AETC AIDS Education & Training Center Program

AETC AIDS Education & Training Center Program MidAtlantic

The Pharmacist's Role in Primary Care Settings: HIV Treatment and Prevention

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Disclaimer

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Our Mission

Through comprehensive healthcare workforce education, clinical consultation, and technical assistance, the AETC Program enhances the quality of HIV care outcomes for people with HIV and communities disproportionately impacted by HIV across the United States and its territories.

Our Vision

To transform HIV care by strengthening systems of education, consultation, and support—advancing a unified, interdisciplinary workforce equipped to meet the evolving needs of patients and clinicians nationwide.

Disclosures

Speakers Bureau for ViiV Healthcare

Today's Objectives

- Describe the nuanced healthcare needs of adults with HIV
- Describe the specific contributions of a clinical pharmacist in an outpatient clinic setting
- Describe how pharmacist involvement improves patient satisfaction, adherence, and outcomes

Why This Matters

- 1.2 million people with HIV in the US
  - Approximately 13% remain undiagnosed
  - Only ~65% achieve viral suppression
- HIV is now a chronic, manageable condition requiring lifelong management
- Workforce shortages in HIV specialists → increasing reliance on primary care
- Pharmacists uniquely positioned to:
  - Optimize therapy
  - Address adherence + access barriers
  - Provide preventive services (PrEP, vaccines)

CDC. CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. HIV Surveillance Supplemental Report 2024;29(2). Surveillance Report, 2022

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Nuanced Needs of Adults with HIV

HIV as a Chronic Disease

- Shift from acute care of opportunistic infections → chronic comorbidity management
- Life expectancy approaching that of the general population, though comorbidity-free life expectancy remains shorter
- Primary care integration is essential

Marcus JL, Leyden WA, Alexeeff SE, et al. Comparison of Overall and Comorbidity-Free Life Expectancy Between Insured Adults With and Without HIV Infection, 2000-2016. JAMA Netw Open. 2020;3(6):e207954. Published 2020 Jun 1. doi:10.1001/jamanetworkopen.2020.7954

Comorbidity Burden

- Cardiovascular Disease
- Chronic Kidney Disease (CKD)
- Metabolic Syndrome and Obesity
- Osteoporosis
- Malignancy Risk

People with HIV have ~2x higher risk of CV disease and higher rates of CKD and osteoporosis

Earlier onset of multimorbidity (often 10+ years earlier

Freiberg MS, Chang CC, Kuller LH, et al. HIV infection and the risk of acute myocardial infarction. *JAMA Intern Med*. 2013;173(8):614-622. doi:10.1001/jamainternmed.2013.3728

Triant VA, Perez J, Regan S, et al. Cardiovascular Risk Prediction Functions Underestimate Risk in HIV Infection. *Circulation*. 2018;137(21):2203-2214. doi:10.1161/CIRCULATIONAHA.117.028975

Polypharmacy and Drug Interactions

- ART + chronic disease medications = DDI risks
- High-risk interactions:
  - Boosted regimens (ritonavir/cobicistat)
  - Acid suppressing agents
  - Anticoagulants
  - Capsid inhibitors (lenacapavir for treatment and prevention)
- Adherence complexity

Bortolussi-Courval É, Smyth E, Costiniuk C, et al. Prevalence of medication overload among older people with HIV: a MedSafer study. BMC Infect Dis. 2024;24(1):1204. Published 2024 Oct 25. doi:10.1186/s12879-024-10105-9

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Mental Health & Substance Use

- High prevalence of:
  - Depression
  - Anxiety
  - Substance use disorders
- Impact on:
  - Retention in care
  - Viral suppression

Depression prevalence is ~20-40% in people with HIV

Strongly associated with:

