

Clinical Workforce Development February 2023 New Library Available from Fall 2022 Offerings

February 2023

Introduction to the Publication

The goal of this publication is to highlight resources that present relevant information to help health centers make decisions about which resources to use and share within their organizations.

For more information, please visit chc1.com/nca to access resources and receive updates on our upcoming free technical and training opportunities.

Community Health Center, Inc. (CHC) serves as the **National Training and Technical Assistance Partners (NTTAP)** for Clinical Workforce Development funded by the **Health Resources and Services Administration (HRSA)**.



Resources and Past Webinars



The NTTAP provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research and publications.

Fall 2022 Webinars

In Fall 2022, **NTTAP (National Training and Technical Assistance Partners)** hosted three national webinars focused on:

- Postgraduate residency and fellowship programs,
- Advancing team-based care, and
- HIV prevention.

► Postgraduate NP/PA Residency: Discussing your Key Program Staff and Responsibilities

Overview: This webinar discusses key elements of a postgraduate residency training program, as well as the resources and staff needed to support training in a high-performance team-based care model.

View webinar at: <http://bit.ly/3j6uvGZ>

Takeaways:

- Answer the question: What are your drivers for starting a postgraduate program?
- Identify leads in each department that your team can work with to implement key program components.
- A postgraduate training program's core components include:
 - Precepted continuity clinics,
 - Specialty rotations,
 - Mentored clinics,
 - Didactic sessions, and
 - Quality improvement training.
- Preceptors should review their postgraduate trainees' notes to gain a better understanding of how well their residents understand key concepts such as the importance of documentation, as well as organizational and mandated requirements, and to train them for their organization.
- Framework for Postgraduate Training Programs (See Figure 1)

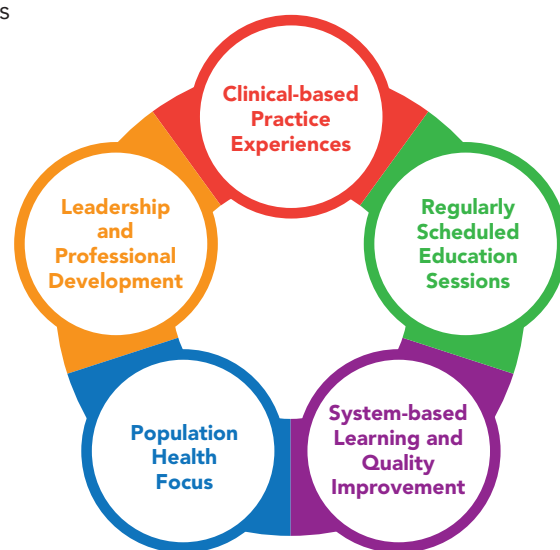


Figure 1. Framework for Postgraduate Training Programs

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► Postgraduate NP/PA Residency: Discussing your Key Program Staff and Responsibilities

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- Key Program Staff and Responsibilities (See Figure 2)



Figure 2. Key Program Staff and Responsibilities

Notable Participant Live Feedback:

- *"I like how they provided steps to create such a program."*
- *"I appreciated the speakers' knowledge and professionalism."*
- *"Great information about something that we are thinking about starting and now I feel like I can have a real conversation about this."*

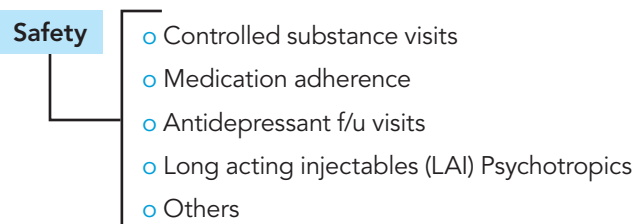
► Advancing Team-Based Care: Enhancing the Role of the Medical Assistant and Nurse through Implementation of Care Management to Improve Chronic Conditions

Overview: This webinar discusses the knowledge and tools to begin or enhance implementation of chronic care management by enhancing the role of the medical assistant, nurse and the technology that supports the clinical care.

View webinar at: <http://bit.ly/3Ft7dlW>

Takeaways:

- Behavioral Health Collaboration with RNs for Care Management:
 - Increased collaboration Psychiatry & RNs



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Advancing Team-Based Care: Enhancing the Role of the Medical Assistant and Nurse through Implementation of Care Management to Improve Chronic Conditions

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- Remote Patient Monitoring (RPM):
 - Initial Questions
 - Which chronic illness are you planning to utilize RPM for?
 - Which devices are you planning to use?
 - Are you giving away the devices? Loaning? Prescribing?
 - If yes, create a process/standing order
- Primary and Virtual Care Teams (See Figure 3)

