

HIV Medical Provider Experiences: Results of a Survey of Ryan White Part C Programs

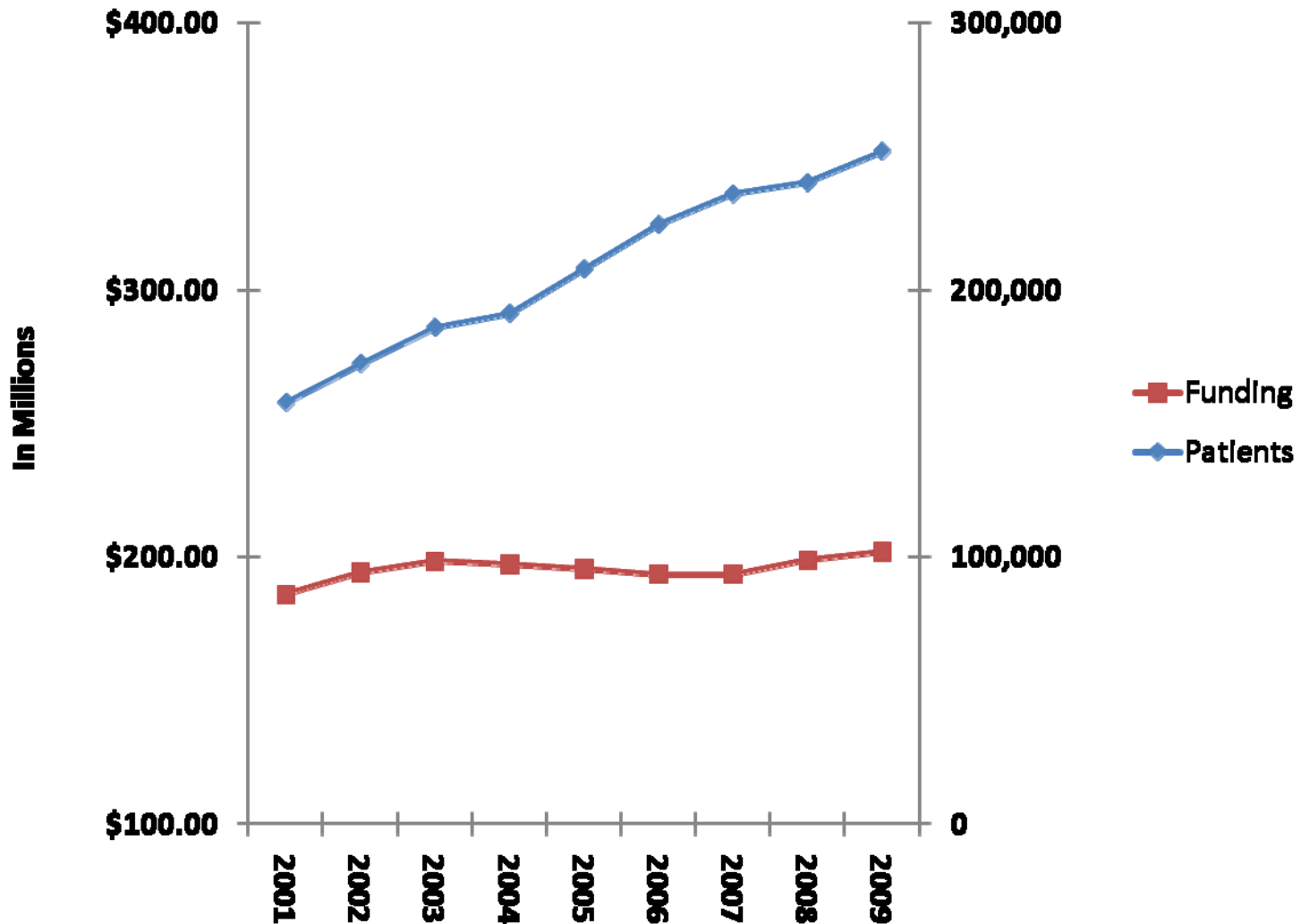
**Institute of Medicine
Committee on HIV Screening and Access to Care
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Survey Context: Spring 2008

- CDC released recommendations for routine HIV screening in Sept. 2006
- HIV medical providers concerns growing regarding HIV care system's ability to meet demand for HIV care
- Ryan White-funded clinic caseloads increasing while funding levels remain flat or decrease
- Limited data available on state of HIV medical workforce

Ryan White Part C Caseloads Compared to Funding Levels: 2001 to 2009



Ryan White Part C Program Workforce and Capacity Survey Goals

- Assess and identify HIV medical workforce challenges
- Evaluate capacity of HIV care system to provide care to new patients identified through routine HIV Testing programs