- **Poor adherence**
- **Missed appointments**
- **Increased mortality**

Orlando M, Burnam MA, Beckman R, et al. Re-estimating the prevalence of psychiatric disorders in a nationally representative sample of persons receiving care for HIV: results from the HIV Cost and Services Utilization Study. Int J Methods Psychiatr Res. 2002;11(2):75-82. doi:10.1002/mpr.125

Mills JC, Pence BW, Todd JV, et al. Cumulative Burden of Depression and All-Cause Mortality in Women Living With Human Immunodeficiency Virus. *Clin Infect Dis*. 2018;67(10):1575-1581. doi:10.1093/cid/ciy264

Life factors impacting wellness

- Social Barriers
- Housing instability
- Insurance and access barriers
- Transportation
- Health literacy

Social Barriers and Responsive Care Approaches

- Internalized vs external social barriers
- Impact on engagement
- Importance of:
  - Language
  - Trust-building
  - Community Awareness

Prevention Needs

- STI screening
  - DoxyPEP
- Vaccinations
- Risk reduction counseling
- U=U concept

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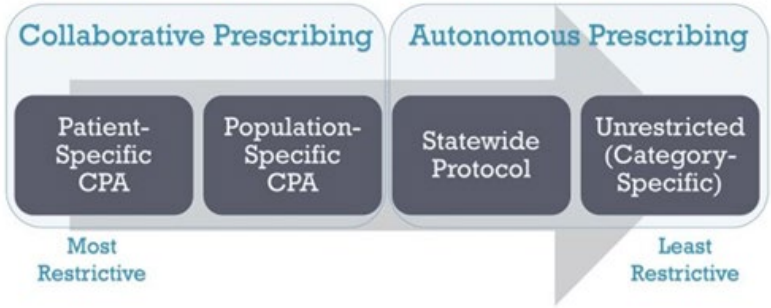
Pharmacists Contributions in the Outpatient Clinic Setting

Pharmacist Roles Overview

- Pause for a moment and consider the following questions:
  - What does a pharmacist do?
  - What unique perspective can a pharmacist bring to the team?
  - What services could a pharmacist provide at my practice site?

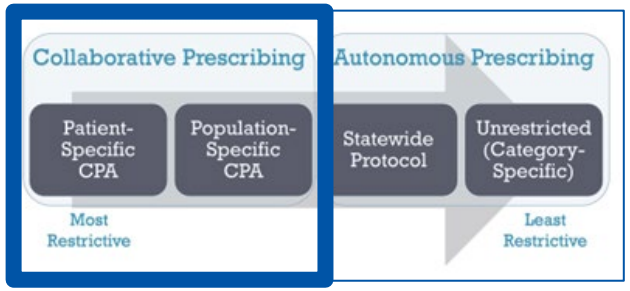
Pharmacists

- Training
  - Often, but not always, has a Bachelor's Degree
  - Doctor of Pharmacy (4 years)
    - Graduates from graduation years prior to 2003 may have a BSPharm instead
  - PGY1 Residency (optional) for advanced clinical pharmacy training
  - PGY2 Residency (optional) for advanced clinical pharmacy training within a specialty (e.g. Ambulatory Care, Infectious Disease, Cardiology, etc.)
  - Additional board certifications and credentials (optional)
- Scope of Practice
  - Varies state by state
  - Some states have advanced practice credentials (e.g. CA, NC, NM) which may grant additional authority



National Alliance of State Pharmacy Organizations (https://naspa.us/resource/swp/)

