



Community Health Center, Inc.

Help End the HIV Epidemic by Building a Sustainable Fellowship Opportunity

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Center for Key Populations at Community Health Center, Inc., Middletown, Connecticut



Background

Community Health Center, Inc. (CHCI) Profile

- Founding year: 1972
- Primary care hubs: 15
- Sites: 204
- Staff: 1,000
- Patients per year: 100,000 (est. 2017)
- Visits per year: 550,000
- Specialties: Onsite psychiatry, podiatry, chiropractic; Specialty access by eConsult to 41 specialists

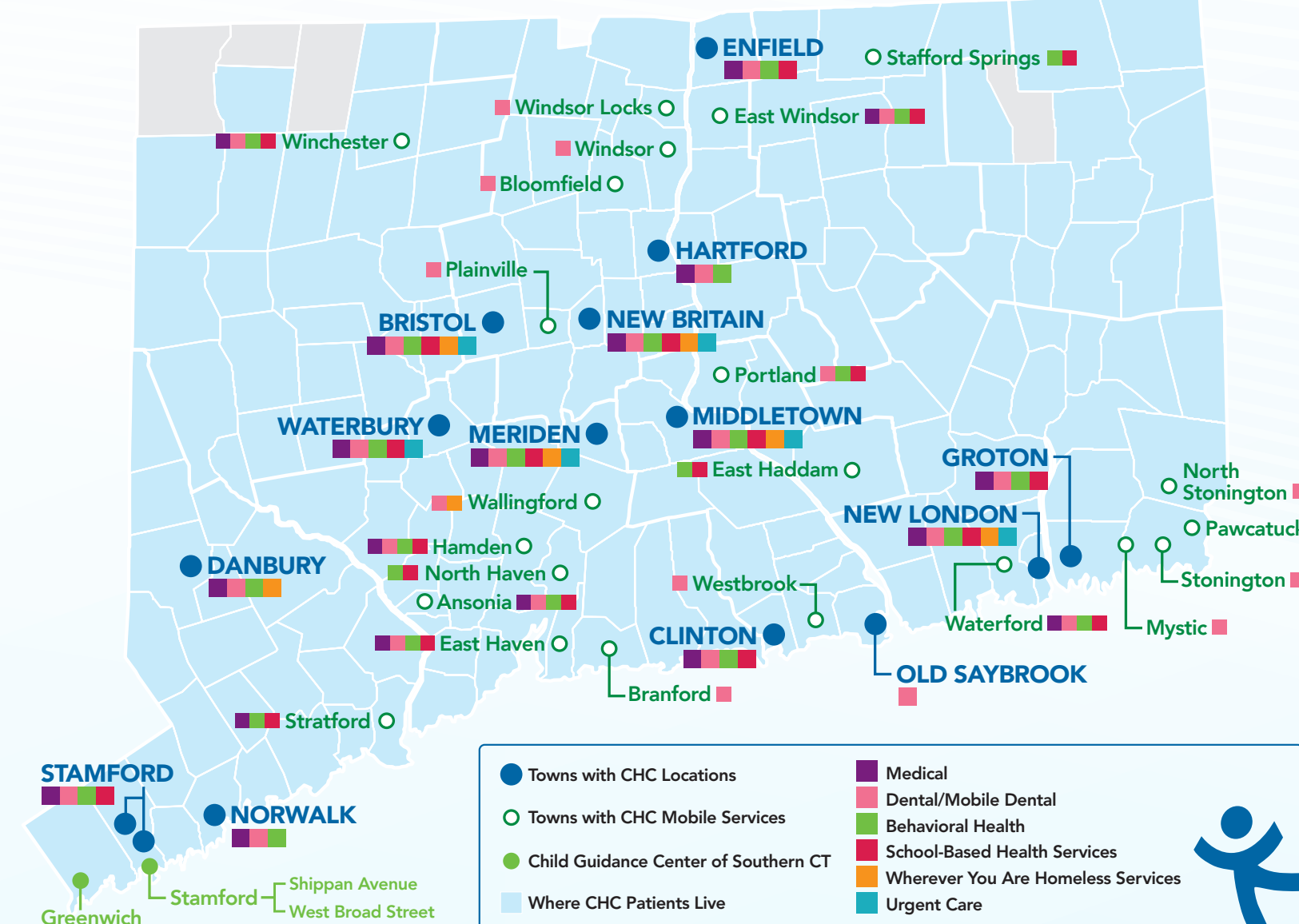
Elements of the CHCI Operations Model

- Fully integrated teams and data
- Integration of key populations
- Data driven performance
- "Wherever You Are" approach

