A Model for Providing Quality HIV Ambulatory Care in a Rural Setting

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Three Areas of Focus

1. Background, Model explanation, How differs from traditional
2. Clinical care – How it is done from the nurse who is doing it
3. Educational for providers – Learning while providing care

Before We Begin…

- Audience Response System
- Why we are using it
- How it will work
- 2 “practice” questions

What does a phobophobe fear?

1. Strobe Lights
2. Fear
3. Words that start with “ph”
4. Paperwork

What is triskaidekaphobia?

1. Fear of falling from the deck of a ship
2. Fear of the number thirteen
3. Fear of being at risk for AIDS
4. Fear of dinosaurs

Your Primary Role…

1. Care Provider (MD, PA, APN, RN, SW etc)
2. Administrator
3. Consumer
4. Case Manager
5. Educator
6. Other

Your Ryan White Part Affiliation...

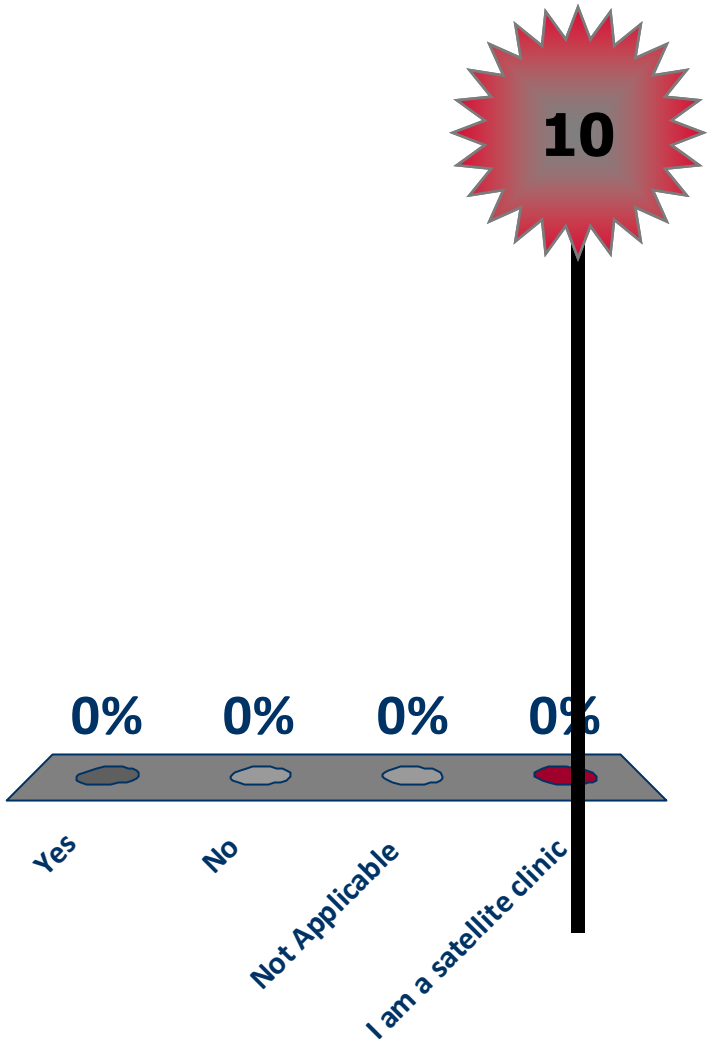
1. Part A
2. Part B
3. Part C
4. Part D
5. Part F
6. Combination of at least 2 above choices

Your Work Site Location...

1. Rural
2. Urban
3. Don’t Know

Do you have a satellite clinic?

