A FOCUS ON FAMILY PHYSICIANS IN THE CARE OF PATIENTS LIVING WITH HIV

This program has been supported by an independent educational grant from Gilead Sciences, Inc.

In support of improving patient care, CME Outfitters LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Activity Credit Types

IPCE CREDIT™

This activity was planned by and for the healthcare team, and learners will receive 1.0 Interprofessional Continuing Education Credit for learning and change.

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(ACCME)

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Nurses
(ANCC)

This activity is designated for 1.0 contact hours.

Note to Nurse Practitioners: The content of this CNE activity pertains to Pharmacology.

California Residents: Provider approved by the California Board of Registered Nursing, Provider # CEP 15510, for 1.0 Contact Hours.

Pharmacists
(ACPE)

This application-based activity is approved for 1.0. contact hours (0.1 CEUs) of continuing pharmacy credit (JA0007185-0000-24-107-L01-P).

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AAFP CREDIT SYSTEM APPROVED

The AAFP has reviewed A Focus on Family Physicians in the Care of Patients Living with HIV and deemed it acceptable for up to 1.00 Live AAFP Prescribed credit(s). Term of Approval is from 06/06/2025 to 06/06/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Through an agreement between the Accreditation Council for Continuing Medical Education and the Royal College of Physicians and Surgeons of Canada, medical practitioners participating in the Royal College MOC Program may record completion of accredited activities registered under the ACCME's "CME in Support of MOC" program in Section 3 of the Royal College's MOC Program.

CME for MIPS IMPROVEMENT ACTIVITY

Completion of this accredited CME activity meets the expectations of an Accredited Safety or Quality Improvement Program (IA_PSPA_28) for the Merit-based Incentive Payment Program (MIPS). Clinicians should submit their improvement activities by attestation via the CMS Quality Payment Program website.

ABIM CME MOC ACCREDITED

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.0 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

CME OUTFITTERS

This activity may include discussions of products or devices that are not currently labeled for use by the U.S. Food and Drug Administration (FDA).

The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational uses (any uses not approved by the FDA) of products or devices.

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All identified conflicts of interest have been mitigated.

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- Thai Nguyen, MD, MHA (Peer Reviewer)
- Joshua Caballero, PharmD, BCPP, FCCP (Peer Review)
- Hannah Lemel, BS (Medical Student/ Reviewer)
- Davina (Dee) Conner Otalor (Patient/Patient Advocate/Planning Committee)
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LEARNING OBJECTIVE 1

Identify risk and disparities in care for persons of color living with HIV

LEARNING OBJECTIVE 2

Utilize effective communication strategies for discussing HIV risk and care with patients from diverse backgrounds, including a personalized plan for care coordination

LEARNING OBJECTIVE 3

Develop long-term care plans that include rapid initiation of ART and assessment of treatment adherence for PLWH

Disparities in HIV

Who Needs Testing?

Case: Terrence

Terrence is a 25-year-old Black man who is visiting you for the first time. This is his first time visiting a primary care provider, as he previously did not have insurance.

Terrence is generally healthy, with normal vitals, reflexes, and lab results. His white blood cell count is a little low, but still within normal range

When taking a sexual history, Terrence reveals he is heterosexual and sexually active, but he is not currently in a relationship. He indicates he uses condoms for STI prevention, but admits he sometimes forgets

STI = sexually transmitted infection.

Audience Response

When do you offer an HIV test to a new patient entering your care?

A. On the first visit for all patients over 13
B. When/if they request it
C. On the first visit if they are in a high-risk population
D. Every visit for all patients

Family Medicine and the HIV Epidemic

Currently there are **1.2 million** people living with HIV in the United States

Approximately **13% of infected individuals** do not know their HIV positive status

In 2023 there were **39,000 new cases** of HIV diagnosed

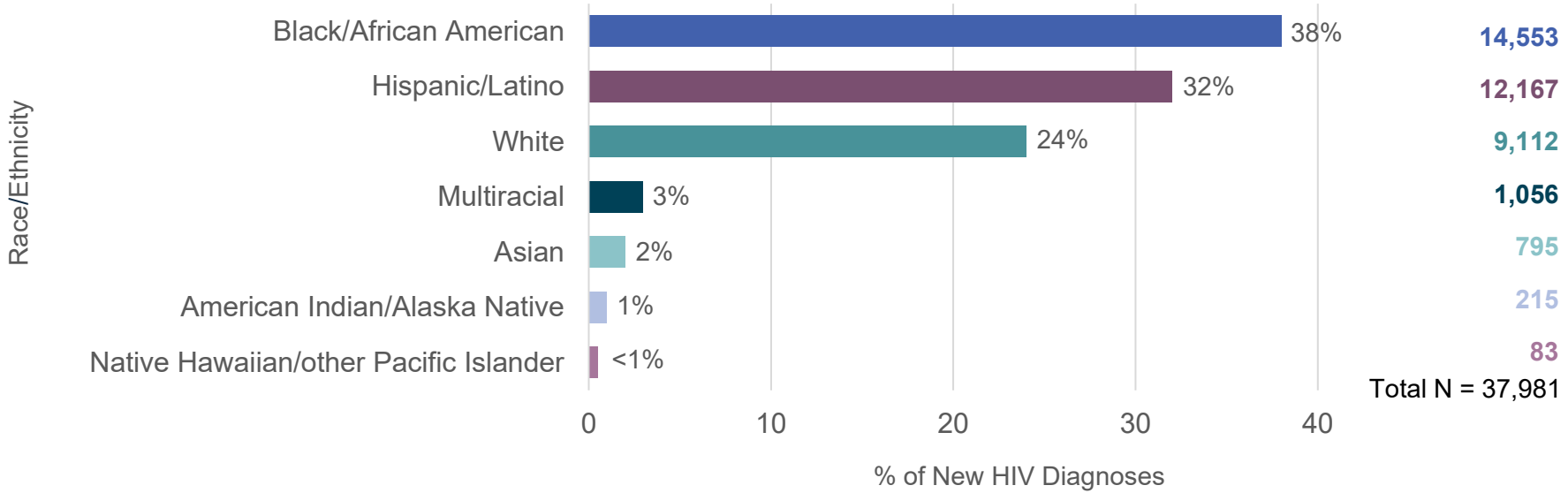
Family medicine serves as the frontline for HIV education, prevention, diagnosis, and linkage to care

Ending the HIV Epidemic 2022 Goal: decrease new HIV infections to **9,300 by 2025** and **3,000 by 2030**

Centers for Disease Control and Prevention [CDC]. CDC Website. 2025. https://www.cdc.gov/hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html.

