

RESEARCH SUMMARY (Confrance Abs

ASSESSING THE RELATIONSHIP BETWEEN PHYSICIAN AVAILABILITY AND VIRAL LOAD SUPPRESSION IN BRITISH COLUMBIA



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**INTRODUCTION**

In 2014, the Joint United Nations Programme HIV/AIDS (UNAIDS) set the target of dramatically reducing the burden of HIV through expansion of access to timely HIV treatment. Expanding access to all stages of HIV care, from testing to treatment and adjustment of therapy, is an important part of reducing HIV burden. This study examines the relationship between viral suppression and availability of physicians providing HIV treatment in BC, between 2003 and 2013 to identify areas in which poor physician availability may have negatively affected achievement of viral suppression.

**FINDINGS**

* People with HIV who had more than 25 physicians within one hour’s travel time from their home were almost twice as likely to have successfully suppressed HIV viral load, compared to people with fewer than 25 physicians within one hour’s travel, suggesting that access to physicians plays an important role in better health outcomes in HIV.
* People living with HIV in rural areas of BC are less likely to be virally suppressed and have poorer access to treating physicians.

**PUBLIC HEALTH IMPLICATIONS**

This study confirms that access to a higher density of physicians is important for HIV treatment and management. Increased physician availability, as a result of additional training, or an increase in the number of HIV treating physicians within the rural populations, could play a key role in helping BC achieve the UNAIDS target.

**METHODS**

We used data from around 3000 people in the Drug Treatment Program of the British Columbia Centre for Excellence in HIV/AIDS.

We identified underserved areas by counting the number of physicians whose clinics could be reached within one hour from a person’s home. Viral suppression, in this study, refers to 2 consecutive measurements of <200 viral copies/mL within 12 months of starting treatment.

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