Support Sites:

Ohio Sites:

Columbus, OH

614-293-7114

West Virginia Site: West Virginia University Department of Medicine Morgantown, WV 304-293-3305

Virginia Sites:

804-828-2447

Inova Health System Juniper Program Springfield, VA 702 221 2625

703-321-2625 Virginia Commonwealth University HIV/AIDS Center Richmond, VA University of Cincinnati University Medical Center Cincinnati, OH 513-584-7535

The Ohio State University

University Medical Center

Partner Sites: National HIV/AIDS Clinical Consultation Center University of California at San

Francisco Warmline 800-933-3413 Perinatal 888-448-8765

Maryland Site: University of Maryland Institute of Human Virology Baltimore, MD 410-328-8674

AETC National Evaluation Center University of California at San Francisco http://aetcnec.ucsf.edu

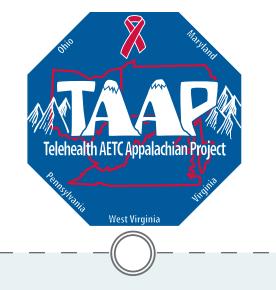
Telehealth AETC Appalachian Project

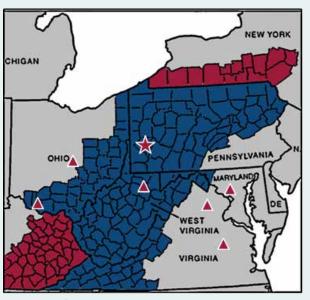
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HRSA, HIV/AIDS Bureau, Division of Training and Technical Assistance Grant No. H4AHA22758





- ★ Pittsburgh Headquarters
- Local Participating Sites

Telehealth AETC Appalachian Project

Better care through collaboration

Partnership

The University of Pittsburgh, Graduate School of Public Health, Department of Infectious Diseases and Microbiology is administering the project in partnership with regional clinical resources within the Appalachian region (WVU, OSU, UC, VCU, Inova, UMB) along with the National Clinical Consultation Center (NCCC) at UCSF which operates the "Warmline", which provides HIV treatment consultation with clinicians throughout the United States.

Major Activities

- Provide web-based HIV education and training; clinical guidelines; and resources to Appalachian community health centers.
- Build clinical practice change for HIV prevention, treatment, and care for clinicians from Appalachian community health centers through web-based clinical mentorship.
- Enhance treatment, prevention, and care system clinical capacity building through the establishment of a "community of practice" with community health center clinicians in Appalachia.

Mission

The Telehealth Appalachian AETC Program (TAAP) is a healthcare consultation and education program developed to support healthcare providers in rural and underserved areas of Appalachia by linking them to treatment specialists. This program utilizes technology as a medium for specialists to provide case presentations, person to person consultations, needsbased didactic trainings, and published resource materials to member providers.

The Health Resources and Services Administration (HRSA) supports this program to expand access to and improve healthcare and health outcomes for hard-to-reach, HIV-positive persons in medical care residing in rural areas within Appalachia.

The efforts of TAAP will enhance the capacity of clinicians and other members of the treatment team from other disciplines to provide quality HIV testing and treatment, and reduce professional isolation by enhancing co-management of treatment and care.

This program also empowers patients to receive the highest level of medical care from trusted providers within their local communities.

Participation

The TAAP project is easy to join. The TAAP's main requirement is a commitment to attend regularly scheduled programs and mentoring provided by the project. The TAAP promotes case-based learning through the use of clinical cases presented anonymously by participating clinicians and treatment team members. The technology utilized is in compliance with all requirements for security and confidentiality of patient information.

TheTAAP provides an approach to technology that is easy to use and is neither "high tech," nor "low tech," but "appropriate tech." A phoneline and a computer with access to a high speed internet connection are the only equipment needed for participation.

Project Plan

- Completion of a minimum of monthly telehealth training and mentorship sessions for community health centers in Appalachia as well as on-demand clinical mentoring.
- Provide access to clinical prevention and treatment guidelines and resources through the clinical practice portal provided on a "learner need driven" basis.
- Provide support in treatment plan development for individuals at risk for HIV and those already infected through training and assistance on HIV prevention, primary care, and treatment.

Membership in a Community of Practice

Membership in the telehealth project is for medical care providers in the northern region of Appalachia. The focus of this educational intervention is to enhance service delivery for patients served by community health centers. These centers typically serve a small and/or growing number of persons with HIV infection and related clinical issues as well as those at risk for infection.

Members will have access to the interactive clinical practice portal to:

- Retrieve educational resources such as treatment guidelines, recommendations, journal articles.
- Schedule and participate in case-based educational mentoring regarding patients, clinical issues, emerging issues, problems, and other topics identified by clinics.
- Conduct telehealth educational sessions on clinical issues related to HIV treatment, clinical co-morbidities, HIV testing, clinical monitoring, clinical quality improvement, and access to tertiary services.

The project fosters connections between TAAP members, TAAP faculty, and TAAP consultants. "Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short a shared practice. This takes time and sustained interaction" (Wenger, 2009).

TAAP Model for Enhanced Clinical Practice

The concept is aimed at enabling clinicians and the treatment team to provide current prevention and treatment interventions to patients in their areas at risk and with HIV and related clinical co-morbidities including hepatitis, TB, STIs, and co-occurring substance use and psychiatric disorders. This project will use telehealth technology to improve access to the most current HIV prevention and treatment through the delivery of clinical consultation and related training and technical assistance (TA). This innovative approach to HIV consultation and education will provide a cost effective means of reaching the rural, medically underserved, and HIV-infected persons in Appalachia by building capacity in community and migrant health centers.

