceding 36 months.
Continuing Medical Education	At least 45 hours of HIV-related continuing medical education in the preceding 36 months, earning a minimum of 15 hours per year.
Board Certification Or Significant Clinical Experience	Board certification[1] or equivalent in one or more medical specialties or subspecialties recognized by the American Board of Medical Specialties or the American Osteopathic Association is preferred. Significant clinical and professional experience in HIV medicine, defined as a minimum of at least five years, should be considered in the absence of board certification.

[1]Completion of HIV-related Maintenance of Certification modules and the HIV Practice Improvement Module is encouraged as part of professional development for physicians who focus on HIV medicine.

Infectious Disease Specialists

An estimated 60 percent of physicians providing HIV care are trained in infectious diseases, and an infectious diseases fellowship program is the only accredited training pathway for acquiring HIV expertise. However, for ID physicians to maintain their expertise, it is important for them to continue to provide HIV care after completing their training. Recently trained or recertified ID physicians should be considered qualified HIV physicians within 36 months of completing certification or recertification. However, ID physicians continuing to provide longitudinal care for patients with HIV should be managing a caseload of a minimum of 25 patients with HIV longitudinally and obtaining 45 hours of HIV-related CME as described above beginning 36 months after certification or recertification to continue to be considered a qualified HIV physician.

Non-physician providers

Patient management experience and HIV-related continuing education also should be used to identify qualified nurse practitioners, physician assistants and nurse midwives who provide HIV primary care.

Other Considerations

Areas of Lower HIV Prevalence * *Such as 6.8 cases per 100,000 or less Prevalence Rates available at: http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html	The criteria above should NOT be used to exclude physicians or other clinicians from providing HIV care in areas with limited HIV workforce capacity. In communities or geographic areas where no clinicians meet the criteria, they are encouraged to develop a consultative relationship including through telehealth with a qualified adult or pediatric HIV or ID physician.
Pediatric/Adolescent Patient Management	The success of interventions to prevent perinatal HIV transmission has dramatically reduced the number of pediatric HIV cases in the U.S. However, managing pediatric and adolescent patients with HIV also requires appropriate expertise. In areas of low prevalence, less experienced physicians are encouraged to develop a consultative relationship as described above.

Resources for Identifying HIV Medical Providers

- The Ryan White Program funds clinical sites to provide comprehensive HIV care in communities across the country. A directory of Ryan White-funded programs is available from the Health Resources and Services Administration website at http://hab.hrsa.gov/.
- The National HIV/AIDS Clinical Consultation Center supports a warmline for HIV providers available at 1-800-933-3413 or http://www.nccc.ucsf.edu.
- HIVMA maintains an online directory of members accepting new patients available at www.hivma.org. HIVMA does not credential or certify HIV medical providers.
- AAHIVM also maintains “Referral Link” an online, searchable directory of HIV providers that is available at www.aahivm.org.

HIV-related Standards of Care and Clinical Resources

- Federal HIV treatment guidelines on a range of topics, including antiretroviral treatment and the prevention and treatment of opportunistic infections are available at http://aidsinfo.nih.gov/guidelines.

- HIVMA guidelines on managing chronic pain in patients with HIV and guidance on HIV primary care are available at www.hivma.org.

- The Health Resources and Services Administration's HIV/AIDS Bureau funds a network of AIDS Education and Training Centers across the country to build HIV clinician and care team capacity. The National Coordinating Resource Center of the AETCs (https://aidsetc.org) provides links to educational resources and the regional centers.

- The Core Quality Measures Collaborative maintains a "core" set of HIV and Hepatitis quality measures online at: http://www.qualityforum.org/CQMC_Core_Sets.aspx. The collaborative includes the Centers for Medicare & Medicaid Services (CMS), health insurance providers, medical associations, and consumer groups with administrative support from the National Quality Forum. The goals of the collaborative are to identify high value, high impact, and evidenced-based measures; align measures across payers and reduce the burden of reporting through measure alignment. HIVMA is a member of the collaborative.

