Abstract 55961

Extending The Continuum of Care - HIV Primary Care By The Infectious Disease Physician

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ABSTRACT

Background:
Primary care guidelines for HIV infected (HIV) patients differ from those of the general population. The objectives of this study were to assess how often infectious disease (ID) physicians provide primary care for HIV patients and to assess their practice patterns and barriers in the provision of primary care.

Methods:
A 6 item survey was electronically distributed to ID physician members of IDSA's Emerging Infections Network (EIN)

Results:
Of the 1,248 active members, 644 (52%) responded to the survey. Among the 644 respondents, 431 (67%) routinely treat HIV patients in outpatient settings. Of these 431 respondents, a majority (326, 75%) acted as primary care physicians for at least some of their HIV patients. Percentage of responders who reported always/mostly performing a screening assessment as recommended per guidelines were: 1) Screening specific to HIV (tuberculosis 95%, genital chlamydia/gonorrhea 77%, hepatitis C 67%, extra genital chlamydia/gonorrhea 47%, baseline anal pap smear for men 36% and women 34%); 2) Primary care related screening (fasting lipids 95%, colonoscopy 95%, mammogram 90%, cervical pap smears 88%, depression screening 57%, osteoporosis for postmenopausal women 55% and men >50yrs 33%). The most common barriers reported were: screening declined by patient (72%), non-adherence to HIV medications (43%), having other health priorities (44%), not enough time for clinic visit (43%) and financial or insurance limitations (40%).

Conclusion:
Most ID providers act as primary care providers for at least some of their HIV patients. Provision of primary care screening services for HIV patients is suboptimal based on current guidelines, and multiple patient and health systems barriers are common. Interventions to increase screening practices and to decrease barriers are urgently needed to address the needs of the aging HIV population.

INTRODUCTION

- Older HIV infected individuals have a higher prevalence and earlier onset of HIV associated non-AIDS conditions (HANA) such as cardiovascular disease, hypertension, osteoporosis, malignancies, diabetes and chronic kidney disease (1-3).
- Primary care guidelines for HIV infected (HIV) patients differ from those of the general population (4).

STUDY POPULATION

- 644/1,248 (52%) EIN member physicians w/ an adult infectious diseases practice responded
- The study sample was diverse in terms of respondent geography, experience & employment **(Table 1)**

METHODS

- The questionnaire was first pilot tested by infectious disease physicians at 2 large, academic medical centers
- On January 14th 2016, an electronic survey was sent to 1,248 active members with adult ID practices
- We analyzed data using SAS software version 9.3 (SAS institute, Cary, NC).

TABLE 1: Demographics

	n (%) (N=644)
U.S. Census Bureau Regions	
Northeast	241 (37.4)
Midwest	102 (15.8)
South	146 (22.7)
West	148 (23.0)
Canada	7 (1.1)
Years of Experience	
< 5	143 (22.2)
5-14	193 (30.0)
15-24	137 (21.3)
≥ 25	171 (26.5)
Employment	
Hospital/clinic	191 (29.6)
Private/group practice	173 (26.9)
University/medical school	241 (37.4)
VA and military	34 (5.3)
State government	5 (0.8)

RESULTS

- Among the 644 respondents, 431 (67%) routinely treated HIV patients in an outpatient setting.
- Of these 431 responders, the majority (326 or 75%) acted as primary care physicians for their HIV infected patients.
- Non-respondents were significantly more likely than respondents to: have fewer than 15 years of Infectious Disease experience (p=0.0126).
- Respondents who cared for more HIV-infected patients were more likely to act as a primary care physician (p< 0.0001).
- Respondents with fewer than 5 years of ID experience (includes fellows-in-training) were most likely to provide primary care for all or most of their patients.