1. Yes
2. No
3. Not Applicable
4. I am a satellite clinic



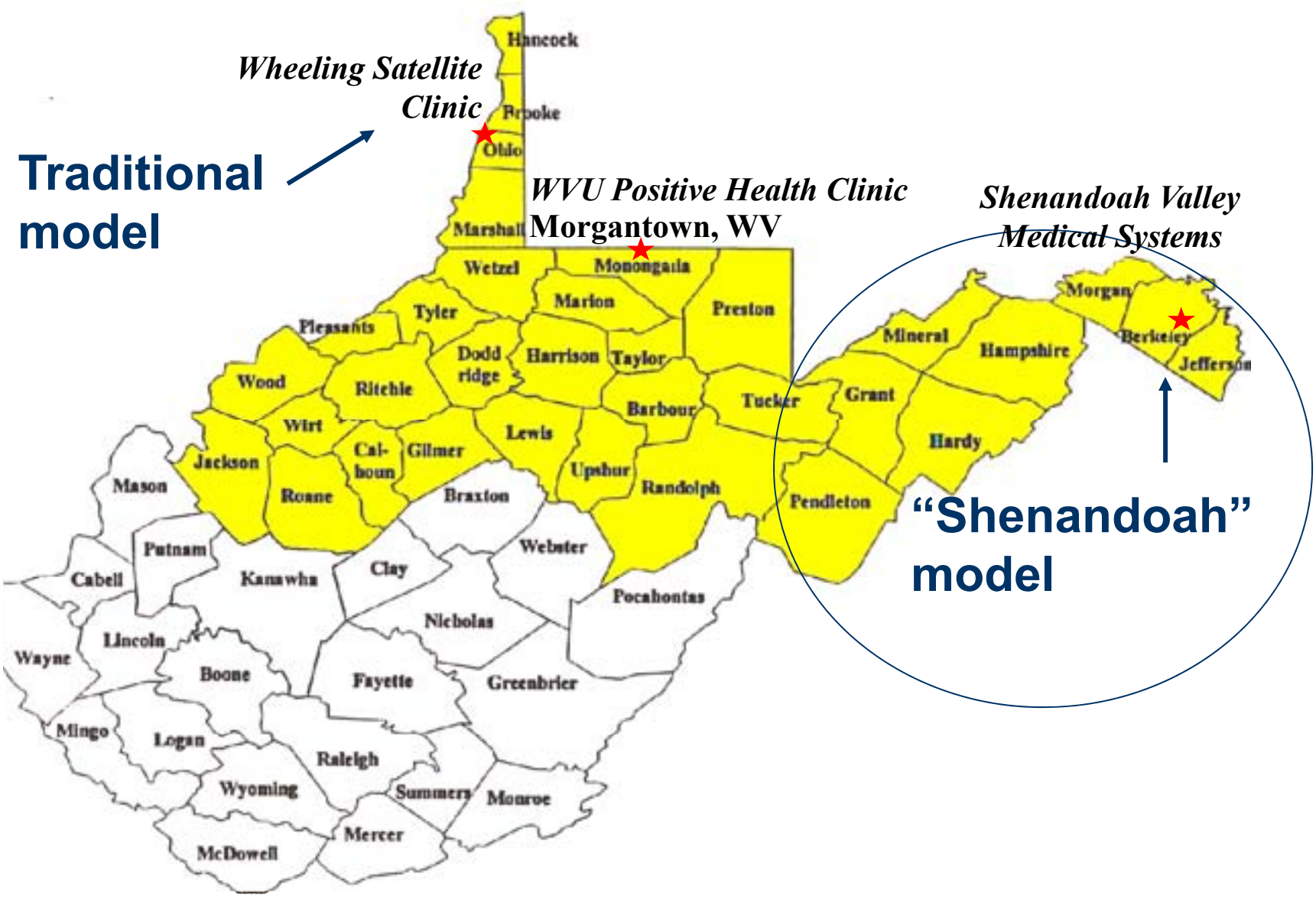
Background


Detroit
Toronto
Cleveland
Pittsburgh
Chicago
New York City
Indianapolis
WV
Washington, D.C.
Louisville
Richmond
Nashville
250 miles
500 miles
Charlotte
Jacksonville
Atlanta
* Radius reference point
Charleston, WV

Robert C. Byrd Health Sciences Center of West Virginia University

- **2001 Planning / Capacity Building Grants**
  - **WVU - 25 counties**
  - **SVMS – 8 counties**
- **2003 EIS Grant awarded to WVU for 33 counties**


Wheeling Satellite Clinic
WVU Positive Health Clinic
Morgantown, WV
Shenandoah Valley Medical Systems
Hancock
Brooke
Ohio
Marshall
Wetzel
Monongalia
Marion
Preston
Pleasants
Tyler
Doddridge
Harrison
Taylor
Wood
Ritchie
Barbour
Tucker
Mineral
Hampshire
Morgan
Berkeley
Jefferson
Grant
Hardy
Wirt
Lewis
Upshur
Randolph
Pendleton
Jackson
Calhoun
Gilmer
Roane
Braxton
Webster
Mason
Putnam
Cabell
Kanawha
Clay
Pocahontas
Nicholas
Lincoln
Wayne
Boone
Fayette
Greenbrier
Mingo
Logan
Raleigh
Wyoming
Summers
Monroe
Mercer
McDowell


