

The logo features a large, stylized red graphic element on the left, resembling a thick vertical bar with a horizontal bar extending from its top and bottom, forming a partial frame. The text is positioned to the right of this graphic. The year '2018' is written vertically in light blue. The word 'NATIONAL' is in light blue, positioned above the main title. The main title 'RYAN WHITE' is in large, bold, white capital letters. Below it, the subtitle 'CONFERENCE ON HIV CARE & TREATMENT' is in smaller, light blue capital letters.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

HIV Healthcare Workforce Capacity: Assessing and Addressing Needs/Gaps that Impact HIV Care Service Delivery Systems

Ricardo Rivero, MD, MPH – *Midwest AETC*

Linda Frank, PhD, MSN, ACRN, FAAN – *MidAtlantic AETC*

Daria Boccher-Lattimore, DrPH – *Northeast/Caribbean AETC*

Prescott Chow, MUP – *Pacific AETC*

Welcome & Introductions

- The Presenters:
 - Ricardo Rivero, MD, MPH – Midwest AETC
 - Linda Frank, PhD, MSN, ACRN, FAAN – MidAtlantic AETC
 - Daria Boccher-Lattimore, DrPH – Northeast/Caribbean AETC
 - Prescott Chow, MUP – Pacific AETC
- Who is in the audience?
 - Health departments
 - RWHP-funded clinics
 - Planning council members
 - AETC
 - HRSA
 - Others?

Objectives

- Recognize the relevance of increasing the HIV healthcare workforce capacity
- List current efforts being implemented to address needs and gaps of the HIV healthcare workforce
- Discuss different approaches to assess the needs and gaps of the HIV healthcare workforce that may impact the HIV care service delivery system

Workshop Format

1. Didactic session (35 minutes)
2. Q & A (15 minutes)
3. Breakout Groups (15 minutes)
4. Summary & Adjourn (15 minutes)

About the AETC Program

A national program of **leading HIV experts**, that provides **locally based, tailored** education and technical assistance to healthcare teams and systems to integrate comprehensive care for those living with, at risk of, or affected by HIV.

The AETC Program ***transforms*** HIV care by building the capacity to provide accessible, high-quality treatment and services throughout the United States and its territories.



National AETCs

1. National Coordinating Resource Center

- Centralizes free training and clinical materials through a virtual library: aidsetc.org
- Coordinates the annual Ryan White HIV/AIDS Program Clinical Conference



Regional Training Centers



Phone and Online Support for



Resource Library



About the AETC Program

National AETCs

2. National Clinician Consultation Center

Free expert clinician consultation to healthcare providers through phone and e-consultation