Disparities in HIV Incidence

- Black/African American individuals made up 38% of new HIV diagnoses in 2022

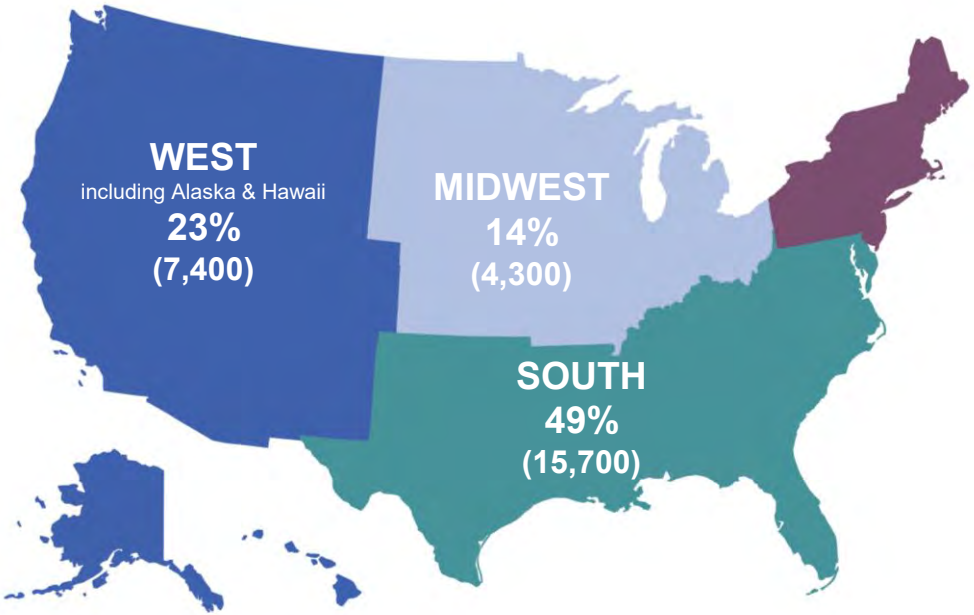


- Disparities are driven by racist practices, stigma, discrimination, poverty, homophobia, and barriers to healthcare

Centers for Disease Control and Prevention [CDC]. CDC Website. 2025. https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html.

HIV Incidence by Region: 2022

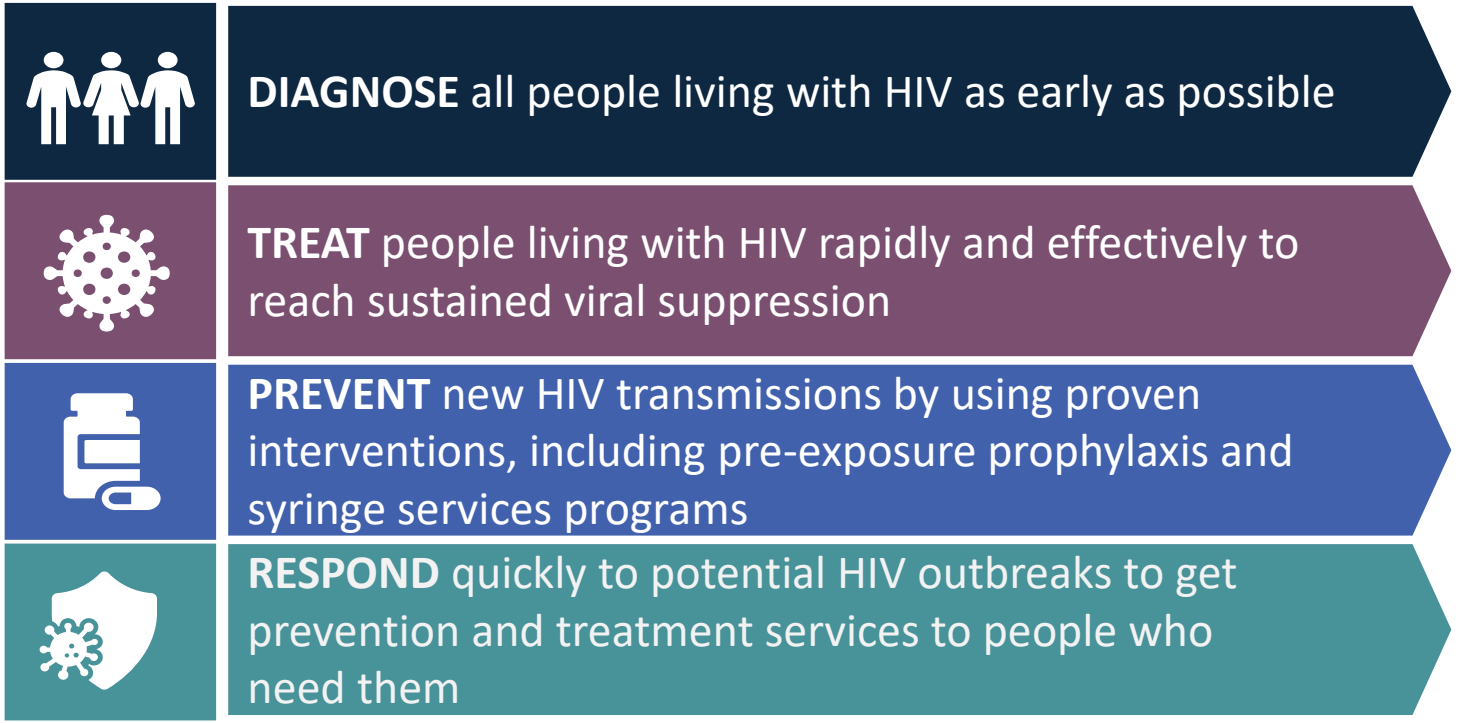
- **Nearly half (49%) of new HIV infections were in the South**



Total N = 31,800

U.S. Department of Health and Human Services [HHS]. HIV.gov Website. 2025. https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics.

Ending the HIV Epidemic in the United States



U.S. Department of Health and Human Services [HHS]. HIV.gov Website. 2025. https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/key-strategies.

HIV Testing Guidelines

CDC and USPSTF testing recommendations

- **CDC:** everyone between the ages of 13 and 64 should be tested at least once in their lives
- **USPSTF:** adolescents and adults ages 15 to 65 years should be screened for HIV infection
- Patients outside these age ranges should be tested if they are members of a high-risk group
- **Opt out** testing helps reduce disparities and stigma associated with testing

People with certain risk factors should be tested at least annually including those who:

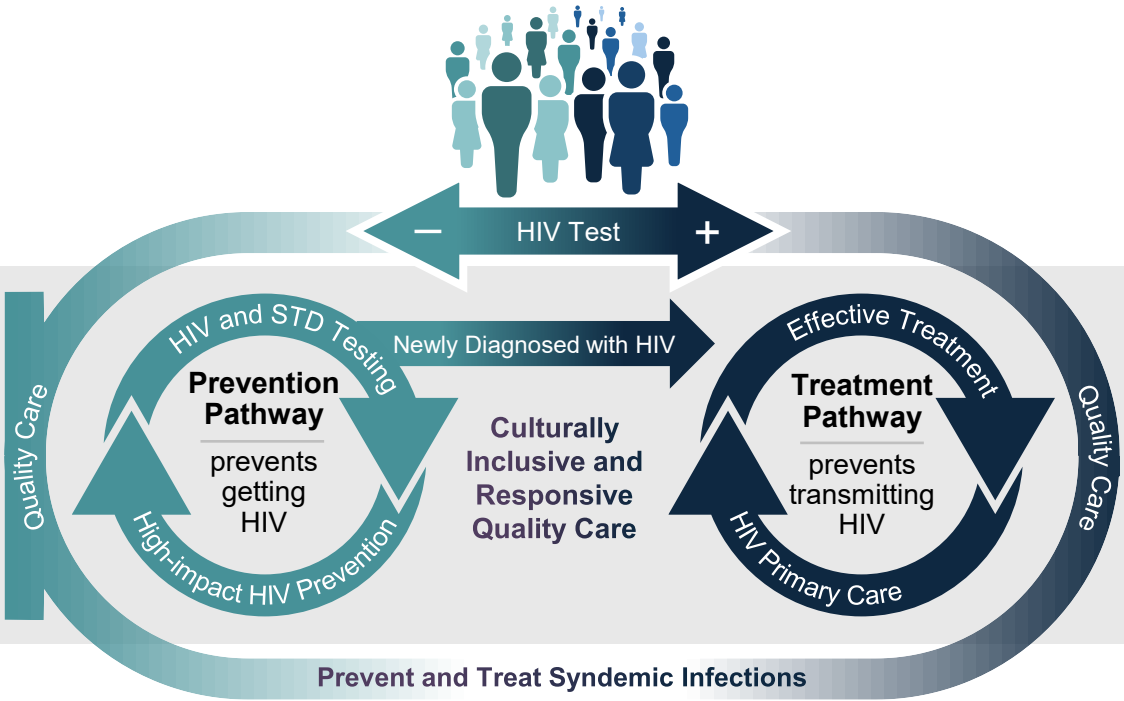
- inject drugs
- exchange sex for money or drugs
- have had more than 1 sex partner since their most recent test
- are sex partners of people with HIV
- are sex partners of people who inject drugs
- are sexually active men who have sex with men (testing every 3 to 6 months)
- are receiving treatment for hepatitis, tuberculosis, or an STI

PrEP = pre-exposure prophylaxis; USPSTF = United States Preventative Services Task Force.