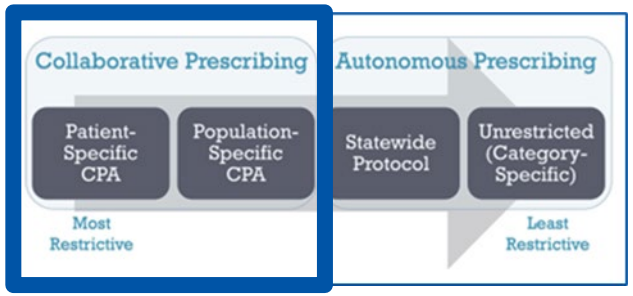
Pharmacist Scope of Practice



- Collaborative Practice Agreements (CPAs)
  - An agreement between one or more prescribers and one or more pharmacists who work within the context of a defined protocol that is site and practice specific
  - Permits the pharmacist to assume responsibility for performing certain services that are otherwise outside of the usual scope, including selecting, initiating, monitoring, continuing, and adjusting medication regimens
  - All 50 US states now allow for collaborative practice agreements (CPAs) between pharmacists and other healthcare providers, such as physicians
  - Each state has its own regulations regarding CPAs, including requirements for continuing education, documentation, and liability insurance
  - Some states are also pushing for "provider status" for pharmacists, which would allow them to be reimbursed by insurance for clinical services provided under CPAs

Howell, L. (2023, August 17). Collaborative practice now allowed in all 50 states. American Pharmacists Association. https://www.pharmacist.com/Blogs/CEO-Blog/collaborative-practice-now-allowed-in-all-50-states

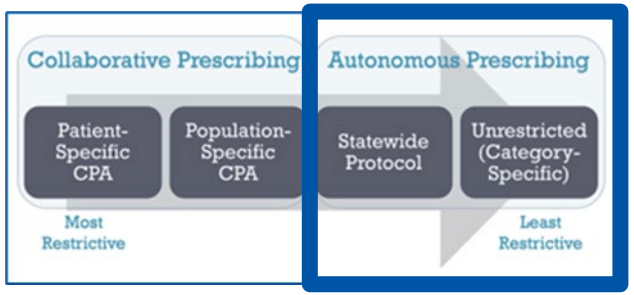
Pharmacist Scope of Practice



- Collaborative Practice Agreements (CPAs)
  - Patient-specific CPAs:
    - A relationship exists between the participating patient, the provider, and the pharmacist
    - Typically used for chronic disease state management for specific patients
    - Example: patient JP is referred by his PCP to the clinic pharmacist for the pharmacist to manage his diabetes
  - Population-specific CPAs:
    - A relationship exists between the participating provider(s) and the pharmacist, and services may be provided for broad patient populations regardless of if they were previously a patient of the collaborating provider(s)
    - Typically used for acute care and chronic disease state management for patients
    - Standing orders could be considered a form of a population-specific CPA
  - Example: treatment of influenza for all patients over the age of 18, who are not pregnant, and do not have any automatic referral criteria (certain temperature, HR, and BP thresholds)

Howell, L. (2023, August 17). Collaborative practice now allowed in all 50 states. American Pharmacists Association. https://www.pharmacist.com/Blogs/CEO-Blog/collaborative-practice-now-allowed-in-all-50-states

Pharmacist Scope of Practice



- Statewide Protocols
  - A protocol published by an empowered state body that may be followed by any pharmacist who meets the qualifying criteria specified in the protocol. The protocol is the same for all qualified pharmacists in the state, and thus is not site or practice specific
  - The statewide protocol permits the pharmacist to prescribe medications that are used for preventive care or for acute or self-limiting conditions that require no diagnosis or are easily diagnosed
  - Services are not provided under the direct supervision of a collaborating physician
- Unrestricted (Category-Specific)
  - The authority to autonomously prescribe a medication without the supervision of a collaborating physician, for legitimate medical purposes and within the pharmacist's usual course of professional practice
  - Not available in most states

Howell, L. (2023, August 17). Collaborative practice now allowed in all 50 states. American Pharmacists Association. https://www.pharmacist.com/Blogs/CEO-Blog/collaborative-practice-now-allowed-in-all-50-states

Pharmacist Settings/Types of Pharmacists

- Retail, community, and dispensing roles
  - Standard retail versus specialty pharmacies
  - Compounding
- Inpatient:
  - Centralized versus decentralized
  - Specialists versus generalists
- Outpatient clinic (a.k.a. ambulatory care)
  - Specialists versus generalists
- Managed care
- Research
- Academia
- … & many other unique pharmacist roles!