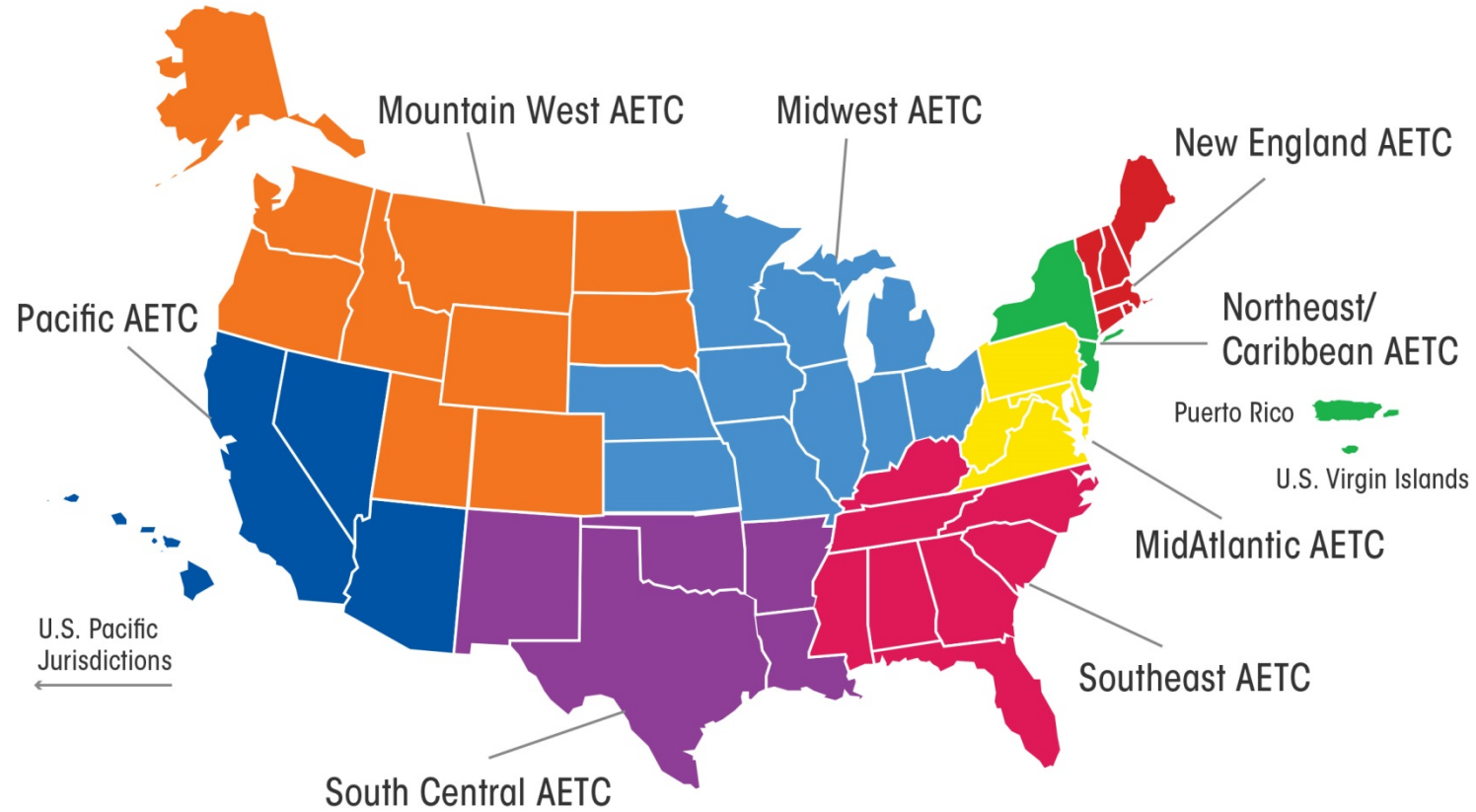
<http://nccc.ucsf.edu/clinician-consultation/>

The screenshot displays the website for the National Clinician Consultation Center. At the top, there is a search bar and navigation links for 'Login', 'Register', and 'Donate'. Below this are three main menu items: 'Clinician Consultation', 'Clinical Resources', and 'About the Center'. The page title is 'Clinician Consultation'. A brief description states: 'The Clinician Consultation Center provides rapid expert consultation and advice on management of HIV/AIDS, perinatal HIV, pre-exposure prophylaxis, and post-exposure prophylaxis management for HIV and hepatitis B and C. Our clinical consultants are HIV-treatment experienced physicians, clinical pharmacists, nurses, and NPs from the University of California, San Francisco. The CCC has provided more than 250,000 consultations on all aspects of HIV treatment, prevention, care, and exposure management.'

The page features six individual consultation services, each with a headshot of the consultant, a title, and contact information:

- HIV/AIDS Management:** Call for a Phone Consultation (800) 933-3413, 9 a.m. – 8 p.m. ET, Monday – Friday. [Learn more >](#)
- Perinatal HIV/AIDS:** Call for a Phone Consultation (888) 448-8785, 24 hours, Seven days a week. [Learn more >](#)
- Hepatitis C Management:** Call for a Phone Consultation (844) 437-4836 or (844) HEP-INFO, 9 a.m. – 5 p.m. ET, Monday – Friday. [Learn more >](#)
- Substance Use Management:** Call for a Phone Consultation (855) 300-3595, 9 a.m. – 8 p.m. ET, Monday – Friday. [Learn more >](#)
- PrEP: Pre-Exposure Prophylaxis:** Call for a Phone Consultation (855) 448-7737 or (855) HIV-PrEP, 9 a.m. – 8 p.m. ET, Monday – Friday. [Learn more >](#)
- PEP: Post-Exposure Prophylaxis:** Call for a Phone Consultation (888) 448-4911. Occupational PEP: 11 a.m. – 8 p.m. ET, seven days a week. Non-occupational PEP: 9 a.m. – 8 p.m. ET, Monday – Friday; 11 a.m. – 8 p.m. ET, weekends & holidays.