Wheeling Satellite Clinic
Traditional model
WVU Positive Health Clinic
Morgantown, WV
Shenandoah Valley Medical Systems
"Shenandoah" model
Hancock
Brooke
Ohio
Marshall
Wetzel
Monongalia
Marion
Preston
Pleasants
Tyler
Doddridge
Harrison
Taylor
Wood
Ritchie
Barbour
Tucker
Wirt
Lewis
Upshur
Randolph
Jackson
Roane
Calhoun
Gilmer
Braxton
Webster
Pocahontas
Mason
Putnam
Cabell
Kanawha
Clay
Nicholas
Wayne
Lincoln
Boone
Fayette
Greenbrier
Mingo
Logan
Raleigh
Wyoming
Summers
Monroe
Mercer
McDowell
Morgan
Berkeley
Jefferson
Mineral
Hampshire
Grant
Hardy
Pendleton

The "Shenandoah Model"

20 Years of Leadership
A LEGACY OF CARE

Comparison

	Traditional	Shenandoah
Travel required	Yes	No
Care provided by Grantee	Yes	No
Time required	> 1 full day	1 hr. per month
On site ID doc	Yes	No
Primary Care/Urgent Care available at satellite clinic site	No	Yes
Grantee Provider Hours per year	552	60
Patients hospitalized where HIV provider practices	No	Yes

Principle of QI Plan

Every patient encounter should be an opportunity to provide and measure the provision of quality HIV care.

