Scaling Up HIV Workforce Capacity for Ending the HIV Epidemic

Webinar 2: Building HIV Workforce Infrastructure of Health Departments and Community Partners

June 30, 2021 | 2:00 – 3:30 PM

NASTAD

Agenda

- **Introduction**
  - Krupa Mehta, MPH, Manager, Prevention, NASTAD
- **Workforce Competency, Recruitment and Retention**
  - Jessica Arrazola, DrPH, MPH, MCHES, Senior Program Analyst, CSTE
- **Interventions to Build Capacity of the HIV Healthcare Workforce**
  - Wayne T. Steward, PhD, MPH, Professor of Medicine, Center for AIDS Prevention Studies, University of California, San Francisco; Senior Scientist at the HIV/AIDS Policy Research Center in Northern California
- **Q&A**
- **Announcements and Wrap Up**

Workforce Competency

Jessica Arrazola, DrPH, MPH, MCHES®
Program Analyst, CSTE

Workforce Capacity

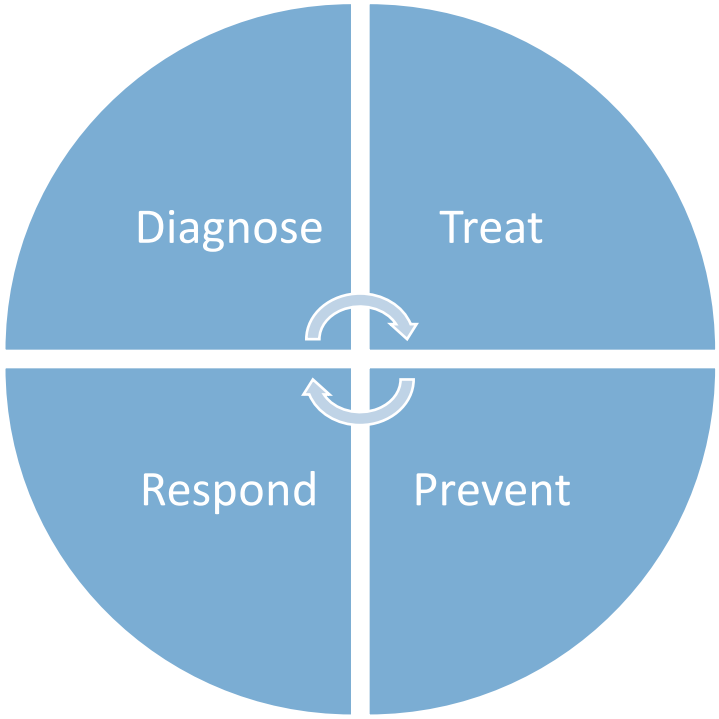
Potter, C., & Brough, R. (2004). Systemic capacity building: a hierarchy of needs. *Health Policy and Planning.* 19(5): 336–345.

Competency Defined

- Who knows how?
- How well do they know?
- Competence is the quality or state of being functionally adequate or having sufficient knowledge, strength and skill.

Vincent, L. (2008). Differentiating Competence, Capability and Capacity. *Innovating Perspectives.* Volume 16, Number 3.

Individual Knowledge, Skills and Abilities



Assess Training Needs

- Leverage existing data sources for direction
- Assess staff
  - Utilize existing competencies
  - Survey staff
    - Anonymous responses - idea generation
    - Identifiable responses - individual professional development planning
- Describe skills important to the job and current skill level to identify gaps and prioritize training topics

Epidemiology Competency Assessment Form — Tier 2 Epidemiologist

Individuals — Use this form to evaluate your level of understanding and ability to perform each of the following competencies.
Organizations — Use this form to evaluate epidemiologic competence of current staff members.

Training and Competency:
1 = Awareness: You have training or experience.
2 = Basic: You have received basic training.
3 = Intermediate: You have repeated successful experiences.
4 = Advanced: You can perform the actions associated with this skill without assistance.
5 = Expert: You are known inside or outside the organization as an expert.

