



# THE NEXUS

Newsletter of the American Academy of HIV Medicine Vol. 1, No.2

## A Letter from R. Scott Hitt, MD

*President and Interim Executive Director of the American Academy of HIV Medicine*

Greetings:

Spring's arrival has me thinking about growth and development, two themes which, coincidentally, also happen to be key to the present efforts and concerns of the American Academy of HIV Medicine.

I find myself thinking about development, as in the need to keep up with the rapid changes and developments occurring in our field – seemingly daily – or, put into the educational lingo of the moment, the need for Continuous Professional Development (CPD). This was one of the phrases I heard most often — and was most struck by — when I attended the 8th Conference on Retroviruses and Opportunistic Infections in Chicago in February. I also heard this phrase repeated often at a roundtable discussion of federal health officials and AIDS policy experts in which I recently participated in Washington. I came away from both of these gatherings impressed by the overwhelming consensus that in order for Academy members, as well as other HIV health care providers, to move forward in advancing the quality of HIV care and to more clearly define and distinguish ourselves as a specialty among healthcare professionals, what is needed — and essential — is Continuous Professional

*continued on following page*

## AAHIVM Board Members Hold Legislative Roundtable to Discuss Academy's Public-Policy Role and Objectives



### *Participants Welcome Academy's Involvement and Initiatives*

Washington, DC - Senior federal health officials and AIDS policy experts met recently with board members from the American Academy of HIV Medicine (AAHIVM) for a roundtable discussion on the Academy's emerging role in promoting high-quality HIV care through public-policy activities. Officials and AIDS advocates alike said they believe AAHIVM's involvement in this arena will enhance HIV-related public-policy activities by bringing the voice of physicians treating HIV to the public debate. Attendees felt AIDS-advocacy efforts can only be strengthened by including the voices of professionals and experts and expressed enthusiasm at the prospect of partnering with AAHIVM's "white coats" in advocating for sound HIV-related public policies.

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The American Academy of HIV Medicine is an organization dedicated to promoting excellence in HIV/AIDS care. Through advocacy and education the Academy is committed to supporting specialists in HIV medicine and to ensuring better care for those living with HIV/AIDS.

## *“A Letter,” continued from page 1*

Development. The importance the Academy places on CPD is evidenced in the qualifications AAHIVM recently announced for HIV/AIDS specialists. I hope you take time to read the related article on this important topic in this issue of The NEXUS (see related Definition article).

I also find myself thinking about growth, as in the continuing growth of the Academy. As the clock leaped forward this spring, so did the Academy's membership. I am pleased to report that AAHIVM's membership has grown to more than 1,000 primary and associate members representing nearly a one-third increase in membership since the end of last year (see related membership report). We should take great pride in the fact that Academy members, a diverse group with relatively equal representation of specialties, now provide direct care to more than 225,000 HIV patients or more than half of all patients in ongoing treatment for HIV/AIDS.

You can also find evidence of the Academy's continuing growth and development on our website, [www.AAHIVM.org](http://www.AAHIVM.org), which recently added a Conference Archive to assist our members in getting information on AIDS conferences, research and information (see related website article). Similarly, new growth and development can be seen in our Reimbursement Committee's effort to develop and publish a series of monographs in the coming months on Billing and Coding Regulatory Issues (see related monograph article).

Our Core Curriculum Committee has also grown immeasurably in both purpose and productivity, as it has addressed issues related to and developed criteria by which front-line HIV health care providers can measure themselves

to determine their qualification to be HIV specialists.

The Academy's staff is growing, too. In April, we welcomed Jerry Calumn to the ranks of AAHIVM as Senior Director. Jerry brings several years of very useful experience – and a variety of management skills — to us from working with AIDS service organizations in North Carolina and Texas. Welcome aboard, Jerry, we're glad you're here!