Centers for Disease Control and Prevention [CDC]. CDC Website. 2025. https://www.cdc.gov/hivnexus/hcp/diagnosis-testing/index.html. United States Preventative Services Task Force [USPSTF]. USPTF Website. 2019. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening.

Status Neutral HIV Prevention and Care

People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction, and supportive services to stay HIV negative



People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression

PrEP = pre-exposure prophylaxis.

Centers for Disease Control and Prevention [CDC]. CDC website. 2025. https://www.cdc.gov/hivnexus/hcp/diagnosis-testing/index.html.

Impact of Stigma on HIV Care

Testing

- Fear of judgment leads to delayed or avoided HIV testing
- Misinformation about HIV transmission fuels unnecessary fear

Treatment

- Some avoid medication due to stigma or fear of being outed
- Healthcare discrimination can lead to lower-quality care

Mental Health

- Stigma causes anxiety, depression, and social isolation
- Internalized stigma lowers self-worth and prevents self-care

Discrimination

- HIV stigma affects jobs, housing, and relationships
- People fear rejection or even violence when disclosing

Turan B, et al. *AIDS Behav.* 2017;21(1):283-291.

Cultural Humility in HIV Care

Cultural competence:

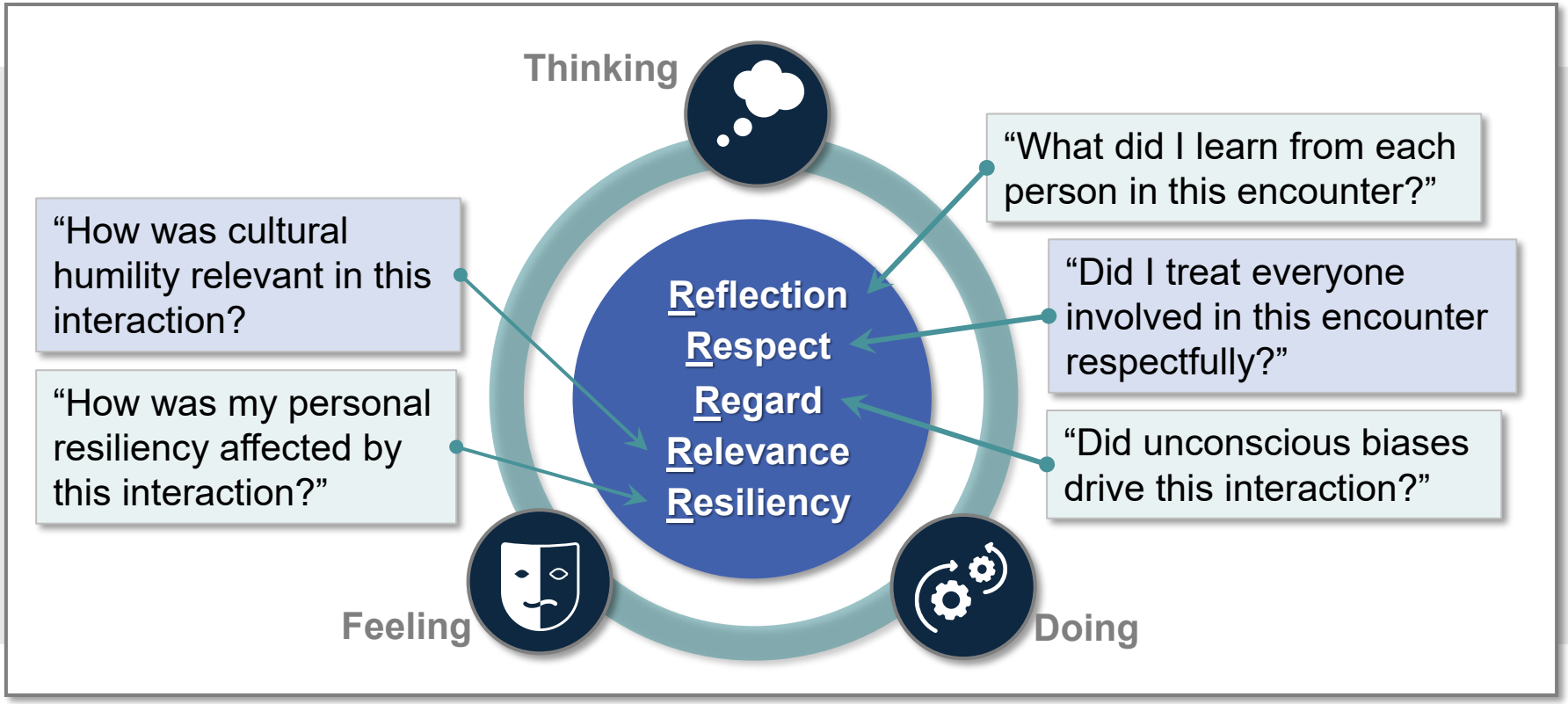
- emphasizes the need for health care providers to be aware of patients' cultural perspectives and backgrounds

Cultural humility:

- a method of engaging in cross-cultural relationships with the intention of honoring beliefs, customs, and values
- de-emphasizes cultural knowledge and instead focuses on nurturing self-evaluation and critique, promoting interpersonal sensitivity and openness, addressing power imbalances, and appreciating intracultural variation

Stubbe DE. *Focus (Am Psychiatr Publ).* 2020;18(1):49-51.

5 Rs of Cultural Humility



Robinson D, et al. *Am J Med*. 2021;134(2):161–163.

