

# Assessment of HIV Workforce Capacity: Supply Challenges and Strategies

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# OUTLINE

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- Purpose
- Background
- Findings
- Implications
- Conclusions

# PURPOSE

- To assess the structural determinants of the supply of HIV clinicians in Ryan White care settings
- To examine the functional responses to the HIV clinician supply constraints
- To identify strategies for increasing the supply of HIV clinicians in Ryan White care settings

# BACKGROUND

## General Determinants of Workforce Supply

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- Number of people entering health care professions
- Aging of health care workforce
- Job satisfaction
- Gender and work/leisure balance issues

# BACKGROUND

## HIV-Specific Determinants of Workforce Supply

- Level of HIV expertise among clinicians
- Recruitment and retention of HIV clinicians
- Composition of HIV clinicians
- Availability of HIV clinicians in rural areas
- Integration of HIV and primary care
- Funding and reimbursement of HIV care
- Stigma, confidentiality, cultural competency of providers

# Functional Responses: Four Pathway Strategies

- **#1: Career preparation strategies**
- **#2: Medical education strategies**
- **#3: Professional development strategies**
- **#4: Multi-sector policy initiatives**

# Pathway Strategies #1: Career Preparation

- **Student recruitment for medical training**
- **Secondary school career preparation**
- **AHEC recruitment at high schools**
- **Community HealthCorps**

# Pathway Strategies #2: Medical Education

- **Medical education expansion**
- **Curriculum reform**
- **Reducing financial barriers and realigning financial incentives**
  - National Health Service Corps
  - Health Career Opportunity Program
  - Area Health Education Centers
  - State scholarship and loan forgiveness
  - Other fellowships

# Pathway Strategies #3: Professional Development

- **Ongoing HIV training opportunities**
  - AIDS Education Training Centers
- **Career ladder programs**
- **Foreign-trained health professionals**
  - J-1 Visa Waiver

# Pathway Strategies #4: Multi-sector Initiatives

- **Integrated planning and policy strategies**
- **Foundation initiatives**
- **State nursing initiatives**
  - Workforce task forces
  - Collection of nursing shortage data
  - Nursing research centers
  - Expansion of nursing education programs
  - Salaries increases
  - Scope of practice laws

# CASE STUDY FINDINGS

## Strategies to Increase Workforce Supply

Category	Type	Count
Medical education and training	Medical residency or fellowship	16
	Other health profession internship	13
	Case management internship	2
Professional development	AETC training	22
	Continuing medical education	17
	HIV credentialing	6

Figures based on all 26 providers

# IMPLICATIONS

- **Exposure of medical students to HIV clinical care through internships, mentoring**
- **Use of federal loan by students going into HIV medicine, including dentistry**
- **Professional development opportunities for practicing HIV clinicians, including nurses, and case managers**

# CONCLUSIONS

- **Two-thirds of providers are able to meet current demand but all are worried about their ability to continue providing care to the increasing number of people living with HIV/AIDS**
  - **Lack capacity to absorb those who are currently unaware of their serostatus but are likely to become diagnosed and enter care as result of routine testing**

# CONCLUSIONS

- **The current infectious disease physician workforce is too small in many locations to meet growing demand for HIV primary care without physician extenders**
  - **Physician assistants and nurse practitioners often used to handle less complex cases, supported by triage nurses, medical case managers, and other medical and nonmedical support personnel**

# CONCLUSIONS

- **There are not enough primary care physicians willing to provide HIV care, especially in rural community health centers and clinics**
  - **Few medical students receive training in HIV medicine or are exposed to HIV clinical care**
  - **Primary care physicians do not feel qualified providing primary care to patients with HIV**
  - **Some primary care physicians unwilling to provide primary care to patients with HIV because of fear of becoming known as the “AIDS doctor,” perceived complexity of cases, and low reimbursement rates**

# CONCLUSIONS

- **Nursing and nurse practitioner students are also unlikely to receive training in HIV medicine or to encounter patients with HIV during their clinical training**
  - **Providers struggle to retain and recruit mid-level clinicians with HIV expertise because of overwhelming demands of the position and competition from hospitals and other providers**

# For More Information

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