Importance:
1 = An important competency for my position
2 = Neutral
3 = Not an important competency for my position

Frequency:
D = Daily
W = Weekly
M = Monthly
R = Rarely
A = As needed

Skill Domain	**Epidemiology Competency:** The competency statements below are abbreviated from the comprehensive competency statements in the AEC document	No Training ← →Competent/Expert					Importance	Frequency
		1	2	3	4	5		
1, A-1	Use critical thinking to determine whether a public health problem exists							
1, A-2	Articulate the need for further investigation or other public health action from literature review and assessment of current data							
1, A-3	Collaborate with others inside and outside the agency to identify the problem and form recommendations							
1, B-1,2	Design surveillance for a public health issue and identify surveillance data needs							
1, B-3,4	Implement new or revise existing surveillance system and identify key surveillance findings							
1, B-5	Conduct evaluation of surveillance systems							
1, C-1,2	Conduct a community health assessment and recommend priorities of potential public health problems to be addressed							

https://www.cste.org/group/CSTECDCAEC

Connect to Training Opportunities

- Coursera
- Local university courses (options for auditing or reduced fee)
- CDC TRAIN or regional public health training center or HRSA
- Collaborate with CBOs
- User groups (e.g. REDCap, Epi Info, facilitation)
- Brown bag lunch sharing of experiences
- Journal club to learn from the literature
- Connect with other jurisdictions – conduct virtual site visits

Recruitment

Recruiting Qualified Candidates

- Accurately describe the job in the position description to manage expectations and showcase benefits
- Intentionally recruit from communities to be served
- Share with academic partners and CBOs to reach those with relevant classroom training and life experience
- Inform current staff of opportunities to increase referrals

Defined Position Descriptions and Career Ladders

- Disease Investigation Specialists
  - Job Task Analysis: https://www.ncsddc.org/our-work/disease-intervention-specialists-dis/dis-certification/dis-job-task-analysis/
- Epidemiologists
  - Competency Framework: https://www.cste.org/group/CSTECDCAEC
- Health Educators
  - Responsibilities and Competencies: https://www.nchec.org/responsibilities-and-competencies

Required vs. Preferred Criteria

- Review hiring criteria
  - Could any be considered a barrier for an ideal candidate (e.g. must have a car)?
  - Can education be substituted for experience?
  - What can be learned on the job vs. essential for day 1?
- Consider agency policies
  - What is required on paper vs accepted and practiced in workplace culture?
    - Explore opportunities for alignment
- Incorporate the translation of lived experience into required KSAs
  - Consider coaching applicants to navigate the HR process

