A SURVEY OF PHYSICIANS PRACTICING IN PUBLICLY FUNDED HIV CLINICAL SETTINGS

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GOALS OF THE PROJECT

- **Assist physicians to manage HIV-infected adults in an effective and a high quality manner through rapid dissemination of knowledge regarding clinical management**
- **Provide researchers and funders with a better understanding of systemic, ethical, and practical challenges to designing and conducting a study of "when to start therapy" among a large population of HIV-infected, treatment naïve individuals**

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TOPICS THAT MAY BE ADRESSED IN THE SURVEY

- ***What are the most effective methods for disseminating HIV clinical knowledge through the use of national clinical guidelines?***
  - **What are the most common ways that physicians practicing in publicly funded clinical settings learn about advances in HIV care?**
  - **How familiar are physicians practicing in publicly funded sites with the *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents*?**
  - **What are effective approaches to disseminate the guidelines among physicians practicing in publicly funded sites?**
  - **How do physicians learn about changes in the guidelines as they are updated?**
  - **What barriers have physicians encountered in adopting the guidelines?**
  - **What factors are associated with differences in learning about and adopting the guidelines?**

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TOPICS THAT MAY BE ADRESSED IN THE SURVEY

- ***What are HIV clinicians' knowledge, attitudes, beliefs, and behaviors regarding when to initiate HIV therapy?***
  - **Willingness to inform patients about a "when to start" trial**
  - **Ways in which clinicians can promote participation in a "when to start" trial**
  - **Educational strategies that promote clinicians' willingness to support their patients' participation in a "when to start" trial**
  - **Resources that further physicians' willingness to promote participation in a "when to start" trial**
  - **Support mechanisms that will ensure long-term retention of patients in a "when to start" trial**
  - **Cultural factors, HIV service delivery mechanisms, and health care financing systems that can promote or impede participation by patients in a "when to start" trial**

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STUDY POPULATION

- ***Physicians practicing in:***
  - **HIV clinical programs receiving Ryan White CARE Act funds**
  - **HIV care programs located in VA medical centers**
  - **University or community-based clinics participating in HIV clinical trials supported by the NIH (ACTG, CPCRA, etc.)**
  - **Community-based solo or group settings ("active prescribers")**
- ***Physicians may practice in more than one site or setting***

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SAMPLE DESIGN

- ***A stratified sample will be designed to represent physicians by:***
  - **The four "systems of care:" HRSA HAB, VA, NIH clinical trial sites**
  - **Region**
- ***Physicians practicing at these sites as employees, contractors, or fellows***
- ***Interns and residents will be excluded from the sample***
- ***Pediatricians will be excluded from the sample since the survey focuses on the adult guidelines***
- ***IDSA HIVMA membership records will be used to help validate contact information***

