

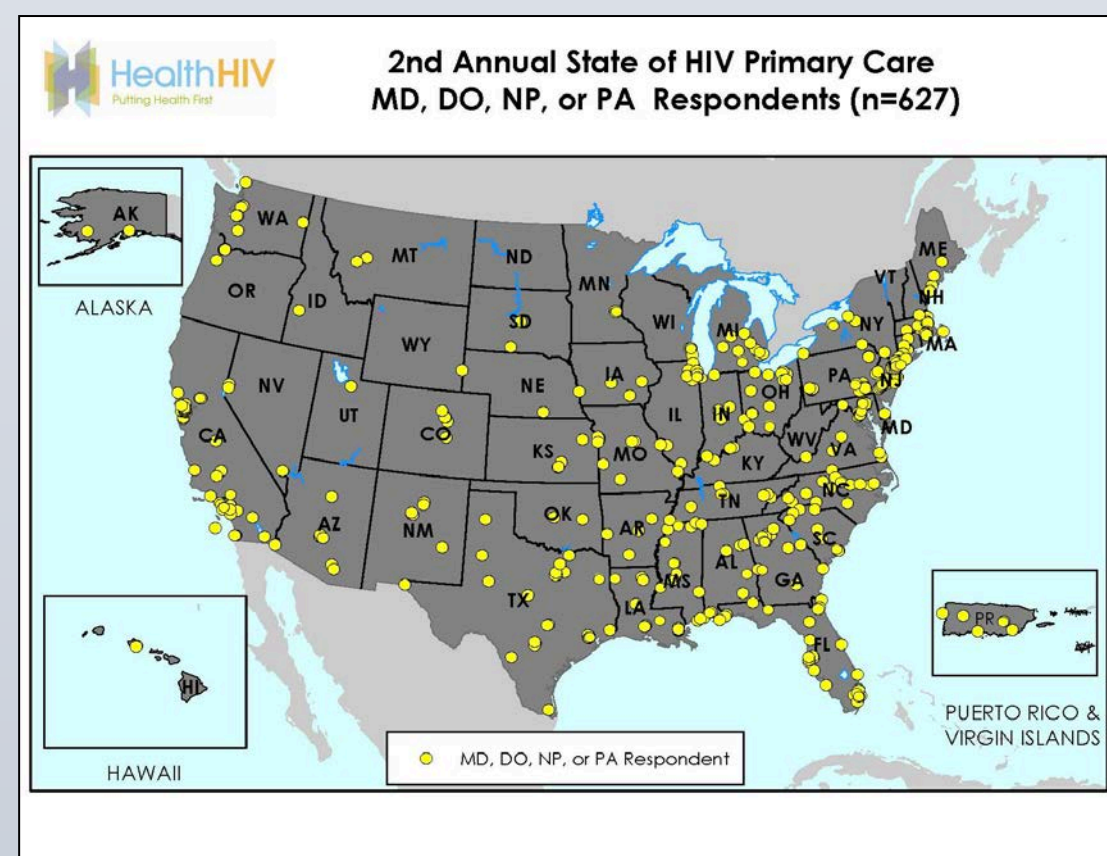
Introduction

Primary care providers (PCPs) are increasingly being called upon to treat patients living with HIV. By extension, they are seeing, treating, and managing HIV as a chronic disease more frequently. Therefore, PCPs are critical links to continuity of care and keeping patients in care. Within the U.S. there are about 2,000 HIV Specialists¹ and 394,623 PCPs². However, HRSA estimates there is a current shortage of both HIV Specialists and PCPs, along with increased caseloads and a need for task shifting to address time constraints for providers³.

Materials & Methods

HealthHIV's 2nd Annual State of HIV in Primary Care survey was implemented to identify trends in the provision of HIV care among PCPs and HIV Specialists. The national survey was conducted online with respondents recruited through targeted invitations between July and October 2011. HealthHIV and Medscape fielded the 45-question instrument in Survey Monkey™.

Figure 1: State of HIV in Primary Care Prescribing Clinician Survey Respondents (N = 627)



Results

The survey obtained 1,806 US-based respondents to the survey with 627 prescribing clinicians. Among the 627 prescribers, there were: HIV Specialists (29%), primary care providers that provide HIV care (HIV PCPs) (34%), and PCPs (26%).