Workforce Pipeline

CSTE

CBOs

Clients

Students

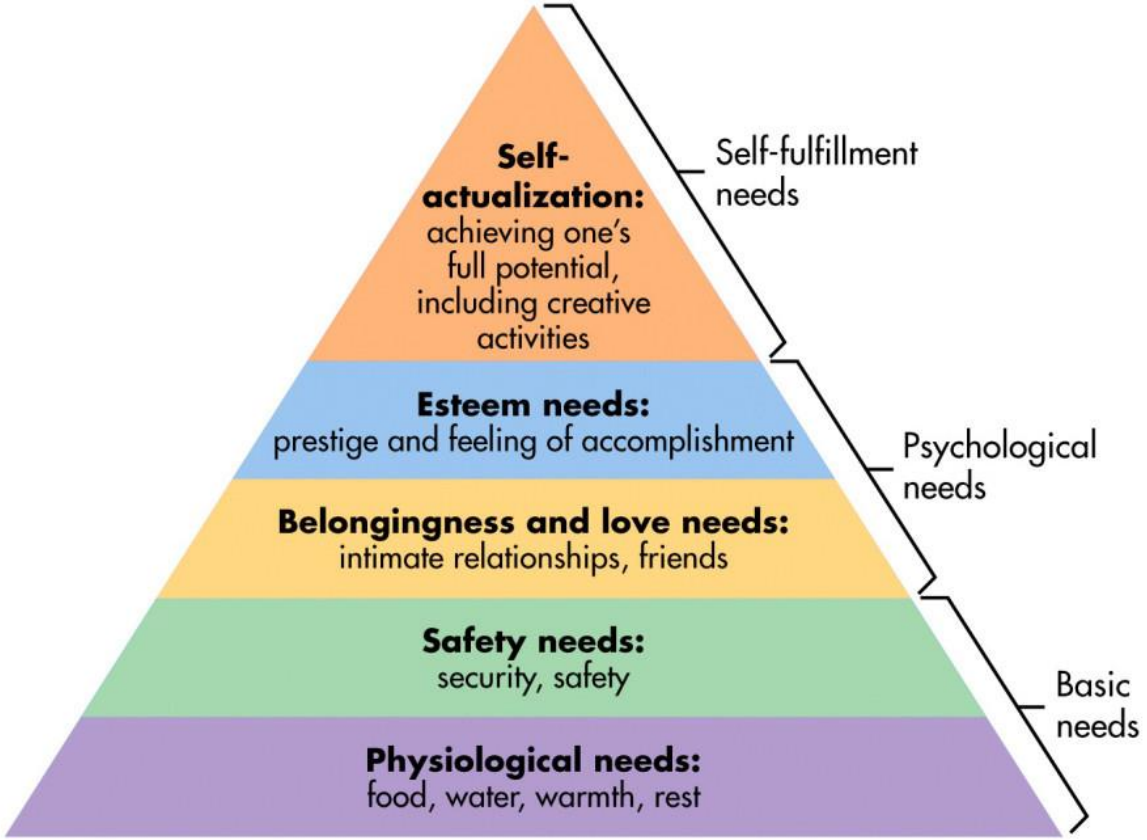
- High school
- College

Academic Institutions

Recruitment Strategies

Retention

Maslow's Hierarchy of Needs



https://www.simplypsychology.org/maslow.html

Factors Affecting Retention

Why people leave?

- Compensation
- Lack of advancement opportunities
- Lack of training
- Burnout
- Politics and social perceptions

Why people stay?

- Sense of purpose
- Enjoy the work
- Commitment to serve the community
- Government job benefits
- Social connections
- Recognition for achievements
- Professional development

Opportunities to Improve

Engage the community

- Collaborate with CBOs to increase trust in and awareness of opportunities at the health department
- Provide opportunities for university and high school students to shadow or intern for career pathway exposure and short-term project assistance

Engage the existing workforce

- Facilitate sharing of institutional knowledge through mentorship, new hire buddy system, brown bag lunches, job rotations/ field trips.
- Acknowledge and recognize the efforts of individual and teams
- Promote water cooler conversation
- Authorize and dedicate time for training to upskill the workforce

Collaborate with HR

- Update hiring requirements to acknowledge lived experience
- Define career paths to facilitate advancement

Promote policies that support agency mission and foster's desired culture

- Modify leave policies to address burnout and promote equity (e.g. family leave)
- Update pay scales

Professional Development

- Career Ladders
  - Opportunities for advancement
- On-the-job learning
  - What can be learned on the job vs possess when starting a position
  - Upskilling the existing workforce to learn new skills (e.g. data science)
- Mentorship
  - Build relationships and share institutional knowledge among staff
- Peer-to-peer learning
  - Communities of practice within and across organizations

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Making Practice Transformation a Success: Lessons from the SPNS Workforce Initiative

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Disclosures

- No conflicts of interest
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Content of Presentation

- Brief background on the Workforce Initiative and its findings
- Successfully implementing practice transformations

Background: Workforce Initiative

- Five-year initiative that began in 2014
- 15 demonstration project sites nationwide
  - Sites included FQHCs, academic medical centers, and HIV clinics within county health systems
  - Locations varied from urban to rural
- UCSF funded separately to serve as the Evaluation & Technical Assistance Center

Demonstration Project Sites

- ACCESS Community Health Network, Chicago, IL
- Brightpoint Health, New York, NY
- Coastal Bend Wellness Foundation, Corpus Christi
- Family Health Centers of San Diego, CA
- Florida Department of Public Health, Osceola County
- FoundCare, West Palm Beach, FL
- La Clinica del Pueblo, Washington, DC
- MetroHealth, Cleveland, OH

