

African American Clinicians Providing HIV Care: Experience of the National Clinicians' HIV Telephone Consultation Service Warmline

Megan Mahoney, MD, Cynthia Sterkenburg, MPH, Ronald Goldschmidt, MD
San Francisco General Hospital, UCSF, San Francisco, California USA

Background

African American HIV-infected persons:

- are disproportionately affected by HIV and AIDS.
- generally have worse access to care, greater odds of dying, lower odds of receiving anti-retroviral therapy, and more frequent hospital admissions compared to Caucasian patients.

African American Clinicians:

- are more likely to treat African American patients than providers from other ethnic backgrounds.
- have higher rates of starting anti-retrovirals among African American patients than providers from other ethnic backgrounds.
- play a key role in improving health disparities in HIV care.
- In the United States, HIV care is provided by either HIV experts or primary care providers with consultative relationships with HIV experts.
- Patient volume, specialty training, self-education, and consultative relationships have been associated with development of HIV expertise.
- The National HIV Telephone Consultation Service (Warmline) was established in 1991 to provide HIV consultation to support clinicians with various levels of HIV experience.
- The Warmline is a free and confidential service offered by the National HIV/AIDS Clinicians' Consultation Center (NCCC) at San Francisco General Hospital.

HRSA AETC
National HIV/AIDS Clinicians' Consultation Center

Warmline 1-800-933-3413
National HIV Telephone Consultation Service
Consultation for clinicians with HIV management questions

PELine 1-888-448-4911
National Clinicians' Post-Exposure Prophylaxis Hotline
Recommendations on managing occupational exposures to bloodborne pathogens

Perinatal Hotline 1-888-448-8765
National Perinatal HIV Consultation and Referral Service
Advice on managing HIV-infected pregnant women, HIV-exposed infants and HIV testing in pregnancy

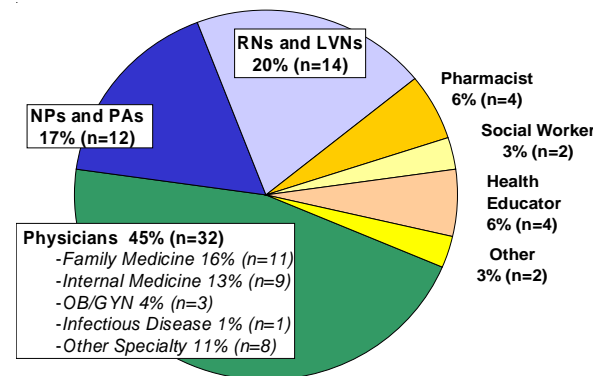
Methods

- To ensure quality service to Warmline's African American callers, we analyzed all calls from African American clinicians for the year 2004.
- During each call, demographic data were obtained to create a caller profile (caller profession, facility type, HIV+ patient load, self-identified gender and race/ethnicity) and an anonymous patient profile (gender, race).
- Warmline clinicians chose from 7 different topics to characterize each call.
- All Warmline call information was documented on an electronic database.
- The database was searched for all calls made by African American providers from January 1 to December 31, 2004.

Results

- 70 callers self-identified as African American or Black during 2004.
- Warmline received 282 calls from these callers during 2004.
- During these 282 calls,
 - 750 HIV-related topics were discussed.
 - 337 patients were presented.

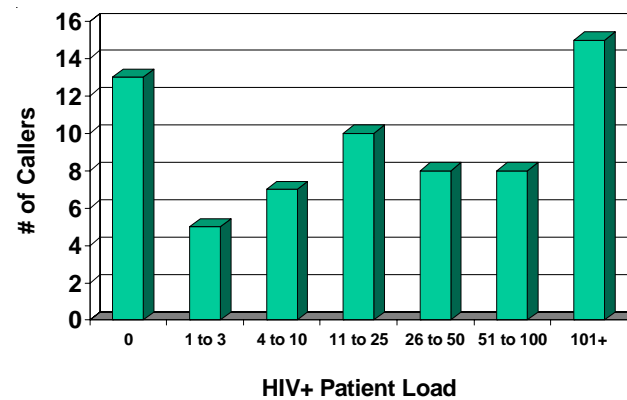
African American Callers by Profession (n=70)



Caller Facility Type

Facility	Callers	Percentage
Community Clinic	33	47%
Outpatient-other	13	19%
Hospital	7	10%
Public Health Dept	5	7%
Pharmacy	2	3%
Social Service	2	3%
Other Medical	2	3%
Not recorded	5	7%
Total	70	100%

