

Training the Next Generation of Spanish-Speaking HIV Physicians: Experiences from a Minority AIDS Initiative (MAI) Project

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Disclosures

Presenter(s) has no financial interest to disclose.

Or Presenter

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Explain how Spanish Speakers have unique health disparities and needs that impact utilization of HIV services.
2. Discuss the important role Spanish speaking family medicine physicians can play in impacting the HIV epidemic.
3. Produce HIV/HCV screening and PrEP programs locally for Spanish-speaking physicians.

Background

California has a large and growing Spanish-speaking population which will increasingly require Spanish-speaking clinicians, including HIV-competent clinicians.

Over the past two years, the UCLA PAETC Minority AIDS Initiative, through the UCLA Family Medicine (FM) International Medical Graduate (IMG) program has trained more than 60 Spanish-speaking physicians on topics ranging from HIV 101 to Substance Abuse and HIV to Clinical Management. A major focus has been--and will continue to be--Routine HIV/HCV Testing in primary care.

Facts

Only 5.2% of the physician workforce in California is Hispanic compared to 36% of the state's population. Further, almost 35% of California's 13 million Hispanics reside in medically underserved areas (MUAs) compared to 20% of the total population.

The UCLA FM IMG program matches more Spanish-speaking residents to California family medicine residencies than do our California medical schools, including UCLA or UCSF.

Method and Solution

Solution: The UCLA Dept. of FM has developed an innovative IMG program to address the state's changing demographics and existing shortage of multicultural and Spanish-speaking doctors.

Method: This program provides English/Spanish bilingual IMGs, who are committed to the care of California's underserved populations, with a comprehensive program to pass the USMLE Step 1, USMLE Step 2 CK, USMLE Step 2 CS and to compete for a California Family Medicine residency training program intern position. The objective of the UCLA IMG pre-residency training program is to increase the number of bilingual and bicultural Hispanic family physicians practicing in our underserved communities.

Purpose and IMG Commitment

Purpose: To prepare bilingual (English-Spanish), bi-cultural IMGs to become Board-certified California family physicians through a unique pre-residency training program. The program seeks IMGs from medical schools approved by the state of California who are committed to train in a 3-year, salaried Family Medicine residency training program in California.

IMG Commitment: Upon successful completion of the residency, the graduate will be required to spend 24 to 36 months in an underserved community providing care to those immigrants and low-income patients who face financial and language barriers for care. This service to the community after residency is a requirement for participation in the UCLA IMG Program.

UCLA FM IMG program graduates matched with an underserved community clinic

2007 – 2 graduates matched

2008 – 6 graduates matched

2009 – 11 graduates matched

2010 – 11 graduates matched

2011 – 13 graduates matched

2012 – 11 graduates matched

2013 – 12 graduates matched

2014 – 16 graduates matched

82 Spanish-speaking family medicine MDs matched to underserved areas since 2007.

UCLA PAETC Online “IMG HIV Inventory”

Every year, the UCLA PAETC conducts an online inventory asking newcomers to the IMG program what HIV experiences they already have, and what their HIV training needs are.

- For example: on average 81% of respondents had never conducted an HIV test.
- However almost 50% answered that they would be interested in working with HIV disease in their future practices and 60% have treated HIV (even if only for 1-2 days) in their home country.
- Areas that respondents requested further training included HIV and HCV, HIV and the law, treatment options, drug interactions, HIV and mental health.

UCLA PAETC Online “IMG HIV Inventory”

Previous HIV Experiences (selected written comments)

- *During my internship year in La Paz BCS, Mexico I had the opportunity to see the damage that this disease does, not only to health but also the taboo of infection in the affected patients’ families.*
- *I did my medical training in Ecuador. We had an HIV clinic for low-income patients where we would do check-ups, diagnosis, prevention and counseling. We also saw patients admitted for HIV complications and followed their treatment.*
- *During my clinical rotations at medical school, I had opportunities to care for some patients with HIV. It was very frustrating to see that many of them were facing prejudice because of their diagnosis. Some patients lost their job, were abandoned by their family members and friends. I realized that besides treating the disease, we need to educate people and fight against wrong concepts about HIV, and prejudice.*

MAI 2013/14 Goals

- Northeast Valley Health Corporation – Routine HIV Testing *implementation*. IMGs participated in trainings at 11 clinical sites of this FQHC.
- Increased Level III participation by IMG Program in 2014.
- UCLA PAETC MAI went to ‘matched’ IMG MD residency programs in underserved areas to deliver Routine HIV Testing Trainings.

