

HIV Pulse

VOLUME 1

FACT SHEET



BRITISH COLUMBIA
CENTRE for EXCELLENCE
in HIV/AIDS

Characteristics of ARV-Prescribing Physicians in BC

Disparities in access to HIV care and treatment, including access to antiretroviral (ARV)-prescribing physicians, exist in Canada.^{1,2} This HIV Pulse measures the number of ARV-prescribing physicians by region in BC and outlines their characteristics. Profiled here are those who prescribed ARVs between January 1, 2013–December 31, 2013, based on the data from the BC Centre for Excellence in HIV/AIDS Drug Treatment Program.

Summary

- Majority of ARV-prescribing physicians in BC (84%) are only refilling ARVs, not initiating or changing ARV regimens.
- 88% of BC ARV-prescribing physicians are concentrated in urban settings.
- Urban ARV-prescribing physicians are more experienced in HIV care than their rural counterparts.
- ARV-prescribing physicians in BC are predominantly general practitioners (GPs) in both urban and rural areas (93 and 99% respectively).

BC ARV-Prescribing Physicians by Health Authority (HA)

There were 894 physicians in BC who prescribed ARVs in 2013. These physicians were predominantly GPs and were prescribing ARVs mostly for refilling purposes.

Fraser Health (FH): There were 186 ARV-prescribing physicians in FH; 175 were GPs and 11 were specialists (5 in infectious diseases, 2 in internal medicine and 4 in other). Each ARV-prescribing physician treated an average of 5 HIV-positive patients. FH had the fewest ARV-requesting physicians per HIV-positive patient in BC.

Interior Health (IH): There were 164 ARV-prescribing physicians in IH; 160 were GPs and 4 were specialists (2 in infectious diseases, 1 in internal medicine and 1 in other). Each ARV-prescribing physician treated an average of 3 HIV-positive patients. IH had the highest number of ARV-requesting physicians per HIV-positive patient in BC.

Island Health (VIH): There were 179 ARV-prescribing physicians in VIH; 172 were GPs and 7 were specialists (4 in infectious diseases, 2 in internal medicine and 1 in other). Each ARV-prescribing physician treated an average of 5 HIV-positive patients. The median length of medical practice of ARV-prescribing physicians in VIH was the longest in BC.

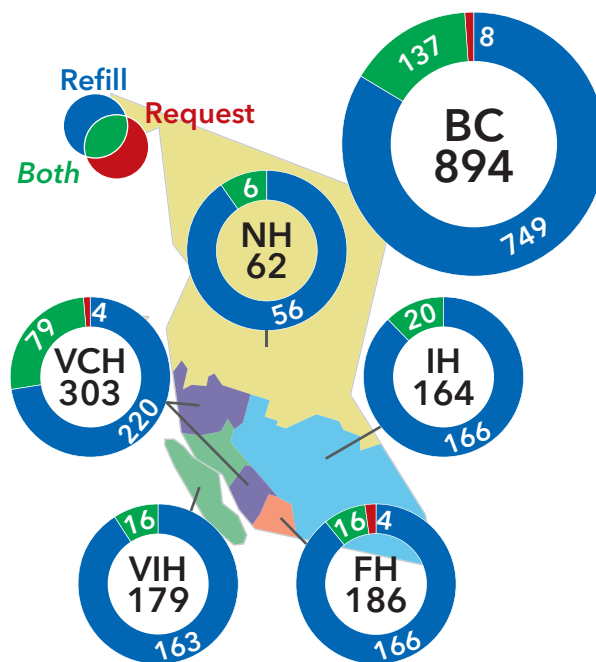


Figure 1: Number of BC ARV-prescribing physicians by HA, 2013.*

* Request represents ARV-prescribing physicians who only initiate or change ARVs, Refill represents ARV-prescribing physicians who only refill ARVs, and Both represents ARV-prescribing physicians who perform both Request and Refill.

Northern Health (NH): There were 62 ARV-prescribing physicians in NH; 61 were GPs and 1 was an infectious disease specialist. Each ARV-prescribing physician treated an average of 6 HIV-positive patients. More ARV-prescribing physicians in NH were graduates of international medical schools than Canadian medical schools.