Methods

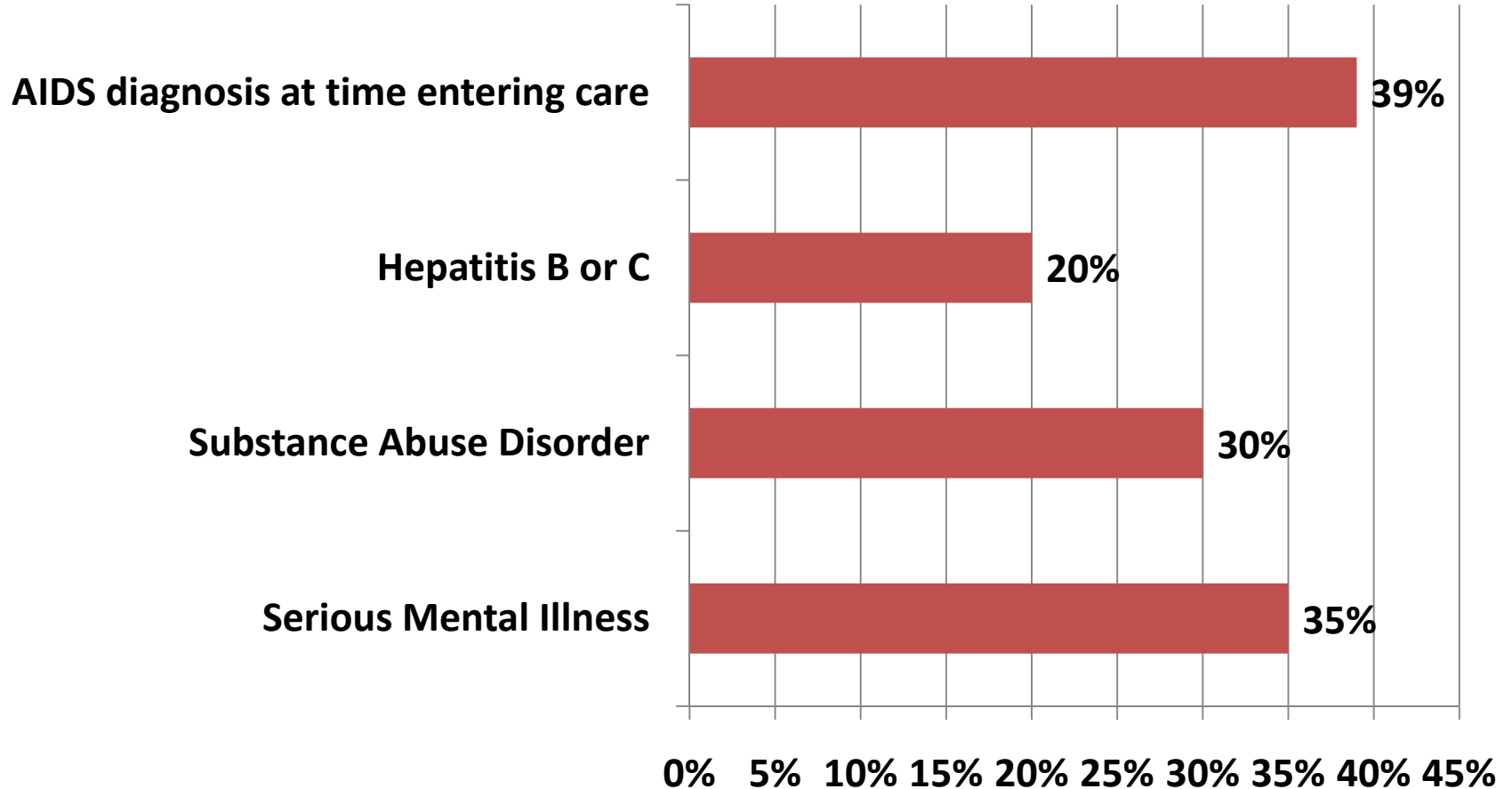
- Conducted by the HIV Medicine Association and the Forum for Collaborative HIV Research Summer 2008
- Administered 32-question survey using SurveyMonkey
- Sent via email from Mike Saag, MD, HIVMA Vice-Chair (in 2008), to 363 Ryan White Part C Program Directors on June 30th
- Sent 2 reminders at one week follow-up intervals
- 3rd reminder also sent via US snail mail to programs who had not responded
- 68% of programs (246) responded by the deadline and are included in the analysis

Description of the HIV Programs

- 100% of all clinics surveyed received Ryan White Part C funding and reported serving 134,851 patients in 2007
- Ryan White Part C provided funding for 71% of the clinic's primary care staff
- 61% were metropolitan clinics serving urban areas with populations greater than 100,000 (34% urban, nonmetropolitan; 6% rural)