In closing, I should also point out that even the Academy's newsletter is growing. Now firmly rooted since its debut in January, The NEXUS is branching out with a first-time offering of a profile/article on an Academy member, in this issue Doug Cunningham, DO of Arizona. I hope you will take the time to notice (and read) this new feature as well. The April/May issue also introduces, among other new features, A Roundup, with reader-friendly news briefs and bulletins on timely legislative and public-policy events and activities of interest to our members.

Finally, I want to commend Dean Waite and Laura Hertzler of the Academy's staff on their own continuing professional development and thank them for the contribution they make every day to the smooth operation and success of the Academy. Thank you.

Have a safe and enjoyable summer.

Best wishes,

Scott



**R. Scott Hitt, MD, is President and Interim Executive Director of the American Academy of HIV Medicine. Dr. Hitt chaired the Presidential Advisory Council on HIV/AIDS for five years during the Clinton administration. He has also directly cared for 1,000 patients living with HIV.**

# AAHIVM to Publish Monographs on Billing and Coding Regulatory Issues

## Series Follows Publication of Academy's Landmark HIV Reimbursement Guide

The Reimbursement Committee of the American Academy of HIV Medicine (AAHIVM) has announced plans to publish a yearly series of monographs to improve and further refine Academy members' understanding of billing and coding regulatory issues unique to an HIV specialty practice. The educational series follows the release of the Committee's first publication, *The Physician's Guide to HIV Reimbursement*. The Guide, published this past winter, assists HIV specialists in complying with reimbursement coding guidelines set forth by Medicare. [Note: AAHIVM members who have not yet received a copy of the Guide should contact the Academy's office at 310-278-6380.]

The Reimbursement Committee is asking AAHIVM members to share "interesting and challenging office visits" for inclusion in the series. The Academy's reimbursement specialists will review submissions and highlight particularly interesting issues for inclusion in the monographs with ideal progress notes and highest allowable billing codes identified and discussed.

The Academy's reimbursement agenda, as well its legislative agenda, focuses in large part on health insurers properly reimbursing defined HIV Specialists in a fair and equitable manner. AAHIVM is taking an active role in defining the qualifications of an HIV Specialist (see related article). Several legislative bills have been introduced around the country to ensure that health insurers provide ready access to qualified HIV Specialists for their subscribers. California Assemblyman Paul Koretz recently introduced a bill in the state legislature requiring that "on or before January 1, 2002, every health care service plan covering hospital, medical, or surgical expenses develop and file a plan establishing risk-adjusted capitated rates for the reimbursement of providers for the treatment of enrollees infected with

HIV". The bill requires that HIV Specialists caring for Medi-Cal patients with HIV infection be paid at a rate in accordance with the above-specified requirements.

In a related matter, the Reimbursement Committee is also addressing the question of the unique and evolving role played by HIV treatment providers in medicine: Are HIV treatment providers primary-care physicians providing high-level primary care or specialists who provide primary care in addition to a specialty? Dr. Jon Kaiser, chair of the Academy's Reimbursement Committee, thinks the answer is increasingly "specialists who also provide primary care." If that is the case, Dr. Kaiser believes insurers are getting a "bargain" by paying specialists to provide both specialty and primary care to their subscribers instead of paying a specialist in addition to a primary-care provider.

Dr. Kaiser said, "Medicare and other third-party payers should explain why, as specialists, HIV treatment providers are paid no more, and sometimes less, than the average generalist." He also added

that the Committee is forming a "think tank" to explore how best to advocate for the evolving needs of HIV treatment providers in this area.

Dr. Kaiser commented, "the ultimate goal of the Reimbursement Committee is to educate, and improve our relationships with, the companies, government institutions, and other organizations providing health insurance to HIV+ individuals so that a unique appreciation of the daily challenges an HIV specialist faces can occur." Dr. Kaiser concluded, "fair and equitable reimbursements will surely follow a clearer understanding of the services we provide to patients."



