

<b>This policy applies to:</b> <input checked="" type="checkbox"/> <i>Stanford Health Care</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children’s Hospital Stanford</i>	<b>Last Approval/Review Date:</b> January 2019
<b>Name of Policy:</b> HIV/AIDS SPECIALIST POLICY	<b>Page 1 of 3</b>
<b>Departments Affected:</b> All Departments	

**I. PURPOSE**

To develop and implement a written process to identify the appropriately qualified physicians within Stanford Health Care/Lucile Packard Children’s Hospital Stanford who meet the definition of an HIV/AIDS specialist according to California State regulations.

**II. POLICY**

On an annual basis, The Medical Staff Services Department will identify and/or reconfirm the appropriately qualified physicians within SHC/LPCH who meet the definition of an HIV/AIDS specialist according to California State regulations and submit a list of these identified physicians to the Health Plans Department for authorizing standing referrals.

**III. PROCEDURE**

- A. An HIV/AIDS specialist means a physician who holds a valid, current license to practice medicine in the state of California who meets any one of the following criteria:
1. Is credentialed as an “HIV Specialist” by the American Academy of HIV Medicine; or
  2. Is board certified, or has earned a Certificate of Added Qualification, in the field of HIV medicine granted by a member board of the American Board of Medical Specialties, should a member board of that organization establish board certification, or a Certificate of Added Qualification, in the field of HIV medicine; or
  3. Is board certified in the field of infectious diseases by a member board of the American Board of Medical Specialties and meets the following qualifications:
    - a. In the immediately preceding 12 months has clinically managed medical care to a minimum of 25 patients who are infected with HIV; and
    - b. In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients,

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including a minimum of 5 hours related to antiretroviral therapy per year; or

- c. Meets the following qualifications:
  - 1. In the immediately preceding 24 months has clinically managed medical care to a minimum of 20 patients who are infected with HIV; and
  - 2. Has completed any of the following:
    - a. In the immediately preceding 12 months has obtained board certification or recertification in the field of infectious diseases from a member board of the American Board of Medical Specialties; or
    - b. In the immediately preceding 12 months has successfully completed a minimum of 30 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients; or
    - c. In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients and has successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine.

(Source: California Code of Regulations Title 28 Section 1300.67.60; California Health and Safety Code 1374.16)

- B. SHC/LPCH must provide evidence that the list of identified physicians qualifying under state law as HIV/AIDS specialists has been provided to the Health Plans Department, who is responsible for authorizing standing referrals, pursuant to California Health & Safety Code 1376.16. (Source: California Code of Regulations Title 28 Section 1300.67.60; CA H&SC 1374.16)

**C. RELATED DOCUMENTS**

HIV/AIDS Attestation

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**D. DOCUMENT INFORMATION**

- A. Legal Authority/References
  - a) California Code of Regulations (CCR) Title 28
  - b) JC Comprehensive Accreditation Manual for Hospitals
  - c) Health Care Services Plans: Knox-Keene Act, California Department of Corporations
  
- B. Author/Original Date  
Debra Green 8/08
  
- C. Gatekeeper of Original Document  
The Director, Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Office.
  
- D. Distribution and Training Requirements  
The distribution and training requirements for this Policy will be handled through the Credentials Department.
  
- E. Review and Renewal Requirements  
This policy will be reviewed by the Credentials and Privileges Committee every three years and/or as required by change of law or practice. The review is facilitated by the Director of Medical Staff Services. Any changes must be approved by the Credentials and Privileges Committee (on authority by the Medical Board.)
  
- F. Review and Revision History  
Revisions: 8/08  
Reviewed 2/12, 8/12, 11/15, 1/19

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