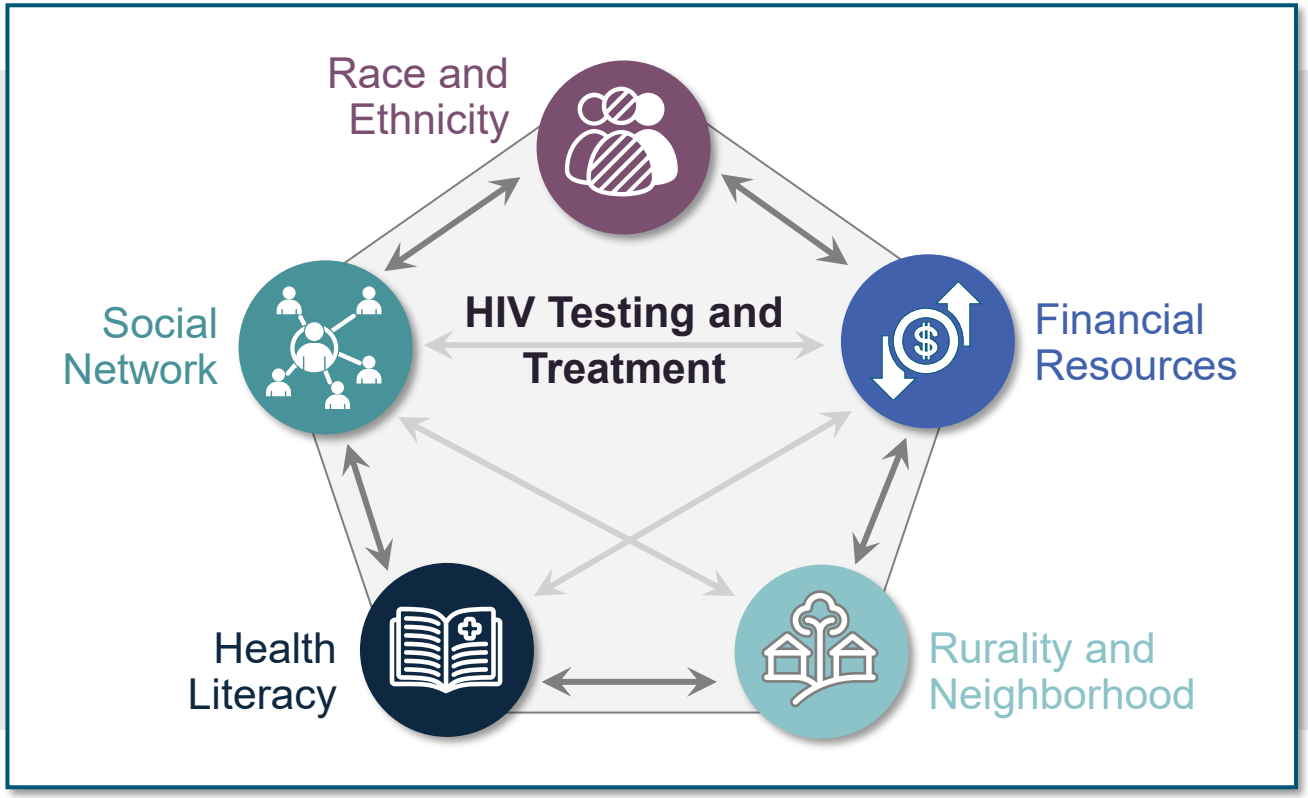
Being Mindful of Implicit Bias

- Implicit bias is a set of unconscious attitudes and stereotypes that negatively impact understanding, actions, and decision-making
- Important to be aware of your own implicit biases
- When discussing HIV
  - Avoid making assumptions about patients' circumstances, preferences, or motivations
  - Screen patients for social drivers of health

IAT = Implicit Association Test.

Project Implicit. Project Implicit Website. 2024. https://www.projectimplicit.net/.

Social Drivers of Health (SDoH)



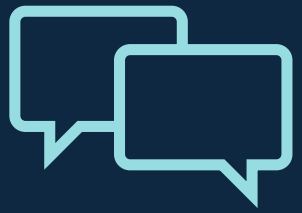
American Academy of Family Physicians [AAFP]. *Social Needs Screening Tool.* AAFP Website. 2019. https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-form-sdoh.pdf. Essien UR, et al. *Nat Rev Cardiol.* 2021;18(11):763–773.

How Do I Ask Patients about SDoH?

Sample Questions	Possible Actions
What challenges do you have getting to appointments?	*Discuss best hours; telehealth*
Do you have access to a pharmacy?	*Recommend mail-order/prescription delivery*
Do you have access to care in your preferred language?	*Introduce to other providers*
Do you have insurance for visits and prescriptions?	*Refer to counselor, social worker; determine if drug company has patient assistance programs; refer to coupon/discount*
Do you have safe housing?	*Home health care visit to assess safety; report abuse*
Do you have a safe place to store/refrigerate medications?	*Provide pillbox, blister packs*
Are you experiencing discrimination that is negatively impacting your health?	*Report*
What other factors might keep you from care?	*Discuss, educate, and provide resources*
Can you afford and access healthy food?	*Determine eligibility for meal assistance*

Anticoagulation Forum. Anticoagulation Centers of Excellence Website. 2021. https://acforum-excellence.org/Resource-Center/resource_files/1885-2021-12-13-063409.pdf.

Faculty Discussion



How can we identify and overcome disparities in HIV testing and treatment?

What Comes Next

Initiating Treatment Planning and Long-Term Care

Case: Terrence

After discussing the risks of HIV and importance of treatment, Terrence agrees to be tested for HIV

His antigen/antibody tests comes back positive for HIV

At the time of his positive test results, Terrence has the following lab results:

- CD4 count 650 cells/mm^3
- HIV viral load: 42,000 copies/mL
- Negative for hepatitis, TB, and other STIs

Terrence is surprised by his results and wants to know the next steps in care

CD4 = cluster of differentiation 4; TB = tuberculosis.

Audience Response

How soon after a positive test do you recommend beginning antiretroviral therapy?

A. Immediately after a positive test
B. Within a week of testing positive
C. Within two weeks of testing positive
D. Within a month of testing positive

Linkage to Care

Linkage to care is the first step in successful treatment of HIV

Defined as completion of a first medical clinic visit within one month of HIV diagnosis

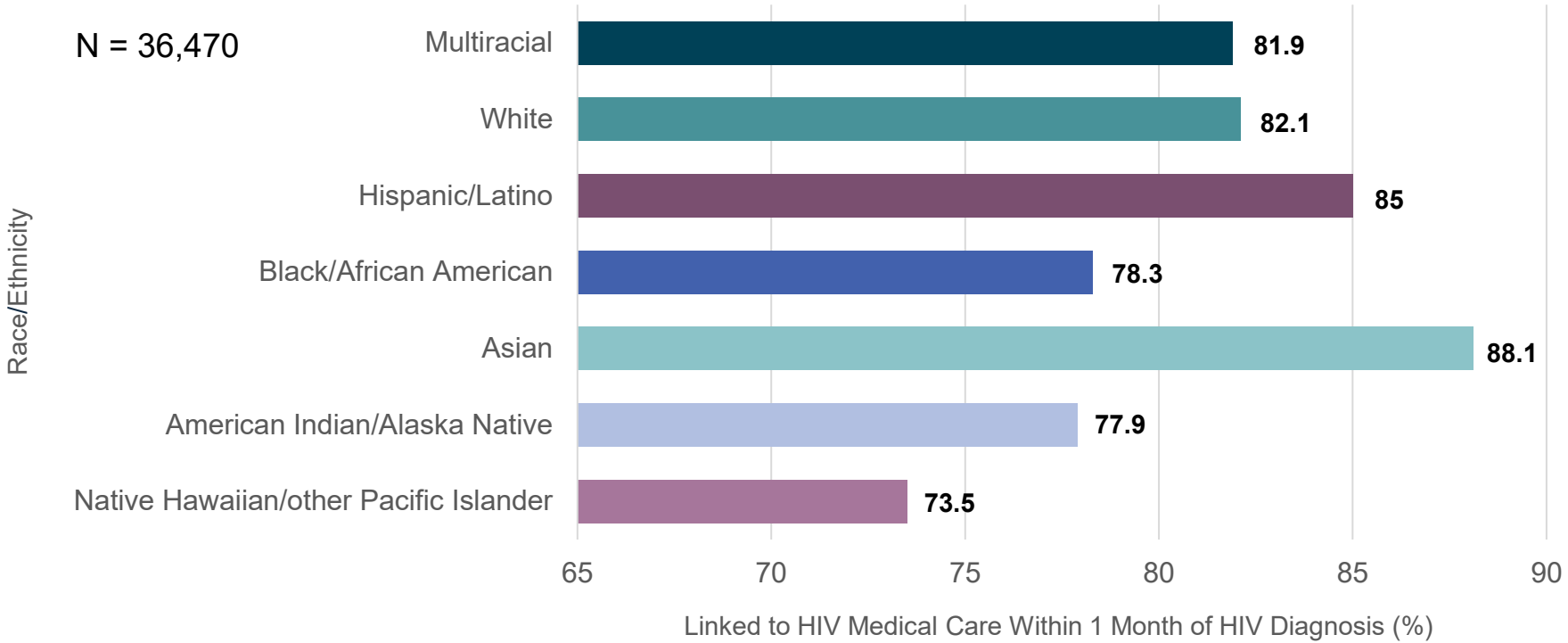
In 2022, 82% of individuals were linked to care within one month of diagnosis; the US national goal is 95%