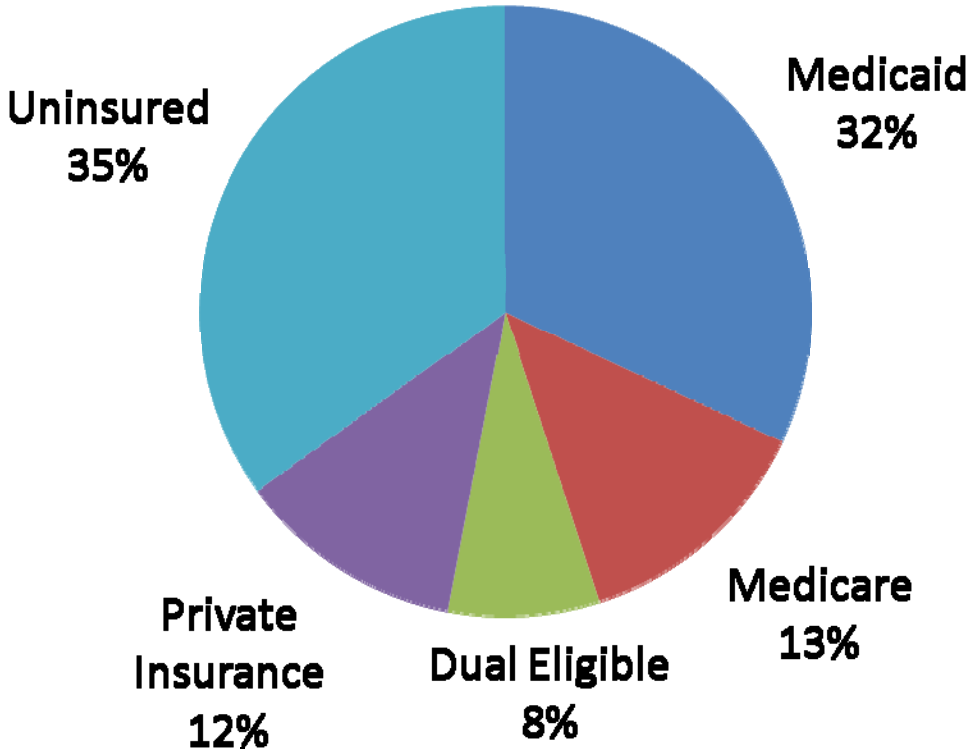
Ryan White Part C Program Patient Characteristics (median of reported responses)

