

Creating a Partnership of Providers in Your Own Backyard

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MIDWEST AIDS TRAINING + EDUCATION CENTER

Partnering for Excellence in HIV Care

Disclosures

Marge Sutinen MATEC-Wisconsin, Sarah Rybicki MATEC-Minnesota and Alicia Downes MATEC-Missouri have no financial interest or relationships to disclose.

- HRSA Education Committee Disclosures
HRSA Education Committee staff have no financial interest or relationships to disclose.
- CME Staff Disclosures
Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives

By the end of this workshop, the participant will be able to:

- Compare effective models of collaboration and approaches to sustain long-term, relevant events through changing clinician demographics, funding sources, and phases of the HIV epidemic.
- Outline strategies to create a forum for low-volume HIV clinicians to learn from experienced high-volume HIV clinicians from the comfort of their own clinic setting.
- Identify methods to engage providers using different modalities of learning that fit clinician needs, offer networking opportunities and respect time constraints.



Mid West AIDS Training and Education Center

MATEC

- Federally funded AETC
- Provides HIV/ AIDS clinical training and support to health care professionals
- Our mission is to enhance the capacity of HIV clinical care and improve quality of those services for people living with HIV in our region.
- Located at the University of Illinois at Chicago (UIC) at the Jane Addams College of Social Work.

Provides Education in
7 Midwestern states:
Illinois, Indiana, Iowa,
Michigan, Minnesota,
Missouri, and
Wisconsin.



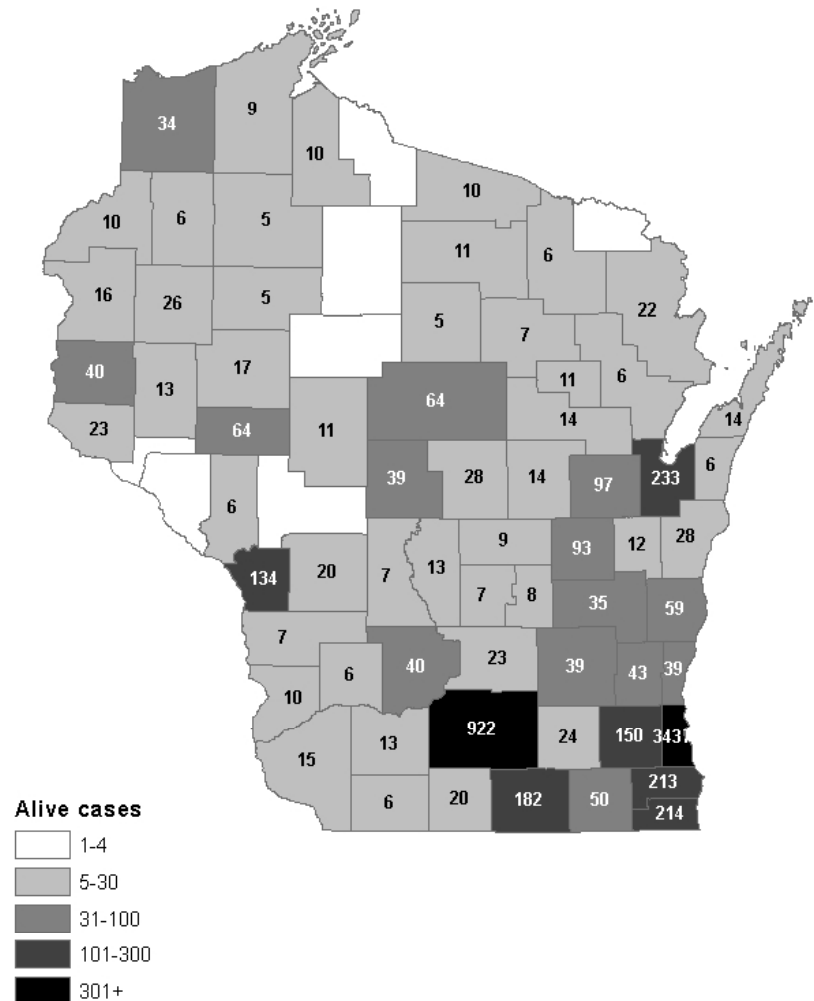
Programs Provided

- Didactic and skill building training to doctors, nurses, physician assistants, nurse practitioners, pharmacists and dentists
- Clinical Consultation
- Scholars Program
- Capacity Building and Technical Assistance
- Clinical mini-residency