Vancouver Coastal Health (VCH): There were 303 ARV-prescribing physicians in VCH; 267 were GPs and 36 were specialists (13 in infectious diseases, 12 in internal medicine and 11 in other). Each ARV-prescribing physician treated an average of 25 HIV-positive patients. Forty-seven percent of ARV-prescribing physicians in VCH were considered experienced in HIV care,[†] the highest percentage among HAs (Figure 2b).

There were 10 nurse practitioners (NPs) in BC who prescribed ARVs in 2013 (data not included in Figure 1 and 2). Two NPs were practicing in FH, 2 in IH, 1 in NH, 2 in VCH and 3 in VIH.

BC ARV-Prescribing Physicians: Rural vs. Urban

There are documented disparities in HIV care and treatment in rural areas compared to urban areas in Canada.^{1,2} In BC, more specialized and experienced ARV-prescribing physicians were localized in urban areas than rural areas in 2013:

Rural Settings: There were 105 ARV-prescribing physicians who practiced in rural areas. Among them, 104 were GPs and 1 was an internal medicine specialist. Ninety-eight of the total ARV-prescribing physicians in rural areas were only refilling ARVs, and 7 were both requesting and refilling ARVs.

Urban Settings: There were 789 ARV-prescribing physicians in urban areas. Among them, 731 were GPs and 58 were specialists (25 in infectious diseases, 16 in internal medicine and 17 in other). Six hundred and fifty-one of the total ARV-prescribing physicians were only refilling ARVs, 8 were only requesting ARVs, and 130 were both requesting and refilling ARVs.

About 30% of ARV-prescribing physicians in urban settings were considered experienced in HIV care,[†] while only 10% of ARV-prescribing physicians in rural settings demonstrated such experience (Figure 2c).

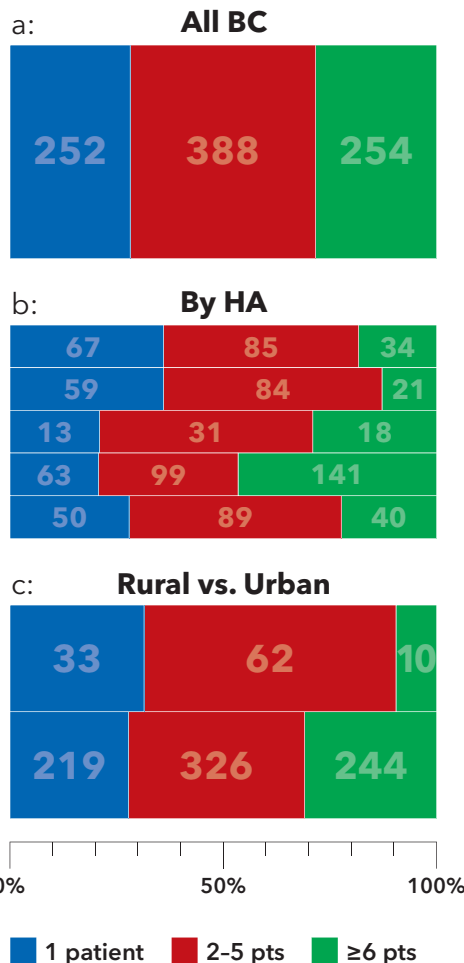


Figure 2: Number of BC ARV-prescribing physicians based on their experience with HIV-positive patients; (a) for all of BC; (b) by HA; and (c) by Rural vs. Urban.[†]

[†] ARV-prescribing physicians who have experience with 6 or more HIV-positive patients are linked to better HIV care outcomes among patients with low CD4 counts.³

1 Rapid Response Service. Rapid Response: HIV Services in Rural and Remote Communities [Internet]. Toronto, ON: Ontario HIV Treatment Network; 2013 Sep [cited 2014 Nov 1]. Available from: <http://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR73-2013-Rural-ASO.pdf>

2 Veinot TC, Harris RM, Bella L, Challacombe L. Improving Access to HIV Information in Rural Canada [Internet]. c2011 [cited 2014 Nov 1]. Toronto, ON: CATIE. Available from: <http://www.catie.ca/en/prevention/social-and-legal-issues/rural-access>

3 Wood E, Hogg R, Yip B, Harrigan PR, O'Shaughnessy M, Montaner JS. Is there a baseline CD4 cell count that precludes a survival response to modern antiretroviral therapy? AIDS, 2003 March 28; 17(5):711-720.