

Restructuring the AIDS Education and Training Centers (AETC) Program

HIV/AIDS Bureau, Office of Training and Capacity Development

Jewel Bazilio-Bellegarde – Senior Program and Policy Advisor

Sherrillyn Crooks - Chief, HIV Education Branch

Rupali K. Doshi - Medical Officer

Andrea L. Knox – Public Health Analyst

National Ryan White Conference on HIV Care and Treatment

August 2016

HIV/AIDS Bureau

Vision

Optimal HIV/AIDS care and treatment for all

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families

HRSA/HAB Strategic Priorities

- **National HIV/AIDS Strategy (NHAS) 2020/President's Emergency Plan for AIDS Relief (PEPFAR) 3.0:** Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0.
- **Leadership:** Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation.
- **Partnerships:** Enhance and develop strategic domestic and international partnerships internally and externally.
- **Integration:** Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization:** Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery.
- **Operations:** Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration. This includes supporting excellence in HIV care and treatment service delivery and programs by ensuring efficient business and scientific administration, implementing effective communication and policies, and enhancing the skills of current staff.

HIV/AIDS Bureau's Framework

RYAN WHITE
HIV/AIDS PROGRAM
MOVING FORWARD



Office of Training and Capacity Development

- **Mission:** Strengthen and transform health care systems by supporting the development of leadership, evaluation, training and capacity development to assure the provision of high quality HIV/AIDS prevention, care and treatment services
- **3 Programs:**
 - AIDS Education and Training Centers Program (AETC Program)
 - Global HIV Program...President's Emergency Plan for AIDS Relief (PEPFAR)
 - Special Projects of National Significance (SPNS)

AETC Program Overview

- **Authority:** Section 2692 (42 U.S.C. §300ff-111) and section 2693 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009.
- **Provides training, education, and technical assistance to strengthen the delivery of HIV or HIV-related services and quality of care.**
- **Special emphasis on clinicians who are themselves of minority racial/ethnic background and/or are serving minority populations, including Native Americans and Alaska Natives.**

Why Restructure?

- **Several key factors influenced the decision to explore major changes to the AETC program, including:**
 - Alignment with National HIV/AIDS Strategy (NHAS) – 2010
 - Alignment with HIV Care Continuum Initiative (Executive Order) – 2013
 - Alignment with the changing health care landscape
 - Anticipated HIV workforce shortages
 - Need to be more responsive to the changing nature of the HIV/AIDS epidemic, the scientific advancements in HIV care and treatment, and needs of HIV/AIDS community
 - Need to demonstrate impact and accountability

