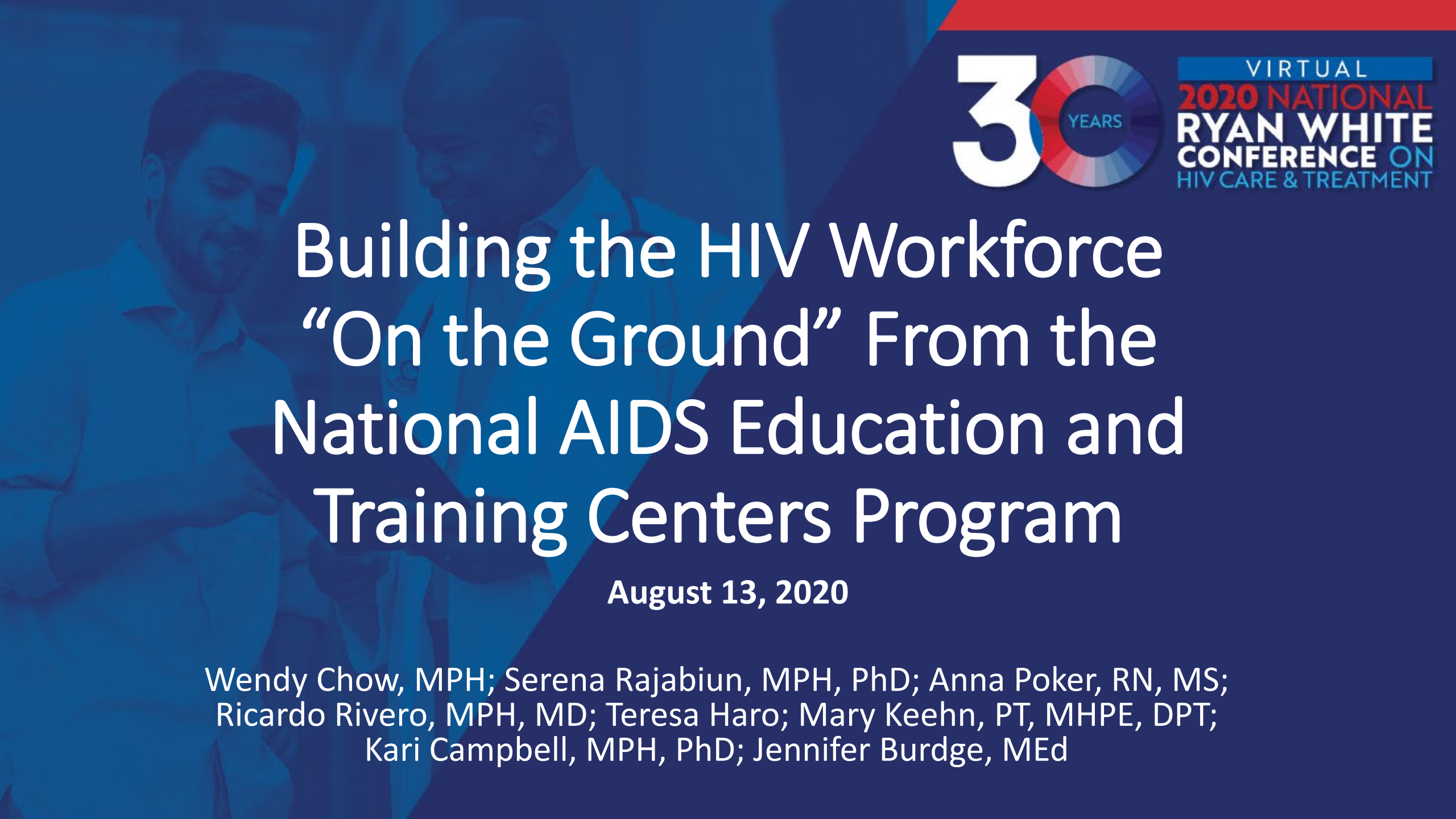


VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Building the HIV Workforce "On the Ground" From the National AIDS Education and Training Centers Program

August 13, 2020

Wendy Chow, MPH; Serena Rajabiun, MPH, PhD; Anna Poker, RN, MS; Ricardo Rivero, MPH, MD; Teresa Haro; Mary Keehn, PT, MHPE, DPT; Kari Campbell, MPH, PhD; Jennifer Burdge, MEd

Presentation Objectives

1. **Provide a summary** of key findings from the Regional AETC Program from 2016 to 2019, focusing on the Practice Transformation and Interprofessional Education programmatic components.
2. **Identify program implementation and evaluation implications** from two Regional AETCs.
3. **Present implications and recommendations** for future evaluation activities.

Presentation Outline

- Welcome and Introductions
- Introduction to the AETC Program – HRSA/HAB
- Practice Transformation Project Findings
- PT Project Experiences from the Field – Southeast AETC
- Interprofessional Education Project Findings
- IPE Project Experiences from the Field – Midwest AETC
- Evaluation-Related Recommendations & Implications
- Q&A

HRSA HAB'S Evaluation Questions

1. How do the activities conducted by the Regional AETCs show impact on the HIV workforce overall and within the four programmatic components?
2. How do the AETCs ensure minority health care professionals and health care professionals serving minority clients apply the training provided by the Regional AETCs to improve care delivery and HIV health outcomes for disproportionately affected minority populations?
3. How does the AETC Program impact service delivery, at national and regional levels, including increases in HIV testing, use of PrEP, linkage to and retention in care, and utilization of ART to achieve viral suppression?

National Evaluation Overview

- JSI awarded National Evaluation Contract September 2017
- Regional AETCs collected data using revised National Evaluation Plan starting October 1, 2018 for the 2018/2019 program year
  - Different data collection tools used 2016-2018 and 2018/2019
- Data were analyzed for the 2016-2019 program years.

HRSA
Health Resources & Services Administration

AIDS Education and Training Centers Program

2020 National Ryan White Conference on HIV Care and Treatment

August 13, 2020

Anna Poker BSN, MS, RN
Senior Public Health Analyst
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

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 with HIV/AIDS and their families.

HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)

HRSA
Ryan White & Global HIV/AIDS Programs

AIDS Education and Training Centers Program (AETC)

Mission

Increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage people with HIV, and to help prevent high-risk behaviors that lead to HIV transmission

The RWHAP AETC Program recognizes the importance of a well-trained HIV health workforce as a crucial step toward ending the HIV epidemic in the U.S.

AIDS Education and Training Centers 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

- The AIDS Education & Training Center (AETC) Program, a national program of **leading HIV experts**, provides **locally based, tailored** education and technical assistance to healthcare teams and systems to integrate comprehensive care for those with or affected by HIV. The AETC Program ***transforms*** HIV care by building the capacity to provide accessible, high-quality treatment and services throughout the United States and its territories.

- Train and provide technical assistance to health care professionals, interprofessional health teams, and health care organizations on the prevention, diagnosis, and treatment of HIV disease.

- Special emphasis on clinicians who are themselves of minority racial/ethnic background and/or are serving minority populations, including Native Americans and Alaska Natives

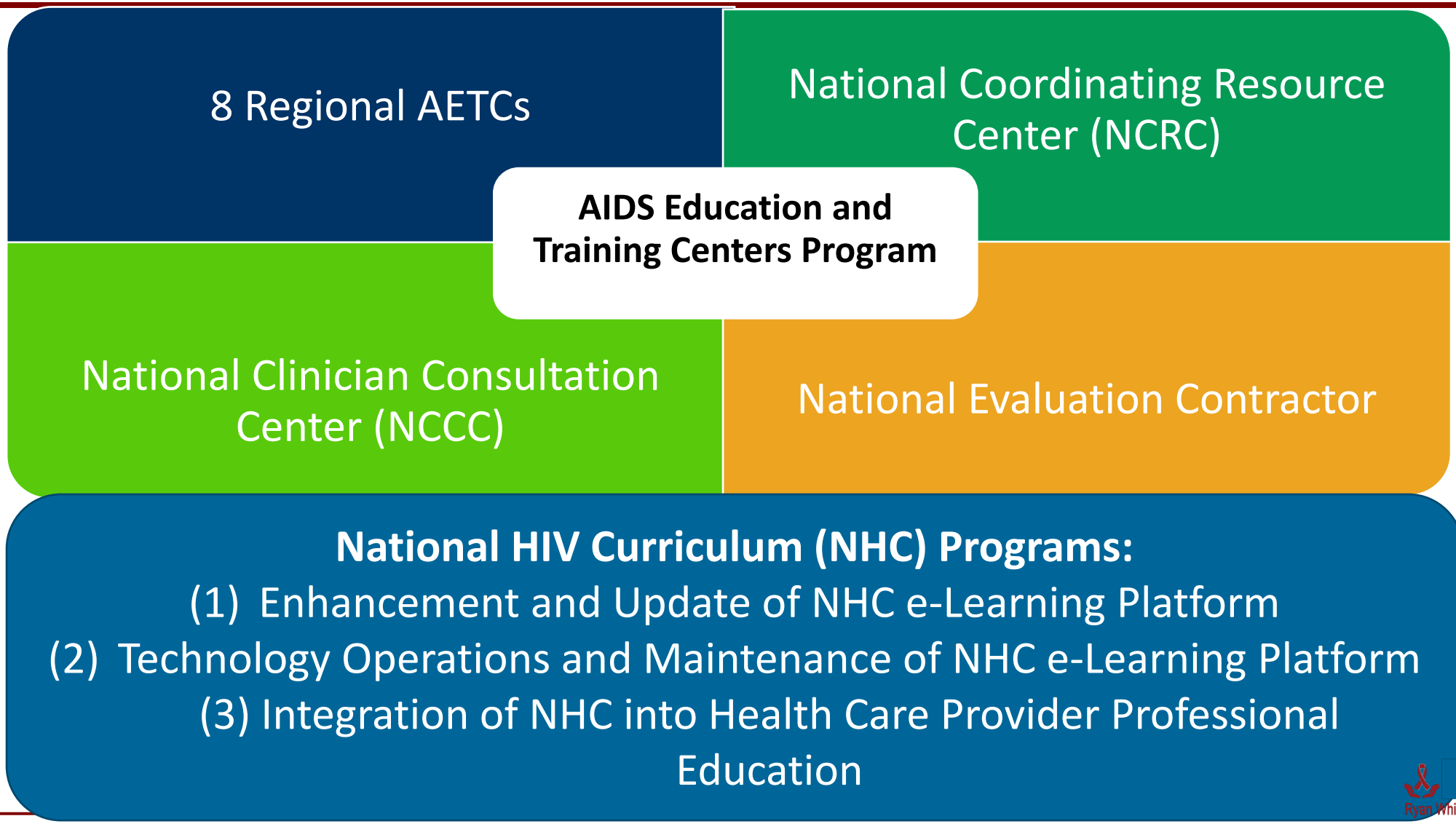
AETC Program Goals

- Increase the size and strengthen the skills of the HIV clinical workforce in the United States.

- Improve outcomes along the HIV care continuum, including diagnosis, linkage, retention and viral suppression, in alignment with the National HIV/AIDS Strategy, through training and technical assistance.

- Reduce HIV incidence by improving the achievement and maintenance of viral suppression in people with HIV.

AETC Program Overview

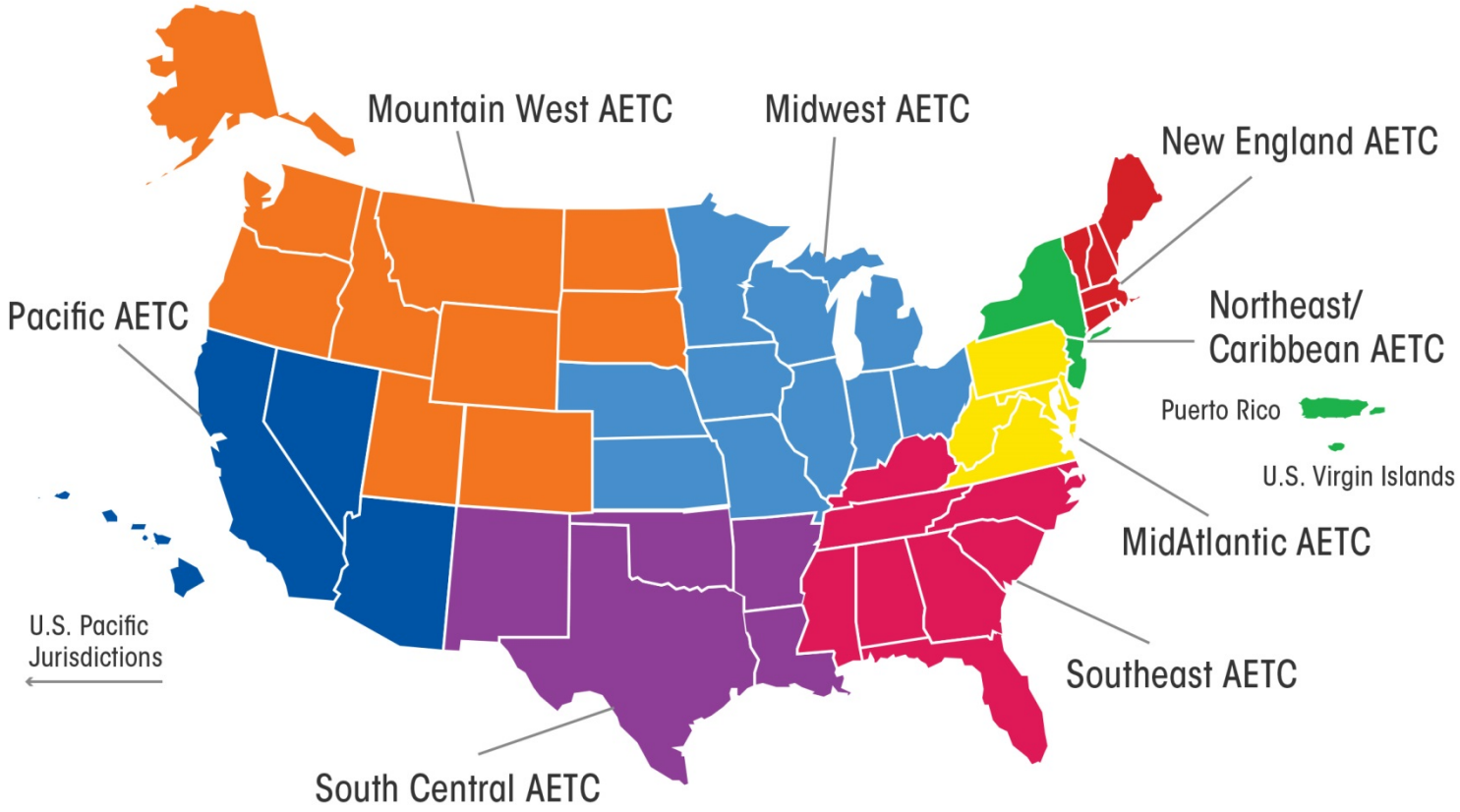


Regional AETC Program

- NOFO: **HRSA-19-035**
- Type of Award: Cooperative Agreement
- Number of Award: 8
- Period of Performance: July 1, 2019 – June 30, 2024 (5 years)

Regional AETC Program

http://aidsetc.org /



Regional AETC Program Components

- Core Training
- Minority AIDS Initiative (MAI)
- Interprofessional Education (IPE)
- Practice Transformation (PT)
- Practice Transformation Expansion (PTE)

  (Optional)

Regional AETC Program Components – Core Training & MAI

- **Core Training**
  - Reach novice and low-volume HIV providers and clinics
    - Novice – provider with <6 years of HIV experience
    - Low-volume – provider who sees <10 patients with HIV per year
  - Implement replicable HIV service delivery models and evidence-based interventions
  - Coordinate with RWHAP Parts A and B recipients to develop core training work plan

- **Minority AIDS Initiative (Minimum of 20%)**
  - Increase capacity of minority providers and minority-serving providers
  - Increase access to HIV care and decrease disparities in outcomes along the HIV care continuum among minority with HIV

Regional AETC Program Component - IPE

- **Interprofessional Education Project (Minimum of 10%)**
  - To increase and strengthen the HIV workforce
  - Affect change at three levels
    - Student
    - Faculty
    - Institution
  - Partnership with accredited schools of **medicine, nursing, pharmacy,** and **behavioral health**

Regional AETC Program Components - PT

- **Practice Transformation (Minimum of 40%)**
  - Improve outcomes along the HIV care continuum and build clinic capacity
  - Transform clinical practice through training, coaching, and practice facilitation
  - Minimum of six HRSA funded health centers or clinics
    - Three Ryan White clinics
    - Three non-Ryan White clinics (Section 330 funding)
  - 33% of clinics must include replicable SPNS model or evidence-based/informed interventions

Regional AETC Program Components - PTE

- **Practice Transformation Expansion (*Optional)***
  - Collaboration with Bureau of Primary Health Care (BPHC)
  - Increase capacity of providers in BPHC-funded health centers
    - ➢With high HIV prevalence and/or incidence
    - ➢ Rural counties with new HIV diagnosis and at high risk for substance use disorder
  - Funded AETCs: **South East, Pacific, and Midwest**

Regional AETCs: Training Modalities

Training Modalities	Description
Didactic Presentations	Didactic presentations, panel discussions, journal clubs, teleconferences and other formats
Interactive Presentations	Interactive learning through discussion of cases supplied by a trainer, role play, simulated patients, and train-the-trainer and other skill building activities
Communities of Practice	Collaborative networks working together to improve organizational operations
Clinical Preceptorships	Preceptorships, "mini-residencies," or observation of clinical care at either the AETC training site or the trainee's workplace
Clinical Consultation	Consultation, case-based discussion with cases supplied by trainee, or on-site clinical consultation at trainee’s clinical setting
Coaching for Organizational Capacity Building	Organizational technical assistance and capacity building

Regional AETCs: HIV Training Topics

- Biomedical Preventions (i.e. PrEP, PEP, perinatal transmission, U=U)
- Behavioral Risk Assessment
- HIV Testing and Diagnosis
- Linkage to Care
- Patient-Centered Care Delivery & Care Services
- Retention and Engagement in Care
- Management of HIV through ART
- Management HIV Disease and Co-morbidities
- Reducing Health Disparities i.e. cultural competence, stigma, health literacy
- Healthcare Financing
- HIV Data Science

AETC National Programs

- National Coordinating Resource Center
- National Clinician Consultation Center

National Coordinating Resource Center (NCRC)

- Central repository for AETC training and capacity building resources
- Available free through a virtual library: aidsetc.org
- Maintains the AETC Program Directory
- Fosters collaboration and group facilitation among AETCs and with external partners
- Provides marketing and communications services
- Coordinates the annual Ryan White HIV/AIDS Program Clinical Conference

