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NATIONAL news

SURVEYING THE FIELD

A study of HIV-related health care providers shows many patients are receiving care below federal treatment standards by Bob Roehr



Drs. John G. Bartlett (left) and Paul Volberding

About 25 percent of people starting treatment for HIV are given therapy that is below federal standards, according to a national HIV/AIDS treatment survey of 476 physicians experienced with HIV, conducted by the Louis Harris polling firm and financed by drug maker Merck & Co. The findings were released June 3 at a Washington, D.C., news conference.

The current incarnation of treatment guidelines took form about a year ago and the federal standards were formally adopted in the fall. They call for initiating therapy with a triple combination of drugs, including a protease inhibitor, with the goal of reducing viral load below detectable levels. They have been modified five times since November.

The survey revealed that patients receiving suboptimal care are more likely to be under the care of a physician with limited experience with HIV; generally have more advanced disease before they begin treatment; and are more likely to be women and people of color.

More than half of the surveyed physicians are likely to withhold a specific therapy if they believe the patient will not adhere to the treatment regimen. Approximately 8 percent of patients, meanwhile, declined to go onto a combination regimen, primarily because of side effects or the difficulty in adhering to the dosing schedule.

The survey divided physicians into five categories, each of which wrote 20 percent of antiviral prescriptions. Tier 1 providers treated an average of 349 patients each.

"I can tell you from doing this practice that 350 patients with HIV infection is a big patient load," said noted AIDS doctor John G. Bartlett from Johns Hopkins University. "That's a full-time job."

In the category with the smallest number of providers, Tier 5, each treated an average of 59 patients.

"I don't know how many patients it takes on average to become experienced enough" to treat patients effectively, says Dr. Paul Volberding from the University of California San Francisco Medical School.

He speculates it may be more a matter of keeping up with the fast evolution of knowledge in the field.

Bartlett calls HIV "different than any other field in medicine because of the velocity of new information."

The survey did not address questions of access to care.

"We surveyed by prescription," says Bartlett. "Therefore, if a patient couldn't afford a drug, we wouldn't know about it because nobody would write up a prescription."


According to Volberding, access involves more than having or not having insurance coverage: "What you would like to know is whether the specific insurance plan, whether it is public or private, allows for the open prescription of these drugs."

He points out that Medicaid—which accounted for 39 percent of prescriptions in the survey—"in some states is very supportive, in others it is not."

The same can be said for individual private health insurance policies.

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