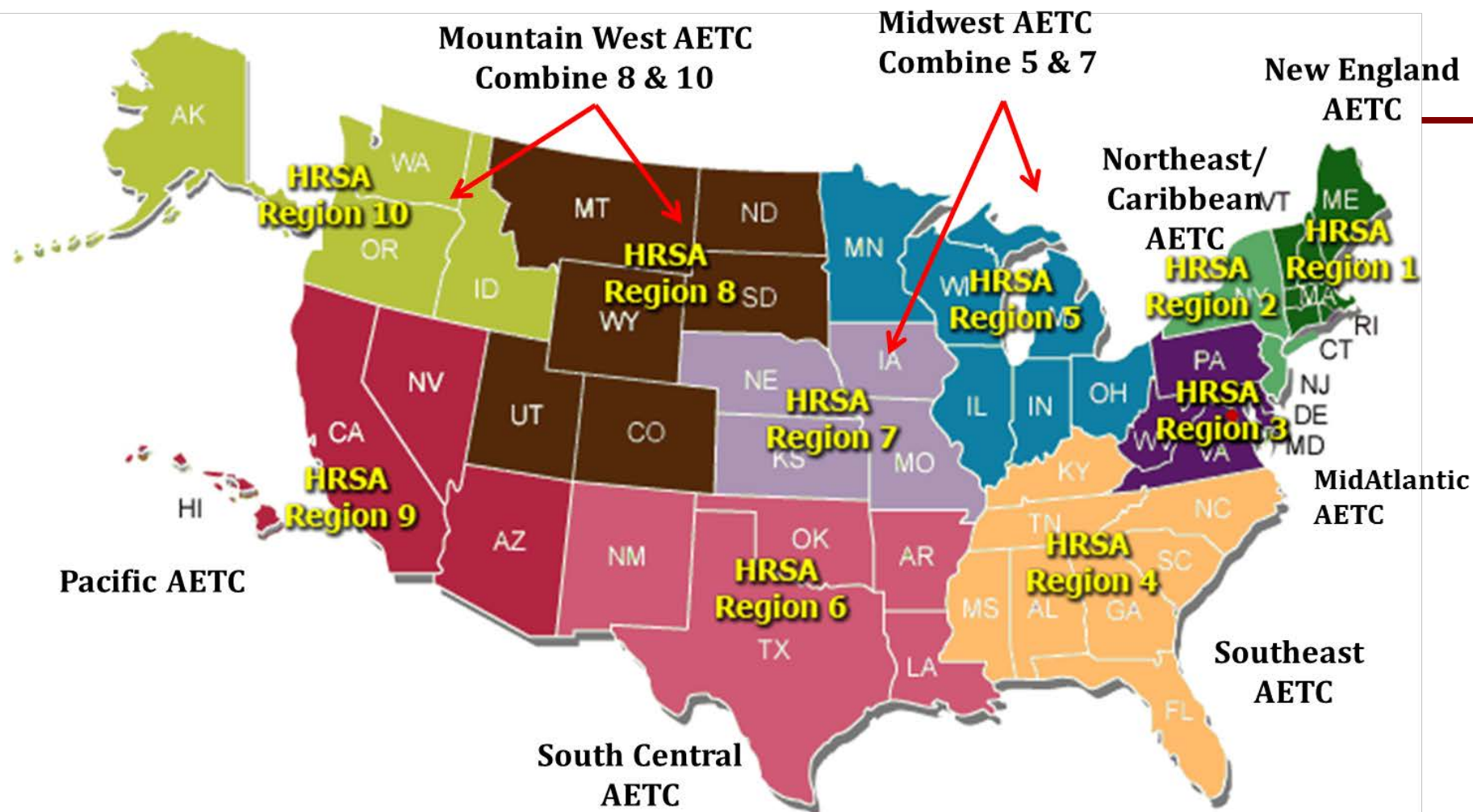
The Process

- Conducted extensive analysis including a literature review of existing landscape (e.g. innovations in HIV care & treatment; trends in health professions training, etc.)
- Solicited input/ideas from and reported back to key stakeholders
- Conducted SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of multiple models for AETC restructuring
- Conducted multiple briefings for leadership and key stakeholders to receive feedback and approval

Results

- **Went from 11 to 8 Regional AETCs in new configurations**
- **Instituted new program requirements:**
 - Core Training and TA
 - Practice Transformation Project
 - Interprofessional Education Project
- **National Coordinating Resource Center (NCRC)**
 - Annual Clinical Conference
- **Increased attention to novice and low-volume providers**
- **National HIV Competency Curriculum**
- **Integration of Telehealth modality**
- **Integration of pre-professional training (Pipeline)**

New Regional Structure of AETCs



AETC Transformation

- Change in funding mechanism: Grant to Cooperative agreement
- Formal Guidance for Regional Needs Assessments
- Practice Transformation Project (PTP)
- Interprofessional Education (IPE) Project
- Practice Transformation Project and Interprofessional Education national and regional evaluations
- Coordination with State-Integrated Plans
- New Coordinating role of the NCRC
- Central repository of training materials
- Cross-AETC collaboration via workgroups
- New Data collection requirements
- New branding
- Reverse site visit

Practice Transformation Model #1 (Southeast AETC)

- 13 clinical sites across 5 Southeastern states: 7 in Florida, 1 in Mississippi, 3 in North Carolina, 2 in Tennessee
- 6 Community Health Clinics, 7 Ryan White clinics
- Focus: Improving patient outcomes along the HIV care continuum by increased access to quality care for PLWH.
- **Developmental Core**
 - Develop surveys to assess clinic readiness for PT, baseline performance in providing HIV services
 - Develop compendium & catalog of training resources
 - Determine metrics for PT process & outcomes evaluations
 - Develop individual training & coaching plan for each clinic
 - Monitor & refine training/coaching plan(s)
 - Empower and partner with PT sites and local partners at every step
 - Collaborate with other SEATEC Work Groups, regional PT Work Groups, HRSA National Coordinating Resource Center at every step

Practice Transformation Model #2 (Northeast/Caribbean AETC)

- 9 clinical sites: 2 in New Jersey, 6 in New York, 1 in Puerto Rico
- 4 Community Health Clinics and 5 Ryan White clinics
- **Identified Needs**
 - assisting with development of a strategic plan, developing a team based care environment, providing clinic staff with training to improve HIV knowledge, empaneling for new providers, increasing the number of patients accepting HIV testing, increasing the number of patients on PrEP, improving linkage to care, providing support for new EHR systems, developing HIV care templates for EHRs, and providing data analysis assistance to assess the overall patient population
- **Coach Training**
 - Millard Fillmore College Practice Facilitator Certificate Program at the University at Buffalo
 - USDHHS Agency for Healthcare Research and Quality designated exemplary primary care practice facilitation training program
- **Internal Regional PTP Learning Community**
- **Each site assigned Coach**
- **Integration of Behavioral and Oral Health at each PT site**

Interprofessional Education Model #1 (MidAtlantic AETC)

- **1 IPE Site: University of Maryland, Jacques Institute**
- **Target Health Professions Schools**
 - 6 schools targeted: School of Dentistry, Law, Pharmacy, Nursing, Medicine and Social Work
- **Structures Developed**
 - Core curriculum developed for core IPE training
 - Curriculum for elective courses developed
 - Under review by School of Nursing Curriculum Committee
 - Under review by School of Medicine Curriculum Committee
 - Each student will register with LEAPP-“Learning Education and Practice Portal”
 - Tracking of students longitudinally
 - Track post graduation
 - Preceptorships will be tracked separately.
 - Students have both didactic and experiential learning opportunities

Interprofessional Education Model #2 (Midwest AETC – HIV Interprofessional Education Project {HIPEP})

- 6 IPE Sites: University of Illinois at Chicago (UIC), Indiana University, University of Minnesota, University of Nebraska, University of Cincinnati, University of Wisconsin
- Aims to:
 - Train faculty at academic partner institutions on team-based HIV care
 - Have faculty at academic partner institutions train graduate students on team-based HIV care
- Program design and implementation led by an HIPEP Advisory Group: IPE team from UIC, MATEC staff and faculty
- 10-20 students per state per year from medicine, nursing and pharmacy
- 20-30 hours of multimodal learning experiences for students

Contact Information

Name	Title	Email
Jewel Bazilio-Bellegarde	Senior Advisor	Jbazilio-bellegarde@hrsa.gov
Sherrillyn Crooks	AETC Branch Chief	scrooks@hrsa.gov
Rupali K. Doshi	Medical Officer	rdoshi@hrsa.gov
Andrea Knox	Public Health Analyst	aknox@hrsa.gov
Polly Ross	Clinical Advisor	pross@hrsa.gov
Dee Gamliel	Public Health Analyst	dgamliel@hrsa.gov
Mekeshia Bates	Public Health Analyst	mbates@hrsa.gov