

Purpose of Study

The care of individuals with Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) continues to be an area of concern for the Department of Health and Human Services (DHHS). Although the rates for 6 key criteria improved for Medicaid beneficiaries, a significant and “disturbing gap in the receipt of antiretroviral therapy” exists between the Medicaid population and those individuals covered by third-party payers.¹ DHHS is committed to the continuous improvement of the care of those individuals with HIV and to reducing disparities.

According to DHHS, ample evidence exists demonstrating that treatment of HIV by a physician experienced in the care of HIV/AIDS is critical to receipt of quality care. This requirement is specified in the DHHS antiretroviral treatment guidelines. The Guidelines state that the treatment of HIV infected individuals be “directed by a physician with extensive experience in the care of these patients.”² When these experienced physicians are not available, DHHS recommends that those experienced physicians who are available for consultative basis be identified. The EQR 2000 HIV/AIDS focus study reviewed if Michigan Medicaid managed care enrollees living with HIV/AIDS received care from one or more providers experienced in treating HIV/AIDS.

Study Population

The HIV/AIDS focus study was conducted through a provider survey. The study design required the identification of health plan enrollees living with HIV/AIDS and the individual health care providers associated with the services provided to the enrollees during calendar year 2000. Enrollees in the population for the HIV/AIDS focus study met the following criteria:

- A diagnosis of HIV/AIDS as evidenced by an encounter with an HIV/AIDS diagnosis; CD-4 testing; or a medication specific to treatment of AIDS during the review period (1/1/2000 – 12/31/2000)
- At least one office visit during the review period

Out of the total of 1,940 total health plan enrollees living with HIV/AIDS, there were 1,469 enrollees meeting the population criteria to be included in the review.

¹ Department of Health and Human Services. State Medicaid Director Letter, October 6, 1999.

² Panel on Clinical Practices for Treatment of HIV Infection Convened by the Department of Health and Human Services (DHHS) and the Henry J. Kaiser Family Foundation. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. DuPont Pharmaceuticals Company; 1999 May 5.

Study Questions

- During calendar year 2000, did enrollees living with HIV/AIDS receive care from providers experienced in treating HIV/AIDS?

The criteria for *experienced* were based on the “Fact Sheet on Experienced HIV/AIDS Providers”³ and specifications from George Washington University.⁴ To be classified as *experienced – Level A*, a health care provider must meet two criteria:

Experienced – Level A

- Treated 25 or more patients with HIV/AIDS in the past two years
- Received 12 or more continuing medical education (CME) credits related to HIV/AIDS in the past 3 years

The specifications from George Washington University require the receipt of 12 CME credits over a 12 month period. This time period was modified to allow consistency with the State of Michigan physician licensure renewal frequency of 3 years. In addition, MDCH and MPRO staff further defined two other levels of experience to enhance the study findings. The additional definitions are also examined based on different combinations of survey responses as shown below.

Experienced – Level B

- Treated 13 or more patients with HIV/AIDS in the past two years
- Received 7 or more CME credits related to HIV/AIDS in the past three years

Experienced – Level C

- Treated 25 or more patients with HIV/AIDS in the past two years

Data Collection

The enrollee data were collected from electronic encounter data provided to MPRO by MDCH. These data included demographic information, HIV/AIDS related diagnoses and procedure codes, dates of service, and identification numbers for providers who rendered services to the enrollees during the study period.

MDCH was unable to uniquely identify providers based on the information supplied to the encounter system originating from the health plans. Therefore, MPRO supplied electronic files listing enrollees and corresponding physician identifiers to the respective health plans. The health plans identified the physicians who provided care to the enrollees by matching the physician identifiers from the encounter data with their provider records. The names and addresses of these

³ Fact Sheet on Experienced HIV/AIDS Providers. [Web Page] Oct 1999; <http://www.hcfa.gov/medicaid/smd10699.htm>. [Accessed 26 Mar 2001].