Percent of Patients with Co-morbidities or AIDS

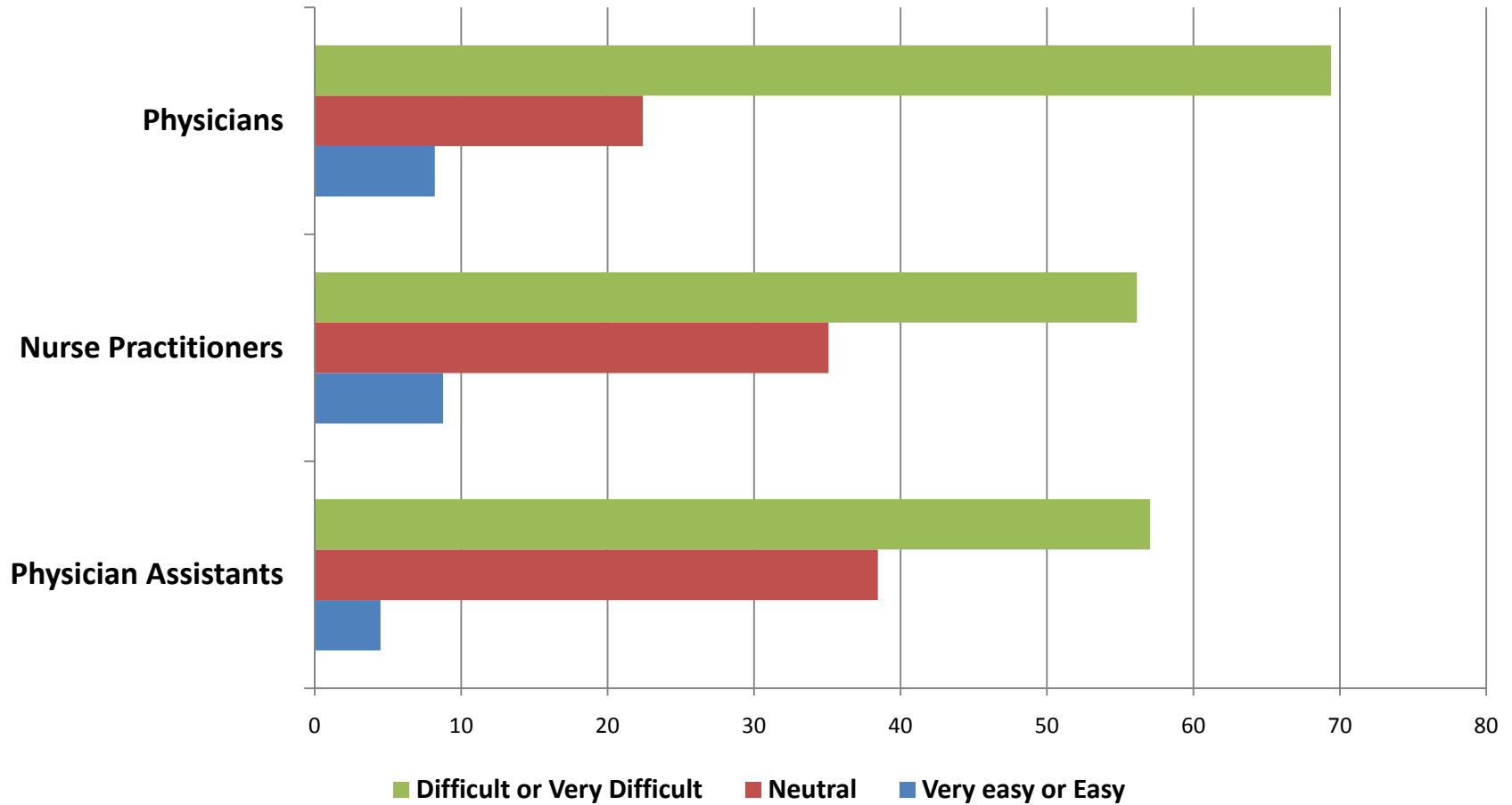


Insurance Status of Ryan White Part C Patients

(mean of reported responses)

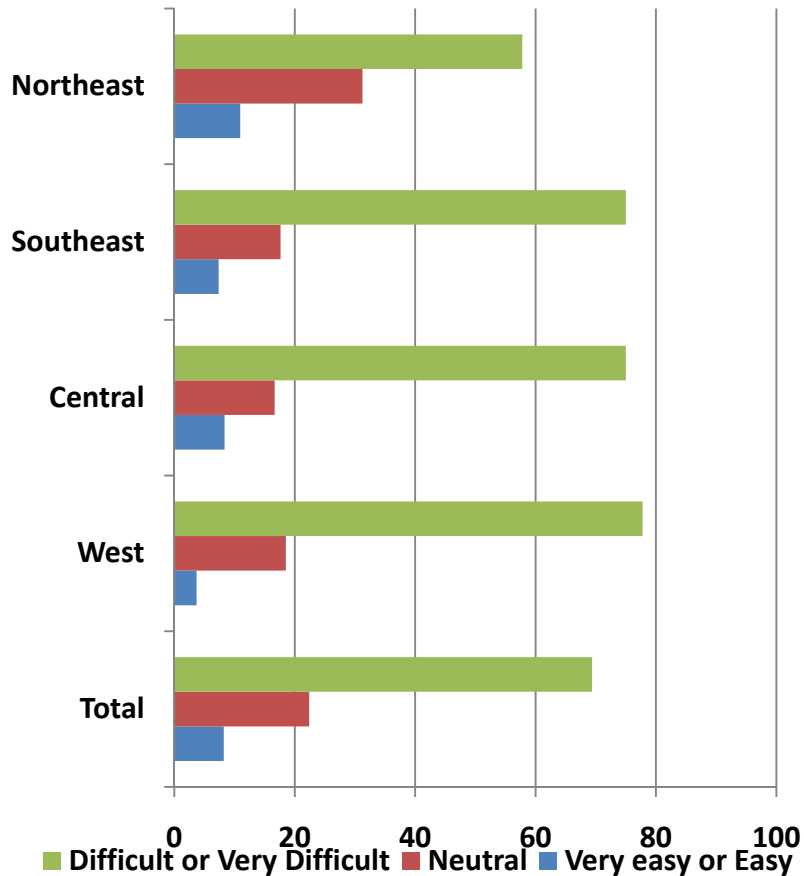


How Difficult Is It to Recruit Primary Care Providers? (%)

