

Short Report: Canadian family doctors caring for people with HIV and AIDS

Canada's National Family Physician Workforce Survey

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In this brief report, we describe a secondary analysis of data from the College of Family Physicians of Canada's National Family Physician Workforce Survey (NFPWS), which was collected in 2001. Our goal was to explore the degree to which family physicians are involved in caring for people living with HIV or AIDS, highlighting how health services planning and medical education for HIV care might proceed in the years ahead.

Health Canada estimated there were 49 800 people living with HIV at the end of 1999, an increase of 24% from 40 100 at the end of 1996.¹ Historically, clinicians from a variety of disciplines have provided medical care for people living with HIV and AIDS in Canada. There has been intense debate, primarily in the United States, about whether HIV care is more appropriately provided by generalists or specialists.^{2,3} Some studies suggest that people receiving care from specialists, or from clinicians who have many patients with HIV, live longer.⁴⁻⁷ We are unaware of any recent studies in Canada or abroad that describe the level of involvement of family physicians in HIV care.

Following ethical approval, the College of Family Physicians of Canada (CFPC) conducted the NFPWS, a self-reported, mailed questionnaire sent to all family physicians and general practitioners (FPs) in Canada. (For complete description

of methods, see the CFPC website www.cfpc.ca.) Questionnaires were in either French or English, as appropriate. Two questions were related to HIV care and are the subject of this report.

Of the 28 340 FPs to whom questionnaires were mailed, 27 980 could be located. Fifty-one percent of FPs who were located (N=14 319) responded to the questionnaire, and 13 088 of these met eligibility criteria for inclusion in the study.

When asked, "How many [HIV and AIDS patients] do you care for in your practice?" 24% (3140 of the 13 088 FPs) reported one to five patients, 2.5% (328) reported six to 20 patients, 0.9% (115) indicated more than 20 patients, 52% (6825) reported no HIV patients were in their practices, and an additional 20% (2680) did not answer this question.

Table 1 shows how different demographic subgroups of FPs responded to the question, "Please indicate the type of HIV and AIDS care you provide." Fifteen percent of respondents did not answer this question, 37% (4826) checked the response, "Do not provide HIV and AIDS care," and 48% (6282) indicated that they provide one or more levels of care (more than one response could be checked). Providing any care was significantly ($P < .001$) less common among FPs older than 55 than among their younger peers and more common among FPs in the Yukon and Northwest Territories than among those from other regions.

Table 2 shows the number of FPs with one to five patients and with more than five patients who provided advanced care. Advanced care was significantly more common among FPs with more than five patients (24% vs 2.8%, odds ratio [OR]=11.1, 95% confidence interval [CI] 8.13 to 15.4, $P < .001$). Among FPs providing advanced care, 87 (45%) had five or fewer patients.

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Table 1. Level of care provided by family physicians in demographic subgroups

DEMOGRAPHIC CHARACTERISTICS	LEVEL OF HIV CARE*			
	LEVEL 1 N (%)	LEVEL 2 N (%)	LEVEL 3 N (%)	NO HIV CARE N (%)
Physician's sex				
Male	3024 (38)	1830 (23)	207 (2.6)	2871 (36)
Female	2377 (47) [†]	840 (17)	84 (1.7)	1738 (34)
Age				
<35	795 (49)	312 (19)	45 (2.8)	535 (33)
35 to 54	3719 (43)	1927 (22)	217 (2.5)	2961 (34)
≥55	845 (32) [†]	413 (16)	27 (1.0) [†]	1087 (41) [†]
Population served				
Inner city, urban, suburban	3272 (42)	1552 (20)	210 (2.7)	2801 (36)
Small town	918 (40)	507 (22)	29 (1.3) [†]	830 (36)
Rural, geographically remote	815 (42)	417 (22)	27 (1.4) [†]	647 (33)
Province				
Newfoundland, Prince Edward Island, New Brunswick, and Nova Scotia	434 (44)	201 (20)	16 (1.6)	311 (31)
Quebec	1187 (36)	595 (18)	68 (2.1)	1432 (44) [†]
Ontario	1891 (41)	759 (16)	73 (1.6)	1681 (36)
Manitoba, Saskatchewan, and Alberta	989 (48)	412 (20)	51 (2.4)	620 (30)
British Columbia	885 (44)	692 (34) [†]	78 (3.8) [†]	565 (28)
Yukon Territories, and Northwest Territories	21 (54) [†]	15 (39) [†]	5 (13) [†]	8 (21) [†]
Total (multiple levels of care per respondent possible)	5418 (41)	2681 (20)	291 (2.2)	4826 (37)

