

## **Georgia Department of Public Health Specialty Clinic**

Welcome,

The Georgia Department of Public Health Specialty Clinic welcomes you. This specialty clinic is designed to assist providers with the care and management of challenging cases for people living with HIV/AIDS and their comorbidities, such as Hepatitis B and C. In addition, it is for providers new to HIV care that need/request additional client consultation. The goal is to promote a community of learning and support with periodic presentations on various HIV/Hepatitis subjects based on the needs and recommendations of the participating providers.

This specialty clinic allows for clients to access care without the need of travel, anxiety of going to a new/unfamiliar clinic setting, to minimize anxiety and the fear of stigma and discrimination, and allows the client to access care from their medical home. In addition, the providers will be able to receive standard of care recommendations (based on up to date guidelines and literature) on the care and management of challenging clients through the advances, and advantages, of TeleHealth. These recommendations will be available through a secure, HIPAA compliant, fax and will include recommendations on therapy, follow up labs, and, if necessary, follow up appointments arranged through the specialty clinic.

It is the goal of the specialty clinic to minimize delays in client's receiving specialty care, recommendations and gaps in therapy. A schedule will be emailed to each clinic with a request to complete the attached information in scheduling clients (see below) with the specialty clinic. Clients may also be scheduled outside of clinic hours, for example, pregnancy and HIV, if clients require more urgent recommendations. Yet, treatment recommendations can be obtained by contacting the provider directly, in that scheduling the client to discuss a case is not always necessary.

We welcome feedback in making this the best resource possible for the state of Georgia's HIV providers and the clients and communities we serve.

Sincerely,



Gregory S. Felzien, MD AAHIVS

Diplomat: Internal Medicine and Infectious Disease



## **Georgia Department of Public Health Specialty Clinic**

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All scheduled evaluations to take place via TeleHealth and may require a nurse on site,  
depending on the request

### **Reason for consultation**

#### HIV

- Initial treatment recommendations
- Switch therapy
- Salvage therapy
- Multiple mutations review
- Treatment recommendations in renal/liver failure
- Treatment recommendations in pregnancy
- Treatment recommendations for clients with pill intolerance

#### Hepatitis

- Hepatitis B
- Hepatitis C

Other: Dependent upon client's needs

### **What this clinic is not:**

- Assessment of stable (i.e., routine follow up) clients
- General clinic coverage for providers, i.e. holiday, sick leave, etc.

Prior approval required prior to clients being scheduled

Will work with the client's and clinic's schedule in scheduling appointments

Follow up recommendations/appointments, as needed, will be made following the initial assessment

Fax request to: 404-463-0126 (HIPAA compliant)

## Consultation Request Form

Clinic information:

Clinic Name:

Telephone & fax number:

Contact Name:

Email:

Client Information (send demographic sheet and insurance information, if insured):

Name:

DOB:

Age:

Gender:  Male  Female  Transgender

Requested date and time (refer to email on available dates or notify provider, if urgent):

Reason for request (required, please be as detailed as possible):

Most recent applicable labs (include lab reports in fax):

CD4, HIV-VL, CMP, CBC, toxicology screen

All Genotypes, Phenotypes, Tropisms, etc. (If Applicable)

Hepatitis B serology (sAg, sAb, eAg, eAb, Core Ab, Viral Load)

Hepatitis C studies (genotype, viral load, any staging studies)

Current medications:

Previous ARVs:

Previous Hepatitis B & C treatments (if applicable):

Reason for treatment failures:

Allergies:

Adherence issues:  Yes  No

Pertinent Details

Substance Use:  Yes  No

Details:

Other Pertinent Medical Problems/History (please send any pertinent clinic notes):

Final treatment recommendations will be faxed to the referring clinic.

Please fax any recommendations concerning form updates/suggestions to 404-463-0126.