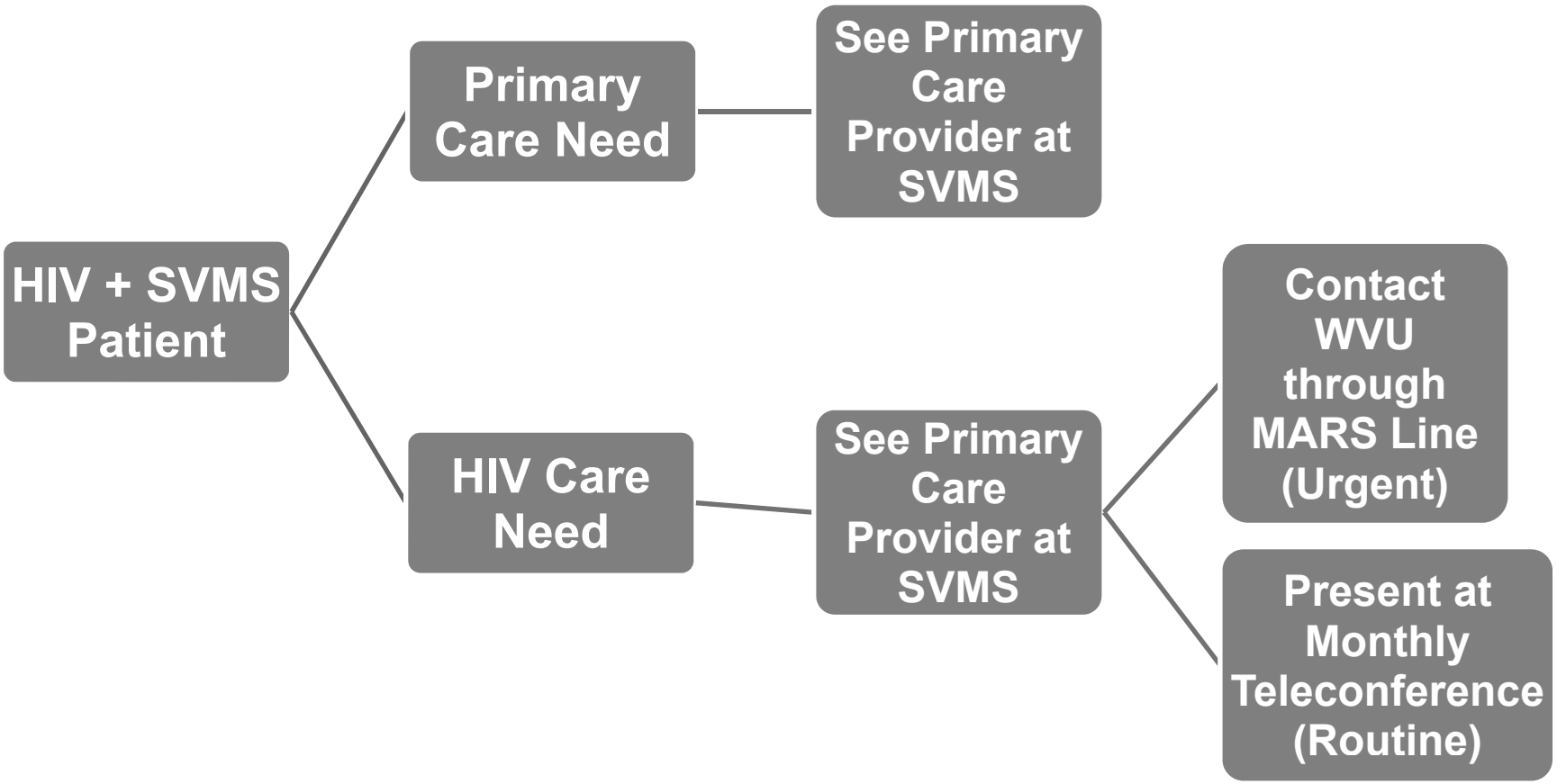
-Arif Sarwari, MD, MSc

Medical Director, WVU Positive Health Clinic

Clinical Care

- Shenandoah Community Health Center
  - Who Provides Care
    - 7 Internists
    - 2 Family Practice Physicians
    - 2 Family Nurse Practitioners
    - 1 Physician Assistant
    - 2 Pediatricians
    - 1 Pediatric Nurse Practitioner

Patient Flow



Monthly Patient Care Teleconference

- Preparation
- Documentation
- Attendance

Shenandoah Valley Medical Systems Patient Care Teleconference		**Date:** **Time:** **Location:**	
Type of meeting:	*Continuous Quality Improvement*	Facilitator:	*Kathy Chase, RN*

Agenda

	Patient Name / Demographics		CD4		VL	Regimen	Stable	Unstable	Plan
1.									
2.									
3.									
4.									
5.									
6.									

Educational Topics Covered:
Educational Topics to be discussed at Management Conference:

Patient Name (No Shows)	Action Taken

Documentation

- Identification System
- Encounter Form
- CAREWare and EMR

PATIENT ENCOUNTER FORM **Patient #**

Shenandoah Valley Medical Systems

Date of Diagnosis: __ __ / __ __ / __ __ Year likely infected _____ **Physician _____**

Established _____

Risk: □IDU □MSM □Heterosexual Contact □Perinatal □Hemophilia/Coag Dis/Transf □Undetermined

LABS	DATE	RESULT	INVESTIGATION	DATE	RESULT
CD4 count (percentage)			Syphilis (yearly)		
			GC/Chlamydia (yearly)		
			Toxoplasma IgG		
			Hep B sAg / sAb		
			Hep B Core Ab / IgM		
			Hep C Ab		
NADIR CD4			If Hep C + then PCR & Genotype		
			Hep A Total Ab / IgM		
Viral Load			PPD		
			Pap Smear (yearly)		
			Mammogram (if >=40 yr old)		
			Eye Exam (if CD4 <50)		
			Dental Exam		
			Lipid Screening (yearly)		
Resistance Testing			Nutrition Screening		
			Mental Health Screening		
			Partnership for Health int.		
			HIV Education		
			Prevention and Wellness		
			Patient Assessment Form		
			Living Will / MPOA		
			CMV		

OIs/ Neoplasms/ Comorbids		VACCINATIONS	Date
1	7	Pneumococcal (q 5 years)	
2	8	Influenza (yearly)	
3	9	Hepatitis A #1	
4	10	Hepatitis A #2	
5	11	Hepatitis B #1	
6	12	Hepatitis B #2	
Allergies / Adverse Rx prior to ART		Hepatitis B #3	
		Tetanus/Diphtheria (q 10yr)	
		H1N1	

042 Medications	Dose/Freq	Start Date	Stop Date	Reason

Pharmacy Assessment	Date	Date	Date	Date	Comments
a. Adherence Counseling					
b. Quantitative Assessment					

Medications for Prophylaxis	Dose/Freq	Start Date	Stop Date	Reason

Substance abuse assessed	Date	Date		Tobacco use assessed	Date	Date

Additional Notes:

PATIENT ENCOUNTER FORM

Patient #

Shenandoah Valley Medical Systems

Physician _____

Date of Diagnosis: __ __ / __ __ / __ __ **Year likely infected** _____

Established _____

Risk: □IDU □MSM □Heterosexual Contact □Perinatal □Hemophilia/Coag Dis/Transf □Undetermined

LABS	DATE	RESULT
CD4 count (percentage)		
NADIR CD4		
Viral Load		
Resistance Testing		