Map of the 8 Regional AETCs



Who the AETC Program Serves

- All healthcare providers (from novice to expert)
- Other multidisciplinary HIV care team members
- Health profession students and faculty
- Health care systems



Regional AETC Program Components

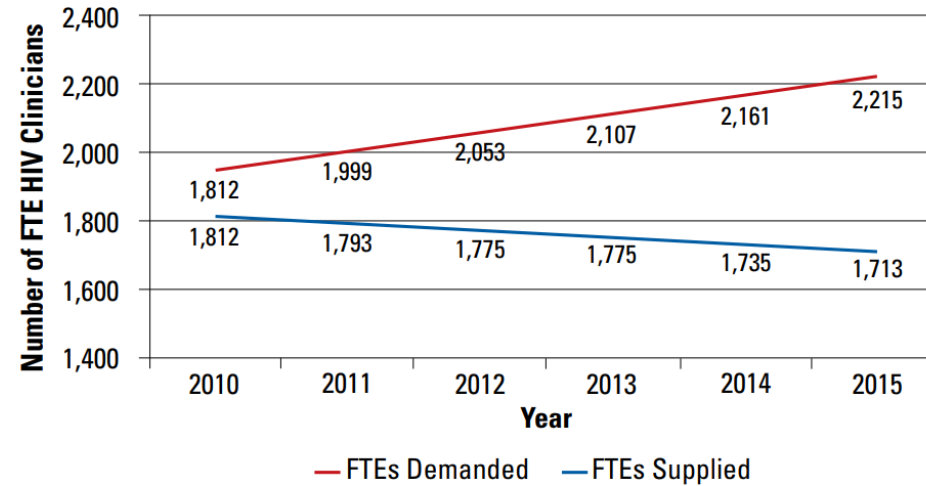
- Core Training
- Minority AIDS Initiative
- Practice Transformation
- Interprofessional Education



What's known about the HIV healthcare workforce capacity in the U.S.?



Figure 1. Forecasted Supply and Demand of FTE HIV Clinicians, 2010–2015



FTE = full-time equivalent.

Sources: HIV Clinician Workforce Survey 2012, NAMCS (2009), NHAMCS (2008), HCUP-NIS (2002–2009), and federal and state HIV surveillance data (2008).



What's known about the HIV healthcare workforce capacity in the U.S.?

- Increase in the demand for HIV clinicians and a decrease in the supply of HIV clinicians¹
 - ↑ newly HIV diagnose every year
 - ↑ survival of PLWH
 - ↑ aging of the PLWH
 - ↓ first generation of HIV clinicians
 - ↓ HIV clinicians entering the HIV workforce



¹The American Academy of HIV Medicine, HIV Specialist, Workforce Supply & Demand. <https://aahivm.org/wp-content/uploads/2017/03/FINAL-August-2016.pdf>

What's known about the HIV healthcare workforce capacity in the U.S.?

- The CDC estimated that by 2019 there be a significant shortfall in the number of expert HIV providers relative to the demand for HIV care²
- Ryan White Part C are experiencing barriers to recruiting and retaining qualified providers, because of dissatisfaction with pay and lack of providers with HIV expertise³

²Weiser, J., Beer, L., West, B.T., Duke, C.C., Gremel, G.W., Skarbinski, J. (2016, October 1). Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013-2014. Clin Infect Dis. 63(7):966-975.

³Weddle & HIVMA, 2008.

What's known about the HIV healthcare workforce capacity in the U.S.?

- Demographic shift in the HIV workforce toward female clinicians¹
- Health professions programs and trainings at academic institutions provide inadequate training in HIV care⁴

⁴Voss, J.G. & Harmon, J.L. Working Toward 21st Century Interprofessional Workforce Training and Leadership in HIV Care. Journal of the Association of Nurses in AIDS Care, Vol 27, No 3, May/June 2016, pp 199-202

AETC Efforts to Assess HIV Healthcare Workforce Capacity



Regional Needs Assessment Reports -

- HIV/AIDS epidemiology by State/Territory
- HIV clinical care resources in each region
- Workforce and Health System Challenges
 - Community Health Centers (BPHC FQHC Grantees)
 - Ryan White HIV/AIDS Program (RWHAP) Grantees in NECA Region