Comments by IMG program graduates with regards to their Year 01 training experiences with the UCLA PAETC

“HIV is a world-wide STD. Through this training I learned how to diagnose initial symptoms of the disease, which are the latest and most cost-effective diagnostic tests, and how to control the viral load through the use of different drugs. It has given me a broader vision of HIV treatment from what I’ve known previously.”

“HIV is a topic that is under-addressed within the context of primary care. As a generalist one must be adept at dealing with a myriad of health concerns, HIV/AIDS included; therefore, exposure to practical knowledge concerning HIV/AIDS is of benefit me and my future patients.”

Which best describes where you work?

1. Health Department/LHJ
2. AETC
3. HRSA
4. HIV Clinic
5. Other

Which best describes the region where you work?

1. Northeast/Midatlantic
2. South/Southeast
3. Puerto Rico
4. Northwest
5. Southwest
6. Midwest
7. Other (Hawaii, Alaska, etc.)

We have Spanish-speaking HIV patients in our clinic (our town/jurisdiction).

1. No
2. Yes, 0-5%
3. Yes, 5-10%
4. Yes, 10-15%
5. Yes, 15-20%
6. Yes, more than 20%



Case Study: Maria

Maria is Spanish-speaking single, self-employed 52 year old house cleaner living in Los Angeles. She has had a green card for 8 years and estimates she will make \$22,980 in 2014 (200% FPL), but has no health insurance. She says she could never afford the rates for “someone my age” and “I never seem to qualify for MediCal (Medicaid)” She has not seen a doctor for years, but sometimes goes to an urgent care clinic or across the border for antibiotics. She wants health insurance as she has some chronic back problems and owns a house worth \$250,000. She is afraid an ER trip could bankrupt her or cause her to lose the house. Otherwise, she believes she is in good health and feels great.

However, Maria does not know that she is living with HIV and Hepatitis C. She would not report any risks for either if asked.

Under the Affordable Care Act, Maria will be required to purchase health insurance or face a penalty.

1. True
2. False
3. I'm not sure

I think Maria will sign up for health insurance (NOT pay the penalty).

1. True
2. False
3. I'm not sure

Maria signs up & chooses a qualified health plan and primary care provider in Covered California. Do you think she will be tested for HIV as part of her routine care with her provider in 2014?

1. Yes
2. No
3. I'm not sure

Were YOU offered an HIV test the last time YOU saw your primary care provider?


1. Yes—I remember
2. No
3. No—we already knew my HIV status
4. I'm not sure I don't remember

HealthAffairs


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The Affordable Care Act May Increase The Number Of People Getting Tested For HIV By Nearly 500,000 By 2017

 Expand

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Abstract

People are much less likely to engage in risky sexual behavior if they know that they are HIV-positive. Unfortunately, more than 18 percent of people living with HIV/AIDS in the United States are unaware of their HIV status, and about half of new HIV infections are transmitted from that “HIV unaware” population. For these

