

An Innovation in Provider HIV Education: UNM Project ECHO telehealth & New Mexico AETC HIV Clinic

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❖ Objective

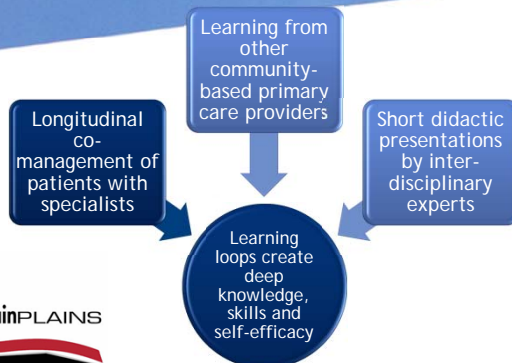
The 2010 National HIV/AIDS Strategy calls for programs such as the AETCs to expand training to address provider-associated factors that affect HIV treatment adherence. To address this call, we implemented an innovative telehealth strategy to reach providers in rural and underserved areas with limited HIV specialty training. We recruited interested providers with the goal of increasing workforce capacity of rural and underserved providers to improve health outcomes of people living with HIV/AIDS (PLWHA).

❖ Methods

UNM's Project ECHO model was used to reach providers throughout NM treating PLWHA with the aim to improve provider knowledge and self-efficacy to provide care to PLWHA by:

- 1) Use of technology to leverage specialized resources
- 2) Teaching best-practices care;
- 3) Case-based learning, and
- 4) Outcomes monitoring.

Guided by expert consultation from the Project ECHO-NMAETC team, community-based providers are able to treat PLWHA, while rapidly gaining working knowledge of best care practices and increasing self-efficacy to treat this chronic and complex disease. Program evaluation included pre and post-test surveys to record demographic information and assess changes in HIV-knowledge and self-efficacy. Providers were asked to report their perceptions of the effectiveness of the program in the post-survey.



❖ Results

A pre-test evaluation survey was sent to HIV ECHO participants in Nov. of 2010 with a post-test evaluation sent to the same respondents in Nov. of 2011. Questions about provider's self assessment of outcomes was also included in the post evaluation with a total of 37 respondents, a response rate of 16%. Self efficacy was scored based on branching questions to separate prescribing clinician from the other providers. During this period, 48 Project ECHO Telehealth HIV weekly clinics were held with 226 unique participants (including physicians, midlevel providers, pharmacists, nurses, counselors, social workers, community health workers), averaging 36 per session. The majority of survey responders (78%) provide direct care to PLWHA, and 67.6% presented a clinical case during a session. HIV knowledge test scores improved from 68.5% to 76.4% (p= 0.03). Ninety-five percent reported that they used the information that they received from attending the clinics and 89% reported that they believed attending the sessions influenced their practice. Participants reported increased self-efficacy to treat PLWHA. Perceived benefits of participating in the clinics included readily available expert consultation and continual practice.

When asked: Have you used the information received from attending the HIV clinics useful?
94% said Yes

How? *"I particularly value the opportunity to present cases where I have questions. The advice is very helpful to me and my patients and eliminates the delay needed for full in-person consultation."*

When asked: Do you believe attending the HIV TeleECHO Clinics influenced your practice in some way?
89% said Yes

How? *"I feel HIV ECHO has*

- i) made me more cognizant of what other providers can do and are willing to do for their patients,*
- ii) made me more aware of groundbreaking literature related to HIV management, and*
- iii) helped me hone my HIV management skills during patients cases.*

These three things have informed my clinical practice and allowed me to practice at a higher level than, I believe, I would have otherwise."

❖ Conclusions

Project ECHO Telehealth-NMAETC HIV Clinics are an effective way to increase workforce capacity to care for PLWHA in underserved areas. We continue to hold weekly clinics and have expanded the evaluation of the program to further assess health and provider education outcome measures.