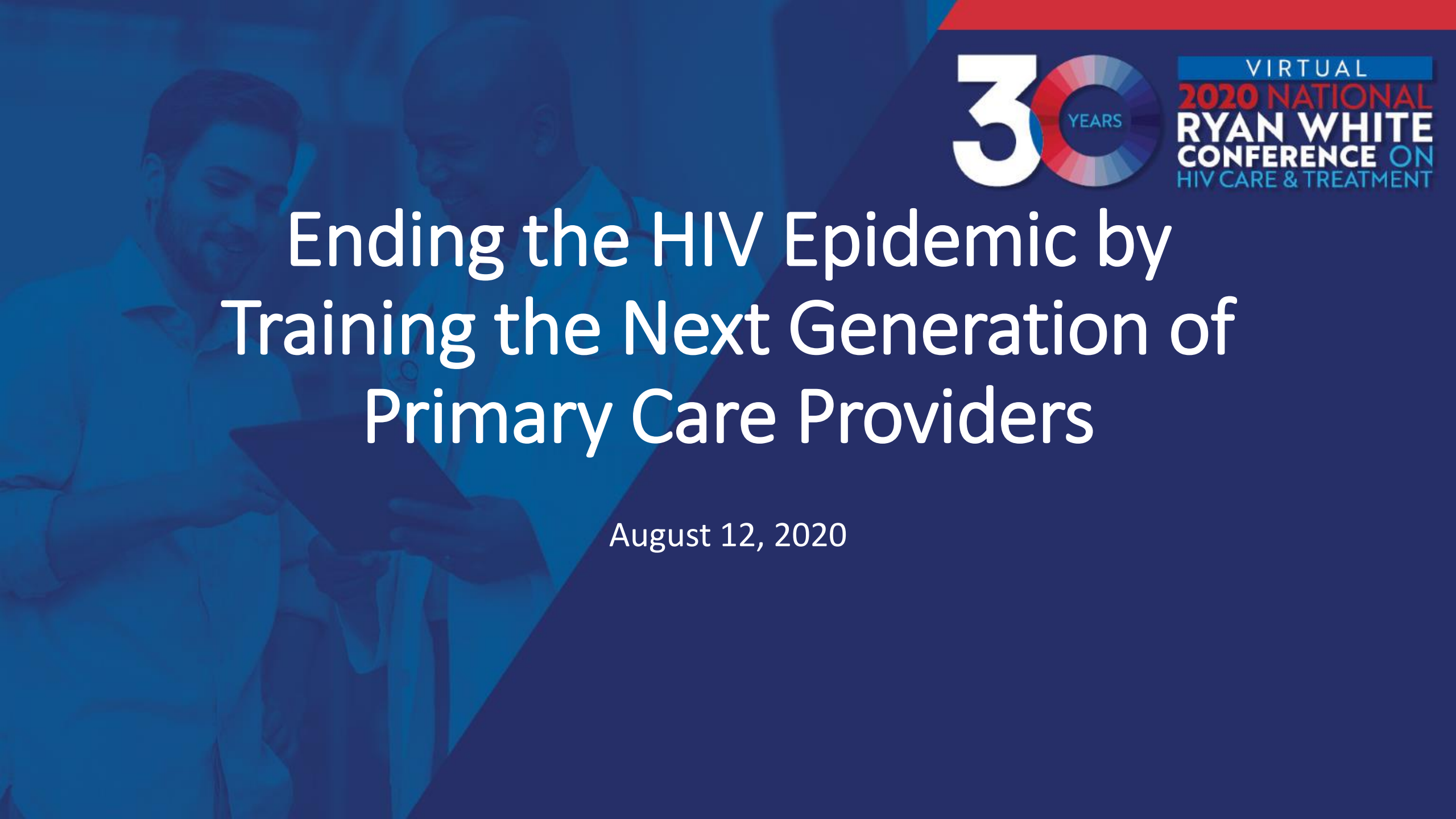


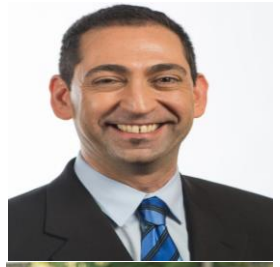
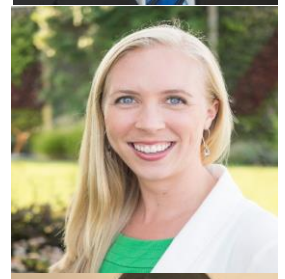
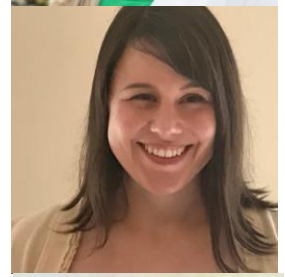
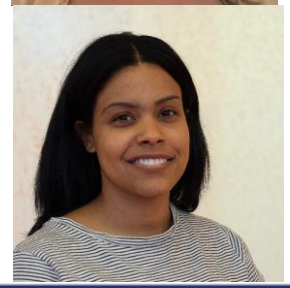
VIRTUAL
2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Ending the HIV Epidemic by Training the Next Generation of Primary Care Providers