AETC limitations to assess HIV Healthcare Workforce Capacity

- ✓ Limited time and funding to collect meaningful primary data such as:
 - ✓ Surveying all HIV clinicians reporting CD4 and Viral load
 - ✓ Conducting key informant interviews with novice and low volume HIV clinicians
- ✓ The 2014 RSR data were limited to a single report at the state level and did not include clinic level information
- ✓ Limited access to data regarding HIV clinicians:
 - ✓ location and contact information particularly in rural areas
 - ✓ reporting CD4 and Viral load
 - ✓ caseload of PLWH receiving HIV care from them

HIV Healthcare Workforce Capacity:

- *What*
- *Who*
- *Where*
- *How many*



HIV Workforce Capacity – *What?*

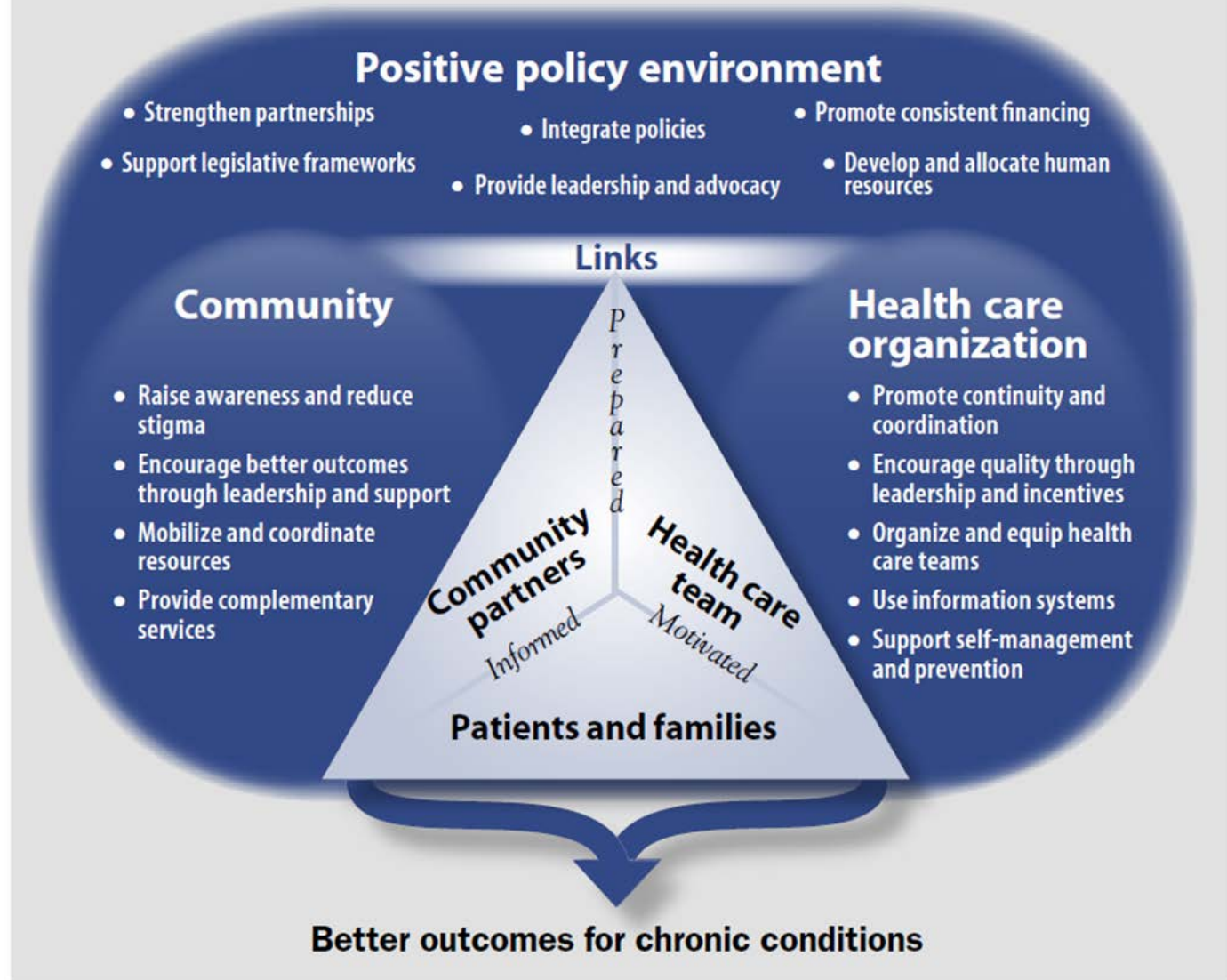
Health care capacity is defined as the ability of the health care workforce to provide quality care sufficient to meet the demands for that care.