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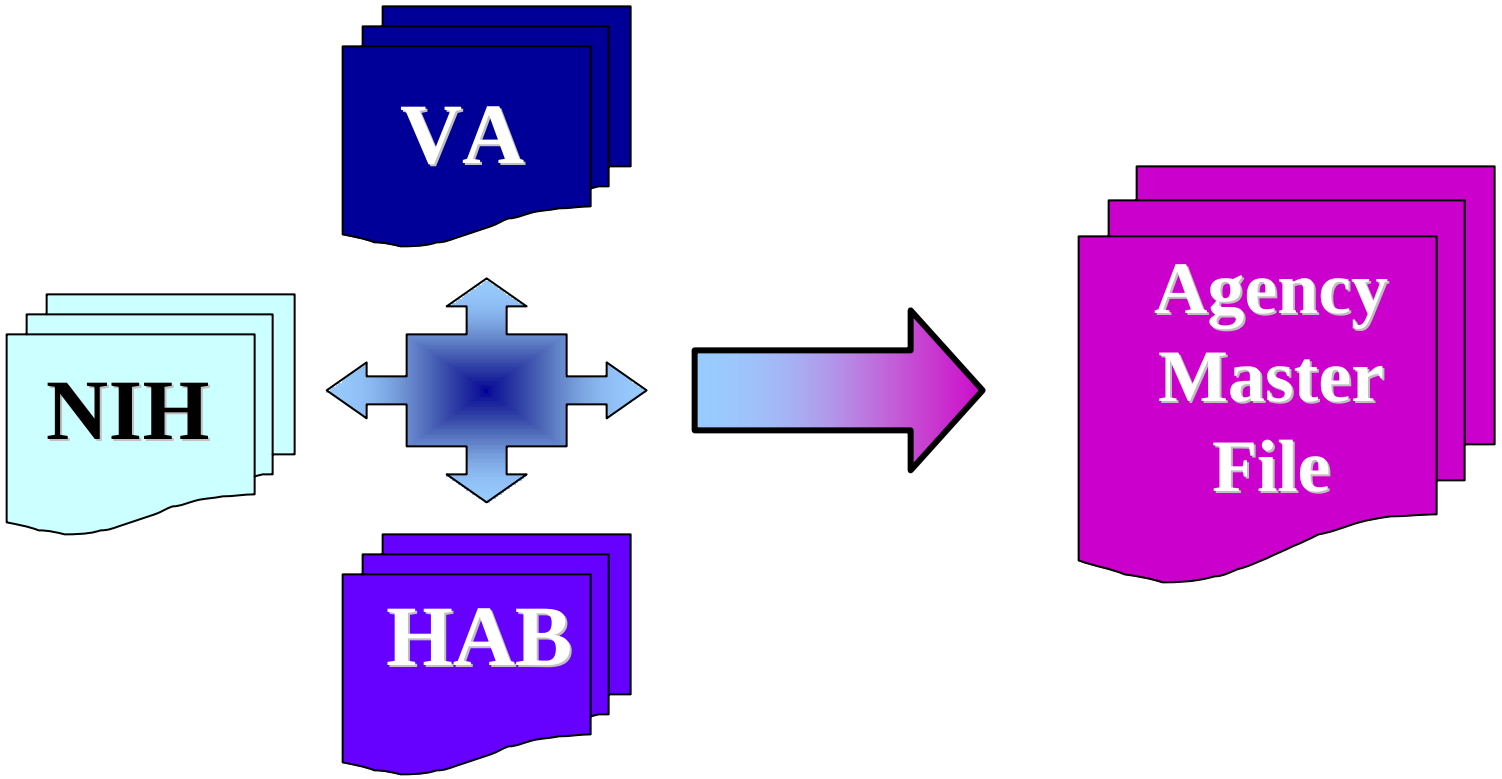
IDENTIFYING PHYSICIANS: STEP 1

Cross-reference agency lists



- Unit of analysis: Agency
- 1 agency, 1 record
- Flags identifying funding streams