**Editor's Note:** The Reimbursement Committee asks members who want to share practice experiences that may be interesting to include in the monograph series to send a brief case history, description of the office visit, and any questions they have, by email to [reimbursement@aahivm.org](mailto:reimbursement@aahivm.org) or by fax to (310) 278-6380. Suggestions on specific visit types to include in the monographs are also welcome.

## AAHIVM Announces HIV/AIDS Specialist Qualifications

### *Criteria Define an HIV Specialist*

Los Angeles, CA – The American Academy of HIV Medicine (AAHIVM) has established criteria defining what it means to be a specialist among physicians and other health care workers treating individuals with HIV/AIDS. The development of a definition comes at a time when AIDS patients, health care providers, and public-health officials are attempting to address the rapid changes and escalating costs of treating HIV/AIDS.

The Academy's effort concerning HIV/AIDS specialists is among the first attempts nationally to establish a yardstick by which to measure the quality of care being provided to individuals with AIDS. The Academy's definition emphasizes that the base-

line criteria for an HIV specialist is the ability to demonstrate Continuous Professional Development (CPD) in the area of HIV treatment. This differs from other organizations' definitions that require only that an arbitrary number of patients are seen or units of Continuing Medical Education (CME) completed. Other criteria that AAHIVM requires an HIV specialist satisfy are:

- 1) Be a licensed physician, doctor of pharmacology, nurse practitioner or physician assistant.
- 2) Take part in ongoing medical education programs (at least 15 CME, or continuing medical education credits annually, as well as complete a self-assessment examination; or complete 30 hours of CME credits and not be required to participate annually in an

*continued on next page*

Federal officials attending the meeting included Dr. Helene Gayle, director of CDC's Center for HIV/TB/STD Prevention; Dr. Joseph O'Neill, assistant administrator for HIV/AIDS for the Health Resources and Services Administration (HRSA); Dr. Eric Goosby, AIDS policy director for the Department of Health and Human Services; and Randy Graydon, HIV point-person for the Health Care Financing Administration.

A number of key AIDS organizations, including the National Association of People with AIDS, National African-American AIDS Leadership Institute, Whitman-Walker Clinic, AIDS Foundation of Chicago, and San Francisco AIDS Foundation, were also represented.

Roundtable participants variously recommended that the Academy:

- Reach out to a wide range of potential strategic partners, including leading medical groups, in pursuing its public-policy program.

*"Qualifications," continued from previous page*

HIV Medicine Competency Maintenance Exam).

3) Participate in, if receiving fewer than 30 credits of CME/year, a self-testing assessment program to measure core competencies (the Academy will soon announce the core competencies or "body of knowledge" an HIV specialist should possess).

4) Treated a minimum of at least 20 HIV patients in the past two years.

AAHIVM believes this criterion establishes "a gold standard" by which to measure the competence of the HIV/AIDS specialist, including what specialists should be capable of doing and the skills necessary to accomplish the tasks.

The development of an HIV specialist definition heralds a change in the way HIV/AIDS is managed and

•Build its public-policy activities around efforts to develop a core HIV curriculum, viewed as a major step in advancing the quality of HIV care.

•Work to expand opportunities for providers to become HIV specialists, especially in underserved communities, in addition to focusing on improving quality for those already in care.

HRSA's Dr. O'Neill, who oversees the Ryan White program, and Dr. Goosby of HHS said the Academy was ideally positioned to bring greater attention to HIV quality-of-care issues by taking the lead in identifying the key components of the continuum of care for people with HIV/AIDS.

During the months prior to the public-policy roundtable, AAHIVM established contact with local and national AIDS organizations as well as traditional (including minority) leadership organizations to share its view that HIV quality-of-care issues are and should be as impor-

acknowledges the unique role "frontline" AIDS health care workers play in providing patients with quality care. It enables HIV specialists to have a greater voice in the debate among public-health officials and health care payors concerning the complexities (with antiretroviral therapy), time, and costs (upwards of \$7 billion per year) of treating individuals with HIV/AIDS.