Demonstration Project Sites

- New York Presbyterian Hospital, New York, NY
- Ruth M. Rothstein Core Center, Cook County Health & Hospitals System, IL
- San Ysidro Heath, San Diego, CA
- Special Resources for Texas, Tyler, Texarkana, and Paris, TX
- University of Miami, Florida
- University of Pittsburgh Medical Center, Pennsylvania
- New York City Health & Hospitals Correctional Health Services (project activities based in Puerto Rico)

Practice Transformation

- Defined for the initiative as efficiencies in the structures and delivery of care to optimize human resources and improve HIV-related health information

- Types of transformations
  - *Maximizing the HIV workforce:* expanding HIV care to more facilities, ensuring more providers could deliver HIV care
  - *Share-the-care:* enhancing responsibilities for mid-level providers and clinical staff
  - *Facilitate more effective and efficient use of care:* care coordinators to ensure patients receive routine and preventive care services

Example Transformations

- Florida Department of Health, Osceola County
  - Trained primary health care providers at the county's FQHCs to be able to manage HIV care patients.
  - Provided *ad hoc* HIV specialty consultation to primary care providers at FQHCs.
  - Provided opportunity for patients with stable HIV disease to transition care from the HIV specialty clinic to a more conveniently located primary care FQHC.

Example Transformations

- University of Pittsburgh Medical Center (UPMC)
  - Trained staff and providers in a community-based family medicine clinic to provide HIV care.
  - Implemented a residency training program for family medicine with HIV specialty track.

Example Transformations

- Ruth M. Rothstein CORE Center, Cook County Health & Hospitals System (CCHHS)
  - Conducted workflow mapping to identify gaps and inefficiencies.
  - Hired Clinical Transition Liaison (CTL) to identify and link PLWH to care, help them navigate insurance and the CCHHS health system, as well as health systems outside of CCHHS.

Example Transformations

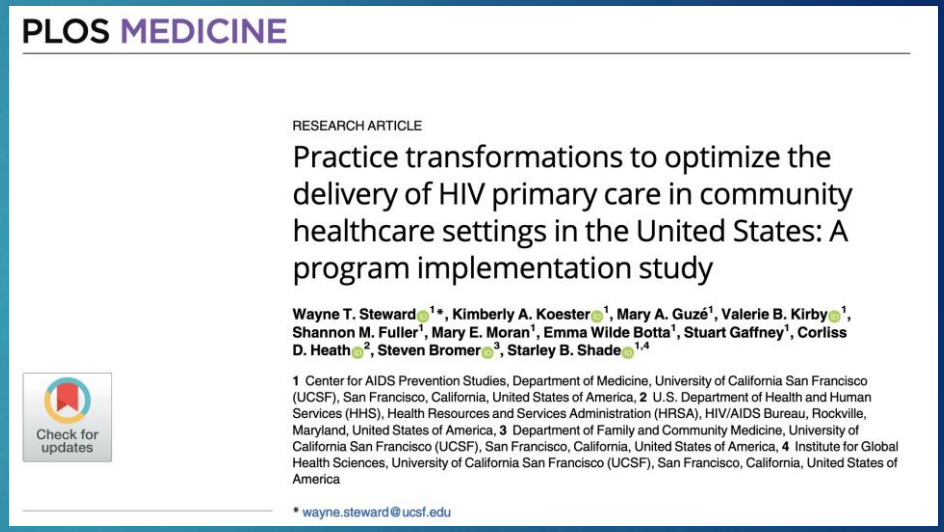
- ACCESS Community Health Center, Chicago
  - Empaneled patients to both an infectious disease specialist and a primary care provider to reduce demands on the specialists.
  - Used care coordinators to support clients' engagement in care.
  - Implemented team-based care and huddles to strategize care planning.