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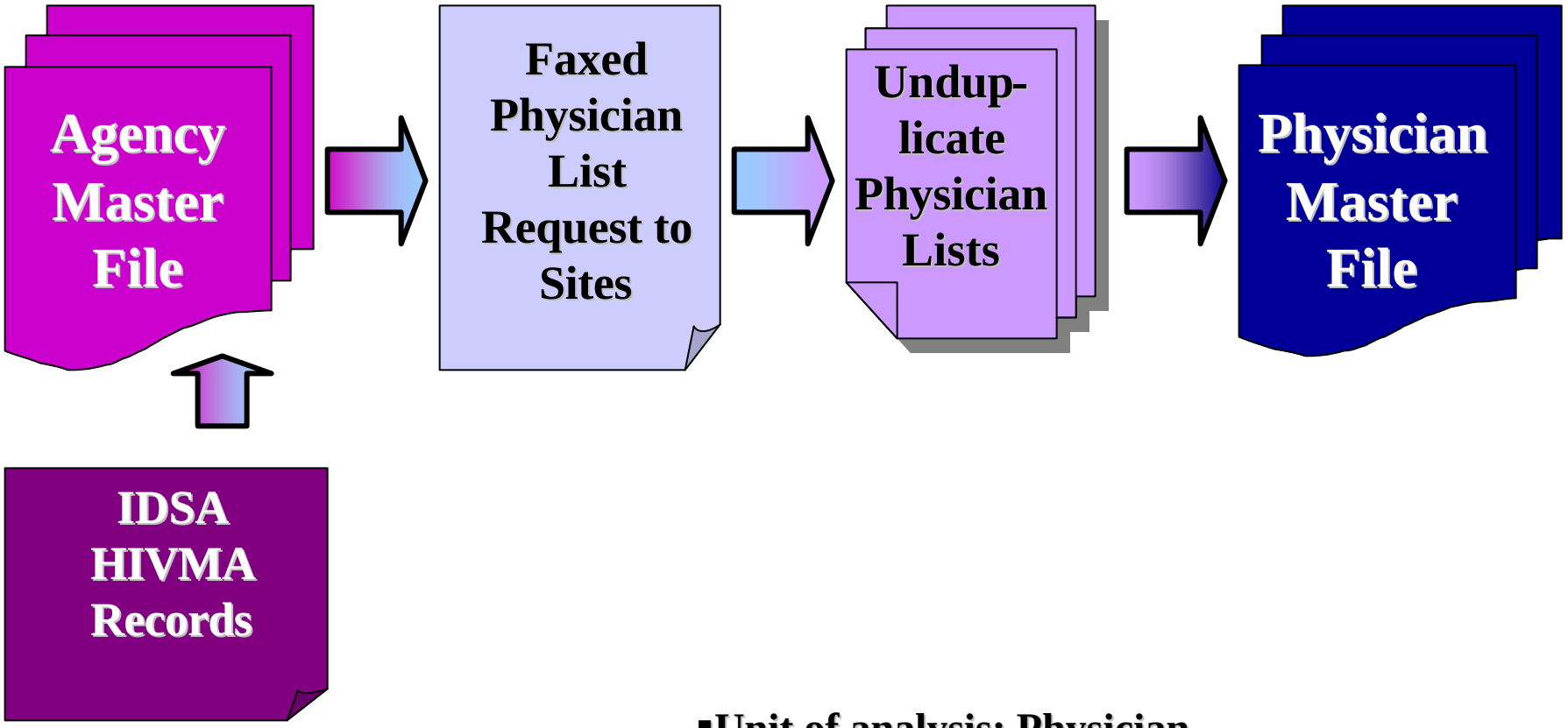
IDENTIFYING PHYSICIANS: STEP 2

Build physician file by requesting physician lists



- Unit of analysis: Physician
- 1 physician, 1 record
- Flags identifying agencies & funding streams

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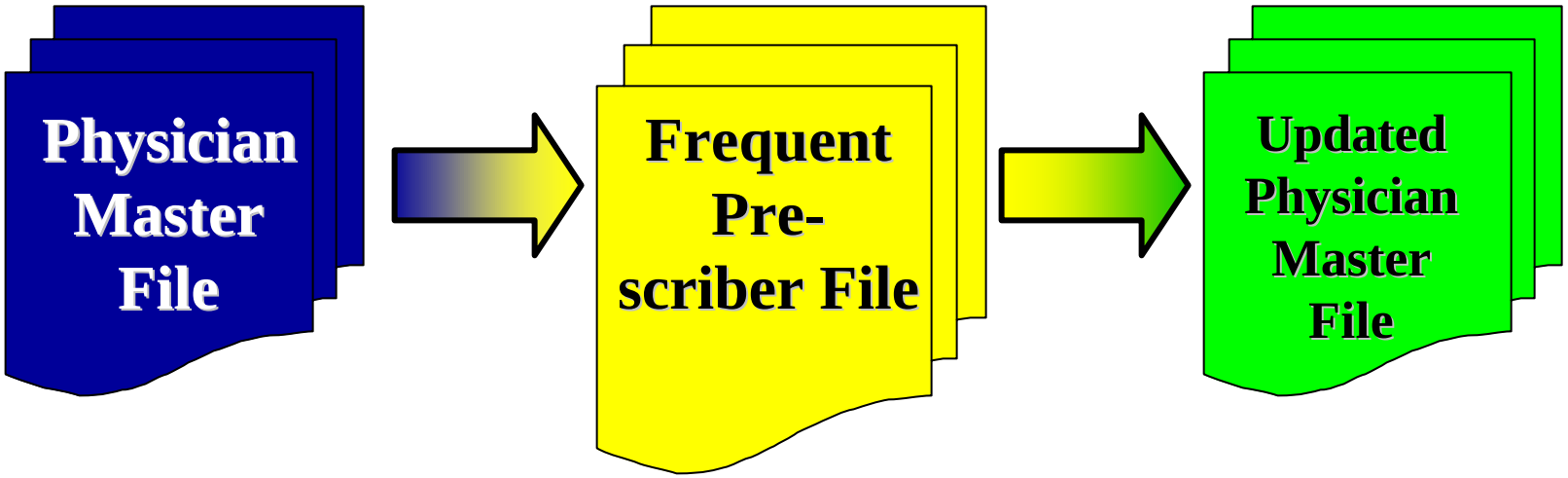
IDENTIFYING PHYSICIANS: STEP 3

