

Capacity Building in Primary Care Settings: *The Critical Role of the AETCs*

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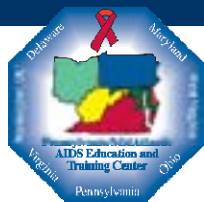
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Overview of Capacity Building

Linda Rose Frank, PhD, MSN, ACRN, Principal Investigator, PA/MA AETC, University of Pittsburgh, Center Headquarters



Issue

The need for coordinated and integrated care systems for persons with HIV/AIDS is critical to improved clinical outcomes and to address co-occurring disorders and co-morbidities. A clinically and culturally competent HIV workforce is needed to provide care characterized by effective treatment, prevention, coordinated services, and the ability to assess and treat complicated clients with a range of co-morbidities and psychosocial issues.



Pennsylvania/MidAtlantic AETC



20th RYAN WHITE ALL GRANTEE MEETING AND 10th ANNUAL CLINICAL CONFERENCE

Description

The HRSA-funded Pennsylvania/MidAtlantic AIDS Education and Training Center headquartered at the University of Pittsburgh, Graduate School of Public Health has developed a comprehensive model for HIV clinician and system capacity building. The approach is used to design and implement educational and consultative strategies to improve HIV clinician practice, treatment team quality and performance, and enhance systems of care through the use of a continuous quality improvement process. This model is utilized and implemented through a continuous process of assessment, intervention, feedback, and revision which includes:



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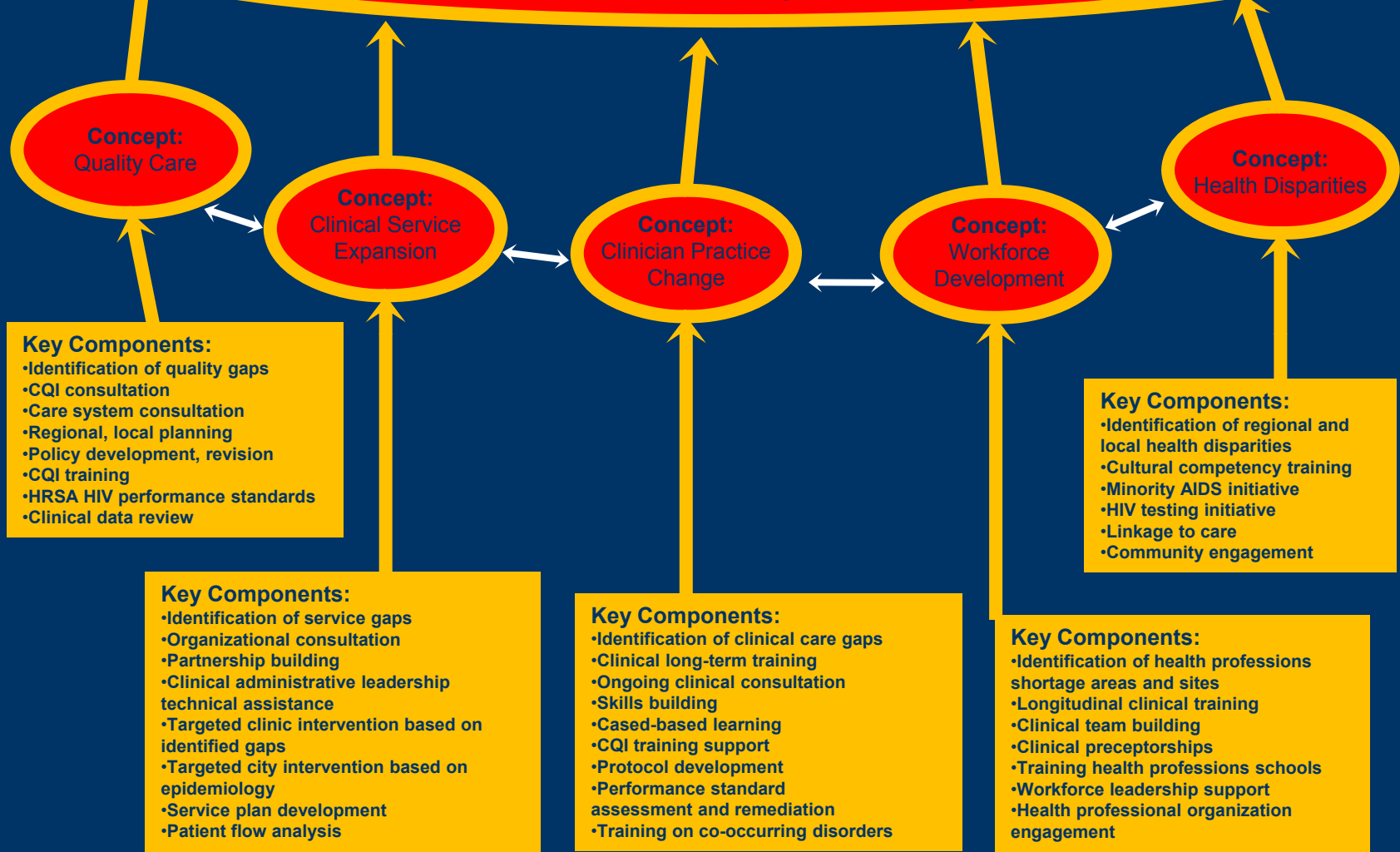
- Capacity building of individual clinicians for improved knowledge and skill;
- Health professional practice change to enhance patient communication and assessment;
- Clinical case consultation to improve treatment for specific patients;
- Clinical administration consultation to improve functioning of clinical leaders;
- Service system consultation and provision of priority setting, coordination,
- Acquisition of resources
- Documentation of clinical and service system outcomes