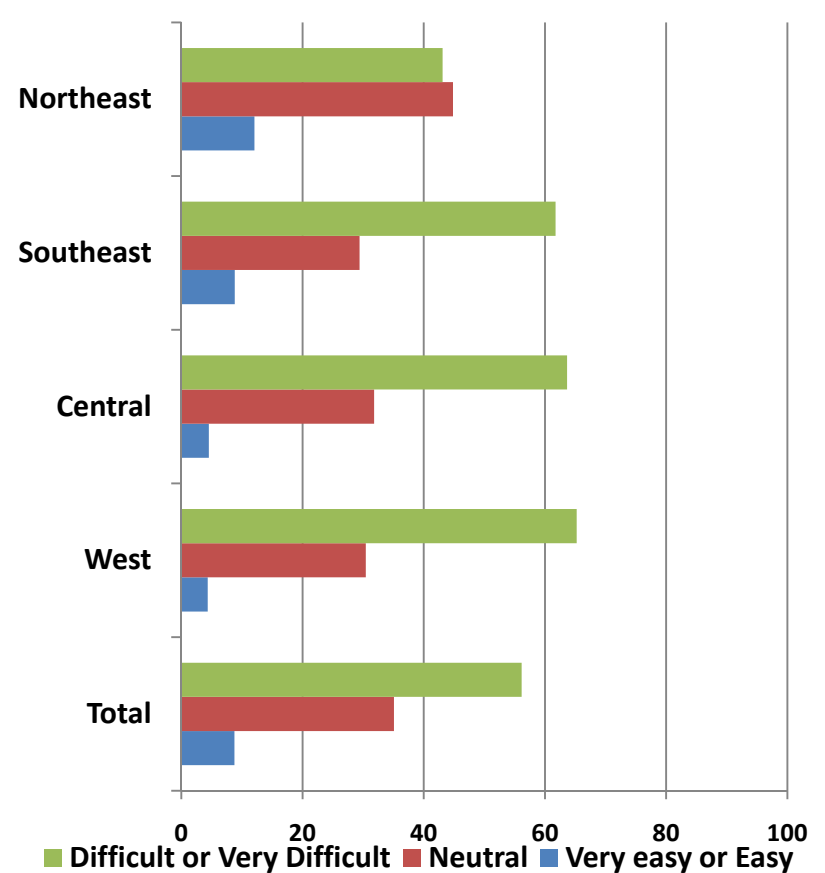


Difficulty Recruiting Primary Care Providers by Region(%)