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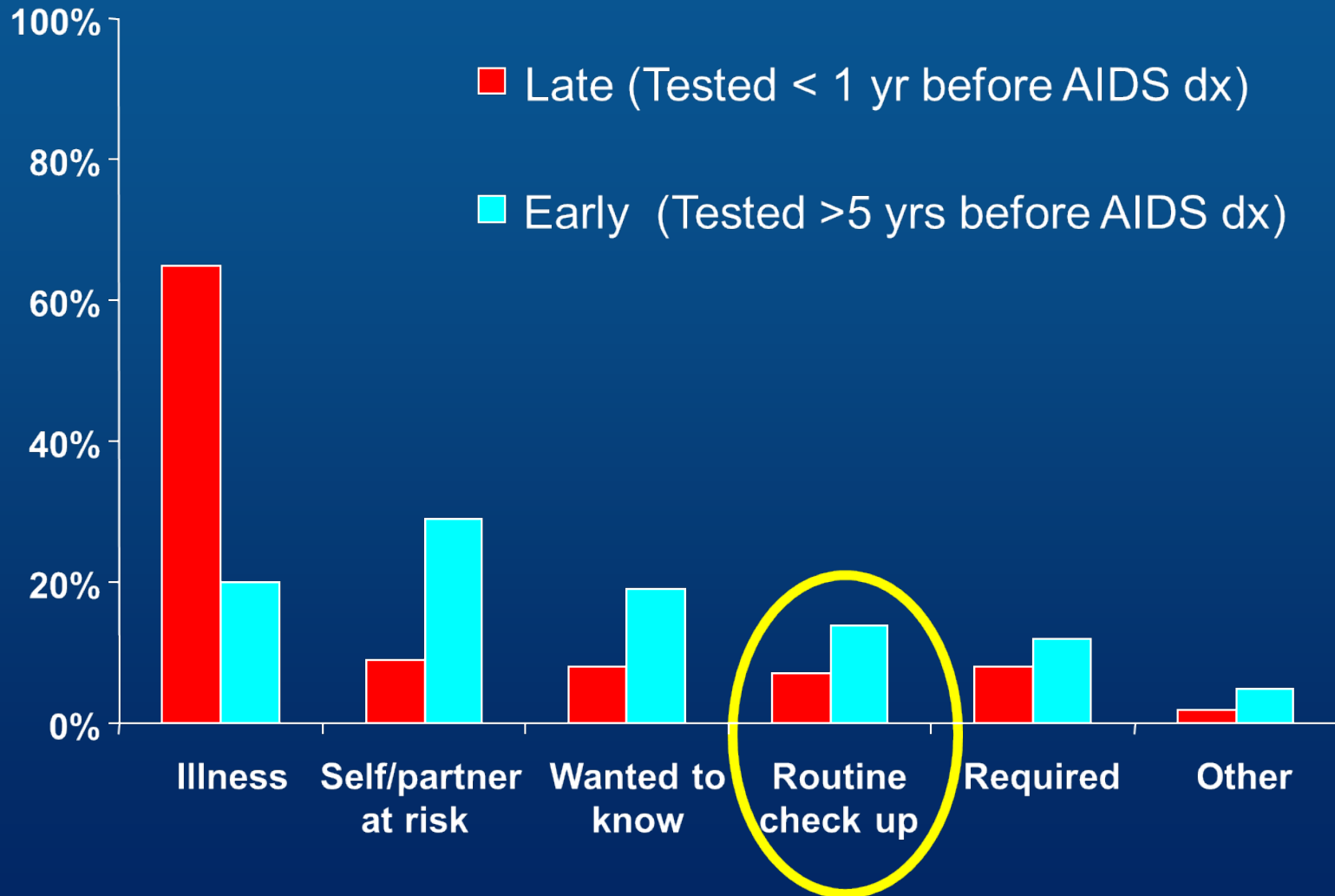
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 Health Aff **March 2014** vol. 33 no. 378-385

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Reasons for testing: late versus early testers