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Pennsylvania/MidAtlantic AETC Comprehensive Capacity Building Model



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Building Capacity Through HIV/AIDS Specialist Certification

AIDS Certified Registered Nurse (ACRN) Review Course

Carrie Wallace, Site Director,

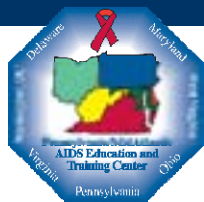
University of Maryland Local Performance Site, PA/MA AETC

Hazel Jones-Parker CRNP, AACRN,

University of Maryland Local Performance Site, PA/MA AETC

Pat Lincoln, BSN, ACRN, Site Director,

Christiana Care, Delaware Local Performance Site, PA/MA AETC



GOALS

- Develop review course for RNs interested in taking ACRN exam
- Provide community of support for RNs working in HIV/AIDS



Educational Intervention

- 2 consecutive days 2 months prior to ACRN exam date
 - Nursing continuing education credits offered
- ACRN nurses from several PA/MA LPS sites teach workshops
- Distribute ACRN Core Curriculum book
- Session included on test-taking strategies
- Practice exam offered



Continuous Quality Improvement Plan-Do-Study-Act

- Instructor debriefing based on participant feedback after each course
 - Feedback from participants after taking ACRN exam
 - Workshops and slides revised based on feedback
- Expand topics of mental health, test-taking skills
- Offer course in different locations throughout PA/MA



Outcomes

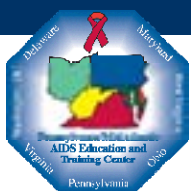
- Increased minority nurses taking course and obtaining specialist certification
- Course has been offered 9 times since 2006
- Total number of participants



Capacity Building Through Direct Clinic Intervention

Shenandoah Valley Medical Systems

Jeannette Southerly, BSN, ACRN



Pennsylvania/MidAtlantic AETC



Federally Qualified Community/Migrant Health Center

- Subcontracted by WVU in 2004 to receive Ryan White Part C funding
- Provides care to approx 100 HIV positive patients
- Initial contact was in 1995 (education regarding ACTG 076)
- As a result of Ryan White Part C funding received by SVMS
- Due to our long-term relationship, capacity building regarding HIV patient care was requested



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HIV Care Providers at SVMS in 2010

- 2 Internists
- 2 Family Practice Physicians
- 2 Family Nurse Practitioners
- 1 Physician Assistant
- 1 Pediatric Nurse Practitioner
- 1 Clinical Nurse
- 1 Medical Assistant



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Type of Intervention

- Supportive
- Ongoing
- Continuous
- Mutual
- Collaborative



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Support Provided

- Yearly Agency Needs Assessment conducted
- Yearly Provider Needs Assessments completed
- Monthly Patient Care Conference Calls to discuss patients seen that month with ID physician
 - at least one teaching point is discussed
- Technical Assistance provided as needed
- Clinical Consultation

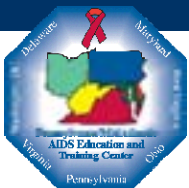


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Outcomes

- Care has been provided to over 100 patients.
- At a HRSA “diagnostic compliance site visit” SVMS was documented as providing state-of-the-art care.
- Patients are able to get care close to where they reside eliminating the need to travel 1 to 2 hours.
- Part A funding



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Princeton

- The 2000 Census reported the city's population as 6,347.
- The median age for Princeton is 44.7 years whereas the national figure is 35.3.
- Princeton's median household income is \$21,736 whereas the country's is \$41,994
- About 16.0% of families and 24.1% of the population were below the poverty line, including 35.9% of those under age 18 and 15.9% of those age 65 or over.