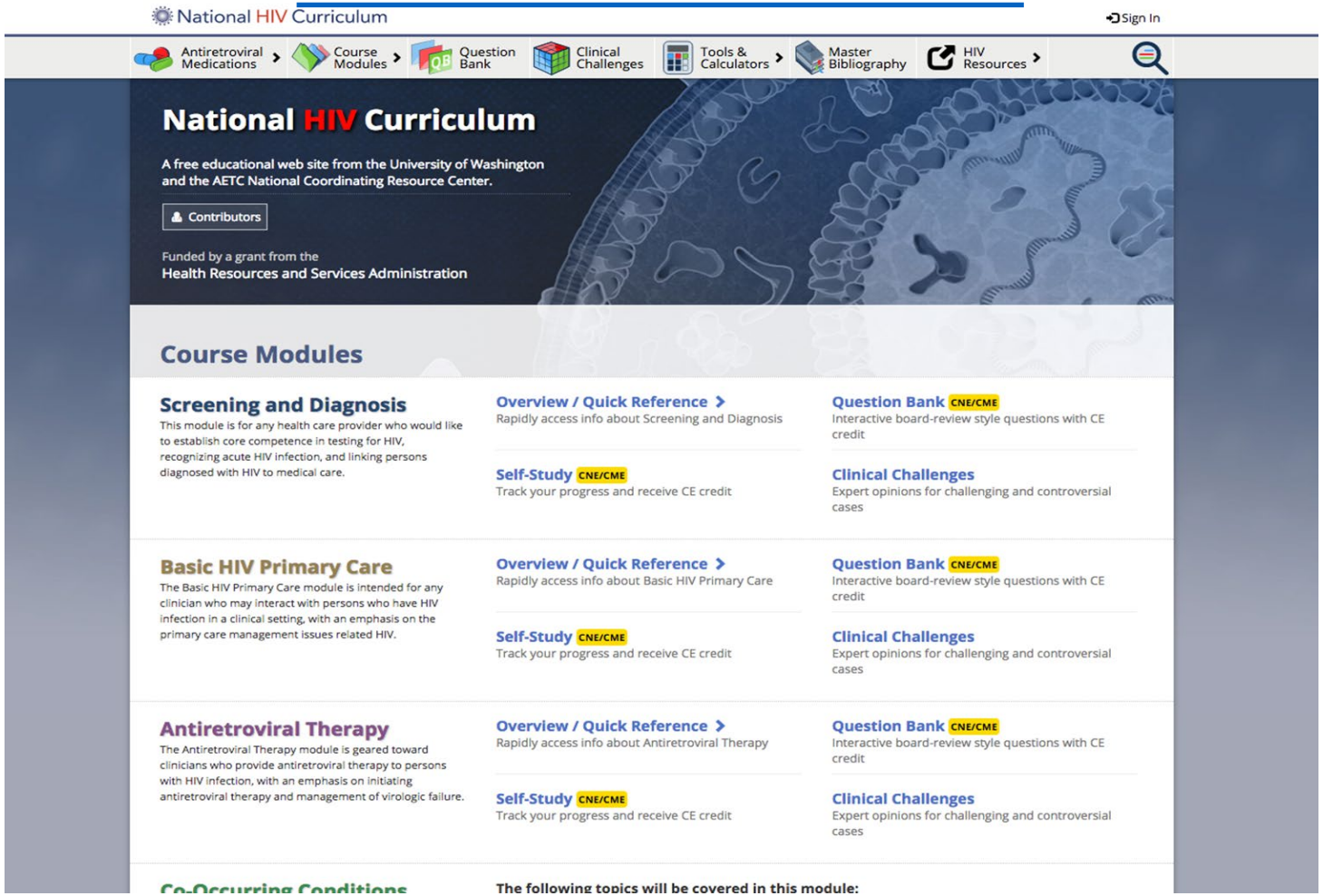
National Clinician Consultation Center (NCCC)

Provides free immediate expert clinical consultation to health care professionals on HIV prevention, care, and treatment through telephone and e-consultation:

- *HIV/AIDS Management Warmline:* individualized expert multidisciplinary consultation on preventing and treating HIV, from initiating treatment to managing advanced disease
- *Perinatal HIV Hotline:* consultation for HIV testing and care during pregnancy, labor and delivery, and the postpartum period
- *Hepatitis C Management Warmline:* consultation for screening and treating hepatitis C, from testing to treatment
- *Substance Use Management Warmline:* individualized national clinical consultation for healthcare providers treating people living with HIV who use/abuse substances or are at risk of contracting HIV due to substance use
- *PEPline Warmline:* consultation for managing healthcare worker exposures to HIV and hepatitis B and C, including recommendations on when and how to initiate PEP
- *PrEPline Warmline:* Up-to-date clinical consultation for PrEP decision-making, from determining when PrEP is an appropriate part of a prevention program to understanding laboratory protocols and follow-up tests

National HIV Curriculum Programs

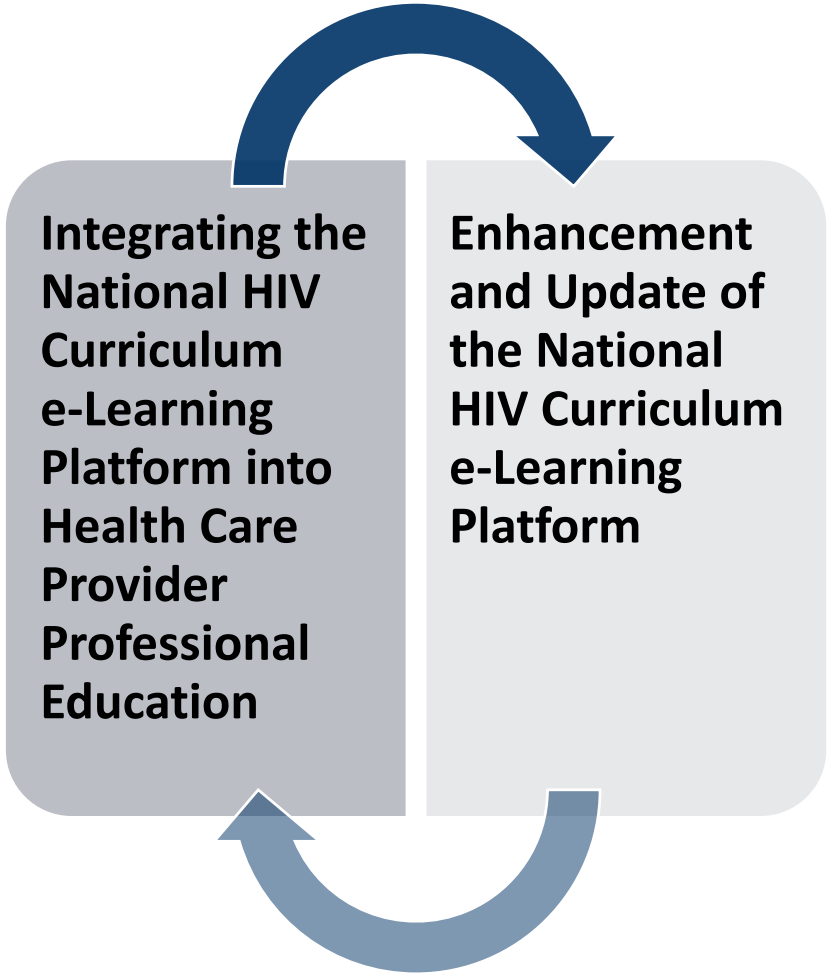
National HIV Curriculum



The National HIV Curriculum and Integration of NHC into Health Professional Programs

Howard University

University of Illinois



University of Washington

National Evaluation Contract

AETC Technical Assistance Resources

AETC Program	TA Focus	Resources
Regional AETC Program	• *Develop core training plans with RWHAP Part A and B recipients.* • *Establish coaching and practice facilitation projects to assist the selected CHCs in enhancing outcomes along the HIV care continuum (Practice Transformation [PT]/PT-like).* • *Coordinating with RWHAP Part A and B recipients to address emergent public health issues.*	Sample HIV Training Topics • Biomedical Preventions (i.e. PrEP, PEP, U=U) • Linkage to Care • Patient-Centered Care • Retention and Engagement in Care • ART • HIV Disease and Co-morbidities
National Clinician Consultation Center (NCCC)	*Free, expert advice for clinicians, clinics and health systems in providing quality HIV/AIDS care from the National Clinician Consultation Center, Regional AETCs, and other Federal programs.*	• HIV/AIDS Management Warmline • Perinatal HIV Hotline • Hepatitis C Management Warmline • Substance Use Management Warmline • PEPline Warmline • PrEPline Warmline
_____	• *Central Repository for HIV/AIDS training and capacity resources.* • *Forum for clinicians to learn about advances in care and treatment*	• Free training and clinical materials through a virtual library • Annual Ryan White HIV/AIDS Program Clinical Conference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THANK YOU!

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Practice Transformation Project (2016-2019)

PT Evaluation Questions

1. What is the reach of PT Project activities by TA/T, modality, frequency, and duration?
2. To what extent does clinic participation in PT activities change organizational HIV-related health systems (i.e., changes in policies, procedures, data systems)?
3. To what extent were there changes in participating PT Project provider and staff ability to provide HIV-related services?
4. To what extent did patient outcomes along the HIV care continuum change at participating PT Project clinics?
5. *What PT activities were associated with HIV care continuum outcomes?*

Data Sources: Practice Transformation

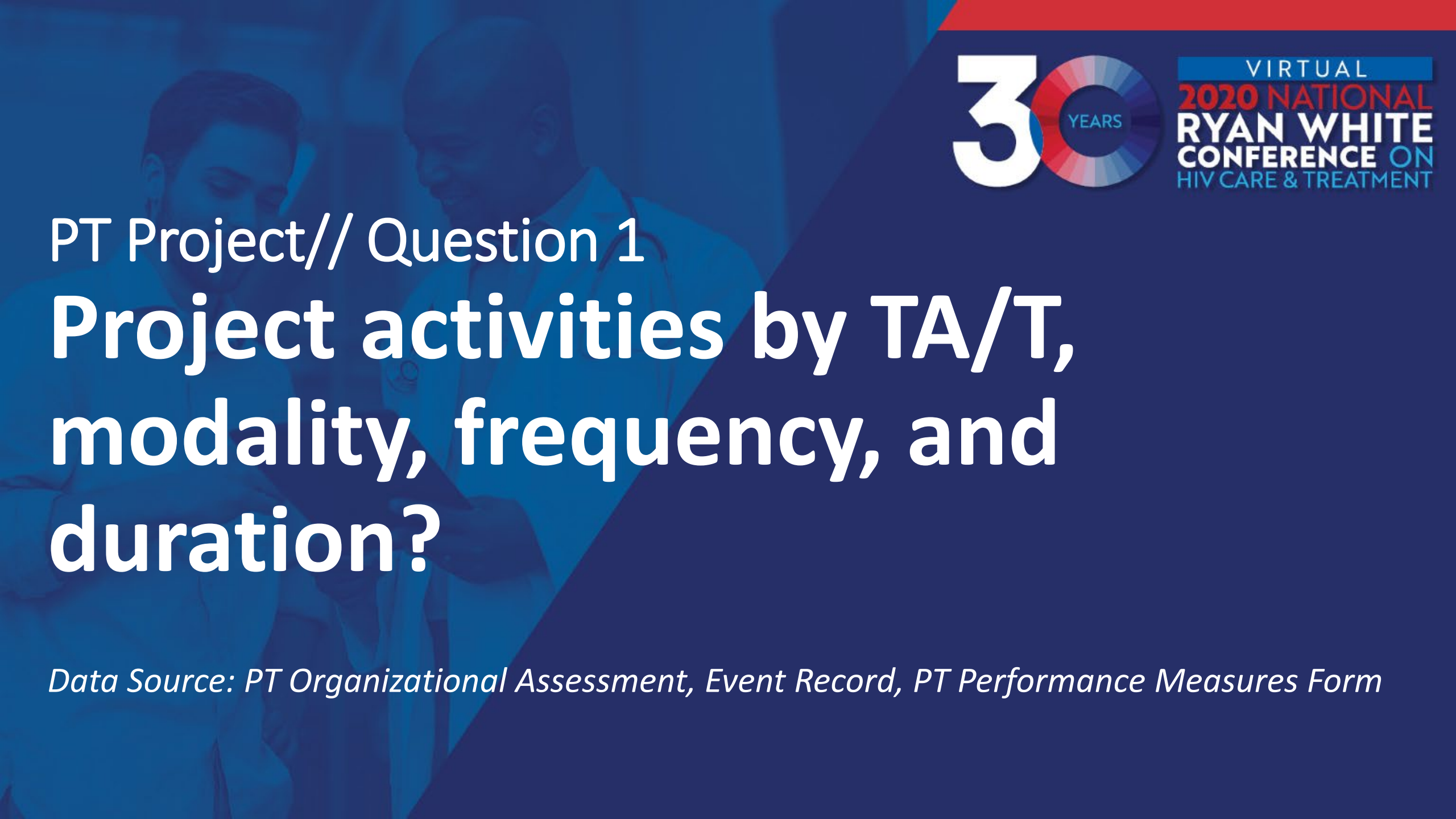
2016-2018	2018/2019
Event Record (ER)	*Event Record (ER)*
Participant Information Form (PIF)	*Participant Information Form (PIF)*
Annual Organizational Assessment (PT-OA), inclusive of the One-Time Clinic Profile	*PT Organizational Assessment (PT-OA)*
Clinic Aggregate Data and Performance Measures Form (PT-PM)	*PT Performance Measures (PT-PM) (Baseline and Follow-Up)*
Annual Provider/Staff Survey (PT-PA)	*PT Provider Assessment (PT-PA)*
PT Clinic Dropout Form (PT-CCF)	*PT Clinic Completion Form (PT-CCF)*

Methods

- Aggregate data across all enrolled PT clinics from the 2016-2019 programs:
  - Descriptive statistics (number, percent, and mean)
  - Paired t-test for assessing changes over time
  - Some PT clinics had multiple follow-up data: outcomes assessed on baseline to last follow-up point (end point represents close out of PT Project, coinciding with end of funding cycle)

Limitations

- Not able to show changes over time with selected questions
  - Additional PrEP questions on 2018/2019 forms
  - N=5 had baseline and follow-up with old organizational assessments
  - N=58 clinics had last follow-up with new forms
- Small sample size at baseline and follow-up across regions
- Greater than 20% missing data for data elements
- Inability to control for external factors
- Unable to link PT activities from the ER to a clinic due to no clinic ID in the ER



PT Project// Question 1

Project activities by TA/T, modality, frequency, and duration?

Data Source: PT Organizational Assessment, Event Record, PT Performance Measures Form

Clinic Characteristics
(2016-2019, N=101)

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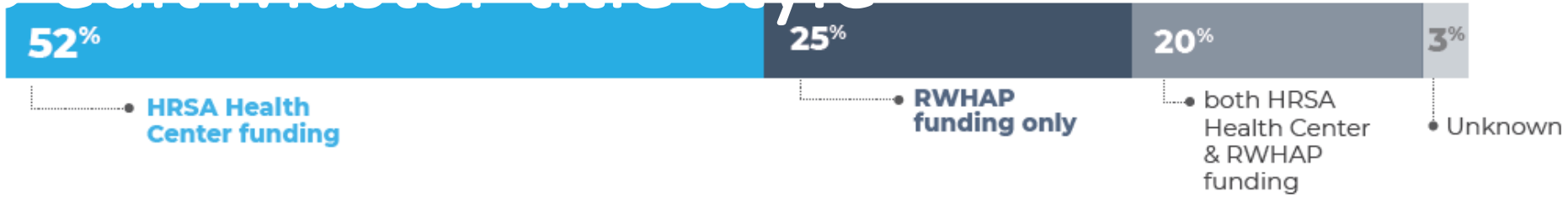
101 clinics participated in the PT Project, of which 28% dropped out.

Of the 73 active clinics **61%** provided clinic-level data at baseline and follow-up.

CLINICS CHARACTERISTICS

Across the **73** active clinics **74%** were HRSA Health Centers **60%** were Patient-Centered Medical Homes



Clinic Patient Characteristics
(2016-2019)

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Approximately 700,000 people served

Of the **695,004** patients served:

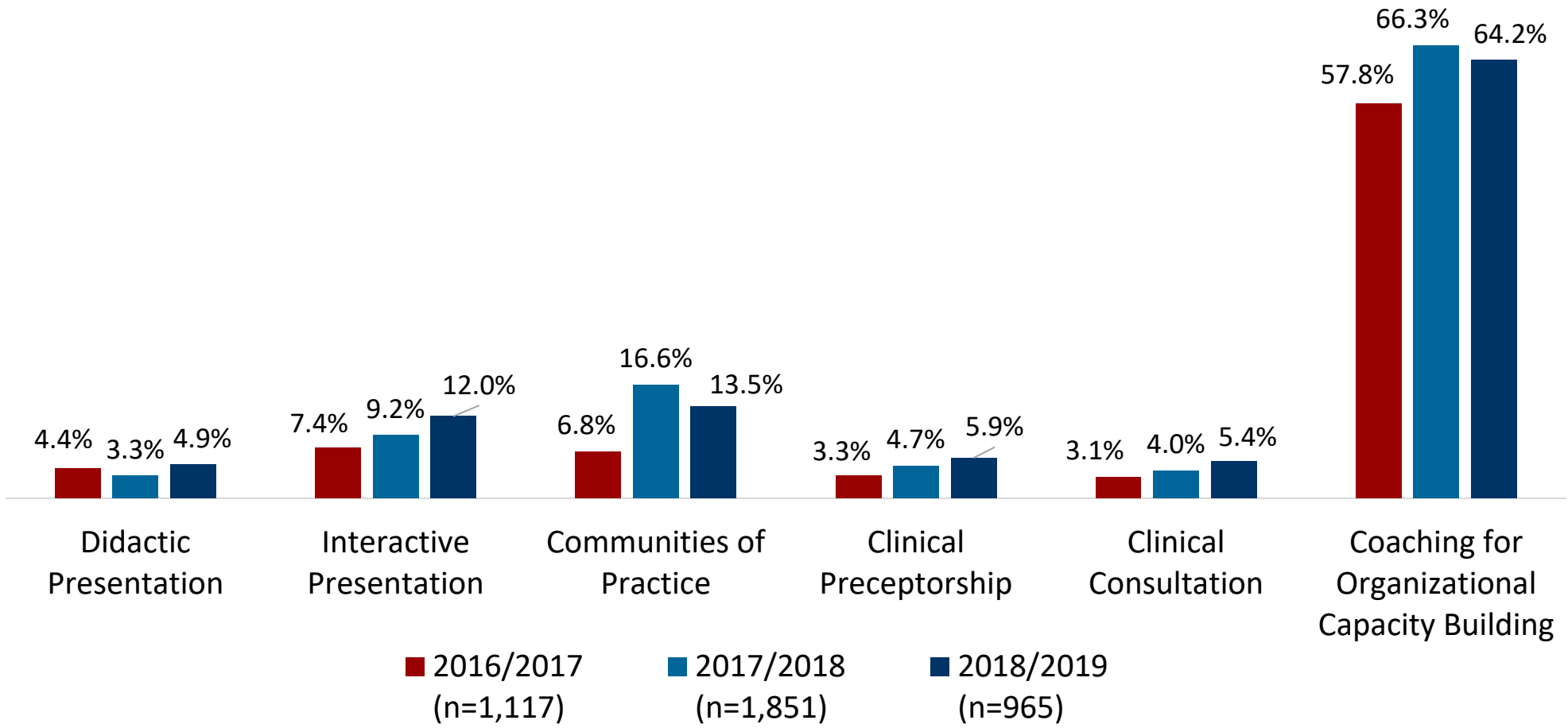
78,248 patients were tested for HIV

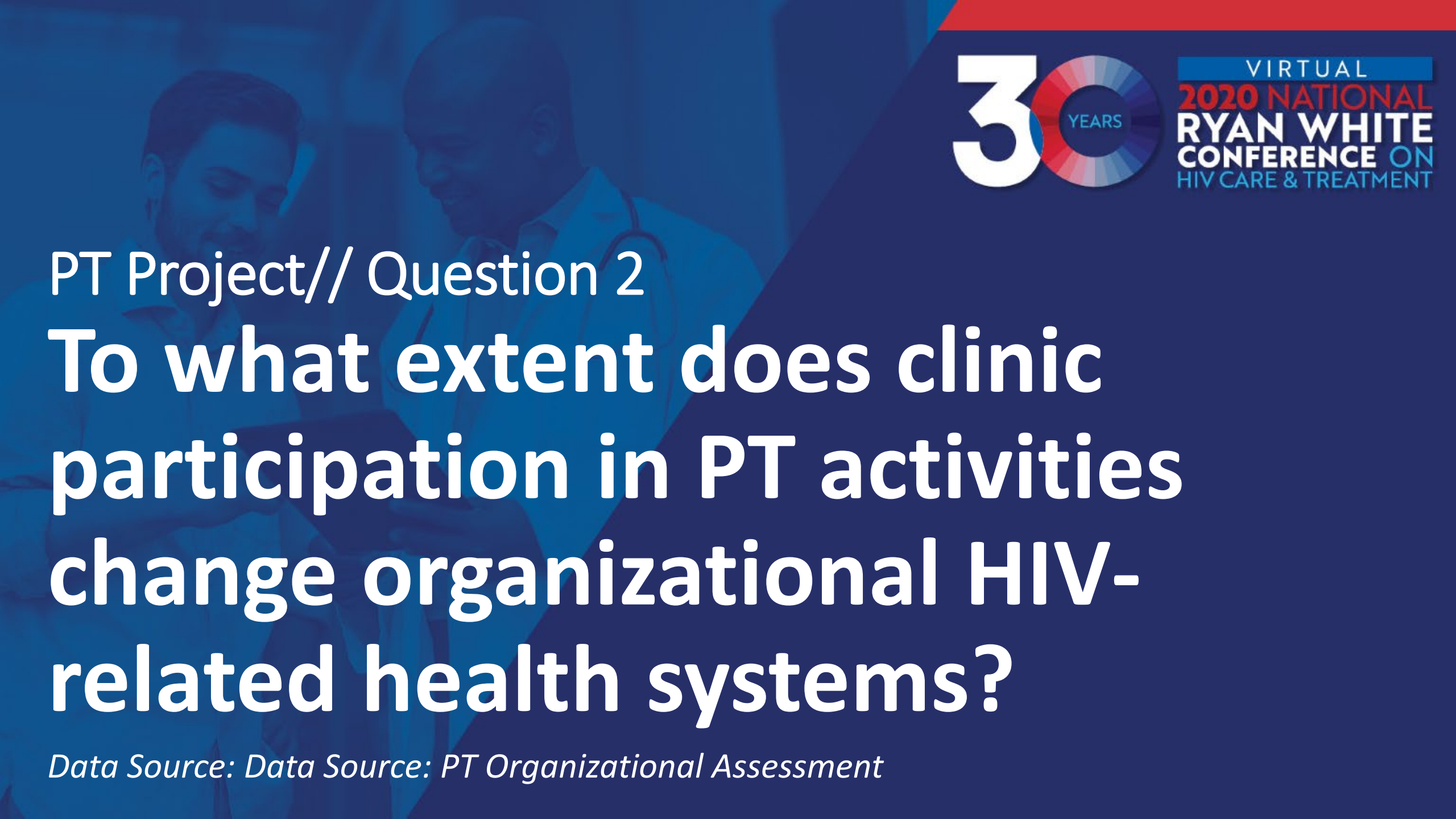
14,888 are people with HIV

Among the people with HIV: MAI

- **50%** African American
- **28%** Hispanic/Latinx
- **32%** were men who have sex with men
- **14%** missed appointments for >6 months
- **8%** were newly diagnosed
- **14%** were unstably housed

PT-Funded Trainings: Modalities
(2016-2019)





PT Project// Question 2

To what extent does clinic participation in PT activities change organizational HIV-related health systems?

Data Source: Data Source: PT Organizational Assessment

Increases In Services Provided to People with HIV *(2016-2019)*

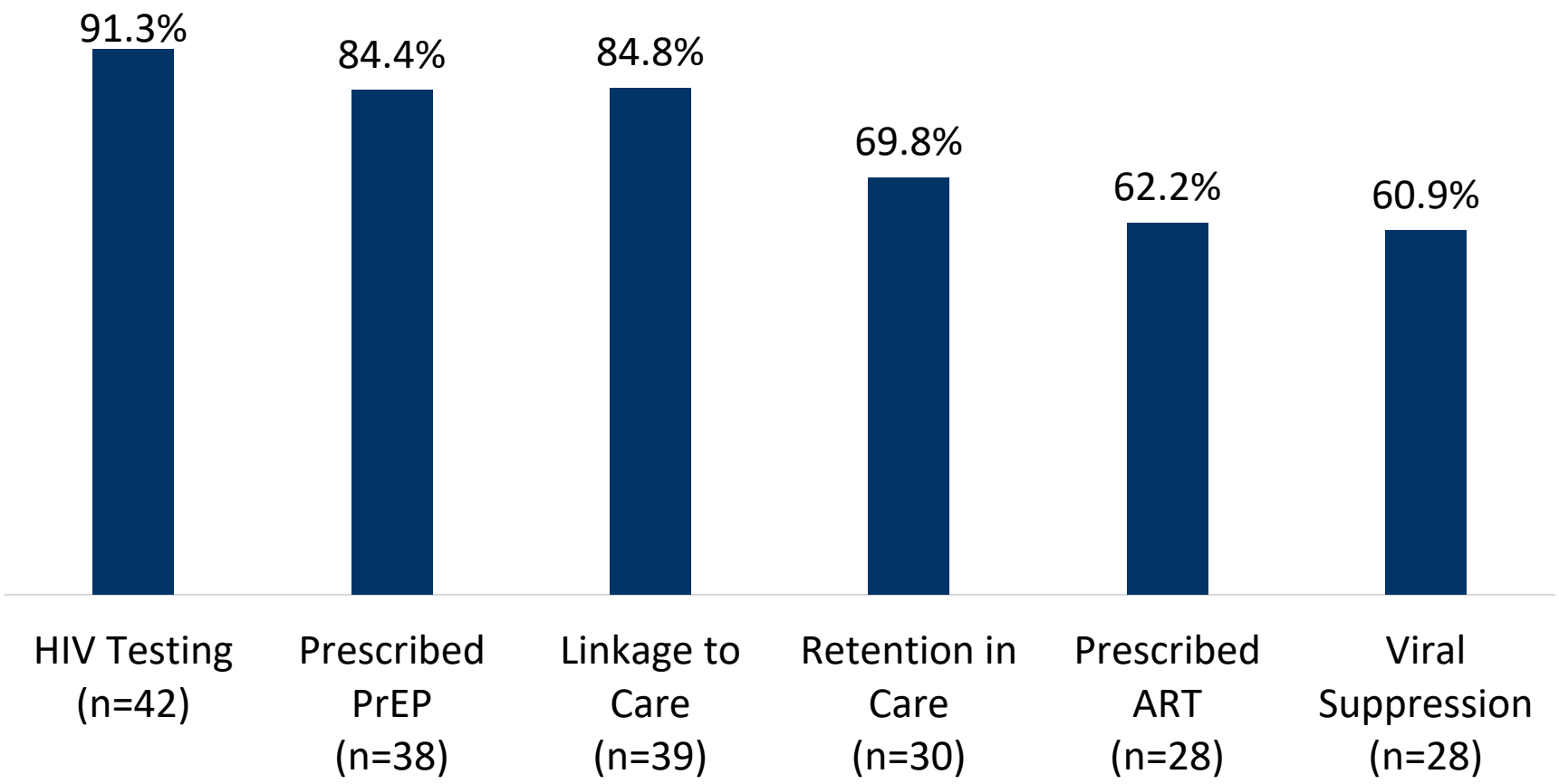
- Significant increase in the number of HIV services
  - 5.7 to 6.4 services
  - 85% provided PrEP services
- Increase in the proportion of clinics prescribing & monitoring ART from 72% to 85%

Internal vs. External Referrals for HIV Care in PT Clinics *(2016-2019, N=42)*

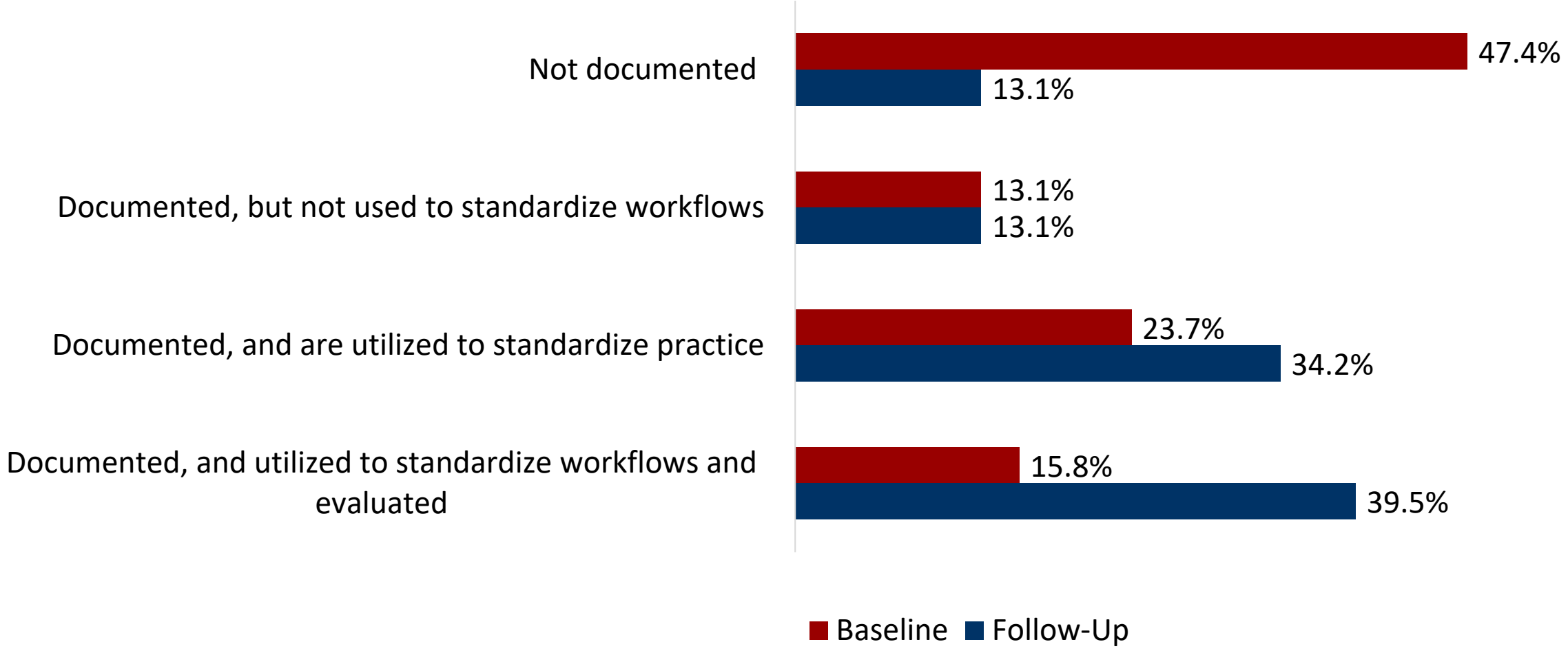
Internal and External Referrals for HIV Care	Baseline N (%)	Last Follow-Up N (%)
Receive primary care and are referred out for HIV specialty care	14 (33.3%)	11 (26.2%)
Receive HIV care from and HIV expert and referred out for primary care	2 (4.8%)	0 (0%)
Receive primary care and basic HIV care from same clinician who can access expert HIV consultation when needed	2 (4.8%)	11 (26.2%)
Receive both primary care and expert HIV care from same clinician	16 (38.1%)	14 (33.3%)
Receive HIV care and primary are from different clinicians within our clinic	8 (19.1%)	6 (14. 3%)

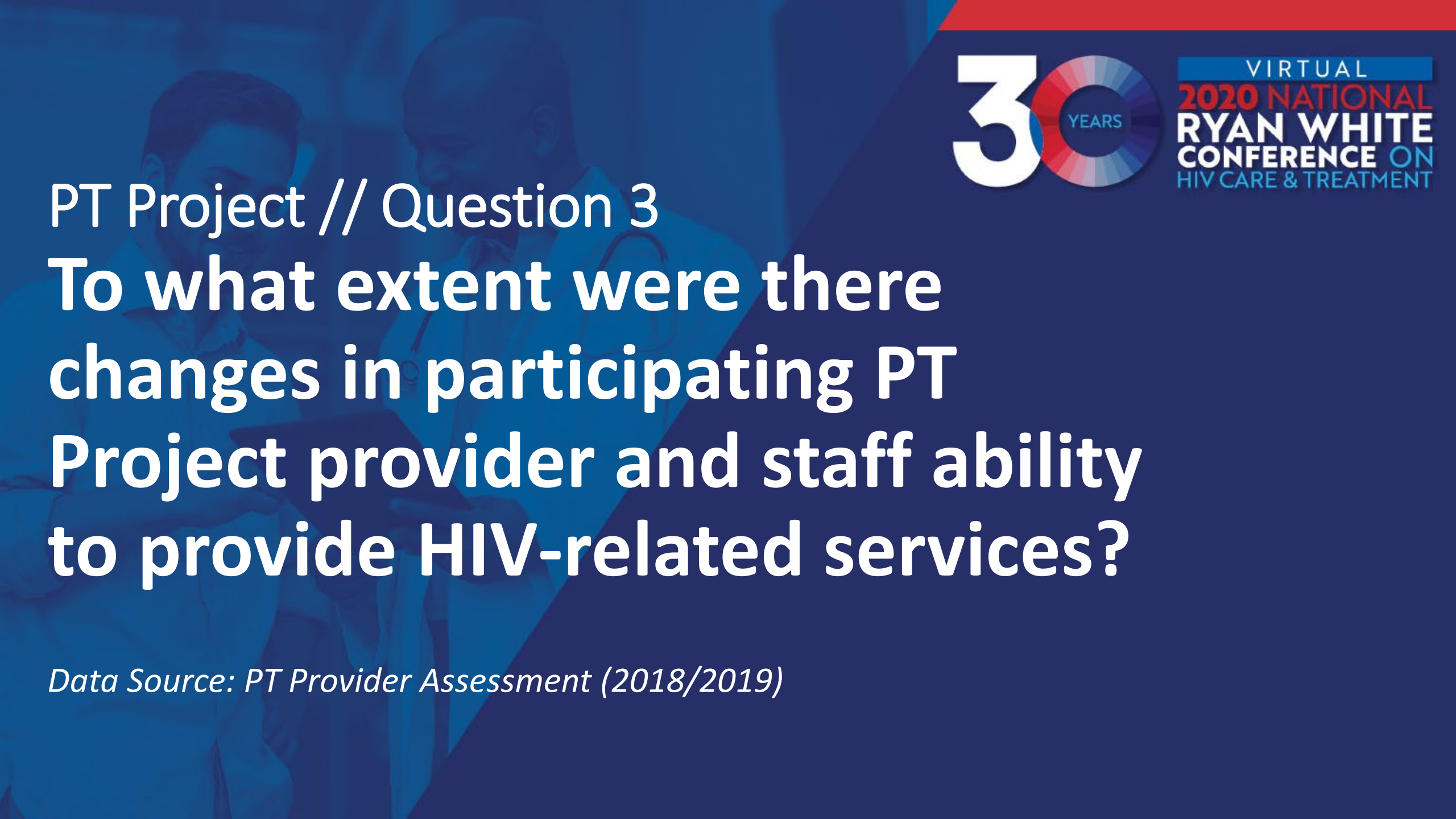
p-Value: 0.21

EHR System Capacity to Generate Reports by HIV Care Continuum Outcome *(2018/2019)*



Changes in HIV Workflows
(2016-2019, N=38)





PT Project // Question 3

To what extent were there changes in participating PT Project provider and staff ability to provide HIV-related services?