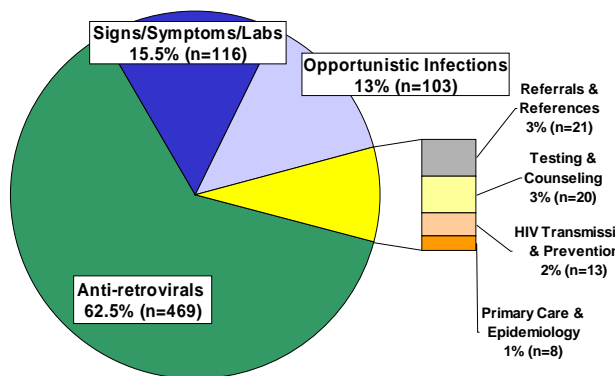
Callers' Current HIV+ Patient Load (n=68)



Caller Gender

Gender	Callers	Percentage
Male	25	36%
Female	45	64%
Total	70	100%

Topics Discussed During Calls (n=750)



Patient Race/Ethnicity

Race/Ethnicity	Calls	Percentage
African American or Black	197	58.5%
White	24	7.1%
Latino/Hispanic	17	5.0%
Asian	5	1.5%
American Indian/Alaskan Native	0	0%
Other	0	0%
Not recorded	93	27.6%
Total	337	100%

Patient Gender

Gender	Calls	Percentage
Male	178	52.8%
Female	97	28.8%
Not recorded	62	18.4%
Total	337	100%

Sample Calls

► 19 y.o. male diagnosed with HIV 2 years ago, who has a history of rectal warts, HSV esophagitis, peptic ulcer disease, and insomnia treated with trazadone 50mg. He has not taken anti-retrovirals before. CD4 294 (23%), VL 11, 500. Patient is interested in starting anti-retrovirals, and would prefer a once daily regimen. The treating clinician is considering tenofovir/emtricitabine and fosamprenavir, or tenofovir/emtricitabine and atazanavir.

Q: What would the Warmline recommend?

A: These are certainly options. Would need to boost atazanavir with ritonavir when co-administering with tenofovir. Watch for interaction (increased side effects) when trazadone is co-administered with ritonavir due to inhibition of hepatic metabolism. Also need to consider future option of proton pump inhibitor for treatment of peptic ulcer disease, which interferes with absorption of atazanavir. Lopinavir/ritonavir has also been approved for once daily dosing in HAART naive patients, though quite a few pills. Emphasized adherence counseling before starting any regimen, especially the first regimen. Also discussed option of delaying initiation of HIV meds unless he has HIV-related symptoms or CD4 less than 200. No genotype recommended at this time.

Sample Calls (cont'd)

► 10-month-old child born to an HIV-infected mother. Her EIA and Western Blot tests were reactive, but DNA PCR-quantitative test was negative.

Q: Which test is the most correct to use in interpreting child's HIV status?

A: Maternal HIV antibodies may persist in child up to 15 months of age. Generally, DNA PCR-quantitative test is used for testing an infant. Since the DNR PCR-quantitative test is negative at 10 months for this child, it is reassuring that this child is HIV negative. Checking HIV antibody when child is 18 months old is expected to be 100% accurate.

► Q: What is the current CDC guideline regarding tuberculosis screening for HIV+ patients who are entering a substance abuse or residential program?

A: CDC guidelines recommend TB screening for HIV+ patients once a year via PPD test. Induration measuring greater than 5mm is considered positive in HIV-infected individuals. Requirement for baseline CXR for entry into rehab/residential may vary from institution to institution. One reason why institutions may require baseline CXR for HIV+ patients for intake of new residents is because of the concern that some HIV+ patients may have false negative PPD tests. Referred caller to CDC guidelines for correctional facilities and long-term care facilities.

Discussion

- Calls generated an average of 2.66 topics.
- The top three professions of callers were physicians (45%), nurses (20%), and NPs and PAs (17%).
- 47% of callers work in community clinics.
- 26% of callers had a patient load of 3 or less, while 21% reported more than 100 HIV-infected patients in their practice.
- 58.7% of patients were identified as African American or Black.
- 5.0% of patients were described as Latino/Hispanic.
- The race/ethnicity was not discussed for 27.6% of patients.

Conclusions

- The majority of patients managed by African American callers were African American.
- A large percentage of African American callers were primary care providers and clinicians in community clinics.
- The Warmline provides a consultative service to both those clinicians with high patient loads and those with little HIV experience.
- While most calls pertained to anti-retroviral treatment, many other management issues were discussed, including clinical and laboratory abnormalities, and opportunistic infections.
- The National HIV Telephone Consultation Service (Warmline) at 800/933-3413 can support African American clinicians in the management of their HIV-infected patients.

Acknowledgement

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Contact:
Megan R. Mahoney, M.D.
Mmahoney@nccc.ucsf.edu