Capsule Commentary on Waldura et al., Teleconsultation Improves Primary Care Clinicians' Confidence about Caring for HIV

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The study by Waldura et al. used an electronic survey to examine primary care clinicians' self-perceived confidence and self-reported clinical practice patterns after using the University of San Francisco-based National Human Immunodeficiency Virus (HIV) Telephone Consultative Service (HIV Warmline).¹ The HIV Warmline provides clinicians with no-cost, real-time telephone consultations with experts in HIV medicine. Over the two-year study period, the authors found that among the primary care clinicians (physicians and mid-level practitioners), most reported the HIV Warmline to be quicker, more applicable to their clinical management issues, and more trustworthy as compared with other HIV information sources. The majority reported that using the teleconsultation service increased their confidence in managing HIV patients, changed their HIV management, and decreased the likelihood of referral to an HIV specialist.

This study provides an initial assessment of the potential clinical impact of the HIV Warmline, an innovative adjunct to clinical care. However, the study is ultimately limited in its scope, as its outcomes are subjective provider-reported measures. Patient-level data was not collected, so we do not know the range of complexity of the cases discussed on the Warmline. Although clinicians who used the Warmline reported more confidence and that they were less likely to refer their patients, it is unknown whether these self-perceived changes actually translated to lower rates of referral to specialists and, more importantly, whether they positively affected patient quality of care and clinical outcomes.

Waldura et al.'s study is timely, as teleconsultation is becoming increasingly utilized to address disparities in access to specialty care.²⁻⁴ With regards to HIV care, the emergence of teleconsultation is occurring in the context of expanded HIV testing, an HIV care provider shortage and a paradigm shift in HIV care—from specialty care-based to primary care-based.⁵ Other existing teleconsultation models have had success in providing clinical support to primary care clinicians in settings with limited access to specialists,²⁻⁴ and have positively impacted clinical outcomes.⁴ While the HIV Warmline offers a promising approach to strengthening clinical support for HIV primary care clinicians in resource-constrained settings, data on its actual impact on patient quality of care and clinical outcomes is needed.

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