Wisconsin's Front and Back Yard

PRESUMED ALIVE BY COUNTY

Figure 28. Reported cases of HIV infection presumed to be alive, by county, Wisconsin, as of December 31, 2009



Coming Together

- What is the program
- How did it come together
- When did MATEC-WI enter
- What was our role then
- What did we do to enhance program
- What does it look like today

Identifying Landscape

- High and Low Volume Treaters
- Where are they
- How did we link them together
- Creating a forum easily accessible for all



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Partnering for Excellence in HIV Care



CREATING A “COMMUNITY OF PRACTICE”:

USING DISTANCE LEARNING TECHNOLOGY TO LINK HIV TREATING CLINICIANS

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PROBLEM

The development of new therapies and longer patient life expectancies has led to increasing complexity in the management of HIV infection. Low-volume HIV providers often feel isolated. Current CME models fail to address the needs of the low-volume HIV clinicians to discuss challenging disease management issues with more experienced high-volume HIV treaters.

PROGRAM OBJECTIVES

We created a “community of practice” for HIV clinicians throughout Wisconsin using a case-driven, monthly CME activity. The objectives of this project include:

1. creating a forum for low-volume HIV clinicians to learn from experienced high-volume HIV clinicians;
2. providing timely input into the care of complex HIV patients;
3. assessing the feasibility of linking clinician learners in multiple regions of the state.

PROGRAM DESCRIPTION

- ▶ The HIV Treaters Meetings is a one-hour monthly case conference linking five sites in four cities via video-conference technology.
- ▶ The management of the program is lead by MATEC Wisconsin at the University of Wisconsin in collaboration with an advisory committee with representatives from the University of Wisconsin School of Medicine & Public Health, Children's Hospital of Wisconsin and the Medical College of Wisconsin.
- ▶ Two to three cases are discussed at each meeting by approximately 80 attendees.
- ▶ Participating clinicians volunteer to present cases for discussion. After the case presentation, the presenter seeks input from program attendees on treatment decisions.
- ▶ The program is held at noon and lunch is provided to allow busy clinicians to attend on their lunch hour. CME credit is provided.
- ▶ This program fosters linkages throughout the state to bring clinicians together in a case-driven, non-didactic meeting.
- ▶ The meeting started with one site in 2001 and has gradually expanded to 5 sites and more than 80 clinicians.



ASSESSMENT

Attendees provided programmatic feedback via a self-administered qualitative survey. Response rate was 60%.

- ▶ 80% rated the program as very good or excellent
- ▶ 86% rated the learning environment as very good or excellent
- ▶ 89% reported the program will improve their ability to provide excellent patient care

Thematic Analysis was performed on the following question:

“What did you like best about the program?”

- ▶ Challenging patient care issues
- ▶ Connecting with other providers
- ▶ Acquiring new specific knowledge

SUMMARY OF FINDINGS

- ▶ Improves patient care by allowing clinicians to receive practical clinical advice from colleagues outside of their “silos”.
- ▶ Fosters linkages between the northern, central, western and southeastern regions of the state by linking providers from community health centers, private practice clinics, tribal health clinics, and academic medical centers who provide services to rural, suburban and urban areas.
- ▶ Encourages a multidisciplinary approach to HIV care; attendees include physicians, nurse practitioners, nurses, pharmacists, dentists, case managers, social workers, vaccine researchers and public health professionals.
- ▶ Promotes collegiality and collaboration in the HIV treating provider community.

LESSONS LEARNED

- ▶ A steering or planning committee of clinician opinion leaders is needed to generate participation and establish “buy in” to the process.
- ▶ A respected clinician is needed to serve as the discussion facilitator in order to foster and direct the conversation.
- ▶ A small core group of committed high-volume clinicians is needed to sustain the program.
- ▶ Add on clinicians and sites gradually instead of attempting a state-wide effort from the start.
- ▶ Ensure local buy in before adding a site
- ▶ Maintain your mission i.e. clinicians discussing challenging cases in real time
- ▶ Strong technician and program coordinator support is needed to ensure the technology works effectively and doesn't interfere with the discussions.