August 12, 2020

Presenters

- Marwan Haddad, MD, MPH, AAHIVS
- Meghan Garcia, MPH, MSN, FNP, AAHIVS
- Jeannie McIntosh, MSN, FNP, AAHIVS
- Terri Fleming, MSN, APRN, FNP-BC

Learning Objectives

- By the end of this lecture, the participant will be able to
  - Understand the need for expanding the current HIV workforce
  - Learn the fundamental components of two major HIV training models implemented at a community health center
    - CHC Project ECHO
    - CHC Center for Key Populations NP Fellowship
  - Gain awareness of importance of integrating other key populations competencies in HIV program (e.g. HCV, SUD/MAT, LGB and Transgender health, Homelessness)
  - Discuss strategies for implementation of similar training programs at other clinics

Who We Are: CHC, Inc.

Where health care is a right, not a privilege, since 1972.

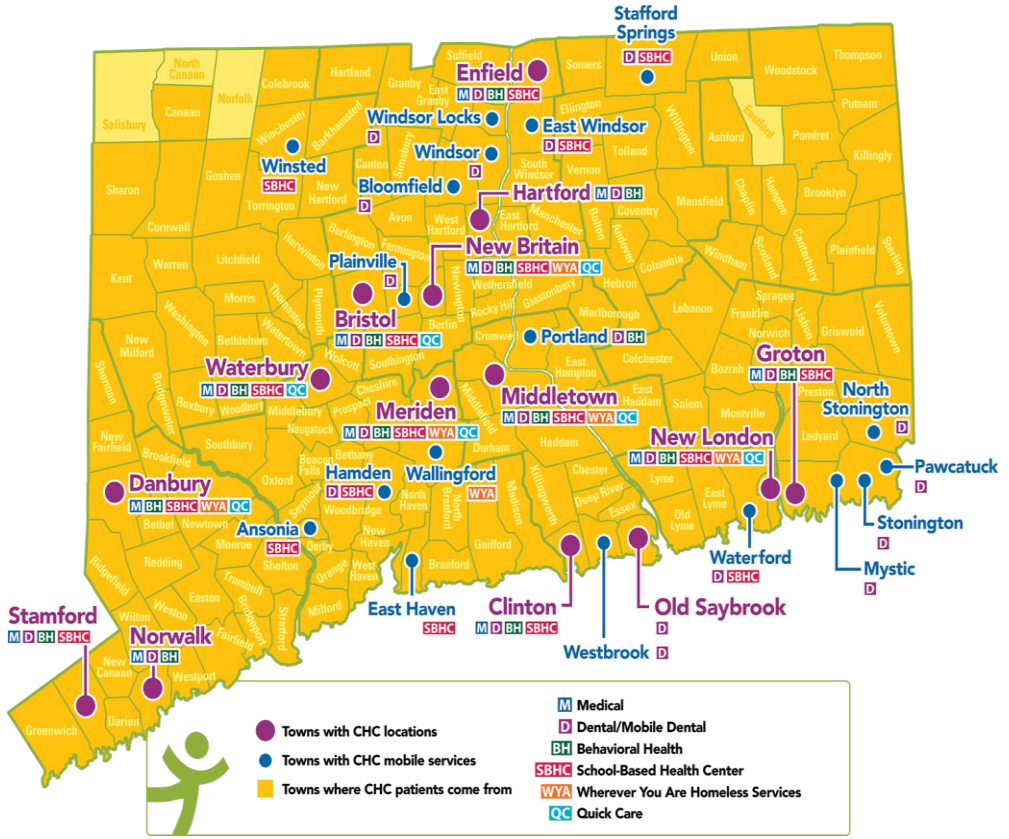
Community Health Center, Inc.

CHC Profile:

- Founding year: 1972
- Locations: 14
- Patients/year: 100,000

THREE FOUNDATIONAL PILLARS		
1 Clinical Excellence	2 Research and Development	3 Training the Next Generation

CHC Locations in Connecticut



Who We Are: CKP

The Center for Key Populations (CKP) is 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.

