

Recommendations for Strengthening & Diversifying the HIV Workforce

U.S. National HIV/AIDS Strategy (2022 to 2025)

Version: February 2022

Achieving the four primary goals articulated in the [National HIV/AIDS Strategy](#) and the [Ending the HIV Epidemic](#) initiative will require a robust, diverse and culturally responsive HIV workforce that reflects the populations disproportionately affected by HIV. The impact of the COVID-19 pandemic on the infectious diseases and HIV public health and clinical workforce, including administrative staff, has elevated the need for policy and programmatic interventions to reinforce, grow and diversify the HIV workforce to ensure access to quality HIV prevention and care services in communities across the country.

The following recommendations were generated during virtual forums held in August 2021 with HIVMA and RWMPC members and were reviewed and revised in February 2022.

Short Term:

- **Enhance Support for the Existing HIV and ID Clinical Workforce & Care Team:** Address the stress and burnout experienced by the HIV workforce during the last two years by:
 - Recommending increased funding for the Ryan White HIV/AIDS Program, including for Part C, to provide more competitive salaries for all members of the Ryan White HIV/AIDS care team;
 - Promoting best practices for managing clinics and community-based organizations; and
 - Engaging the Health Resources and Services Administration's (HRSA's) HIV/AIDS Bureau and the Centers for Medicare & Medicaid Services (CMS) to reduce administrative burden and to commit to supporting innovative delivery models, including reimbursement for telehealth and telemedicine, including audio-only visits.
- **Address Financial Barriers for ID and HIV Physicians and Health Care Professionals:** Support passage of the [Bolstering Infectious Outbreaks \(BIO\) Preparedness Workforce Act \(S. 3244/H.R. 5602\)](#). In addition, urge inclusion of the bill in the Prepare for and Respond to Existing Viruses, Emerging New Threats and Pandemics Act (PREVENT Pandemics Act) that is being led by Sens. Patty Murray (D-WA) and Richard Burr (R-NC) and recommend funding for the bill in the President's budget each year.
 - The BIO Preparedness Workforce Act would create a new loan repayment program for health care professionals who engage in biopreparedness activities anywhere in the U.S. or who provide ID care, including for HIV and viral hepatitis, in underserved areas or at federally funded facilities.
- **Facilitate Collaboration Across HHS to Respond to ID and HIV Workforce Shortages:** Convene an HIV and ID workforce summit to bring together the Department of Health and Human Services (HHS), HRSA, the Centers for Disease Control and Prevention (CDC), the Substance

Abuse and Mental Health Services Administration, the National Institutes of Health and CMS to evaluate HIV and ID workforce needs and novel strategies and policies, including for financing health care, to address them.

- **Address Financial Barriers for ID and HIV Physicians and Health Care Professionals:** Work across federal agencies to curate a directory of federal loan repayment opportunities that ID and HIV health care professionals may apply for to relieve their student loan debt.
- **Build Interprofessional HIV Workforce Capacity:** Recommend increased funding for HRSA's AIDS Educating and Training Centers in the President's budget to support novel approaches to supporting and growing the HIV workforce.
- **Advance Health Equity:** Commit to increased support for the availability of multilingual clinicians and the translation of HIV clinical guidelines and resources for patients, clinicians and other health care professionals.
- **Build Interprofessional HIV/ID Workforce Capacity:** Leverage pharmacists to expand access to screening and prevention services through pharmacies and pharmacists as allowable under state laws.
- **Advance Health Equity by Engaging State Medicaid Programs:** Partner with HHS to release a Medicaid Bulletin that outlines and encourages states to take steps to support the Ending the HIV Epidemic initiative through their Medicaid programs by streamlining access to HIV drugs for treatment and prevention; supporting innovative service delivery, such as community health workers and street medicine; and reimbursing for telehealth and teleconsultation, including for audio-only visits, among other policies.
- **Engage Private Health Insurers/Private Practitioners:** Engage private health insurers through an Ending the HIV Epidemic campaign that they can commit to by:
 - Signing a public pledge to participate in the Ending the HIV Epidemic campaign;
 - Implementing core [HIV quality measures](#);
 - Disseminating the latest HIV guidelines to their provider networks;
 - Ensuring evidence-based and streamlined access to HIV prevention and treatment drugs, e.g., approve coverage if recommended by the HIV clinician, 12-month authorizations for HIV drugs and automatically authorizing 90-day refills; and
 - Discontinuing co-pay accumulator programs.
- **Advance Health Equity:** Leverage investments in [community health workers and peer outreach specialists](#) in response to the COVID-19 pandemic by supporting them to also conduct HIV education and support linkages to HIV, STI and viral hepatitis screening to advance the goals of the National HIV/AIDS Strategy and the Ending the HIV Epidemic initiative.