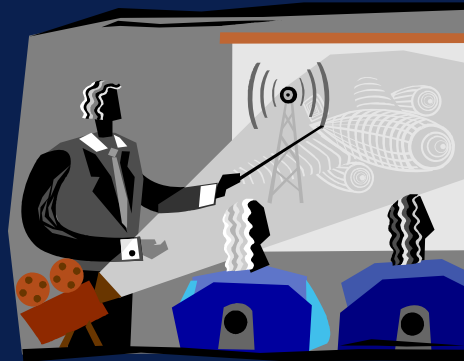
MATEC-WI's Role

- Identifying key stakeholders
- Developing steering committee
- Choosing technology common to multiple clinic settings
- Recruiting clinicians to present cases



Successes-Challenges

- Success brings people together
- Challenge encourages participation
- Lessons learned
- Evaluation
- Summary

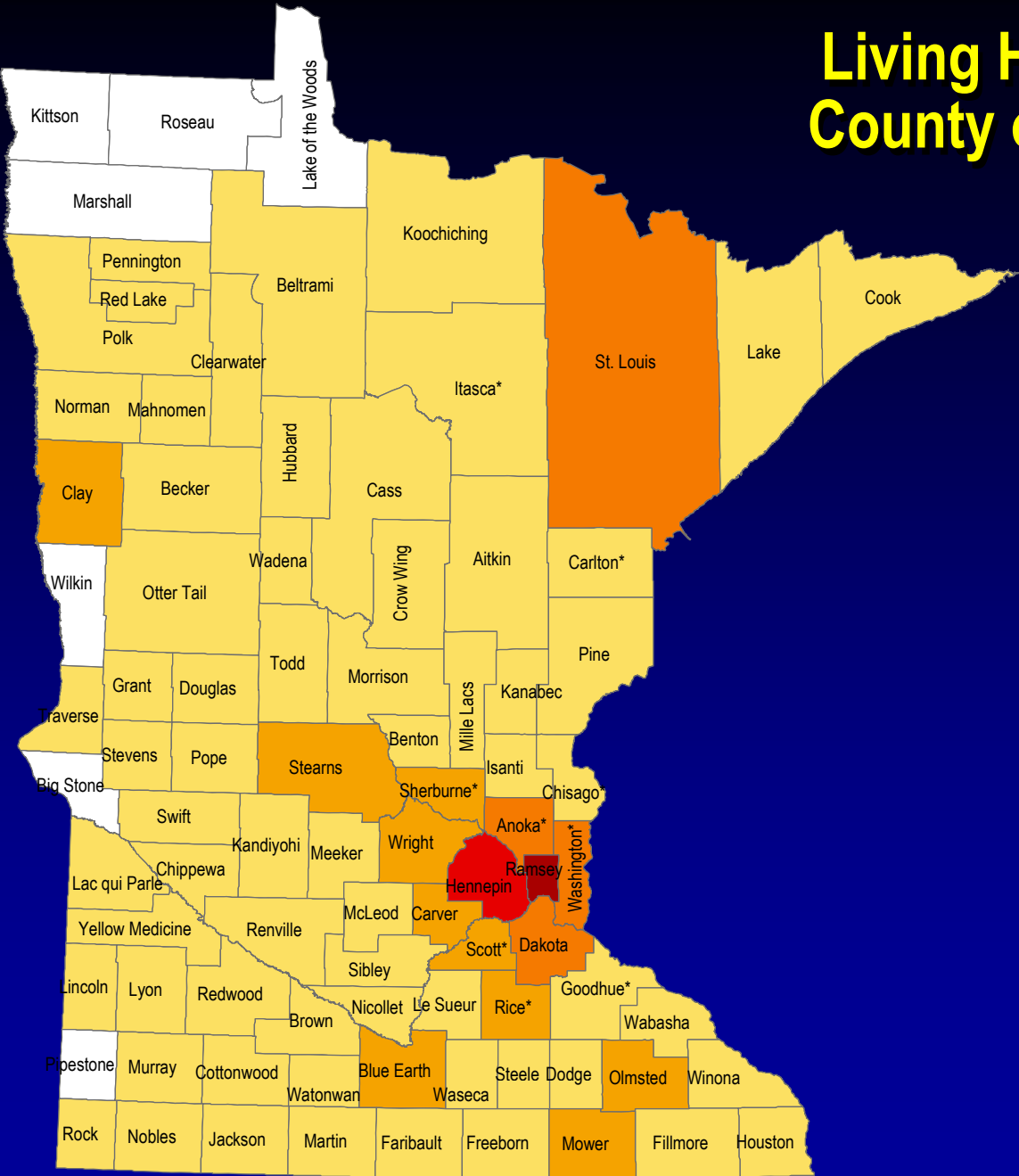


Minnesota's Backyard

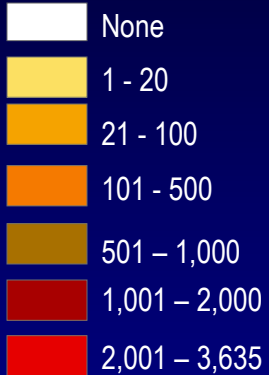


- MATEC-MN @ the University of Minnesota, School of Public Health, Division of Epidemiology and Community Health Education
- Midwest AIDS Training and Education Center-Minnesota
- Purpose
 - Education & Training Programs
 - Shadowing and Mentorship
 - Provider/Learner Community (MN-Tel, Local C. Brochure)
 - Educational and Systems Consultation, Technical Assistance, Policy