⁵HRSA CARE Action, April 2010, <https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/april2010.pdf>

FIGURE 1. The Innovative Care for Chronic Conditions Framework (1).

Preparing a Health Care Workforce for the 21st Century: The Challenge of Chronic Conditions

WHO report, 2005



Competencies for Workforce Development

WHO, 2005

1. Patient-centred care

- Interviewing and communicating effectively
- Assisting changes in health-related behaviours
- Supporting self-management
- Using a proactive approach

2. Partnering

- Partnering with patients
- Partnering with other providers
- Partnering with communities

3. Quality improvement

- Measuring care delivery and outcomes
- Learning and adapting to change
- Translating evidence into practice

4. Information and communication technology

- Designing and using patient registries
- Using computer technologies
- Communicating with partners

5. Public health perspective

- Providing population-based care
- Systems thinking
- Working across the care continuum
- Working in primary health care-led systems

Essential Components of a Quality Workforce

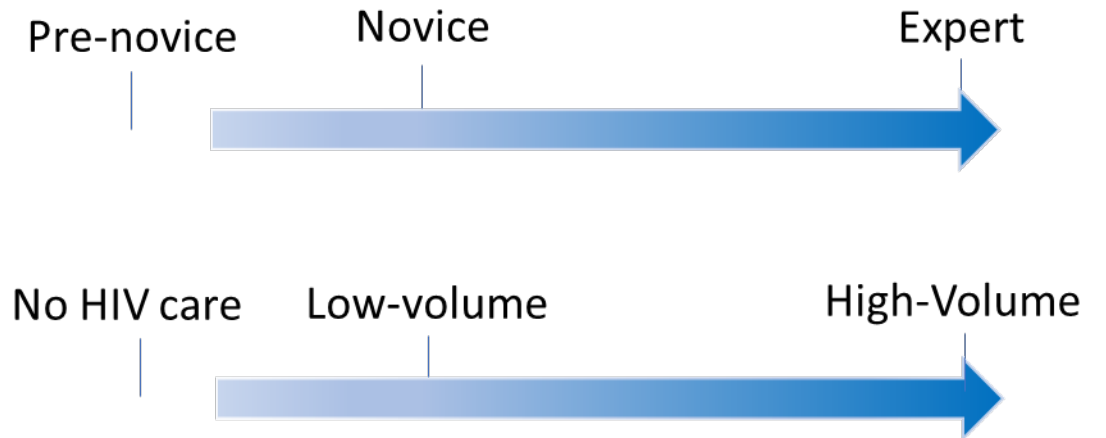
Frank, 2018

- Chronic disease approach
- Person-centeredness
- Health information technology
- Interprofessional practice
- Evidenced based intervention
- Communication
- Systems thinking
- Documentation and confidentiality
- Integration of social determinants in approaches
- Cultural Competency
- Ethics and professional boundaries
- Change management
- Continuous quality improvement

HIV Workforce Capacity – *Who, where, how many?*

Individuals (e.g., physicians, nurse practitioners, dentists, case managers, substance use counselors, etc.)

Systems (e.g., RWHAP-clinics, community health centers, emergency departments, etc.)



Questions?



Small Group Discussion

- Facilitators: Daria Boccher-Lattimore, DrPH (Northeast/Caribbean AETC) and Prescott Chow, MUP (Pacific AETC)
- Identify a notetaker/reporter
- Questions regarding the HIV healthcare workforce capacity (HHWFC) in your jurisdiction:
 1. *What is still partially or completely unknown about the HHWFC?*
 2. *What are some innovative approaches you have used to assess HHWFC?*
 3. *What can you and your AETC do to better assess the HHWFC?*
- You have 20 minutes

Large Group Discussion

Thanks