INVESTIGATION	DATE	RESULT
Syphilis (yearly)		
GC/Chlamydia (yearly)		
Toxoplasma IgG		
Hep B sAg / sAb		
Hep B Core Ab / IgM		
Hep C Ab		
If Hep C + then PCR & Genotype		
Hep A Total Ab / IgM		
PPD		
Pap Smear (yearly)		
Mammogram (if >=40 yr old)		
Eye Exam (if CD4 <50)		
Dental Exam		
Lipid Screening (yearly)		
Nutrition Screening		
Mental Health Screening		
Partnership for Health int.		
HIV Education		
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Patient Assessment Form		
Living Will / MPOA		
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OIs/ Neoplasms/ Comorbids		VACCINATIONS	Date
1	7	Pneumococcal (q 5 years)	
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3	9	Hepatitis A #1	
4	10	Hepatitis A #2	
5	11	Hepatitis B #1	
6	12	Hepatitis B #2	
Allergies / Adverse Rx prior to ART		Hepatitis B #3	
		Tetanus/Diphtheria (q 10yr)	
		H1N1	

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a. Adherence Counseling					
b. Quantitative Assessment					

Medications for Prophylaxis	Dose/Freq	Start Date	Stop Date	Reason

Substance abuse assessed	Date	Date		Tobacco use assessed	Date	Date

Additional Notes:

PATIENT ENCOUNTER FORM Patient # 64

Shenandoah Valley Medical Systems

Date of Diagnosis: __/__/86 Year likely infected Early 80's Physician Established SM 2006

Risk: □IDU □MSM ☒Heterosexual Contact □Perinatal Trans □Hemophilia/Coag Disorder/Transfusion

LABS	DATE	RESULT		INVESTIGATION	DATE	RESULT
CD4 count (percentage)	11/04	247	22%	Syphilis (yearly)	3/8/10	NR
	5/05	324	30%	GC/Chlamydia (yearly)		
	8/05	352	30%	Toxoplasma IgG	3/8/10	< 0.90
	12/05	256	21%	Hep B sAg / sAb	10/1/06	(-) / (-)
	3/10	230	21%	Hep B Core Ab / IgM	10/1/06	(-) / (-)
NADIR CD4				Hep C Ab	10/1/06	(-)
				If Hep C + then PCR & Genotype		
				Hep A Total Ab / IgM	10/1/06	(-) / (-)
Viral Load	11/04	3158		PPD	3/1/04	0 mm
	5/05	498		Pap Smear (yearly)		
	8/05	448		Mammogram (if >=40 yr old)		
	12/05	2350		Eye Exam (if CD4 <50)		
	3/10	4080		Dental Exam		Referred
				Lipid Screening (yearly)	3/8/10	190, 65, 87, 48
Resistance Testing				Nutrition Screening	3/8/2010	
Genotype 3/2010 No Mutations				Marital Health Screening		
				Partnership for Health Int.		
				HIV Education		
				Prevention and Wellness		
				Patient Assessment Form	10/1/06	
				Living Will / MPOA	10/1/06	Handout
				CMV	3/8/10	3.78 (+)

Opportunistic Infections/ Neoplasms/ Comorbids

1. Herpes Simplex
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

VACCINATIONS	Date
Pneumococcal (≥ 5 years)	2/27/09
Influenza (yearly)	12/15/09
Hepatitis A #1	3/5/07
Hepatitis A #2	10/8/07
Hepatitis B #1	3/5/07
Hepatitis B #2	5/2/07
Hepatitis B #3	10/8/07
Tetanus/Diphtheria (≥ 10yr)	10/1/2006
H1N1	12/15/09

Allergies / Adverse Rx to prior ART therapy

Sulfa, Augmentin

042 Medications	Dose/Freq	Start Date	Stop Date	Reason
Lexiva 700mg	1 tab BID	2/8/2006		
Truvada, retired	1 tab QD			
Ritonavir 100mg	1 tab BID			

Pharmacy Assessment	Date	Date	Date	Date	Comments
a. Adherence Counseling	12/04	3/10			
b. Quantitative Assessment	100%	100%			

Medications for Prophylaxis	Dose/Freq	Start Date	Stop Date	Reason
Acyclovir		8/2006		Herpes

Sub abuse assessed	Date	Date		Tobacco use	Date	Date
(+) ETOH	3/2010			(+) Cigarettes	3/2010	