Living HIV/AIDS Cases by County of Residence, 2009



Number Living with HIV/AIDS



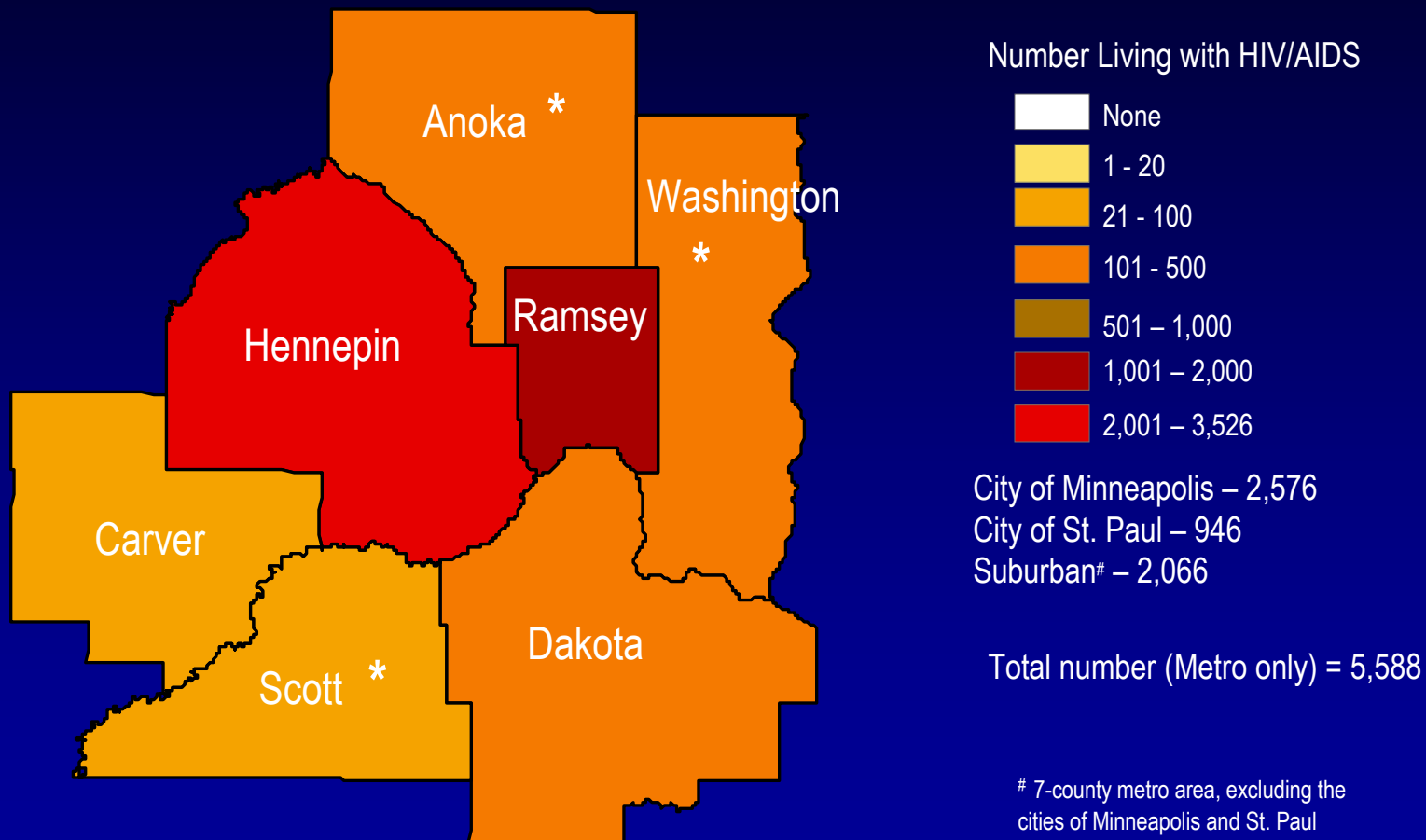
City of Minneapolis – 2,576
 City of St. Paul – 946
 Suburban# – 2,066
 Greater Minnesota - 940