AAHIVM's recommendations are concurrent with research studies indicating that medical costs are lowered and better health care results when an experienced AIDS specialist physician is consulted in the care of an HIV/AIDS patients.

AAHIVM's certification will be made available to physicians, doctors of pharmacology, nurse practitioners, and physician assistants.

tant to the HIV health care provider as to the person living with HIV.

Dr. Scott Hitt, AAHIVM President, stated, "AAHIVM's goal is to provide consistent and credible support through advocacy and education to all HIV health care providers by making it possible for those practicing HIV health care to do it effectively, efficiently, and responsibly to ensure better care for those living with HIV/AIDS."

He added, "The Academy is simply responding to a need from HIV health care providers and people living with HIV to continue to improve HIV health care delivery as well as provide an atmosphere for dialogue among the HIV health care specialist, other health care providers, and the person living with HIV."

Dr. Hitt also announced that future meetings are being planned with AIDS community representatives and that AAHIVM is in the process of naming a public-policy committee of the board of directors. He indicated that the ultimate outcome of these efforts, anticipated later this year, will be a comprehensive strategic plan for AAHIVM's public policy-program.



## A Key to the Legislative

The following is a list of current Legislative Initiatives the Academy is either associated with or has a particular interest in. It is provided as a means for AAHIVM members to keep abreast of legislation that is pending and could effect or impact on HIV specialists, their practices, and patients.

- California AB 2168, mandates care for HIV/AIDS



## Budget for FY 2002 Mixed Bag for HIV/AIDS Funding

**Down Side** - The Bush Administration budget, released on April 9, does not propose any increase in funding for the Ryan White CARE Act.

**Fred Dillon**, Director of Public Policy at the San Francisco AIDS Foundation, commented, "President Bush is the only President not to request an increase in funding for the Ryan White CARE Act since its passage in 1990." Dillon went on to say, "Presidential leadership on the domestic AIDS crisis is crucial. This is especially true in light of the fact that the number of people living with HIV/AIDS in the United States continues to grow and the treatment, substance abuse, and mental health needs of people living with HIV are increasingly complex."

**Up Side** - The Administration's Budget includes nearly \$3 billion in increased funding for three health care initiatives important in HIV/AIDS, including: 1) the development of new community health care centers; 2) increased access to substance abuse treatment services and 3) continuing the five-year effort to double the National

Institute of Health's (NIH) budget for medical research.

**Down Side** - The Budget leaves a \$900 million shortfall - even with an overall increase of \$2.1 billion for health care - to be made up by proposed funding cuts in programs essential to people living with HIV/AIDS. Programs facing possible cuts include HIV-prevention programs at the Centers for Disease Control and Prevention, AIDS treatment and care programs under the Ryan White CARE Act, and even the drug-approval process at the Food and Drug Administration. And while the President's budget blueprint lists a number of research areas (cancer, diabetes, Alzheimer's, and Parkinson's) to be supported by the NIH increase, it does not specifically list HIV/AIDS.

## A ROUNDUP

### News Briefs and Bulletins

#### Scott Everts Named Director of White House Office of National AIDS Policy

The Bush Administration has appointed Scott Everts to head up the reorganized White House Office of National AIDS Policy, which will now include a staff from both the Department of State and the Department of Health and Human Services. Everts will also be a member of a new task force, headed jointly by Secretary of state Colin Powell and HHS Secretary Tommy Thompson, assembled to coordinate the U.S. response to AIDS both here and abroad. Other task-force members include National Security Advisor Condoleeza Rice and Domestic Policy Advisor Margaret La Montagne.

Mr. Everts was previously a fundraising executive of a faith-based senior-citizens program in Milwaukee. He has also served as a fundraiser for a Catholic AIDS Ministry and a Wisconsin Right-to-Life group. Mr. Everts, who is openly gay, is the former head of the Wisconsin Log Cabin Republicans. He has recently been the target of several conservative organizations criticizing his appointment as well as his support of various HIV-prevention efforts.

