Primary Care of Patients Infected with Human Immunodeficiency Virus

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Physicians who care for patients with HIV infection must understand the pathogenesis of HIV disease and its natural history and course (both with and without antiretroviral therapy) and be proficient in recognizing common and uncommon problems including an array of opportunistic infections. In addition to providing prophylaxis and treatment for such complications, these physicians must be knowledgeable about the proper ways to monitor the course of HIV infection, including the interpretation of HIV RNA levels in plasma, and about the use and side effects of numerous antiretroviral agents.

Recent advances in our understanding of the biology and treatment of HIV infection have resulted in dramatic changes in practice. For example, combination therapy for HIV infection became the standard of care for patients with AIDS in the United States at least 6 months before the first papers demonstrating the effectiveness of such care were published in peer review journals. After convincing data were presented at national and international meetings, information concerning the effectiveness of such therapies was quickly incorporated into clinical practice by specialists and physicians experienced with HIV disease. Generalists who provide primary care for small numbers of individual HIV-infected patients cannot reasonably be expected to provide the best and most timely care when the rates of change and the growth of knowledge are so rapid and the complexity of management is so high.

Most of the complications of HIV-related disease are relatively rare in the general population and require complex medical management. In fact, most primary care physicians are well aware of the complexity of caring for patients with HIV infection. For example, Gerbert and colleagues [1] reported that of 2,004 primary care physicians responding to a survey about proper ways to monitor the course of HIV infection, including the interpretation of HIV RNA levels in plasma, and about the use and side effects of numerous antiretroviral agents.

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one-half of such physicians stated they would rather not care for HIV-infected patients [5].

Despite the above data, HIV-AIDS care is increasingly being shifted into the managed care setting. For example, officials of the Commonwealth of Pennsylvania sent a waiver application to the U.S. Health Care Financing Administration in 1996 requesting that all HIV-seropositive Medicaid enrollees in the Philadelphia area receive medical care from managed care institutions. Of the four managed care institutions that responded to this proposal, none were able to identify physicians in their networks who were experienced in treating patients with HIV infection or AIDS [6].

There is an increasing amount of data showing that survival of patients with HIV infection is prolonged if these patients are cared for by physicians who are experienced in the management of HIV infection [7]. The importance of clinical experience has been demonstrated in two studies in which there was a relation between hospital experience and the in-hospital mortality for patients with AIDS-related illnesses [8, 9]. The importance of clinical experience is further demonstrated by data from the Maryland Health Services Cost Review Commission. There was a 12% reduction in cost and a 20% increase in survival for patients with AIDS who were cared for through the Johns Hopkins HIV care program (a component of the infectious disease division of the Johns Hopkins University Medical Center in Baltimore) vs. other hospitals in Maryland, most of which had far smaller numbers of HIV-related admissions (Richard Moore, personal communication).

Although quality in HIV-AIDS care may not be specifically specialty related but, rather, experience related, the training and experience of infectious disease specialists make them highly qualified to provide primary care to HIV-infected patients. Medical care systems that rely on individual referrals of HIV-infected patients from generalists or specialists often subject patients in a general medicine practice to added expenses, critical delays in treatment, and inconvenience.

Physicians who are expert in the care of HIV-infected patients are most likely to provide cost-effective care for the following reasons. (1) Experienced physicians are most likely to use antiretroviral therapies in an appropriate fashion, resulting in a decrease in the rate of clinical progression and in improved survival. (2) Experienced physicians who regularly provide primary care to HIV-infected patients are more likely to recognize and treat complications in a timely and correct fashion, which results in avoidance of costly hospitalizations with the potential for secondary complications such as nosocomial infection. (3) The care of HIV-related dermatologic, hematologic, neurological, and gastrointestinal complications is often easily accomplished in the outpatient setting by such experienced physicians. (4) Infectious disease specialists and others who have extensive knowledge about HIV disease and function as primary care physicians for HIV-infected patients in outpatient and inpatient settings are also more likely to forego costly diagnostic procedures such as esophagoscopy and bronchoscopy and to carefully assess the benefit of referrals to other subspecialists, since these specialists are fully aware of the full range of HIV-related clinical problems, the probability of their presence in an individual patient, and their treatment. (5) A thorough knowledge of the clinical complications of HIV infection may actually prevent some office visits, since simple questions can often be handled over the telephone. (6) Finally, physicians expert in the management of HIV infection are better able to train and supervise physician extenders such as physicians’ assistants and nurse practitioners than generalists who see a small number of HIV-infected patients.

Further changes in the clinical course and treatment of HIV infection will almost certainly occur in the coming months and years. Members of the IDSA believe that infectious disease specialists should be able to function as primary care providers for patients with HIV infection who receive care through managed health care systems. Health care systems that restrict access of HIV-infected patients to infectious diseases specialists or to other physicians who are truly experienced in the management of HIV disease may actually experience increased cost, increased risk of complications, and increased mortality.

References