Creating a Partnership of Providers in Your Own Backyard

Presenters
Marge Sutinen MATEC-Wisconsin
Sarah Rybicki MATEC-Minnesota
Alicia Downes MATEC-Missouri
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
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
CREATING A “COMMUNITY OF PRACTICE”:
USING DISTANCE LEARNING TECHNOLOGY TO LINK HIV TREATING CLINICIANS

James Sosman, David Feldstein, Marge Sutinna, Julie Vondrek, Barbara Cosme, Michael Frank, Janet Hand, Peter Haven, Iram Nadeem
University of Wisconsin School of Medicine and Public Health, Children’s Hospital of Wisconsin, Medical College of Wisconsin

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 videoconference technology.

ASSESSMENT
Attendees provided programmatic feedback via a self-administered qualitative survey. Response rate was 6%.
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 questions:
“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 technics and program coordinator support is needed to ensure the technology works effectively and doesn’t interfere with the discussion.
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

- None
- 1 - 20
- 21 - 100
- 101 - 500
- 501 - 1,000
- 1,001 - 2,000
- 2,001 - 3,635

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)

* Counties in which a state correctional facility is located.

Data Source: Minnesota HIV/AIDS Surveillance System

HIV/AIDS in Minnesota: Annual Review
Map of Metro Area: Living HIV/AIDS Cases by County of Residence, 2009

Number Living with HIV/AIDS

- None
- 1 - 20
- 21 - 100
- 101 - 500
- 501 – 1,000
- 1,001 – 2,000
- 2,001 – 3,526

City of Minneapolis – 2,576
City of St. Paul – 946
Suburban* – 2,066

Total number (Metro only) = 5,588

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

* Counties in which a state correctional facility is located.

Data Source: Minnesota HIV/AIDS Surveillance System

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

Total Number = 6,552
(24 persons missing residence information)

Greater MN = 14%
Minneapolis = 40%
Suburban = 32%
St. Paul = 14%

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.

Data Source: Minnesota HIV/AIDS Surveillance System

HIV/AIDS in Minnesota: Annual Review
Health Care Landscape
MN

- Whitman-Walker Clinic
  Washington DC 10,000

- Hennepin County
  Positive Care Ctr. 1,300

- In care Greater MN 500
  In care TC Metro 4,500
  MN Out of Care 1,500
  Minnesota 6,552

- Clinic 0,000
African-Born Persons Living with HIV/AIDS Compared to Other Minnesota Cases by Gender, 2009

**African-born Persons**
Total Number = 836

- **Men** 45%
- **Women** 55%

**U.S.-born Cases**
Total Number = 5,286

- **Men** 82%
- **Women** 18%

Data Source: Minnesota HIV/AIDS Surveillance System

† 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

REGионаL

- Northwest AETC
- Mountain-Plains AETC
- Midwest AIDS Training and Education Center (MATEC)
- New England AETC
- New York / New Jersey AETC
- Pennsylvania / MidAtlantic AETC
- Southeast AETC
- Florida / Caribbean AETC
- Texas / Oklahoma AETC
- Delta Region AETC

NATIONAL

- 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

• Marge Sutinen     608- 261-1152  ms2@medicine.wisc.edu

• Sarah Rybiki       612-626-3609  rybic001@umn.edu

• Alicia Downes      816-777-2746   aliciad@kcfree.org

See www.matec.info for more information