## Medicare Funding Increase Fails in Senate

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The U. S. Senate failed in a 50/50 vote to pass the Baucus-Graham Amendment, which would have more than doubled the funding proposed in the Administration's budget to provide a comprehensive Medicare prescription-drug benefit.

Claudia French, Executive Director of AIDS Action, said in statement released April 4, "Medicare matters to people with HIV/AIDS. One in five people living with HIV/AIDS in the United States depends on Medicare for their health care. She added, "This legislation would have provided the resources necessary for a Medicare prescription-drug benefit that would make a real difference for people living with AIDS."

## High Court Declines to Hear Case on Capping of HIV/AIDS Coverage

The U. S. Supreme Court recently rejected a case challenging Time Insurance's cap on AIDS care. At the time of his death in March 1995 from AIDS-related illness, Michael McNeil, a Texas optometrist, had accrued more than \$400,000 in unpaid medical expenses. His policy limited AIDS-related care to \$10,000 during the time of the illness. Michael McNeil's father brought the suit. The petition asked the Court to determine if Title III of the Americans with Disabilities Act (ADA) applies to discriminatory health plans. In February 2000, the Fifth Circuit Court of Appeals had dismissed the case and concluded the discriminatory provision of the health-insurance policy was not actionable.

## Academy's Initiatives

patients in a qualified plan be provided by HIV specialists. (Does not define HIV specialist.)

- California AB 937, mandates that health care insurers create risk adjusted capitation rates for HIV specialists.

- Arizona HB 2623, defines HIV specialists.

**D**ouglas Cunningham, DO, like many other AAHIVM members, came of age during the early days of the AIDS crisis. In a recent interview with The NEXUS, Dr. Cunningham said, "I started treating HIV patients as a resident in 1986 and quickly realized that what was needed were HIV specialists who could provide care targeted to the specific needs of HIV+ patients. For the past 15 years those of us in the care-providing community have been working to be on the cutting edge of HIV care and at the same time able to administer to the all-encompassing medical and emotional needs of the patient. This type of comprehensive care was not available in the early days of the crisis."

Cunningham's years of AIDS activism has recently led him to the Arizona statehouse where he and other HIV health care workers have joined forces with Arizona State Representative Steve May to tackle issues related to the HIV standard of care and health-plan reimbursements. The Arizona chapter of AAHIVM, of which Dr. Cunningham is president, has built a coalition of AIDS activists groups (Arizona AIDS Project, Phoenix Body Positive) to, as he states, "provide support, background and information resources to negotiate with health plans on reimbursement issues." Representative May, Dr. Cunningham and others are assisting efforts to require health care companies to have an HIV team of specialists on staff to treat patients. He observed, "Among the most difficult challenges I face as an HIV specialist is dealing with third-party payers regarding appropriate reimbursement for care to HIV patients. Arizona is a highly managed care environment, and all of us are dealing with medical and reimbursement issues. As the Academy sets a standard of care for HIV specialists, we will hopefully also have a positive influence on the rate of reimbursement for HIV spe-



## Doug Cunningham, DO: A PROFILE

*AIDS Health Care Provider,  
Activist and Leader*

cialists." Cunningham went on to say, "Medical practices and patients alike will benefit by having access to HIV specialists that are on top of the latest developments in HIV care. In the long run this will cut health care costs related to HIV care."

**A**t present, legislation is pending in Arizona that will define an HIV specialist incorporating AAHIVM's self-assessment tool. The effort to enact this legislation has been spearheaded by Cunningham and other Academy members from around the state. The introduction of the bill has already generated interest and discussion to the extent that third-party payers have already begun reviewing contracts with HIV providers to improve reimbursements and recognize HIV specialists. It is hoped that the same or similar guidelines will be mandated by other states in coming years.