Longer Term:

Address Stigma and Discrimination With Health Care Professionals

- Engage primary care and other health and medical profession associations in a campaign to educate providers on the stigma and discrimination experienced by people with HIV within the health care system and how it impacts their health and quality of life. See, as an example, [Your Guide to Creating a Stigma-Free Health Care Zone](#), developed by the San Antonio Alliance.
- Partner with provider organizations to incorporate and educate physician and other health care professional trainees and fellows on their role in reducing stigma and addressing health equity issues.
- Increase training and funding for gender-affirming programming with primary care and HIV providers.

Address Financial Barriers for ID and HIV Physicians and Health Care Professionals

- Urge CMS to re-evaluate reimbursement and payment methodologies for inpatient evaluation and management codes to appropriately value cognitive care and evaluate financing models to better support comprehensive, person-centered holistic care.
- Work with CMS and key stakeholders to develop and evaluate sustainable and equitable financing for innovative health care delivery models, including street medicine or mobile outreach, telehealth and [differentiated care](#).

Strengthen the Interprofessional Prevention & Care Team

- Strengthen HIV curriculum in nursing and advanced practice provider programs with a focus on programs in the South, Historically Black Colleges and Universities, Hispanic-Serving Institutions and institutions that focus on training rural health providers to develop a diverse clinician pipeline.
- Partner with the Accreditation Council for Graduate Medical Education (ACGME), Accreditation Commission for Education in Nursing (ACEN), the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Review Commission on Education for the Physician Assistant to incorporate basic HIV screening, prevention and treatment education into training curriculum.
- Increase support through CMS, HRSA, SAMHSA and CDC for interdisciplinary and interprofessional teams and team training for pharmacists, advanced practice providers, physicians, nurses, social workers and mental health and substance use treatment providers.
- Address recruitment and retention challenges for community health workers and outreach staff by developing and disseminating best practices that will support higher base salary levels and developing a pathway for professional support, job placement and advancement. Direct resources to recruiting populations heavily impacted by HIV, including Black, Indigenous and other people of color, and trans young adults.

Build HIV Care Team Capacity – Support Training Pathways for HIV Primary Care

- Identify opportunities to expand support for enhanced residency training in HIV to increase the cadre of primary care providers with expertise and experience in HIV clinical care in geographic areas of highest need. See [Human Immunodeficiency Virus Training Pathways in Residency: A National Survey of Curricula and Outcomes](#) as background. See HRSA's [Primary Care Training and Enhancement – Community Prevention and Maternal Health as a model](#).
- Support enhanced HIV training opportunities, including clinical fellowships or residency programs, for nurse practitioners, physician assistants and clinical pharmacists.

Provide Support to Clinicians Managing Care for Fewer People With HIV & Private Practitioners

- Expand support for agile, easy-to-access innovative mechanisms that offer robust support to less experienced HIV providers, such as teleconsultation, Project ECHO and peer-to-peer learning models at the systems and local level.
- Increase support for private practitioners managing fewer patients with HIV by offering funding mechanisms to support case management services and by supporting campaigns to educate private practitioners on the AIDS Education & Training Center Program, state AIDS Drug Assistance Programs and other services available through state health departments.
- Develop tools to facilitate adoption of the [federally approved practice guidelines](#) by clinician level, including pocket guides, decision-tree diagrams and other clinician-friendly tools.
- Explore the development of a [Health Care Effectiveness Data and Information Set measure](#) for HIV screening, prevention, care and treatment.