Measurement

- We used an organizational assessment to track changes in practices
- Outcomes were tied to HRSA HIV performance indicators
  - Data drawn from the annual Ryan White HIV/AIDS Services Reports

Impact of Initiative

- Findings publicly available at: https://doi.org/10.1371/journal.pmed.1003079
- Analyses based on care delivered from 2014-2016
- Collectively, sites served at least 13,500 patients living with HIV per year



PLOS MEDICINE

RESEARCH ARTICLE

Practice transformations to optimize the delivery of HIV primary care in community healthcare settings in the United States: A program implementation study

Wayne T. Steward[1]*, Kimberly A. Koester[1], Mary A. Guzé[1], Valerie B. Kirby[1], Shannon M. Fuller[1], Mary E. Moran[1], Emma Wilde Botta[1], Stuart Gaffney[1], Corliss D. Heath[2], Steven Bromer[3], Starley B. Shade[1,4]

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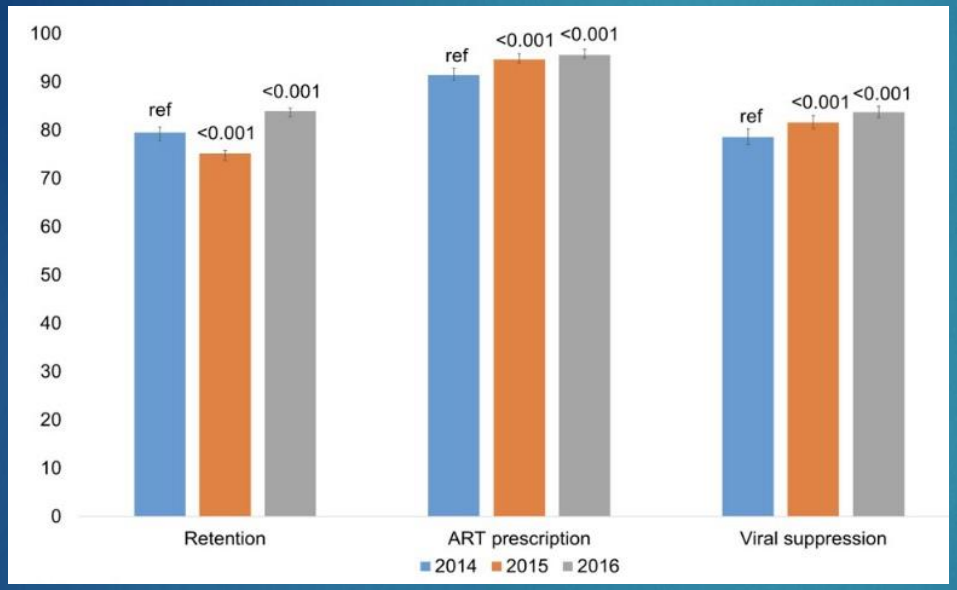
Check for updates

Impact of Initiative



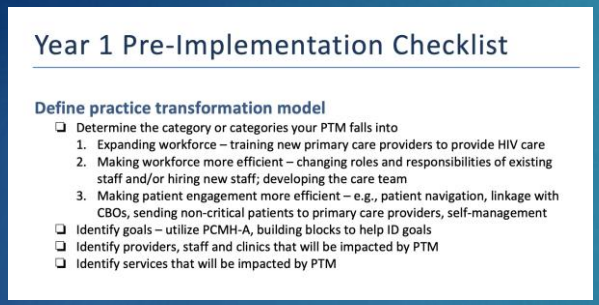
- Overall, improvements across time seen in retention in HIV care and viral suppression
- Improvements in ART prescribing also seen with transformations to maximize the HIV workforce and improve effective use of care

Successfully Implementing Practice Transformations

Foundations for Success

- *Mindset:* Practice Transformation must be thought of as a process or journey
  - Everything doesn't have to be (and often can't be) done at once
  - Even the best laid plans will change
- *QI Infrastructure:* Critical to have quality improvement processes and data systems in place
  - Keeps the focus on improvement
  - Allows for iteration
  - Facilitates smaller changes that ultimately lead to bigger transformations

Ensuring Successful Implementation



Year 1 Pre-Implementation Checklist

Define practice transformation model

- ❑ Determine the category or categories your PTM falls into
  1. Expanding workforce – training new primary care providers to provide HIV care
  2. Making workforce more efficient – changing roles and responsibilities of existing staff and/or hiring new staff; developing the care team
  3. Making patient engagement more efficient – e.g., patient navigation, linkage with CBOs, sending non-critical patients to primary care providers, self-management
- ❑ Identify goals – utilize PCMH-A, building blocks to help ID goals
- ❑ Identify providers, staff and clinics that will be impacted by PTM
- ❑ Identify services that will be impacted by PTM