Linkage to care rates are reduced among younger individuals, Black or Indigenous individuals, and people who inject drugs

Involvement of a case manager significantly improves rates of successful linkage to care

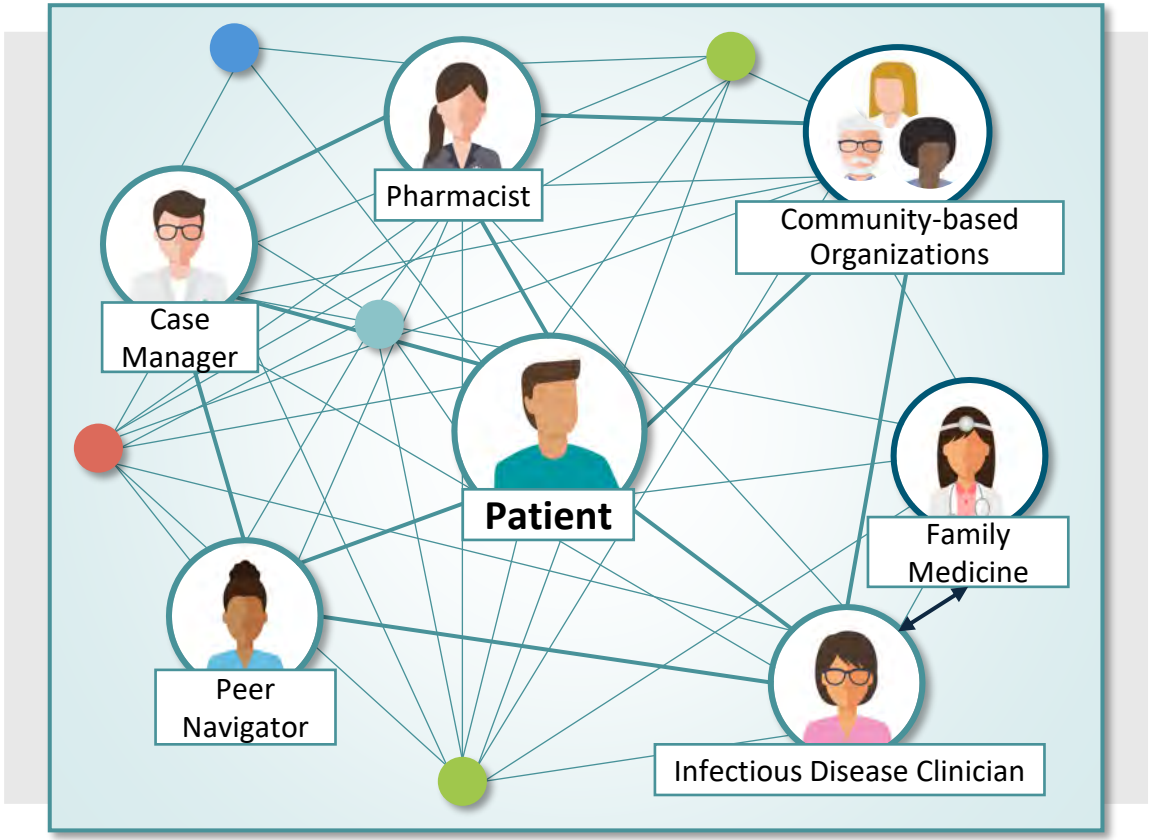
U.S. Department of Health and Human Services [HHS]. HIV.gov Website 2024. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/adherence-continuum-care.

Rates of Linkage to Care by Race/Ethnicity



Centers for Disease Control and Prevention [CDC]. *HIV Surveillance Supplemental Report: Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data United States and 6 Territories and Freely Associated States, 2022.* CDC Website. 2024. https://www3.erie.gov/health/sites/www3.erie.gov.health/files/2025-02/cdc2022hivsurveillancereportsupplement1.pdf.

Coordinating With the Care Team



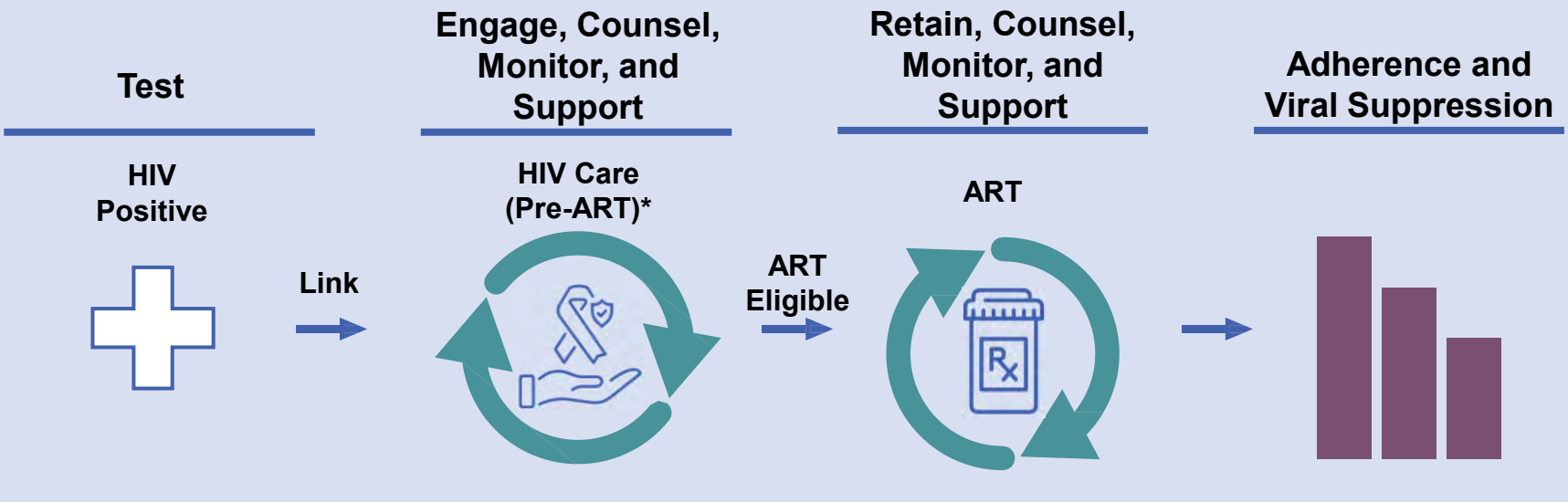
5 Pillars of Long-term Success for People Living With HIV

		Desired outcome
1	**Getting viral load to undetectable** was identified as the primary treatment goal	**Sustained undetectable viral load**
2	**Treatment-related factors and excessive clinic visits** were identified as the **most notable burden of living with HIV**	**Minimal impact of treatment and clinical monitoring**
3	**Maintaining "optimal" health-related QoL** was identified as **an important goal for people living with HIV**	**Optimized health-related quality of life**
4	**Consistency of care** among different HCPs was identified as **a key factor** in improving healthcare outcomes	**Lifelong integration of healthcare**
5	**Stigma and discrimination** were identified as **key barriers** to achieving optimal health outcomes for people living with HIV	**Freedom from stigma and discrimination**

QoL = quality of life.

