NAHEWD
National Alliance for HIV Education and Workforce Development

Recommendations for the AETC Program

The **AIDS Education and Training Centers (AETCs)** bring decades of experience in providing continuing education, clinical consultation, longitudinal training, mentoring, capacity building, and technical assistance to HIV care communities across the United States and its territories. The AETCs are funded by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Part F of the Ryan White HIV/AIDS Program. The AETCs are the only nationally coordinated network of leading HIV experts able to provide local, community-based, interprofessional education and training programs to healthcare teams and systems. **A well-informed and skilled professional workforce is key to ending the HIV epidemic.**

The current era of "ending the epidemic" demands a heightened need for a prepared workforce, making the role of the AETCs and their national reach with local presence more important than ever. The AETCs are well positioned to address the needs for education and capacity building in the current and future healthcare delivery landscape. Additionally, the AETCs have achieved results in a timely and efficient manner, leading to improved patient and community health outcomes. This document provides a description of the National Alliance for HIV Education and Workforce Development's (NAHEWD) vision for the future of AETCs based on experience and knowledge of its AETC members. These observations and recommendations directly align with HRSA's mission: "to improve health and achieve health equity through access to quality services, a skilled workforce, and innovative programs"

Build upon the success of the AETCs:

- **STRONG AETC STRUCTURE AND FAR REACH:** The AETC infrastructure is an efficient vehicle to widely disseminate the latest findings in biomedical and behavioral prevention methods, HIV and related conditions and treatment, emerging basic and clinical science, and federal healthcare initiatives. The current infrastructure, with two national and eight regional centers, is a sound model with opportunities for collaboration and partnerships.
  - Regional AETCs include geographically decentralized Local Partner (LP) networks throughout the U.S.: these LPs facilitate rapid translation and implementation of the latest clinical and behavioral science to care providers to meet specific local needs.
  - The AETC network has demonstrated HIV capacity building to bring national expertise to local urban and rural care systems.
  - AETCs support "front line" responders to infectious disease outbreaks through timely, efficient interventions.
  - The AETC network has success in conducting outreach to underserved and hard to reach communities, populations, and settings to improve access and reduce disparities.

- **SKILLED TRAINING & TA PROVIDERS:** AETCs deliver skills-based training interventions to improve health care provider competencies and confidence in their abilities to provide biomedical prevention, accurate diagnosis, treatment and comprehensive care for persons living with (and at risk for) HIV.
  - AETCs provide cutting edge curricula that are tailored to specific audiences. For example, the AETCs provided training and TA sessions on topics including PrEP, pain management, opiate and other substance use disorders, hepatitis C and HIV coinfection, trauma informed care and other chronic co-morbidities.
  - The program works with diverse providers including FQHCs and Ryan White Program providers.
  - The National Clinician Consultation Center and Regional AETCs provide timely clinical consultation to assist providers in real time clinical decision making
  - The National Coordinating Resource Center provides an effective and efficient infrastructure to facilitate collaboration leading to the production of innovative curricula and national dissemination of regional and national resources.
  - AETCs demonstrate effectiveness in providing preceptorships within HIV clinical centers to increase clinical knowledge and skills for less experienced providers, thereby helping improve clinical outcomes.
  - AETCs provide ongoing mentoring for new providers, those new to HIV care, and those seeking decision support.

- **MAI FOCUSED PROJECTS:** AETCs have successfully supported minority providers and minority-serving entities in skills development. For example, 58 percent of minority providers reported skill improvements across all seven skills measured[1]; 59 percent of the above reported use of all seven skills measured[2].

- **LONGITUDINAL APPROACH AND SUPPORT FOR PRACTICE TRANSFORMATION:** The AETCs have been utilizing principles of patient-centered care to assist providers with practice transformation to improve patient outcomes along the HIV Care Continuum. The AETCS have embraced this longitudinal, capacity-building effort.

- **INTERPROFESSIONAL EDUCATION (IPE) INCLUSION AND SUPPORT:** AETCs have been implementing IPE activities to help better equip health professions schools to address the health care needs of PLWH through interprofessional education and collaborative practice. Through this project, AETCs have developed and enhanced curricula, and utilized multi-disciplinary, collaborative practice models and team-based learning to build capacity and prepare future health care professionals to better address the health care needs of PLWH.

