PROYECTO JUNTOS

Presentation For
HRSA SPNS US/Mexico Border Health Initiative
All Grantees Meeting
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PROJECT TEAM
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Proyecto Juntos

- Major Aim
  - Increase Capacity of Community Health Centers (CHCs) to Provide HIV Primary Care ("System Level Intervention")
    - Partnership Building (Partner Collaborative)
    - Training Intervention with Clinicians (AETC Partnership)
- Secondary Aims (Post-Funding)
  - Outreach Intervention
    - Social Marketing Campaign Targeting Latino Women (July 2002 – August 2002) (February 2003)

Theoretical Basis for Interventions

- System Intervention
  - Community Planning for Partnership Building
  - The concept of the “learning partnership”
- Physician Training Intervention
  - Clinical Workshop (CW) Model
    - On-hands work with patients in the clinical setting
  - Continuing Medical Education Conference (CME) Model
    - Large scale mostly didactic conferences
- Outreach Intervention
  - Social Marketing Theory
    - Assumes that new behaviors can be adopted when they are seen as beneficial and achievable

Project Hypotheses & Outcomes

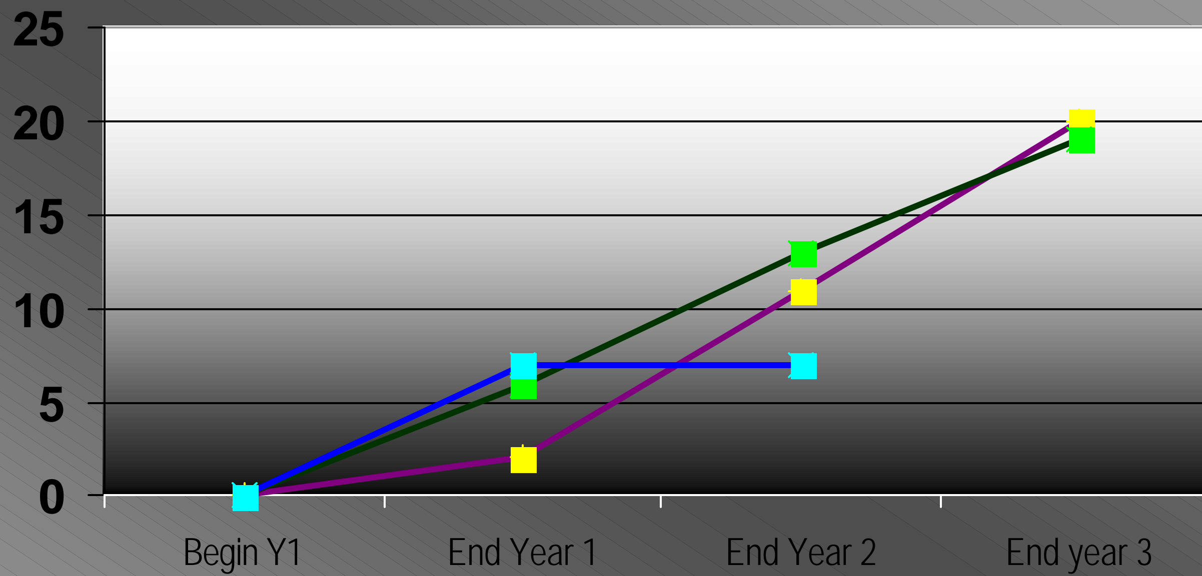
- SYSTEM INTERVENTION
  - H: Collaboration between the 3 CHCs and the VAC will increase the capacity of the local health care system to provide HIV primary care
    - Outcome: HIV primary care services at 3 Community Health Centers
    - Outcome: Team of trained physicians working together as a team to provide HIV care
- TRAINING INTERVENTION
  - H: Training will increase physician provision of HIV care
    - Outcome: Standard of Care will be provided
    - Outcome: Increased physician knowledge, confidence, and willingness to provide care
    - Outcome: No differences in health outcomes for consumers
- OUTREACH INTERVENTION
  - H: A social marketing campaign will motivate LEP Latino women to seek HIV counseling and testing
    - O: Women experiencing symptoms identified by the campaign will seek HIV counseling and testing
    - O: Women targeted by the campaign will seek HIV counseling and testing

Intervention's Units of Service

- System
    - Quarterly Partnership Meetings
- Clinical Training
    - Quarterly Physician Training
    - On-site "Precepting"
        - Monthly at NCDV
        - Quarterly at UMC
    - Nurse Training
        - Quarterly
- Outreach (Social Marketing)
    - Media Spots
    - Brochures
    - Posters

Syst... to Date

Cl... Care



Nuestra Clinica del Valle Pharr (N=20)
United Medical Center Eagle Pass (N=19)
*Brownsville Communty Center (N=7)