The Center 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.**

HIV Primary Care & Testing

Hepatitis C Screening and Treatment

Medication Assisted Treatment for Substance Use Disorders

Health Care for the Homeless

LGBTQ-focused Health Care

Community Drop-In Center

HIV PrEP (Pre-Exposure Prophylaxis and PEP Post-Exposure Prophylaxis)

Sexually Transmitted Infections

Background

- We have the tools to end the HIV epidemic. [1]
  - ARVs, PrEP, and Treatment as Prevention (U=U).
- Yet, >38,000 people are newly diagnosed with HIV each year. [1,2]
- Only half of the 1.1 million people living with HIV (PLWH) in the U.S. are in regular care and benefiting from treatment. [1,3]
- The number of new HIV clinicians falls well short of demand, creating a severe shortage and a crisis in access to care. [1,4,5]
- PLWH cared for by expert HIV clinicians have better outcomes. [1,6]

1. HIVMA, HELP Act Fact Sheet, July 2020
2. Centers for Disease Control and Prevention. CDC HIV Prevention Progress Report, 2019. Available at: https://www.cdc.gov/hiv/pdf/policies/progressreports/cdc-hiv-preventionprogressreport.pdf.
3. Centers for Disease Control and Prevention. Understanding the HIV Care Continuum. July 2019. Available at: https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf.
4. Fauci AS, Redfield RR, Sigounas G, Weahkee MD, Giroir BP. Ending the HIV Epidemic: A Plan for the United States. JAMA. 2019;321(9):844–845. doi: https://doi.org/10.1001/jama.2019.1343.
5. Weiser J, Beer l, West B, et al. Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013–2014. Clin Infect Dis. 2016 Oct 1; 63(7): 966–975. doi: 10.1093/cid/ciw442.
6. Rackal, JM, et al. Provider training and experience for people living with HIV/AIDS. Cochrane Database Syst Rev. 2 2011;15(6):CD003938.

Background

- About 50% of the 48 counties and 2 metropolitan areas and 6 of the 7 states hardest hit by HIV are in the South. [1,7]
- A recent study of the HIV workforce in 14 southern states found more than 80% of counties had no experienced HIV clinicians with disparities being greatest in rural areas. [1,8]
- A study of the infectious diseases (ID) workforce found that 80% of counties in the U.S. did not have an ID specialist. [1,9]

1. HIVMA, HELP Act Fact Sheet, July 2020
7. U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025. Rockville, Maryland. Available at: https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care- state-projections2013-2025.pdf
8. Bono RS, et al. HIV-Experienced Clinician Workforce Capacity: Urban-Rural Disparities in the US South. Clin Infect Dis. Mar 25, 2020. doi: 10.1093/cid/ciaa300.
9. Walensky RP, et al. Where Is the ID in COVID-19? Annuals of Internal Medicine. Jun 3, 2020. https://doi.org/10.7326/M20 - 2684.

Background

- HIV Workforce is composed of the following:[1,10]
  - ID specialists represent about 60%.
  - Internists and family medicine physicians represent bulk of rest.
  - Nurse practitioners (NPs)/physician assistants (PAs) play important and growing role.
- ID fellowship training programs not filling available slots nationwide.[1, 11, 12]
  - 37% of training slots went unfilled in 2019.
- NPs are more willing to practice in urban and rural areas, provide care in a wider range of community settings, and treat Medicaid recipients and other vulnerable populations. [13]
  - There also has been a rapid growth of NPs and PAs prescribing buprenorphine, especially in rural settings. [14]

1. HIVMA, HELP Act Fact Sheet, July 2020
10. Weiser J, Beer l, West B, et al. Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013–2014. Clin Infect Dis. 2016 Oct 1; 63(7): 966–975. doi: 10.1093/cid/ciw442.
11. Bonura et al. Factors Influencing Internal Medicine Resident Choice of Infectious Diseases or Other Specialties: A National Cross-Sectional Study. Clin Infect Dis. 2016 Jul 15; 63(2): 155–163. doi: 10.1093/cid/ciw263CID. 2016:63.
12. IDSA News. ID Fellowship Match Results: Slight Declines from Last Year. Dec. 23, 2019. Available at: https://www.idsociety.org/idsa-newsletter/december-23-2019/ID-Fellowship-Match-Results-Slight-Declines-from-Last-Year/.
13. Buerhaus PI, DesRoches CM, Dittus R, Donelan K. Practice characteristics of primary care nurse practitioners and physicians. *Nurs Outlook*. 2015;63(2):144-153. doi:10.1016/j.outlook.2014.08.008
14. Barnett ML, Lee D, Frank RG. In Rural Areas, Buprenorphine Waiver Adoption Since 2017 Driven By Nurse Practitioners And Physician Assistants. *Health Aff (Millwood)*. 2019;38(12):2048-2056. doi:10.1377/hlthaff.2019.00859

