



Qualifications for Physicians Who Manage the Longitudinal HIV Treatment of Patients with HIV

This document was developed to provide guidance for identifying qualified HIV physicians to health systems, programs and insurers. It is intended to facilitate access to high quality and appropriate HIV care for patients with HIV/AIDS.

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The onslaught of the HIV/AIDS epidemic in the early 1980s brought with it major challenges to the nation's health care system, particularly to the medical workforce that did not have the benefit of experience or formal training managing this new, highly complex disease. From the beginning of the HIV epidemic, physicians trained in internal medicine, family medicine and a variety of medical disciplines joined those with specialized training in infectious diseases to care for individuals with HIV. Remarkable treatment advances have now transformed HIV to a complex but manageable condition, and physicians trained in general medicine as well as infectious diseases and other specialties continue to play a vital role in the clinical care of people living with HIV.

A shift in the U.S. health care system to increase health insurance coverage and to promote higher quality, more cost effective care should result in greater opportunities for people with HIV to receive care from qualified HIV medical providers. The HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA) first developed this guidance in 2002 to assist public and private health care payers and institutions with identifying and recruiting health care professionals with expertise in HIV disease. It is being revised at this time due to the growing body of literature indicating people with HIV experience better outcomes when treated by experienced HIV medical providers and in light of reforms that are expected to expand health insurance coverage.

The guidance provides a tool for ensuring that patients with HIV disease receive quality care that is grounded in the latest medical research findings. The guidance is intended to allow flexibility based on the special circumstances of a given community or institution relative to the prevalence of HIV and the availability of physicians to treat patients with HIV. It should in no way be used to limit access to medical providers in areas where there is a dearth of experienced HIV medical providers. Different models for providing HIV treatment consultation to primary care providers have evolved in communities and states across the country and should be supported and expanded through health system reform efforts. This guidance also may be viewed and implemented in the context of existing state or other institutional guidelines related to continuing medical education.

Efforts to identify and/or credential physicians who are experts in the treatment of HIV disease must recognize that HIV medicine does not fall under the purview of any one medical specialty. Identification of qualified HIV medical providers should instead reflect the research literature findings that indicate higher quality and more cost effective care is provided by physicians with experience treating HIV, regardless of specialty training. Experience is generally defined according to patient management experience in addition to continuing medical education.

Dramatic progress has been made in the development of treatments to extend health and life for people with HIV. Scientific and medical developments have made treating HIV disease vastly more sophisticated and complex than it once was. As people with HIV live longer, many of them are affected by other health conditions in addition to HIV, such as diabetes, heart disease and major depression. Physician education and training related to new developments in the field and ongoing experience working with patients with HIV are essential to ensuring that patients with HIV receive optimal care. With the evolution in HIV care, different models for effective HIV patient management have developed

where the experienced HIV medical provider may manage a patient's primary and HIV care or where the HIV provider may serve in a specialist role focusing on the management of HIV treatment. Both models are effective and should be supported by health care financing policies.

Qualifications

HIVMA believes that an HIV-qualified physician should manage the longitudinal HIV treatment of patients with HIV disease. In defining HIV-qualified physicians, it is important to take into account the training and expertise of infectious disease specialists and pediatric infectious diseases specialists, as well as the expertise and experience of internists, family medicine practitioners and other specialties who have made a significant professional commitment to HIV/AIDS care and who care for nearly 50 percent of patients with HIV.

There is ample evidence in the research literature that care by experienced HIV providers translates into improved clinical outcomes and that HIV medicine does not fall under the purview of any one medical specialty. We recommend that credentialing processes to identify HIV-qualified physicians be based on a combination of patient experience and the demonstration of ongoing education and training in HIV care, especially in the area of antiretroviral therapy.

Qualifications

HIV physicians should demonstrate continuous professional development by meeting the following qualifications:

- In the immediately preceding 36 months, provided continuous and direct medical care, or direct supervision of medical care, to a minimum of 25 patients with HIV; **AND**
- In the immediately preceding 36 months has successfully completed a minimum of 40 hours of Category 1 continuing medical education addressing diagnosis of HIV infection, treatment for HIV disease and co-morbidities, and/or the epidemiology of HIV disease, and earning a minimum of 10 hours per year; **AND**
- Be board certified or equivalent in one or more medical specialties or subspecialties recognized by the American Board of Medical Specialties or the American Osteopathic Association.

OR,

- In the immediately preceding 12 months, completed recertification in the subspecialty of infectious diseases with self evaluation activities focused on HIV or initial board certification in infectious diseases. In the 36 months immediately following certification, newly certified infectious diseases fellows should be managing a minimum of 25 patients with HIV and earning a minimum of 10 hours of category 1 HIV-related CME per year.

Areas of Low HIV Incidence and Where Physician Shortages Exist

We do not intend for these criteria to create barriers to physicians treating patients with HIV in areas of low prevalence or where physician shortages exist. In the case of communities or geographic areas where no physicians meet the criteria outlined above, we recommend that a primary care physician establish a consultative relationship with at least one physician that meets the patient criteria outlined above. Part C of the Ryan White program funds clinics that are a resource for identifying experienced

HIV providers and health care sites. The list of Ryan White-funded programs, including Part C programs, is available from the Health Resources and Services Administration website at: <http://hab.hrsa.gov/>. Consultation also is available from the National HIV/AIDS Clinical Consultation Center at 1-800-933-3413. The HIV Medicine Association and other professional associations also are a resource for identifying HIV medical providers in the U.S. **However, HIVMA does not credential or certify the qualifications of our members. Members self declare that they devote a majority of their professional time to HIV medicine.** Other resources may include regional or national AIDS Education and Training Centers (AETCs) and state departments of health.

Recently Trained Infectious Diseases Clinicians

Recently trained infectious diseases (ID) fellows or those recently certified or recertified in infectious diseases should be considered qualified providers of patients with HIV/AIDS for 12 months after certification or recertification as outlined above. However, given the rapid pace of change in HIV medicine, board certification in infectious diseases and pediatric infectious diseases does not guarantee sufficient knowledge to assure that an ID specialist will remain an expert in HIV disease over time. Therefore, all physicians (including ID and pediatric ID physicians) should meet the experience and education based criteria outlined above to retain their HIV-qualified status.

Physician Assistants and Nurse Practitioners

HIVMA recognizes the critical role that physician assistants and nurse practitioners play in HIV care. This definition was developed exclusively for physicians.

HIV Provider Experience and Patient Outcomes: Selected References

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