- We used a pre-implementation checklist to guide initial scale-up:
  - Defining practice transformation
  - Engaging stakeholders
  - Defining roles and responsibilities
  - Writing down protocols, policies, and procedures
  - Identifying and determining how training would be delivered
  - Assessing data needs
  - Establishing a timeline for rollout
- Domains inform and interact with one another
- Changes continued after initial implementation

Engaging Stakeholders

- Securing buy-in is perhaps the most critical area of attention
- Other areas of focus will feed into buy-in
  - Having a longer-term vision may help to identify and seize moments of opportunity (e.g., new funding opportunity)
  - Collective efforts to map out current workflows can identify areas of inefficiency and generate interest in rolling out new procedures
  - Ongoing efforts to build buy-in at all levels can help to overcome bureaucratic hurdles
  - Initial smaller changes may provide the data and evidence for why additional, larger changes are needed

Taking Stock of Progress

- As noted, we used an organizational assessment in the Workforce Initiative.
- Included:
  - Building Blocks of Primary Care Assessment (BBPCA), developed by the UCSF Center for Excellence in Primary Care
  - An HIV care-specific addendum that we developed
- Assessment was intended for the evaluation. But also used by sites as a tool to monitor their own progress

Organizational Assessment

- Key constructs assessed include:
  - Leadership engagement
  - Data driven improvement
  - Team-based care practices
  - Population management
  - Prompt access to and continuity of care
  - Coordination of care
  - Capacity to provide HIV care

Organizational Assessment Addendum

Block A1: Provision of HIV Care

Components	Level D	Level C	Level B	Level A
1. The practice as a whole *(Note: if clinic offers less than basic HIV screening and diagnosis, then score = 0)*	…offers basic HIV screening and diagnosis. Services are limited to prevention counseling, HIV testing, post-test counseling, and referral to care post-diagnosis.	…offers intermediate HIV clinical care. Services include primary care, HIV treatment/care, lab monitoring, with referral to or consultation with experts as needed for advanced care services.	…offers advanced HIV clinical care. This includes a full range of clinical care services with referral or consultation with HIV-expert clinicians as needed for complicated cases. It also includes consultation and acceptance of referrals from other clinicians.	…offers expert HIV clinical care and education. This involves expert leadership to improve comprehensive care PLWH in multiple areas.
Score	0 ☐ 1 ☐ 2 ☐ 3 ☐	4 ☐ 5 ☐ 6 ☐	7 ☐ 8 ☐ 9 ☐	10 ☐ 11 ☐ 12 ☐
2. Within the organization, the delivery of HIV clinical care *(Note: if Q1 = level D, then score on Q2 = 0)*	…occurs only in its own specialized unit or clinic that is separate from general primary care.	…could potentially be offered in general primary care. But in practice, most HIV patients are still seen in an HIV specialty unit or clinic that is separate from primary care.	…is delivered by providers working in a general primary care clinic. HIV patients with complex cases are referred to specialists working in a separate unit or clinic.	…is delivered by providers working in a general primary care clinic. Patients with complex cases continue to be seen in primary care because the providers either have HIV specialty expertise or are able to seek consultations with a specialist.
Score	0 ☐ 1 ☐ 2 ☐ 3 ☐	4 ☐ 5 ☐ 6 ☐	7 ☐ 8 ☐ 9 ☐	10 ☐ 11 ☐ 12 ☐