Ambulatory Care Pharmacist Services

- Injection teaching (e.g. teaching how to self-administer testosterone or estrogen)
- Medication counseling (e.g. patient switching from oral to injectable PrEP)
- Medication reconciliation
- Be a drug information resource
  - Check for drug interactions
  - Answer drug information questions from patients, providers, and clinic staff
- Complete prior authorizations and finding cost effective options for patients
- Assist with patient assistance program applications and management
- Management and administration (state specific) of long-acting injectable medications
- Medicare Annual Wellness Visits
- Order and administer vaccinations
- Practice under a CPA to see patients to manage chronic conditions
  - Common primary care conditions like diabetes, hypertension, dyslipidemia
  - Weight management
  - Smoking Cessation
  - PrEP and PEP
- And so much more...

ART Optimization

- Regimen selection:
  - Resistance considerations
  - Comorbidities
  - Drug interactions
- Switching strategies:
  - Simplification
  - Long-acting injectables

Medication Management

- Comprehensive med review
- Deprescribing where appropriate
- Interaction mitigation strategies
- Renal/hepatic dose adjustments

Adherence Support

- Identifying barriers:
  - Cost
  - Stigma
  - Regimen complexity
- Tools:
  - Motivational interviewing
  - Adherence packaging
  - Long-acting ART

Pharmacist interventions improve adherence by +2 to +59% versus usual care (median ~19%)

Saberi P, Dong BJ, Johnson MO, Greenblatt RM, Cocohoba JM. The impact of HIV clinical pharmacists on HIV treatment outcomes: a systematic review. Patient Prefer Adherence. 2012;6:297-322. doi:10.2147/PPA.S30244

HIV Prevention Services

- Oral PrEP
- Long-acting injectable PrEP
- PEP
- STI screening and treatment

Pharmacist-led PrEP programs improve initiation and persistence!

Khosropour CM, Riley T, Healy E, et al. Persistence in a pharmacist-led, same-day PrEP program in Mississippi: a mixed-methods study. BMC Public Health. 2023;23(1):1130. Published 2023 Jun 13. doi:10.1186/s12889-023-16072-1

Chronic Disease Management

- HTN, diabetes, lipids
- Smoking cessation
- Weight management

Pharmacists improve BP control, A1C, and lipids! Integrated care improves overall outcomes more than siloed HIV-only care.

Nelson NE, Wilson M, Fine J, Hluhanich RM. Pharmacist Intervention Lowers HgbA1c in Diabetic Patients Regardless of HIV Status. J Pharm Pract Res. 2021;51(4):307-313. doi:10.1002/jppr.1722

Jackson IL, Ukwe CV. Clinical outcomes of pharmaceutical care intervention in HIV positive patients with hypertension: A randomized controlled study. *J Clin Pharm Ther*. 2021;46(4):1083-1094. doi:10.1111/jcpt.13400

Cope R, Berkowitz L, Arcebido R, Yeh JY, Trustman N, Cha A. Evaluating the Effects of an Interdisciplinary Practice Model with Pharmacist Collaboration on HIV Patient Co-Morbidities. *AIDS Patient Care STDS*. 2015;29(8):445-453. doi:10.1089/apc.2015.0018

Transitions of Care

- Hospitalization → outpatient
- ART interruptions
- Re-engagement in care

Addressing Barriers

- Insurance navigation
- Prior authorizations
- Patient assistance programs
- Coordination with case management

