



The HIV Specialty for Nurse Practitioners

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Background

- Increasing access to care and improving health outcomes for PLHIV requires an adequate workforce
- Growing need for providers skilled in HIV specialty & primary care
- Four NP and one PA program funded by HRSA (2013-2018)
- DUSON only program in the South where 52% of all new HIV diagnoses occur
- DUSON is only distance-based program and only HIV specialty currently enrolling students



HIV Clinician Workforce

- Decline in number of primary care and infectious disease physicians to manage HIV while there will be an increase in demand
- Need to utilize other health care professionals such as NPs, PAs, nurses, dentists and pharmacists
- Provision of more training opportunities

HIV SCREENING AND ACCESS TO CARE

Health Care System Capacity for Increased
HIV Testing and Provision of Care

Committee on HIV Screening and Access to Care
Board on Population Health and Public Health Practice

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

HIV Clinician Workforce

A study conducted at an academic HIV clinic in a large U.S. city found that PLHIV prefer integration of HIV and primary care but HIV specialty providers had variable interest in serving as PCPs



HHS Public Access

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Who Provides Primary Care? An Assessment of HIV Patient and Provider Practices and Preferences

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Abstract

Background—Non-AIDS co-morbidities are emerging as the main health problems for those living with HIV, and primary care for this population is an evolving challenge. Recent studies have raised the question of whether specialists or generalists are best suited to provide HIV primary care, but patients' actual usage patterns and the preferences of patients and providers have not been well studied.

Methods—We anonymously surveyed 98 patients and eight HIV-specialized providers regarding primary care usage patterns and preferences at an academic HIV clinic in Los Angeles that serves insured patients.

Results—Fifty-nine percent of patients use their HIV physician as their primary care provider, and 84% would prefer this model. Physicians were divided on their preferred role, with five out of eight desiring to provide both primary care and HIV care. All eight physicians rated their comfort with antiretroviral therapy and opportunistic infections greater than for non-AIDS co-morbidities. Eighty-one percent of patients and seven of eight providers were supportive of having a co-located primary care physician at the HIV clinic.

