Supporting education and training for the HIV workforce

PACHA HIV Workforce Panel
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Emory University
#2: Adopting Multidisciplinary Team-Based Models for HIV Services

This is optimal care for PWH or at risk for HIV – and what we should strive to accomplish.

This approach is critical to the success of RW programs.

Deploying this model in all areas of need will be challenging in the short run.

Reimagined Model for Team-Based HIV Service Delivery

Comprehensive and team-based model of whole-person care that relies on complementary skills
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We need to increase the number of prescribing clinicians whose primary interest is HIV care.

- ART regimen decision-making can still be complex
- Increased co-morbidities that are not managed identically to persons without HIV
  - Bone health, cardiovascular risk, DM, weight gain, frailty, cancer screening…
- Providers must have comfort with addressing sexual health
- Commitment to holistic care (with a team) and addressing SDOH is necessary
Training for expertise: Exposure matters

Specialized Training Tracks:

* Pathways in residency programs for Int Med and Fam Med trainees (HIV tracks)
* HIV Clinical Fellowships
* Residencies in HIV medicine for APPs
* Residencies with HIV experiences for dentists
* (and more trainees choosing Infectious Disease)
Bolstering Infectious Outbreaks (BIO) Pandemic Workforce Act

- Student loan repayment opportunity for physicians, pharmacists, physician assistants, advanced practice registered nurses, dentists
- Work in a medically underserved community, for a medically underserved population, for an FQHC or rural health clinic, in Ryan-White funded clinics, in health professional shortage area most of the time
- Encourage your representatives to support this!
How do we optimize care for those who don’t have access to an HIV expert/program?

Low volume providers (most primary care clinicians)

Current state: Low comfort level

• Enhance basic knowledge
• Provide easy access to experts
Enhancing basic knowledge

Multiple studies highlight knowledge gaps and low comfort level prescribing PrEP, much less HIV medications.

- **Basic curricula** in HIV care and in HIV prevention need to be **required** for training programs – MDs and APPs
  - Testing
  - Stigma-free sexual health evaluation
  - PrEP
  - Initial ART regimens
Providing EASY access to experts

• Regional experts that provide an opportunity for relationship – building
• Low barrier access (email or other 24/7 web-based system)
• Well-advertised
• Ultimately, some mechanism of compensation
Welcome to HIV-ASSIST

HIV-ASSIST is a free, interactive, educational tool to inform clinical decision making for ARV selection

Start Now ➔ Take the tour 📚
Biden Administration Seeks to Expand Telehealth in Rural America

New funding will allow more medical appointments to take place via video in rural communities, where some of the nation’s oldest and sickest patients live.

September 19, 2021

The New York Times
Differentiated Service Delivery

- Pharmacy
- Provider + TEAM
- Mobile integrated health units
- Home visits
- Mail order
- ART (3-6-month supply)
- Telehealth platforms
- Community distribution points
- Adherence clubs

Collins et al, AIDS 2020
Recommendations for Supporting a Reimagined HIV Workforce

1. Remove regulatory barriers that place restrictions on practice at the highest level of training and licensure.

2. Ensure CMS offers reimbursement for decentralized, differentiated, and team-based whole-person HIV prevention and care services.

3. Support a shift toward education and training for the future health workforce that emphasizes key competencies of team-based, whole-person HIV care as well as training for those not pursuing full time HIV work and increase funding for specialized HIV training programs (e.g., via GME, GNE, etc.).

4. Invest in infrastructure development for delivery of decentralized, differentiated HIV prevention and care (e.g., telehealth, community-based delivery of services, etc.) and develop infrastructure to support non-expert workforce.

5. Allocate funding to HIV-specific demonstration projects designed to mitigate the specific mechanisms of SDOH and foster multilevel resilience (e.g., via Medicaid Section 1115).