Total number = 6,552
 (24 people missing residence information)

7-county metro area, excluding the cities of Minneapolis and St. Paul

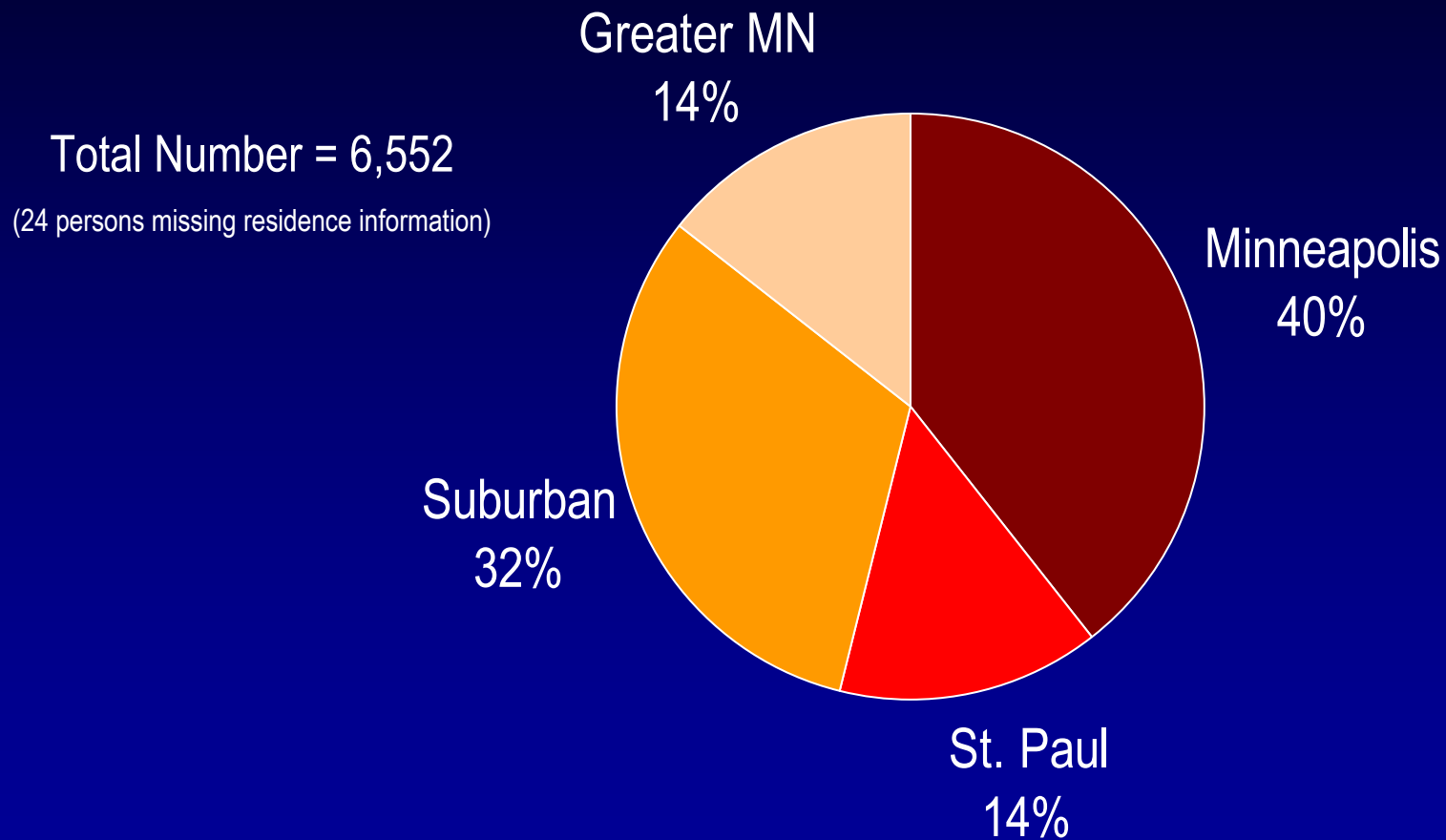
* Counties in which a state correctional facility is located.

Map of Metro Area: Living HIV/AIDS Cases by County of Residence, 2009



* Counties in which a state correctional facility is located.

Persons Living with HIV/AIDS in Minnesota by Current Residence, 2009



Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties, outside the seven-county metro area.

