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The public policy research arm of the State University of New York



NEWS

July 11, 2016

**For Immediate Release
Contact for Rockefeller Institute:**

Robert Bullock
Deputy Director for Operations
(518) 443-5837

or by email at robert.bullock@rockinst.suny.edu

More Research Needed to Strengthen HIV Care Delivery and Workforce, Study Says

Albany, NY — Researchers from leading national health policy and clinical institutions, including [April Kimmel, Ph.D., assistant professor at Virginia Commonwealth University School of Medicine](#), and [Erika Martin, Ph.D., M.P.H., director of health policy studies at the Rockefeller Institute and associate professor at the Rockefeller College of Public Affairs and Policy](#), have recommended that rigorous research on HIV care delivery models, including the HIV workforce, in diverse communities across the country is urgently needed.

According to the new article, titled "[Clinical Outcomes of HIV Care Delivery Models in the US: A Systematic Review](#)," published in *AIDS Care*, "with over 1 million people living with HIV, the U.S. faces national challenges in HIV care delivery due to an inadequate HIV specialist workforce and the increasing role of non-communicable chronic diseases in driving morbidity and mortality in HIV-infected patients."

Advances in HIV medications allow HIV-infected individuals to live longer and healthier lives. Yet despite improvements in what medicine can do, HIV patients do not always see improvements in their own health. This is due in part to shortages in the workforce of clinicians who can provide care to HIV patients and gaps in coordination of care when patients receive treatment for HIV, primary care, and other chronic conditions. To use evidence to address these challenges, the researchers conducted a rigorous systematic review of studies on the success of different HIV care delivery models, including advanced practitioner-based care, team-based care, and shared care, as well as specialty-based care.

The researchers found that most past research has been on specialty-based care, with few studies examining the effectiveness of other types of HIV care delivery models. The practical and policymaking value of the evidence was also diminished by the fact that many studies were published over a decade ago, focusing on urban populations in the Northeastern and Western regions, while currently the HIV epidemic is shifting away from these historic urban centers and toward the Southeast. Some studies also were hampered by low-quality study designs, which limited the research team's ability to rigorously test which types of HIV care delivery systems were most successful.

As HIV-infected individuals live longer, they face an increasing rate of other aging-related chronic conditions, and larger healthcare delivery system reforms such as the Affordable Care Act have changed the landscape for HIV clinical care. To address these challenges, the U.S. urgently needs high-quality research on the effectiveness of healthcare delivery models that engage non-HIV-specialists, and on how well these models work in different settings and for different populations.

Thomas Gais, director of the Rockefeller Institute, commented that: "By showing the huge gap between the evidence to date and the problems our health systems are struggling with, this analysis may direct future research to ask and answer practical questions about different workforce arrangements and forms of collaboration. Summarizing available research from a policy and administrative perspective is an essential task for policy research institutes like ours, and I'm delighted the Institute contributed to this work and its dissemination."

This study was led by April Kimmel, Ph.D. Additional collaborators included: Hadiza Galadima, Rose Bono, Ali Bonakdar Tehrani, John Cyrus, Margaret Henderson, Kenneth Freedberg, and Alexander Krist from Virginia Commonwealth University, Eastern Virginia Medical School, Harvard Medical School, and Massachusetts General Hospital.

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