Assessment of Clinician Workforce Capacity in Ryan White HIV/AIDS Program Care Settings

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OUTLINE

- Purpose
- Data and methods
- Background
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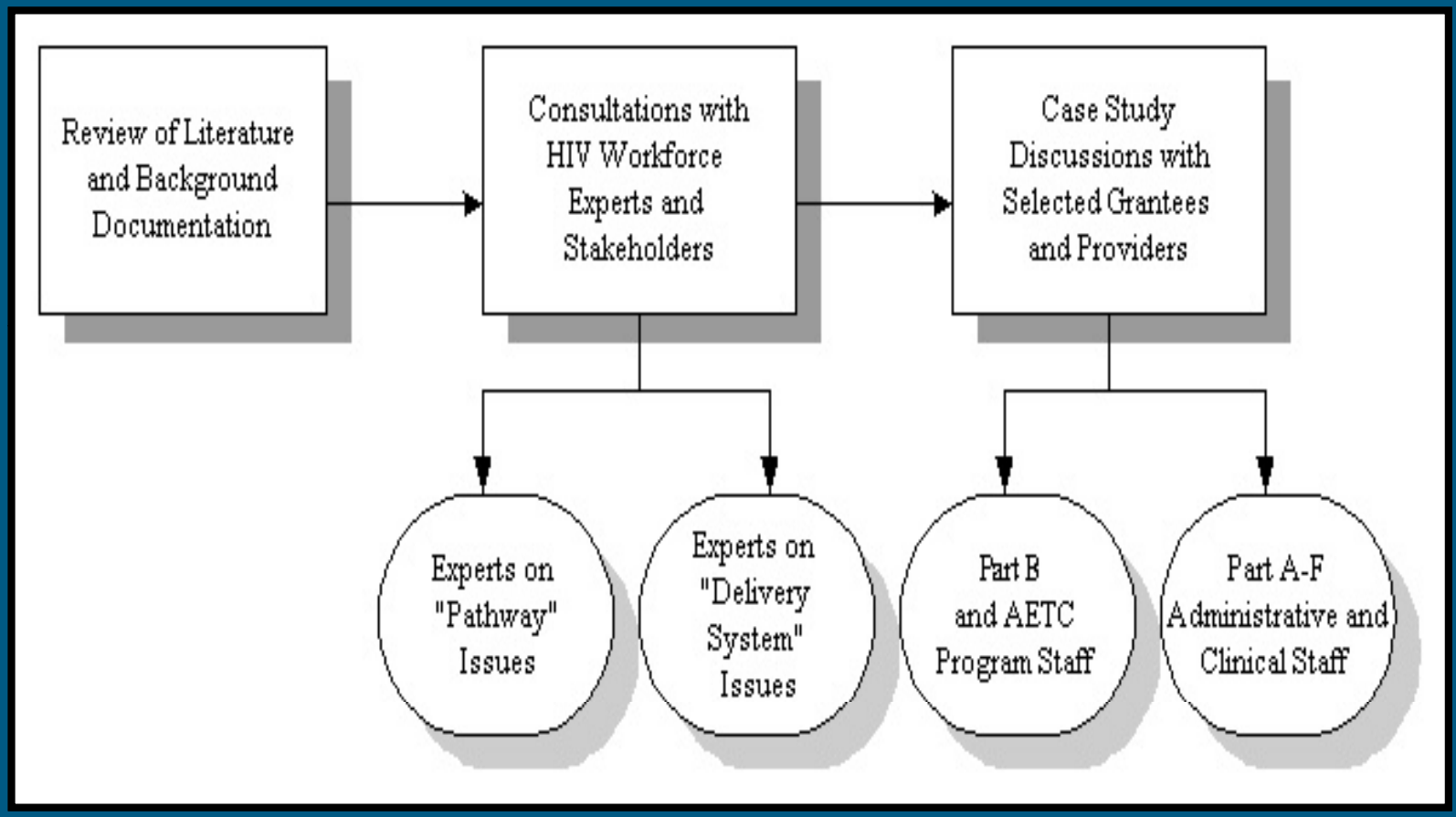
- Conclusions

PURPOSE

- To assess the availability of clinicians and other key personnel in Ryan White HIV/AIDS Program care settings and the impact of clinician capacity among Ryan White-funded providers on the delivery of services to low-income people living with HIV and AIDS
- Specific goals were to:
  - Assess current HIV workforce capacity
  - Identify challenges to HIV workforce capacity
  - Develop strategies to expand HIV workforce capacity

DATA AND METHODS



Site Visit Locations

BACKGROUND
Demographic Determinants of Workforce Capacity

- Increased prevalence of HIV, particularly among youth
- Transformation of HIV into long term chronic disease
- Increased testing and diagnosis of HIV
- Increased rate of HIV among minority populations
- Mental health and substance abuse co-occurring disorders
- Geographic shift in HIV to southern and rural areas

BACKGROUND
Nondemographic Determinants of Workforce Capacity

- Changes in HIV treatment guidelines
- Increasing complexity of HIV medicine
- Growing complications associated with HIV

FINDINGS
Capacity Characteristics

	Sufficient	Insufficient
Staffing capacity	16	10
Appointment capacity	18	8
Overall capacity	16	10

Counts based on 25 providers with medical personnel
One provider assessed separately for medical and dental services

FINDINGS
Capacity Challenges

Category	Type	Count
Patient-related	Severity/comorbidity	24
	New to care	21
Provider-related	Recruitment/retention	18
	Funding/reimbursement	21
Barriers to access	Provider availability	12
	Distance/transportation	16
	Stigma/privacy	17

Counts based on all 26 providers

FINDINGS
Capacity Strategies

Category	Type	Count
System-level	Partnership with other providers	22
	Collaboration with public health	2
Staffing-based	Task shifting/task sharing	19
	Integrated team	8
	Comanagement	17
	Export model	8
Technology-based	Telemedicine	6
	Electronic medical records	20
Process-oriented	Patient scheduling	18
	Patient flow	12

Counts based on all 26 providers

IMPLICATIONS

- **Implications for enhancing the capacity of existing clinical resources**
  - **Based on community- or systems-level approach to delivery of health care services for people living with HIV/AIDS**
  - **Based on inter-agency response to HIV clinician workforce capacity challenges, including HAB, BPHC, BHPr, BCRS, ORHP, AHEC, and AETC**

IMPLICATIONS

- Strengthening and expanding linkages between HIV specialty and primary care clinics and clinicians
- Strengthening partnerships between large adult HIV clinics in metropolitan areas with HIV/AIDS service organizations in rural and underserved areas
- Promoting the adoption of full-service electronic medical record systems within and between providers

CONCLUSIONS

- **Providers have implemented wide range of strategies to address pending HIV clinician workforce capacity challenges**
  - Shifting clinical duties to lower-paid staff to relieve pressure on physicians
  - Creating integrated teams of clinicians that work collaboratively to expedite flow patient
  - Comanaging patients with primary care clinicians in other settings to expand access, particularly in rural areas
  - Investing in health information systems to increase efficiency and avoid duplication of services
  - Introducing new administrative procedures to increase the number of patients they are able to treat

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