Filling the Gap: Supporting Care Quality Wherever Patients Present Using Real-Time Case-Based Mentorship

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Problem: Access to Care
When individuals with HIV infection seek care in underserved communities, they sometimes present in clinic settings without comprehensive HIV services. In the Pacific Northwest, where 5% of the US population is distributed across 25% of the US landmass, the problem is particularly acute. Providers practicing in these communities can lack experience with HIV clinical care and may not have access to the latest evidence-based HIV medicine or the infrastructure for specialized psycho-social support of HIV-infected patients. Nevertheless, these providers are often well-positioned to provide comprehensive primary care if patients unable or unwilling to travel to specialty HIV-focused clinics.

Solution: Video-Based Mentorship
To support these providers, the NW AETC developed a collaborative, real-time video-based clinical consultation and mentorship program called "NW AETC ECHO." Providers attend weekly sessions, which include an interdisciplinary panel accessible to providers via email and cell phone between sessions. The interactive video network connects providers in real-time, allowing all providers on the network to discuss cases, increasing exposure to regional HIV cases and a broad range of clinical strategies. NW AETC ECHO is funded by the US Health Resources and Services Administration (HRSA)

Case 1

Remote Provider: Living in rural Washington state, providing care to a homebound HIV-infected patient. The patient recently started a new regimen, their viral load is increasing, and the patient is experiencing adherence challenges.

Info From Remote Provider:
1. Homelessness: may be a barrier to adhere to medication regimens.
2. Somatic symptoms: rash on S1-S2 dermatome of L thigh.
3. Recent immigration: patient has recently moved to the US from a rural setting.

Interdisciplinary Strategies:
* No previous experience therapy: recommend referring to a mental health professional.
* No prior experience with salicylates: recommend reviewing patient's medication history.
* No evidence of HIV infection: recommend conducting a CD4 count.
* Lower viral load (910 copies/ml): recommend initiating ART.
* Improved adherence: recommend regularly scheduling ART appointments.

Case 2

Remote Provider: Providing care to a patient in a prison setting. The patient is pregnant and has been diagnosed with HIV.

Info From Remote Provider:
1. Homelessness: may be a barrier to adhere to medication regimens.
2. Somatic symptoms: rash on S1-S2 dermatome of L thigh.
3. Recent immigration: patient has recently moved to the US from a rural setting.

Interdisciplinary Strategies:
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Northwest AETC Education and Training Center
Strengthening HIV care through integrated distance learning and clinical consultation.