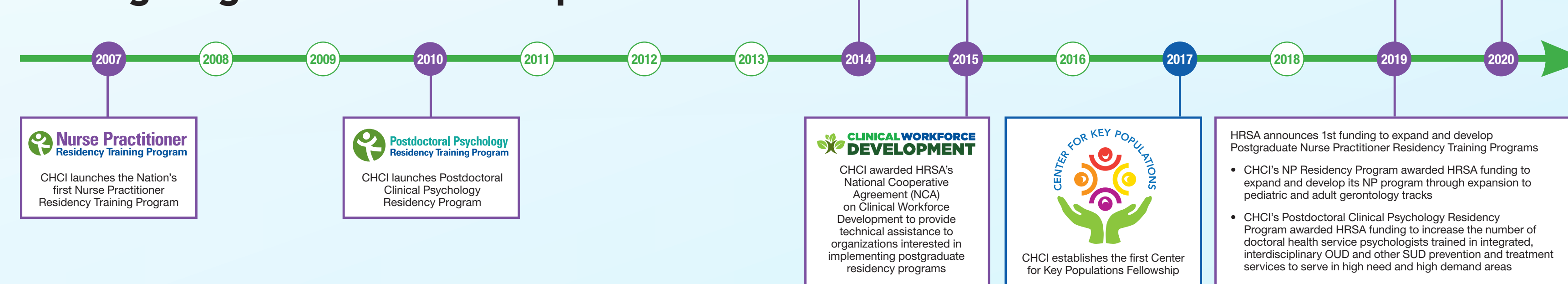
CHCI's Weitzman Institute

- Quality Improvement experts; national coaches
- Project ECHO®—special populations
- Formal research and R&D
- Clinical workforce development

CHCI Locations and Service Sites in Connecticut



Highlights of the Establishment and Expansion of CHCI's Postdoctoral Training Programs and Fellowships



The Center for Key Populations Fellowship at CHCI

What is the Center for Key Populations (CKP)? Established in 2017, CKP is the first center of its kind that focuses on key groups who experience health disparities secondary to stigma and discrimination and who belong to communities that have suffered many barriers to healthcare. CKP brings together healthcare, training, research, and advocacy for people who use drugs, the LGB and Transgender populations, the homeless and those experiencing housing instability, the recently incarcerated, and sex workers.

- Initially, CHCI developed a program that would solicit CKP Fellowship applications from across the country but then narrowed the focus to allow for a more reasonable process and to prioritize retention of CHCI APRN residents.
- Applications are accepted from any APRN who is just completing the CHCI 1-year Nurse Practitioner Residency Program. Fellowship applications are accepted through December.
- Interviews are conducted in February and one candidate is selected based on the best fit for the Program and their ability to fulfill CKP Fellowship Program requirements.
- Award of CKP Fellowship position is made by May 1st.
- CKP Fellowship time period is September 1st – August 31st.



Shown above: First graduating Center for Key Populations Fellow, **Jeannie McIntosh** (center) with CHCI CEO & President, **Mark Masselli** (left) and CHCI Senior Vice & Clinical Director, **Margaret Flinter** (right).

CKP Fellowship Objectives

To provide a one year Fellowship experience that combines academic learning with hands-on experience in programs directly serving populations that experience health disparities, stigma, discrimination, and inequity in healthcare services.

To create an environment of learning that promotes professional development in areas that are underserved and not historically represented in traditional medical training.

To develop a network of mentors and a system of collaboration throughout Connecticut for the Fellow to continue growth in the art of serving vulnerable populations.

CENTER FOR KEY POPULATIONS FELLOWSHIP



Methods

- **The mission of the Center for Key Populations Fellowship is to train Nurse Practitioners (NPs) in delivering competent, compassionate, and respectful primary care to all patients, including key populations who experience health disparities secondary to stigma and discrimination including men who have sex with men; transgender population; people who use and inject drugs; the recently incarcerated; and sex workers.** The Fellowship focuses on the integration of specialty care specific to these populations including HIV care, Hepatitis C management, medication-assisted treatment for opioid use and other substance use disorders, health care for the homeless, sexually transmitted infection (STI) management, and LGBT+ health, including cross sex hormone therapy and gender-affirming care. By the end of the program, the goal is for the Fellow to be ready to sit for the examination and be certified by the American Academy of HIV Medicine as an HIV Specialist. The Fellow is also expected to be a fully X-waivered practicing provider treating opioid use disorder with buprenorphine.
- **This Fellowship is available to one Fellow per year from CHCI's Nurse Practitioner Residency Programs.** The NP Residency Program is a one year postgraduate training of nurse practitioners in family practice during which the Residents are exposed to key populations care during a one month specialty rotation. The Fellowship year includes:
 - Full integration into the CKP team and its expert faculty
 - Dedicated supervision and mentorship during clinical practice
 - Individualized weekly case review and didactic sessions
 - Participation in Quality Improvement work and Project ECHO sessions
 - Completing a Capstone project on a key populations-related topic
 - Additional training opportunities in buprenorphine management, HIV pre-exposure prophylaxis, STI management, Hepatitis C treatment, and cross gender sex hormone treatment

- **The Fellowship is a one year salaried position with full benefits and a commitment for a second year full time position at CHCI. The Fellow maintains a small primary care practice 2 days a week during the Fellowship as part of the goal of primary care integration post-Fellowship which also serves as salary support.**

SEGMENT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	QI/Capstone One hour case review/didactic	CKP/HIV Clinic	Primary care clinic	Primary care clinic	CKP/HIV Clinic
PM	CKP Healthcare for the Homeless	CKP/HIV Clinic Monthly ECHO MAT	Primary care clinic	Primary care clinic	Weekly ECHO HIV/HCV CKP/HIV Clinic

