

Medical care in King County: Medical Monitoring Project 2013 provider survey

Background

The Medical Monitoring Project (MMP) is an ongoing population-based surveillance system which assesses the clinical outcomes and behaviors of HIV-infected adults receiving care in the U.S. The project is currently conducted in 17 states and six cities by local and state public health departments in collaboration with the Centers for Disease Control and Prevention (CDC). The MMP Provider Survey is used to evaluate the capacity of the HIV provider workforce, including adoption of prevention and treatment guidelines, and improvements in diagnosis and linkage to care.

Methods

Providers who offer medical care to HIV-infected individuals were surveyed from January 2013 through January 2014. The MMP Provider Survey is conducted using a complex two-stage sample design in which states and territories are selected using probability proportionate to size (PPS) sampling. Facilities are then sampled from the selected areas using PPS based on number of persons receiving care for HIV infection. Physicians, nurse practitioners, and physician assistants were eligible to complete the survey if they practice at an MMP-selected facility, completed clinical training, and provided care to HIV-infected patients. Data are weighted in the analyses to account for probability of selection, clustering, unequal selection probabilities, and non-response adjustments. SAS survey procedures were used for analyses that account for the two-stage sampling design as well as the aforementioned events. All percentages reported are weighted. All analyses were performed using SAS 9.3 (SAS Institute, Cary, NC).

Results

The 2013 MMP Provider survey had an adjusted provider response rate of 79% in Washington State. Overall, 65 providers completed the MMP Provider Survey, the majority of whom were physicians (92%), non-Hispanic White (89%), and heterosexual/straight (84%) (**Table 1**). The average age of providers was 52 (95% CI: 49.9-52.7). Practitioners reported an average of 18 years providing care for HIV-infected patients (95% CI: 16.9-19.1) and provided continuous and direct patient care for an average of 101 HIV-infected individuals (95% CI: 72.3-130.6).

Most providers (73%) estimated that they spent 45-74 minutes with patients during an initial visit with HIV patients (average length of initial visit: 50.4, 95% CI: 44.9-55.8) and 55% of providers spent 25-34 minutes during follow-up visits (average length of follow-up visit: 26.7, 95% CI: 23.3-30.0) (**Table 2**). In general, providers tended to feel that the amount of time they are able to spend with patients is usually or always sufficient for both initial visits (73%) as well as follow-up visits (71%).

The majority of providers order genotypic tests for all newly diagnosed patients and prescribe ART regardless of CD4 count among patients for whom there are no barriers or contraindications to treatment (**Table 3**). Whereas 15% of providers indicated that they do not defer prescribing ART for any reason, 59% of providers indicated that they defer prescribing ART for between 1% and 10% of patients, including those with barriers and contraindications. Two-thirds of providers reported doing at least two of three ART adherence activities for most or all patients using ART. The three ART adherence activities examined were (1) assessing treatment adherence at every visit, (2) offering education and advice about tools to increase adherence, and (3) referral to supportive services, as needed, for patients who are non-adherent to ART. The proportion of providers who perform each of the adherence activities individually can be found in **Table 3**.

Almost half of all practitioners, regardless of facility type, believe that the number of patients they will be able to care for 5 years from now will remain the same and about a third of providers feel it may increase (**Table 4**). Overall, the majority of providers did not indicate having plans to leave clinical practice within the next 5 years; however, a large proportion (41%) of providers in private practice indicated that they were considering or planning on leaving clinical practice in the next five years.

The majority of providers indicated that prescription drug assistance plans (i.e. AIDS Drug Assistance Program [ADAP], Medicare, Medicaid, commercial insurance and pharmaceutical industry drug assistance plans) sufficiently met patients' HIV treatment needs (**Table 5**). However, 21% disagree or strongly disagree that the availability is sufficient for patients with Medicare, 20% for patients with pharmaceutical industry drug assistance plans, and 16% for patients fully reliant ADAP.

Roughly a quarter of providers (26%, 95% CI: 17%-35%) reported that they had ever prescribed pre-exposure prophylaxis (PrEP) and 70% (95%: 49%-90%) reported that they had ever prescribed non-occupational post-exposure prophylaxis (nPEP).

