

Expanding HIV Care Networks Across Vancouver Island Using Technology-Enabled Continuing Professional Development

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
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
Disclosures

I have nothing to declare.




Acknowledgements

- o BC Centre for Excellence in HIV/AIDS (BC-CfE)
- o Island Health
- o Vancouver Coastal Health
- o AIDS Vancouver Island




Presentation Outline

- o Background
- o CPD Development
- o Evaluation Results
- o Lessons Learned
- o Recommendations
- o Conclusion

Background




- o HIV infection is now a chronic manageable condition¹.
- o People living with HIV (PLWH) have life expectancies closer to the uninfected population².
- o Thus, family physicians (FPs) need to expand knowledge of HIV care.

Goals

To develop CPD for primary care providers (PCPs) on HIV management with goals of:

- o Providing follow-up information from HIV testing workshops
- o Increasing HIV management knowledge
- o Initiating networks of local HIV expertise
- o Improving care for PLWH

CPD Development

- **Working Group** included:
 - Family Physicians
 - Nurse Practitioners
 - HIV Experts
 - Educational Experts
- Guided development of learning objectives, content, and evaluation tools.

CPD Development

Needs Assessment conducted:

- Evaluation results from past workshops on HIV testing and management
- Feedback from BC-CfE educational events
- Target audience input through Working Group

Format

- Half-day workshop
- Expert presentations
- Case-based learning
- Group discussion
- Quiz questions
- Local service providers attended
- Resources provided for patients and primary care providers

CPD Development – 2015

- One session in Vancouver (Feb 2015)
- One session in Victoria (Mar 2015)
- Videoconference available
- Target audience:
Family Physicians & Nurse Practitioners

CPD Development – Updates 2016

- Primary Care Guidelines for the Management of HIV/AIDS in British Columbia – published August 2015 by BC-CfE³
- One session in Victoria (May 2016)

Topics Addressed

- Epidemiology
- Antiretroviral Therapy
- Toxicities of HIV treatment
- Primary care of HIV+ patients (2016 guideline updates)
- HIV testing guidelines updated 2014 (2015)
- Co-morbidities (2015)
- HIV prophylaxis (2016)
- Women and HIV (2016)
- Monitoring treatment and pharmacy access (2016)

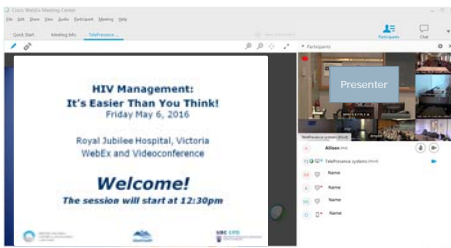
Technology-Enabled Learning (TEL)

- o Facilitators were trained on best practices for working with dispersed groups.
- o Vancouver 2015
 - 49 participants; 41 (84%) evaluations
 - 11 (27%) at videoconference sites in Northern Health, Interior Health, Island Health
- o Victoria 2015
 - 41 participants; 25 (61%) evaluations
 - 11 (44%) at videoconference sites across Vancouver Island

Technology-Enabled Learning (TEL)

- o 2016 addition of webconferencing (WebEx)
- o Victoria 2016
 - 13 participants; 9 (69%) evaluations
 - 9 (69%) attended by TEL
 - 4 webconference
 - 2 videoconference
 - 3 unknown

WebEx Screenshot



Evaluation Results

Improved Confidence in PCP Role

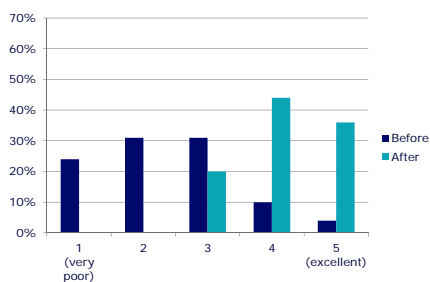


Figure 1: Level of confidence in the role of the PCP in the care of HIV-positive patients (n Before=71; n After=69)

*statistically significant (p<0.01)