⁴ Center for Health Services Research and Policy - The George Washington University Medical Center. Part 1. HIV/AIDS Benefits. [Web Page]; <http://www.gwu.edu/~chsrs/sps/HIV/aug99/part1.html>. [Accessed 19 Nov 2001].

providers were then supplied to MPRO by the health plans. The physician lists from the various health plans were combined, duplicate records deleted, and specialty types standardized.

The provider survey was developed using a multidisciplinary collaborative approach with MDCH, MPRO, HIV/AIDS experts, and the Institute for Healthcare Studies at Michigan State University. The survey identified provider characteristics and practice patterns designed to match the categories needed to identify experienced physicians as defined in the State Medicaid Director letter.⁵ The providers' self-reported results were used to classify providers as *experienced* consistent with the criteria described in Study Population.

Surveys were distributed to providers specializing in areas most likely to manage, or refer for management, persons living with HIV/AIDS: family practice, pediatrics, internal medicine, infectious disease, pulmonology, hematology/oncology, and obstetrics.

A copy of the survey is available in Appendix C. MPRO mailed 844 surveys and sent a reminder card two weeks after the initial mailing to non-responders. An overall response rate of 52% was achieved with surveys received from 439 providers. Table 5.1 below shows the response rate by provider specialty. The distribution of responding physicians (by specialty) was consistent with the universe of physicians surveyed.

Specialty	Providers Surveyed	% of Total Surveyed	Providers Responded	% of Total Responded
Family Practice	257	30%	147	34%
General Medicine	35	4%	12	3%
Hematology	12	1%	10	2%
Infectious Disease	137	16%	60	14%
Internal Medicine	202	24%	113	26%
Obstetrics	65	8%	26	6%
Pediatrics	64	8%	43	10%
Other	69	8%	28	5%
Total	844	100%	439	100%

Limitations

The intent of the study was to provide information about both the providers experience levels and enrollee access to experienced providers. Due to difficulty obtaining all provider information for the enrollees, the study was unable to yield meaningful results when matching enrollees to providers. The provider survey results were matched to the enrollee data to determine if an enrollee received services from an experienced HIV/AIDS provider. It was common for an enrollee to be treated by more than one health care provider during the review period. In 48% of

⁵ Department of Health and Human Services. State Medicaid Director Letter, October 6, 1999.

the cases, the physician did not return the survey; therefore, the experience status of the providers was unknown.

The survey response information was further limited due to the number of providers who indicated they did not manage the care of HIV/AIDS patients. Approximately 55% of the responding providers indicated they did not manage HIV/AIDS care. Over 14% of the enrollee population identified as not seeing an experienced HIV/AIDS provider were solely linked with providers who indicated that they do not manage the care of HIV/AIDS enrollees. It is probable that the list of all servicing providers for the entire HIV enrollee population was incomplete; therefore, the survey may not have captured the true experience levels of the provider population caring for enrollees living with HIV/AIDS.

The enrollees selected for the sample had no continuous enrollment requirements. As a result of this methodology, some of the enrollees received care from Fee-For-Service (FFS) providers prior to enrollment in a health plan. The 2000 EQR focus study methodology did not include services provided to health care enrollees by FFS providers. The experience level of FFS providers was not evaluated as part of the EQR study.

Several of the survey questions referenced self-reported information gathered over an extended period of time. The precision of such information is limited to accuracy of provider recall.

Results

- Overall, 42% of the responding providers indicated they manage some or all of HIV/AIDS related care. Of the responding providers, 57% indicated they did not manage HIV/AIDS related care.
- 81 providers indicated they manage most or all of the HIV/AIDS related care. Of these physicians, 67% met the DHHS definition of an experienced HIV/AIDS provider.
- 65% of the infectious disease specialists met the DHHS definition of an *experienced* HIV/AIDS provider.

Using the criteria described in Study Questions, each provider was identified by specialty type and their corresponding experience status was determined. Results using the Level A definition of *experienced* are shown in Table 5.2 below. Overall, 13% of the providers who responded to the survey were determined to be experienced in treating patients with HIV/AIDS. As expected, the most experienced specialty was infectious disease (65%).

