

NEAETC IPE: HIV and Viral Hepatitis Fellowship

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NEAETC Interprofessional Education: HIV and Viral Hepatitis Fellowship

A collaboration between:

- New England AIDS Education and Training Center
- Family Health Center of Worcester (FHCW)
- University of Massachusetts Department of Family Medicine and Community Health

One-year, non-ACGME accredited fellowship

Family Medicine and Internal Medicine physicians and
Advance Practice Clinicians

Mission Statement

The NEAETC/FHCW/UMass HIV and Viral Hepatitis Fellowship seeks to train family and internal medicine primary care specialists to also become experts in outpatient HIV, Hepatitis B and Hepatitis C management, as well as educators and leaders in the care of these patients in primary care settings.

HIV Collaborative Care Model

Embed primary care HIV specialists in primary care clinics

HIV Specialists help “up-skill” non-HIV expert generalists through patient-based and in-house CME education

- Following patients on ART, addressing adherence, and recognizing HIV regimen failure
- Assessing routine vs. serious infections and complications of HIV treatment
- Carrying out HIV primary care – vaccinations, screening for STIs and cancer
- Managing mental health and addiction issues

Chu C, Selwyn P. An Epidemic in Evolution: The Need for New Models of HIV Care in the Chronic Disease Era. *Jour Urban Health*. 2011; 88: 556-566.

HIV Collaborative Care Model: Slide 1

Supports the PCMH values

- Continuity of care (same people)
- Comprehensive care (same location)

Uses PCP skills for prevention and management of chronic diseases

De-stigmatizes care location

Chu C, Selwyn P. An Epidemic in Evolution: The Need for New Models of HIV Care in the Chronic Disease Era. *Jour Urban Health*. 2011; 88: 556-566.

HIV Collaborative Care Model: Slide 2

Larger workforce of PCPs – MDs, PAs, NPs – alleviates access problem to provide:

- Better engagement with care
- Timelier initiation of ART
- Better health-related quality of life
- More cost-effective health services utilization

Addresses HIV workforce shortage

Chu C, Selwyn P. An Epidemic in Evolution: The Need for New Models of HIV Care in the Chronic Disease Era. *Jour Urban Health*. 2011; 88: 556-566.

Fellowship Elements

Outpatient clinic of their own: HIV, HBV, HCV and primary care

Collaborative care visits with other PCPs

Preceptor time with fellowship director

Teaching rounds with inpatient ID attending

Fellow time (self- and collaborative study)

- AAHIVM Fundamentals of HIV Medicine
- DHHS and IDSA/AASLD guidelines
- Webinars
- National HIV Curriculum, U.Washington HBV/HCV self-study

Fellowship Elements continued

Weekly ID grand rounds at UMass

Weekly HIV team meetings

HIV Conferences

Quality improvement projects

Teacher development

- UMass Teachers of Tomorrow conferences
- NEAETC talks, in-house resident and provider presentations

Fellowship Daily Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-12:00	Fellow time with program director, self-study time	Self-study time	Clinic	Clinic	ID grand rounds, ID teaching attending time
12:00-1:30	Admin time	Family Medicine Grand Rounds	Admin time	Admin time	Admin time
1:30-5:00	Clinic	Self-study time	HIV Team Meetings (Mass CARE, Interdisciplinary, Case Conferences, CQI)	HCV team meeting, Self-study time	Clinic

Education Plan

1) HIV Basic Science

- Virology
- Pathogenesis
- Transmission
- Epidemiology

2) Antiretroviral Management

4) HIV Clinical Manifestations

5) HIV-Specific Primary Care

6) Hepatitis B and C

7) HIV Transmission Prevention

8) Special Populations and Topics

- Perinatal HIV
- Substance abuse and chronic pain
- Refugee health

9) Public Health, Leadership and Teaching

Fellowship Evaluation

AAHIVM HIV Specialist Certification

- Exam taken at the end of the fellowship
- All fellows have become or are in the process of becoming AAHIVM HIV Specialists

New in 2017-2018: National HIV Curriculum

- Fellowship director able to track the fellows' progress in the curriculum

How is this an IPE program?: Slide 1

ND, NP and PA fellows are fully embedded in the FHCW

Interdisciplinary Ryan White program, working with, teaching and learning from:

- Nurses
- Adherence counselors
- Social and medical case managers
- Licensed social workers
- Mass College of Pharmacy residents

How is this an IPE program?: Slide 2

Fellows teach at various venues:

- Family Health Center staff meetings and Learning Lunches
 - Includes MDs, NPs, PAs, behavioral health and pharmacy departments
- Resident outpatient didactic sessions
- Resident inpatient morning report
- NEAETC events for NPs, PAs, MDs, nurses, medical translators

Fellows then bring their skills to other primary care / community health center settings where interdisciplinary teamwork is the norm

Outcomes

Navid Roder, MD

- FHCW Assistant HIV Program Director for 2 years, now working at UPenn FM residency clinic leading HIV in primary care, including an FM resident with an HIV area of concentration

Emily Colgate, MD and Amanda Oropeza, MD

- Spokane, WA FQHC – doing HIV, Hepatitis and primary care

Carrington Koebele, MD

- Baltimore, MD HIV clinic – doing HIV, Hepatitis and primary care

Babafemi Onabanjo, MD and Benjamin Alfred, NP

- Worcester, MA FQHC – doing HIV, Hepatitis and primary care

Rebecca Thal, NP – current fellow

- previously worked for Boston Health Care for the Homeless
- strong interest in caring for LGBTQ populations

Strengths

- Teaches practice of specialty HIV and Hepatitis care within the FQHC setting

Naturally interprofessional in nature

- Significant access to teaching faculty and self-study time
- Maximizes use of on-line resources and case-based learning
- Utilizes academic resources of UMass while maintaining CHC focus
- Grooms fellows to be teachers and leaders in CHC-based HIV and Hepatitis care

Challenges

- Need to more formally involve other non-medical disciplines
 - Reach out to UMass College of Nursing program to establish formal collaboration
 - Invite FHCW social work intern(s) to join HIV team and develop an area of expertise in the care of HIV patients
 - Expand MCPHS pharmacy residents from 1 to 2 per year
- Limited patient volume (260 at FHCW)
 - Consider expansion to sister FQHC in Worcester (Edward M. Kennedy CHC)

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Thank you!

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