Confidence Monitoring Patients

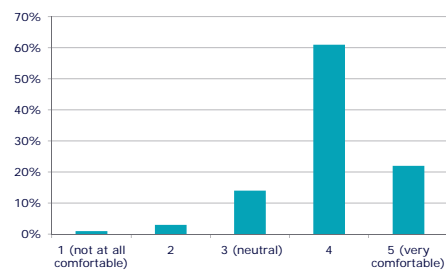
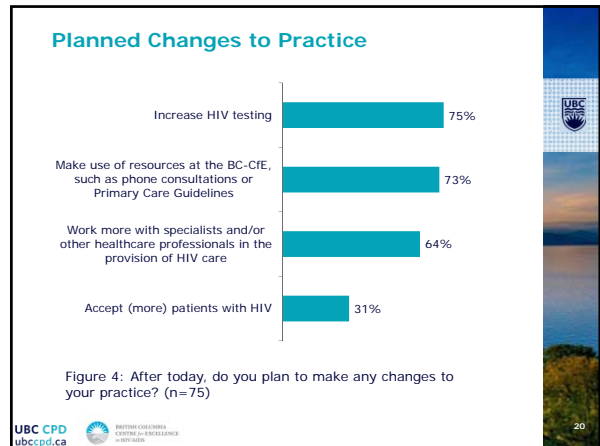
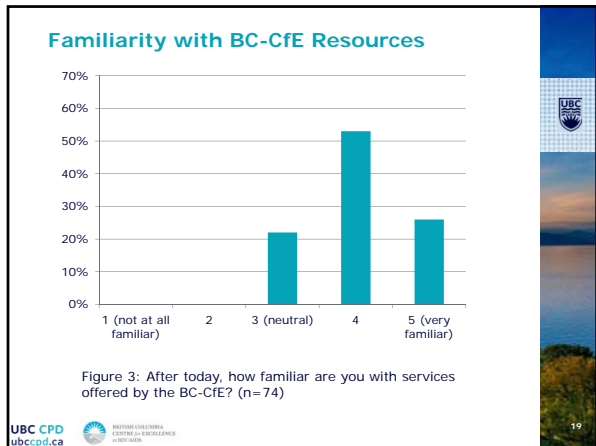


Figure 2: After today, how confident are you in your role monitoring HIV infection in your patients? (n=74)



- ### Results – Impact of TEL
- Attendance by VC or web
 - 2015 Vancouver = 27%
 - 2015 Victoria = 44%
 - 2016 Victoria = 69%
 - WebEx addition allowed more to attend
 - Improved facilitator training in 2016; better engagement of distant audience
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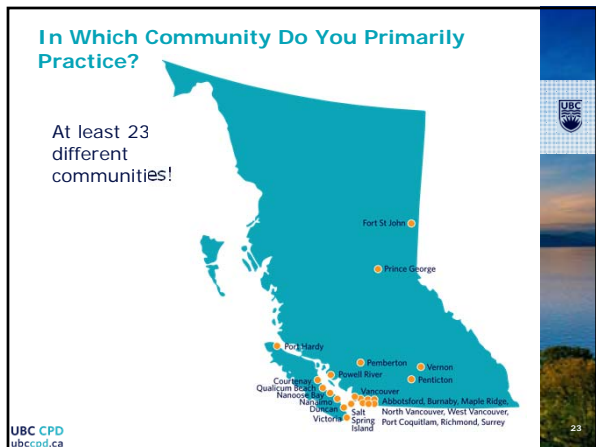
Results – Impact of TEL

The **most effective** part of the workshop was *“being able to use **technology** to attend live from my own office - not always enough time or money to attend in person.”*

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- ### Lessons Learned
- TEL important over diverse geographic areas
 - Booking TEL complex
 - WebEx learning curve
 - Lack of control over TEL sites (audio, visual)
 - Open, free registration and target audience/area
 - Training for facilitators and presenters essential
 - Staff with technical knowledge helpful
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Recommendations

- o Continue to build local expertise.
- o Continue to build networks with local champions and organizations.
- o Needs assessments and possible expansion across province.

Overall Conclusion

- o It is hoped these plans for practice changes will allow PLWH better access to care.
- o Local community networks of HIV experts are beginning to form.
- o The value of TEL appears to be particularly salient when education is used to connect a specific, geographically dispersed, group.

References

1. Chu, C & Selwyn, PA. (2011). An Epidemic in Evolution: The Need for New Models of HIV Care in the Chronic Disease Era. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 88 (3), 556-566.
2. Samji H, Cescon A, Hogg RS, Modur SP, Althoff KN, Buchacz K, et al. (2013) Closing the Gap: Increases in Life Expectancy among Treated HIV-Positive Individuals in the United States and Canada. *PLoS ONE* 8(12): e81355. doi:10.1371/journal.pone.0081355
3. BC Centre for Excellence in HIV/AIDS. (2015, August). *Primary Care Guidelines for the Management of HIV/AIDS in British Columbia*. Vancouver, BC.

Questions?

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