

Medical Co-Management in HIV

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The Problem

- There is general consensus and data to support the notion that optimal HIV care is best delivered by an “HIV Expert”.
 - » How is HIV expertise defined?
- How do we deliver expert care in areas of low prevalence?

“The HIV Expert”

- HIVMA

- » Evidence of professional standing
- » Direct continuing care to 20 HIV patients over past 2 years
- » 30 hours CME over 2 years or ID board certification within past 12 months

- AAHIVM

- » Evidence of professional standing
- » Direct continuing care to 20 HIV patients over past 2 years
- » 30 hours CME over 2 years
- » AAHIVM HIV Medicine Credentialing Examination

Medical Co-Management Model

- HIV expert travels to the community to see patients in conjunction with their PCP who is willing to participate in the co-management model.
 - » Inpatient care
 - » Outpatient care
 - » 24/7 consultation available
 - » Additional resources
 - Inpatient transfer
 - Educational resources
 - Continuing care assistance

Our Experience

- **Bisbee/Douglas/Elfrida**
 - » Cochise County
 - » HIV prevalence is about 115 and incidence is 95/100,000
 - » Driving time from Tucson is about 2 hours
 - **Nogales**
 - » Santa Cruz County
 - » HIV prevalence is about 29 and incidence is 72/100,000
 - » Driving time from Tucson is about 45 minutes
 - **Yuma**
 - » Yuma County
 - » HIV prevalence is about 116 and incidence is 69/100,000
 - » Driving time from Tucson is about 4 hours
- Pima County prevalence is 1822 and incidence is 207/100,000

Our Experience

- Bisbee/Douglas/Elfrida
 - » Very successful
 - » 30/40 patients followed in a co-management model
- Nogales
 - » Unsuccessful
 - » 8 patients followed in a traveling consultant model
- Yuma
 - » Transitioned to a traditional consultant system after the arrival of an Infectious Disease Specialist in the community who was willing and able to treat HIV-infected persons
 - » 38 patients followed by ID Specialist

Determinants of Success

- Bisbee/Douglas/Elfrida
 - » Willing Provider(s)
 - » Supportive administration
 - » Support from the CCHD
 - Integrated case management
 - » Distance great enough to discourage independent travel

CCHC Bisbee



CCHC Bisbee



Dr. Peggy Avina

Dr. Peggy Avina

Cochise County Case Managers

Elements of Failure

- Nogales

- » No willing provider despite a supportive administration.
- » Tremendous concern among patients regarding confidentiality.
- » Distance so close there was little incentive for patients to participate.

- Yuma

- » No willing provider.
- » Lack of administrative support.
- » Tremendous distance limited specialist availability.

Future Plans

- Bisbee/Douglas/Elfrida

- » Continue the medical co-management model.
- » Finance HIV expert through billing as specialist.

- Nogales

- » Patients will be transported to Tucson to be followed at El Rio SIA.
- » Hopefully group transport will aid in adherence to follow-up.

- Yuma

- » Continue to provide support for the HIV care team in that community.

HIV Medical Co-Management

- HIV expert working in partnership with a primary care provider to allow excellent HIV care in areas of low prevalence.
 - » Motivated PCP
 - » Motivated HIV expert
 - » Adequate administrative support
 - Compensation
 - Logistics