Lazarus JV, et al. *HIV Med.* 2023;24(Suppl 2):8-19.

Next Steps After Testing Positive



***HIV care before ART initiation includes laboratory tests and a baseline evaluation that assesses the patient's readiness for ART**

ART = antiretroviral therapy.

McNairy ML, et al. *AIDS*. 2012;26(14):1735-1738. U.S. Department of Health and Human Services [HHS]. HIV.gov Website. 2019. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/initiation-antiretroviral-therapy.

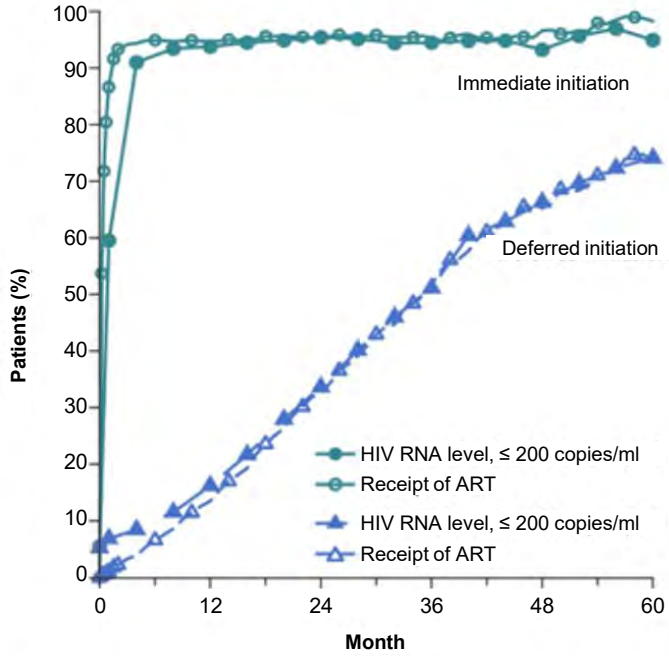
Initiating ART

- ART should be started on **the day of diagnosis or as soon as possible**
- All individuals with a positive HIV test should receive ART, regardless of CD4 count
- The regimen must be **individualized** based on potential side effects, drug/drug interactions, pill burden, resistance testing, comorbid conditions, age, pregnancy status, and cost
- **Rapid start treatment** increases the uptake of ART, decreases time to achieve linkage to care, reduces the risk of transmission, improves the rate of virologic suppression, improves life expectancy, and reduces HIV-related morbidity and mortality

U.S. Department of Health and Human Services [HHS]. HIV.gov Website. 2019. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/initiation-antiretroviral-therapy.

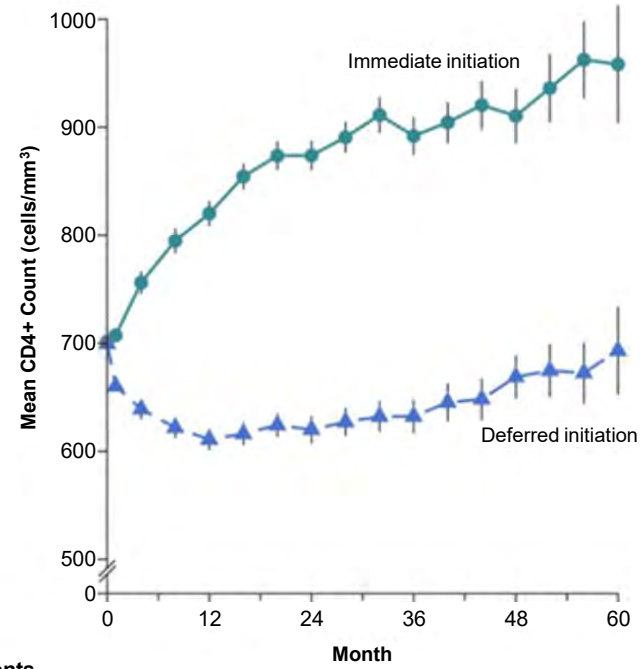
Impact of Rapid ART on Outcomes

HIV RNA level



No. of Patients						
Immediate initiation	2326	2287	1809	1040	551	115
Deferred initiation	2359	2303	1837	1055	546	109

CD4 Count

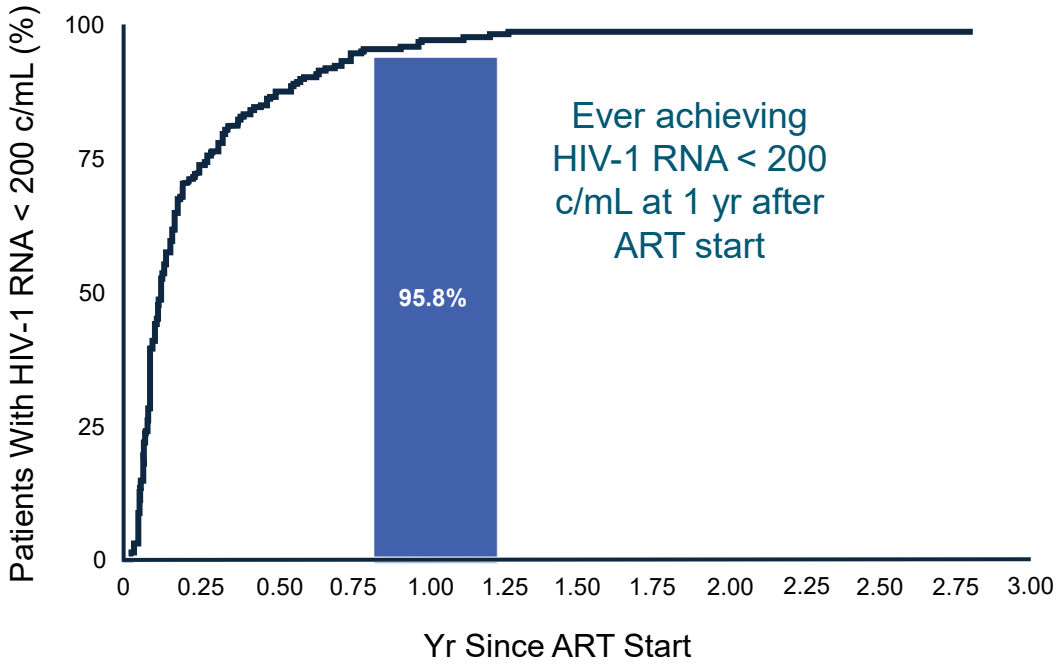


No. of Patients						
Immediate initiation	2326	2205	1853	1075	574	157
Deferred initiation	2359	2190	1829	1077	549	162

INSIGHT START Study Group, et al. *N Engl J Med*. 2015;373(9):795-807.

Implementing Rapid ART in the Real World: Ward 86 RAPID Program

- Analysis of patients referred to RAPID program from 2013-2017 (N = 216)
- Health challenges:
  - 51.4% SUD
  - 48.1% major mental health disorder
  - 30.6% homelessness/unstable housing
- **92.1% had HIV-1 RNA < 200 c/mL at last recorded visit**; median follow-up: 1.09 yr (0 - 3.92 yr)



SUD = substance use disorder.

Coffey S, et al. *AIDS.* 2019;33(5):825-832.