Supplement to HIV/AIDS Surveillance, 2000-2003



Research shows Latinos test/treat later for HIV

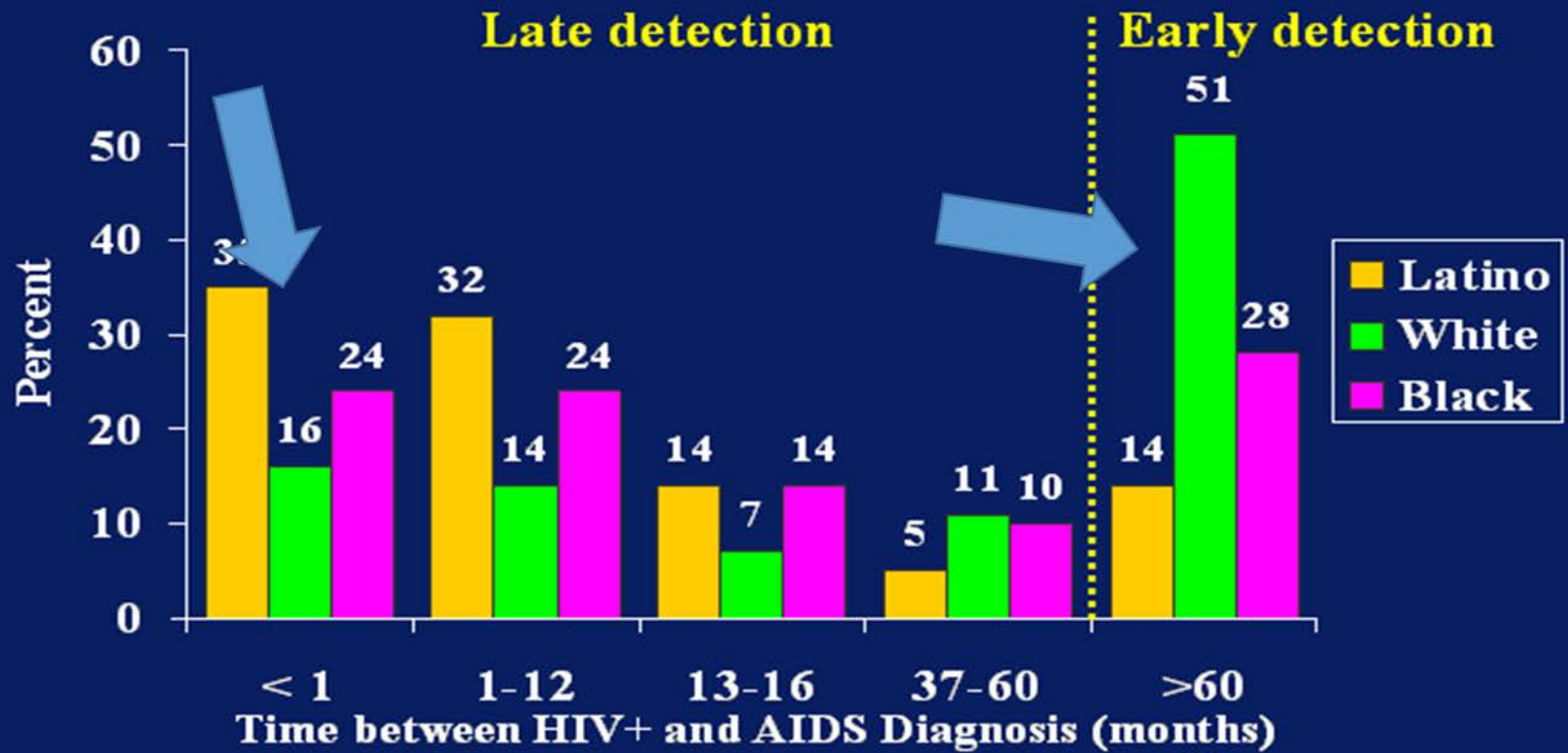
Late testers are defined as persons who had their first positive HIV test <1 year before the diagnosis of AIDS.

- Completion of interview in Spanish main predictor in late HIV testing (Wohl et al, Los Angeles, 2009)
- Wait for symptoms/illness. Most likely to first test positive as hospital inpatient (Wohl et al, Los Angeles, 2009)
- Also more likely to be older and have active TB (Southeast, Dennis et al, 2011)
- More likely to be heterosexual (CDC/MMWR, National, 2000-2003)
- Fear of stigma for immigrant MSMs (Solorio, Seattle, 2013)

All research notes need for enhanced routine HIV testing efforts for Latino populations.

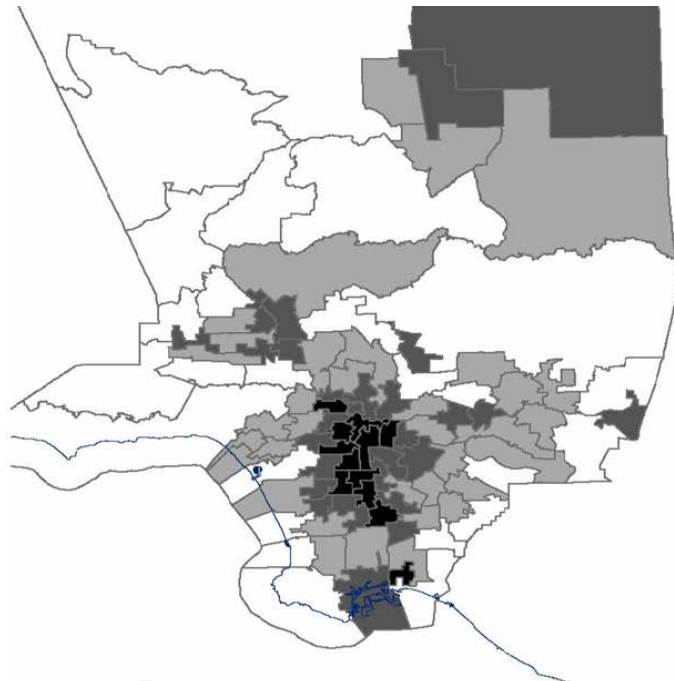
Time between first learned of HIV+ status and AIDS Diagnosis, by Race/Ethnicity