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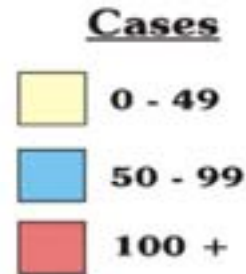
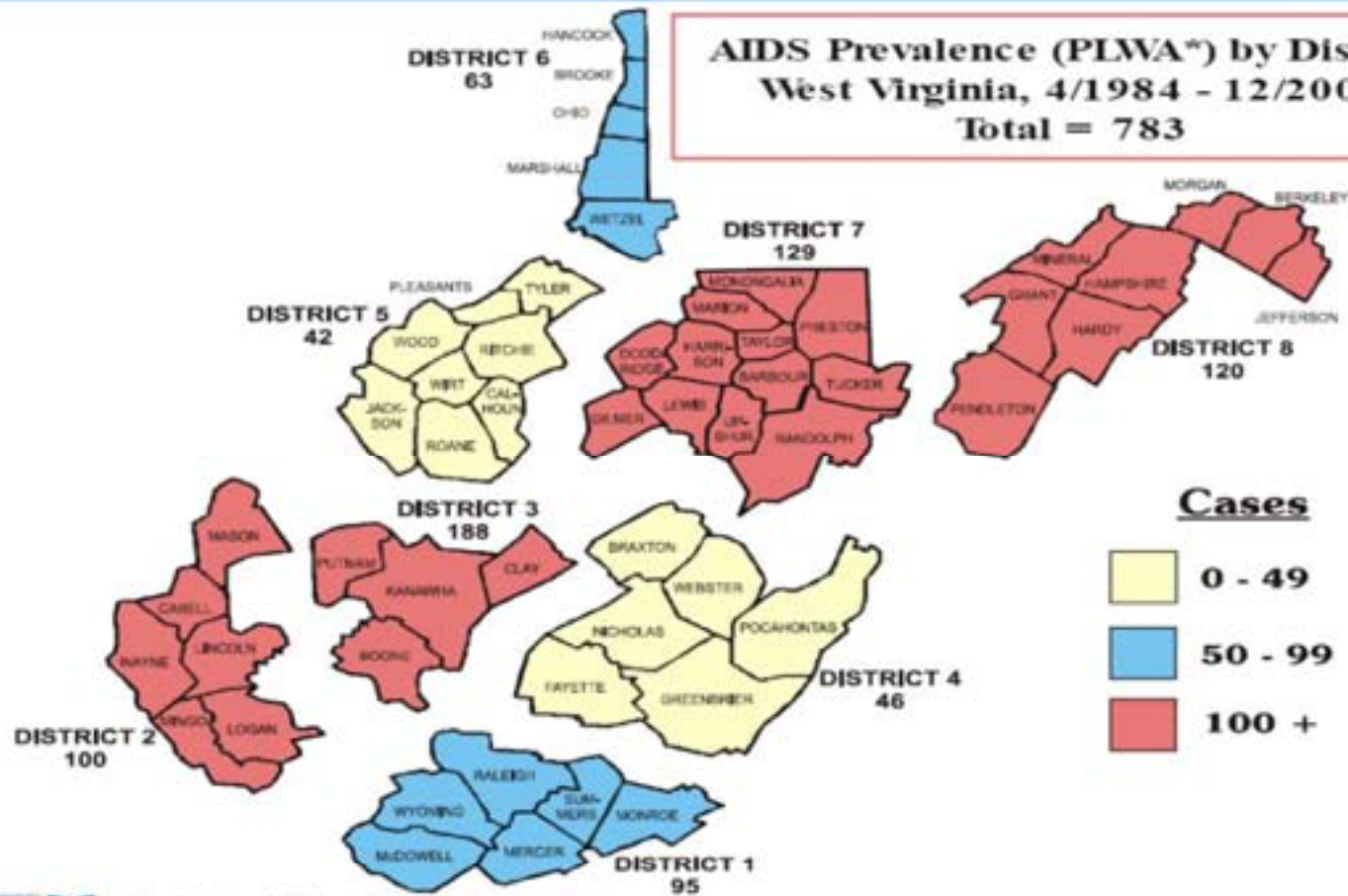
Location of Princeton, West Virginia



