



## Identifying Providers Qualified to Manage the Longitudinal Treatment of Patients with HIV Infection and Resources to Support Quality HIV Care

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This document was developed to help health systems and third-party payers identify physicians who are best qualified to manage the care of HIV-infected patients and to compile clinical tools, standards and resources to promote high quality HIV care. The suggested standards are intended for medical providers managing the care of HIV-infected patients 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
Patient Management	Management of at least 25 HIV-infected patients in the preceding 36 months.
Continuing Medical Education	At least 40 hours of HIV-related continuing medical education <sup>1</sup> in the preceding 36 months, earning a minimum of 10 hours per year.
Board Certification Or Significant Clinical Experience	Board certification 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.

### Infectious Diseases Physicians

Many HIV physicians are trained in infectious diseases (ID), but not all ID physicians continue to provide HIV care after 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 HIV-infected patients should meet the criteria above

<sup>1</sup>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.

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**

<p>Areas of Lower HIV Prevalence *</p> <p>*Such as 6.8 cases per 100,000 or less</p> <p>Prevalence Rates available at:  <a href="http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html">http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html</a></p>	<p>The criteria above should <b>NOT</b> be used to exclude physicians from providing HIV care in areas with limited HIV workforce capacity. In communities or geographic areas where no physicians meet the criteria, medical providers are encouraged to develop a consultative relationship with a qualified adult or pediatric HIV/ID physician.</p>
<p>Pediatric/Adolescent Patient Management</p>	<p>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.</p>

**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](http://www.hivma.org). HIVMA does not credential or certify HIV medical providers.

**HIV-related Standards of Care and 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 primary care and chronic kidney disease are available at [www.hivma.org](http://www.hivma.org).
- HIV-related quality measures have been approved by the National Quality Forum ([http://www.qualityforum.org/Measures\\_List.aspx](http://www.qualityforum.org/Measures_List.aspx)) and included in Medicare’s Physician Quality Reporting System and Electronic Health Record Meaningful Use programs as well as the Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults. Email [info@hivma.org](mailto:info@hivma.org) for additional information.

- 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](http://www.hivma.org) or by emailing [info@hivma.org](mailto:info@hivma.org)).

### HIV Provider Experience and Patient Outcomes: Selected References

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