Training the Next Generation at CHC

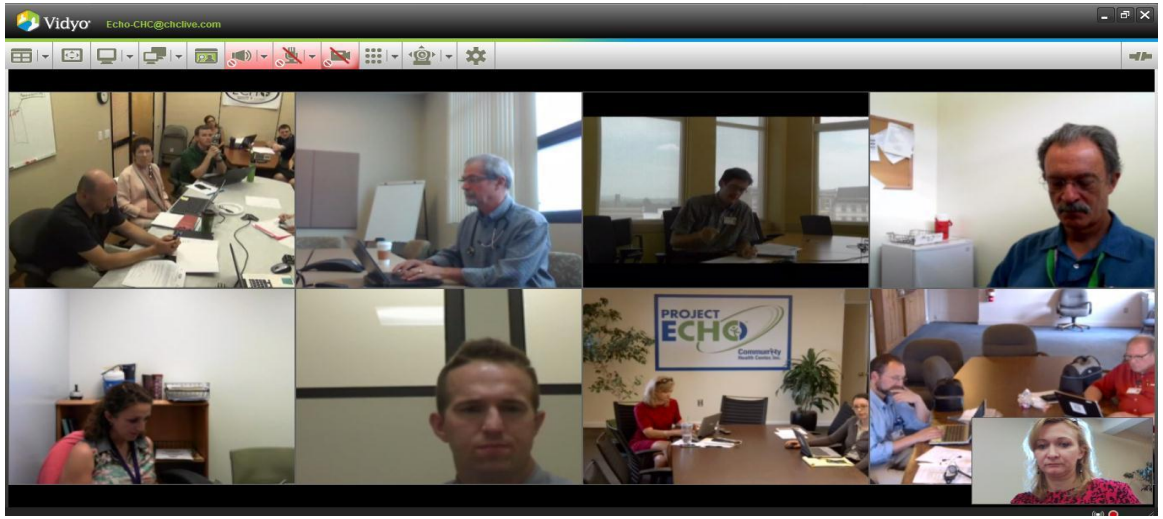
- Need for HIV treatment growing across CHC sites.
- Need for treatment of overlapping disciplines/co-morbidities emerging.
  - Hepatitis C (HCV), Hepatitis B (HBV), Substance Use Disorder (SUD)/Medication Assisted Treatment (MAT), LGB Health, Transgender Health, STIs
- RW clinical team, small and present at a few sites.
- CKP– provide direct care and serve as trainers/consultants for the rest of the agency.
  - Project ECHO
  - NP Fellowship in HIV and Key Populations

Origins of Project ECHO

Dr. Sanjeev Arora
University of New Mexico

"The mission of Project ECHO is to develop the capacity to safely and effectively treat chronic, common and complex diseases in rural and underserved areas and to monitor outcomes."

Why Project ECHO?



- Builds communities of practice
- Connects primary care providers with a panel of expert multidisciplinary faculty
- Improves access to specialty care
- Creates a force multiplier

Making the Case for ECHO: Needs and Gaps

- Identify the needs
- Take stock of internal and local resources
- Present the gaps remaining
- Use data for provider/leadership buy-in; to demonstrate lack of access/quality care
  - # of PLWH in practice, in community; # of providers with expertise, with interest; etc.
- Propose solution, e.g. ECHO for provider support and training
- Find funding opportunities
  - Ending HIV Epidemic
  - Opioid crisis
- Know state and federal policies
  - Scope of practice for non-MD providers
    - Eg. Some states require MD co-signatures for NPs re buprenorphine
  - Restrictions
    - Eg. Requirement of GI/ID consultation for HCV medication
  - ECHO can be used to overcome some of these barriers

What to Look For: Components of a Successful ECHO

- Having a trained faculty (multi-disciplinary)
- Creating a learning community/safe environment
- Understanding it is more than a webinar, more than a consultation
- Addressing systemic/societal context
- Engaging providers at multiple levels of knowledge and training from different regions/agencies
- Having an ECHO coordinator
- Having case presentations
- Ensuring flexible didactic curriculum
- Responding to participant feedback

What to Look For: Components of ECHO Participant Success

- Agency/senior leadership commitment
- Participant buy-in
- Access to technology
- Appropriate frequency and length of sessions
- Assigned coordinator/in-charge, e.g. blocking schedules, IT
- Active participation
- Building of internal expertise/training/sustainability
- Provider recruitment/retention

Steps to Implementation

- Make the case
- Secure senior leadership commitment
- Obtain clinician buy-in
  - Identify champions
- Find the “right” ECHO
  - Consider: time zone, day/time, frequency, focus/specialty of ECHO
- Apply for funding, if possible
- Block protected time for providers
- Communicate/advertise ECHO to providers, to community
- Actively recruit patients to receive care
  - Eg. EHR data pulls
- Require case presentations
  - Provide time for providers to prepare cases
- Assess on-going utility to providers and to clinic

