

Shaping the HIV Workforce at Home and Abroad: Lessons Learned from Task-shifting in sub-Saharan Africa and the United States

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Disclosures

- **Rupali Doshi and Philippe Chiliade have no financial interests to disclose.**
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Learning Objectives

At the conclusion of this activity, the participant will be able to:

- 1. Describe strategies used for task-shifting in the HIV workforce in the United States and in sub-Saharan Africa.**
- 2. Identify the successes and challenges of task-shifting in the U.S. and sub-Saharan Africa.**

Agenda

- **HRSA Introduction**
- **HRSA Award Recipient Presentations**
 - Domestic
 - Global
- **Panel Discussion and Audience Participation**

HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all

Mission

The mission of the HIV/AIDS Bureau is to provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families.



HIV/AIDS Bureau Priorities

- **National HIV/AIDS Strategy (NHAS) 2020/President's Emergency Plan for AIDS Relief (PEPFAR) 3.0** - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0
- **Leadership** - Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation
- **Partnerships** - Enhance and develop strategic domestic and international partnerships internally and externally
- **Integration** - Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization** - Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery
- **Operations** - Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration



Office of Training and Capacity Development

MISSION

Provide leadership and promote innovation through training and capacity development to support HIV/AIDS prevention, care and treatment services, and the strengthening of health systems

The Ryan White HIV/AIDS Program

- The Ryan White HIV/AIDS Program (RWHAP) provides a system of care through primary medical care and essential support services for low-income PLWH who are uninsured or underinsured
 - The program works with cities, states, territories, and local community based organizations to provide a cohesive system of care, reaching over 500,000 people living with HIV
 - A smaller but equally critical portion is used to fund technical assistance, clinical training, and the development of innovative models of care
- The Ryan White HIV/AIDS Program is funded at \$2.32 billion in fiscal year 2015

AIDS Education and Training Centers

- Professional training arm of Ryan White HIV/AIDS Program
- Supports the goals of the National HIV/AIDS Strategy, the HIV Care Continuum Initiative and the Affordable Care Act
- National network of educators and trainers with expertise in clinical diagnosis, treatment and management of patients with HIV/AIDS and its related health conditions
- Special emphasis on minority health professionals and minority-serving health professionals
- Nurse Practitioner/Physician Assistant grant program (HRSA-13-253)
- Interprofessional education component of Regional AETCs (HRSA-15-145)

Special Projects of National Significance

- Mission: Improve HIV service delivery through demonstration projects and evaluation focused on primarily underserved, underinsured, and uninsured populations
- Supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Program
- Evaluates the effectiveness of these models' design, implementation, utilization, cost, and health-related outcomes, while promoting dissemination and replication of successful models

Reasons to Pursue Task-Shifting in the United States

- Health care costs increase faster than inflation.
- The evolving health care system promotes population health.
- Increased number of primary care providers, including advanced practice nurses and physician assistants, who will care for people living with HIV
- Simplified antiretroviral therapy (ART) regimens

Human Resources for Health (HRH) in Low and Middle Income Countries (LMIC)