Data Source: PT Provider Assessment (2018/2019)

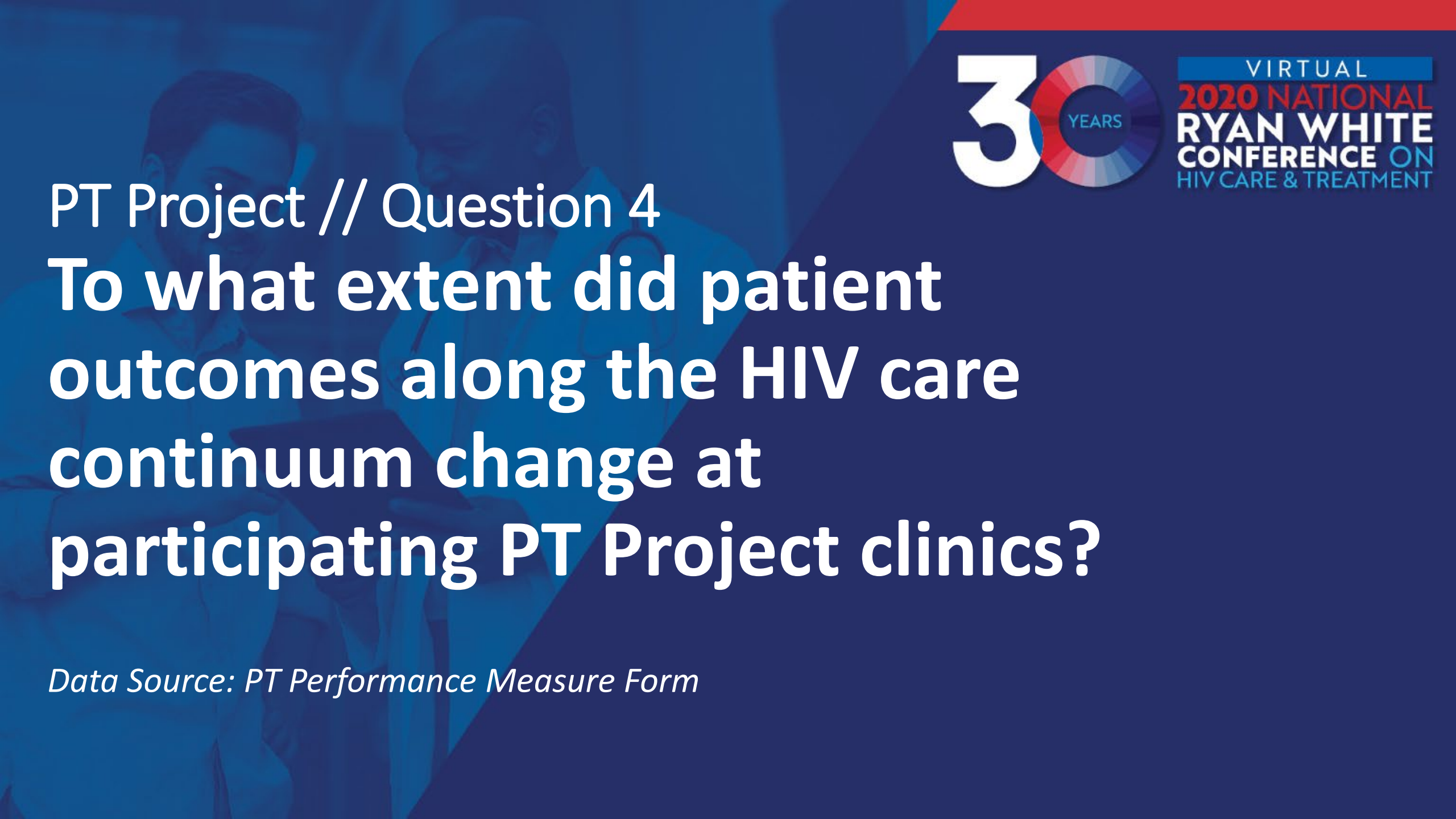
Provider Ability to Provide HIV Services *(2018/2019)*

Areas rated as "very good"

- HIV testing
- Interpreting HIV testing results
- Linkage to care
- Screening for STIs
- Providing services to culturally diverse patients

Areas rated as "adequate"

- Prescribing, managing and monitoring ART
- Adherence to ART

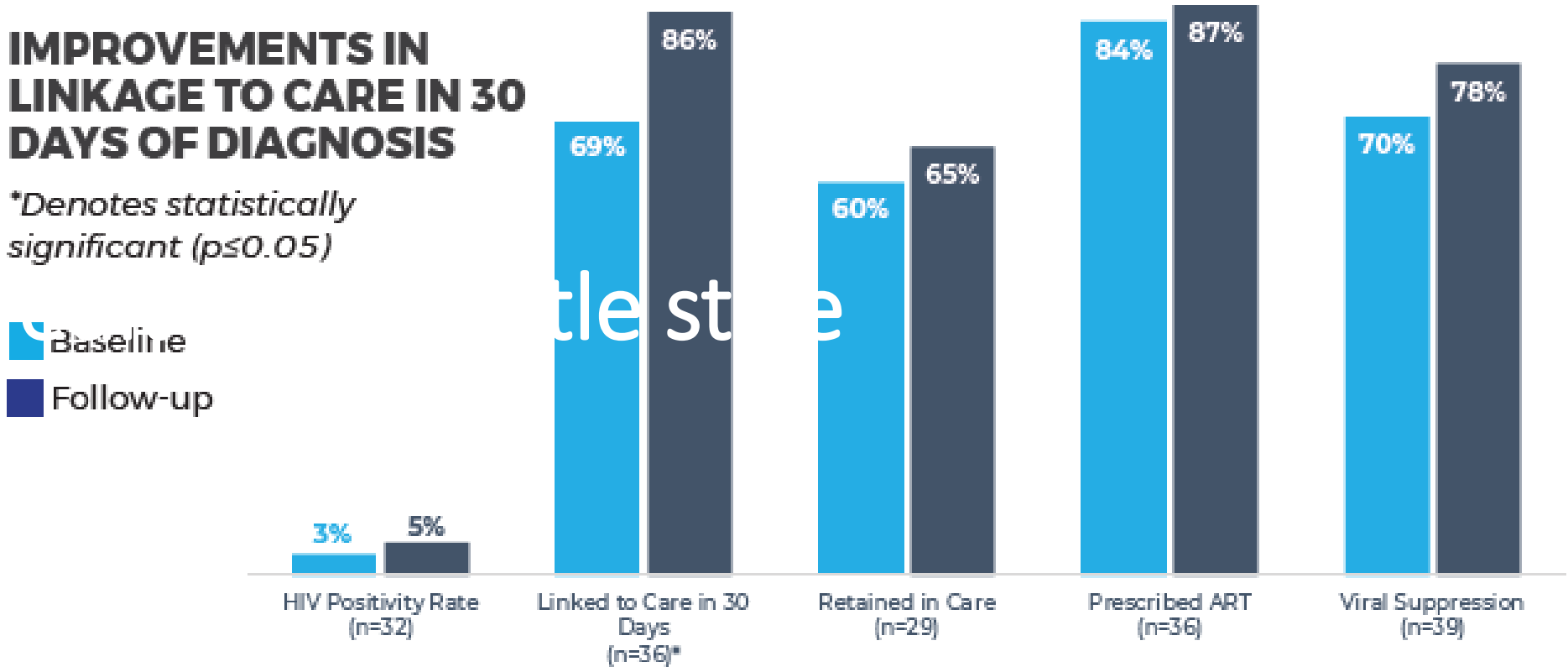


PT Project // Question 4

To what extent did patient outcomes along the HIV care continuum change at participating PT Project clinics?

Data Source: PT Performance Measure Form

Client HIV Care Continuum Outcome Changes Across PT Clinics *(2016-2019)*



Regional AETC Experience: Practice Transformation Southeast AETC

HRSA Defines PT/PTE

- PT Project intent: To increase the size and strength of the HIV clinical workforce and to improve patient outcomes along the HIV Care Continuum

- PT Project goal: To transform selected clinical practices and to build the capacity of the selected organizations to provide quality HIV care

AETC AIDS Education & Training Center Program Southeast

PT Practice Transformation

SEAETC Practice Transformation Program

Solutions for Common PT Challenges

- Turnover = alternate champion so there are always two – co-captain
- Survey Fatigue = All in moXse. Can collect on paper at clinic pace

- Clinic motivation= designed achievable goals that have already been piloted / live meeting once per year to maintain momentum
- Dysfunctional EMRs – Also consider secondary data collection source

Clinics by State -20 total (Current)

Alabama
- Southeast Alabama Rural Health Associates, Troy - PTE
- Five Horizons Health Services, Tuscaloosa – RW

Kentucky
- HealthFirst Bluegrass Clinic, Louisville - PTE
- Shawnee Christian Healthcare Center, Louisville – PTE

Florida – North
- Project Response, Fort Pierce – RW
- Unconditional Love Comprehensive Health - Melbourne, RW

Mississippi
- Delta Health Center, Mound Bayou – non RW

South Carolina
- Carolina Health Centers- PTE

Florida – South
- Premier Mobile Health, Lehigh Acres – non RW
- Fort Pierce Midway Specialty Care – non-RW
- Okeechobee Midway Specialty Care – non-RW
- Wilton Manors Midway Specialty Care - non-RW
- Miami Beach Midway Specialty Care – non-RW

North Carolina
- Moncure Community Health – non RW
- Prospect Hill Community Health – non RW
- **Duke** Adult Infectious Disease Clinic, Durham - RW (also TA & Preceptorships)

Tennessee
- Neighborhood Health Services, Nashville - RW
- West TN Regional Health, Jackson -RW
- Cherokee Health Systems, Knoxville – non-RW
- Community Health of East TN, Jacksboro, TN- PTE

First Steps – Starting in July, 2019

- Virtual Orientation - Community of Practice for Coaches and Partner Sites
- Assign a Coach from partner site
- Coach reaches out to clinic, discusses PT/PTE goals
- Clinic selects a champion/alternate champion
- Attend SE PT Community of Practice (CoP)
  - 3rd Friday of the month – 2pm CT / 3pm ET
- Complete three required annual project surveys
  - Measuring Outcomes Across (X) Southeast (MoXse)
- Attend two-day in-person training
- Coordinate live training at or near clinic site (Virtual Due to COVID)

PT Community of Practice

- Monthly calls for Champions, Coaches, and any other PT clinic staff who would like to join
  - 3rd Friday at 2pm-3pm CT/3pm-4pm ET
- Program updates, presentation on PT-related topics, discussion
  - Resources and additional materials provided post meeting
- Annual Coach & Champion Focus Group
- Online Learning & Resources at SEAETC.com
  - 15 online self-paced learning modules
  - 5 in Spanish
  - Draft protocol templates
  - Presentation Powerpoints

PT – Quality Management

- Clinics' choice of project
- No Show Rate (Missed Appointment/All Appointments)
- Quarterly Meetings
- Identified clinic trends in no show rates
  - Higher no-show rates near winter holidays
- Identified challenges in collecting data
  - Clinician's ability to pull data

Quality Management - Quote

"Thanks to the AETC funding, we have all sorts of ways to crunch our numbers in our HIV clinic now. I know I owe you a report with a denominator – before I just sent numbers of 'no-shows'. Now, not only do I have the denominator, I also have the number of appointments completed and appointments cancelled."

– SE AETC Clinic

SE PT Levels (Year One Goals)

Standard of Care – Level One

- Identify HIV Champions
- Increase % of patients with a sexual history in the chart
- Create an inclusive, stigma free clinic environment
- Increase HIV testing rates
- Employ Opt-Out testing

Prescribing PrEP- Level Two

- Maintain effective linkage to care for patients testing positive for HIV
- Conduct a risk assessment for all patients toward prevention of HIV
- Implement PrEP Prescribing
- Create Clinic management flow and protocols for PrEP

HIV Care: Levels 3-6

Level 3 Year 2	Provide HIV care for uncomplicated patients / when to refer
Level 4 Year 3	Describe treatments for patients with complex medication regimens and multiple co-morbidities
Level 5 Year 4	Develop Interprofessional Care Plans/ Consider applying for Ryan White funds
Level 6 Year 5	Establish comprehensive HIV treatment center with wrap around services, specialty and primary care / apply for Patient Centered Medical Home status

Surveys – Annual

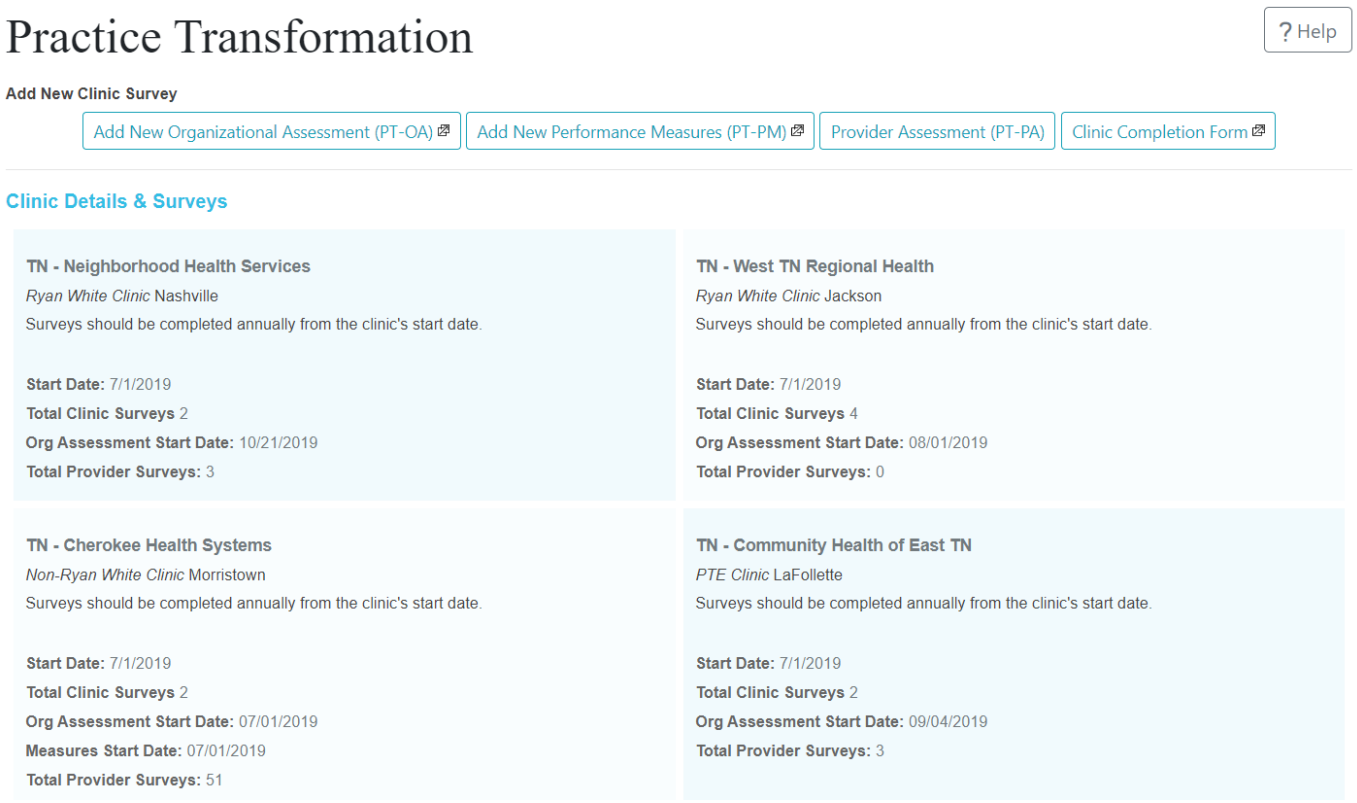
Programmed In MoXse

Emailed Paper Copies

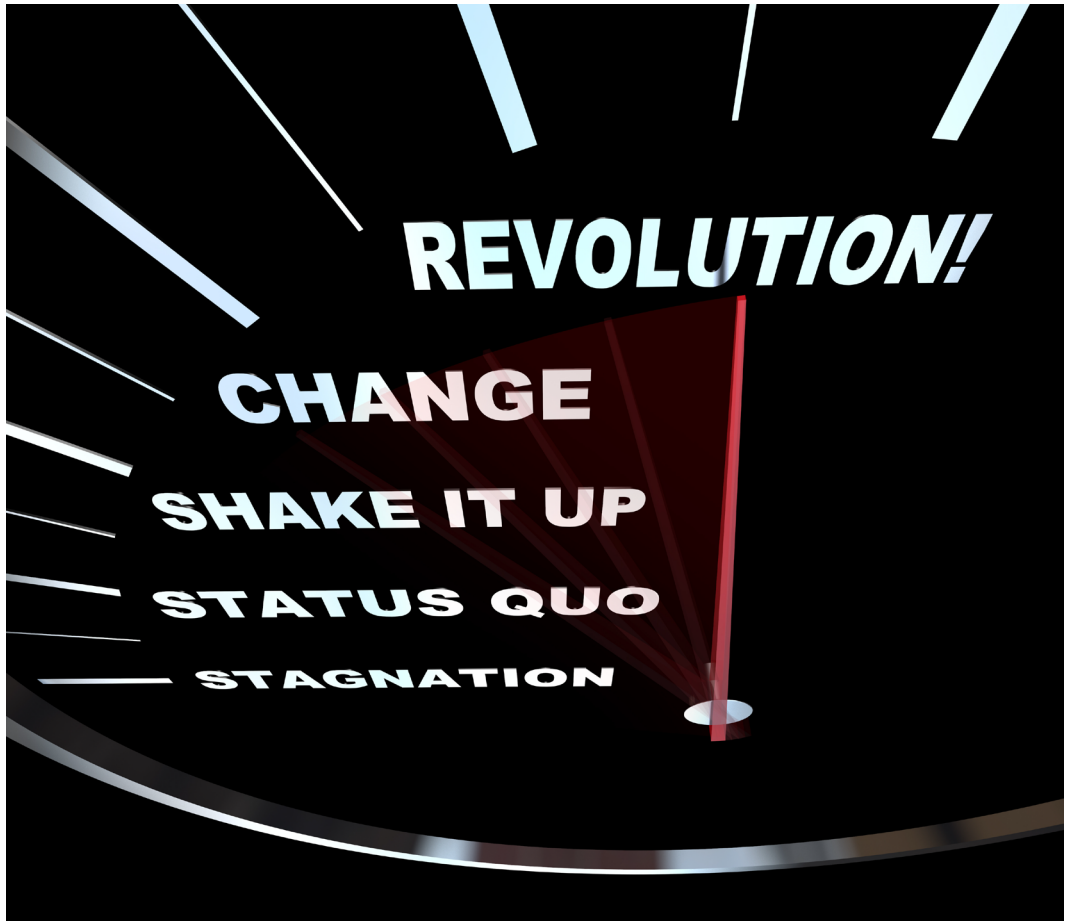
- Organizational Assessment
- Provider Assessment Form
- Performance Measures Baseline – year one only
- Performance Measures (Follow-up)
- Completion Form – if clinic drops out and at end of PT Project

Survey Management in MoXse

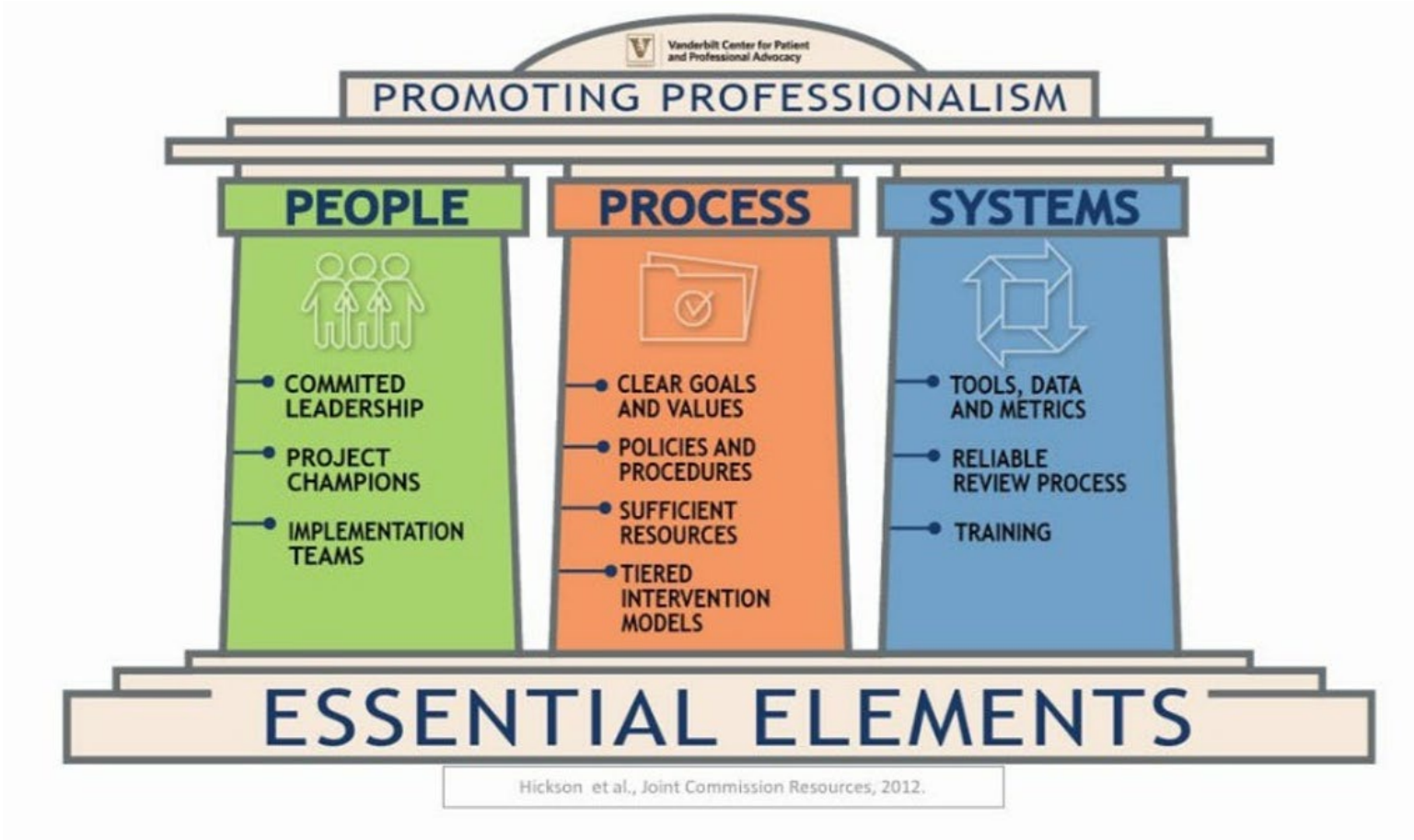
- 2019 forward
- Practice Transformation Dashboard
  - Partner Coordinator Access
- Clinic survey management
- Provider Assessment linked with *Participant Information Form (PIF)*
  - No duplicate questions for providers
  - Track event attendance/participation



Ultimate Goal. . . Move the Needle



Essential Elements of Culture Change



Lessons Learned

- Everyone is a champion!
- Realistic goals can be achieved
- Allowing time to implement a process and then returning to training
- Full group buy-in needed, not just leadership and not just staff
- Separate individual calls with Champion and Management
- Include all the paperwork required in the contract (PIFs/Evaluations)
- Live, in-person orientation should be mandatory/consider live wrap-up
- Share resources from regional clinics and highlight strengths
- Many levels to PT, striving to move the needle creates motivation to continue
- Celebrate all the wins! Don’t make the steps too big!