CHC's ECHO Learning Community

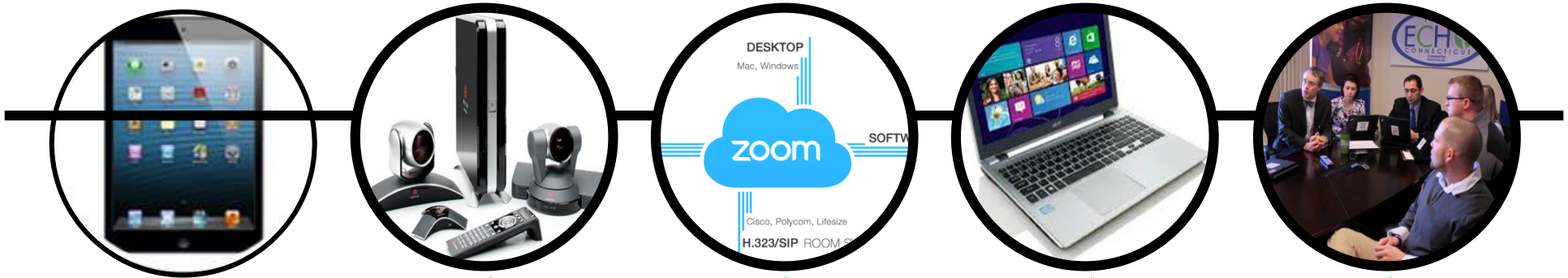
Since Jan 2012

PROJECT ECHO®

weitzman institute
inspiring primary care innovation

CHC ECHO Platform

Technology Infrastructure



Webcam/ Computer Tablet/ Smartphone for End-Users

Video Conferencing System for ECHO Team

Cloud-based Teleconferencing Platform (Zoom©)

Recorded/ Catalogued Sessions

Streaming Sessions

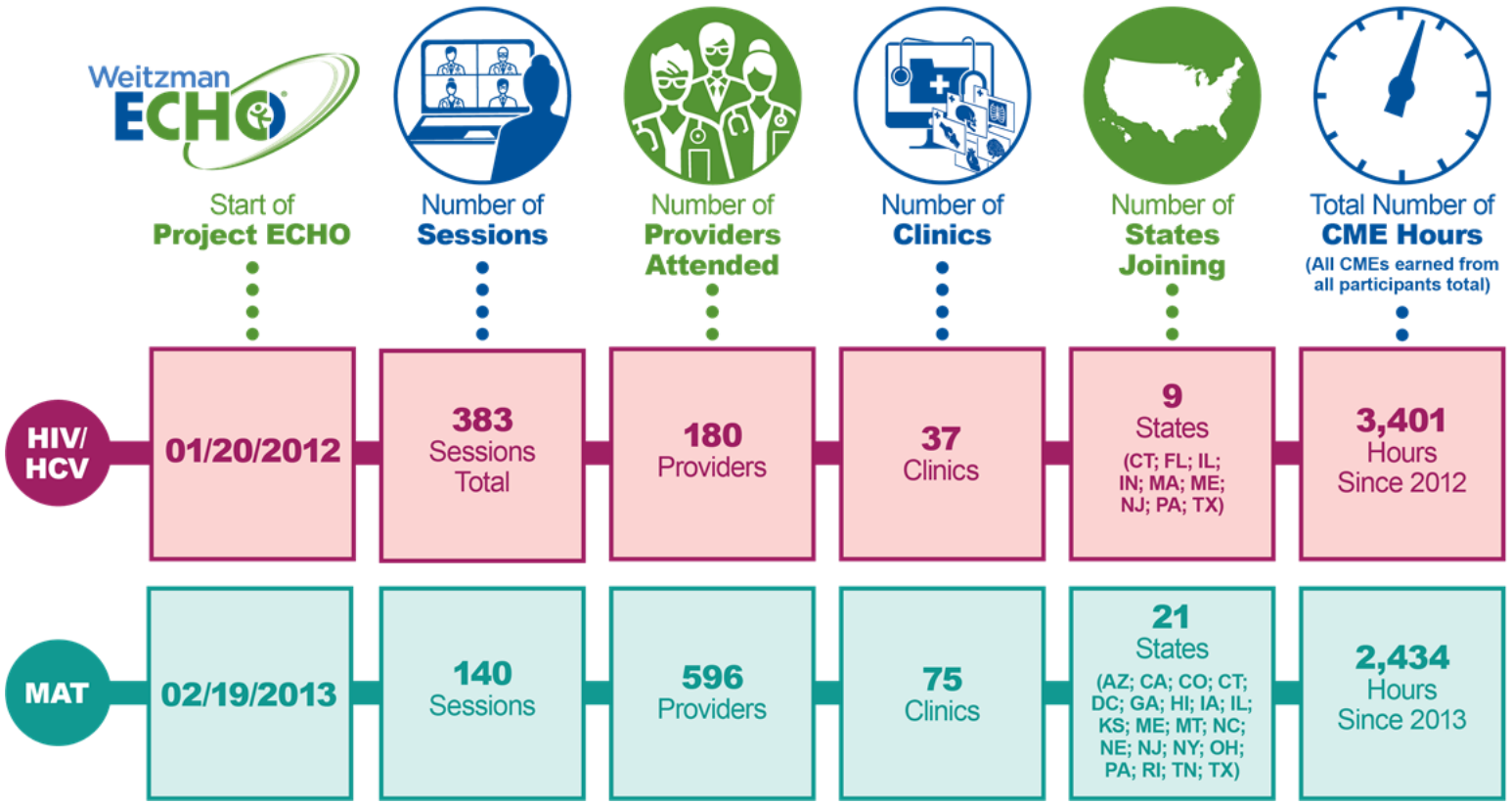
CHC Project ECHO: HIV/Key Populations/MAT