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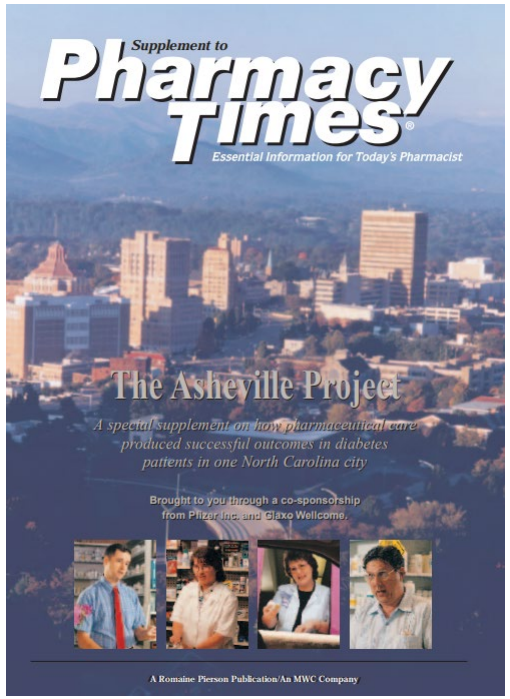
Pharmacist Impact on Outcomes

Impact of Pharmacists on Patient Outcomes

- Positive impact by pharmacists is well established in the literature for primary care conditions, especially for diabetes, heart failure, dyslipidemia, and hypertension

- Asheville Project (1996)
  - Demonstrated clear positive clinical and economic outcomes
  - Has been replicated across many other locations and settings
  - Became the model for other medication therapy management (MTM) programs and community-based healthcare initiatives
  - Example impact on patients with diabetes:
    - Average A1C decreased at all follow-ups
    - More than 50% of participants showed improvements in lipid levels at every measurement
    - Total mean direct medical costs decreased by $1,200 to $1,872 per patient per year compared to baseline



Retrieved from https://www.texaspharmacy.org/resource/resmgr/special_initiatives/mtm_theashevilleproject.pdf

Clinical Outcomes

- Increased viral suppression rates
  - Viral suppression odds ~4x higher with pharmacist care
  - CD4 increase approx. 67 cells/mm^3
- Faster time to suppression
- Reduced medication errors

Ahmed A, Abdulelah Dujaili J, Rehman IU, et al. Effect of pharmacist care on clinical outcomes among people living with HIV/AIDS: A systematic review and meta-analysis. Res Social Adm Pharm. 2022;18(6):2962-2980. doi:10.1016/j.sapharm.2021.07.020

Adherence Outcomes

- Improved adherence rates
  - OR ~2.7 with pharmacist involvement
- Reduced treatment interruptions
- Increased persistence with PrEP

Ahmed A, Abdulelah Dujaili J, Rehman IU, et al. Effect of pharmacist care on clinical outcomes among people living with HIV/AIDS: A systematic review and meta-analysis. Res Social Adm Pharm. 2022;18(6):2962-2980. doi:10.1016/j.sapharm.2021.07.020

Patient Satisfaction

- Improved trust and engagement
- Increased time for counseling
- Enhanced patient understanding

Kielly J, Kelly DV, Asghari S, Burt K, Biggin J. Patient satisfaction with chronic HIV care provided through an innovative pharmacist/nurse-managed clinic and a multidisciplinary clinic. Can Pharm J (Ott). 2017;150(6):397-406. Published 2017 Oct 6. doi:10.1177/1715163517734236

Hale A, Coombes I, Stokes J, Aitken S, Clark F, Nissen L. Patient satisfaction from two studies of collaborative doctor-pharmacist prescribing in Australia. *Health Expect*. 2016;19(1):49-61. doi:10.1111/hex.12329

Health System Impact

- Reduced hospitalizations
- Cost savings
  - Cost: ~$1,051 per patient
  - Savings: ~$49,702 in future healthcare costs
  - ROI ≈ $3 saved per $1 spent
- Improved clinic efficiency

Dilworth TJ, Klein PW, Mercier RC, Borrego ME, Jakeman B, Pinkerton SD. Clinical and Economic Effects of a Pharmacist-Administered Antiretroviral Therapy Adherence Clinic for Patients Living with HIV. J Manag Care Spec Pharm. 2018;24(2):165-172. doi:10.18553/jmcp.2018.24.2.165

