Kaiser Permanente Policy Story, V1, No. 5

Meeting HIV/AIDS Workforce Challenges with Multidisciplinary Care Teams

- The gap between HIV care workforce supply and demand in the United States is widening.
- Kaiser Permanente—the largest private provider of HIV care in the U.S.—has found that the HIV multidisciplinary care team model is more effective than ordinary ambulatory care.
- Compared with other Americans with HIV, Kaiser Permanente patients with HIV live longer and healthier lives. The national HIV mortality rate is 3.4 percent; Kaiser Permanente's HIV mortality rate is 1.6 percent.
- Kaiser Permanente's multidisciplinary care team model can be replicated by other care systems to provide optimal patient care while maximizing workforce capacity.

Policy Context

The factors contributing to an impending HIV care workforce shortage in the United States include:

Early Detection and Treatment of HIV—National HIV prevention strategies emphasize early detection and linking people to health care when they are first diagnosed with HIV.[1] Meanwhile, an estimated one-third of people in the United States who know their HIV status may not be receiving care.[2] As HIV testing and treatment outreach strategies ramp up, an influx of newly diagnosed patients will increase demand for providers experienced in treating HIV.

More Americans Living with HIV—HIV is still epidemic in the United States, with 56,000 people infected each year, and more than 1.1 million living with HIV. While the number of new infections has remained relatively constant, effective combination antiretroviral therapy and care management have dramatically increased the life expectancy—and thus the number—of people living with HIV.

Financial Disincentives to Practice HIV Care—About 40 percent of HIV patients rely on Medicaid for health care coverage, and in many parts of the country, reimbursement levels do not support the cost of their care. This makes HIV medicine an unattractive career choice for many clinicians.

Few Replacements for Retiring HIV Providers—The workforce that cares for people with HIV consists largely of first generation HIV health care professionals who entered the field at the beginning of the epidemic—more than 20 years ago. The HIV workforce is increasingly constrained as these first generation providers retire or leave the field, relative to the number of individuals that require care.[3]

The Challenge

Kaiser Permanente is the largest private provider of HIV care in the U.S., with more than 20,000 HIV-positive patients. We perform over 300,000 screening HIV antibody tests annually. While we currently have sufficient workforce capacity to care for our HIV patients, this may not be the case in the future.

Kaiser Permanente Solution—Multidisciplinary HIV Care Teams

Kaiser Permanente has found that the HIV multidisciplinary care team (MDCT) model is more effective than traditional ambulatory care at engaging and retaining patients in care. MDCTs are composed of professionals from many disciplines, often including an HIV physician specialist, care manager, clinical pharmacist, social worker, mental health social worker, and nutritionist. The MDCT model emphasizes the medical home and a collaborative management approach to ensure the efficient provision of appropriate services. Key aspects of the MDCT model include:

Optimal Team Composition—The best-qualified person delivers needed HIV care services. For example, the inclusion of a clinical pharmacist on the MDCT improves adherence to antiretroviral therapies and decreases outpatient office visits.[4]

Collaborative Management—The MDCT model stresses collaboration among health care professionals from diverse disciplines to address patients' complex needs and/or multiple conditions.

Clinical Care Pathways—These tools optimize efficiency by outlining the best order and timing of interventions. The pathway can include protocols indicating when patients access care from the various team members, given their disease progression. For example, once the HIV provider identifies a new antiretroviral therapy regimen for the patient, the case manager sees the patient to reduce as many obstacles to successful care as possible. The patient also meets with the clinical pharmacist to ensure a high level of adherence.

Health Information Technology (HIT)—Health information technology facilitates coordination of care and provides decision support. HIT applications—including panel management tools and comprehensive individual patient records—also provide the team with valuable information to support continuous quality improvement.

Quality Improvement—Measuring and improving quality is essential to the continued success of MDCTs and HIV care in Kaiser Permanente. Our quality-related metrics assess a wide range of care, including retention in care, screening and prevention for infections, immunizations, and initiation and monitoring of antiretroviral therapy.

Outcomes

Getting Patients into Care—Kaiser Permanente's HIV care teams get newly diagnosed patients into care quickly. Among our HIV-positive patients, 89 percent are in HIV-specific care within 90 days—compared with 50 percent nationally.[5]

Care Results—Our HIV care team composition promotes antiretroviral adherence and maximizes viral control, as reflected in our excellent performance on the following measures:

- Kaiser Permanente achieves more than 90 percent median treatment adherence among patients regularly in care and on antiretroviral therapy.[5]
- Nearly 70 percent of Kaiser Permanente's HIV-positive patients have maximal viral control, compared with 19 to 35 percent nationally.[5]

Kaiser Permanente Patients are Living Longer—Compared with other Americans with HIV, Kaiser Permanente HIV patients live longer and healthier lives. The national HIV mortality rate is 3.4 percent, while Kaiser Permanente's HIV mortality rate is 1.6 percent.

Practical Implications and Transferability

Kaiser Permanente's experience with multidisciplinary care teams for HIV treatment has made us an internationally acclaimed leader in the field. In January 2012, Kaiser Permanente challenged other private health care providers and community health clinics to increase the number of HIV-infected people receiving treatment by sharing Kaiser Permanente's toolkit of clinical best practices (including the MDCT), mentoring, training, and HIT expertise. The toolkit is available at the Kaiser Permanente HIV Challenge Website: http://info.kp.org/communitybenefit/html/our_work/global/hivchallenge/download_toolkit.html.

For more information, please contact:
Kaiser Permanente Institute for Health Policy at http://www.kp.org/ihp

1 National HIV/AIDS Strategy for the United States, July 2010.

2 HRSA, HIV/AIDS Bureau, Outreach: Engaging People in HIV Care, August 2006.

3 HIV Screening and Access to Care: Health Care System Capacity for Increased HIV Testing and Provision of Care (2011).

4 Horberg MA, et al, Determination of Optimized Multidisciplinary Care Team for Maximal Antiretroviral Therapy Adherence, J Acquir Immune Defic Syndr. 2012 Mar 19. [Epub ahead of print]

5 Horberg M, Hurley L, Towner W, et al. HIV quality performance measures in a large integrated health care system. AIDS patient care and STDs. 2011. 25(1):21-8.