- **CKP Expertise**
  - ECHO HIV/HCV
    - Launched in 2012 to increase access to all CHC sites.
    - Emerged into ECHO Key Populations.
    - Faculty for ECHO Key Populations:
      - FP HIV specialists (MDs, NP), Psych NPs, Behavioral health clinician, PharmD
  - ECHO MAT
    - Launched in 2013 to increase and support MAT prescribers across all CHC sites.
    - Faculty for ECHO MAT:
      - FP MD, BH clinician, PharmD, Care coordinator

- Format:
  - Brief lectures based on curriculum
  - Case presentations
  - Clinical and programmatic questions

The ECHO Model: Data

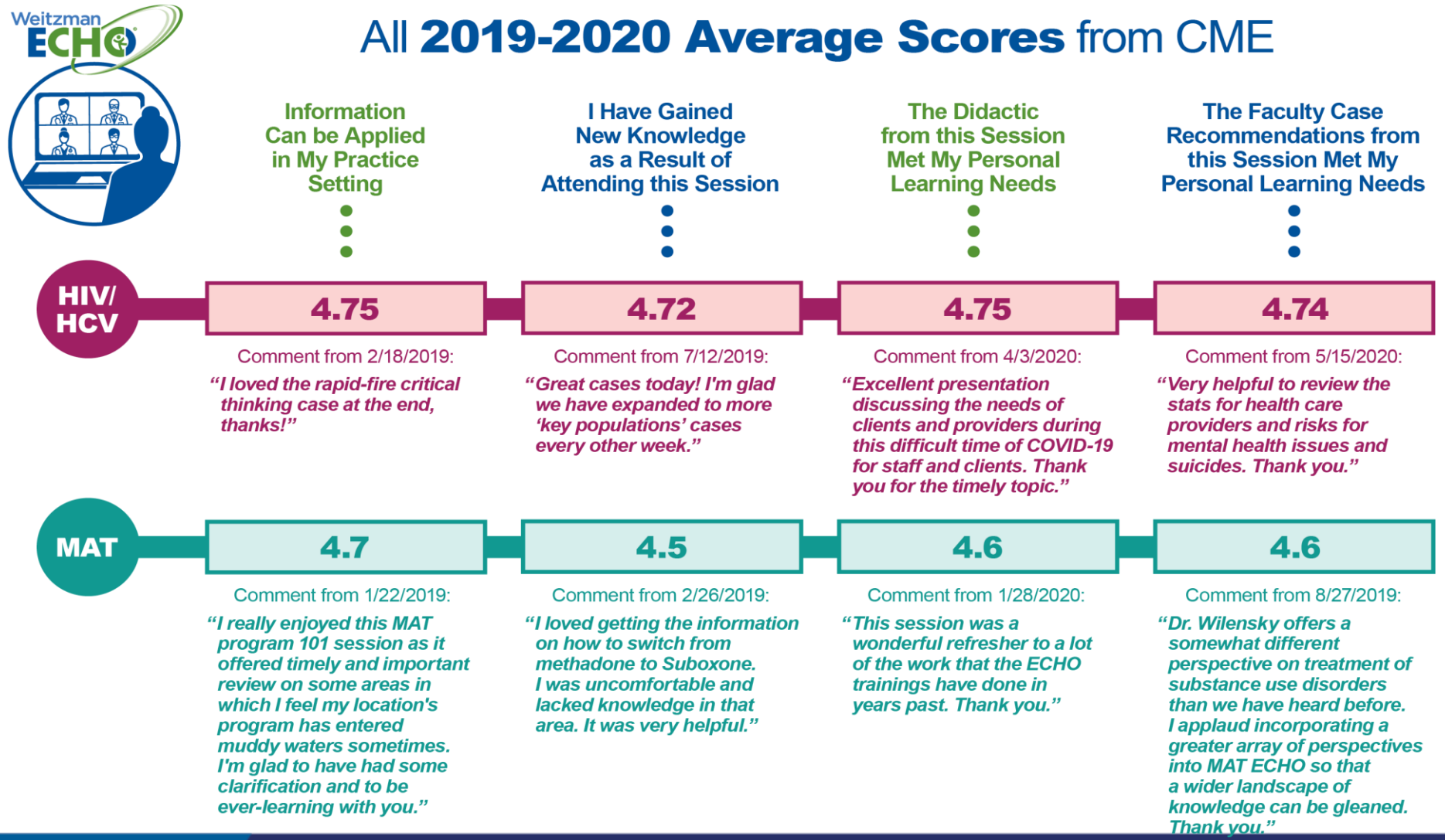
CKP and MAT Data Collection



The ECHO Model: Data

Weitzman ECHO

All **2019-2020 Average Scores** from CME



CHC ECHO Model: Benefits

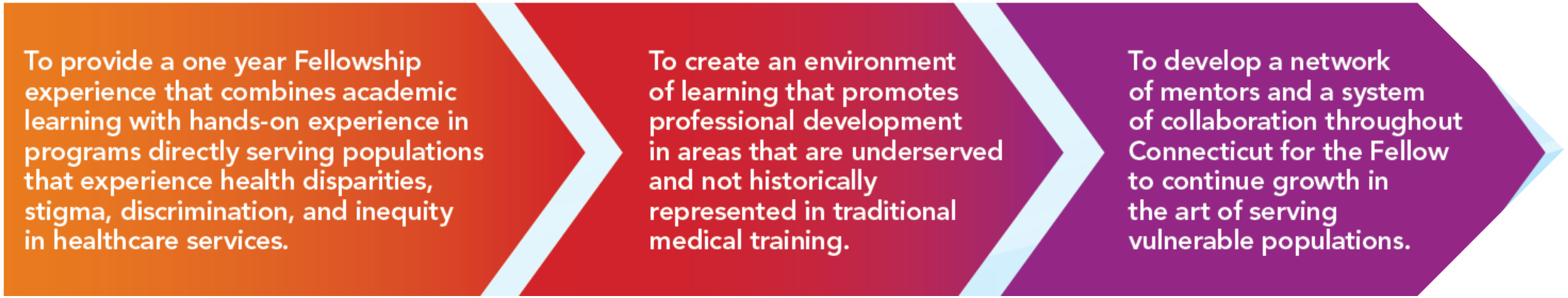
- Eliminates barriers: patients can access specialty care in a community-based setting
- Improves and ensures quality care
- Facilitates integrated primary and specialty care
  - Helps battle/remove stigma
- Engages experts in various fields/settings (interdisciplinary team)
- Builds a longitudinal community of learners and mentors
- Multi-level teaching: faculty to participants, participants to other providers in org.
- Collaboration with and sharing of ideas among other RW and HIV programs
- Sharing and identifying clinical and non-clinical community resources
- Exposure to trainees; NP residency and fellowship training
- Provider recruitment/retention

ECHO Utility

- Works for practices with both low and high volume panels of patients living with HIV
- High Volume Practice
  - Quick learning curve
  - Feeling of being supported
  - Patient confidence in care
  - Provides cases which serves as tool for others to learn
  - Develop into expert in short period of time
- Low Volume Practice
  - Examples: Rural, Urban with no available expertise
  - Able to deliver quality care without being an expert
  - Continued competency despite low patient volume
- Teaching Tool

CHC's CKP Fellowship Program: Mission