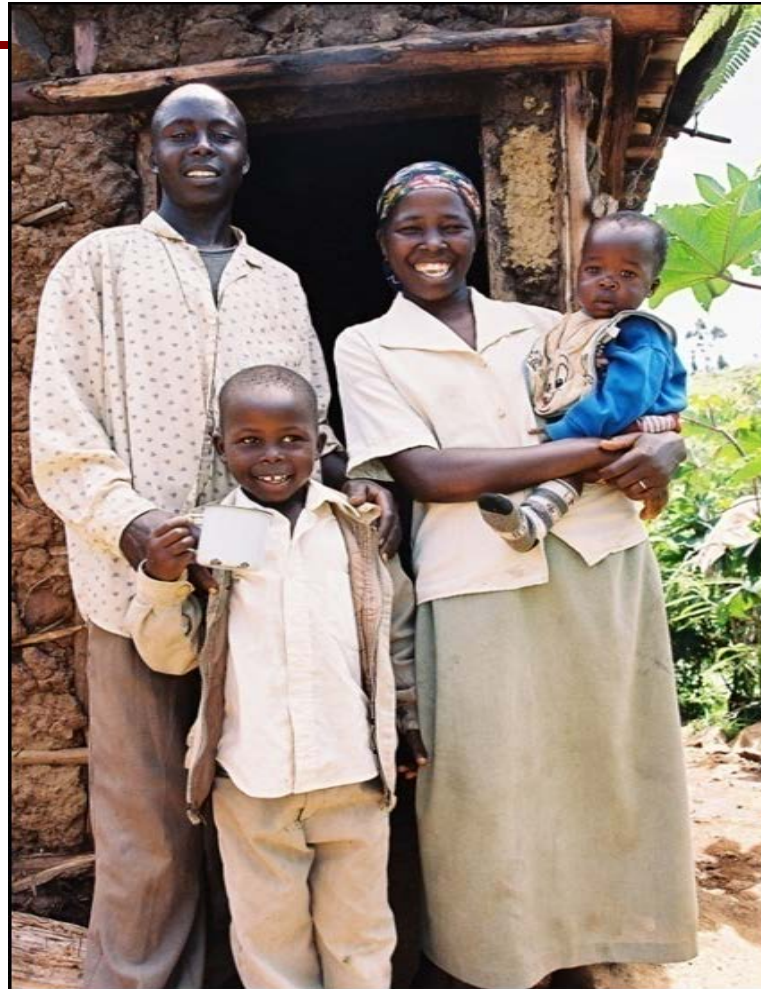
The Need for Task Sharing

President's Emergency Plan for AIDS Relief (PEPFAR)



**Established:
2003**

**Reauthorized:
2008**



**Cumulative:
\$52 Billion**

**Annual:
\$5.2 Billion**

President's Emergency Plan for AIDS Relief (PEPFAR)

- **PEPFAR** evolution since 2003
 - Emergency response to save lives
 - HSS and sustainability
 - Focus in impact (90-90-90)
- **Access to and use of quality data**
- **Public health approach**
- **New service delivery models for chronic care**

President's Emergency Plan for AIDS Relief (PEPFAR)

- **HRSA/HAB Global HIV/AIDS Program focus**
 - Human resources for health
 - Other health systems strengthening
 - Quality improvement
- **Challenges**
 - Scaling up best practices
 - Sustainability
 - Changes in priorities over time
 - No HRSA staff presence in country

The Need for Task Sharing

- **In most LMIC major HRH challenges:**
 - Limited number and mix of health cadre
 - Limited competency of health cadre
 - Poor remuneration and motivation
 - Weak continuous professional development
 - Poor distribution of health cadre (urban vs rural)
 - No use of chronic care model
 - No use of care team
 - Most of rural health facilities just staffed with RNs

The Need for Task Sharing

- The rapid scale-up of treatment services to most PLHIV (Test and Start and 90-90-90) may put a major stress on HRH and the overall Health System in many LMIC.
- **Possible mitigating factors:**
 - New service delivery models for stable patients with many services delivered at the community level
 - Task sharing for ART initiation of monitoring from MDs and Clinical Officers (mid-levels) to RNs
 - Task sharing from RNs to Community Health Workers

Future Challenges

- The success of the rapid expansion of quality HIV services through PEPFAR, Global Fund to Fight AIDS, Tuberculosis and Malaria, and other donors was the focus on a public health approach for service delivery.
- Over the years the delivery of HIV services in LMIC has progressively shifted to a more individualized treatment approach.
- It is unclear how the existing health system will be able to deliver quality services following a more complex approach for HIV service delivery.