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AIDS Prevalence (PLWA*) by District West Virginia, 4/1984 - 12/2008 Total = 783



* PLWA= People Living with AIDS



Office of Epidemiology and Prevention Services
Division of STD, HIV and Hepatitis



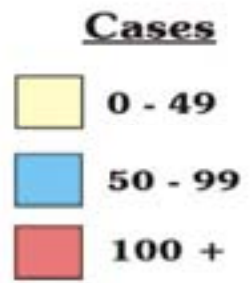
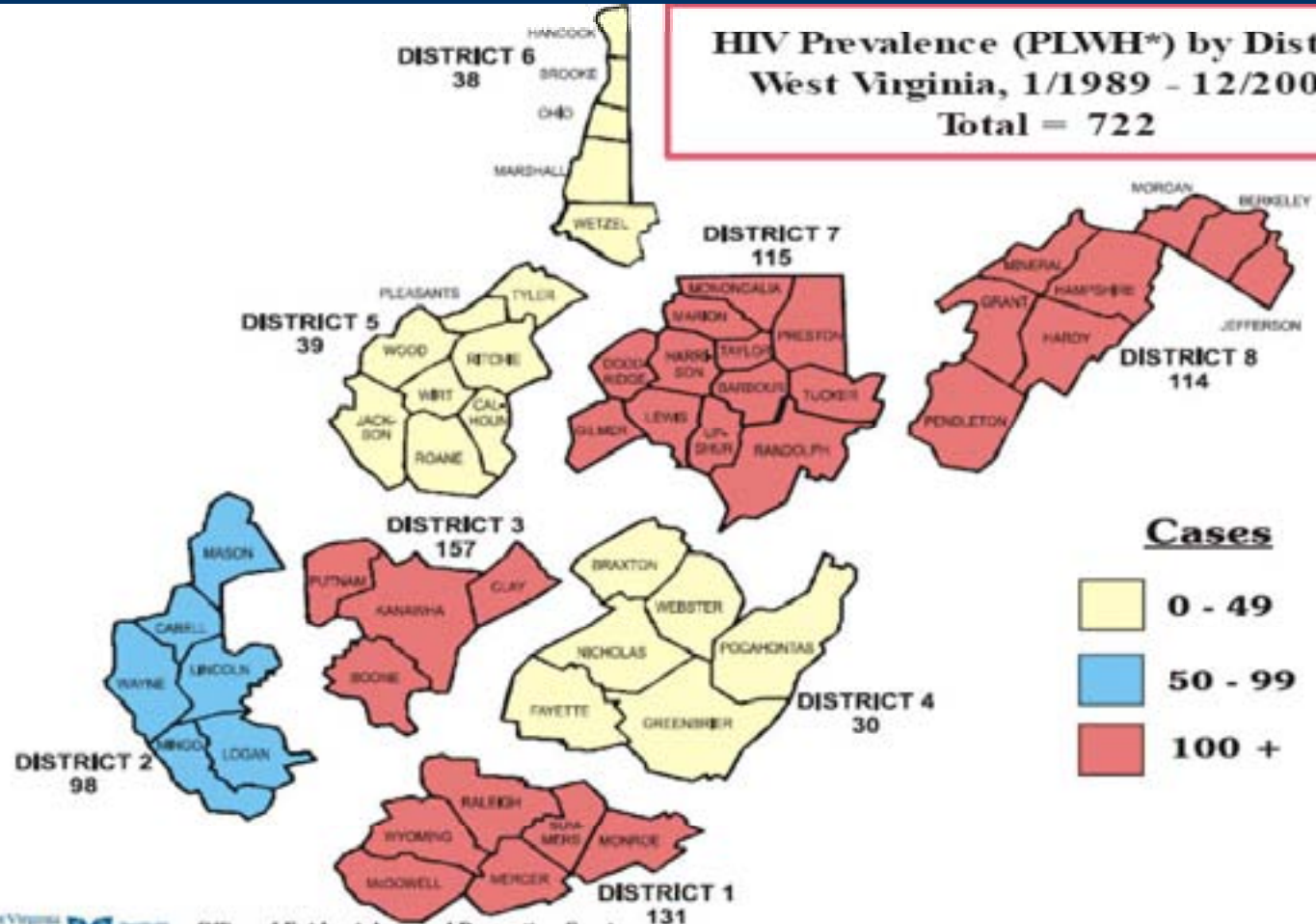
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20 Years of Leadership
A LEGACY OF CARE