SHAS, LAC, 1999 - 2002 (N = 748)

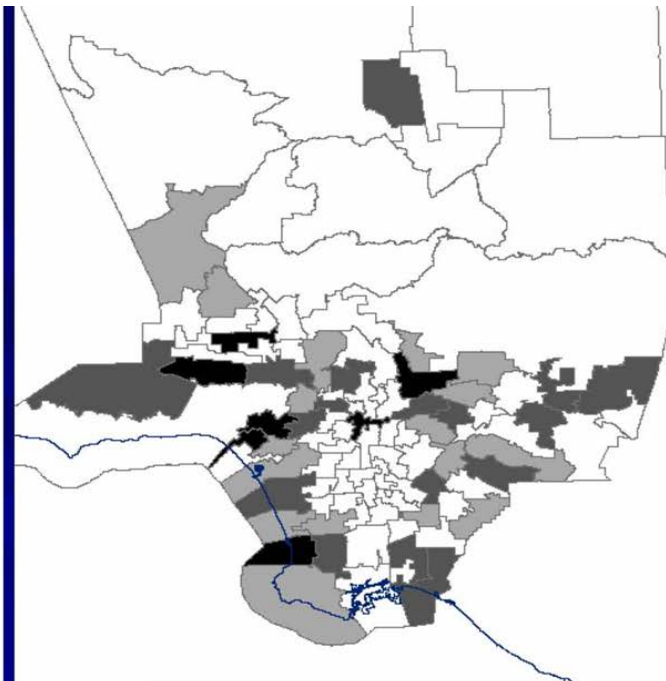


COUNTY OF LOS ANGELES
Public Health

Primary Care Workforce & The Inverse Care Law



Medical Service Study Area (MSSA) Boundaries
Percent of Population in Poverty (Census 2000)