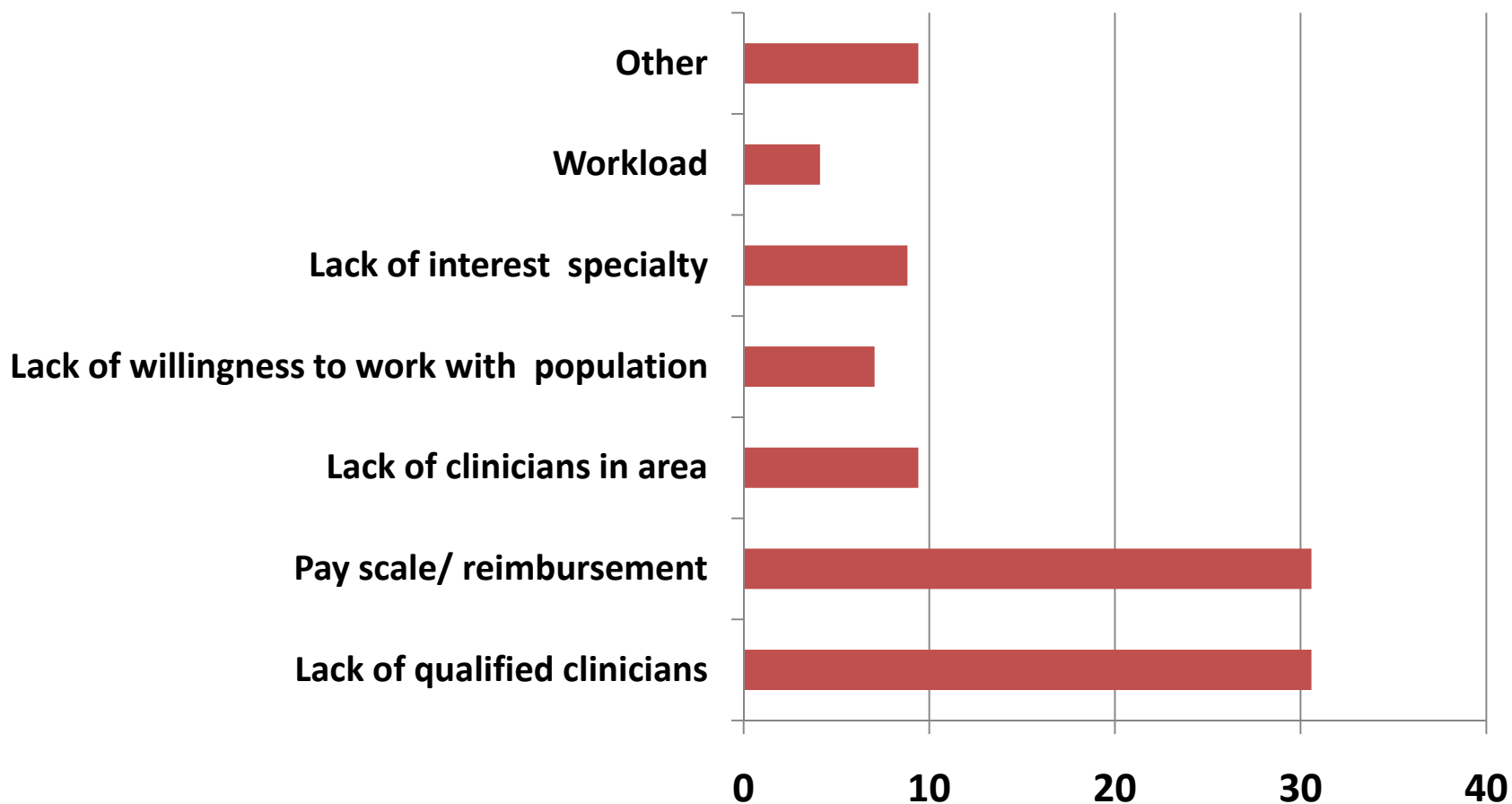
Physicians



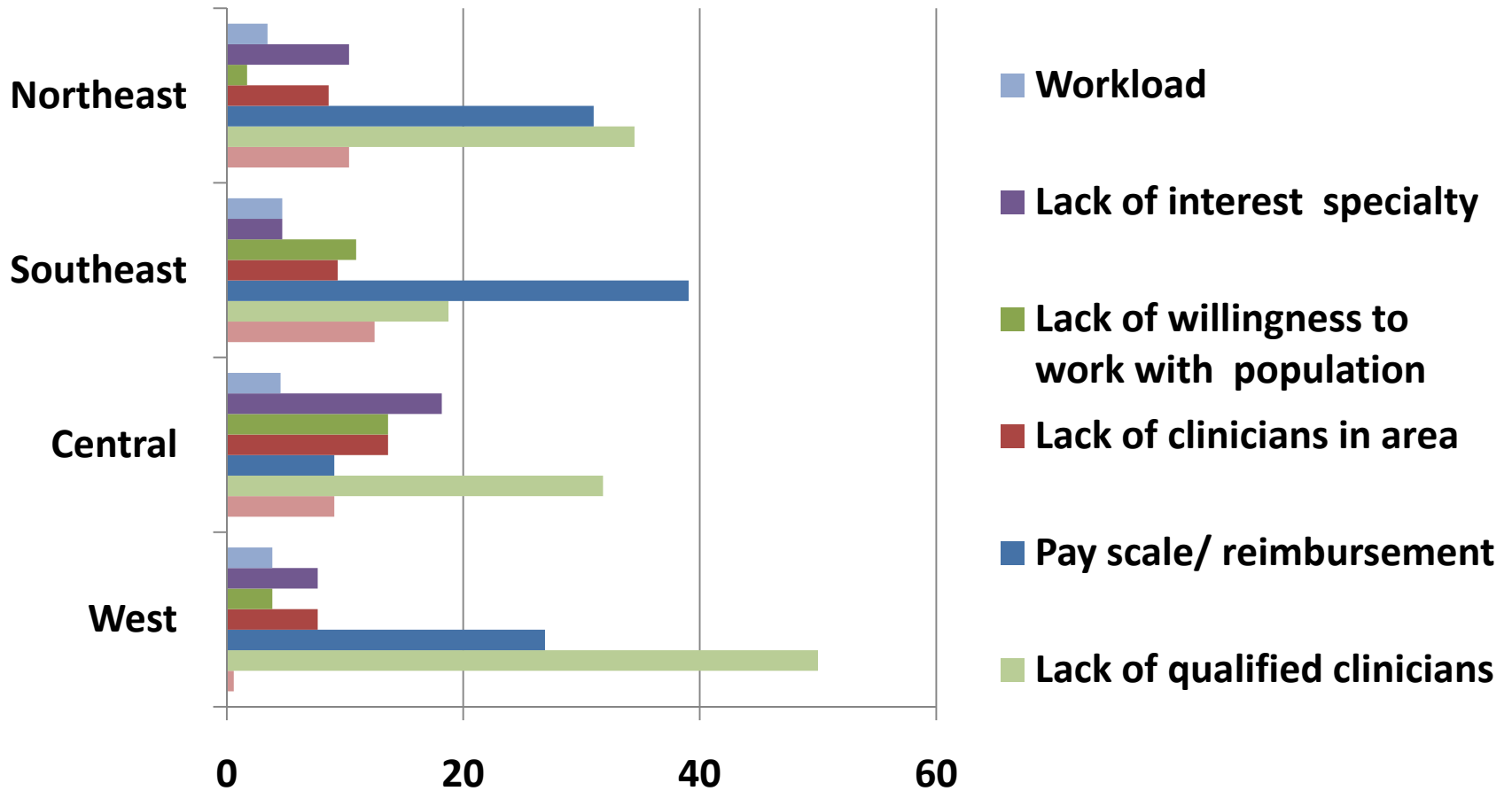
Nurse Practitioners



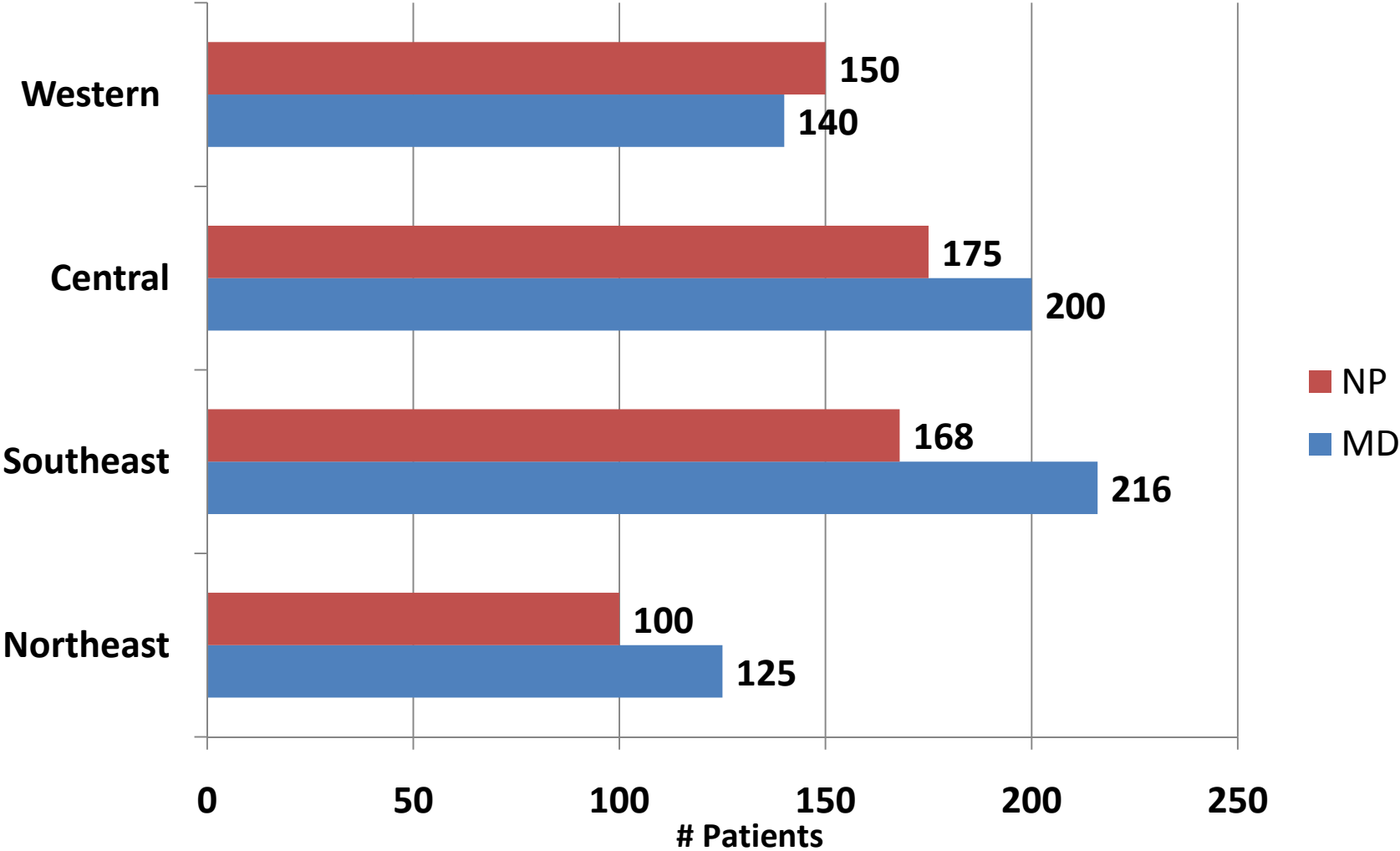
