Recommendations for Strengthening the 2022 National HIV/AIDS Strategy

Version: 9/14/21

PROCESS

The following recommendations for strengthening the next iteration of the National HIV/AIDS Strategy and/or its accompanying implementation plan were developed based on input from the HIV Medicine Association's Board of Directors, Ryan White Medical Providers Coalition, Ending the HIV Epidemic Working Group and HIV Workforce Working Group. The recommendations were generated during two virtual forums held Aug. 26 and Aug. 30, 2021, to solicit HIVMA member input. The recommendations are organized according to the four overarching goals of the 2021 HIV National Strategic Plan with the addition of two new sections – **Leverage Cross-Cutting Interventions** and **Build a Diverse, Culturally Competent Workforce Team –** to address topic areas that generated significant discussion.

RECOMMENDATIONS

I. Leverage Cross-Cutting Interventions

1. Address the root causes of health inequities and HIV-related disparities, including, structural and systemic racism, discrimination and poor access to education, housing and employment for Black, Indigenous and other People of Color (BIPOC), Latinx and LGBTQI populations in addition to the health and socio-economic disparities experienced by rural populations.
2. Reduce the "slippage" between policies and recommendations at the federal level and the state and local level. The federal government should set high minimum standards and ensure their implementation by incentivizing and holding states accountable for performance. However, implementation of these standards cannot put at risk the health of people living with HIV or destabilize their engagement in HIV care and treatment by instituting of restrictive funding or program requirements.
3. Maintain the policy innovations brought about by the COVID-19 pandemic that have facilitated access to health care services and treatment, e.g., ensuring that telephonic visits remain reimbursable, requiring or incentivizing multi-month refills and streamlining Ryan White AIDS Drug Assistance Program certification and recertification requirements to prevent treatment disruptions.
4. Develop national indicators that go beyond linkage to care and viral suppression to incentivize programs, public health officials and providers to think and do things differently. As examples, collect data and monitor: 1) engagement of people who are not in care in the community; 2) workforce capacity; and 3) the integration of programs and services.
5. Allow greater flexibility under Centers for Disease Control and Prevention (CDC) and HIV/AIDS Bureau (HAB) funding to facilitate and incentivize collaboration at the local and state level to improve prevention and care coordination, support innovation, meet local needs and reduce redundancy. Consider expanding the flexibilities that are allowed with the Ending the HIV Epidemic (EHE) initiative funds and were allowed with the CARES Act grants more broadly to CDC and HAB grants.
6. Under the EHE, create a flexible fund that would be available in real-time to jurisdictions not currently eligible for EHE funding but that are at increased risk for or experiencing emerging HIV outbreaks. This flexible EHE fund should receive resources in parity to other currently funded EHE funding "buckets."

7 Develop mechanisms to track and release publicly real-time local surveillance (HIV, sexually transmitted infections and viral hepatitis) and demographic data to improve the ability of programs, providers and public health officials to develop and implement effective programming responsive to their current local epidemic rather than the epidemic of two to three years prior.

8 Engage the Centers for Medicare and Medicaid Services (CMS) and federal grant programs to finance innovative models for delivering services outside of traditional clinics, such as leveraging pharmacies and mobile clinics, to provide comprehensive infectious diseases and substance use disorder prevention, screening and treatment at easily accessible points in the community.

II. Build a Diverse, Culturally Competent Workforce Team

1 Add a fifth foundational, overarching goal to build a robust, diverse and culturally competent HIV workforce that includes increased and more equitable representation of the communities and populations disproportionately impacted by HIV. Achieving the four primary goals articulated in the HIV National Strategic Plan and the EHE initiative will require a diverse and culturally competent HIV public health, clinical and social services workforce that reflects the populations disproportionately affected by HIV. The impact of the COVID-19 pandemic on the infectious diseases and HIV public and clinical workforce, including administrative staff, makes this even more imperative.

2 Address stress and burnout within the current HIV workforce by supporting innovative strategies to reduce clinic staffing shortages, including among administrative staff, promoting best practices for managing clinics and community-based organizations and engaging HAB and CMS to reduce the administrative burden and to preserve more time for direct patient care.

3 Incentivize ID, primary care and advanced practice providers to provide PrEP and HIV care in underserved areas through loan repayment and enhanced reimbursement opportunities.

4 Leverage pharmacists to expand access to screening and prevention services through pharmacies and pharmacists as allowable under state law.

5 Recruit a diverse workforce and ensure that cultural competence goes beyond offering multilingual and translation services. To improve access to prevention, care and treatment and reduce stigma and discrimination, it is important to have staff across the prevention and care continuum that are sensitive to cultural issues and barriers that people are facing. Language and cultural barriers put an already vulnerable population at even greater risk of going without health care and other critical services.

6 Support and increase access to community health workers and peer outreach specialists to connect with people in the community. Address recruitment and retention challenges for community health workers and outreach staff by increasing base salary levels and developing a pathway for professional support, job placement and advancement. Direct resources to recruiting populations heavily impacted by HIV, including BIPOC and trans young adults.

7 Develop networks of support and accountability for private practice providers who are providing HIV prevention and treatment services outside of the Ryan White HIV/AIDS Program to educate and engage them in the National HIV/AIDS Strategy and the EHE initiative.

8 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.

9 Strengthen HIV curriculum in nursing and advanced practice providers 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.