Discussion

This evaluation of MMP Provider Survey data identified some issues that might warrant additional evaluation. The racial/ethnic background of the providers does not correspond well to the racial composition of WA PLWH. This may result in some patients feeling uncomfortable with their medical providers and/or their options of medical providers for HIV-related medical care. About 16% of HIV providers identified as gay, lesbian, or bisexual, which may offer options to patients, if they desire a gay-identified provider, given that the majority of HIV patients in WA state are men who have sex with men.¹

Some providers, most notably among those in private practice, indicated plans to leave clinical practice within the near future. This is an issue larger than that for HIV primary care alone,² and planners are working on increased provider training options. Reports that Medicare insufficiently met patients' treatment needs is concerning, especially giving the aging demographic of WA PLWH.

There are limitations to this analysis, most notably, the relatively small number of providers included in the analysis. The geographical breakdown for providers surveyed is unknown, thus the data may not be representative of HIV medical providers throughout the state. Although a subset of providers reported that they may not be fully adherent to current HIV treatment guidelines, the survey was unable to capture the complete circumstances surrounding patient-provider interactions to put variations in adherence in context. Importantly, since the data were collected in 2013, they may imperfectly describe current practice.

Due to a growing interest in PrEP (see another provider survey on PrEP elsewhere in this issue) and nPEP to help stem HIV transmissions, we find it promising that a large proportion of the HIV care providers surveyed have prescribed these preventive therapies to HIV-negative individuals.

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References

- 1 Washington State HIV Surveillance Semiannual Report, 2nd Edition 2014. Available at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/150-030-HIVSurveillanceSemiAnnualReport2-2014.pdf>. Accessed 9/17/15.
- 2 Stark R. The Looming Doctor Shortage. Washington Policy Center. Available at <https://www.washingtonpolicy.org/publications/notes/looming-doctor-shortage>. Accessed 9/18/15.

Table 1. Provider characteristics (n=65, unless otherwise noted), Medical Monitoring Project (MMP) Provider Survey, Washington State, 2013-2014

	Frequency	Weighted %	Weighted 95% CI
Race/ethnicity			
White, non-Hispanic	58	89%	78.9, 98.1
Asian	5	7%	0.8, 14.0
Hispanic	2	4%	0.0, 10.9
Age (n=63)			
<40	4	5%	0.0, 10.9
40-50	19	28%	14.1, 41.3
50-60	30	49%	35.6, 62.8
60+	10	18%	5.5, 30.4
Gender (n=64)			
Female	34	50%	34.5, 65.5
Male	30	50%	34.5, 65.5
Sexual orientation (n=63)			
Heterosexual/straight	51	84%	79.7, 88.8
Gay, lesbian, or bisexual	12	16%	11.2, 20.3
Years of practice			
<5	4	6%	0.2, 10.9
5-10	9	11%	5.9, 15.6
10-20	20	31%	20.1, 42.1
20-30	27	44%	30.7, 57.6
>30	5	9%	0.1, 16.8
Number of patients with HIV			
<50	20	33%	21.7, 44.2
50-99	23	35%	23.3, 46.5
100-199	10	15%	4.3, 26.5
200+	12	17%	5.8, 27.7
Profession			
Infectious Disease Physician	30	43%	31.2, 54.1
Other Physician	29	49%	40.4, 58.3
Nurse Practitioner/Physician Assistant	6	8%	3.1, 12.9
HIV Specialist	37	52%	41.4, 61.8

Table 2. Provider time spent with patients (n=65), Medical Monitoring Project (MMP) Provider Survey, Washington State, 2013-2014

	Frequency	Weighted %	Weighted 95% CI
Duration of initial visit (minutes)			
15-29	3	4%	0.0, 13.0
30-44	12	18%	4.7, 31.6
45-59	17	29%	12.1, 46.7
60-74	29	44%	21.4, 65.5
75-90	4	5%	2.3, 7.3
Sufficient time during initial visit			
Always	10	16%	2.8, 28.7
Usually	39	58%	44.4, 71.2
Sometimes	10	15%	6.8, 23.6
Never	6	11%	3.9, 18.6
Duration of follow-up visit (minutes)			
15-24	20	33%	14.3, 51.9
25-34	38	55%	39.7, 70.7
35-45	7	12%	2.0, 21.4
Sufficient time during follow-up visits			
Always	8	15%	2.4, 27.0
Usually	40	57%	47.8, 65.4
Sometimes	15	26%	15.5, 35.7
Never	2	3%	0.0, 7.8