NAHEWD recommendations for the future of the AETC program

- **CONTINUE NATIONAL AND REGIONAL AETC CONFIGURATION, WITH FLEXIBILTY FOR LOCAL NEEDS AND EXPERTISE**
    - NAHEWD recommends keeping the current regional configuration, with no new geographic changes. Continue to fully fund the national consultation and coordinating centers. Provide full funding based on Congressional appropriation.
    - AETCs have the agility, flexibility, capacity, expertise, and reach to be responsive to changing needs and emerging issues that impact providers throughout the country (e.g., emerging opioid and STD epidemics). HRSA HAB should fully engage with the AETCs when these issues arise to develop partnerships and strategies to address them.
    - NAHEWD recommends the promotion of emerging best practices (e.g., trauma informed care) to improve patient outcomes; HIV programs should address underlying concerns beyond HIV diagnosis (i.e. holistic, comprehensive primary care including other chronic disease management).
    - HRSA's should allow for flexibility in AETC program design and resource allocation based on local variations, updated Care Continuum data (including epidemiology and special population concerns), and workforce capacity needs.

- **CLEAR FUNDING SCOPE**
    - Like other parts of the Ryan White Program, AETC funding should continue to be the funding of last resort.
        - Given the limited funds of the program, the AETC's focus should be on health care providers who would not otherwise have access to education, training, and decision support if not for the AETCs.
        - AETCs should focus on training of faculty within post-graduate health education programs schools. Training of students within professional schools is already, and continues to be, funded through the Bureau of Health Workforce.
        - NAHEWD suggests removal of core funding restrictions that limit local program flexibility to respond to all needs within all areas of our regions, including urban, rural, and underserved areas.

[1] Seven skills measured: HIV Testing, Linkage / Referral to Care, Patient Education, Skills for Working with Culturally Diverse Patients, Diagnostic Skills, Medication Management Skills, and Skills for Interpreting Lab Results.
[2] AIDS Education and Training Center's Response to the National HIV/AIDS Strategy (NHAS) and HIV Care Continuum: FINDINGS FROM FUNDING YEAR 2012-13

Recommendations for the AETC Program

- **CONTINUE SUPPORT FOR PRACTICE TRANSFORMATION PROJECTS**
  - NAHEWD suggests AETCs be given flexibility to maintain, add, or reduce practice transformation (PT) sites based on regional and local needs, as well as motivation within clinical sites. Specifically, we recommend:
    - Removing the 40 percent budget requirement to allow for flexibility based on regional and local needs
    - Removing the 30 percent minority requirement to allow for flexibility based on regional and local needs. This will allow many regional AETCs to expand PT into rural areas and other areas of need.
    - Alternatively, HRSA should include rurality as a potential qualifying criterion for PT sites.
  - Consider practice transformation projects focused on emerging issues or populations, such as substance use, mental health, or correctional/transitional care settings.
  - Recognition that practice transformation takes time to develop initial foundational relationships and intensity and consistency to demonstrate outcomes. Although documentation of progress can appear slow, the AETC interventions and resources are well spent, with outcomes realized over a longer period of time.
  - Provide clarity and concordance around practice transformation data definitions. Provide definitions that match RSR and other HRSA data definitions, as well as specificity for each metric.

- **CONTINUE SUPPORT FOR INTERPROFESSIONAL EDUCATION PROJECTS**
  - Allow flexibility to maintain or add new institutions based on regional and local needs.
  - Increase focus on training of faculty rather than students to assure continuation and sustainability.
  - Current allocation of at least 10 percent for Interprofessional Education programming is reasonable.

- **CONTINUE SUPPORT FOR MAI-SPECIFIC PROJECTS**
  - Continue the flexibility of MAI funds to support training, population-focused regional partners and/or specific projects.

- **DEVELOP CONSISTENT, CLEAR AETC MESSAGING THROUGHOUT THE FEDERAL GOVERNMENT**
  - Assure all stated requirements are clear and consistent within and across programs.
  - Foster collaboration within HRSA and across federal agencies to enhance knowledge of AETC capabilities and facilitate collaborations
    - Reduce cost of providing training, technical assistance, consultation
    - Decrease response time for emerging national or regional needs
  - No further reduction of regional AETC centers
  - No reduction in national AETC centers
  - Provide supplemental funding to existing AETC NGAs to expand activities, rather than separate FOAs.
  - When requested to provide services for other grantees, these entities should provide additional fiscal resources to the AETCs.