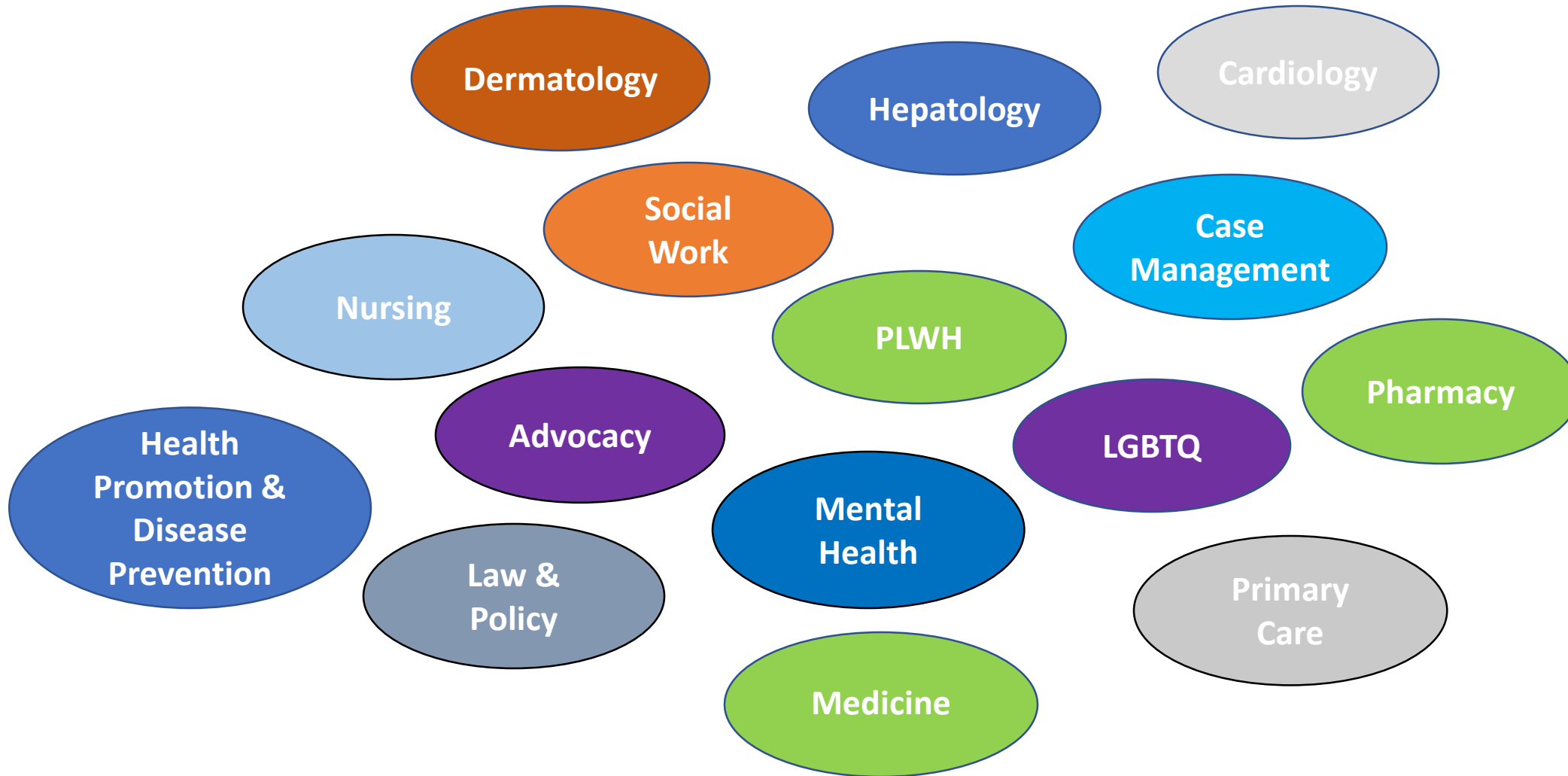
Conclusions—We conclude that patients prefer integration of HIV and primary care, but providers have variable desire to serve as primary care physicians and may be uncomfortable with non-AIDS co-morbidities. This raises the need for improved patient-provider communication about primary care needs, and calls for novel ways of systematically providing primary care to HIV-infected patients.

DUSON HIV Specialty Curriculum

- Epidemiology and Pathogenesis of HIV/AIDS
- Psychosocial, Political, Ethical and Legal Aspects of HIV/AIDS
- Pharmacologic Management of HIV/AIDS
- Clinical Care and Treatment in HIV/AIDS