Cunningham went on to say, "Short-term treatment and management of HIV includes stabilization of T cells and viral loads. Long-term treatment involves multiple drug regimes for multiple mutations

and resistance. Physicians and health care workers need to demonstrate competency through a standard core curriculum and have CME (continuing medical education) training or seminars regarding the latest therapies available. The Academy has been proactive in helping physicians and health care workers find these types of conferences. Enacting legislation requiring HMOs to have HIV specialists on their plan will help ensure having access to the latest treatments available for patients as well as appropriate reimbursement for care providers. Adopting this legislation will be a 'win-win' for both."

**D**r. Cunningham's practice includes offices in Phoenix and Scottsdale. He told The NEXUS he is "proud" to be a second-generation Family Practice Physician, following in the footsteps of his father who served the same community for more than 35 years. Dr. Cunningham also says he loves the warm climate and variety of landscape that Arizona and "the great Southwest" offers but that he travels outside the U.S. whenever he has any sizable "nugget" of time to escape for some needed "R&R."



**Editors Note:** "A Profile" is an opportunity for NEXUS readers to learn about the work and activities of other Academy members from around the country. The NEXUS hopes you enjoyed the interview with Dr. Cunningham, the first of this new story/article format.



**Q:** *Will the number of medical-care providers serving HIV patients decrease as a result of an HIV-care specialty being created?*

**A:** Probably not, since easily accessed learning and self-assessment tools – like those being developed by the Academy – should not only encourage clinicians to enter the field but also make it easier for them to keep up with new and changing treatment protocols.

As a result of more effective medications, combined with the steady rate of new infections, the number of HIV patients is actually increasing while the capacity to provide medical care to them is decreasing.

Developing a process to determine educational objectives for HIV medical specialists — and how they can best meet these objectives — will help close this service gap.

**Q:** *Is the American Academy of HIV Medicine (AAHIVM) writing a board examination?*

**A:** No, what the Academy is doing is creating a short self-assessment tool, along with a study guide, from a list of approximately 400 Learning Objectives already assembled by AAHIVM's Core Curriculum Committee. The tool will be updated yearly and weighted toward learning objectives that are new each year.

## Website Adds Conference Archive 7

**New Page on Website Provides Quick, Easy Access to Conference Summaries**

The Academy has introduced a new page to its website to help members access the latest conference information on AIDS research and HIV treatment. The Conference Archive is an easy-to-use page designed to provide quick and easy access to both official conference abstracts and conference summaries from a variety of resources.

Previously, Academy members had to search a variety of websites, most of which are not

*continued on next page*

## AAHIVM Welcomes Senior Director

**New Staff Member Will Coordinate Standing Committees, Public-Policy Effort, Strategic Planning, Fundraising, and Vendor Relations**

**J**erry Calumn joined the staff of AAHIVM as Senior Director in April. Prior to coming to the Academy Mr. Calumn, who has more than a decade of experience in the field of HIV/AIDS, helped coordinate the Triangle AIDS Leadership Alliance in North Carolina (TALA). He also directed several areas of the AIDS Resource Center in Dallas, including the Nelson-Tebedo Clinic and Prevention and Treatment Education. In addition, Calumn has served as a Treatment Educator for Community Access, a medical communications agency, and Ortho-Biotech.

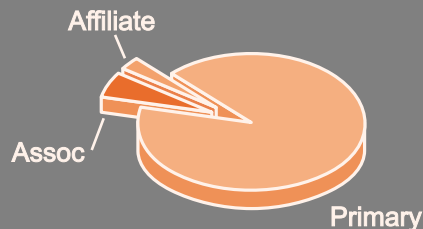
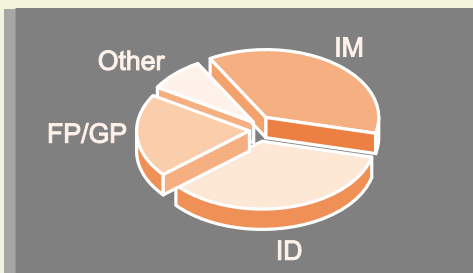
## AAHIVM Membership Report— as of 4/30/01

### PRIMARY MEMBERSHIP BY CATEGORY

Primary	91%
Associate	6%
Affiliate	3%

### PRIMARY MEMBER BY SPECIALTY

IM	37%
ID	35%
GP/FP	20%
Other	8%



### ASSOCIATE MEMBERSHIP

NP	67%
PA	29%
PharmD	4%

solely dedicated to HIV conferences, to find a variety of resources on a single HIV conference.