1. **Train NPs in competent, compassionate, and respectful primary care to key populations who experience health disparities secondary to stigma and discrimination including MSM; transgender population; people who use drugs, and homeless.**
2. **Create a CHC pipeline of primary care providers who deliver top quality care in the disciplines of HIV, HCV, substance use disorders, LGB and transgender health, and homelessness.**



CKP Fellowship Objectives

CKP Fellowship Program

Timeline of the program:

- Applications are accepted from NPs who are 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.

CKP Fellowship Program

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 Project ECHO sessions
- Involvement in Quality Improvement work
- Completion of a Capstone project on a key populations-related topic
- Training opportunities include HIV management, HIV prevention/PrEP, buprenorphine treatment, STI management, Hepatitis C treatment, and gender affirming hormone therapy

CKP Fellowship Program

- **The Fellowship is a one year salaried position with full benefits and a commitment for a second year full time position at CHC.**
  - **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.**
  - **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

CKP Fellowship Program: Benefits

- **Provider**
  - Increased competence/confidence
  - Broader scope of licensing
  - Leadership development
  - Job satisfaction
- **Organizational**
  - More convenient and cost-effective to train specialists internally
  - Decrease need for external referrals
  - Recruitment and retention
  - QI contribution/participation
- **Patient**
  - Expansion of CKP services/access across the state
  - Continuity with PCP
    - Increased trust, adherence, long-term retention
  - Bypass condition-specific clinics
    - Anonymity and decreased stigma

CKP Fellowship Program: Results and Data

- 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.
- CKP Fellows have credentialed as HIV Specialists with the AAHIVM.

