

Submission Id: 2600

Title

HIV Care by Early Career Family Physicians

Priority 1 (Research Category)

Survey research or cross-sectional study

Presenters

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Abstract

Context: Antiretroviral treatment has transformed HIV infection into a chronic disease. Substantial gap between preparation for practice and management of HIV. The impact residency preparation on actual practice is unknown. Objective: 1) Describe characteristics related to preparedness and provision of HIV care. 2) Identify associations between individual and practice characteristics with current provision among those reported being prepared. Study Design: Secondary cross-sectional analysis Dataset: Data from the 2016 through 2019 American Board of Family Medicine (ABFM) National Graduate Survey. Population studied: ABFM certified Family Physicians (FPs) 3 years after residency completion, Early Career FPs. Only included FPs who primarily provide outpatient continuity care. Outcome Measures: Self-reported current provision of HIV care and adequate preparation in residency to provide HIV care. Control variables included individual characteristics: age, gender, degree type, and location of medical training and practice characteristics: practice organization, practice size, HIV prevalence, urban/rural status, and census region. First step: compared the numbers and characteristics of those prepared and not prepared to provide HIV care. Second step: descriptive statistics to characterize to characterize sample and conducted bivariate analyses of differences by practicing HIV care among those who were prepared. Third step: adjusted analysis through logistic regression to assess independent associations with current provision among those who prepared. Results: 8,994 FPs (68.7% response rate) completed the graduate survey. Final sample size: 6,740 FPs in continuity care. Respondents divided into 4 categories; prepared and practicing, prepared but not practicing, not prepared but practicing, and not prepared and not practicing. Of respondents, 25.0% reported being adequately trained and 16.0% reported current provision of HIV care. Those prepared were more likely to be 40 years or older, male, MDs, and International Medical Graduates. In adjusted regression analyses, female gender was associated with lower odds of practicing HIV care (odds ratio [OR] = 0.9; 95% CI 0.49-0.74). Working in high HIV prevalence area higher odds of providing care (OR = 1.7; 95% CI 1.26-2.34). Conclusions: Fewer than half of those prepared in residency reported current provision of HIV care. Working in a high HIV prevalence area was associated with higher odds of providing HIV care.