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Interprofessional Education Project (2016-2019)

IPE Evaluation Questions

1. What is the reach of the IPE Project activities overall and by training modality, frequency, and duration?
2. To what extent does participation in the IPE activities change institutional-level policies and practices related to building faculty and student core competencies in HIV IPE?
3. To what extent were there changes in faculty's capacity to teach HIV IPE core competencies?
4. To what extent were there changes in students' skills or practices related to delivering HIV care and services?
5. To what extent do participating students intend to provide HIV care and services after program completion?

Data Sources: Interprofessional Education

2016-2018	2018/2019
Event Record (ER)	*Event Record (ER)*
Participant Information Form (PIF)	*Participant Information Form (PIF)*
Annual Lead Assessment/Profile for Each Participating Health Professional Program (IPE-HPPP)	*IPE Health Professional Program Profile (IPE-HPPP) (Baseline and Follow-Up)*
Faculty (Lead and Participating) Annual Assessment (IPE-FA)	*IPE Faculty Assessment (IPE-FA) (Baseline and Follow-Up)*
Annual Student Assessment (IPE-SA)	*IPE Student Assessment (IPE-SA) (Baseline and One-Time Follow-Up)*

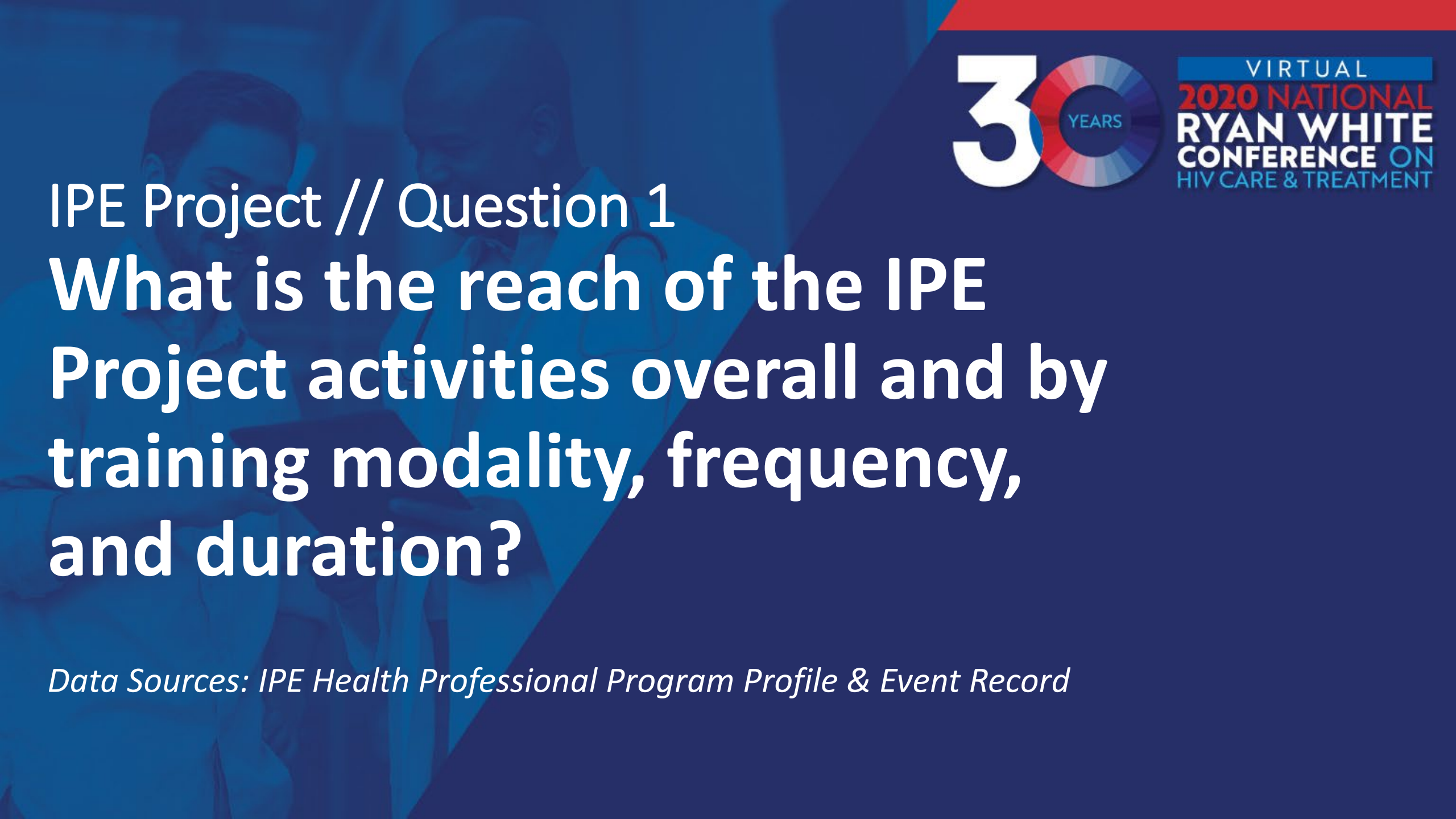
Methods

Aggregate data across all health professional programs (HPP) across 2016-2019 program years:

- Descriptive statistics (number, percent, and mean)
- Paired t-test for assessing changes in student outcomes between baseline and one-time follow-up with 2018/2019 data

Limitations

- Prior HPP profile designed for needs assessment, with limited baseline measures available for comparison to follow-up.
- Limited matched baseline and follow-up faculty surveys.
- Student outcome analyses limited to 2018/2019, given IPE students in prior years have completed program; prior tool had no phase variable.
- Regional variability in tool administration may limit generalizability of findings, some regions are not represented
- Unable to link IPE activities from the *ER* to HPP due to no HPP_ID in the ER



IPE Project // Question 1

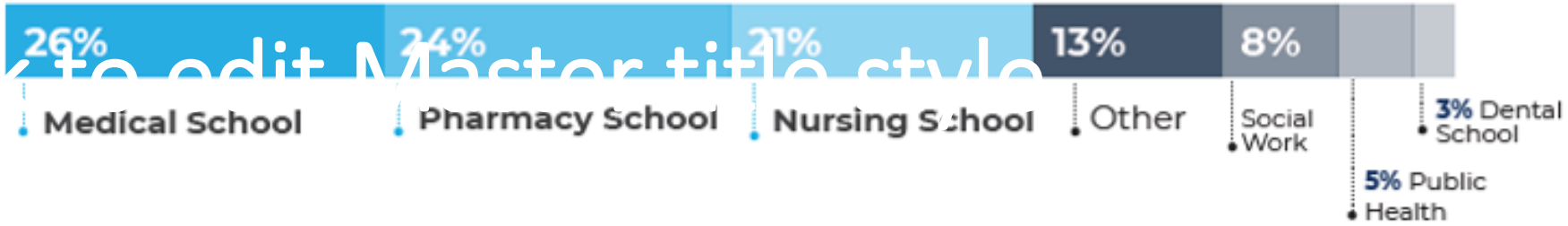
What is the reach of the IPE Project activities overall and by training modality, frequency, and duration?

Data Sources: IPE Health Professional Program Profile & Event Record

Types of Health Professional Programs
(2016-2019) (N=62)

62* **health professional programs (HPPs) participated in the IPE Project,**
*of which **39%** provided baseline and follow-up data*

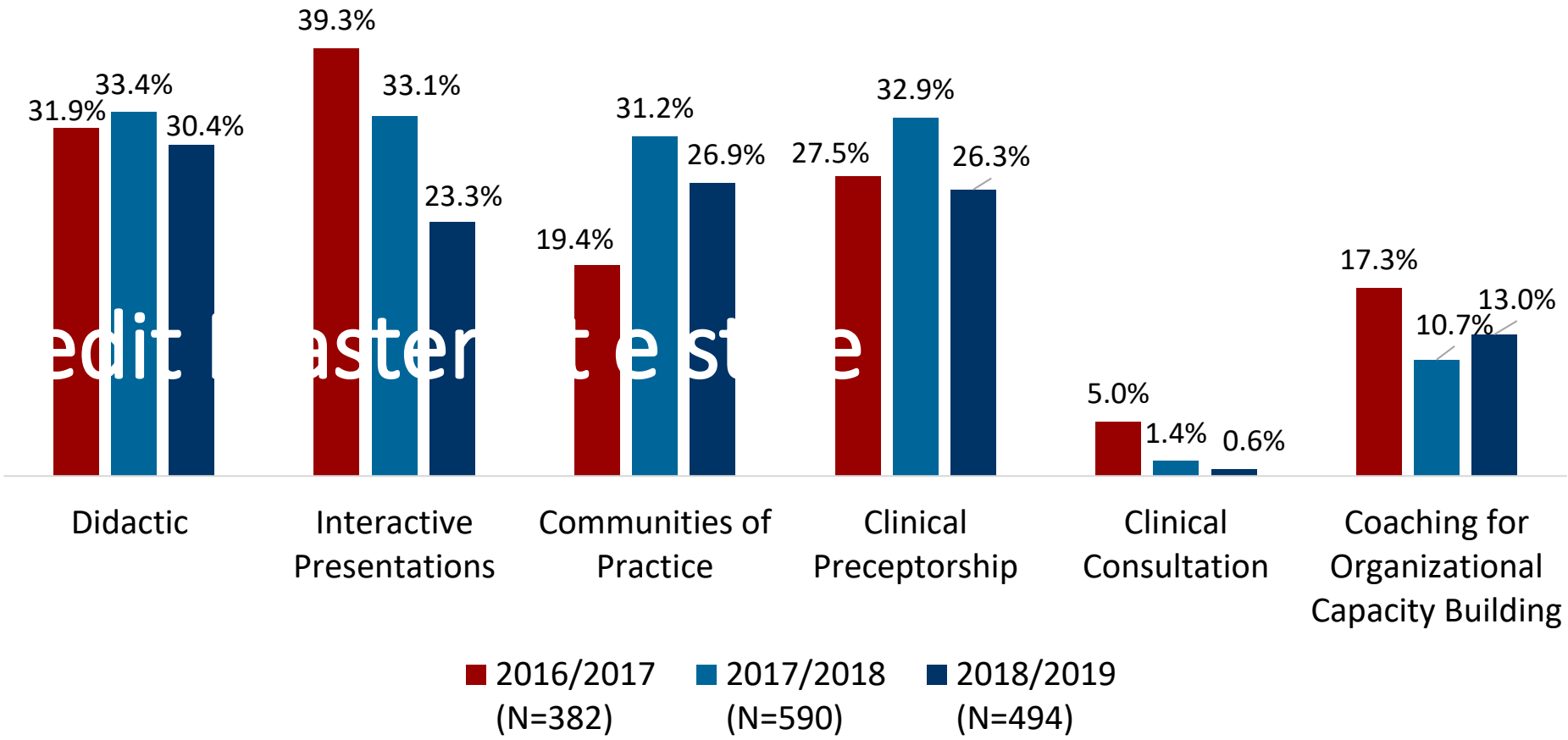
50% **HPPs were medical or pharmacy schools**
Note: "Other" includes education, mental health, law, nutrition, education, family medicine, occupational therapy, etc.

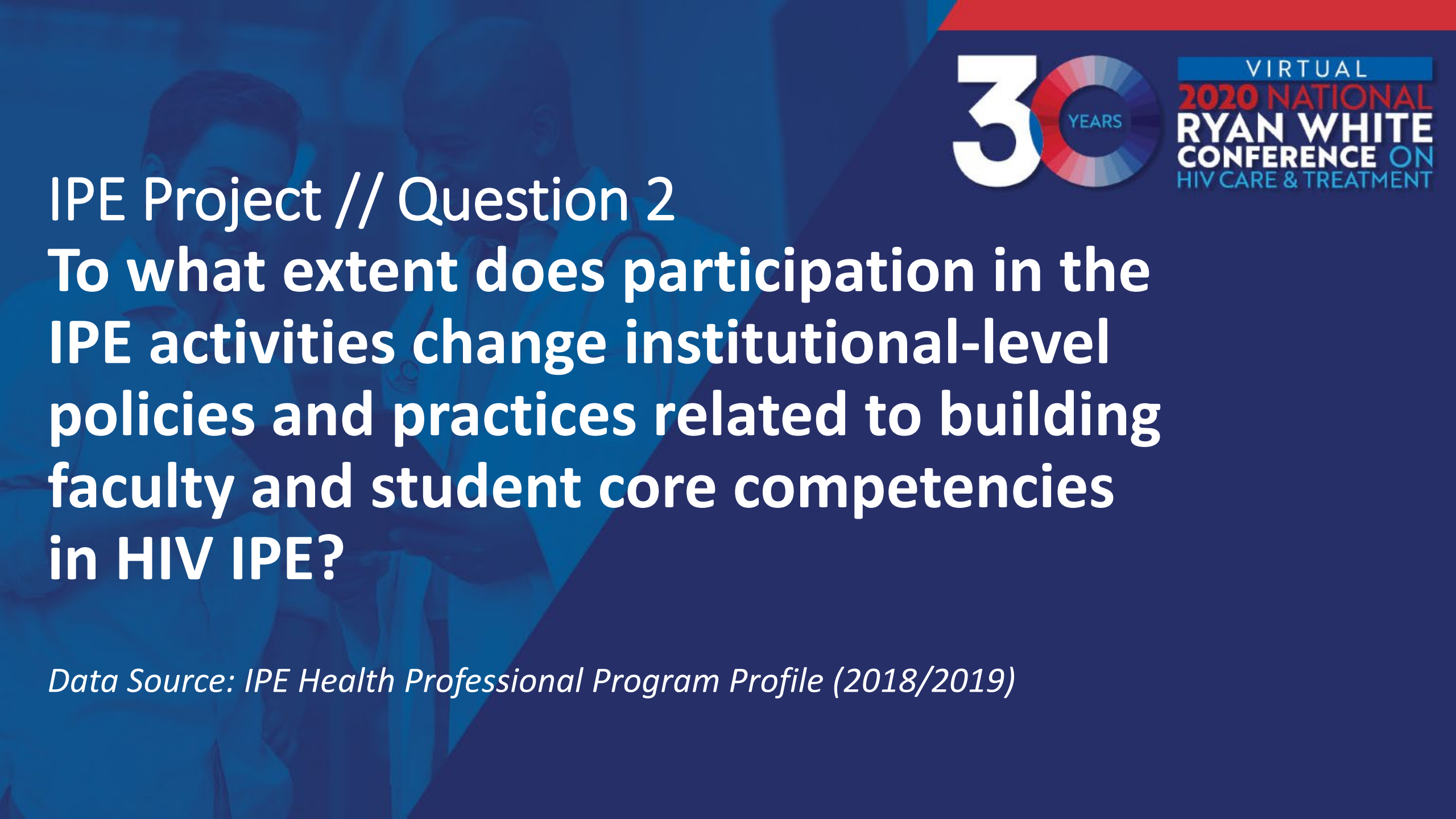


HPPs collaborated with an average of 4 other HPPs

*Note: There were 14 new HPPs in 2018/2019

IPE-Funded Trainings: Modalities *(2016-2019)*





IPE Project // Question 2

To what extent does participation in the IPE activities change institutional-level policies and practices related to building faculty and student core competencies in HIV IPE?

Data Source: IPE Health Professional Program Profile (2018/2019)

HPP Policies & Activities Related to Faculty Support *(2018/2019, IPE-HPPP Follow-up)*

HPP activities related to faculty support & development	No activities in this area	Activities currently being established	Activities established, not yet implemented	Activities implemented
Training faculty on interprofessional education and practice (IPEC) (n=19)	8 (42.1%)	3 (15.8%)	1 (5.3%)	**7 (36.8%)**
Training faculty on HIV screening, care, and treatment (n=19)	8 (42.1%)	3 (15.8%)	0	**8 (42.1%)**
Working with faculty members to incorporate HIV content into courses/lectures/curriculum (n=19)	7 (36.8%)	2 (10.5%)	1 (5.3%)	**9 (47.4%)**
Working with faculty members to incorporate content on HIV IPE into courses/lectures/curriculum (n=19)	6 (31.6%)	3 (15.8%)	1 (5.3%)	**9 (47.4%)**
Working with faculty members to incorporate HIV content into clinical teaching (n=19)	7 (36.8%)	2 (10.5%)	0	**10 (52.6%)**
Working with faculty members to incorporate content on HIV IPE into clinical teaching (n=18)	7 (36.8%)	4 (22.2%)	0	**7 (38.9%)**

Characteristics Of Trainings Offered To Students *(2018/2019, IPE-HPPP Follow-up)*

21 (95.4%) HPPs offer cohort-based IPE curriculum/programs.

