

**Summary Report from the
“Supporting California's HIV Care Needs: An Initial Meeting of Training,
Consultation and Professional Organization Partners” Meeting**

October 16, 2008

Agenda

1. *Overview of Office of AIDS*
2. *Overview of Partner Programs (clinical HIV focus)*
 - PAETC Pacific AIDS Education and Training Center
 - PTC California STD/HIV Prevention Training Center
 - IAS-USA International AIDS Society
 - AAHIVM The American Academy of HIV Medicine
 - HIVMA HIV Medicine Association
 - ANAC Association of Nurses in AIDS Care
 - CMA California Medical Association
 - CDCR California Department of Corrections and Rehabilitation
 - VA Veterans Affairs Administration
 - KP Kaiser Permanente
 - CCLAD California Conference of Local AIDS Directors
 - CMCN Correctional Medicine Consultation Network
3. *Discussion: Our vision is for every person in California with HIV infection to receive high quality medical care.*
 - How can OA facilitate and support increased coordination and collaboration among partner groups, to maximize the impact of the work that we are each doing to provide high quality care and support to people with HIV throughout the state.
 - Thoughts about creating an Emergency Response Network for HIV care.
 - Are there other professional organizations with a focus on HIV care and/or clinical training and consultation in California (e.g., professional organizations representing HIV clinical pharmacists, Family Medicine, Internal Medicine, Physician's Assistants, etc).

Notes

1. Overview of Office of AIDS

See PowerPoint presentation on the Office of AIDS website:

<http://www.cdph.ca.gov/programs/aids/Documents/PRES-SupportingCANeeds2008-10-16.ppt>

2. Overview of Partner Programs:

Pacific AIDS Education and Training Center (PAETC)

<http://familymedicine.medschool.ucsf.edu/paetc/about/index.html>

- Structure: 11 Local Performance Sites (LPS)
- Funding: AETC minority health funds, border health and Indian Health funds
- Selected projects/OA collaborations:
 - HIV Testing in medical settings
 - Rapid Testing in Labor and Delivery – regional model
 - Transgender Center of Excellence
 - CrATE chart review project with OA
 - Resistance Panel (part of the Warmline)
- Non-OA Projects:
 - Warmline (NCCC) (includes testing support)
 - PEP line
 - Peri-natal hotline and referrals nationwide
- National Training partners
 - STD/HIV Prevention Training Center (below)
 - Curry TB
 - Family Pact
 - Addiction Technology – transfer training center

STD/HIV Prevention Training Center (PTC)

<http://www.stdhivtraining.org/>

- 10 Clinical training centers – STD providers
- 4 Behavioral training centers
- Medical Provider training regarding testing
- HIV Screening/Prevention/Partner Services in HIV settings
- Partner Services training – Health Department Staff
- Private provider focus
- Audio conferences
 - Testing (450)
- Partnership for Health
- Symposium of professional organizations meeting (Testing IDSA meeting)
- Distribution of resources (eg, AAHIVM and ASI)

International AIDS Society – USA (IAS-USA)

<http://www.iasusa.org/overview/index.html>

- Focus on experienced HIV clinician
- CME and nursing credits
- Live, annual conferences (LA, SF) and
- Half day focused workshops (eg, resistance, metabolic)
- Annual Ryan White Part C Provider’s conference
- Web-casting (CME)

- Interactive cases on the web
- Journal – Topics in HIV Medicine
- Clinical Guidelines
- Drug Resistance Mutations
- Dermatology and Oral

American Academy of HIV Medicine (AAHIVM)

<http://www.aahivm.org/>

- Education
 - Clinical Care Options (CCO)
 - PAETC collaborations
- Credentialing
- Nurse Practitioners, Physician Assistants, Pharmacists, I.M., ID, etc
- California Regional Chapter : 300-400 members, 14 Board members
- Legislative Issues/White Coat Day
- Fundamentals of HIV Medicine book and e-update

HIV Medicine Association (HIVMA)

<http://www.hivma.org/>

- Role of academic institutions
 - County, AETC, education
- IDSA affiliation – Annual meeting curriculum
- Pursing a Certificate of Added Qualifications (CAQ) designation
- Membership: all providers

Association of Nurses in AIDS Care (ANAC)

<http://www.nursesinaidscare.org/>

- Membership ranges from new to experienced
- NPs, PhNs
- Monthly journal
- Credentialing for RNs and NPs
 - Note that PAETC provides a course to prepare for exam
- Annual conference
- Policy

California Medical Association (CMA)

<http://www.cmanet.org/>

- 34,000 members
- Most do not do HIV care
- Policy focus/leg. Sponsorship, response
- Health Care Worker advocacy

California Department of Corrections and Rehabilitation (CDCR)/Transitional Case Management Program (TCMP)