The Academy's *Conference Archive* currently lists conferences from the last two years, including:

- Conference on Retroviruses and OIs
- ICAAC
- IDSA
- Adverse Drug Reactions and Lypodystrophy
- International AIDS Conference
- Workshop on HIV Drug Resistance

The *Archive* page also provides links to the official website of each conference, which include **abstracts, transcripts, slide presentations** and **audio recordings** from conference presentations (the availability of some of these materials may vary by conference and website).

In addition, AAHIVM's website Conference Archive page offers links to a variety of resources to obtain individual conference summaries and reports, including **Medscape, NATAP** (National AIDS Treatment Advocacy Project), **Johns Hopkins, The Body and HIV Insite/UCSF**.

The Academy welcomes feedback on its website and suggests making comments online at [jerry@ahahivm.org](mailto:jerry@ahahivm.org).

[www.aahivm.org](http://www.aahivm.org)

**The Back Page** is a regular feature of **The NEXUS** for Academy members to exchange information on:

- Job Opportunities – Do you want to bring a new member into your practice, hire other staff, or relocate to another area? **The Back Page** can help recruit an HIV health care practitioner or find the right practice in the right location.
- Upcoming Events – Do you want to tell other Academy members about a conference, program, or activity that would be of interest to them and their practice? **The Back Page** can reach hundreds of HIV practitioners in a practical and accessible way.

• Classified Ads – Do you want to sell medical equipment or a medical practice, place a professional service announcement, or even rent out that time-share vacation home you can't use? **The Back Page** is the place to go for buying or selling. The ad (under 25 words and on a first come, first served basis) is free.

To submit an item please contact The NEXUS by email at [www.aahivm.org](http://www.aahivm.org).

Editor's Note: **The NEXUS** reserves the right to decline or edit any submission to The Back Page if the text is too long or the content falls outside the parameters as indicated above.

## WE'RE LOOKING FOR A FEW GOOD MDs, PAs, and NPs!

The **Global Health Organization**, a 501(c)(3), is recruiting **Physicians, Physicians' Assistants, and Nurse Practitioners**

To join the **BEAT AIDS** Project, a comprehensive HIV/AIDS program in Botswana. The program starts **July 2001** and will deliver **DOT HAART, Support Groups, and Nutrition to 1,000 patients.**

Compensation: MDs, \$6,000/mo., PAs/NPs, \$3,000/mo.

Plus ALL Expenses Paid.

FOR MORE INFO CONTACT DR. GARY BLICK at 203-359-4199,  
OR EMAIL TO: [GBLICK@GLOBALHEALTHOrg.com](mailto:GBLICK@GLOBALHEALTHOrg.com)

## AAHIVM'S FUNDRAISING EFFORT MOVES FORWARD

The American Academy of HIV Medicine's fundraising campaign is continuing to enjoy success. This is in part a result of a recent contribution from a new donor, Ortho-Biotech, to support AAHIVM's programs and general operation. The Academy's ongoing fundraising effort, which has already raised well over \$1 million in contributions and pledges, enlists support from various sources including pharmaceutical and biotechnology companies, private foundations, and public sector organizations. AAHIVM's Sustaining Charter Members, donors who have made significant contributions to the Academy, include **Bristol-Myers Squibb, DuPont, GlaxoSmithKline, Merck, Orth-Biotech, and Roche.**



**BRISTOL-MYERS SQUIBB**  
IMMUNOLOGY



**MERCK**



GlaxoSmithKline



The Academy is also receiving support from **Serono** and **Triangle**.