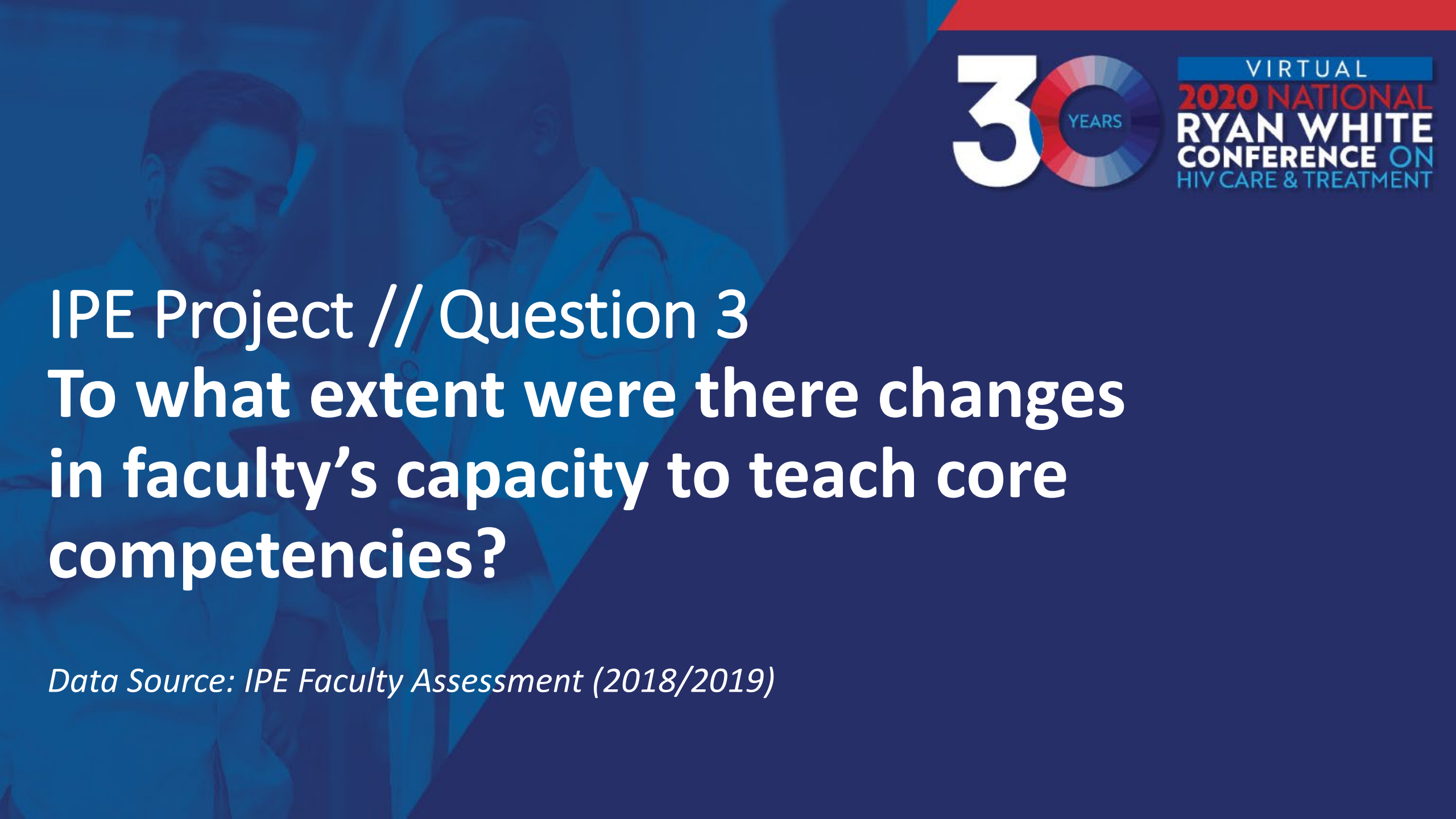
- 20 (95%) classroom-based training
- 10 (50%) hands-on clinical learning (training students on HIV IPE in clinical practice
- 19 (95%) observations of HIV Interprofessional health care teams in practice

13 (61.5%) HPPs offer hands-on clinical learning.

- 8 (62%) require this for all students
- 1 (8%) requires this for some students
- 3 (23%) make hands-on clinical learning optional and elected by students

11 (50.0%) HPPs offer program-wide curriculum-integrated HIV IPE.

- 4 (36%) require this for all students
- 2 (18%) require this for some students
- 5 (45%) make curriculum-integrated trainings optional and elected by students
- 9 (90%) have training modalities taught by faculty affiliated with the HPP



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30 YEARS

IPE Project // Question 3

To what extent were there changes in faculty's capacity to teach core competencies?

Data Source: IPE Faculty Assessment (2018/2019)

Integration of HIV IPE into Teaching
(2018/2019, IPE-FA Follow-Up)

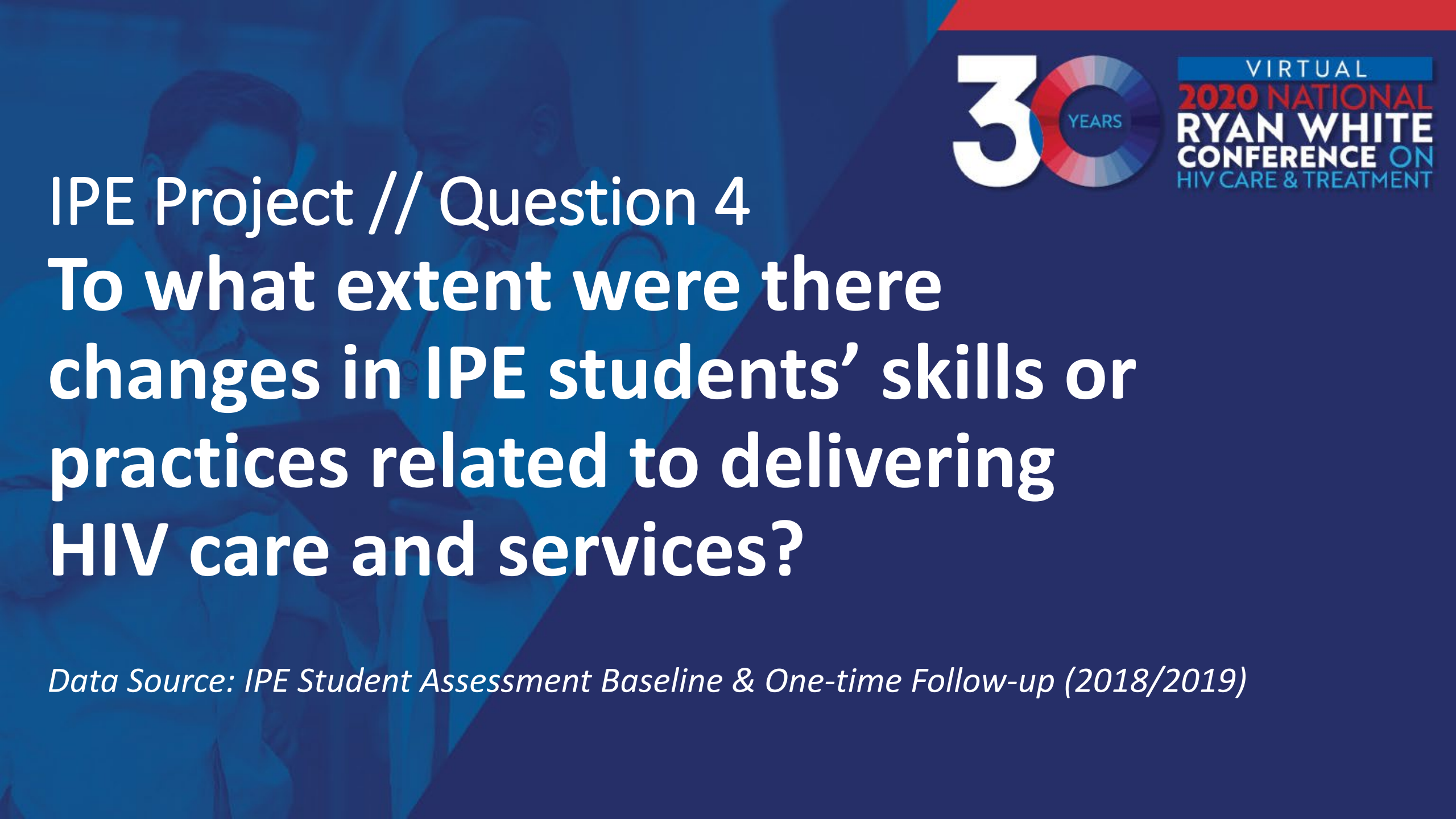
Faculty covered HIV topics "a moderate amount":

- HIV prevention, screening & testing, and HIV care & treatment

Faculty integrated IPE and taught HIV interprofessional collaborative practice "a moderate amount":

- Integrated HIV IPE in courses/trainings
- Taught/trained students from different health professions
- Covered topics on interprofessional team-based care delivery

Faculty reported being **"pretty confident"** in teaching HIV and interprofessional collaborative practice at follow-up

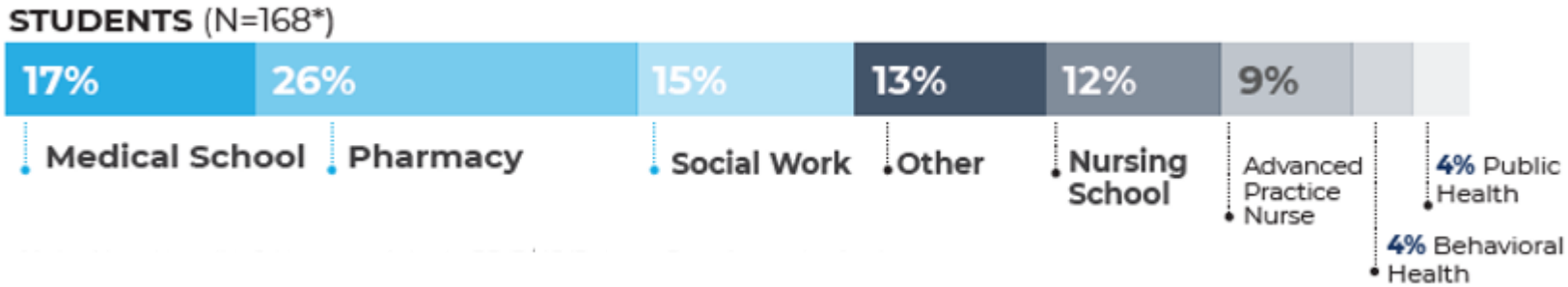


IPE Project // Question 4

To what extent were there changes in IPE students' skills or practices related to delivering HIV care and services?

Data Source: IPE Student Assessment Baseline & One-time Follow-up (2018/2019)

Student Sample & Characteristics
(2018/2019, N=168)



34%
of students with PIF data self-identified as a minority. MAI

Note: Includes students with baseline and follow-up data in 2018/2019 from six regions

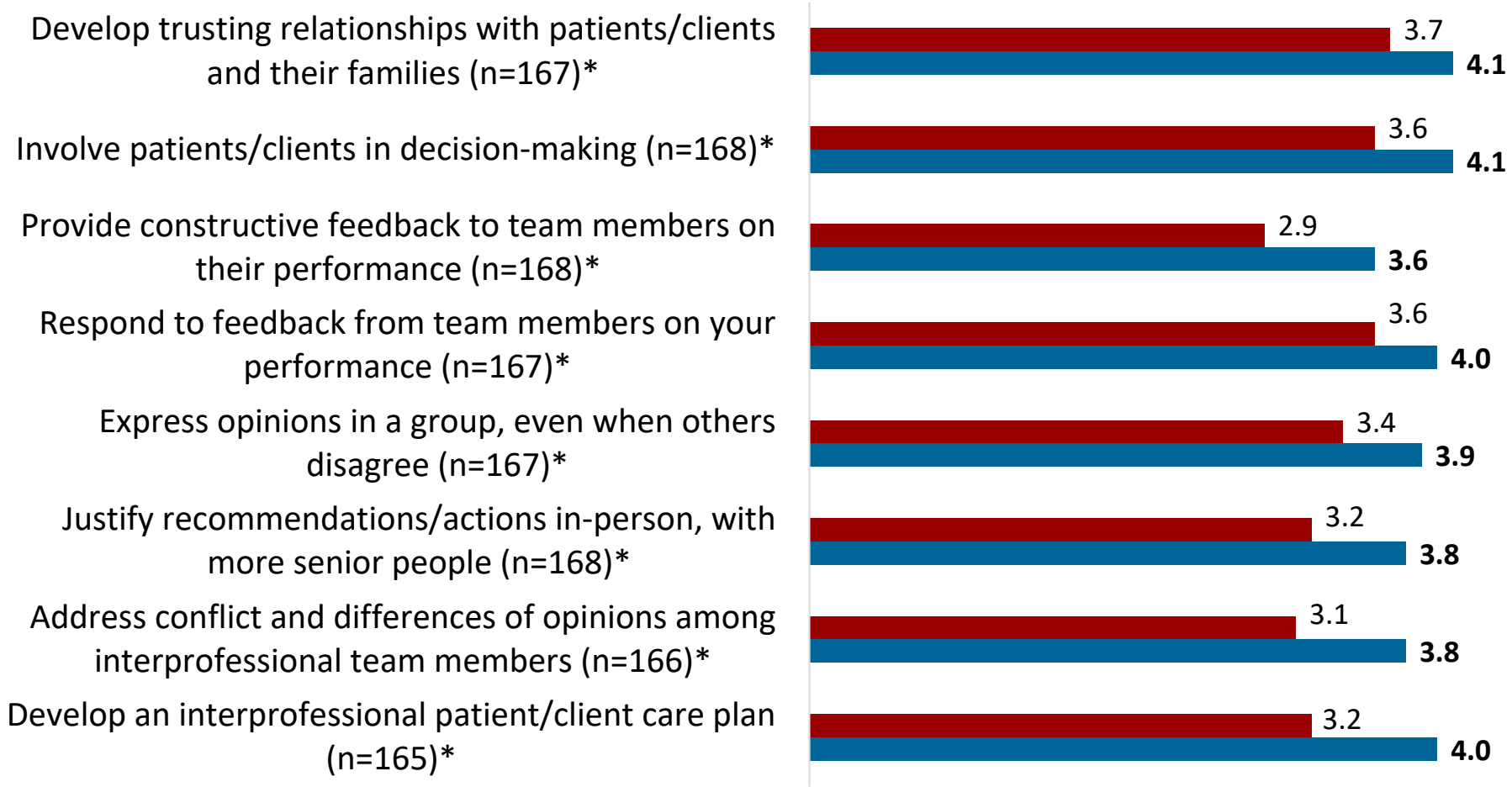
Student Outcomes
(2018/2019, N=168)

Students reported significant increases in knowledge, attitudes, and abilities between baseline and follow-up (2018/2019). At follow-up, students self-reported:

- **"Very good"** knowledge of the ideal functioning of interprofessional health care team
- **"Very good"** ability to work on an interprofessional health care team
- **"More than adequate"** to **"very good"** ability to provide interprofessional HIV services

Scale 1="needs considerable improvement", 2="needs improvement", 3="adequate," 4="very good", and 5="excellent"

Student Ability To Perform Functions On Interprofessional Health Care Team *(2018/2019, N=168)*



**p<0.05 statistically significant difference between baseline & follow-up; Ability score based on scale of 1="needs considerable improvement", 2="needs improvement", 3="adequate," 4="very good", and 5="excellent"*

Student Ability to Provide HIV-Related Services *(2018/2019, N=168)*

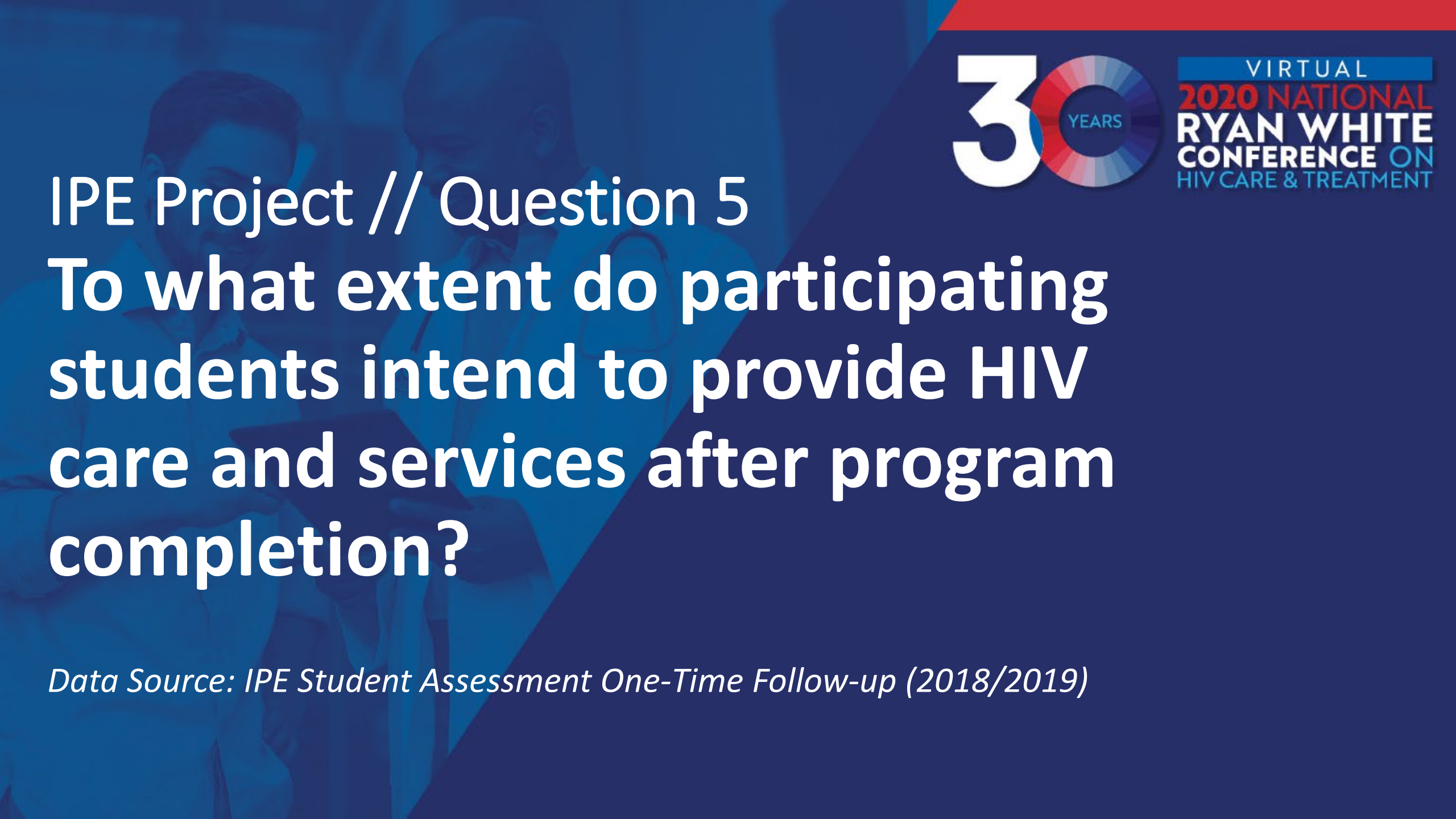
Significant improvement in ability to provide HIV services:

- HIV prevention, HIV testing, HIV care and treatment
- Screening, evaluation, and management of co-occurring conditions
- HIV service delivery

Mean scores ranged from 1.8 to 2.7 at baseline to 3.2 to 3.9 at follow-up, for example:

- Students "needed improvement" in PrEP assessment & prescribing at baseline, but indicated "more than adequate" ability by follow-up.
- Students reported "less than adequate ability" in delivering team-based care, providing care to diverse clients, and care coordination at baseline, but "very good ability" by follow-up.