Organizational Assessment Advantages

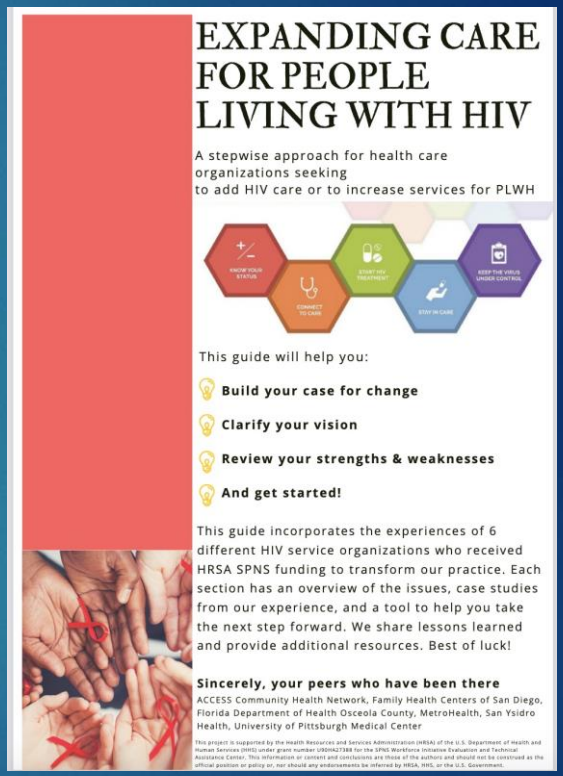
- It can used to convene leadership and take stock of current practices
- You can track forward and backward movement
  - Provider/staff turnover is a common driver of backward movement
- It doesn't require that you chase after providers and staff to fill out surveys
- Lack of movement in an area helps call attention to challenges in need of attention

Keeping things in perspective

- All transformations require time, patience, & persistence
- No one is an expert on Day 1
  - There may be temporary dips in performance metrics immediately after a major transformation in service delivery
- A practice transformation grant may fund the transformation effort, but it won't fund sustainable care
  - A well-conceived practice transformation is one designed to work with ongoing, sustainable sources of funding for the health facility

Tools You Can Use

- The initiative produced three toolkits to facilitate HIV-related practice transformation
  - Expanding Care for People Living with HIV Toolkit
  - Optimizing the Care Team
  - Patient Engagement and Care Coordination in HIV Health Tool
- Available at: https://targethiv.org/library/hiv-care-innovations-replication-resources (click on "Workforce Capacity Building in Community Settings")



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  - Scientific Leads: Steve Bromer, Kim Koester, Starley Shade
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  - Evaluation Analysts: Shannon Fuller, Mary Guze, Lissa Moran, Emma Botta, Xavier Erguera, Stuart Gaffney
  - Practice Transformation Specialist: Sarah Colvario
- Demonstration Project Sites
- HRSA SPNS Program

Thank you!!