2010 RYAN WHITE ALL GRANTEE MEETING AND 17TH ANNUAL CLINICAL CONFERENCE

HIV Prevalence (PLWH*) by District West Virginia, 1/1989 - 12/2008 Total = 722



Office of Epidemiology and Prevention Services
Division of STD, HIV and Hepatitis

* PLWH= People Living with HIV



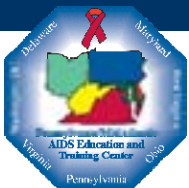
20 Years of Leadership
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20th ANNUAL WEST VIRGINIA AIDS EDUCATION AND TRAINING CENTER ANNUAL CLINICAL CONFERENCE

Project Initiation

- Physician moved to area who is willing to treat HIV positive patients
 - Contact the WVLPs for technical assistance regarding education
- Educational programs provided to the nurse in the clinic and the nurse responsible for continuing education
- Programs are being planned for the WVLPs to travel educate the health care professionals in the clinic and hospital



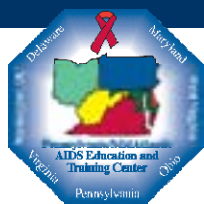
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Capacity Building Through Problem Identification and Intervention



Philadelphia's Perinatal HIV Review Panel
:Reducing MTCT through Peer Review
M. Anne Ricksecker, MPH



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20th RYAN WHITE ALL GRANTEE MEETING AND 10th ANNUAL CLINICAL CONFERENCE

Background/Partners

- MTCT prevention discussions began 1996 after ACTG 076
- Review Panel Formed in 2000
 - AETC Phila LPS (convener)
 - Philadelphia Department of Public Health (AIDS Activities Coordinating Office)
 - Ryan White Part D (Circle of Care)
 - Peds & adult HIV clinicians, OBs



Scope

- Establishment of quarterly meetings
- Review all Philadelphia cases of MTC Transmission
- Design strategies to address system weaknesses, assess provider training needs, identify policy issues



Capacity Building Activity

- Expand/improve routine HIV testing in labor and delivery
- Develop standards and protocols for parental, L&D, post natal interventions
- Engage multiple players in the mother and infant care and services network
- Strengthen follow-up with exposed newborns



Outcomes

- All Phila L&D units offer HIV rapid testing (2000 n=1, 2010 n=6)
- Collaboration w/Child Protective Services
- Home nursing protocol for exposed high-risk infants in development with Medicaid Managed Care Organizations
- Expanded provider education
- Reduced MTC transmissions over time

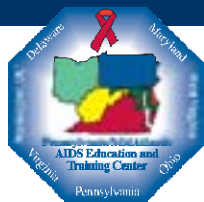


Capacity Building Through Targeted Intervention in the Minority Community

Nina Bennett, MS

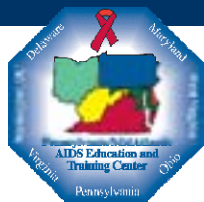
Delaware Local Performance Site

PA/MA AETC



Beautiful Gate Outreach Center MAI Partner :Target Audience African American Women Partners since 2001

- Located at Bethel African Methodist Episcopal Church, 604 North Walnut Street, Wilmington, DE 19801
- Is a Faith Based AIDS Community Organization opened in April 28, 2001
- Directed by Renee Beaman, RN



Components of the Initiative

- 2002 – present Provider Training Levels I, II, III, IV, V
- 2003 - Technical consultation to assist with OSHA and Infection Control Policies
 - BGOC became the first community based organization (non traditional medical setting) in the state to obtain a contract from Public Health to provide rapid HIV testing
- Since initiation of rapid testing DE Public Health reports
 - 66 testing sites in the state BGOC ranks in the top three for number of tests completed and top two for number of positives.
 - *Note:* 2005 BGOC completed 1,355 HIV tests