Protocol for Rapid ART Initiation

- Candidates for rapid ART initiation
  - A new reactive point-of-care HIV test result, a confirmed HIV diagnosis, suspected acute HIV infection, or known HIV infection
  - No prior ART (excluding PrEP and PEP) or limited prior use of antiretroviral medications
  - No medical conditions or specific opportunistic infections that require deferral of ART initiation, including suspected cryptococcal or TB meningitis and CMV retinitis
- Perform baseline laboratory testing (ART can be started while awaiting laboratory results)

CMV = cytomegalovirus; PEP = post-exposure prophylaxis.

Radix AE, et al. *Rapid ART Initiation.* 2025. https://www.ncbi.nlm.nih.gov/books/NBK557123/.

Baseline Laboratory Testing

- HIV-1/2 antigen/antibody immunoassay
- HIV quantitative viral load test
- Baseline HIV genotypic resistance profile
- Baseline CD4 cell count
- Testing for hepatitis A, B, and C viruses
- Comprehensive metabolic panel (creatinine clearance, hepatic profile)
- Pregnancy test for individuals of childbearing potential
- Urinalysis
- Syphilis, gonorrhea, and chlamydia screening

Radix AE, et al. *Rapid ART Initiation.* 2025. https://www.ncbi.nlm.nih.gov/books/NBK557123/.

Guideline Recommendations on Selecting an Initial ART Regimen

No history of CAB-LA use for PrEP

- BIC/TAF/FTC
- DTG plus (TAF or TDF) plus (FTC or 3TC)
- DTG/3TC
  - Except for individuals with
    - HIV RNA >500,000 copies/mL
    - HBV coinfection
    - ART is to be started before the results of HIV genotypic resistance testing or HBV testing is available

History of CAB-LA use as PrEP

- INSTI genotype resistance testing should be performed before the start of ART
- If starting ART before the results of genotype testing, the following regimen is recommended
  - Boosted DRV with (TAF or TDF) plus (FTC or 3TC)
    - Pending the results of the genotype test

3TC = lamivudine; BIC = bictegravir; CAB-LA = long-acting cabotegravir; DRV = darunavir; DTG = doutegravir; FTC = emtricitabine; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumerate.

U.S. Department of Health and Human Services [HHS]. HIV.gov Website. 2024. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/what-start-initial-combination.

Recent Data for Guideline Recommended ART Regimens

BIC/TAF/FTC

- BICSTaR: observational cohort study assessing virologic effectiveness and safety of BIC/TAF/FTC
- **80% of participants had ≥1 comorbidity**, with 33.5% having 3 or more
- At 12 months, **92% of treatment-naïve and 95% of treatment-experienced cohorts had HIV-1 RNA < 50 copies/mL**
- Treatment persistence at 12 months exceeded 98% in both cohorts

DTG/3TC

- URBAN: prospective, non-interventional, 3-year cohort study evaluating real-world data on the efficacy and tolerability of DTG/3TC
- At 3 years, **77.8% of treatment-naïve and 83.0% of ART-pretreated patients had HIV-1 RNA < 50 copies/mL**
- Weight changes from baseline to year 3 were 2.0 kg for pretreated and 5.0 kg for ART-naïve and changes in lipid and liver parameters were minimal

Noe S, et al. 19th European AIDS Conference; 2023. Abstract eP.A.072: https://www.abstractserver.com/eacsabstractarchive/. Yokomaku Y, et al. *PLoS One.* 2025;20(1):e0313338.

Best Practices for ART Optimization

Center the patient in all decisions

- Personalize ART regimen based on age, comorbidities, coinfections, pregnancy, patient wishes, and other factors
- HHS provides specific guidelines for ART regimens in the elderly, pregnant individuals, and patients with coinfections

Proactively address social drivers of health with an emphasis on stigma/discrimination

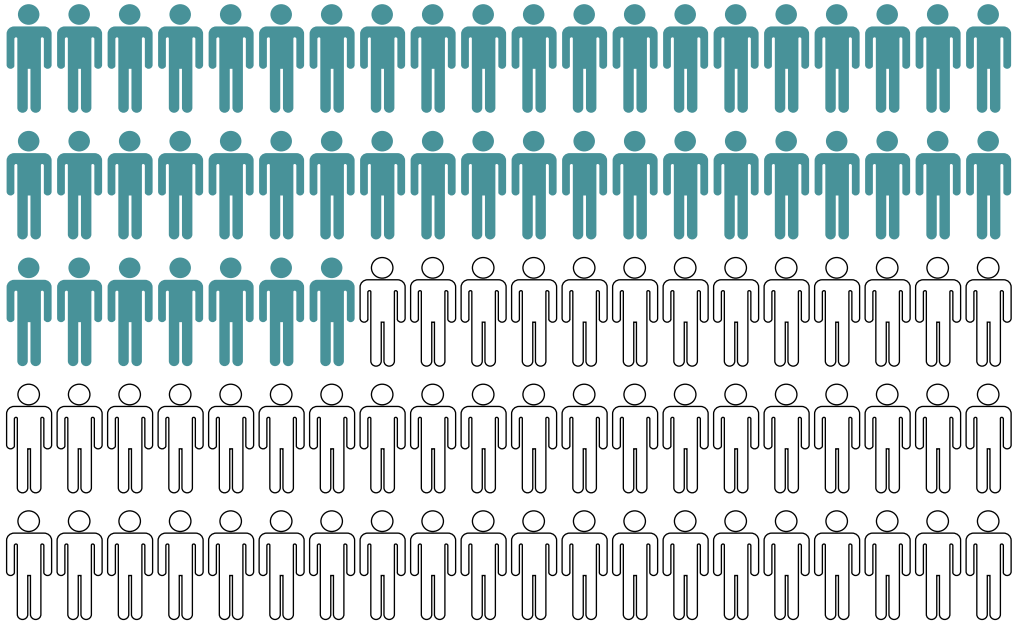
- Special emphasis if attendance to clinic is suboptimal
- Are non-HIV comorbidities optimally managed?

Regularly monitor HIV-1 RNA and consider if ART regimen is optimal even with viral suppression

- Simplification: including nonpaternalistic offer of long-acting injectables
- Tolerability: some patients have endured old regimens and are reluctant to change
- Review potential drug-drug interactions with non-HIV medications

U.S. Department of Health and Human Services [HHS]. HIV.gov Website. 2024. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/optimizing-antiretroviral-therapy.

Retaining Patients in Care



Only **47 out of 100** PLWH are retained in care long term

PLWH = people living with HIV.

Centers for Disease Control and Prevention [CDC]. *HIV Surveillance Supplemental Report: Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data United States and 6 Territories and Freely Associated States, 2022.* CDC Website. 2024. https://www3.erie.gov/health/sites/www3.erie.gov.health/files/2025-02/cdc2022hivsurveillancereportsupplement1.pdf.