Top Challenge Recruiting HIV Primary Care Providers Reported by Ryan White Programs (%)



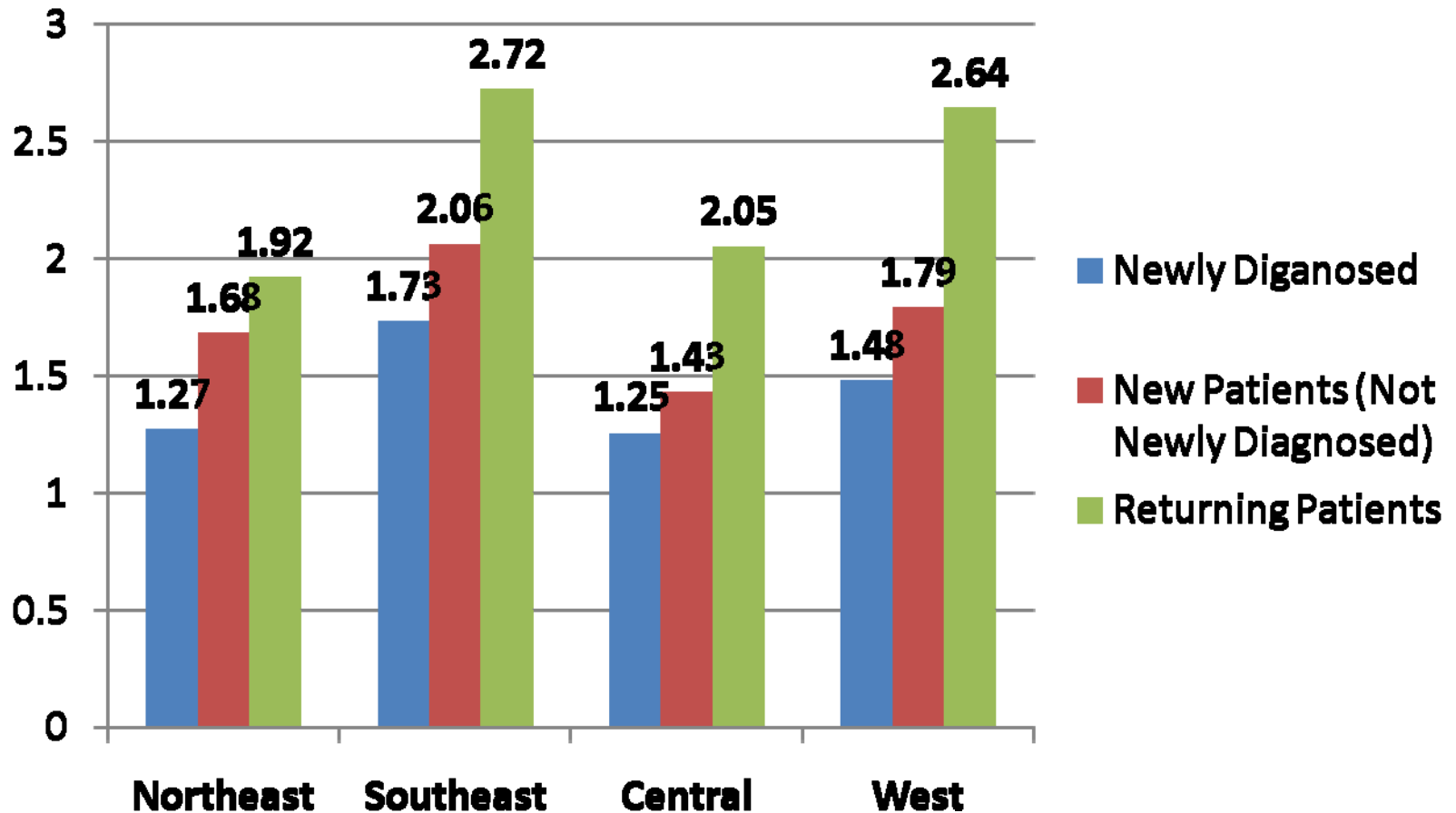
Top Challenge Recruiting HIV Primary Care Providers by Region (%)



