

Strategic Initiative for HIV/AIDS Care and Prevention
Care and Treatment Committee Meeting #2
March 6th, 2009

Specific Strategies

1. How do we insure that we have trained physicians now and in the future and in the necessary locations?

- Increase funding to train physicians.
- Better use of the AIDS Education Training Center – by all types of medical providers, not just HIV specific ones.
- Rotation of residents to have training on HIV/AIDS to allow them to experience the field if it's not part of their concentration.
- Have this specific meeting for providers only to get their input on how we can develop specific strategies.
- Continue cross-training at the different clinics.
- Research the “Moving Mountains” model used in the Hepatitis community.
- Increase use of “Telemedicine”
- Reading out to all systems to let them know of existing HIV programs.

2. How do we make the HIV system of care seamless upon diagnosis, between providers, easier to use for patients and thoroughly understood by all?

- Better the transition from prison/jail into care upon release.
- Advocate for increased funding.
- Collaborate between existing programs.
- Have testing facilities have one contact from each health provider to use as a referral reference.
- Work on referral service from the emergency room. (i.e. follow up)
- Increase continuum of care.
- After testing positive, connect individual with Mental Health services.
- Educate how to access the different insurance options.
- Emergency room discharge planners to have education on the different types of insurance and funding streams to properly refer with.
- Emergency room discharge planners to develop a connection with case managers.
- Emergency room to realize the negative outcomes for not treating a patient right away.
- Case management available to those that need it, especially to those who do not have HIV as a top priority in their life.
- Link them into services while they are still in care – don't let them leave without knowing what is available.
- Research the “T3” model

- Involve rural clinics/hospitals when working with metro clinics/hospitals so that there is a standardized, yet tailored message.
- Develop a universal release of information (ROI) with providers that discharge planners can use.
- Increase health literacy.
- Be culturally competent.

3. How can we improve our ability to handle the complex co-morbidities that often accompany HIV?

- Co-morbidities are more challenging than HIV itself.
- Increase research on HIV (and the effects on the aging population and increase the # of medication options)
- Increase mental health and AOD services.
- Identify providers who handle the co-morbidities.
- Develop a better connection and continuum of care for the homeless population.
- Work through other services as a portal for care (such as the food and nutrition programs)
- Encourage clients to find something to do to keep them busy and active.
- Don't lead a client to a dead end road. Show them the options so that they can keep themselves in the continuum of care. And also how they can help others stay in care.
- Encourage peer education.
- Increase Prevention With Positive efforts (to help decrease other co-morbidities that may develop)
- Increase mental health resources.
- Develop training for clinicians to have a basic skill set when it comes to HIV and mental health.
- Offer CEU's for mental health providers through localized training.
- Make sure to do reassessment of problems/issues that clients are experiencing.
- Work on preventing the stigma that is associated with mental illness.
- Use the Wellness and Holistic Approach

4. How can we make locations that provide HIV care "neutral" to the public and those infected with HIV/AIDS?

- Provide more services that are not HIV related.
- Review structure of AIDS service organizations.
- Find out why people don't want to go to a HIV specific clinic – is it really an issue?
- Educate on the services that are provided (to clients and providers)
- Increase peer support groups in anonymous locations.
- Have a telephone # that is available for providers to use to get advice/consult over a situation at that moment.

- Deal with stigma (inside and outside) that the clients have that prevent them from getting care.
- Develop collaboration between smaller clinics (especially in rural areas).
- Convince community that the “past is the past” when it comes with problems/issues had with a clinic before.
- Peer groups to help explain the “why and why not” of how services are provided.
- Increase the # of peer mentors.