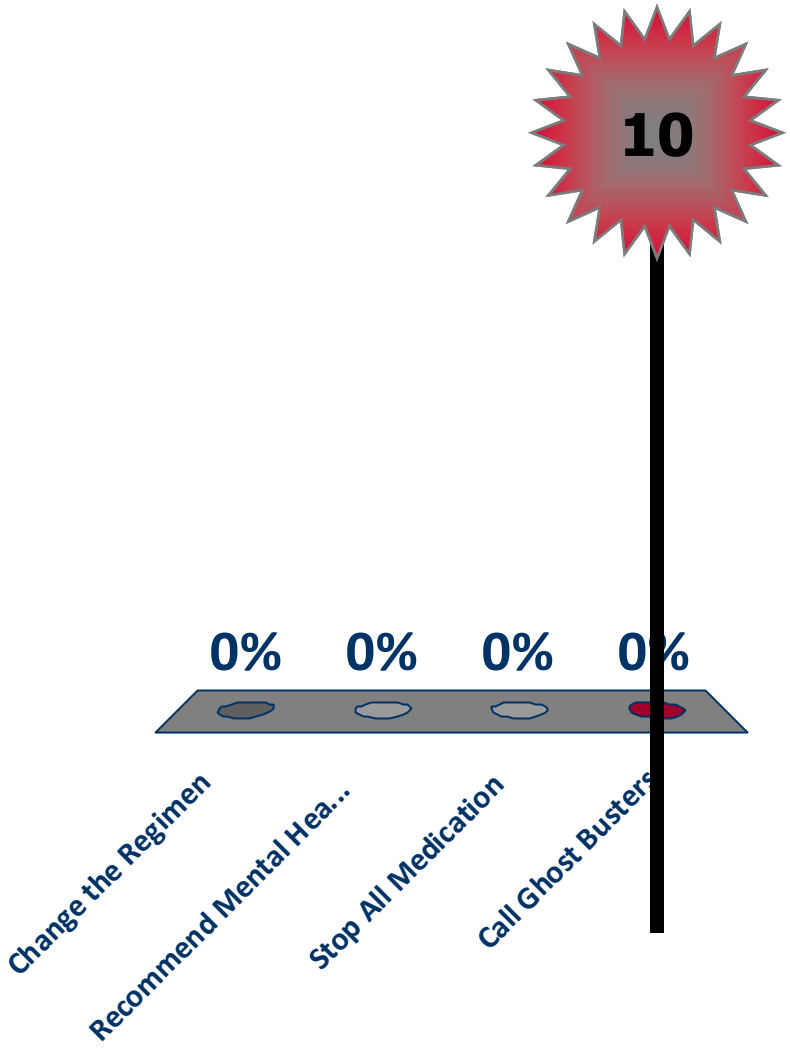
LABS	DATE	RESULT
CD4 count (percentage)	1|09	247 22%
	5|09	326 30%
	8|09	352 30%
	12|09	286 21%
	3|10	230 21%
NADIR CD4		
Viral Load	1|09	3158
	5|09	<48
	8|09	<48
	12|09	2330
	3|10	4080

042 Medications	Dose/Freq	Start Date	Stop Date	Reason
Lexiva 700mg	1 tab BID	8|2006		
Truvada 200|300mg	1 tab QD			
Ritonavir 100mg	1 tab BID			

Pharmacy Assessment	Date	Date	Date	Date	Comments
a. Adherence Counseling	12|09	3|10			
b. Quantitative Assessment	100%	100%			