Implementation Models

- Embedded pharmacist in clinic
- Collaborative practice agreements
- Telehealth pharmacist services
- Retail, community, and specialty pharmacies

Billing and Sustainability

- Incident-to billing
- Chronic care management
- Grant-funded positions
- Value-based care models

Challenges and Barriers

- Reimbursement limitations
- Scope of practice variability
- Provider buy-in
- Workflow integration

Ambulatory Care Pharmacist Services

Potential Benefits	Barriers

• Improve wait time for follow-up appointments
• Increase number of patients able to be seen at one clinic
• Improve patient and provider satisfaction
• Save physician time and reduce burnout
• Improve outcomes and quality of care
• Provide unique perspective for optimal interprofessional collaboration
	• Financial justification
	  ○ Billing practices vary state-by-state
	  ○ Generally, remains limited compared to physicians and APCs
	  ○ Credentialling by insurers
	• Provider and management buy-in
	• Pharmacist scope of practice as defined by your state legislature

Strategies for Expanding Access

- Embedding Pharmacists in Primary Care Teams
  - Clinical pharmacists can be integrated into multidisciplinary teams to initiate and manage therapy, monitor lab values, and provide medication counseling
  - This model improves continuity of care and reduces wait times for care
- Expanding Scope Through Collaborative Practice Agreements
  - CPAs allow pharmacists to initiate or adjust therapy under physician oversight, increasing access in underserved areas
  - Especially valuable in rural or politically restrictive regions where gender-affirming providers are scarce
  - As of August 2023, all 50 U.S. states allow pharmacists to enter into CPAs with physicians
  - The scope of CPAs varies significantly across practices and states
- Legislation Changes
  - North Carolina House Bill 67: Healthcare Workforce Reforms
    - Requires insurers to allow credentialling for Clinical Pharmacist Practitioners in NC

North Carolina General Assembly. (2025). NC HOUSE BILL 67: Healthcare Workforce Reforms. Webservices.ncleg.gov. https://webservices.ncleg.gov/ViewDocSiteFile/99351

Recommendations for Future Practice

Train and Educate Pharmacists

- Cultural competency training: Incorporating health disparities, affirming communication, and trauma-informed care into pharmacy curriculum and continuing education
- Clinical education: Focus on HIV pharmacotherapy, monitoring, drug interactions, and monitoring guidelines

Integrate Pharmacists into Care Teams

- Greater number of embedded pharmacists in clinics alongside peers
- Include pharmacists in multidisciplinary meetings (patient centered medical home)

Advocate for policy and reimbursement

- Push for legislative support
- Engage payers as well as billing and compliance departments

Monitor, Evaluate, and Report Outcomes

- Clinical metrics: viral suppression, adherence, side effects, and comorbid condition management
- Assess patient satisfaction: use surveys and feedback tools
- Publish: Share findings with stakeholders and journals to support expansion and funding of pharmacist led services

Key Takeaways

- HIV care is complex and chronic.
- Pharmacists:
  - Improve adherence
  - Improve viral suppression
  - Improve patient experience
- Pharmacists don't just optimize medications; they optimize systems of care!

Where are the biggest gaps in your current practice and how could a pharmacist help fill them?

Thank you!