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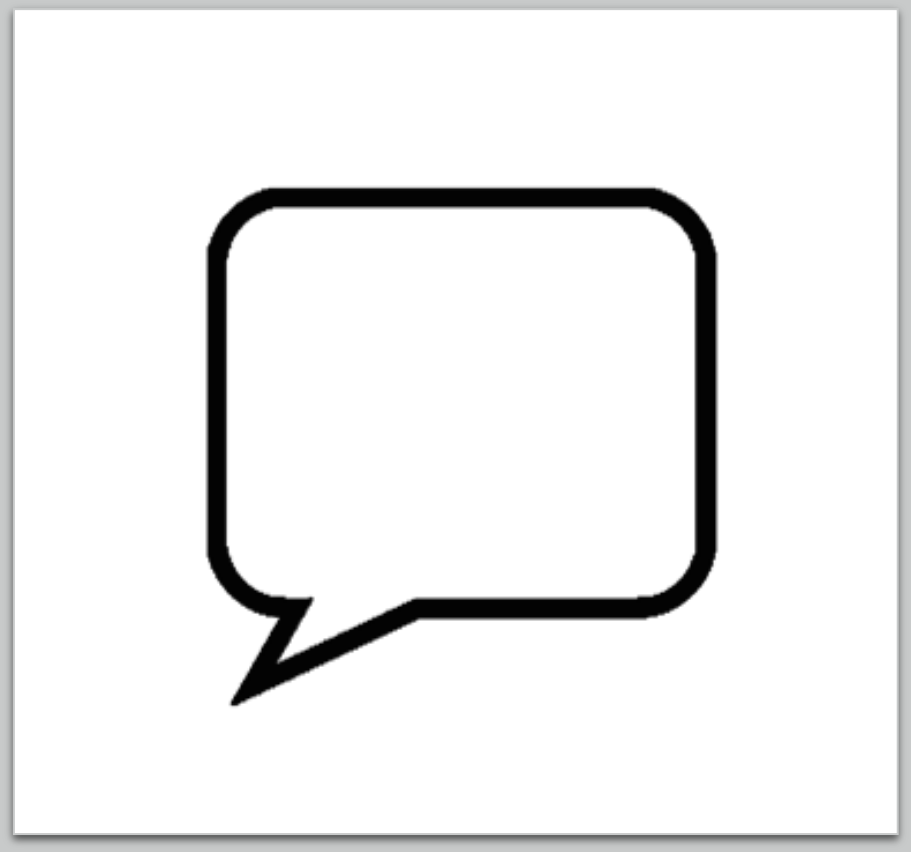
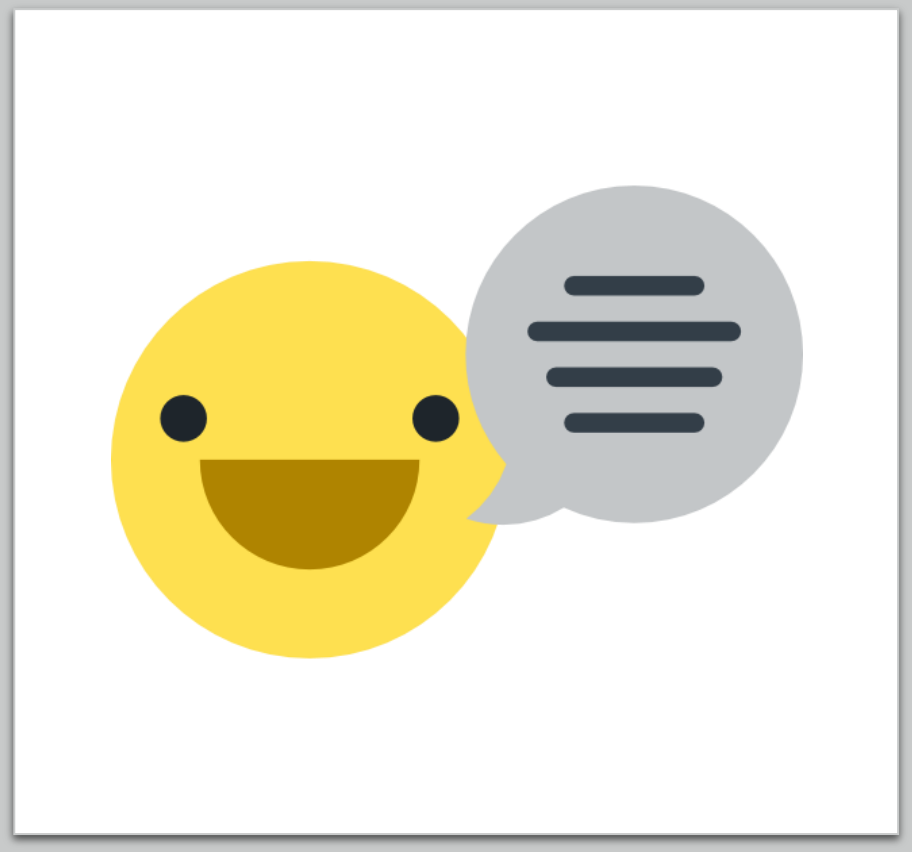
Q&A/Open Discussion





Announcements

- Final HIV Workforce Webinar: July 30
- Virtual Recipient Meeting: July 13-15
- EHE Implementation Technical Assistance Meeting: August 3-5
- HRSA NOFO for Building the HIV Workforce
  https://www.hrsa.gov/grants/find-funding/hrsa-21-124
- NASTAD RFP for Evaluation Consultant
  https://www.nastad.org/job/consultant-evaluation-0
- NASTAD's TelePrEP Learning Collaborative
  https://www.youtube.com/watch?v=fPSiEaugqsU

Contact Information

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