Ryan White Provider Caseload by Provider Type (median of reported responses)



Appointment Waiting Times in Weeks by Region (mean of reported responses)



Comments from the Frontlines: Reimbursement

Reimbursement is poor. Funding has been flat for last few years and our clinic has tripled in size. Substance abuse and mental health needs are difficult to address in our area due to lack of resources and outside providers not being familiar with HIV.

We could not exist without the RW funding for salary support. Most of our trainees leave our program interested in HIV care, but cannot afford to have it as part of their practice settings. A few of the fellows that have left care for a few Ryan White patients, realizing that they are essentially donating their time.

Comments:

Community Health Center Issues

Many providers in community health centers do not just see HIV+ positive patients. The increasing demands for quality of HIV care put a burden on providers who are also seeing populations with a wide range of chronic health issues. These providers cannot keep up with everything.

Community health centers face challenges in providing specialty care in many areas, HIV included. In our case, I have hung in there and tried to maintain my HIV skills. In other specialty areas, improving access includes training interested providers in primary care sites to offer higher-level care that covers some of what the specific specialist does...Therefore, continuing to improve training of CHC primary care physicians with a strong interest in HIV medicine is important.

I have found that there is a general lack of interest in HIV medicine among most providers. They are not interested in keeping up to date with all of the medication changes. We are an FQHC so we already see a high maintenance type of client. When you add HIV to the mix, many providers do not want to deal with this type of patient.

Comments: Complexity of Care

The complexity of HIV specialty and primary care for our patients have increased dramatically. Our HIV+ population is aging, requiring much more primary care, preventive and diagnostic screening and testing. Medical providers must be experienced in general primary care/internal medicine, in addition to staying up to date with current HIV treatment guidelines.

Clinics that are set up for General patients have a hard time dealing with the medical and contractual issues of HIV management of the underserved. Also our VP feels that HIV patients need only 10-15 min per patient visit like a General patient does.

As we offer primary care and specialist HIV care replacing our physician is exceptionally difficult. We are in the unusual position of being a public health clinic and there is a general lack of understanding of what we do in the city administration. Our patients are complex and have a very high incidence of co-morbidities such as mental health issues, substance abuse, hepatitis, diabetes and cancer. They are also often homeless and the vast majority live in poverty.

Key Findings

- Ryan White Part C programs serve low income and complex patients
- Ryan White Part C clinics across the U.S. face challenges recruiting HIV medical providers
- Clinics in the Southeast report greater workforce challenges, greater caseload increases and longer waiting times for new appointments
- Lack of qualified HIV providers and reimbursement are the top recruiting challenges for Ryan White Part C funded clinics

Survey conducted before full impact of the recession felt on the ground...

What's Needed

- Incentives to encourage and support medical providers in pursuing HIV medicine
 - Targeted loan forgiveness
 - HIV clinical training opportunities
- Innovative payment structures that adequately support the delivery of comprehensive, coordinated care
- Prioritization of addressing HIV training and reimbursement issues in the National HIV/AIDS Strategy and through health reform

*For more detailed recommendations -- See **Averting a Crisis in HIV Care: A Joint Statement of the American Academy of HIV Medicine and the HIV Medicine Association on the HIV Medical Workforce**. June 2009. Online at www.hivma.org (Public Policy/HIV Medical Workforce).*

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Thank you!



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