Add supplemental physician lists to physician master file



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- Unit of analysis: Physician
- 1 physician, 1 record
- Flags identifying agencies & funding streams

SURVEY INSTRUMENT DEVELOPMENT

- ***Review content of other physician surveys that evaluated dissemination and application of national or specialty-based clinical guidelines***
- ***Confer with project advisory group***
- ***Confer with key HIV physicians and State HIV programs with their own HIV clinical guidelines (e.g., New York)***

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GENERAL CONTENT OF SURVEY INSTRUMENT

- Multi-agency letter of support
- Introduction
- General physician characteristics
- Clinical guidelines items
  - Self-assessment of their level of understanding of the guidelines
  - Sources of information about the guidelines

- "When to start" trial items
  - Introduction regarding the concept of a "when to start" trial
  - Willingness to recruit patients into trial
  - Ways to gain physicians' participation in such a trial
  - Resources that would aid physicians' willingness to promote such a trial
  - Factors that can promote or impede participation by patients in a "when to start" trial
  - Support mechanisms that will ensure long-term retention of patients in such a trial

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GENERAL CONTENT OF SURVEY INSTRUMENT

- Demographics (age, gender, race/ethnicity, born in US, years in US)
- Geographic location of practice
- Year of med school graduation
- Specialty & board certification
- Nature & number of practice settings
- Academic faculty status
- % of practice Medicaid enrollees (managed care/FFS)
- % of practice commercial insurance (managed care/FFS)
- Number of patients in practice

- % of patients HIV +
- Demographics of HIV + patients
- Risk factors of HIV + patients
- Number of years treating HIV + patients
- Usual role in treating HIV + patients
- HIV specialist / expert
- Sources of training in HIV
- HIV clinical trial participation
- Rate of ARV prescribing

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SURVEY METHODS

- ***A hierarchical sample will be drawn from the physician master file to assure sufficient statistical power. Sampling weights may be assigned.***
- ***Surveys will be transmitted by FAX if a FAX number is available.***
  - ***If more than one FAX number is identified, staff will call the agency to identify the principal practice site's facsimile number.***
- ***A jointly signed support letter will accompany the survey***
- ***Targeted emails or letters might be sent***
- ***Survey will be confidential, not anonymous***
- ***Completed surveys may be returned via FAX or USPS mail. Responding physicians also may use the POI web site to complete an on-line survey.***
- ***A FAX reminder will be sent two weeks after the initial survey is transmitted.***

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SURVEY ANALYSIS

- ***Response rates of clinical sites and physicians will be studied to identify non-response patterns***
- ***Parametric and non-parametric descriptive analyses will be performed, applying sampling weights if assigned***
- ***Multivariate models will be specified to address the study questions***

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BIAS

- ***Several potential sources of bias are likely***
  - **The survey targets physicians practicing in HIV settings or settings likely to treat moderate to large numbers of HIV + patients. Physicians in general are not the focus.**
    - **A national representative sample of physicians is increasingly difficult to achieve and cost-prohibitive**
    - **A targeted approach is consistent with the expectation that training will be available via the AETC, IDSA, or other mechanism**
  - **Identifying physicians via their care sites may bias the physician sample due to non-response by care sites.**
    - **Response fatigue is an issue, particularly among HIV programs**
    - **Physicians practicing in responding sites may be more or less likely to adhere to guidelines or be willing to participate in a trial than their counterparts**

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BIAS

- ***Other potential sources of bias are likely***
  - **We are unlikely to be able to pay physicians to complete the survey; altruism and interest in HIV care is likely to be the factors associated with response**
  - **Physicians that do not adhere to the guidelines or that are not interested in participating in a "when to start" trial may be less likely to participate**
  - **We may not be able to completely unduplicate the physician lists, resulting in inaccurately computed sampling weights**
  - **Physicians tend not to respond to surveys**
  - **Other biasing factors we have not identified**

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