Strategies for Staying Current in HIV Care: Panel Discussion

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Learning Objectives

After attending this presentation, participants will be able to:

- Identify 1-2 sources for live and archived HIV related CME
- Describe the role of consultation in maintaining clinical expertise
- List 1-2 resources offered by the AETC program that can support your clinical role

Panelists

- Michael S. Saag, MD
- David H. Spach, MD
- Carolyn Chu, MD, MSc
- Ronald Goldschmidt, MD
- John Nelson, PhD, CPNP
ARS: Your professional role in HIV care
1. Physician (MD, DO)
2. Advanced Practice Nurse
3. Physician’s Assistant
4. Clinical Pharmacist
5. Dentists
6. Registered Nurse
7. Psychologist/Social Worker/Substance Abuse Counselor
8. Other member of Clinical Care Team

ARS: Your practice setting
1. Primary care setting, with referral out for HIV specialty care
2. Primary care setting, including HIV specialty care
3. HIV specialty setting, including primary care
4. HIV specialty setting with other source for primary care
5. I do not currently practice in a clinical setting

Landon: Specialization and Quality of Care

- JAMA 2005
- RWHAP-funded care settings
- Assessed relationship of quality outcomes between generalists, with and without HIV expertise and ID specialists
- 5000 unique patients, multiple sites


Landon: Specialization and Quality of Care

- Generalist with HIV-expertise same outcomes as ID specialists
- Low volume and non-expert providers did not perform as well
- Expert generalist should be part of the HIV workforce


Professional Organization’s Definition of HIV Specialist

<table>
<thead>
<tr>
<th>Professional Organization</th>
<th>Experience</th>
<th>Training/CME</th>
<th>Expertise</th>
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<tbody>
<tr>
<td>HIVMA</td>
<td>Management of 25 HIV-infected patients in preceding 36 months</td>
<td>At least 40 hours of HIV CME in preceding 36 months</td>
<td>Board Certification/5 years of experience if no Board Certification</td>
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<tr>
<td>AAHIVM</td>
<td>Direct care of at least 20 HIV patients in preceding 24 months</td>
<td>30 hours of HIV-related CME credits in past 24 months</td>
<td>Credentialing Exam (previously every 2 years, now every 3 years)</td>
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Recent Research: Specialization

Recent Research: Specialization

• Patients with FP-dominant vs ID-dominant co-management had similar quality outcomes
• For FP solo management, experience modifies quality
• FPs with high volume had almost twice the rates of ART prescribing as low volume counterparts

Recent Research: Volume

The HIV Workforce in New York State: Does Patient Volume Correlate with Quality?

Recent Research: Volume

- 33% of NYS HIV ambulatory care providers care for <20 patients
- Scores on basic HIV performance measures, including viral suppression higher for those providers with > 20 patients (56% vs. 77%)


Essential Components of HIV Care


AIDS Education & Training Center Program

http://aidsetc.org/
AETC Training Modalities

- Didactic presentations
- Interactive presentations
- Communities of practice
- Self-study
- Clinical preceptorships
- Clinical consultation
- Coaching for organizational capacity building

Challenges to Staying Current

Patient panel, approximately 150 patients, FQHC with RWHAP Part C grant

Special populations: Women, Co-infection, Adolescent, Illicit Drug Users, Aging
Health Systems Issues: ACA, ADAP, PCMH, Care Teams, MIU,

- High CD4 nadir, 1st or 2nd line ARVs, UD VL
- Low CD4 nadir, multiple co-morbidities, history of OIs
- Immunocompromised, intermittent or no ARVs, late diagnosis

- ARV management/Primary Care
- Cure Research
- Poly-pharmacy/Co-morbidities
- Inflammation
- Aging and premature aging
- DDX
- Social Isolation
- Opportunistic Infections
- Complex Mental Health/Social needs
Experiences from the National Clinician Consultation Center

Carolyn Chu, MD, MSc
Associate Clinical Professor
Family and Community Medicine
University of California San Francisco
San Francisco, California

Ronald H. Goldschmidt, MD
Professor of Clinical Family and Community Medicine, Step 9
Family and Community Medicine
University of California San Francisco
San Francisco, California

The Clinician Consultation Center (CCC) provides clinicians of all experience levels with confidential, timely, cost-free, expert advice on:

- HIV/AIDS management (testing, ARVs, co-infection, care)
  Warmline 800.933.3413  M-F 9 am – 8 pm

- Occupational and non-occupational exposures
  PEPline 888.448.4911  9 am – 2 am

- Pre-exposure prophylaxis (PrEP)
  PrEPline 855.448.7737  M-F 11 am – 5 pm

- Management of HIV in pregnant mothers and infants
  Perinatal HIV Hotline 888.448.8765  24/7

Online Consultation: nccc.ucsf.edu

Patterns by region and caller type
Caller case load

- Of HIV Warmline callers who provided information on monthly caseload:
  - 30.8% provide > 50 services/month
  - 28.9% provide 20-49 svcs/month
  - 18.8% provide 10-19 svcs/month
  - 19.7% provide 1-9 svcs/month
  - 1.7% provide < 1/month

Feedback

"The information I needed was information that, quite honestly, nobody knows the answer to. However, it was reassuring to have several other professionals respond to the question and find that I was not lacking in knowledge. Sometimes that’s the answer we’re looking for."

"I am grateful to have timely access to the latest data regarding ART. I would emphasize timely as it is so important to have the opportunity to discuss a case to review options and considerations. This service is highly valued by our organization as we often see patients that have barriers to access to care - but then we have access to such input."

"This is a fantastic service that I use at least once every few months: makes it much more viable to continue managing complex HIV in a comprehensive model in our community health center."

"Some patients aren’t comfortable obtaining primary or consultative care in teaching hospital settings which is why the Warmline is so helpful."
**Distance-based consultation: special features**

- Decision support allows self-directed learning
  (options given, multiple care strategies, individualized)
- “Teachable Moment”
  - “Question behind the question”
  - Encourages continuity for time-sensitive, high-acuity clinical situations (perinatal)
  - Empowers callers to expand their work
  - Builds inter-professional teams

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www.aidsetc.org
HIV Care Continuum

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