Health Care Landscape

MN

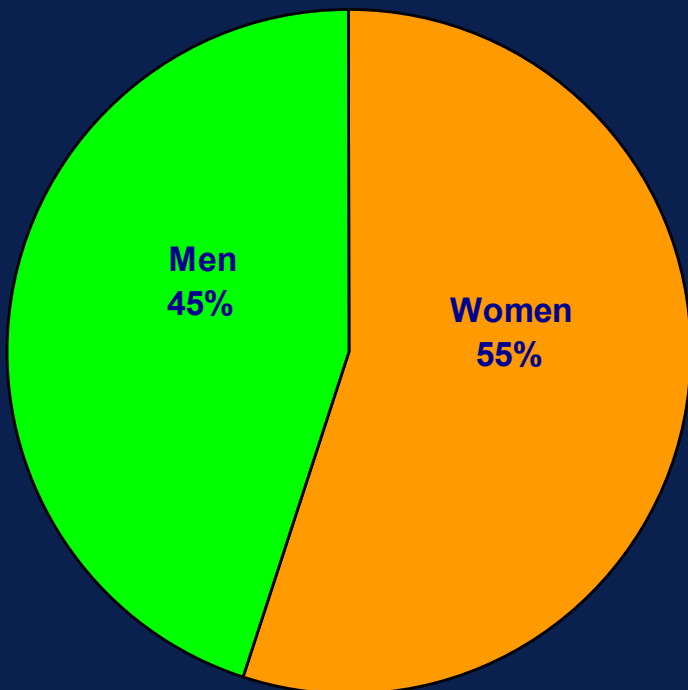
- Minnesota 6,552
- MN Out of Care 1,500
- In care TC Metro 4,500
- In care Greater MN 500
- Hennepin County
Positive Care Ctr. 1,300
- Whitman-Walker Clinic
Washington DC 10,000

African-Born† Persons Living with HIV/AIDS Compared to Other Minnesota Cases by Gender, 2009



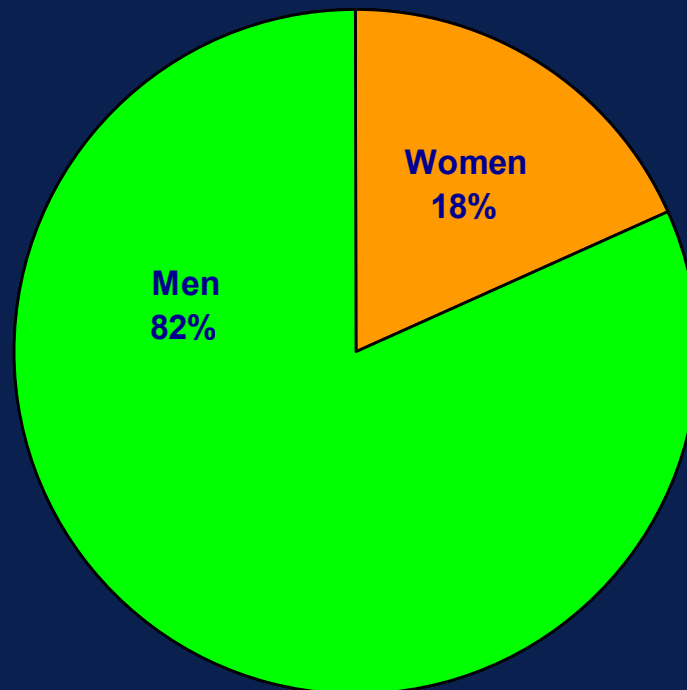
African-born Persons

Total Number = 836



U.S.-born Cases

Total Number = 5,286



Data Source: *Minnesota*

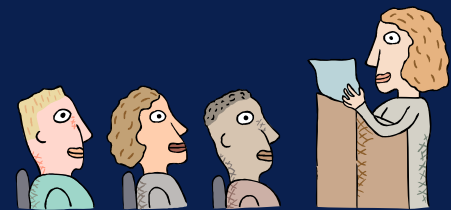
† Includes persons arriving to Minnesota through the HIV+ Refugee Resettlement Program and other refugee/immigrant programs and 4 White African-born persons

History

- What is Twin Cities AIDS Clinicians (TCAC)
- How did it come together
- When did MATEC-MN enter
- What was our role then
- What did we do to enhance program

Today: MATEC-MN's Role

- Identifying/maintaining attendees
- Developing content and keeping up with technology
- Finding the right fit for learners
- Recruiting clinicians to present