As a provider what would you do…

1. Change the Regimen
2. Recommend Mental Health and Adherence Counseling
3. Stop All Medication
4. Call Ghost Busters



Pharmacy Assessment	Date	Date	Date	Date	Comments
a. Adherence Counseling	12/04	3/10			
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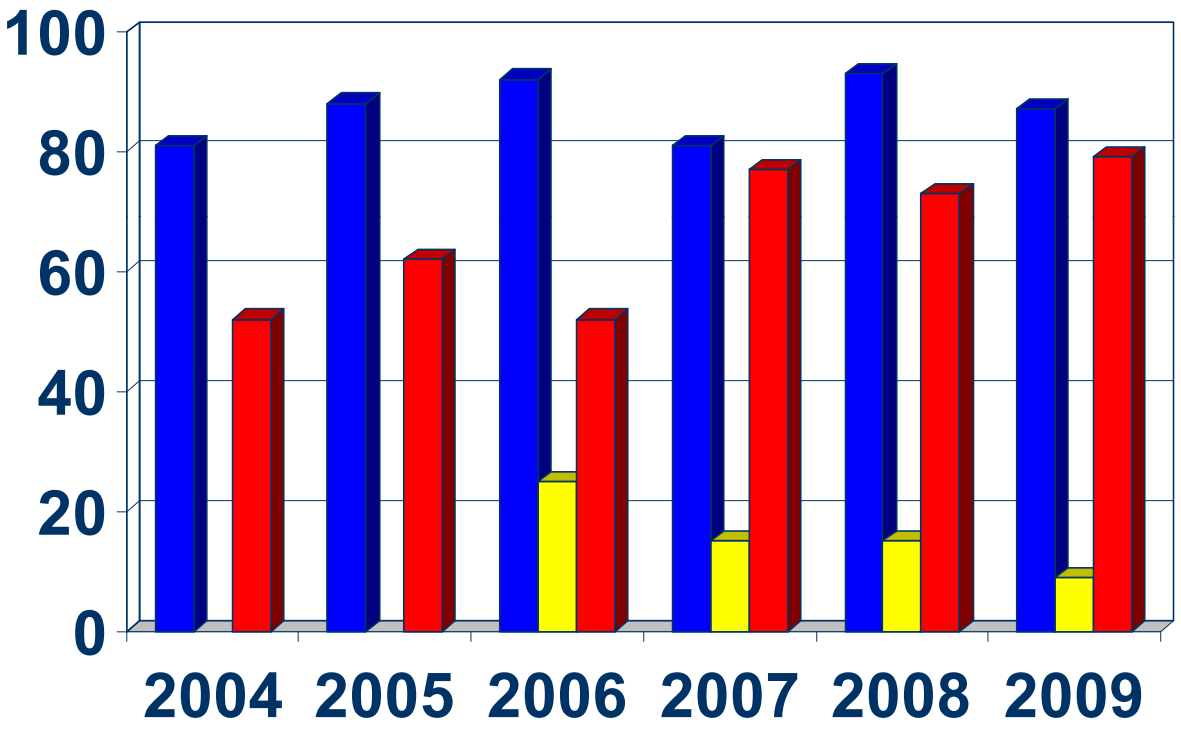
Medications for Prophylaxis	Dose/Freq	Start Date	Stop Date	Reason
Acyclovir		8/2006		Herpes

Sub abuse assessed	Date	Date		Tobacco use	Date	Date
(+) ETOH	3/2010			(+) Cigarettes	3/2010	

Quality Management Indicators

- Patients on ART
- Undetectable VL – patients on ART
- CD4 <200
- Labs / annual screenings
- Immunizations

Quality Management



You Can DO IT !!

Education

Role of the West Virginia Local Performance Site of the PA/MA AETC

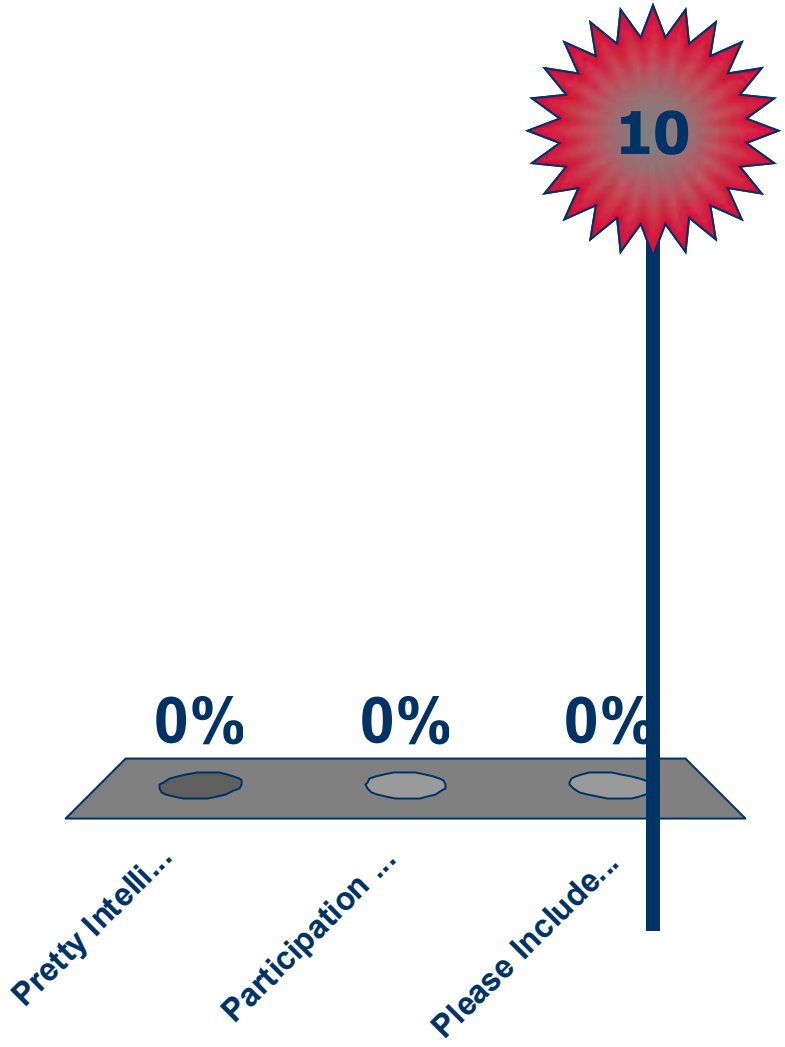
- Monthly Patient Care Teleconference Call
- CME Credit
- Expertise of Providers
- Programs Provided