Table 3. Genotypic tests and antiretroviral therapy (ART), Medical Monitoring Project (MMP) Provider Survey, Washington State, 2013-2014

	Frequency	Weighted %	Weighted 95% CI
Percent of providers who order an HIV genotype test for all newly diagnosed patients			
Overall	59	92%	86.1, 98.7
<50 patients with HIV	18	96%	94.2, 98.2
≥50 patients with HIV	41	91%	81.3, 100.0
Percent of providers who prescribe ART to patients with HIV regardless of CD4 level¹			
Overall	54	83%	72.8, 94.0
<50 patients with HIV	15	75%	54.8, 94.4
≥50 patients with HIV	39	88%	75.8, 99.7
Percentage of patients provider currently defers prescribing ART, for any reason			
0%	8	15%	5.4, 23.8
1-10%	37	59%	50.4, 68.0
11-25%	20	26%	15.8, 36.6
Percent of providers who perform the following with most or all HIV-infected patients seen for continuous or repeated care:			
For patients using ART, assess treatment adherence at every visit ²	62	97%	95.9, 97.3
Periodically re-offer ART to those that postponed	57	88%	83.9, 91.9
Discuss the benefit of ART in reducing risk of transmitting HIV to others with those not yet on ART	49	74%	62.9, 85.8
Offer education and advice about tools to increase adherence for patients on ART ²	35	54%	38.1, 70.0
For patients who are non-adherent to ART, refer for supportive services as needed ²	33	49%	37.2, 61.6
Provider does at least 2 of 3 ART adherence activities for most or all patients using ART			
Yes	44	67%	50.2, 83.1

¹ Among patients for whom there are no barriers or contraindications to treatment

² ART adherence activity

Table 4. Plans about future practice, stratified by facility type, Medical Monitoring Project (MMP) Provider Survey, Washington State, 2013-2014

	Ryan White Funded Facility (n=36)	Private Practice (n=17)
Number of patients provider will be able to care for 5 years from now		
Increase	36%	31%
Stay the same	48%	49%
Decrease	15%	9%
Will stop providing care for HIV patients	3%	12%
Provider plans to leave clinical practice within the next 5 years		
No	84%	59%
Yes	8%	9%
Unsure	8%	33%

Table 5. Availability of medication provided by the following prescription drug plans is sufficient to meet my patients' HIV treatment needs, Medical Monitoring Project (MMP) Provider Survey, Washington State, 2013-2014

	Frequency	Weighted %	Weighted 95% CI
ADAP			
Strongly Agree/ Agree	49	84%	70.7, 96.4
Neutral	0	0%	-
Disagree/Strongly Disagree	6	16%	3.6, 29.3
<i>Missing</i>	10	-	-
Medicare			
Strongly Agree/ Agree	40	73%	59.6, 85.5
Neutral	5	7%	5.9, 7.6
Disagree/Strongly Disagree	10	21%	8.5, 33.0
<i>Missing</i>	10	-	-
Medicaid			
Strongly Agree/ Agree	53	91%	89.7, 93.0
Neutral	4	5%	4.0, 5.9
Disagree/Strongly Disagree	3	4%	3.0, 4.4
<i>Missing</i>	5	-	-
Commercial insurance			
Strongly Agree/ Agree	51	85%	82.2, 87.7
Neutral	5	9%	5.1, 12.8
Disagree/Strongly Disagree	5	6%	4.9, 7.3
<i>Missing</i>	4	-	-
Pharmaceutical industry drug assistance plans			
Strongly Agree/ Agree	36	68%	55.1, 80.2
Neutral	9	13%	8.7, 16.9
Disagree/Strongly Disagree	11	20%	8.5, 30.6
<i>Missing</i>	9	-	-