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 outpatient 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
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<tbody>
<tr>
<td></td>
<td>Criteria should be met for all three of the categories as identified below.</td>
</tr>
<tr>
<td>Patient Management</td>
<td>Management of at least 25 patients with HIV longitudinally in the preceding 36 months.</td>
</tr>
<tr>
<td>Continuing Medical Education</td>
<td>At least 45 hours of HIV-related continuing medical education in the preceding 36 months, earning a minimum of 15 hours per year.</td>
</tr>
<tr>
<td>Board Certification Or Significant Clinical Experience</td>
<td>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.</td>
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</table>

\(^1\)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

<table>
<thead>
<tr>
<th>Areas of Lower HIV Prevalence *</th>
<th>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.</th>
</tr>
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<tbody>
<tr>
<td>*Such as 6.8 cases per 100,000 or less Prevalence Rates available at: <a href="http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html">http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html</a></td>
<td></td>
</tr>
<tr>
<td>Pediatric/Adolescent Patient Management</td>
<td>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.</td>
</tr>
</tbody>
</table>

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