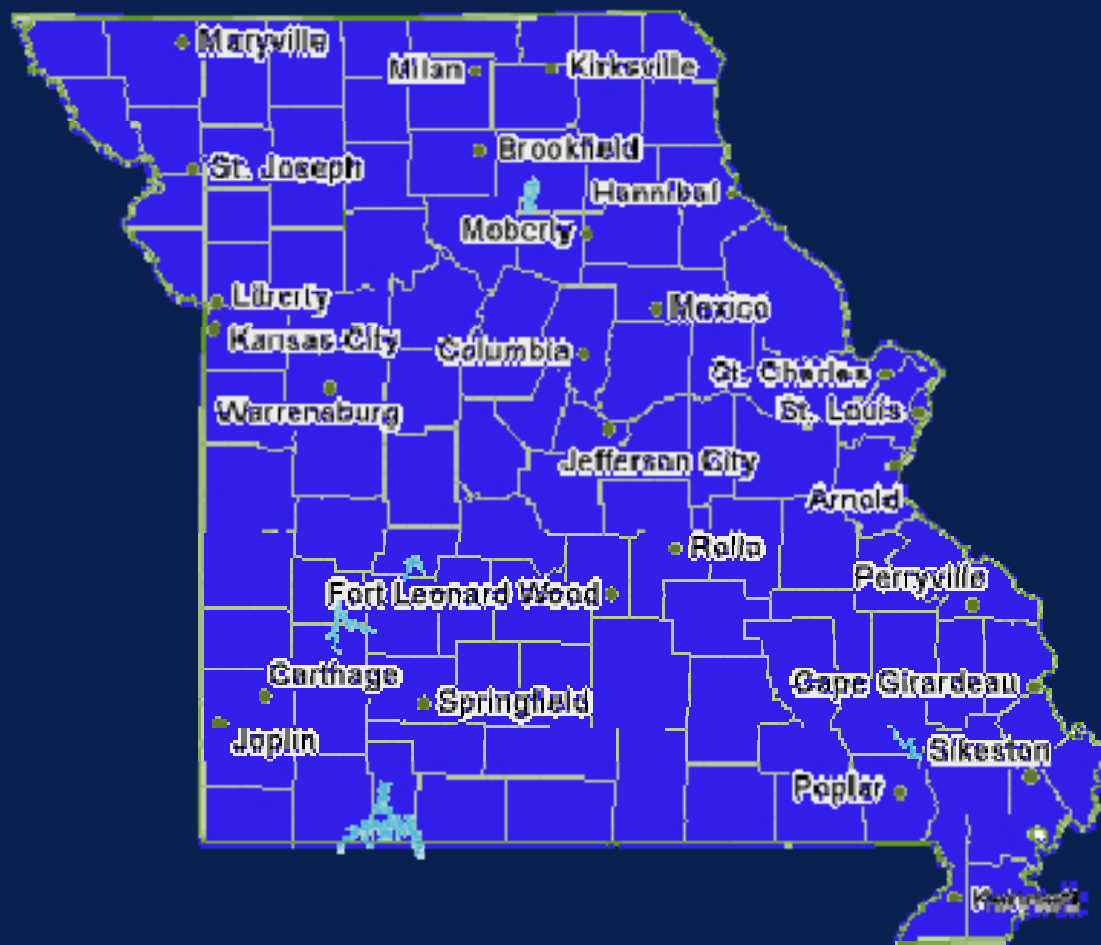


Possibilities

- Evolving Collaborations
- Mapping providers, practices, and patients
- Show of hands, ownership and cooperatives
- Reality vs Wishes

- **Strengths**
 - The ‘right’ audience, networking, benchmarking
 - Meeting types
- **Challenges**
 - Fluidity, cost, ownership
- **Future Plans**
 - Collaboration with key providers
 - Mixed model of delivery and funding
 - Access for new providers and distance-learning

Missouri's Backyard



- MATEC-MO @Kansas City Free Health Clinic
- Midwest AIDS Training and Education Center-Missouri
 - One of 11 regional training centers
 - 4 specialty centers
- Purpose
 - targeted, multidisciplinary education and training programs for health care providers treating people living with HIV/AIDS