**p<0.05 statistically significant difference between baseline & follow-up; Ability score based on scale of 1="needs considerable improvement", 2="needs improvement", 3="adequate," 4="very good", and 5="excellent"*



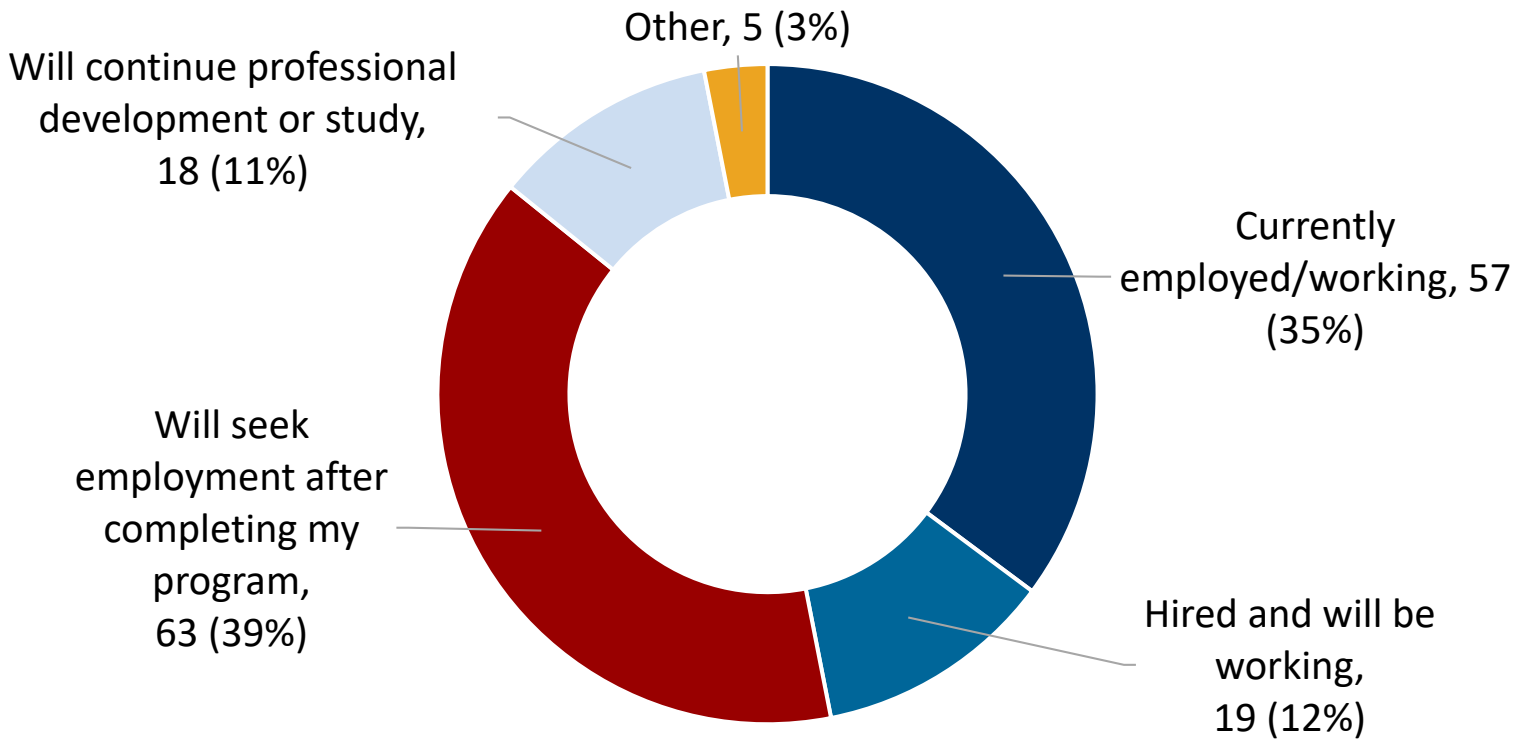
IPE Project // Question 5

To what extent do participating students intend to provide HIV care and services after program completion?

Data Source: IPE Student Assessment One-Time Follow-up (2018/2019)

Intent To Apply Knowledge/Skills Learned & Employment Plans Post-program

(2018/2019, IPE-SA ONE-TIME FOLLOW-UP) (N=162)

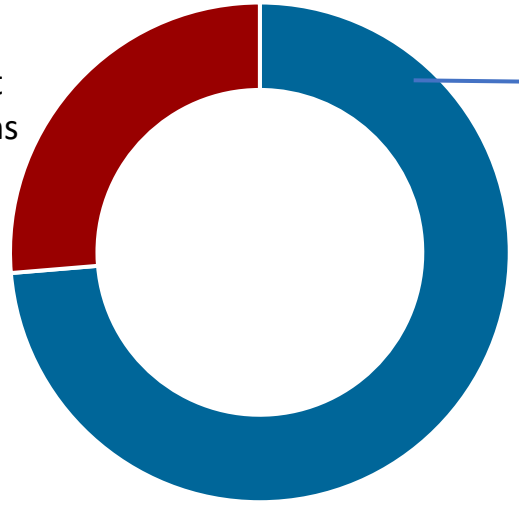


Students intend to apply the knowledge and skills learned in their future work "**quite a bit**" (mean=3.9, SD=1.0).

Note: Including all students who completed a one-time follow-up (completed "baseline & one-time follow-up" (n=149), "follow-up only" (n=13) in 2018-2019 = total n=162, 24 did not answer question on employment plans

Characteristics Of Students Employed/Hired at the End of IPE Project

(2018/2019, IPE-SA ONE-TIME FOLLOW-UP) (N=76)



Among those with direct client interactions:	N (%)
Provide HIV prevention and testing services	21 (38.2%)
Screen for and prescribe HIV PrEP	8 (14.6%)
Provide services directly to people with HIV	32 (58.2%)

Top 3 Work Settings:

- **49.3%** hospital
- **17.8%** pharmacy
- **16.4%** clinic

Top 3 Professions:

- **31.4%** pharmacists
- **30%** non-prescribing nurse professionals
- **12.9%** allied health professionals

"....IPE HELPED ME TO GAIN INSIGHT INTO A POPULATION THAT I HAD NEVER THOUGHT OF WORKING WITH. IT GAVE ME CONFIDENCE TO APPLY TO MY JOB AS A MEDICAL CASE MANAGER.

– IPE Social Work Student

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Regional AETC Experience: Interprofessional Education Midwest AETC (MATEC)

Key HIPEP Project Personnel

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Theresa Haro
MATEC Regional Assistant Director

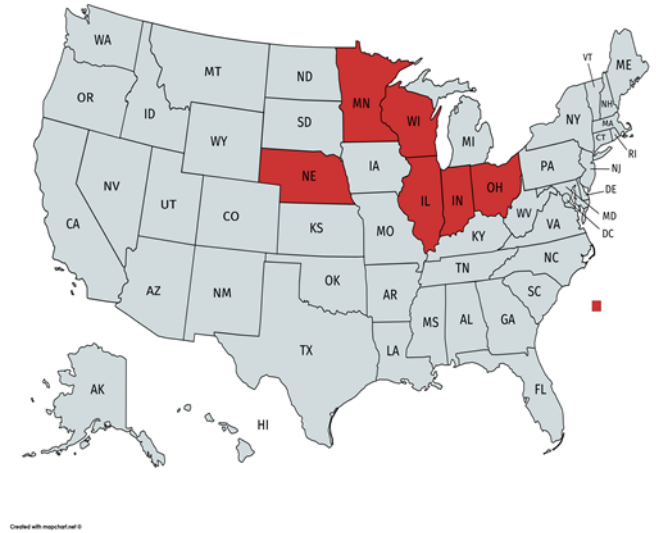
Mary T. Keehn, PT, DPT, MHPE
Project Co-Lead & Director of Interprofessional Practice & Education - UIC

Ricardo A. Rivero, MD, MPH
Executive Director & Principal Investigator – MATEC

Corina Wagner, M.Ed, MBA
Research and Evaluation Manager

HIV Interprofessional Education Project (HIPEP)

Local Partners Participating in HIPEP



University of Illinois at Chicago

University of Minnesota

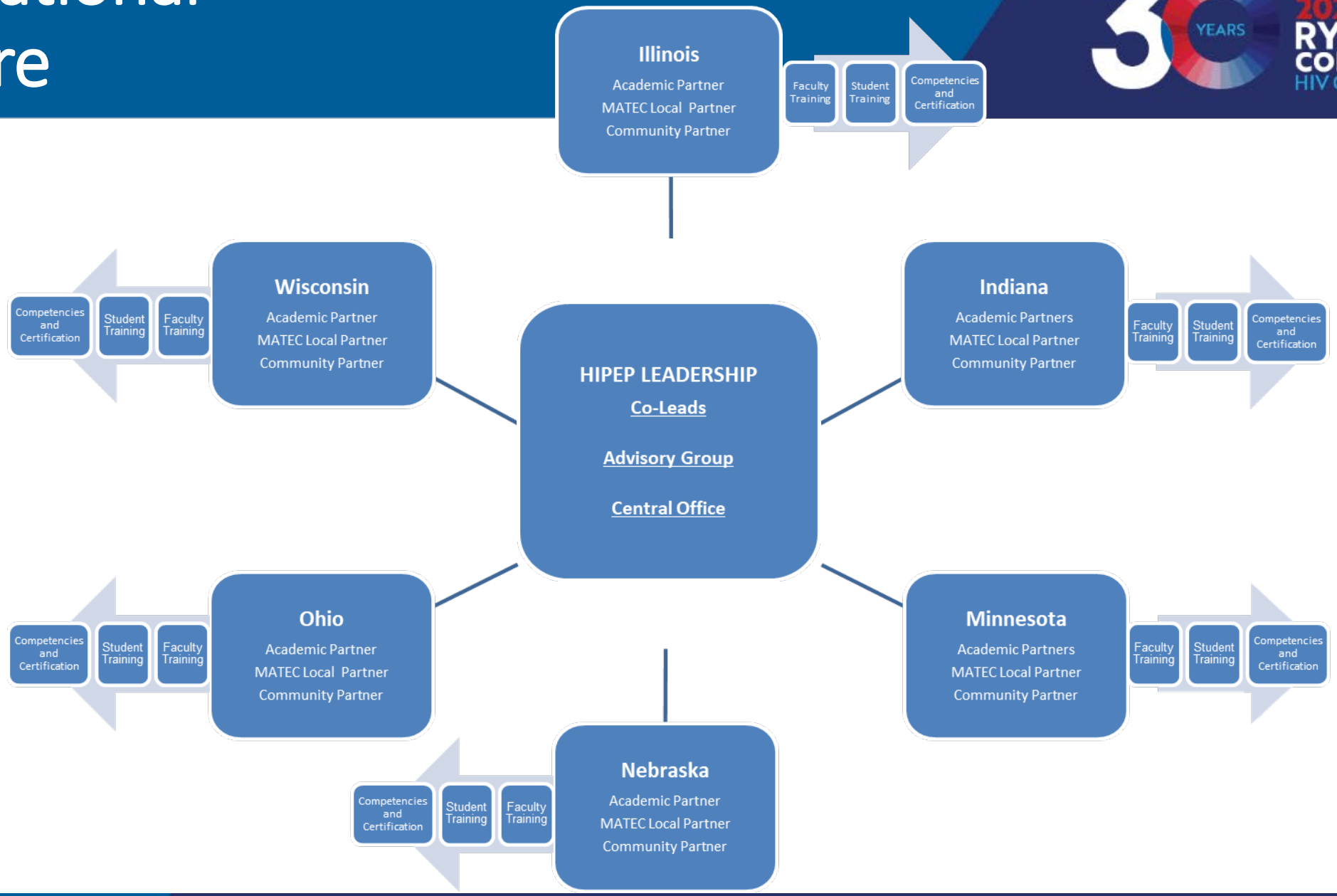
Indiana University

University of Nebraska

University of Cincinnati

University of Wisconsin

Organizational Structure



Instructional Design

Health Professional Program Recruitment

- Building HPP commitment
  - Outreach to faculty with connection to IPE or HIV care
  - Regional introduction to interprofessional collaborative practice
  - Each academic partner had individualized approach to building the faculty team

- Changing needs and challenges over time as programs become established or change
  - Monitor changes in the core health professions program curriculum related to HIV or to interprofessional collaboration
  - Although IPE learning experiences are increasing across HPPs, the learners' appetite is far from met

Program Objectives

- Provide foundational knowledge related to **HIV/AIDS**
- Provide foundational knowledge related to interprofessional **Collaborative practice**
- Identify where ICP could improve outcomes in HIV Prevention and Care
- Inspire learners to future involvement in HIV Prevention and Care and in Interprofessional Collaborative Practice

Faculty Development

- Faculty stability varied across the academic partners
  - Turnover required going back to initial steps
- Initial focus on faculty development was “filling the gaps”
    - Faculty with expertise in HIV Prevention and Care received IPE training
    - Faculty with expertise in IPE received HIV Prevention and Care training
- Over time focus shifted to refining pedagogy and updating curriculum
- Regional meetings were successful in regional program improvement
- Unable to mount regional scholarship effort despite several attempts

Faculty's Role in MATEC's IPE Program

- Curriculum development
- Recruitment of students
- Content delivery
- Interprofessional small group facilitation
- Clinical preceptorship
- Mentoring for case presentations
- Program evaluation (debriefing)

Faculty Development Activities

- Primarily Self-study and Community of Practice Approach
  - HIV/AIDS
  - Interprofessional Collaborative Practice
  - Interprofessional Education
  - Online Education
    - Synchronous
    - Asynchronous
    - Impact of COVID 19 pandemic

Student Engagement

- Recruitment differed across academic partners and by program
  - Open to all vs. faculty approaching select students
  - General advertising – brochures, brief in class presentations
  - Word of mouth among students
- Implications of program requirements and ability to grant academic credit
- Students valued variety of professions involved – the more the better
- Opportunities for interprofessional education are limited
- Demand increased over time requiring use of selection processes
- Faculty relationship with students is key

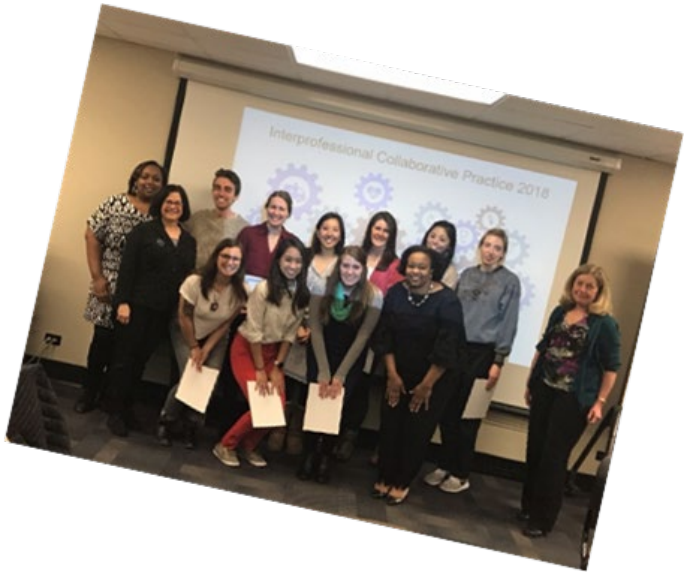
Program Participants

Students

- Required: Medicine, Nursing, Pharmacy and Social Work
- Optional: Dentistry, Occupational Therapy, Nutrition, Public Health

Faculty

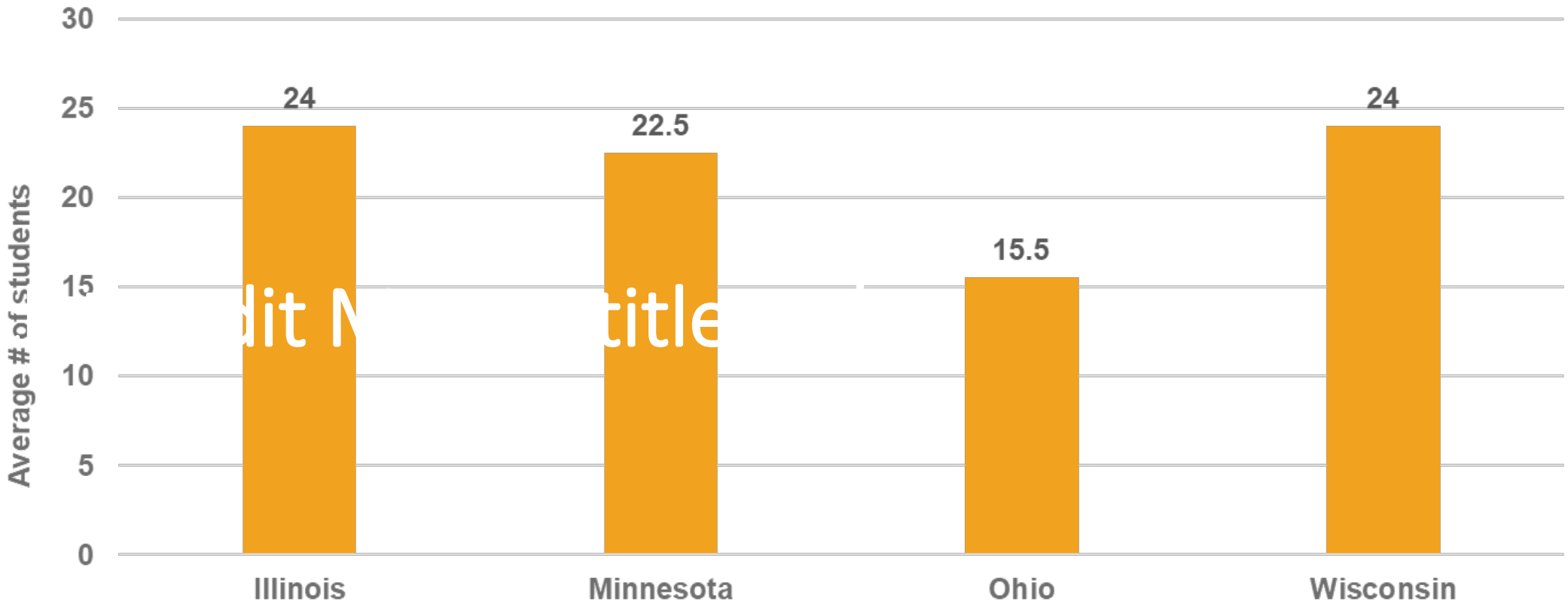
- Optimal to match with students from each program
- Experts in HIV prevention and care **and** in IPE and ICP are necessary for developing curriculum materials



Student Enrollment by State and Professional Discipline 2016 -2019

	IL	IN	MN	NE	OH	WI	Total
APN/NP	7	0	10	4	3	6	30
BSN	0	4	0	0	5	10	19
Pharmacy	8	5	24	3	11	16	67
Medicine	15	3	16	3	10	16	63
Dentistry	9	0	0	0	0	0	9
Public Health	8	0	0	0	0	0	8
Occupational Therapy	9	0	0	0	0	0	9
Nutrition	8	0	0	0	0	0	8
Social Work	7	0	10	0	8	12	37
Total	71	12	60	10	37	60	250