*Terminated Project Participation April 2002

System Level Findings on Provider Satisfaction with Proyecto Juntos Model

Staff Type	1. Satisfaction with Model	2. Satisfaction with Consultation	3. Linkage to HIV Specialist before Project	4. Satisfaction with training and Education	5. Comfort Level Providing HIV Care	6. Attitude Change in providing Care	7. High and Low Points Associated with Project Participation
Physicians (Baseline)	Satisfied with the program model concept Issues: •Time Protection •Referral to other Specialty Care	Satisfied with consultation provided by Dallas AETC	No linkage prior to Project	Physicians satisfied with training provided (frequency/content) Consistently express need for more knowledge	Low Comfort Level	Lack Confidence	+ Education and Training received - Lack of knowledge to provide basic HIV care; fear of hurting patients
Physicians (Follow -up)	All but 1 continued satisfied with the model Issues: •Time Protection •Referral to other Specialty Care •Hospital Admissions •No Backup •Request for more nurse training to assist physicians with management of cases	Satisfaction with consultation model continues •Concerns emerge about access to consults with HIV ID •Confusion about who they should be consulting with	Linkage to AETC ID Physician identified as crucial to the quality of care provided to patients	Satisfaction with training continued In year 3, begin to express need for continued fidelity to the precepting model (systematic scheduled training)	Increased Comfort Level	Increased Confidence	+ Expansion of care at CHCs; and seeing patients get better ("coming back from the dead") - Lack of experience in providing care for complex HIV patients; knowing when to refer out
Nurses (Baseline)	Satisfied with the model Identified need for nurse specific training on HIV	Model did not account for nurse consultations	N/A	Model did not account for nurse educational needs Expressed as a need in year 1	Low Comfort Level	Lack Confidence	+ Education and Training - Lack of knowledge to provide basic HIV care and support physicians
Nurses (Follow -up)	Continue satisfied with model Desire to participate in physician precepting	Model did not account for nurse consultations	Recent problems with timely response on questions from AETC	Satisfied with the 2 training provided by project Continue to request to participate in the physician Identify specific training needs to support physicians (reading lab results & medication interactions)	Increased Comfort Level	Increased Confidence	+ Expansion of care at CHC's and increased patient comfort with receiving care at the CHC -Lack of knowledge to provide care for complex HIV patients
Case Workers (Baseline)	Satisfied with model Need to improve communication and clarify roles (LRGV)	NA	NA	NA	NA	NA	+ Availability of local HIV care for patients - Lack of coordination and communication between clinicians and case managers
Case Workers (Follow -up)	Continued satisfied with program model Concerns about sustainability	NA	NA	NA	NA	NA	+ Client satisfaction with HIV care and anonymity provided at CHCs + Improved communications and coordination

Qualitative Study of HIV Positive Persons Experience with the Mexican Health Care System

Interviews to Date 12 Pending 6

Focus of Interviews
Experience with Mexican Health Care System
Persons Indicating "Yes" to Question 10 (variable "a" and "c") of Model B (Lifestyle)

General "Trends"
Most have been diagnosed with HIV in the US- Usually after hospitalization ("brought back from the dead")
Those Diagnosed in Mexico indicate a long drawn out process of repeated visits to physicians before they were tested
Most were born in Mexico but are US residents
For reasons of family tradition and cost most used Mexican health care (primary care, medications, and dental) "en el otro lado" prior to their HIV diagnoses
Unexpectedly, none belief in/or use of "alternative" approaches to treat their HIV (e.g. curanderos, praying, teas, massage)

Transcriptions of interviews is underway

Social Marketing Preliminary Phase I Results

July 8, 2002 – Dec 31, 2002

Activity	Spanish TV	Spanish Radio	English Radio	Posters	Brochure	Other
Calls	70	14	16	1	5	38
Referred	65 (63%)	10 (40%)	9 (50%)	1 (100%)	5 (100%)	27 (52%)
Tested	36 (55%)	3 (30%)	4 (44%)	1 (100%)	1 (20%)	3 (18%)
Positive	10 (27%)	0	0	0	0	0
Now In HIV Care	14* 140%	0	0	0	0	0

* This number includes4 HIV+ from another area of the State who entered medical care in the LRGV as a result of the marketing intervention

Social Marketing Preliminary Phase II Results

February 2003

Activity	Spanish TV	English TV	Other	Totals
Calls	F=28 (65%) M=4 (9%)	F=5 (12%) M=3 (7%)	F=2 (5%) M=1 (2%)	F=35 (81%) M=8 (19%) T=43 (100%)
Referred	F=28 (65%) M=4 (9%)	F=5 (12%) M=3 (7%)	F=2 (5%) M=1 (2%)	F=35 (81%) M=8 (19%) T=43 (100%)
Tested	F=6 (14%) M=2 (5%)	F=1 (2%)	0	F=7 (16%) M=2 (5%) T=9 (21%)
Positive	M=1* *Chlamydia	0	0	0

Sustainability

- Maintain components of the model via other sources of funding (primarily BPHC and/or Title III)
- Maintain on-going training component via AETC and other local/regional training resources