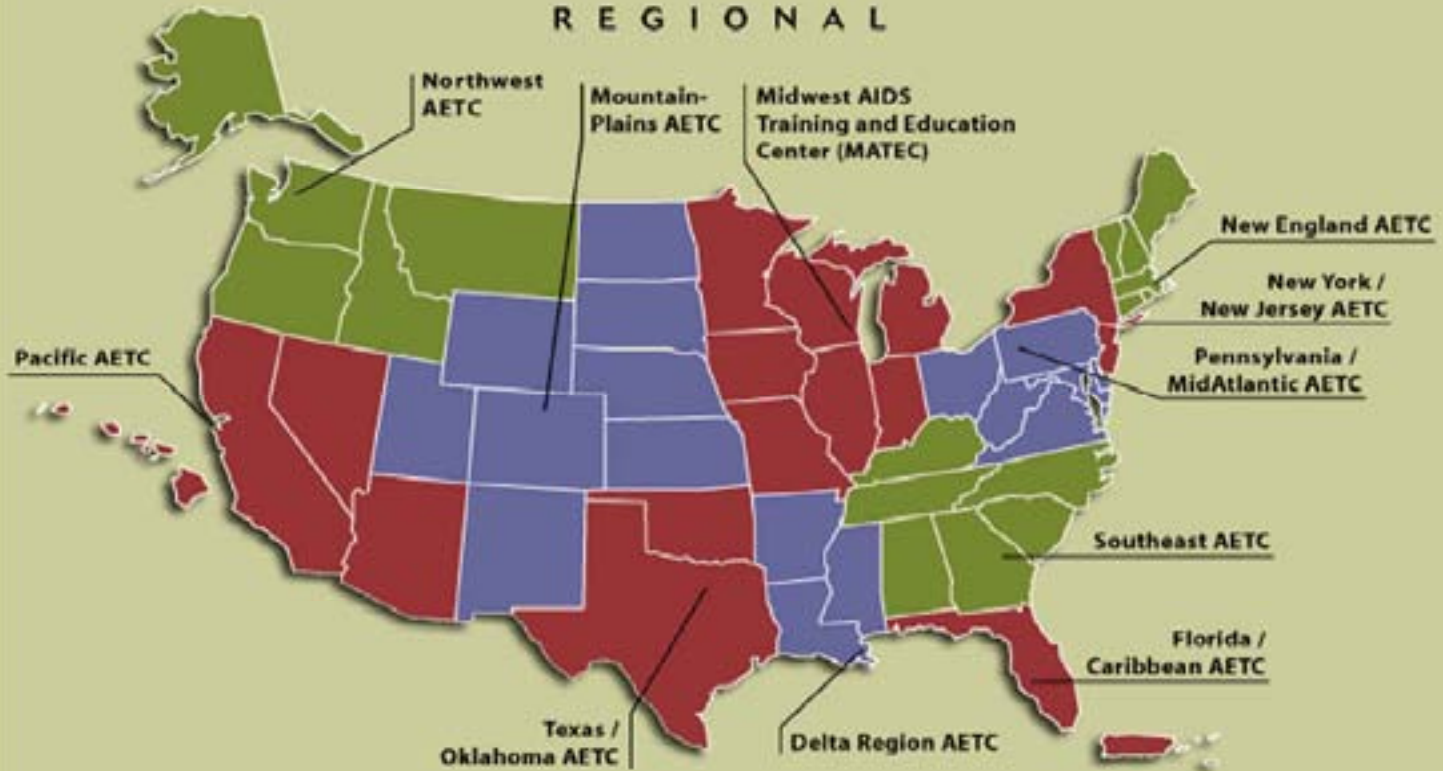
Identifying Players

- Existing Collaborations
- Patient density
- Buy In
- Reality vs Wishes

- Strengths
 - Captive audience, Time Management
- Challenges
 - Marketing to providers
- Future Plans
 - Collaboration with Infectious Disease Chapter
 - St. Louis
 - Teleconference

AIDS Education and Training Centers

R E G I O N A L



N A T I O N A L

AETC National Resource Center
 National Clinicians' Consultation Center

AETC National Evaluation Center
 National Minority AETC

AETC Resources for Clinicians

National HIV/AIDS Clinician's Consultation Center

– Warmline: 1-800-933-3413

- The Warmline is staffed by physicians, clinical pharmacists and nurse practitioners every Monday through Friday, from 5:00 a.m. to 5:00 p.m. (Pacific Time). Voice mail is available 24 hours a day.

– PEPLINE: 1-800-448-4911

- The National Clinicians' Post-Exposure Prophylaxis Hotline (PEPline) offers treating clinicians up-to-the-minute advice on managing occupational exposures (i. e., needlesticks, splashes, etc.) to HIV, hepatitis and other blood-borne pathogens. **PEPline clinicians will respond to your call 24 hours a day, 7 days a week.**

Contact Information

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See www.matec.info for more information