<http://www.cdcr.ca.gov/Parole/index.html>

- 14 years
- 8 contractors (5 counties, 3 private) [note that as of the publication date of these notes the contract system has been revised]
- 90 days prior to release (ask at 120 days)
- Standardized assessment
- 30 day D/C plan; housing, medical, case management
- 90 day post-release follow up
- Transgender services
- County may not be provider that contractor refers to, eg, Alameda
 - Centerforce, Magic Johnson Clinics
- Vouchers

Public Health Unit – CDCR

- 33+ smaller for profit prisons and out of state hub institutions
- 170,000 inmates
- No condoms (except pilot project)
- No needle exchange
- No consistent testing but developing protocol for testing
- No consistent tracking
 - Outbreaks/exposure
 - Planning
- Segregated housing for specialized medical care
 - Now inmates not on ARVs can be in general population
- HIV care not integrated
- Access to care initiative for chronic care management teams
 - Goal to integrate public health unit in next year, including HIV testing and care
- Inconsistent care

US Department of Veterans Affairs – VA

<http://www.hiv.va.gov/>

- 3000 HIV+ patients in care in California – 8 facilities
- National Registry
- Quality of Care assessments from these data

- Testing – unique laws – no written consent required (recent change)
 - Planning to ramp up testing
- Need to reach local care providers
- OA: Need VA numbers for unmet need HRSA estimates at state and county level
 - Federal law prohibits
- Surveillance reports to OA – decision is made at facility level so is inconsistent

Kaiser Permanente

<https://members.kaiserpermanente.org/kpweb/aboutus.do>

- Two regions in California
- More than 11,000 HIV+ in California
- Registries in both regions
- HIV specialists – internal designation system
- Management teams vary (multi disciplinary specialty care team)
- More than 300,000 tests a year nationally – less than 40% members
- New HIV testing guidelines
- Quality measures/improvement: testing, entry & retention in care, and outcomes in patients on HAART
- Provider education program
- Research
- School program – secrets

California Conference of Local AIDS Directors (CCLAD)

<http://www.cclad.org/>

- California Conference of Local Health Officers (CCLHO) affiliate
- Represents all LHJs (61)
- Policy
- Bi-annual conferences
- Annual joint meeting with STD controllers (TB controllers may also join - pending)
- Shared best practices

Correctional Medicine Consultation Network - CMCN

<http://familymedicine.medschool.ucsf.edu/cmcn/>

- Focus on seven reception centers, working toward all 33
- Clinics and telemedicine: 5 days a month via telemedicine and one on-site once a month

3. Discussion

Discussion Points/Testing

- ❖ OA should serve as a central resource for testing
- ❖ Build from the Rapid Testing in Labor and Delivery (RTLDD) model
 - 1) clear objectives, multi-year
 - 2) targeted group
 - 3) description of standard of care
 - 4) speaking with voice of state, especially regarding regulatory concerns
- ❖ Focus implementation of CDC screening recommendations based upon epidemiology – highest prevalence and incidence areas
- ❖ Integrate testing and sexual health in professional education
- ❖ Gynecologists should also be considered as Primary Care Provider to target for HIV screening (materials available through ACOG)

Discussion Points/Care

- ❖ Workforce concerns at HIVMA and HRSA and AAHIVM
- ❖ Unknown HIV workforce
 - Survey suggested
 - MMP has national provider survey component
 - Suggested to evaluate provider data for age of providers; medi-cal, OA
- ❖ Recommendation was made to develop Care site credentialing/measurements
 - training and professional organization support achievement
 - coherent program of support
- ❖ Health systems and multidisciplinary care team research
 - no data regarding what elements are effective
- ❖ Care of aging HIV+ patients; nursing homes, etc
- ❖ Issues related to the untreated; those who are late to treatment; those who are out of care; and transitional folks – follow-up when people move
 - Different strategies for each
- ❖ How can OA support medical training/care/consultation in community hospitals associated with care of prison inmates

Discussion Points/Training

- ❖ Current service mapping project – suggestion to overlie training data
- ❖ Use data eg, ADAP and Medi-cal to identify quality hot spots for training needs
- ❖ Standards: identify outcomes first
 - Expectations, not standards
- ❖ What is incentive to participate in modular organizational assessment/credentialing?
 - Providing resources is incentives
 - Difficult to penetrate private sector
- ❖ Identify needs through local AIDS directors and OA staff
- ❖ Warmline calls to identify problem areas
- ❖ PAETC has been more passive and wants to be more proactive
- ❖ Resources on the web – peer review challenge

- Can this group help to rate or filter information?
- Including pharmaceutical influence

Discussion Points/Other

- ❖ Create ongoing network of this group
- ❖ Communication lists – who don't we know – primary care vs. specialist
- ❖ Needs assessment and identify resources in community
 - build on mapping