## Pennsylvania/MidAtlantic AIDS Education & Training Center

The Pennsylvania/MidAtlantic AIDS Education and Training Center (PA/MA AETC), has provided HIV education and training to more than 250,000 health care professionals since 1999. The University of Pittsburgh, Graduate School of Public Health, Department of Infectious Diseases, leads the consortium providing oversight and direction regarding program, fiscal, evaluation, planning, and performance monitoring. Consortium partners include: Johns Hopkins University, University of Maryland, Howard University, Ohio State University, University of Cincinnati, Virginia Commonwealth University, University of West Virginia, INOVA Healthcare (VA), and Christiana Care (DE), and the Health Federation of Philadelphia.

The University of Pittsburgh and the Principal Investigator, Dr. Linda Frank have successfully directed, managed and monitored this program since initial funding in 1988. These partners provide clinically-focused education, training, consultation, and technical assistance to health professionals, agencies and programs in the HIV/AIDS service delivery system. The performance of PA/MA AETC is evidenced by high quality training, documented outcomes, state/local government contracts and financial support, linkages with researchers, clinical experts, Ryan White programs, CBOs, community health centers, and other programs.

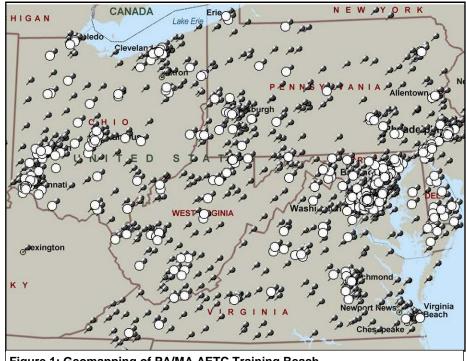


Figure 1: Geomapping of PA/MA AETC Training Reach

The program targets physicians, dentists, nurses, nurse practitioners, physician assistants, pharmacists and the HIV treatment team, and emphasizes training of minority providers throughout the 6 state and DC region. Figure 1 provides geomapping of the project's "training reach" during 2011-12 alone.

Based upon needs assessments, program develops, implements, and evaluates clinical training to clinicians/treaters; providers from 2) Ryan White clinics; 3) community & migrant health centers; 4) prisons and jails 5) managed care organizations; 6) minority provider and agencies; 7) womens' care services; 8) adolescent programs; 9) homeless programs; 10) substance treatment centers; and other facilities including Veterans, health departments and community clinics.

The major goals and objectives of the project aim to: 1) support existing skills, and the acquisition of new skills and knowledge: 2) offer clinical receptorships to improve clinical skills, decision making based on ongoing capacity building region-wide; 3) offer clinical expert consultation to improve treatment, offer co-management, or referral of patients to experts; 4) improve access to a comprehensive HIV care system for minority providers, and those serving minorities and medically underserved populations to build clinical capacity in the community; 5) create and maintain a high standard of HIV care; 6) conduct capacity building at new, emerging medical service sites including Ryan White clinics, CHCs, and others to reduce quality and system gaps; 7) provide culturally appropriate approaches for hard to reach, counseling and testing, prevention with positives; 8) HIV, Hepatitis pharmacological management and adherence; 9) care for women (prenatal, gynecological, reduction of perinatal transmission); 10) prison/jail clinical providers through state, county, and federal prison systems; 11) training tailored to the unique characteristics of systems of care in each state; 12) provide CQI training and TA in collaboration with the HIV National Quality Center; 13) assist clinicians and agencies with comorbidities in collaboration with other HRSA-funded training centers; 14) Conduct ongoing needs assessments; 15) Rapidly disseminate information on advances in treatment via traditional and distance-based methods; 16) Conduct evaluation studies to measure changes in: 1) provider knowledge; 2) clinician practice patterns; 3) decision-making; 4) patient care outcomes; 5) HIV care system enhancement; and 5) participate in national evaluation.

## **Telehealth AETC Appalachian Project**

The University of Pittsburgh, Graduate School of Public Health has been in the forefront of offering health professions training since the 1988 with the funding of the Pennsylvania/MidAtlantic AIDS Education and Training Center (PA/MA AETC). In 2011, the Telehealth AETC Appalachian Project (TAAP) was funded by HRSA under the leadership of Dr Linda Frank who is also serving as Co-PI on this project. The TAAP aim is to increase HIV clinical capacity to rural Appalachian community health centers through distance based clinical consultation, education and technical assistance. This innovative approach to HIV consultation and education provides a cost effective means of reaching the rural, medically underserved HIV infected persons in Appalachia by building capacity in community and migrant health centers (CHCs). The TAAP enhances and develops multidisciplinary teams at targeted CHCs in Appalachia which offer primary care clinics that typically treat a "low-volume" of HIV infected individuals. This project improves access to current HIV prevention and treatment through the delivery of clinical consultation and related training and technical assistance (TA).

The TAAP partners include WVU, Inova Health Care, University of Maryland, Ohio State University and the University of Cincinnati and are established, respected and coordinated teams of clinical experts, clinicians, trainers and staff who will work together to develop innovative programming and share regional resource materials, faculty and talent. The partners in this project have existing linkages with HIV systems of care, CBOs, planning councils, and state/local health care agencies and are intricately networked with the Ryan White (RW) program and community health centers. During 2008-2010, our data from the PA/MA AETC indicates that more than 6,200 of our trainees were from "rural areas" with 3,500 indicating that they worked in community or migrant health centers and 200 from rural health centers.

The partners within the group have developed an effective and efficient programmatic and CQI-based infrastructure for reaching clinicians serving persons with or at risk for HIV/AIDS, especially in medically underserved areas and areas needing to address health disparities. The project facilitates and build models for multidisciplinary care teams to build capacity within rural, medically underserved areas in Appalachia with the focus on clinicians and mid-level practitioners for clinical consultation and educational intervention utilizing distanced based technology. In addition, other members of the healthcare team will be included: advanced practice nurses, clinical pharmacists, and dental professionals, and social workers. Reports by Bozzette<sup>2</sup> show that US adults receiving HIV care are more likely poor, rely on public programs, and are more advanced in their infection. This mirrors the situation in the Appalachian region, and poses opportunities for the partners in the project to utilize distance-based technology to assist in increasing case finding, HIV testing, and access to HIV treatment, prevention, and care. Throughout the project, continuous quality improvement is utilized within the targeted clinical settings and the project administration to document outcomes, improve interventions, and increase sustainability

<sup>&</sup>lt;sup>1</sup> Frank, L Responding to Nursing International Needs for Training: Application of a US Training and Consultation Model for Nurses in the Russian Federation. XVII International AIDS Conference, Mexico, Abstract 14335 (2008)

<sup>&</sup>lt;sup>2</sup> Bozzette, Samuel, etl. al Variations in the Care of HIV-Infected Adults in the United States. Journal of the American Medical Association (October, 13, 2005). Accessed on June 10, 2011 at URL: http://wwwold.academyhealth.org/awards/MartinShapiroJAMA00.pdf