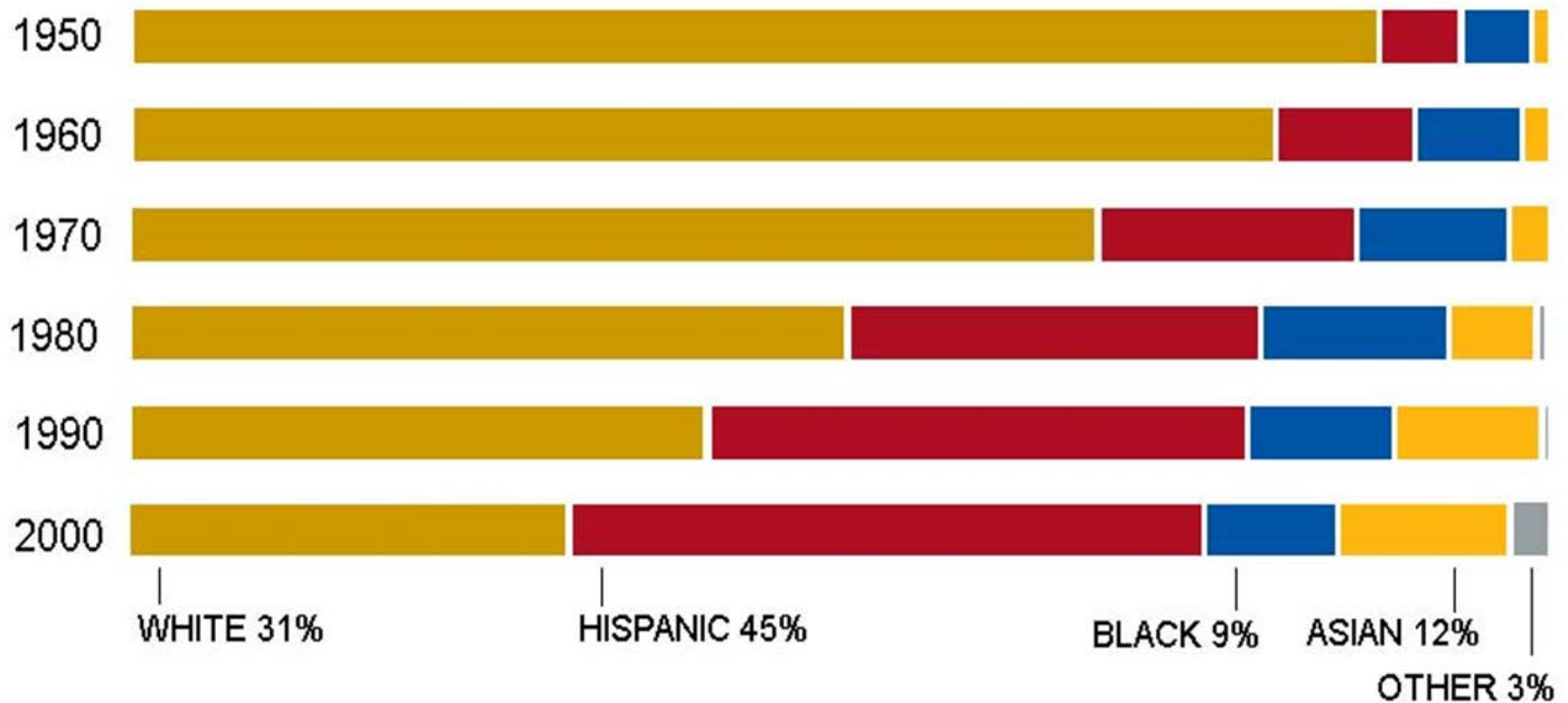


Medical Service Study Area (MSSA) Boundaries
Ratio of Population to Primary Care Physician (2003)



The Changing Face of Los Angeles . . .

Proportion of Los Angeles County residents by race and ethnicity. Racial groups do not include Hispanics, who may be of any race.





UCLA IMG Scholars Represent California's Diversity





The UCLA Pre-residency IMG Program ..in a Nutshell

A comprehensive 3-21 month course of professional instruction consisting of the following program components to assist IMGs to be competitive for FM residency positions:

A – Basic Science

B – Clinical Science

C - Clinical Rotations 12 weeks

ULCA IMG Program 2012

UCLA IMG PROGRAM, 2012

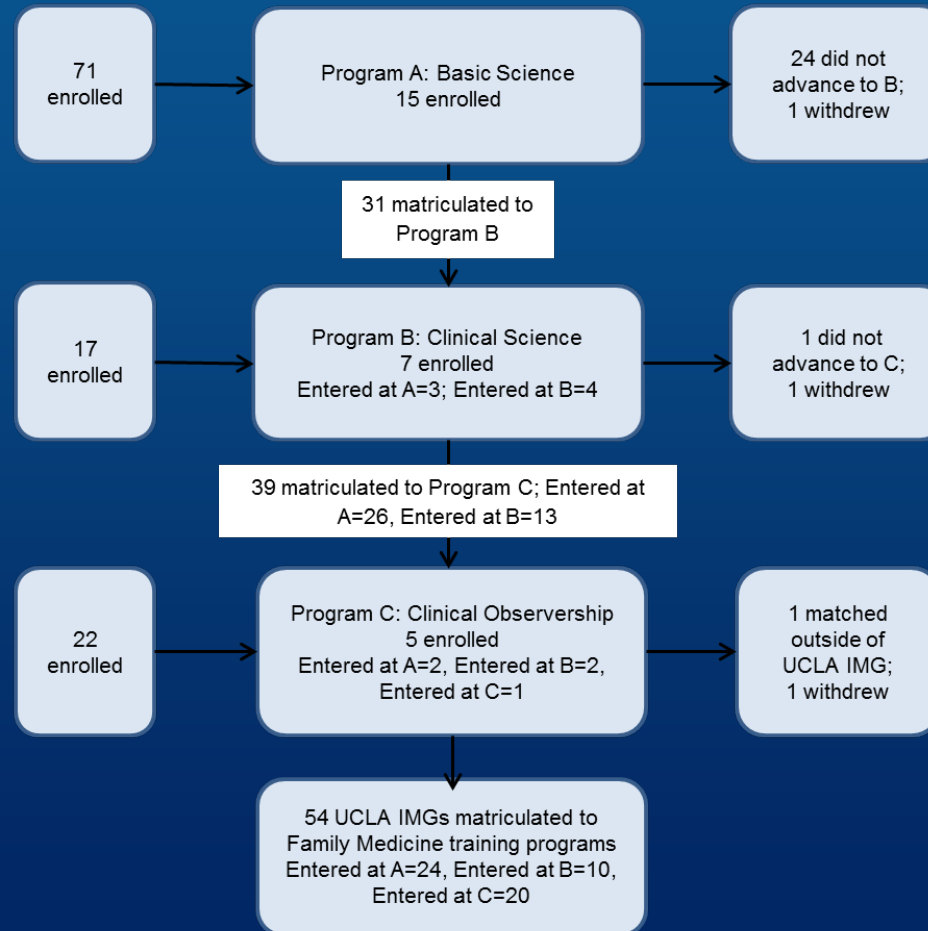
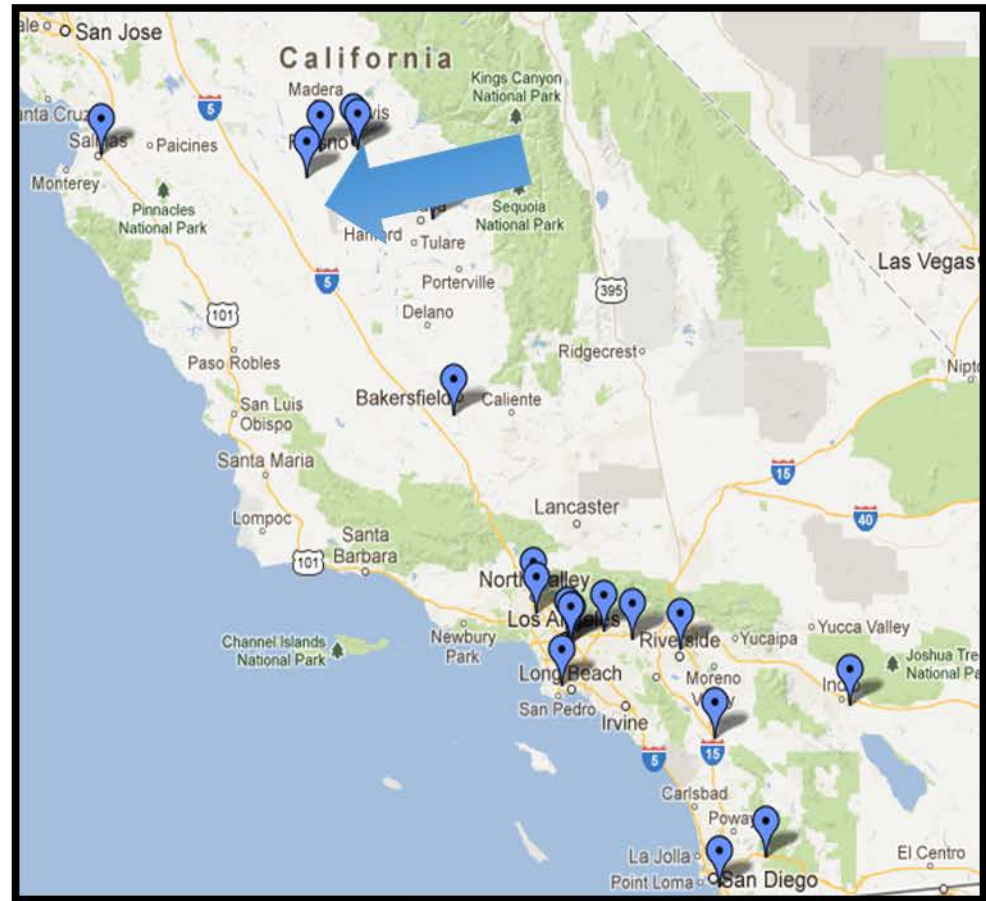


Figure. Flow of International Medical Graduates (IMG) who enter at each step of the UCLA International Medical Graduates (IMG) Program (2006-12).

