

The Association of Nurses in AIDS Care convened two sessions in September 2021 with members of the ANAC Policy Committee and others to solicit feedback and opinions on the draft of the updated National HIV/AIDS Strategy 2022-2025 (NHAS) and the Plan to End the HIV Epidemic. A condensed and edited version of those conversations is below.

What can nurses uniquely do to advance the NHAS?

The NHAS focused on achieving undetectable viral load, but that is just one part of health and there's a lot to get to that point. Nurses know we need to look at the whole totality of the person and identify and address what it takes to get to be undetectable.

To end the epidemic, social determinants of health will need to be a focus:

- Nurses are uniquely positioned through trusted relationships and open dialogue to identify and address social determinants that impact an individual's health and wellness.
- Housing instability and homelessness is a major barrier or disruptor of treatment and care. A comprehensive and repeated housing assessment can be incorporated into routine visits and interactions with nurses.
- While housing is a leading barrier to effective care and treatment, domestic violence, stigma, and mental health are also important factors.

Nurses foster trust and promote a holistic viewpoint:

- Leverage the fact that nurses are the most trustworthy profession and a large part of healthcare. Nurses understand the complexity of people and view patients holistically.
- Value and support trusting relationships in education, care, retention and prevention
- Encourage & support nurses to include sexual health as part of regular dialogue and assessments. Develop campaigns in nursing education and professional development to increase awareness about their role in sexual health education and assessment.
- Fund public education campaigns to promote nursing as the trusted source of information, including sexual health information.
- Assess for and mitigate the impact of distrust in medical systems and treatment due to misinformation and fear of COVID management and COVID vaccines.
- Provide staffing and reimbursements for home or community visits for nurses to follow up with people lost to care.
- Expand community health worker teams, led and mentored by nurses to reach people where they are.
- Develop and support nurse-led HIV prevention and treatment programs that address the Intersection of HIV, mental health and substance abuse. Lack of mental health services, esp. culturally competent MH services is overwhelming and unacceptable.

Support for Nursing Practice:

- Advanced practice nurses (Nurse practitioners) are prescribers and can expand the HIV workforce in effective, holistic and compassionate ways. However, restrictive state-based practice authority regulations limit this vital part of the healthcare workforce. Scope of practice is state based, but the federal government can still make recommendations or other strategies to reduce this barrier.
- Nursing case management can tackle complicated multi-faceted issues that hinder retention. Nurse case management also uses holistic approaches to address the totality of the persons' daily life and ability to stay in care.
- Work with CMS to develop practices that allow for billing of RN time and services.
- Encourage RN staffing at federally funded places, which can bridge the gap in engagement and retention, since nurses are trusted healthcare professionals
- Cost containment measure of replacing nurses in federally funded clinics and other sites hinders patient engagement and is not really cost effective
- Pre-authorization takes nurses away from caring for patients and keeps patients out of care. Insurers must be part of the NHAS and realize that this is a barrier. Streamlined and user-friendly

simple processes must be in place that do not take provider time away from patient focused activities.

- NIAID needs to support nursing research. The national Institute of Nursing Research doesn't have enough funding nor do other institutes have the focus on nursing research, particularly in HIV prevention, engagement, management and retention. Nurses should be included in major research investments for ending the epidemic, such as HPTN 096

Expand nursing roles in non-traditional settings:

- Nurses should be placed in non-traditional settings such as pharmacies, minute clinics, health departments, schools and colleges to improve HIV education, treatment accessibility, and prevention. In these settings, nurses can provide education, services and warm, direct referrals and follow-up along continuum of care- and – reduce stigma that may be associated with seeking care at an HIV-designated site.
- Nurses can partner with CVS, Walgreens, other private partnerships. Minute clinics should incorporate HIV testing, rapid initiation of care and PrEP and PEP through nursing services.
- Non-traditional settings for youth must include out of school settings such as Job Corp, recreation and sports centers in addition to school-based clinics in high schools.
- Nurses' roles in health departments, primary care, STD clinics and mental health and substance use treatment centers must be expanded to include HIV education, HIV testing, PrEP or rapid initiation and warm hand-offs to referrals.

Expand HIV content in Nursing Education:

- Nursing education should address stigma, trauma, social determinants of health and resultant health inequities, including HIV risk, acquisition and outcomes.
- Nursing curriculum should incorporate HIV into undergraduate courses and offer advanced degree specialty tracks in HIV that include not just pharmacology and prescriptive considerations but also related factors to include trauma, stigma, SDOH and inequities in outcomes.
- Inter-professional courses to prepare nurses, physicians and other members of the healthcare team for team based care as necessary for optimal HIV care should be encouraged and supported.
- Federal assistance and grants to nursing schools at HCBUs could enhance and diversify the nursing workforce and foster interest in HIV nursing in underserved communities by nurses of color.
- National Health Service corps or loan forgiveness programs can develop special tracks for HIV providers, to include registered nurses, not just nursing faculty or nurse practitioners.

Changes that have been made to healthcare due to COVID should remain permanent:

- Telehealth including billable hours for care delivered by nurses and nurse practitioners should remain an option.
- For patients without privacy, effective web services or skills or for those that benefit more from the inter-personal interaction must also be offered. People already isolated need to see a familiar face. It is harmful for people already having trouble staying in care.
- Extended prescription refills and visit scheduling for those that do not need frequent support and counseling should be continued.

New therapies:

- Nurses are concerned about the potential for injectables to further the divide in HIV access and outcomes. It's for people already in care and suppressed. The focus on the holistic approaches outlined above needs to be the way to advance the NHAS and not be diminished by the excitement of new technologies that may only benefit a few.

Contributors: Hina Ahmed, Amanda Allmacher, Joanne Bennett, Donna Gullette, Jeff Kwong, Jonah Pierce, Marik Moen, LaRon Nelson, Vincent Ramos, Michael Relf, Donna Sabatino, Nina Sublette, Carole Treston, Felicity Tsikiwa, Mitchell Wharton