Impact

PROVIDER:

- **Increased confidence and competence caring for medically and psychosocially complex patients in a high volume FQHC setting**
- **Broader scope and licensing to integrate specialty services into primary care practice:**
 - AAHIVS board certification and working within a multidisciplinary Ryan White Team
 - Addressing substance use disorders including the use of buprenorphine/MAT (Fellows are X-waivered) and a team-based approach
 - LGBT health including gender-affirming hormone therapy
 - Healthcare for the Homeless
 - Other infectious diseases like Hepatitis C, Hepatitis B, tuberculosis
 - Sexual and reproductive health
- **Leadership development and expansion of Key Populations services across the state of Connecticut:**
 - Farmer's program, ECHO faculty, preceptorship of resident and subsequent CKP Fellows
 - Racial disparities, SDOH, community relationship building
 - Modeling the integration of key populations in the primary care role and merging research into new sites
 - Conference presentations, didactics
- **Job satisfaction:**
 - Continuing education including conference attendance, ECHOs, research opportunities
 - Pioneering innovative models of care to increase access for patients who experience stigma and other barriers to care within the traditional primary care model
 - Increased variety in clinical experience (schedule, patients, setting, team, and scope)
 - Greater integration into local community by way of networking and coordination of community boards, task forces, case management organizations, etc.

ORGANIZATIONAL:

- **More convenient and cost-effective to train specialists internally; decreases need for external referrals thereby increasing visit volume and breadth**
- **Job satisfaction and larger role contributes to retention of Fellows**
- **Multiplying impact of specialty expertise; Fellows go on to "train the next generation":**
 - ECHO faculty and case presentations
 - Didactics to NP Residents
 - Preceptorship of residents and future Fellows
 - Internal "curbside" consults
 - Expanding access and awareness around key populations
- **Unique program that brings national recognition to organization**
- **Contributing to quality improvement measures at the organization (microsystems, self-swab study, sexual history and risk assessment tool innovation, etc.)**
- **Fellows promote and model important culture shifts throughout the institution:**
 - Modeling inclusive language and advocating against stigma
 - Updating EMR (sexual risk assessment, SOGI, gender inclusive standards)
 - Approaching patient care through the context of trauma-informed care and SDOH
 - Recognizing institutional biases

PATIENT:

- **Avoiding fragmentation of care provides continuity with PCP, improving trust, adherence, and ultimately long-term retention**
- **Bypassing condition-specific clinics (i.e., "gender clinic", "HIV clinic", "Addiction Medicine," etc.) allows for anonymity and decreased stigma**

Results

Center for Key Populations Fellowship Data September 2017 to Present

- In September 2020, the 3rd CKP Fellow will graduate and the 4th year of the CKP Fellowship will begin.
- To date, Fellowship Program didactic and training session **specialty topics have included HIV, HCV, MAT, SUD, LGBTQ, and PC.**
- CKP Fellows have participated in approximately **2,200 patient visits per year.**
- Since September 2017, CKP Fellows have **presented at 16 national conferences** combined.
- Based on cumulative data:



Estimated **100 hours 1:1 training** with CKP Specialist and **50 additional CME hours** for specialty training including colpo, LGBTQ, HIV, and women's health.

CKP Fellows have logged **150 hours of virtual learning sessions.**



60 ECHO sessions attended with an average of **24 ECHO case presentations** per Fellowship year.

Challenges

- Ensuring protected and dedicated time for self-study, mentorship sessions, and research/Capstone projects.
- Developing and structuring curriculum for 1:1 didactic sessions.
- Balancing the dual roles of the Primary Care Provider role and the Fellowship role when duties are concurrent throughout the year.
- Defining, planning, and completing a Capstone project within the 1 year Fellowship period, taking into account a full-time clinical role.
- Logistical barriers of including fellows based in geographically distant clinics from the core program locations.
- Burden of building trust with Preceptor's patient panel considering intimate visit topics, language barriers, trauma histories, and complex medical histories.
- Process of trial and error with a new program.

Lessons Learned

- **Clearly communicate role definitions with organizational leadership.**
- **Create progressive autonomy throughout the Fellowship (i.e., shadowing → preceptorship → independent clinics)**
- **Following identified cases longitudinally throughout the fellowship promotes trust.**
- **Recognize value of quality, not quantity, of time with patients and case reviews.**
- **Developing a structured feedback system is a means to evaluate the Fellow and the Fellowship Program.**
- **Build in Capstone planning and mini-deadlines early on in the Fellowship year.**
- **Be adaptive in individualizing Fellow's future role within the organization based on organizational and CKP needs.**
- **At conclusion of Fellowship year, the clinician transitions into a role of both continued learner and local expert/resource.**

Next Steps

1. Incorporate monthly specialty rotations: Methadone Clinic, Transgender Clinic, HIV Inpatient Care
2. Increase number of Center for Key Populations Fellow positions to 2 per year
3. Expand model to other FQHCs to build similar Fellowships

For More Information

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