The AIDS Education & Training Center Program (AETC):

Supporting HIV Education through the AIDS Education and Training Centers

Henry Pacheco, MD
South Central AETC
December 15, 2015
Objectives

• Describe the AIDS Education & Training Center (AETC) Program.

• Discuss the goals of the AETC program.

• Describe how primary care providers and other health professionals can benefit from the Regional and National AETCs.
The AIDS Education & Training Centers (AETC)

Who are we?

A national network of clinicians, educators and trainers with expertise in the diagnosis, treatment and management of patients with HIV and related conditions.
Mission:

To improve the care and treatment of people living with HIV/AIDS through multidisciplinary education and training programs.

Funded and administered by the Health Resources and Services Administration (HRSA) under the Ryan White Program.
Regional AETCs
The AETC National Centers

Support & Complement Regional AETCs

- National Coordinating Resource Center (NCRC)

- National Evaluation Center (NEC)

- National HIV/AIDS Clinicians’ Consultation Center (NCCC)
What do the Regional AETCs Offer?

Training, education and technical assistance.

• To: health care professionals and health care organizations

• On: the prevention, diagnosis, treatment and management of HIV disease and related diseases and conditions
Primary Targets For Training

• Novice and low volume providers
• HIV providers who seek to stay current
• Clinicians and health professionals at FQHCs
• Allied health professionals (medical case managers, social workers, and others)
• Faculty of medical schools, nursing and other health professions
• Community health workers/promotoras
Minority AIDS Initiative

Aimed at building capacity of:

- **Minority** and **minority-serving** health care professionals.

- **Allied health care professionals** and/or those who serve racial and ethnic minorities.

- **Community-based clinical care** organizations
Our Goals

1. Increase the size and strengthen the skills of the HIV clinical workforce.
2. Improve outcomes along the HIV care continuum, through training and technical assistance.
3. Reduce HIV incidence by improving the achievement and maintenance of viral suppression in PLWH
The AETC Program & the National HIV/AIDS Strategy

- Reduce new HIV infections
- Increase access to care and improve health outcomes for PLWH
- Reduce HIV-related health disparities
- Coordinated national response to HIV epidemic
Training and Technical Assistance Modalities

• Didactic Presentations/self study
• Interactive skills building presentations
• Clinical preceptorships
• Communities of practice
• Clinical consultations
• Coaching or technical assistance for organizational capacity building
Innovative Projects

Goal:

• To increase the size and the capacity of the HIV clinical workforce, and

• Improve outcomes along the HIV Care Continuum

1. Practice Transformation (PT)

2. Interprofessional Education (IPE) Project
Practice Transformation (PT)

AETCs will work with selected clinical practices to build their capacity to provide quality HIV care.
HIV Interprofessional Education (IPE) Project

Focused on providing team-based, didactic and hands on learning in HIV care and treatment in post graduate settings.
Beyond the HIV/AIDS of the 1990’s:

Currently...

- A growing population of PLWH
- Persistent shortage of HIV providers
- The unequal burden of HIV
- The shift of HIV from acute to chronic
- The possible end of AIDS
The Unequal Burden of The HIV Epidemic

Persons Living with an HIV or AIDS Diagnosis per 100,000 (2012)

Source: AIDS.Vu
The Unequal Burden of The HIV Epidemic

Diagnoses of HIV Infection and Population by Race/Ethnicity, 2014—United States

Diagnoses of HIV infection
N = 44,073

- American Indian/Alaska Native: 23%
- Asian: 27%
- Black/African American: 44%
- Hispanic/Latino*: 2%
- Native Hawaiian/other Pacific Islander: 1%
- White: 1%
- Multiple races: <1%

Population, United States
N = 318,857,056

- American Indian/Alaska Native: 5%
- Asian: 17%
- Black/African American: 62%
- Hispanic/Latino*: 2%
- Native Hawaiian/other Pacific Islander: 1%
- White: 1%
- Multiple races: <1%

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

* Hispanics/Latinos can be of any race.
The Unequal Burden of The HIV Epidemic

Diagnoses of HIV Infection among Adults and Adolescents, by Sex and Transmission Category, 2014—United States and 6 Dependent Areas

Males
N = 36,138
- Male-to-male sexual contact: 82%
- Injection drug use (IDU): 5%
- Male-to-male sexual contact and IDU: 9%
- Other: 3%
- <1%

Females
N = 8,471
- Heterosexual contact: 87%
- Other: 13%
- <1%

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

* Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
* Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.
The Impact of The Epidemic

- Over 1.2 million people living with HIV
- 50,000 new infections per year
- 1 in 8 (12%) unaware of being infected
- 13,000 deaths of AIDS in 2012

Source: HIV Prevention in the United States: At a critical Crossroads, CDC, 2009
Obstacles to Achieving Optimal Care

Proportion of HIV-positive Individuals in the U.S. at Each Stage of Care

- HIV-infected: 1,178,350
- HIV-diagnosed: 941,950 (80%)
- Linked to HIV care: 725,302 (62%)
- Retained in HIV care: 480,395 (41%)
- On antiretroviral therapy: 426,590 (36%)
- Suppressed viral load (<200 copies/mL): 328,475 (28%)

Source: CDC
(Source graph modified)
Where Primary Care Providers Can Make a Difference

**THE CONTINUUM OF CARE**

<table>
<thead>
<tr>
<th>Not in Care</th>
<th>Fully Engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware of HIV Status (not tested or never received results)</td>
<td>Entered HIV primary medical care but dropped out (lost to follow up)</td>
</tr>
<tr>
<td>Aware of HIV status (not referred to care, did not keep referral)</td>
<td>In and out of HIV care or infrequent user</td>
</tr>
<tr>
<td>May be receiving other medical care but not HIV care</td>
<td>Fully engaged in HIV primary medical care</td>
</tr>
</tbody>
</table>

Success is Within Our Reach

• Early detection through universal **testing**
• **Linkage** to care
• Appropriate HIV **treatment** can suppress the **viral load**
  — Extending the life and quality of life of PLWH
  — Reducing the transmissibility by up to 96%.

For people not infected, but at risk

• Pre-Exposure Prophylaxis (**PrEP**)  
  — Reduces acquisition of HIV by up to 94%.
Our Invitation:

Join the AETCs in supporting the NHAS vision for the US.

To become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socioeconomic circumstance, will have unrestricted access to high quality, life-extending care, free from stigma and discrimination.”
Visit aidsetc.org
and contact your Regional AETC
QUESTIONS ?