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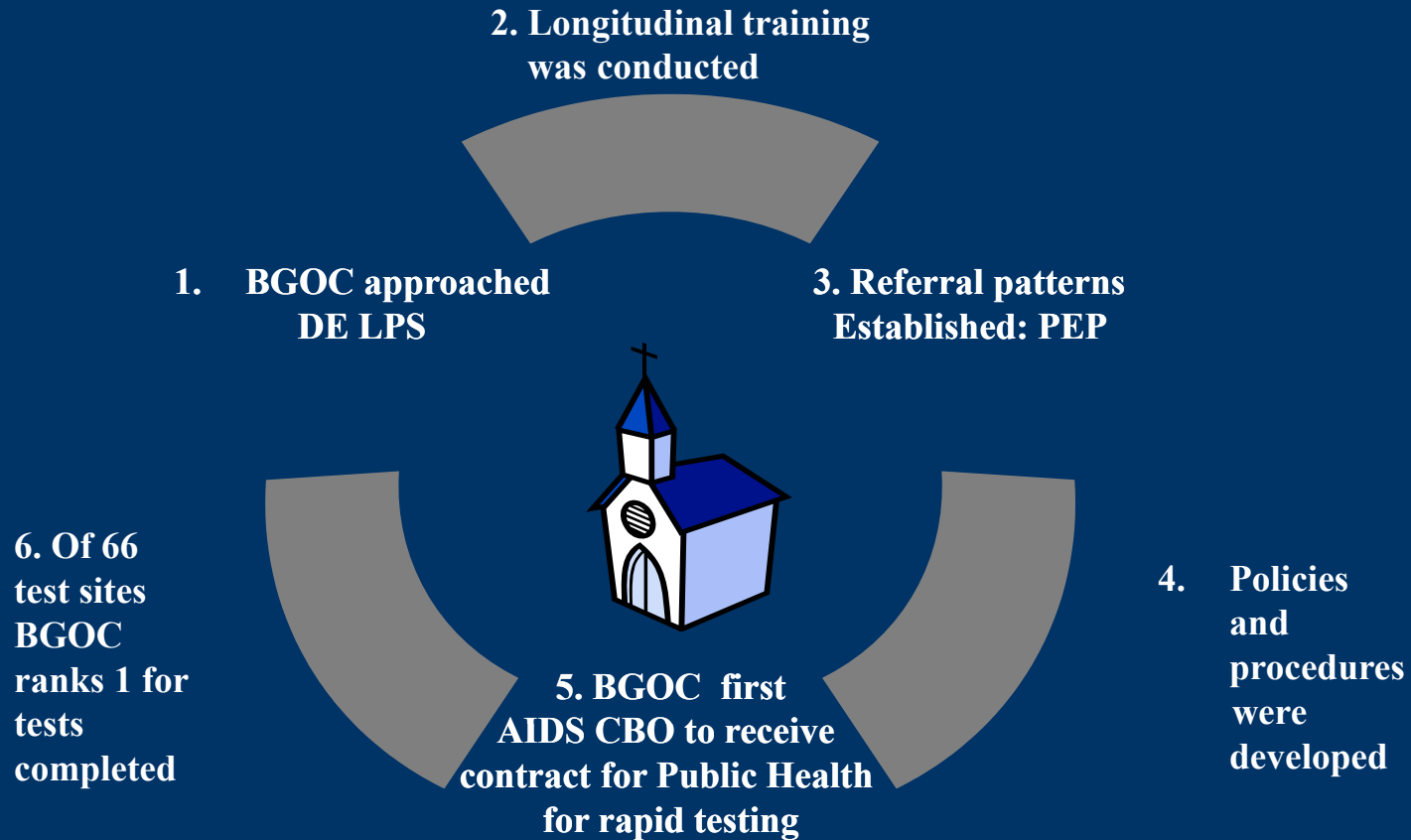
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Components of the Initiative

- 2006 Christiana Care Health Services established a Ryan White Program Part C center at BGOC
- Serves as a Level III clinical training site
- 2010 – 9th Annual National Black HIV Awareness Day
- 2010 – 5th Annual S.O.S. Saving Our Sister 2010 – 9th Annual HIV Testing Day



Building a Sustainable Collaboration Since 2001



Outcomes

- February, 2010 HIV/AIDS Epidemiology of the State of DE reported
 - We have achieved a significant decrease in the number of new HIV cases reported in the last 9 years: 36.5% reduction
 - 37% reduction in infections in African American men
 - 52% reduction in infections in African American women
- How did we get there? Education was key and extensive test / prevention counseling for every patient.