Total Number of UCLA IMGs Matched 2007-2013

FM Residency Program	# of UCLA IMGs
Eisenhower-Coachella	1
Glendale Adventist	3
Kaiser Fontana	1
Kern-Bakersfield	2
Natividad-Salinas	2
Naval Hospital Medical	1
PIH-Whittier	2
UCLA-FM	9
USC/CA	8
Riverside County	9
Glendale Adventist	2
Pomona Valley	5
Hanford-Loma Linda	4
UCSD	2
UCSF-Fresno	6
Stanislaus-Modesto	2
San Joaquin-Stockton	1
Northridge Hospital	3
JM-Miami	1
Texas Tech-El Paso	1
UT Houston	1
Total	66



What sort of HIV trainings do the FM IMGs participate in?

In the first 2 years, 43 IMG MDs pre/post online inventories were completed and more than 550 hours of HIV trainings including

Year 1: 240 contact hours

15 hours level I

137 hours level II

88 hours level III

Year 2: 308 contact hours

18 hours level I

155 hours level II

103 hours level III

Assembly Bill 1533



Holly J. Mitchell

**Member of the California State Senate from the 26th
District**

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1533

Introduced by Assembly Member Mitchell

January 23, 2012

An act to add and repeal Section 2066.5 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 1533, as introduced, Mitchell. Medicine: trainees: international medical graduates.

The Medical Practice Act provides for licensing and regulation of physicians and surgeons by the Medical Board of California and imposes various requirements in that regard. Existing law requires an applicant for a license as a physician and surgeon to successfully complete a specified medical curriculum, a clinical instruction program, and a training program. Existing law provides that nothing in the Medical Practice Act shall be construed to prohibit a foreign medical graduate from engaging in the practice of medicine whenever and wherever required as part of a clinical service program, subject to certain conditions.

This bill, until January 1, 2019, would authorize a clinical instruction pilot program for certain bilingual international medical graduates at the Medical School of the University of California at Los Angeles (UCLA) as part of an existing preresidency training program, at the option of UCLA. The bill would provide that nothing in the Medical Practice Act shall be construed to prohibit a foreign medical graduate participating in the pilot program from engaging in the practice of medicine when required as part of the pilot program. The bill would set forth the requirements for international medical graduates to

Source: http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1501-1550/ab_1533_bill_20120123_introduced.pdf

Highlighted IMG program HIV trainings

Coping With Hope day-long seminar on HIV and Mental Health

Routine HIV Testing interactive community clinic workshops

Tough Decisions Made Easier annual day-long CME seminar for high-volume HIV specialists

HIV, Opioids and Methamphetamine interactive workshops

HIV on the Border two-day seminars held on the border itself

Level III clinical training from one to 30 days. Offered at UCLA CARE Clinic and Latino-serving FQHC HIV Clinic.

ACA, HIV, Hep C and TB interactive workshops

And many more.....

Year End HIV IMG Evaluations

The overwhelming majority of 22 completing post year evaluations (86%) believed that in 2020 they will be “working in a position requiring HIV-related skills.” Not surprisingly, these MDs requested training experiences in areas where they self-ranked their HIV-related knowledge relatively lower (legal issues, ethical issues, mental health, substance abuse, testing, medication management, prevention, diagnostic tools, management protocols, pregnancy and treating OIs) The second year of the project offered 14 different opportunities in these areas.

In the second year, a total of 17 Spanish-speaking IMGs participated in HIV training experiences totaling more than 300 contact hours. They reported increases in HIV knowledge, motivation to test for HIV, understanding of 2006 CDC HIV Testing Recommendations, understanding of HIV-related mental health/substance abuse issues, confidence ordering HIV tests and understanding of HIV issues on the US/Mexico Border.

2014 Impact after Matching

Routine HIV/HCV Testing Implementation

February 18, 2014

Hanford, CA

Ardis Moe, MD
UCLA PAETC
Medical Director

Oscar Cook, MD
2012 Match

Victor Alvarez, MD
Future Match

Rigoberto Garcia
NEVHC

Annie Wong, MD

Evelyn Jimenez, MD
2012 Match

Carolina Abrew, MD
2011 Match

You will be
tested for HIV
along with

- ✓Cholesterol
- ✓Blood Pressure
- ✓Diabetes
- ✓HIV



Q & A

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