

Affordable Care Act: Study finds surprising gaps in HIV care providers' knowledge

September 20 2018



Researcher Rebecca Dillingham, M.D., of the University of Virginia School of Medicine. Credit: University of Virginia Communications

A new study has revealed surprising gaps in some HIV medical providers' knowledge of the Affordable Care Act, with more than a quarter of providers surveyed unable to say whether their state had expanded Medicaid.

The national survey also sought to better understand the healthcare providers' views on the effects of the ACA. Providers in [states](#) that expanded Medicaid were more likely to believe that the law would improve HIV outcomes, the study found. However, providers in all states agreed that the law would improve healthcare outcomes in general for their HIV patients.

"These findings demonstrate gaps in HIV medical providers' knowledge about ACA-related changes to HIV healthcare delivery. Importantly, obtaining ACA-related information from clinic case managers was associated with correct ACA knowledge, and as a clinic-based resource, these colleagues should be engaged by HIV medical providers to improve knowledge of health system shifts," said researcher Kathleen A. McManus, MD, of the University of Virginia School of Medicine.

"Additionally, this work highlights that HIV medical providers may need specific education on systems-based practice, possibly either through the AIDS Education and Training Center Program's National HIV Curriculum or through a Ryan White HIV/AIDS Program-sponsored training module."

ACA Results

A total of 253 HIV care providers across the nation, including doctors, physician assistants and nurse practitioners, answered the anonymous survey, which included four questions designed to test their knowledge of the ACA. Among the respondents, 61 percent answered all four questions correctly. Approximately a third answered "I don't know" to at least one question.

The breakdown by question:

- 86 percent knew that the Affordable Care Act provided subsidies for those with limited incomes to obtain health insurance.

- 90 percent knew that the ACA made it illegal for insurance plans to deny people coverage because of a pre-existing condition.
- 91 percent knew that the act did not eliminate the federal Ryan White Program, which provides wide-ranging care for people living with HIV.
- 73 percent knew whether their state had opted to expand Medicaid.

Participants in Medicaid expansion states were more likely to answer all four questions correctly than providers in non-expansion states (71 percent to 57 percent).

Websites and newspapers were the most commonly cited sources of information on the act, with 32 percent of the providers reporting that they had learned ACA information from their patients. In addition, almost a third reported that their main source of information on the act was a member of their clinic's or hospital's staff.

The providers' primary source of information was not found to be associated with the likelihood of getting all four questions correct.

Views on the Affordable Care Act

The providers also were asked to rate whether the ACA would improve their patients' HIV outcomes on a scale of 1 to 5, with 5 as "strongly agree." This differed based on the Medicaid status of the provider's state. In Medicaid expansion states, the mean response was 3.8; in states that opted not expand Medicaid, the mean response was 3.4.

There was no statistical difference between the groups' responses to two additional statements: "The ACA will improve the United States' health outcomes" and "The Affordable Care Act will improve my HIV patients' non-HIV outcomes." The mean response was 4.0 to the former and 3.9

for the latter.

The researchers have published their findings in the scientific journal *Clinical Infectious Diseases*.

More information: Kathleen A McManus et al, National Survey of United States Human Immunodeficiency Virus Medical Providers' Knowledge and Attitudes About the Affordable Care Act, *Clinical Infectious Diseases* (2018). [DOI: 10.1093/cid/ciy296](https://doi.org/10.1093/cid/ciy296)

Provided by University of Virginia

Citation: Affordable Care Act: Study finds surprising gaps in HIV care providers' knowledge (2018, September 20) retrieved 26 April 2024 from <https://medicalxpress.com/news/2018-09-gaps-hiv-knowledge.html>

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