Monthly Patient Care Teleconference

- Fourth Tuesday of every month
  - Patients' Encounter forms faxed
  - Encounter forms copied and provided to ID physician
  - At least twice a year an educator from the WVLPS travels and participates in the call at the Shenandoah Site

What is a PIF

1. Pretty Intelligent Friend
2. Participation Information Form
3. Please Include Food



Monthly Patient Care Teleconference

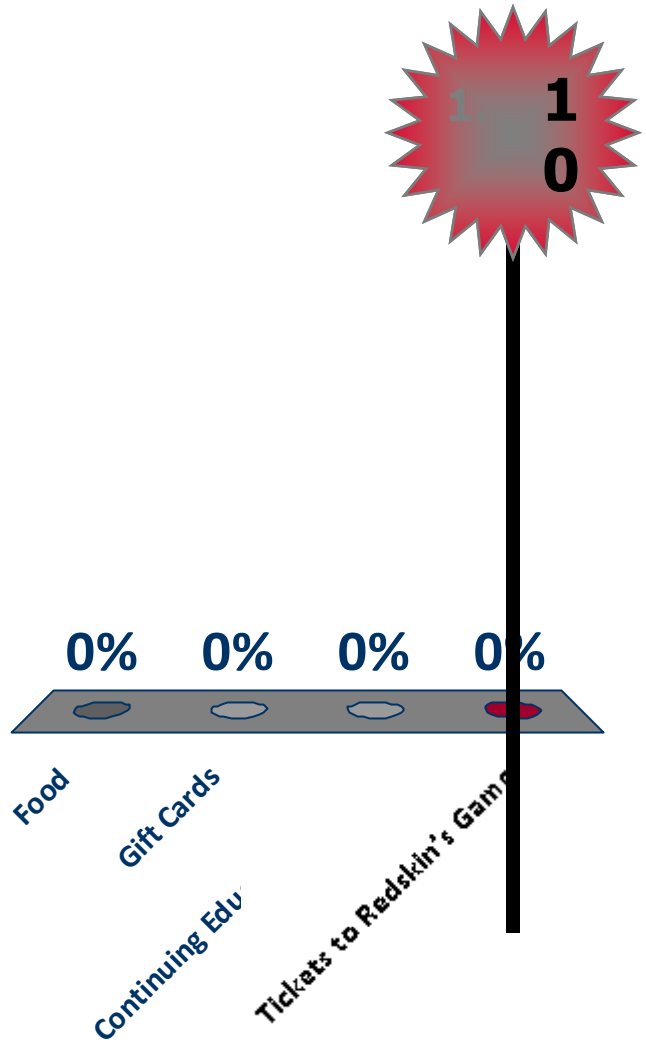
- Participant Information forms
  - Are pre-filled for each participant
  - Collected by the nurse after the call
  - Mailed to the Local Performance Site

Participants

- WVLPS of the PA/MA AETC
  - ID physician (represents both AETC and Part C)
  - Nurse Educators
- Ryan White Part C
  - ID physician
  - Nurse

What do you think we did to encourage providers to attend the patient care teleconference call

1. Food
2. Gift Cards
3. Continuing Education Credit
4. Tickets to Redskin's Game



Continuing Education Credit

- 1 hour AMA PRA Category 1 credit
- 1.2 hours of nursing credit
- 1 hour of social worker credit

Expertise of providers

- Patient encounter forms kept since inception to monitor progression of patient care
- Quality performance measures have improved
- According to the ID physicians, questions presented via the MARS line have become more complex
- Provider invited speaker at the annual West Virginia Ryan White All Parts HIV conference

Programming

- Numerous HIV/AIDS programs have been provided in the area
- HIV/AIDS programs have been conducted at the Shenandoah site
- At least one teaching point is presented and discussed at each patient care teleconference call

Summary

- Quality HIV care can be provided by Community Health Centers
- Patients receive care closer to their residence
- This has been a very successful partnership between Ryan White Part C, the Community Health Center and the AETC as well as Ryan White Parts A and B, and local CBOs
- This is an economical alternative to the traditional model