*Level 1 care includes HIV testing and counseling and care for non-HIV-related health needs; Level 2 care includes ongoing basic HIV care with referral for complications; Level 3 care includes ongoing advanced HIV care with treatment of complications. Levels 1 to 3 are not mutually exclusive, and respondents could indicate more than one level. "No HIV care" includes respondents who specifically indicated they do not provide any HIV care.

[†]Percent within the demographic category who provide this level of care. [‡]Statistically significant difference from the first category listed for the demographic characteristic, at P < .001, using χ^2 test.

Table 2. Physicians providing advanced HIV care by practice size


NUMBER OF HIV PATIENTS	PROVIDE LEVEL 3 (ADVANCED) HIV CARE N (%)		
	YES	NO	TOTAL
One to five	87 (2.8)	3053 (97)	3140 (100)
More than five	108 (24)	340 (76)	448 (100)
Total	195 (5.4)	3393 (95)	3588 (100)

Our data are limited primarily by the incomplete response rate. Our conclusions might apply only to those FPs who participated in the study. The sampling frame included all FPs in the country, allowing for high representation of demographic subgroups and strengthening the findings.

Even when medical management of HIV is complex and rapidly changing, some FPs (2.2%) provide a level of care many consider to be within the scope of specialist practice. It is possible that FPs

in remote northern regions are providing more advanced care because of difficulty accessing specialist services. Although advanced care was strongly associated with higher patient numbers, many FPs providing advanced care had five or fewer patients. Investigators in Canada⁴ and in the United States⁵⁻⁷ have reported that greater HIV care experience among generalists reflected in larger caseloads is associated with better adherence to practice guidelines and with patients' survival. Unfortunately, investigators are unable to conclude whether differences in outcome are a result of differences in physicians or differences in the patients who choose more specialized or less specialized providers.

This is an important time in the history of HIV and AIDS for considering how health care is being provided. The number of people infected

and the demand for health services are increasing due to a steady rate of new infections, longer life expectancy, complex treatment regimens, and challenging social situations. Results of this analysis suggest that FPs in Canada already have a substantial role in HIV care. Further research should address whether the current level of access to care is adequate, why some FPs do not provide HIV care, whether training and support for those who do provide HIV care are adequate, and how medical education and health services planning could enhance the amount and quality of HIV care being provided. 

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Contributors

Dr Guenter analyzed the data and wrote the manuscript. Ms Scott managed and analyzed the data and reviewed the manuscript.

Competing interests

None declared

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EDITOR'S KEY POINTS

- This report is based on responses to questions about how family physicians provide HIV and AIDS care asked by the National Family Physician Workforce Survey (Janus Project) in 2001.
- At that time, 28% of family physicians reported having HIV patients in their care, and 2.2% said they provided ongoing advanced care, including treatment of complications. Providing advanced care was more common among physicians with higher case loads of HIV patients.
- Family physicians appear to have a substantial role in caring for HIV and AIDS patients in Canada, but whether patients' access to care is adequate or whether family physicians do not provide care because they lack knowledge or support is unknown.

POINTS DE REPÈRE DU RÉDACTEUR

- Cet article est basé sur les réponses à l'enquête du Sondage national auprès des médecins (Projet Janus) concernant la façon dont les médecins de famille (MF) traitent les patients séropositifs et sidatiques.
- Lors de l'enquête, 28% des MF déclaraient soigner des patients séropositifs, 2,2% d'entre eux jusqu'en phase terminale, incluant le traitement des complications. Ceux qui fournissaient un suivi terminal avaient tendance à avoir plus de patients séropositifs.
- Cette enquête indique que le MF joue un rôle considérable dans le traitement des patients séropositifs et sidatiques au Canada; on ignore toutefois si les patients ont un accès adéquat aux soins et si certains MF s'abstiennent de fournir ces soins par manque de connaissance ou de soutien.

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