10 Support and promote locally driven knowledge sharing and information dissemination, such as tele-consults, ECHO models and mentorship programs. While national ECHO-type programs, consult services such as AETC mentorship programs and national hotline/warm lines exist, many practicing clinicians prefer to consult those with whom they have established relationships and who are readily available, knowledgeable about local clinical issues and resources and nonjudgmental. Clinician consultation and

mentorship programs are most effective when developed locally, and efforts to launch and sustain programs can be supported with funding and administrative support.

11 Engage medical and other health care professional students early in their training to build interest and excitement about the field and the role of HIV providers and programs in addressing health equity.

III. Reduce HIV-Related Disparities & Health Inequities

Stigma & Discrimination

1 Work with states to rescind or modernize any HIV criminalization laws or regulations.

2 Revise all policies barring people with HIV or restricting their service based on their HIV status, including from service in the military or Peace Corps.

3 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.

4 Partner with provider organizations to incorporate and educate trainees and fellows on their role in reducing stigma and addressing health equity issues.

5 Increase training and funding for gender-affirming programming with primary care and HIV providers.

Social Determinants of Health

1 The COVID-19 pandemic has exacerbated the challenges that many people with HIV face accessing basic services, including food, housing and transportation. Addressing housing needs, including temporary, permanent and supportive housing, must be a priority. Without stable housing and food security, it is very difficult to access and engage in other services, including HIV care and treatment.

2 Significantly increase access to both mental health services and treatment of substance use disorders to reduce new HIV transmissions as well as improve clinical outcomes through engagement in care and treatment.

3 Expand training at all staff levels in trauma-informed care throughout Ryan White Programs and other safety-net clinics.

4 Embrace the harm reduction model for improving access to substance use prevention and treatment services, such as pilot testing novel strategies and payment models for reducing barriers to accessing syringes, naloxone and medication-assisted treatment through clinical care sites.

5 Increase support for services that facilitate access to health care and maintain other basic needs, including health care coverage, transportation, broadband Internet and phones or other electronic and communication devices.

IV. Prevent New Infections

PrEP Scale Up

1 Develop trainings and clinical tools to educate providers on the CDC's updated PrEP guidelines and STI screening and treatment recommendations. In addition, educate providers on tools and best practices for simplifying PrEP access from the user's perspective, e.g., telemedicine, flexible prescription refills and the use of at-home HIV and STI testing.

2 Use the Ryan White HIV/AIDS Program as a model and support the development of a new program to deliver PrEP services by safety-net providers and to assist PrEP users with out-of-pocket costs. A major barrier to expanding PrEP use is that many individuals in non-Medicaid expansion states who would benefit from PrEP do not have health insurance or have limited insurance coverage. With a new funding source, the Ryan White HIV/AIDS Program, Title X Family Planning Clinics, Substance Abuse and Mental

Health Services programs, the Indian Health Services programs and other safety-net clinics can provide the infrastructure and expertise for working with underserved populations.

3 Expand access to PrEP for high school and college students, including by ensuring options that protect their privacy if they are on their parents' health insurance and educating high school and college health centers on options for accessing PrEP without using their health insurance, if necessary.

4 Ensure that as novel modalities, such as long-acting injectables for prevention and treatment, are approved, they are available to those who could benefit the most by working with pharmaceutical companies, in addition to CMS, private insurers and state Medicaid programs, on drug pricing and access.

Comprehensive Sex & Sexual Health Education

1 Set a higher national minimum standard for comprehensive sex education and for discussing sexual health that is not heteronormative and reflects the needs of LGBTQI individuals.

2 Normalize conversations about sexual health and health education through provider training and leveraging peer specialists to significantly increase and improve the sexual health counseling provided by clinicians and other health care professionals.

3 Focus on identifying and implementing prevention strategies for populations most vulnerable to experiencing HIV-related disparities, including transgender youth and young gay men of color.

4 Expand access to STI prevention and treatment services through community health centers, Title X Family Planning Clinics, substance use treatment providers and other community-based service providers.

V. Improve HIV-Related Health Outcomes of People with HIV

1 Reduce barriers to medication access, including by setting a higher national standard for conducting Ryan White AIDS Drug Assistance Program certification processes that focus on lowering barriers to medication access and mitigating treatment interruptions.

2 Identify and support best practices and provider education on transitioning from pediatric to adult sexual health and HIV care.

3 Develop best practices for engaging and caring for people as they age with HIV, e.g., focus on cancer screening, preventive medicine and managing co-morbidities.

4 Incentivize universal testing in the emergency departments located in the counties at risk for increases in HIV or viral hepatitis, such as the 220 counties identified by CDC vulnerable to outbreaks due to injection drug use.

VI. Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic Among All Partners and Stakeholders

1 Improve the coordination and integration of programs and service delivery across disease silos and across federal/state/local organizations by addressing policy and resource barriers to doing so.

2 Define and incentivize the availability and financing of a minimum set of health care and support services for effective prevention and treatment for HIV, STIs, viral hepatitis and substance use disorders.

3 Develop and fund strategies for integrating HIV, HCV, STI and substance use disorder prevention and care into sexual health and primary care clinics.

4 Incentivize collaborations across specialties and settings to provide screening and treatment where people are engaging in care, e.g., build on successful HIV screening programs in emergency departments to also offer STI screening in ERs with follow up for treatment from the HIV team.