HRSA Program Award Recipient Presentations

AIDS Education and Training Centers National Coordinating Resource Center

Elizabeth Rolon, MPH, CHES

Special Projects of National Significance Workforce Initiative

Wayne Steward, PhD

Steve Bromer, MD

The SPNS System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings Initiative

*Steven Bromer, Wayne T. Steward
University of California, San Francisco*

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SPNS Workforce Initiative

Purpose: Develop and evaluation practice transformative models to enhance access to and optimize the delivery of HIV care

- Initiative started: August 1, 2014
- Funding runs for 4 years

Participating Sites

- 15 demonstration projects
 - ACCESS, Chicago, Illinois
 - Brightpoint Health, New York, New York
 - Coastal Bend Wellness Foundation, Corpus Christi, Texas
 - The Ruth M. Rothstein CORE Center, Chicago, Illinois
 - Family Health Centers of San Diego, San Diego, California
 - Florida Department of Health, Osceola County, Kissimmee, Florida
 - Foundcare, Inc., West Palm Beach, Florida
 - La Clinica del Pueblo, Washington, DC
 - MetroHealth Medical Center, Cleveland, Ohio
 - NYC Health + Hospitals - Correctional Health Services, Rikers Island, New York
 - New York Presbyterian Hospital, New York, New York
 - Special Health Resources for Texas, Inc., Longview, Texas
 - San Ysidro Health Center, San Diego, California
 - University of Miami Health System/Jackson Memorial Medical Center, Miami, Florida
 - University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania
- 1 cross-site evaluation center
 - University of California San Francisco (UCSF), San Francisco, California

Practice Transformative Models (PTMs)

- Efficiencies in structural workforce systems that optimize human resources and improve health outcomes
- Task shifting is a major component of this work

Task Shifting

Incorporated into practice transformations in multiple ways:

1. Expand the workforce

- Train additional providers to offer care to HIV+ patients
- Enhance coordination with existing HIV specialists

2. “Share the care”

- Enhance capacities and responsibilities of clinical staff
- Reduce burdens on physicians and other primary care providers

Expanding the HIV Workforce

Approaches used within the SPNS Initiative:

- Train primary care clinicians to provide HIV care
- Integrate HIV care with primary care
- Shift HIV+ patients on suppressive HIV regimens to FQHCs
- With all approaches, there remains an option for co-management
 - Patient continues to be assigned to both a primary care provider and an HIV specialist
 - Patient with less complicated HIV is assigned only to primary care provider, but that provider has access to an HIV specialist for consultations

Sharing the Care

Approaches used within the SPNS Initiative:

- Implement team based care
- Enhanced care coordination
- Training for midlevel providers and/or clinical staff
- Stakeholder engagement
- Health Information Technology

Barriers to Task Shifting

- Resistance to change
- Short-term priorities outweighing longer term goals
- Complex institutional bureaucracy
- Stigma
- Lack of relevant cultural competence
- Shortage of HIV providers for training and precepting

Facilitators of Task Shifting

- Task shifting (and all practice transformation) benefits from:
 - Clearly defining what is being changed and why
 - Engaging relevant stakeholders in the planning phases
 - Defining roles and responsibilities
 - Writing down protocols, policies, and procedures
 - Training providers and staff on new procedures and information systems
 - Assessing data needs
 - Establishing a timeline and work plan for roll out
 - Quality improvement mindset and approach to implementation

For more details on the initiative

- Session 4015: *Three Approaches for Transforming Practice to Optimize HIV Care: the SPNS Workforce Capacity Building Initiative*
 - Friday, August 26, 10 AM – 11:30 AM
 - Howard University Room (Level 1/Blue)
- Session 6467: *The Building Blocks of Primary Care and the HIV Care Continuum*
 - Thursday, August 25, 10:30 AM – 12 noon
 - Tulip Room (Mezzanine/Blue)

ICAP at Columbia University

Mie Okamura, MPH, RN

American International Health Alliance

Carl Henn, MPH

Discussion

- **What can other clinical sites and capacity development organizations learn from your work?**
- **What information can you use after hearing about the varied approaches described today?**
- **How can HRSA better facilitate cross-cultural learning between U.S. and global partners who are working on task-shifting?**

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