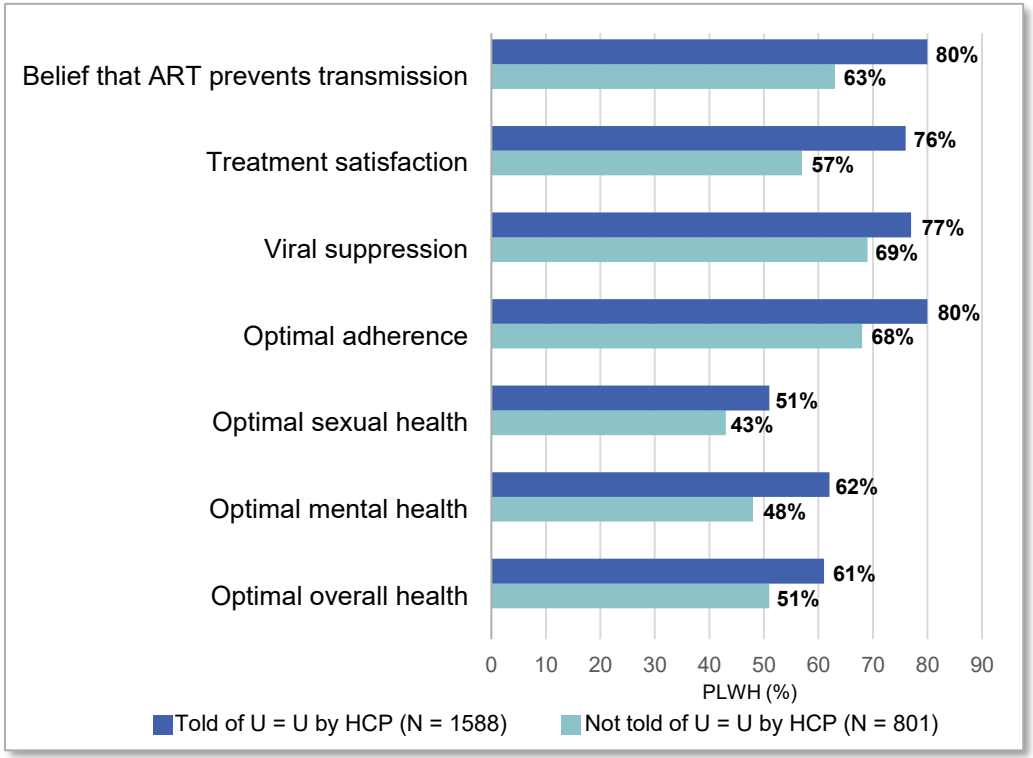
Creating a Welcoming HIV Care Environment

- Make clinic spaces as welcoming and joyful as possible
  - Give the feeling that ‘we’ve got you’
  - Partnerships between clinics so that people are welcomed everywhere
- Build in inquiry of what brings people joy so that when they aren’t seen for a while, you are able to ask how their cat is or if they are still kayaking, etc, when they return
- Supportive resources for making clinic visits (transportation, childcare)
- Staff who look and sound like the people they serve
- Peer support
  - Incorporate peer navigation with other PLWH

Giordano TP. *Top Antivir Med.* 2011;19(1):12-16.

Undetectable = Untransmittable

- U = U is a powerful messaging tool that can help motivate patients to reach and sustain viral suppression
- Patients who are informed of U = U are more likely to remain adherent to their treatment and more likely to reach viral suppression



Okoli C, et al. 23rd International AIDS Conference; 2020. Abstract No. PED0773. https://d201nm4szfwn7c.cloudfront.net/5f95dbd7-245e-4e65-9f36-1a99e28e5bba/c521571c-dbb3-4059-a4b5-da3c4a16b429/c521571c-dbb3-4059-a4b5-da3c4a16b429_viewable_rendition__v.pdf?medcommid=REF--ALL-002914.

Retention in Care: The Patient's Perspective

- Do not ask how they contracted HIV
- Link to care **immediately**
- Make sure they are aware of U = U
- Show that you care and ask how you can support them
- Be sure to listen carefully
- Provide resources, connect them with HIV support groups and community organizations, make use of peer navigators
- Mental health support
- Remember the patient is a person, and HIV is only one aspect of who they are

Source: Davinia (Dee) Connor Otalor

Advantages of Peer Navigators

Peer Support and Empathy

- Deep level of empathy and understanding
- Safe space for newly diagnosed individuals to express fears and anxieties
- Reduce isolation and stigma

Role Modeling Resilience

- Present a success story of someone who is living with HIV
- Offers hope to newly diagnosed individuals
- Demystifies the treatment process and fosters a more positive outlook

Practical Guidance

- Help navigate the healthcare system
- Offer advice on managing side effects
- Provide practical strategies for living with HIV and staying adherent to treatment

Kennedy CE, et al. *J Acquire Immune Defic Syndr*. 2024;95(4):305-312.

Addressing Mental Health

- Patients living with HIV are at a higher risk of developing mental health concerns than the general population
- Addressing mental health is a critical component of comprehensive HIV care
- Integrating mental health services into HIV care can lead to:

Improved adherence to treatment

Better health outcomes

Enhanced quality of life

Fukunaga R, et al. *Emerg Infect Dis.* 2024;30(4):1-5.

Mental Health Screening Tools

There are several mental health screening tools available including:

- ✓ The **PHQ-9** for depression
- ✓ The **GAD-7** for anxiety

PHQ-9

- ❑ 9-question instrument for screening, diagnosing, monitoring, and managing depression
- ❑ Asks about symptoms of depression occurring over the past two weeks
- ❑ Question 9 is a single screening question for suicide risk

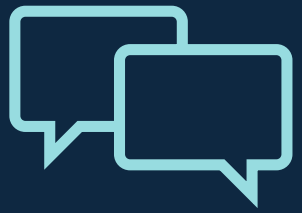
GAD-7

- ❑ 7-question initial screening tool for generalized anxiety disorder
- ❑ Asks about symptoms of anxiety occurring over the past two weeks

GAD = General Anxiety Disorder; PHQ = Patient Health Questionnaire.

National HIV Curriculum. National HIV Curriculum Website. 2025. https://www.hiv.uw.edu/page/mental-health-screening/phq-9. National HIV Curriculum. National HIV Curriculum Website. 2025. https://www.hiv.uw.edu/page/mental-health-screening/gad-7.

Faculty Discussion



How can we support our patients through the HIV care continuum?

SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

Put information into action! Consider the following goals; then *set a time frame* that fits with your work environment and *a reasonable improvement target* that aligns with your patient population.

- **Identify** disparities in HIV testing, prevention, and diagnosis in your own practice
- **Establish** an HIV care team and link patients to care immediately upon diagnosis
- **Explain** the importance of rapid treatment, treatment adherence, and U=U to your patients living with HIV
- **Connect** patients with mental health support and peer navigators

Questions?

CME OUTFITTERS

Visit the HIV Patient Education Hub

Free resources to educate patients about HIV prevention and treatment

https://www.cmeoutfitters.com/practice/hiv-patient-hub/

CME OUTFITTERS

Claim Credit

Scan the QR code to create or log in to a CME Outfitters learner account. Complete the necessary requirements (e.g., pre-test, post-test, evaluation) and then claim your credit.*

Thank you for your participation!

*To receive credit, participants must register an account and apply for credit within 10 days of the live activity. For questions or technical difficulties, please contact info@cmeoutfitters.com.

CME OUTFITTERS

Claim ABIM MOC Credit

3 Steps to Complete

1. Actively participate in the discussion today by **responding to questions** and/or **asking the faculty questions**

   (MOC credit can be claimed even if a question goes unanswered or an incorrect response is entered)

2. Complete the post-test and evaluation at the conclusion of the webcast
3. Enter your **ABIM ID number** and **DOB** (MM/DD) on the evaluation, so credit can be submitted to ABIM

ABIM CME MOC ACCREDITED

CME for MIPS Improvement Activity

How to Claim This Activity as a CME for MIPS Improvement Activity

- Actively participate today by responding to ARS questions and/or asking the faculty questions
- Complete the post-test and activity evaluation at the link provided
- Over the next 3 months, actively work to incorporate improvements from this presentation into your clinical practice
- In approximately 3 months, complete the follow-up survey from CME Outfitters

CME for MIPS IMPROVEMENT ACTIVITY

CMEO will send you confirmation of your participation to submit to CMS attesting to your completion of a CME for MIPS Improvement Activity.

A FOCUS ON FAMILY PHYSICIANS IN THE CARE OF PATIENTS LIVING WITH HIV

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