Experienced Provider Status by Specialty Type			
Specialty	Number of Providers	Experienced	Percent Experienced
Infectious Disease	60	39	65%
Internal Medicine	113	15	13%
Hematology	10	1	10%
Pediatrics	43	1	2%
Family Practice	147	1	1%
Gastroenterology	4	0	0%
General Medicine	12	0	0%
Obstetrics	27	0	0%
Other	23	0	0%

Out of the 439 providers who responded to the survey, 183 (42%) indicated that they managed the care the HIV/AIDS patients, while the remaining 250 providers (57%) indicated they did not manage HIV/AIDS related care and 6 (1%) did not respond to the question.

The providers who indicated they managed all or part of the HIV/AIDS care were asked to further define their level of management. The levels of management ranged from providing all of the HIV/AIDS care to providing direct care and referring the patient to an HIV/AIDS specialist. There was a discrepancy in the survey data. While 3 providers did not provide a level of management, 7 providers did not answer “yes” to the previous survey question yet they provided a level of management. All provider response information is included in the results in Table 5.3, which displays the varying levels of provider management.

Of the providers who indicated they managed all or part of HIV/AIDS care, 14% indicated they provide care with consultative assistance from an HIV/AIDS specialist, and 27% indicated they refer their patients to an HIV/AIDS specialist. The experience level of the HIV/AIDS physicians providing consultative assistance or receiving referrals for HIV/AIDS management is unknown.

Table 5.3		
Provider Level of Management		
Management Level	Number of Providers	Percent of Total
Manage all or most of the clinical HIV/AIDS care	81	43%
Provide HIV/AIDS care with consultative assistance from an HIV/AIDS specialist	27	14%
Manage some of the HIV/AIDS care, but refer complex cases to a HIV/AIDS specialist	28	15%
Refer HIV/AIDS patients to a specialist for management	51	27%

Eighty-one providers (43%) indicated they manage all or most of the clinical HIV/AIDS care. Of these providers the survey results showed that 67% met the DHHS definition of *experienced*, while 79% met the MDCH experience level B, and 81% met the MDCH experience level C. These different levels are shown in Table 5.4 below.

Table 5.4		
Provider Level of Experience		
Level A 25+ patients and 12+ CMEs	Level B 13+ patients and 7+ CMEs	Level C 25+ patients
67%	79%	81%

In addition to level of management, physicians were asked to provide information regarding their frequency of receiving HIV/AIDS Continuing Medical Education (CME). The survey responses showed that 82% of the providers (150/183) received HIV/AIDS related CME within the previous three years.

The infectious disease specialty group was separately evaluated to determine their experience level. Table 5.5 shows the percentage of infectious disease physicians who met the various levels of experience.

Table 5.5		
Infectious Disease Specialist Level of Experience		
Level A 25+ patients and 12+ CMEs	Level B 13+ patients and 7+ CMEs	Level C 25+ patients
65%	80%	82%

Discussion

Overall, 42% of the responding providers indicated they manage some or all of the HIV/AIDS related care for their patients and 57% indicated they do not manage HIV/AIDS care.

Of the providers who reported providing some level of management, approximately 14% manage the care through consultative assistance with an HIV/AIDS specialist, 27% manage the direct care and refer enrollees living with HIV/AIDS to a specialist, and 15% manage some of the HIV/AIDS care and refer complex cases to an HIV/AIDS specialist. The experience level of the HIV/AIDS physicians providing consultative assistance or receiving referrals for HIV/AIDS management is unknown. The study found 81 providers (43%) who indicated they manage all or most of the HIV/AIDS related care. Of this subset of providers, 67% met the DHHS definition of an *experienced* HIV/AIDS provider.

Infectious disease physicians were the most experienced HIV/AIDS providers, that according to the DHHS definition, compared with all other specialty groups. This study shows overall, 65% of the infectious disease specialists met the DHHS definition of an *experienced* HIV/AIDS provider.

Health plans should develop and implement care management process which ensure enrollee access to providers experienced in managing HIV/AIDS related care. Health plans should consider collecting additional information at the time of credentialing or recredentialing to assess HIV/AIDS provider experience.