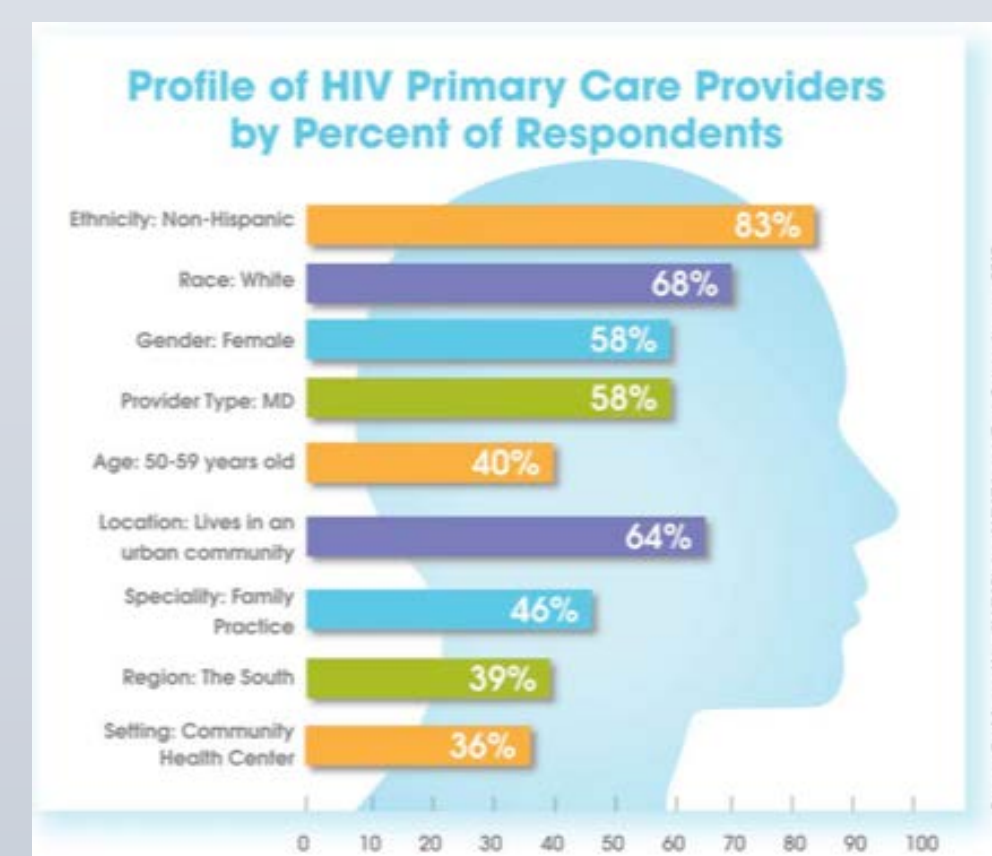
Respondents were asked to self-identify in one of three provider types:

Credentialed HIV Specialist – HIV clinical care provider credentialed as an “HIV Specialist.”⁴

HIV Primary Care Provider (HIV PCP) – Primary care provider, not identifying as a credentialed HIV specialist, who identifies as providing HIV primary care to patients and reports spending at least 1% of practice time providing HIV care.

Primary Care Provider (PCP) – Primary care provider who does not provide HIV care to patients.

Figure 2: Profile of Primary Care Providers who Provide HIV Care (HIV PCP)



The survey asked participants their views on the current state of HIV in primary care. The results for each provider type below:

Credentialed HIV Specialist

- HIV Specialists described the current state of HIV in primary care as “excellent” or “good” overall.

HIV Primary Care Provider (HIV PCP)