- The AIDS Education and Training Centers led by the University of Washington and funded by the Health Resources and Services Administration maintains a National HIV Curriculum that is available online at: https://www.hiv.uw.edu/.

- A highly effective model for delivering HIV care has been developed by the Ryan White Program, the Department of Veterans Affairs and others. The model is detailed in *Essential Components of Effective HIV Care: A Policy Paper of the HIV Medicine Association of the Infectious Diseases Society of America and the Ryan White Medical Providers Coalition* (available online at www.hivma.org or by emailing info@hivma.org).

HIV Provider Experience and Patient Outcomes: Selected References

AIDS mortality rates lower at sites with HIV experience. *AIDS Alert* 1999;14(11):129-30.

Bach PB, Calhoun EA, Bennett CL. The relation between physician experience and patterns of care for patients with AIDS-related Pneumocystis carinii pneumonia: results from a survey of 1,500 physicians in the United States. *Chest* 1999;115(6):1563-9.

Brosgart C, et al. Community patterns of care for HIV disease: experience makes a difference. *Proceedings of Int Conf AIDS* 1998;12:1143-44.

Brosgart CL, et al. Clinical experience and choice of drug therapy for human immunodeficiency virus disease. *Clin Infect Dis* 1999;28(1):14-22.

Hecht FM, et al. Optimizing care for persons with HIV infection. Society of General Internal Medicine AIDS Task Force. *Ann Intern Med* 1999;131(2):136-43.

Horberg, et al. Influence of provider experience on antiretroviral adherence and viral suppression. HIV AIDS (Auckl) 2012;4:125-133.

Kitahata MM, Van Rompaey SE, Shields AW. Physician experience in the care of HIV-infected persons is associated with earlier adoption of new antiretroviral therapy. *J Acquir Immune Defic Syndr* 2000;24(2): 106-14.

Kitahata MM, et al. Physicians experience with the acquired immunodeficiency syndrome as a factor in patients' survival. *N Engl J Med* 1996;334(11):701-706.

Laine C, et al. The relationship of clinic experience with advanced HIV and survival of women. *AIDS* 1998;12(4):417-424.

Landon, BE, et al. Physician specialization and the quality of care for human immunodeficiency virus infection. Arch Intern Med 2005;165:1133-1139.

Landon, BE, et al. Physician specialization and antiretroviral therapy for HIV: adoption and use in a national probability sample of persons infected with HIV. *J Gen Intern Med* 2003;18:233-241.

Markson LE, et al. Repeated emergency department use by HIV-infected persons: effect of clinic accessibility and expertise in HIV care. *J Acquir Immune Defic Syndr* 1998;17(1):35-41.

Moore RD, et al. Improvement in the health of HIV-infected persons in care: reducing disparities. *Clin Inf Dis* 2012;55(9):1242-51.

Shapiro M, et al. Variations in the care of HIV-infected adults in the United States. *JAMA* 1999;281: 2305-2315.

Rackal, JM, et al. Provider training and experience for people living with HIV/AIDS. *Cochrane Database Syst Rev*. 2 2011;15(6):CD003938.

Stone VE, et al. Relation of physician specialty and HIV/AIDS experience to choice of guideline-recommended antiretroviral therapy. *J Gen Intern Med* 2001;16: 360-368.

Weiser J, et al. Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013-2014. Clin Infect Dis. 2016 Oct 1;63(7):966-975.

Willard CL, Liljestrand P, Goldschmidt RH, Grumbach K. Is experience with human immunodeficiency virus disease related to clinical practice? A survey of rural primary care physicians. *Arch Fam Med* 1999; 8(6):502-8.

Wilson IB, Landon BE, Hirschhorn LR, et al. Quality of HIV Care Provided by Nurse Practitioners, Physician Assistants, and Physicians. *Ann Intern Med* 2005; 143(10): 729-36