

Project SETT

Screen. Engage. Train. Treat.

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UPMC Presbyterian Shadyside – Pittsburgh, PA

Workforce Development Initiative Grantee Meeting

Project Summary

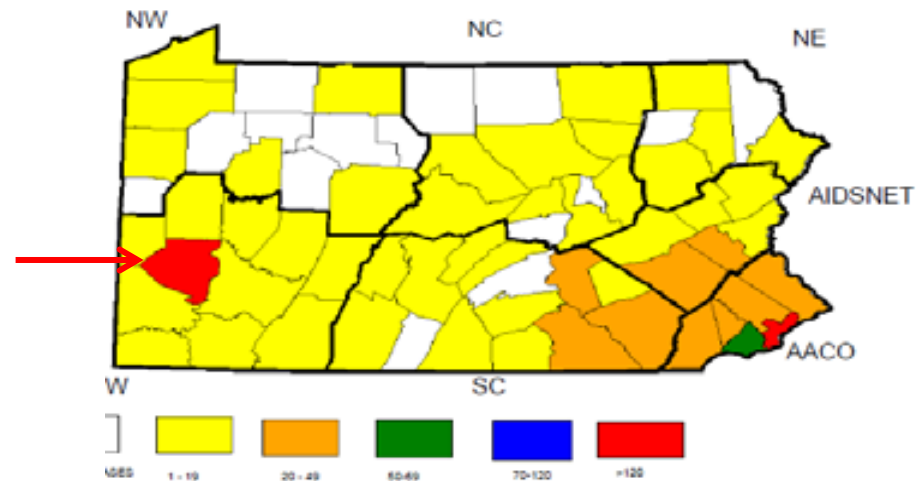


A HRSA-funded collaboration between UPMC's Ryan White HIV/AIDS Program and Latterman Family Health Center (LFHC) to:

- Develop a sustainable medical education strategy to substantially increase HIV training in a community-based Family Medicine Residency Program
- Increase the number of physician assistants, family medicine residents, family medicine/psychiatry residents, medical students with HIV expertise through training, precepting, and mentoring
- Engage clinical staff in the delivery of HIV counseling and testing, HIV care, and care coordination in a medical home setting
- Provide effective co-management by HIV experts (shared EMR)
- Maximize AETC resources for HIV training

Geographic Location – Southwest PA

Allegheny County:
McKeesport, PA



Disease burden

Allegheny County (in red) is the 2nd highest in PA both in terms of:

- the number of new HIV diagnoses; and,
- cumulative number of people living with HIV/AIDS

Disparities

McKeesport was noted among those:

- “In the lowest decile for educational attainment;
- highest in age adjusted mortality rates; and
- among the highest percent black population”*

*Health Disparities: Education, Race, and Mortality, Gabriel D. Ajang, Allegheny County Health Department.



Project Setting



McKeesport

- Former steelmaking center: National Tube Works closed in '87
- ~ 20,000 pop'n: 55,000 in 1940
- 72.2% white; 24.4% AA
- 23% live under the FPL
- Median household income: \$31K
- 112 HIV+ persons in care with McKeesport zip codes
 - Two zone bus ride

LFHC

- Number of patients: 4000; 10 known HIV+
- Annual visits: 12,525
- 19 staff (Full/Part time)
- ~ 50% white; 50% AA
- 80% on Medicaid
- Level 3 Patient-Centered Medical Home
- Family Medicine Residency Program

LFHC offers multi-disciplinary primary care but lacks the clinic-wide expertise and some infrastructure to provide comprehensive HIV care independently.

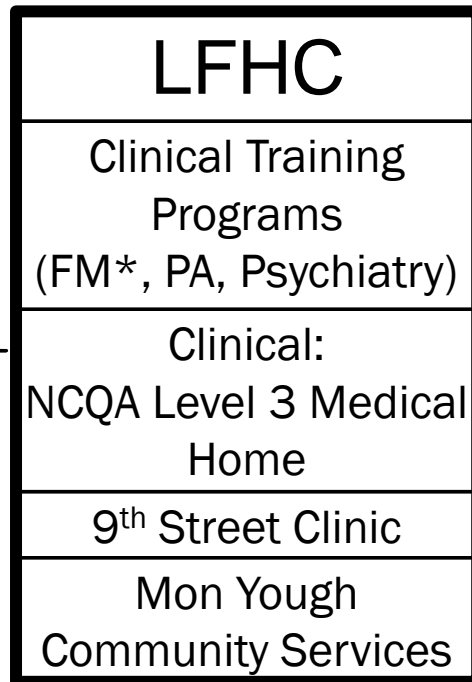
SETT Project Logic Model

INPUTS

HAP: Clinical Expertise

AETC: Training Expertise

ETAC: Technical Assistance



OUTCOMES

Increased HIV Detection

Increased Engagement

Increased Treatment

Improved Access to Care for HIV Infected Individuals

New Generation of HIV Providers

LONG TERM OUTCOMES

Community Viral Load Suppression

Reduction of HIV Workforce Shortage

Practice Transformation Model: “SETT”

SCREEN: Routinize HIV testing in the practice

ENGAGE: Increase staff and patient ability to discuss HIV and needed support services.

TREAT: Expand the clinical knowledge and skills of LFHC providers and staff to treat HIV

TRAIN: Create and fully integrate an HIV track in the clinical training programs and expand rotation opportunities to gain more experience with HIV+ individuals.

Implementation – Year 1

Training & Materials

- Cultural Competency
- Clinical Training
- Psychosocial Training
- Co-morbidity Training
- Baseline assessment of staff knowledge, attitudes, and organization's capacity

Challenges

- Scheduling
- Synchronizing the training of the staff & providers with resident and patient education
- Generating sufficient HIV patient volume in the first year to practice what has been taught

Year 1 Activities

Progress to Date (10/15/14)

- Grant Kick-Off
 - Leadership
 - Grand-funded staff
 - All staff
 - Residents
- AETC registration
- Est. process for data collection
- Generating recruitment interest on HIV training

Immediate Plans (thru 12/14)

- Routinize HIV testing
- Build HIV template in EMR
- Conduct baseline evaluation
- Develop training schedule with AETC
- Develop schedule of monthly HIV case conference
- Collaborate with Community Partners

No additional staff were needed to begin this project.