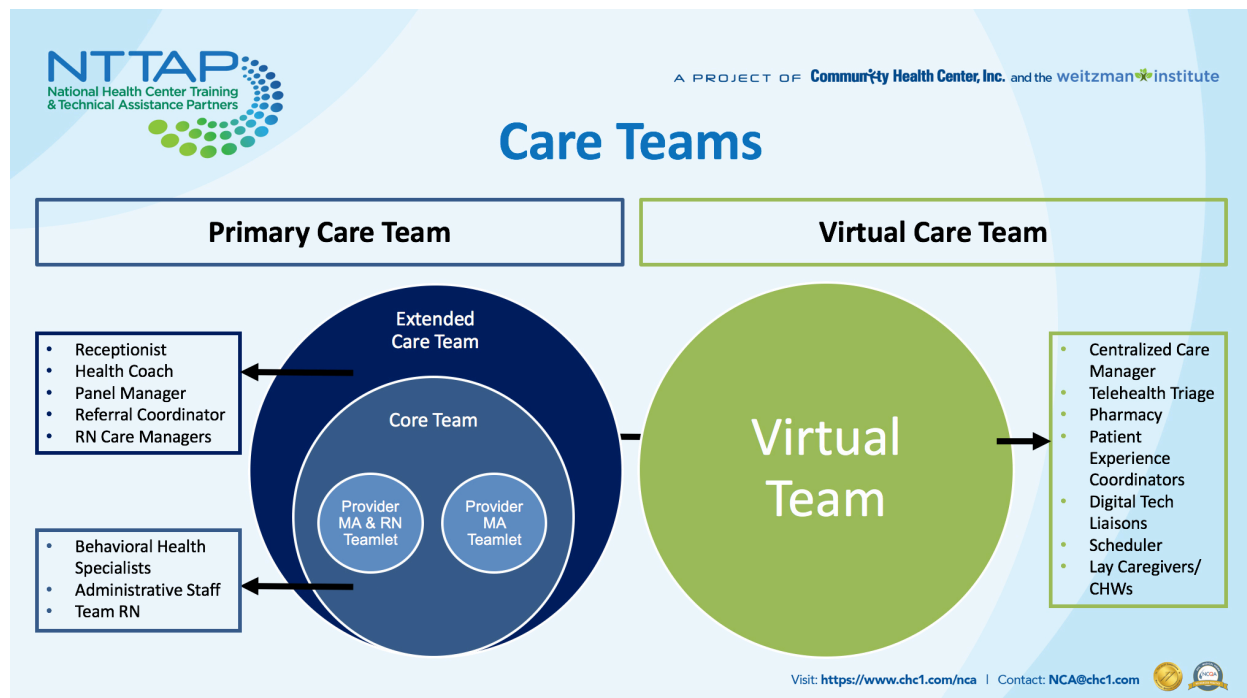


Figure 3. Primary and Virtual Care Teams

- Telehealth Population Health Approach: Patients with Chronic Conditions:
 - Define the population
 - Scale the subgroup of patients to meet the operational capacity -> highest of the high risk
 - Develop and test scripts
 - Identify who should see the patient (PCP, RN, CDCES, etc.)
 - Obtain feedback iteratively from those reaching out to patients

Notable Participant Live Feedback:

- *"Very informative and appreciate the tools provided."*
- *"The options to use different staff using their skills to their level of license."*
- *"I liked the examples of the dashboards as well as having set protocols for if A then B. In addition, recognizing the communication importance as to not duplicate efforts."*

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HIV Prevention: Combating PrEP Implementation Challenges

Overview: This webinar presents case-based scenarios illustrating common challenges to integrating HIV PrEP in primary care. As part of improving clinical workforce development, this session delves into a variety of specific PrEP implementation challenges and strategies to overcome these obstacles to establish or strengthen your PrEP program.

View webinar at: <http://bit.ly/3WmpbNZ>

Takeaways:

- Consider nPEP for those with recent exposure prior to prescribing PrEP.
- Tailoring PrEP regimen to patient eligibility and preference.
- Target PrEP outreach to populations with disproportionately low uptake of PrEP (cis-women, PWID, Black and Hispanic MSM, transgender women).
- Familiarize yourself with available resources to extend access to PrEP (e.g. medications, labs, visits).
- Scaling up PrEP access and treatment nationwide is integral to ending the HIV epidemic.
- Case #1: Russell (See Figure 4)
- Case #2: Sandra (See Figure 5)

Case #1: Russell

- 23 year old Black cis-gender gay male comes in asking for STI screening.
- Worried, since 2 1/2 days ago, he had unprotected oral and anal sex (insertive and receptive) with a man he did not know very well.
- He had not had any sexual encounters for about a month prior to that.
- He has no pharyngeal or anogenital symptoms but is concerned he may have a STI.
- He did have urethral gonorrhea about 7 months ago (he does not recall having anal or pharyngeal swabs done at the time). He has never had syphilis as far as he knew.
- On exam: pharynx normal; no lesions seen in anogenital area; no discharge seen in underwear or from urethra; testicles normal.

Figure 4. Case #1: Russell

Case #2: Sandra

- Sandra decides to start on Apretude (cabotegravir) long-acting injectable PrEP.
- She likes the idea of not having to add another pill to her med regimen. Additionally, she is already coming into the clinic regularly for buprenorphine MOUD visits so she feels she can adhere to the injection schedule.
- Sandra elects not to complete a month-long oral lead-in course and instead decides to start the injection right away.

Injection schedule:

- 600 mg IM once monthly x two months, then every other month after that.
- May be administered 7 days before or after the due date.

Lab monitoring:

- HIV Ag/Ab at baseline.
- HIV Ag/Ab + HIV RNA at 1 month, then every 2 months.
- Bacterial STI screenings every 4-6 months depending upon risk.

Additional considerations:

- Cabotegravir "tail" after discontinuation—risk for ART resistance if HIV infection occurs.
- It is not yet known exactly when Apretude reaches therapeutic levels in anogenital mucosa.

Figure 5. Case #2: Sandra

Notable Participant Live Feedback:

- *"Very practical, concise but provided a lot of information that is helpful for primary care."*
- *"I liked the ability to answer the questions in a poll format."*
- *"Great info on the different regimen options and programs to get the medications."*

To view over 50 archived webinars, visit: www.chc1.com/nca

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