Annual Average Number of Students per Academic Partner (2016 – 2019)



Lessons Learned & Best Practices

Standardization Among Academic institutions

- Challenging!
- Over time the elements that could be standardized emerged
  - Overall structure
  - Use of Patient Cases
  - Development of an Interprofessional Plan of Care

University of Illinois at Chicago

University of Minnesota

University of Cincinnati

University of Wisconsin

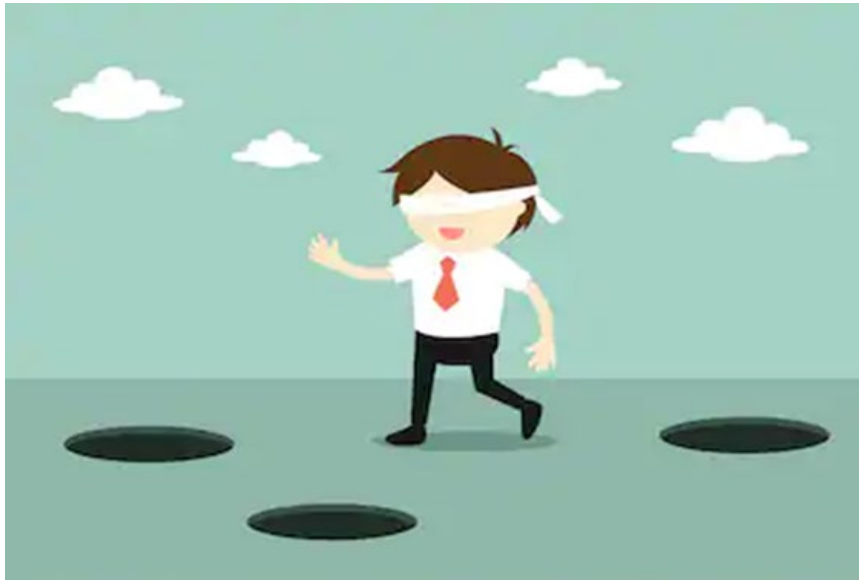
Lessons Learned & Best Practices

Curriculum design must appeal to students with different educational preparation

Best practice… Discuss this up front with students and draw parallel to differences that will exist in future work on interprofessional teams

Lessons Learned & Best Practices

Student and faculty expectations need to be clearly communicated from the beginning



Best practice… Use multiple forms of communication

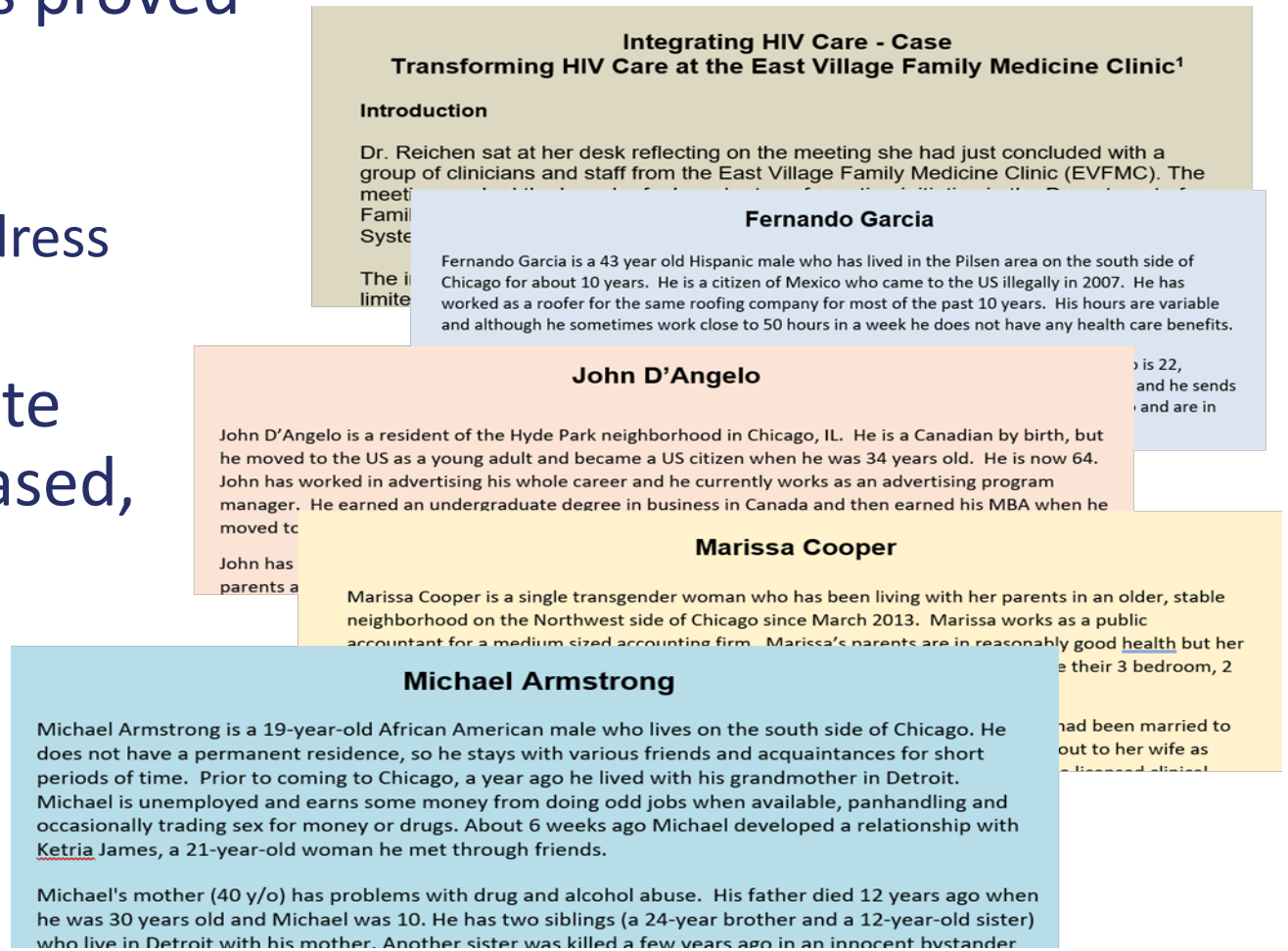
Lessons Learned & Best Practices

Students placed highest value on face to face and clinical learning but mixed assessment of online learning

Best practice… Set clear expectations for student participation in online discussion and train faculty in facilitation of online discussion

Lessons Learned & Best Practices

- Use of Exemplar Patient Cases proved to be very valuable
  - Multiple uses across programs
  - Cases evolved over time to address more complex issues
- Organizational Case to illustrate alternative models of team based, patient centered care



Integrating HIV Care - Case
Transforming HIV Care at the East Village Family Medicine Clinic[1]

Introduction

Dr. Reichen sat at her desk reflecting on the meeting she had just concluded with a group of clinicians and staff from the East Village Family Medicine Clinic (EVFMC). The

Fernando Garcia

Fernando Garcia is a 43 year old Hispanic male who has lived in the Pilsen area on the south side of Chicago for about 10 years. He is a citizen of Mexico who came to the US illegally in 2007. He has worked as a roofer for the same roofing company for most of the past 10 years. His hours are variable and although he sometimes work close to 50 hours in a week he does not have any health care benefits.

John D'Angelo

John D'Angelo is a resident of the Hyde Park neighborhood in Chicago, IL. He is a Canadian by birth, but he moved to the US as a young adult and became a US citizen when he was 34 years old. He is now 64. John has worked in advertising his whole career and he currently works as an advertising program manager. He earned an undergraduate degree in business in Canada and then earned his MBA when he

Marissa Cooper

Marissa Cooper is a single transgender woman who has been living with her parents in an older, stable neighborhood on the Northwest side of Chicago since March 2013. Marissa works as a public

Michael Armstrong

Michael Armstrong is a 19-year-old African American male who lives on the south side of Chicago. He does not have a permanent residence, so he stays with various friends and acquaintances for short periods of time. Prior to coming to Chicago, a year ago he lived with his grandmother in Detroit. Michael is unemployed and earns some money from doing odd jobs when available, panhandling and occasionally trading sex for money or drugs. About 6 weeks ago Michael developed a relationship with Ketria James, a 21-year-old woman he met through friends.

Michael's mother (40 y/o) has problems with drug and alcohol abuse. His father died 12 years ago when he was 30 years old and Michael was 10. He has two siblings (a 24-year brother and a 12-year-old sister)

Lessons Learned & Best Practices

Clinical experiential learning is highly valued yet resource intensive and increasingly scarce

Inclusion of community settings and patient/provider panels alleviated the burden on clinical sites and added valuable options

Lessons Learned & Best Practices

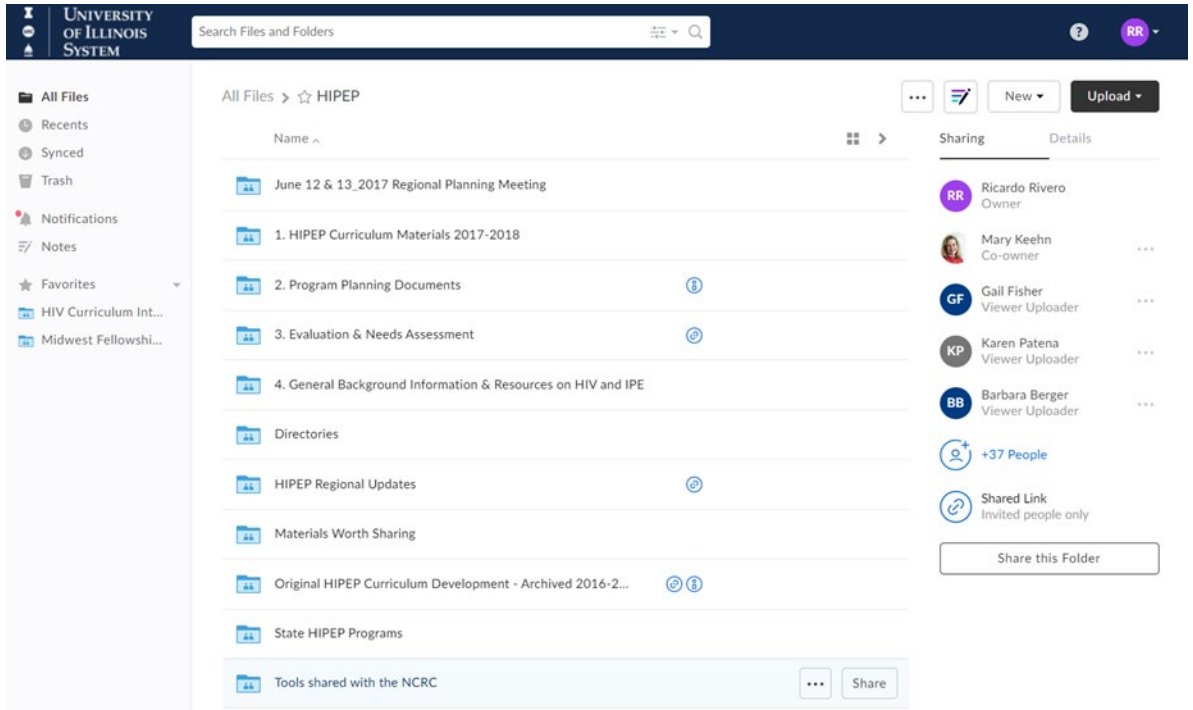
Combining faculty with expertise in HIV care and Prevention with faculty with content expertise in IPE and ICP proved to be a good approach to develop and deliver the curriculum

Lessons Learned & Best Practices

Periodic communities of practice sessions for the LPs, supports learning from each other and accountability

Shared Resources

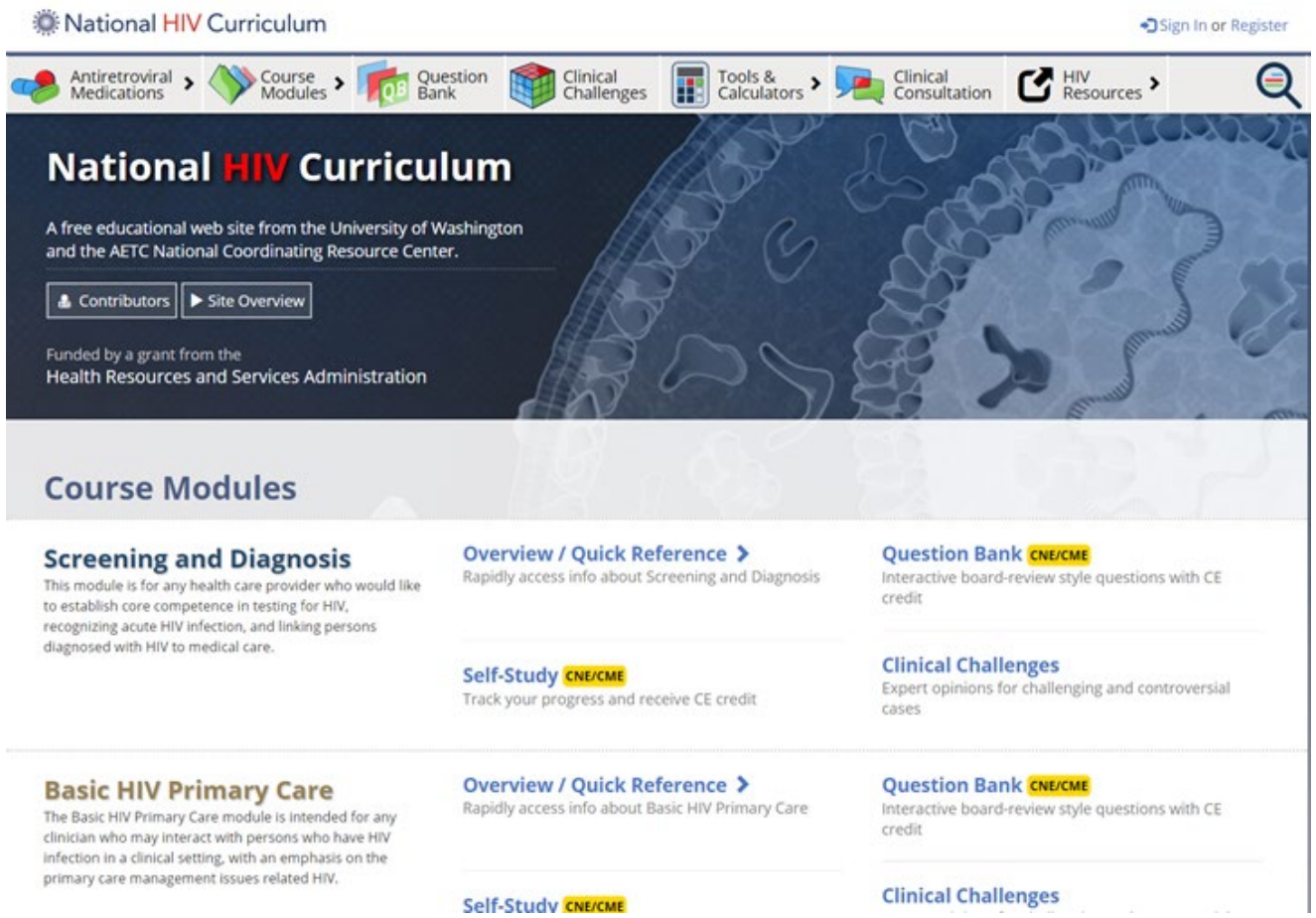
Central repository for curriculum materials encouraged sharing across academic partners and improved curriculum over time



Shared Resources

National HIV Curriculum

- Increased use of Modules over time
- Level of content did not match all students equally
- Opportunity for added value of certificate for select students



Student Reflections

- *"I've not only been able to expand my knowledge about a disease I thought I already knew so much about, but also meet colleagues whom I might work alongside in the future and gain respect for each crucial role they play in patient care"*
- *"The most striking and lasting impact that this course has had on me is far and away the de-stigmatization of patients who are positive with HIV"*
- *"It is my prediction that I will have interaction with patients with HIV regardless of what setting I work in or which patients comprise the majority of my panel"*

Future Directions for HIPEP

and

d

ing

ssed interest in HIV Prevention and Care

round

component of the HIV continuum

on and Care

Evaluation Needs for HIPEP

- Student Outcomes
  - Integration with overall HPP curriculum
  - Application of learning within HPP curriculum and in work
  - Long term involvement with HIV Prevention and Care
- Effectiveness of individual instructional methods – not comparison
  - Self-study
  - In Person
  - Clinical Training
  - Other experiential learning
  - Simulated or Virtual Experiences
- Faculty outcomes

Thank You!

Acknowledgement

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VIRTUAL
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30 YEARS

Evaluation-Related Recommendations & Implications

Summary of National Evaluation Findings Practice Transformation Project

AETCs demonstrated ability to reach clinics and providers to expand HIV care and treatment services through PT Project.

- Across the Regional AETCs, there were some common elements to coaching activities to clinics in providing HIV patient-centered care.

PT Project supported improvements in clinic capacity and outcomes.

- Demonstrated improvements in use of data for quality purposes.
- Strengthened patient-centered care and improved HIV care and treatment services, especially with assessing and prescribing PrEP services.
- PT Project activities have potential impact on HIV care continuum outcomes.

> "WE OPENED AN HIV MEDICAL CLINIC WHEREAS PREVIOUSLY WE REFERRED OUT, GOING FROM **0 PATIENTS TO 124 PATIENTS WITH HIV AND HCV…"**
>
> - PT CLINIC TEAM MEMBER

Recommendations: Practice Transformation Project

- Clarify and specify expectations at start of the PT Project participation and set clear, measurable goals and activities.
- Continue to support clinics and develop a plan at the start of the clinics' PT Project engagement to reduce missing data and improve follow-up rates.
- At the clinic-level, provide support for quality improvement practices in order to meet PT Project objectives.
- Create sub-studies or a qualitative evaluation component with the Regional AETCs.
- Streamline the PT forms to focus on key evaluation measures that can obtain follow up data.

Summary of National Evaluation Findings Interprofessional Education Project

AETCs demonstrated ability to engage health professional programs.

- 62 programs participated to establish and strengthen HIV IPE curriculum and hands-on clinical training for students.
- Relationship building with HPPs is key to success and important for addressing logistical challenges in project implementation.

IPE Project improved student outcomes and intent to provide HIV care.

- Students self-reported increased knowledge, attitudes, and skills related to interprofessional team-based HIV care.
- IPE Project has potential to increase HIV workforce capacity.

"...PRIOR TO STARTING IPE I DIDN'T HAVE PLANS TO WORK [WITH PEOPLE WITH HIV]. IPE OPENED MY EYES TO THE OPPORTUNITIES AVAILABLE."
– IPE Nursing Student

Recommendations: Interprofessional Education Project

- Implement a mixed-methods evaluation to collect information from faculty and HPP leadership on their experience as well as qualitative data from students completing the IPE Project
- Implement strategies to increase follow-up response for the IPE data collection tools
- Collect qualitative information to better understand the implementation and outcomes of IPE Projects, including success stories.
- Explore the association between the types of IPE strategies and training models and improvements in students outcomes.

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Thank You!

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Discussion