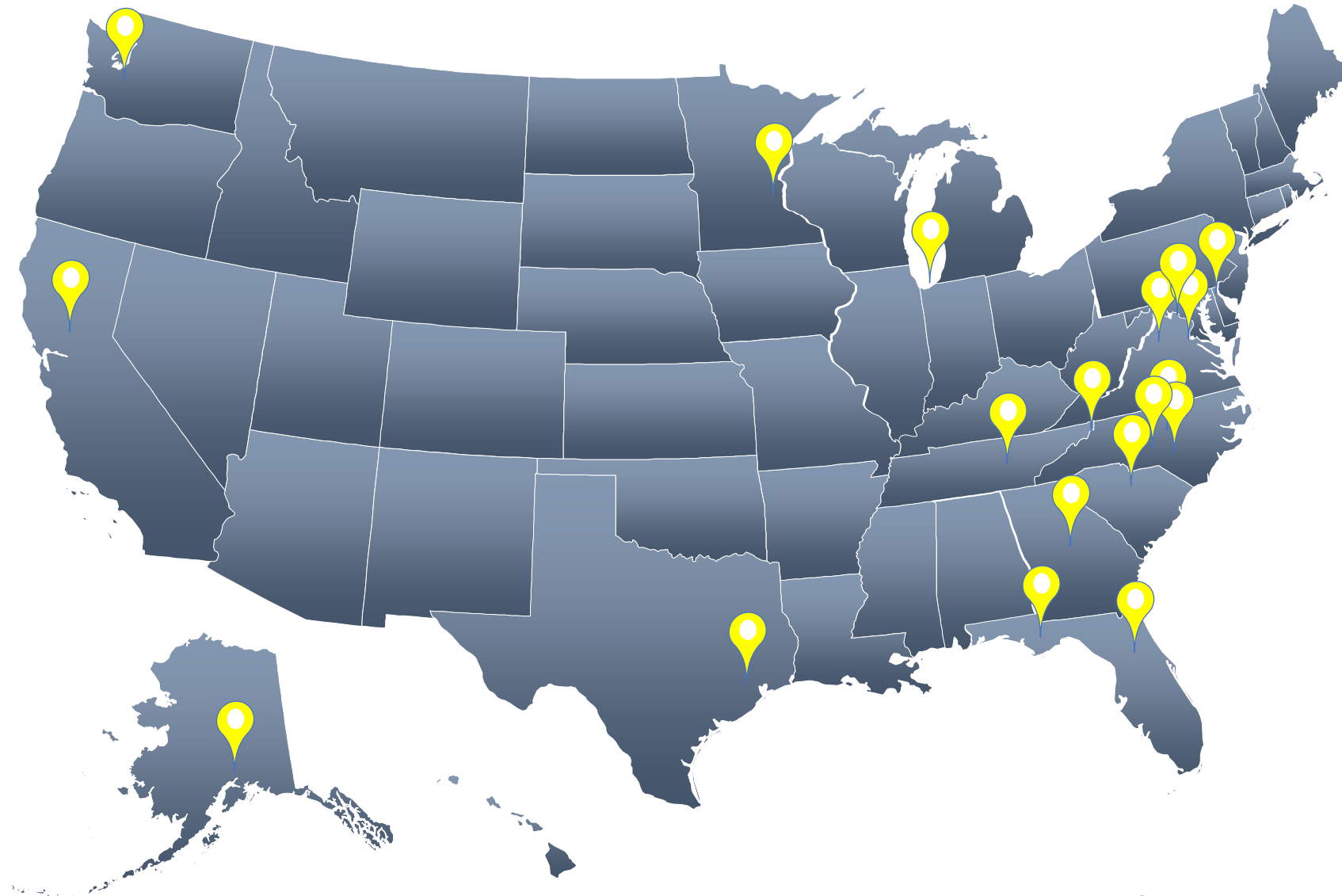
Inter-professional & Interdisciplinary focus



Impact on the HIV Provider Workforce

- NPs who can assume the full spectrum of primary care and HIV-specialty services needed by PLHIV
- Understanding of and skills to address unique challenges faced by PLHIV
- 47 graduates
- 31 are working in settings caring for PLHIV



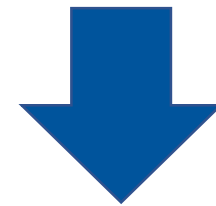


RW clinic, Huntersville, NC
RW clinic, Asheville, NC
RW clinic, Raleigh, NC
RW clinic, Lumberton, NC
HIV & IM clinic, Raleigh, NC
Health Dept. STD clinic, Raleigh, NC
Health Dept. STD clinic, Greenville, SC
Institute for Human Virology, Baltimore, MD
HIV & IM clinic, Chicago
HIV & IM clinic, Houston, TX
HIV & Hepatitis C clinic, Minneapolis, MN
Memorial Sloan-Kettering Cancer Center, NYC
Nephrology/ID/HIV practice, Panama City, FL
Primary care clinic, Boone, NC
Family practice clinic, Cherryville, NC

What is next?



- Increase clinical care capacity
- Improve healthcare provider knowledge and competency to care for this unique population
- Increase training opportunities and access to them



A Call to Action

- ① **Funding to expand access to training programs**
- ② **Assure that training not only focuses on medical aspects of HIV but also the unique challenges for PLHIV**
- ③ **Create and evaluate novel ways of systematically providing primary care to PLHIV**