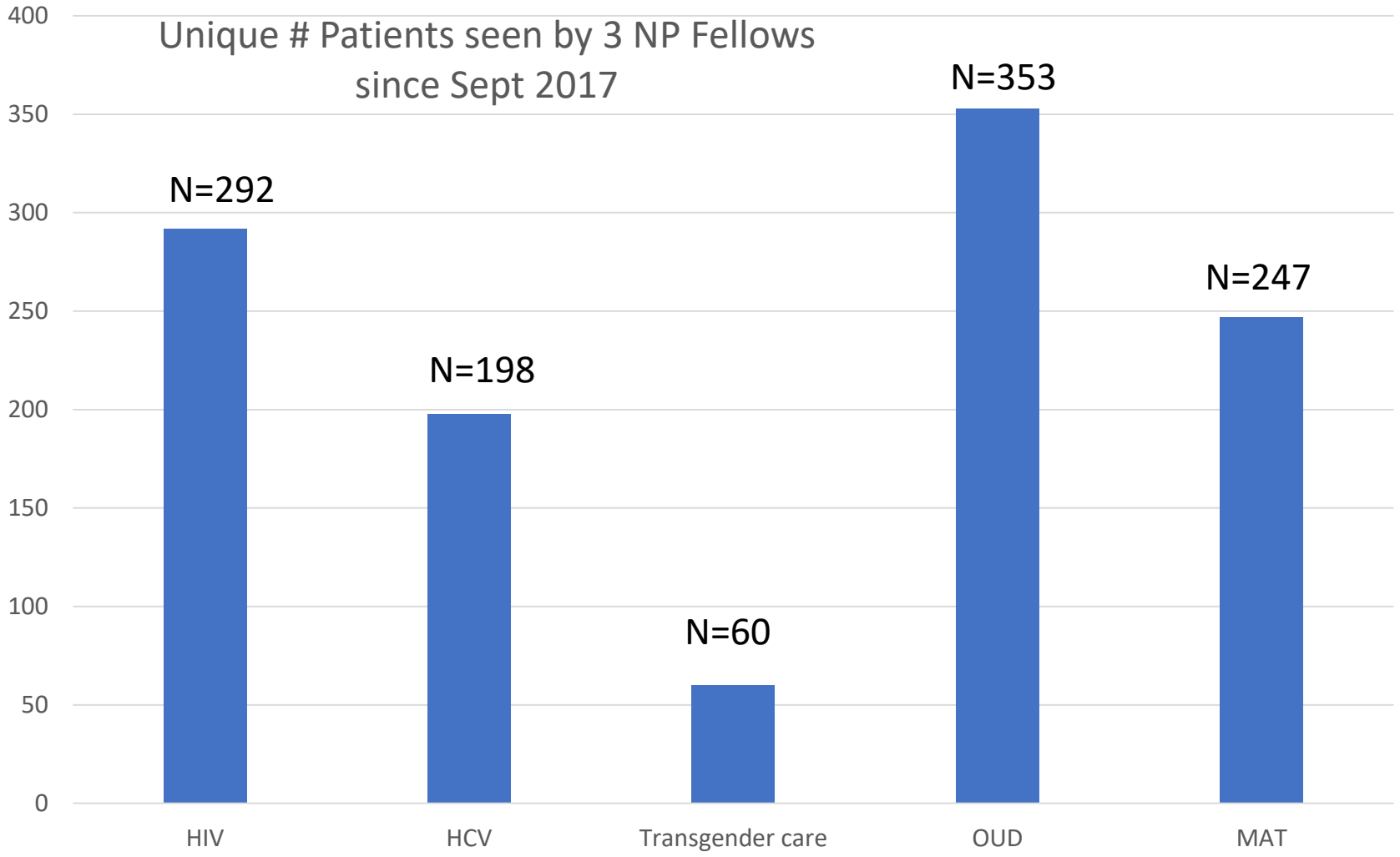
CKP Fellowship Program: Results and Data

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.

CKP Fellowship Program: Results and Data



Next Steps

- Identify the needs/gaps
  - Include input from PLH
- Mine internal and external local resources
- Include HIV education in all medical/clinical curricula
- Build up competencies in related key populations care
  - HCV, SUD/MAT, LGB and Transgender Health, Homelessness
- Promote continuing education for providers
- Build an internal workforce pipeline
- Find and/or provide opportunities to train staff
- Recruit medical staff with interest or expertise to create/demonstrate demand
- ECHO
  - Find ECHO to join that works for your clinic
- Fellowship
  - Consider the additional training
  - Seek mentorship to establish one
    - National NP Residency and Fellowship Training Consortium
    - Other clinics/programs with existing fellowships
- **Find, share, support ways to educate, train, and expand the HIV workforce if we are to achieve the end of the HIV epidemic**

THANK YOU!