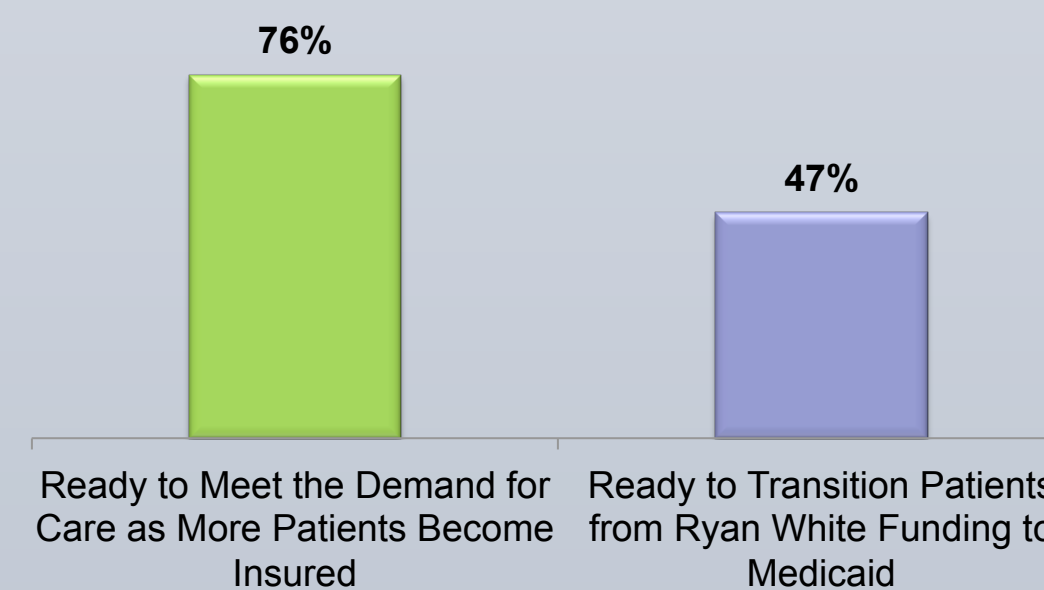
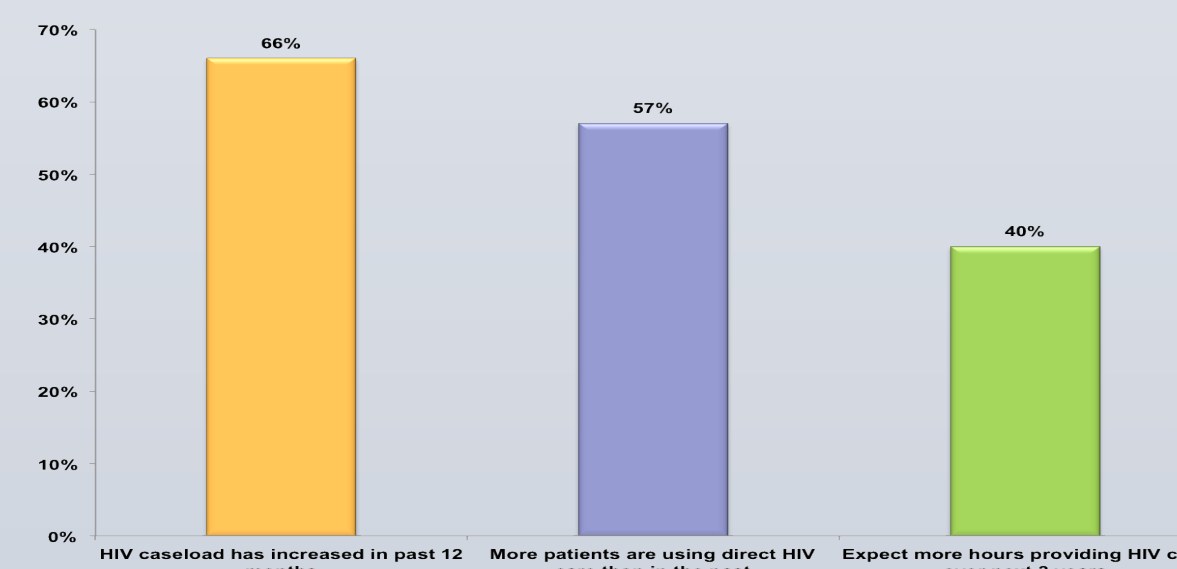
- HIV PCPs stated that although the state of HIV primary care is “getting better,” the current state is challenged by many factors, including level of funding, barriers to access, and fragmentation across the health care system.

Primary Care Provider (PCP)

- Primary care providers that do not provide HIV care were contradictory to the other groups, stating a “disjointed or fragmented” landscape, suggesting a chaotic and perplexing view of the state of HIV primary care.

The results also demonstrate increasing caseloads among HIV PCPs, with an estimated 500,000-600,000 newly insured patient needing HIV care⁵. The images below show decreasing workforce numbers in HIV and primary care, coupled with an increasing readiness of to meet the demand of more patients coming into care.

Increasing Challenges for HIV Care Providers



Conclusions

Overall, the responses demonstrate the varied range of perceptions regarding the current state of HIV in primary care among participants. These data show the competing priorities and challenges (e.g. financial, access, workforce) that arise when integrating HIV in primary care.

Health care delivery in the U.S. is rapidly changing with the passage of the Patient Protection and Affordable Care Act. With potentially 30 million people accessing care as a result of this federal legislation, primary care settings are expected to absorb the majority of the newly insured. In addition, the United States' first National HIV/AIDS Strategy encourages integration of HIV care into primary care settings, thus putting more strain on primary care providers and settings.

Since these two structural modifications are sure to affect people living with HIV/AIDS, it is particularly valuable to consider the voices and perceptions of healthcare workers primed to provide HIV services.

Policies, educational trainings, and further studies can capitalize on this formative evaluation to increase collaboration among primary care and specialty groups. This will appropriately prepare the workforce to adapt to upcoming changes and comprehensively serve those individuals living with HIV/AIDS

References

1. Carmichael, K. et al. Averting a Crisis in HIV Care: A Joint Statement of the American Academy of HIV Medicine (AAHIVM) and the HIV Medicine Association (HIVMA) On the HIV Medical Workforce. 2009. Accessed July 2012.
2. The Henry J. Kaiser Family Foundation. Statehealthfacts.org: Total Professionally Active Physicians, August 2012. <http://www.statehealthfacts.org/comparemaptable.jsp?typ=1&ind=934&cat=8&sub=100>.
3. Department of Health and Human Services. Health Resources and Services Administration, HIV/AIDS Bureau. HRSA CAREAction Newsletter: Workforce Capacity in HIV. <http://hab.hrsa.gov/newspublications/careactionnewsletter/april2010.pdf>. Accessed April 2010.
4. The American Academy of HIV Medicine. Credentialing. <http://aahivm.org/about>. Accessed July 2012
5. HealthHIV projection

Acknowledgements

Medscape, Joe Hopper from Versta Research.