Contact Information

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References

- North Carolina General Assembly. (2025). NC HOUSE BILL 67: Healthcare Workforce Reforms. Webservices.ncleg.gov. https://webservices.ncleg.gov/ViewDocSiteFile/99351
- Health Affairs. (n.d.). Building the primary care workforce with pharmacist clinical services. Retrieved from https://www.healthaffairs.org/content/forefront/building-primary-care-workforce-pharmacist-clinical-services
- Dilworth TJ, Klein PW, Mercier RC, Borrego ME, Jakeman B, Pinkerton SD. Clinical and Economic Effects of a Pharmacist-Administered Antiretroviral Therapy Adherence Clinic for Patients Living with HIV. J Manag Care Spec Pharm. 2018;24(2):165-172. doi:10.18553/jmcp.2018.24.2.165
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- Ahmed A, Abdulelah Dujaili J, Rehman IU, et al. Effect of pharmacist care on clinical outcomes among people living with HIV/AIDS: A systematic review and meta-analysis. Res Social Adm Pharm. 2022;18(6):2962-2980. doi:10.1016/j.sapharm.2021.07.020
- Texas Pharmacy Association. (n.d.). The Asheville Project: Long-term clinical, humanistic, and economic outcomes of a community-based medication therapy management program for hypertension and dyslipidemia. Retrieved from https://cdn.ymaws.com/www.texaspharmacy.org/resource/resmgr/special_initiatives/mtm_theashevilleproject.pdf
- Nelson NE, Wilson M, Fine J, Hluhanich RM. Pharmacist Intervention Lowers HgbA1c in Diabetic Patients Regardless of HIV Status. J Pharm Pract Res. 2021;51(4):307-313. doi:10.1002/jppr.1722

References

- Jackson IL, Ukwe CV. Clinical outcomes of pharmaceutical care intervention in HIV positive patients with hypertension: A randomized controlled study. J Clin Pharm Ther. 2021;46(4):1083-1094. doi:10.1111/jcpt.13400
- Cope R, Berkowitz L, Arcebido R, Yeh JY, Trustman N, Cha A. Evaluating the Effects of an Interdisciplinary Practice Model with Pharmacist Collaboration on HIV Patient Co-Morbidities. AIDS Patient Care STDS. 2015;29(8):445-453. doi:10.1089/apc.2015.0018
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- Saberi P, Dong BJ, Johnson MO, Greenblatt RM, Cocohoba JM. The impact of HIV clinical pharmacists on HIV treatment outcomes: a systematic review. Patient Prefer Adherence. 2012;6:297-322. doi:10.2147/PPA.S30244
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References

- Mills JC, Pence BW, Todd JV, et al. Cumulative Burden of Depression and All-Cause Mortality in Women Living With Human Immunodeficiency Virus. Clin Infect Dis. 2018;67(10):1575-1581. doi:10.1093/cid/ciy264
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- Freiberg MS, Chang CC, Kuller LH, et al. HIV infection and the risk of acute myocardial infarction. JAMA Intern Med. 2013;173(8):614-622. doi:10.1001/jamainternmed.2013.3728
- Triant VA, Perez J, Regan S, et al. Cardiovascular Risk Prediction Functions Underestimate Risk in HIV Infection. Circulation. 2018;137(21):2203-2214. doi:10.1161/CIRCULATIONAHA.117.028975
- Marcus JL, Leyden WA, Alexeeff SE, et al. Comparison of Overall and Comorbidity-Free Life Expectancy Between Insured Adults With and Without HIV Infection, 2000-2016. JAMA Netw Open. 2020;3(6):e207954. Published 2020 Jun 1. doi:10.1001/jamanetworkopen.2020.7954
- CDC. CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. HIV Surveillance Supplemental Report 2024;29(2). Surveillance Report, 2022

AETC Promotional Ads

HIV Care Tools

AETC National Newsletter

AETC Promotional Ads (Cont.)

NCCC

NATIONAL CLINICIAN CONSULTATION CENTER

Translating science into care

Clinician-to-clinician no-cost consultations

The NCCC provides timely and evidenced-informed responses to clinical questions related to prevention, screening and management of HIV and viral hepatitis C (HCV) as well as substance use disorders.

NHC

National HIV Curriculum

Clinician no-cost CME & CNE credits

The NHC provides 6 up-to-date modules, each with multiple lessons, and corresponding question bank topics . The in-depth antiretroviral medications section, clinical screening tools, and calculators support clinical decision-making.

THANK YOU SO MUCH

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