The HIV Workforce: A Conversation

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Much work has been done since the dawn of the HIV epidemic to insure a qualified workforce. Before establishing formal education preservice and in-service programs, nurses and other health care providers gathered together to form organizations such as the Association of Nurses in AIDS Care (ANAC) to meet their needs for support and knowledge sharing. These organizations continued to be invaluable places where nurses could share good and promising practices that could be adapted to a variety of settings. We learned from each other and we leaned on each other to understand the challenges that we faced and to face them with strong evidence.

Change happens and this work has seen great change. We now know that there are treatments available around the globe that work for prolonged periods of time. We know prevention techniques that most certainly slow down the pace of this epidemic. We have found innovative treatment program models to engage and keep patients in care. However, the principles of care and treatment are not fully understood by most nursing faculty. Many health care providers and educators seem to think that HIV is not an issue anymore, that we have eliminated the infection, but infection rates continue to rise.

Those of us who are in practice know that infections are still occurring despite our best efforts. In this special issue, there are articles and reports on the important work that is being done. There are national and international contributions to document the workforce efforts that are underway to improve and secure the supply of high-quality health care providers and faculty in HIV care and treatment. In addition to these articles, we have asked three key informants to discuss their experiences and thoughts on the changes that we are facing. We asked them what they saw as needs and to share some of their own successes. We hope their wisdom will stimulate further critical thinking and dialogue. We look forward to your feedback to these important insights.

Informants

Three informants agreed to respond to a set of questions to help us better understand issues related to HIV workforce development. The first, Jeffrey Kwong, DNP, MPH, APNc, ACRN, FAANP, is the President Elect of ANAC. In addition to his clinical practice as a nurse practitioner specializing in HIV prevention, care, and treatment, Dr. Kwong is Assistant Professor and the Director of Columbia University's HIV Sub-Specialty and Adult-Gerontology Nurse Practitioner Programs and the Program Director for the Elder LGBT (Lesbian, Gay, Bisexual, Transgender) Interprofessional Collaborative Care Program. Second, Carey McCarthy, PhD, MPH, RN, is currently the Director of Research at the National Council of State Boards of Nursing. Prior to this position, Dr. McCarthy was a Health Systems Scientist at the U.S. Centers for Disease Control and Prevention in the Division of Global HIV/AIDS, Center for Global Health. Dr. McCarthy's answers have been informed by her work in Uganda, and she provides insight on work on the global front. Finally, Alison Rice, JD, is Senior Lecturing Fellow and Director of the Health Justice Clinic at Duke Law School. Ms. Rice is engaged in HIV policy research and advocacy, with a focus on health care access, implementation of the Patient

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Protection and Affordable Care Act (ACA), and HIV criminalization. Ms. Rice collaborates with health care advocates in North Carolina and nationally.

Framework

The questions that frame this article are:

1. Do you worry about the current and future abilities of the U.S. workforce to provide excellent care and services for patients with or at risk for HIV infection? Why or why not?
2. What are the current preservice and in-service education needs for a functional and forward-looking HIV workforce?
3. Will the ACA eventually lead to HIV care being moved into primary care systems? What workforce development concerns do you have if that should happen?
4. What data are needed to document the effectiveness of HIV care in primary care and HIV specialty clinics?
5. What role should the Ryan White Care Act play to assure excellent care for people living with HIV infection (PLWH)?

Responses

Do you worry about the current and future abilities of the U.S. workforce to provide excellent care and services for patients with or at risk for HIV infection? Why or why not?

Jeffrey Kwong. I do worry about the current and future abilities of the U.S. workforce to provide care for patients with or at risk for HIV infection for several reasons: (a) Most health professional training programs (at least in nursing and from my own experience) have very limited time in the curriculum devoted to HIV (treatment and/or prevention). It may be limited to a 1-hour lecture, or less …; (b) There isn't a standardized opportunity for educating health professionals on key issues affecting PLWH. Especially as the population ages, we will see more and more people living with long-term, chronic manifestations of HIV disease (e.g., metabolic issues, renal and bone issues, cardiovascular issues) …; (c) Understanding how these chronic diseases are managed within the context of HIV infection will be important for future providers. I don't think new graduates are offered the opportunity to consider these issues at a sufficient level in their training unless they specifically seek it out (e.g., through dedicated specialties within their training) … or they will learn this on the job after they complete their training.

Allison Rice. I do have some concerns about workforce capacity, at least in the near term. It's not so much that the workforce lacks skills to provide excellent care to these populations, but changes in the payer landscape mean that people with or at risk of HIV may be less likely to be served by those with the knowledge and skills needed to serve them. Many formerly uninsured patients living with HIV are transitioning to insurance or Medicaid Managed Care, often severing long-standing ties with HIV specialists because of limited provider networks or barriers to specialty care, including higher cost sharing and utilization limits. Private insurance/Medicaid plans also generally lack quality measures relating to HIV. And support services such as case management and transportation, while still available through Ryan White programs, may be less accessible to patients as they transition to new care networks. In addition to these issues related to transitioning payers are the well-known challenges of replacing the aging HIV workforce. Not only are PLWH moving into networks with few HIV-trained specialists, the supply of HIV-trained providers is struggling to keep up with the demand.

Carey McCarthy. From the work in Uganda, we worried because the national HIV prevalence rate in Uganda stagnated at 7.3%, which is higher than the average in the WHO-AFRO region; the shortage of physicians, nurses, and midwives in Uganda is also dire and worse than the average in Africa. The health care system in Uganda is decentralized, but many of the health facilities, particularly in nonurban areas, are under-equipped. Excellent HIV care is difficult to provide with limited laboratory capacities and high health care worker shortages that are worsened by poor remuneration and absenteeism. However,