FIGURE 1. HIV Related Screening

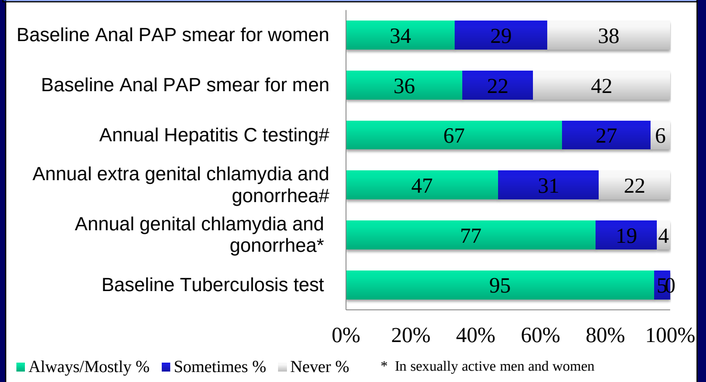

FIGURE 2. Primary Care Related Screening

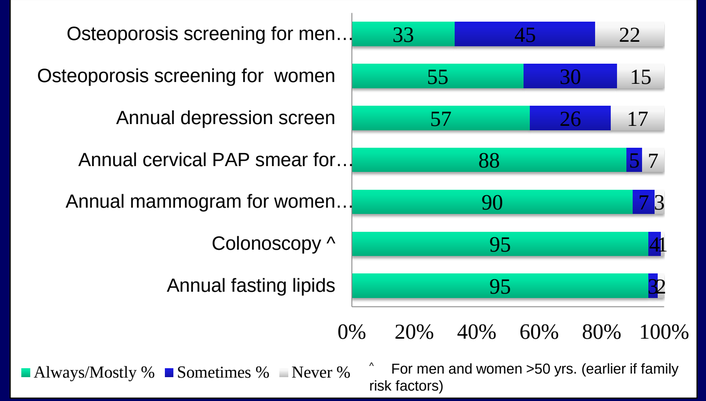

FIGURE 3. Vaccination Related Practices

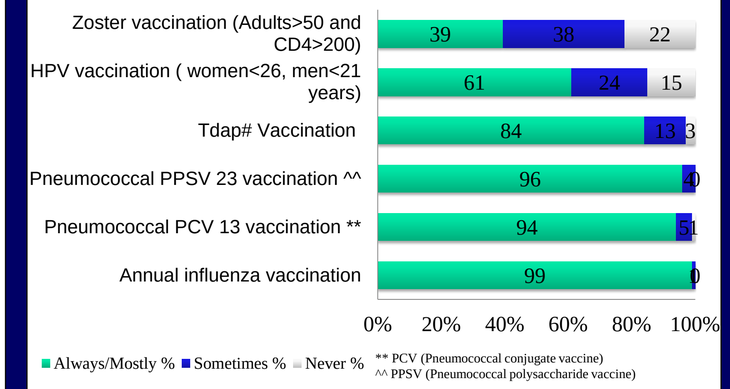

TABLE 2: Reported Barriers

	N (%)
Health related barriers:	
1. Non-adherence to HIV treatment	137 (43%)
2. Other health priorities	142 (44%)
Institution/clinic related barriers	
1. Test(s) not available at my practice location	78 (24%)
2. Allocated time for clinic visit is not enough	137 (43%)
3. Lack of EMR *system reminders in my practice	58 (18%)
4. Lack of ancillary support services	81 (25%)
Financial barriers:	
1. Patient financial or insurance limitations	129 (40%)
2. Poor reimbursement	37 (11%)
Physician related barriers:	
1. Not aware of all updates in primary care guidelines	68 (21%)
2. Not experienced in treating comorbidities (e.g. osteoporosis)	56 (17%)
Patient related barriers:	
1. Patient declines some screening	232 (72%)
2. Other**	159 (49%)
3. N/A, no barriers	12 (4%)

*EMR – Electronic Medical Records

**The most commonly reported issue was unstable relationship with Primary care physician, need more counseling time, does not follow through with advice for screening.
Supplementary appendix (survey)

CONCLUSIONS

- Most ID/HIV providers act as primary care providers for their HIV infected patients.
- Provision of primary care screening services for HIV infected patients is suboptimal based on current guidelines, and multiple patient and health systems barriers are common.
- Interventions to increase screening practices, vaccinations and to decrease barriers are urgently needed to address the needs of the HIV infected population.

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