

# Georgia utilizes Telehealth & Project ECHO

Expanding HIV care management in underserved areas

2020 National Ryan White Conference on HIV Care and Treatment  
Gregory S. Felzien, M.D. AAHIVS / Suleima Salgado, MBA / August 13, 2020

# Learning Objectives

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- Highlight Georgia's Public Health Telehealth Infrastructure
- Explain the need for greater healthcare access across rural & urban settings
- Discuss innovative solutions & partnerships used to implement, expand, & treat individuals living with & affected by HIV via Telemedicine
- Summarize Telehealth regulations, reimbursement & resources
- Explain how Project ECHO helps rural & remote providers learn from specialists to manage care for their complex HIV patients & to build work force capacity

No Disclosures



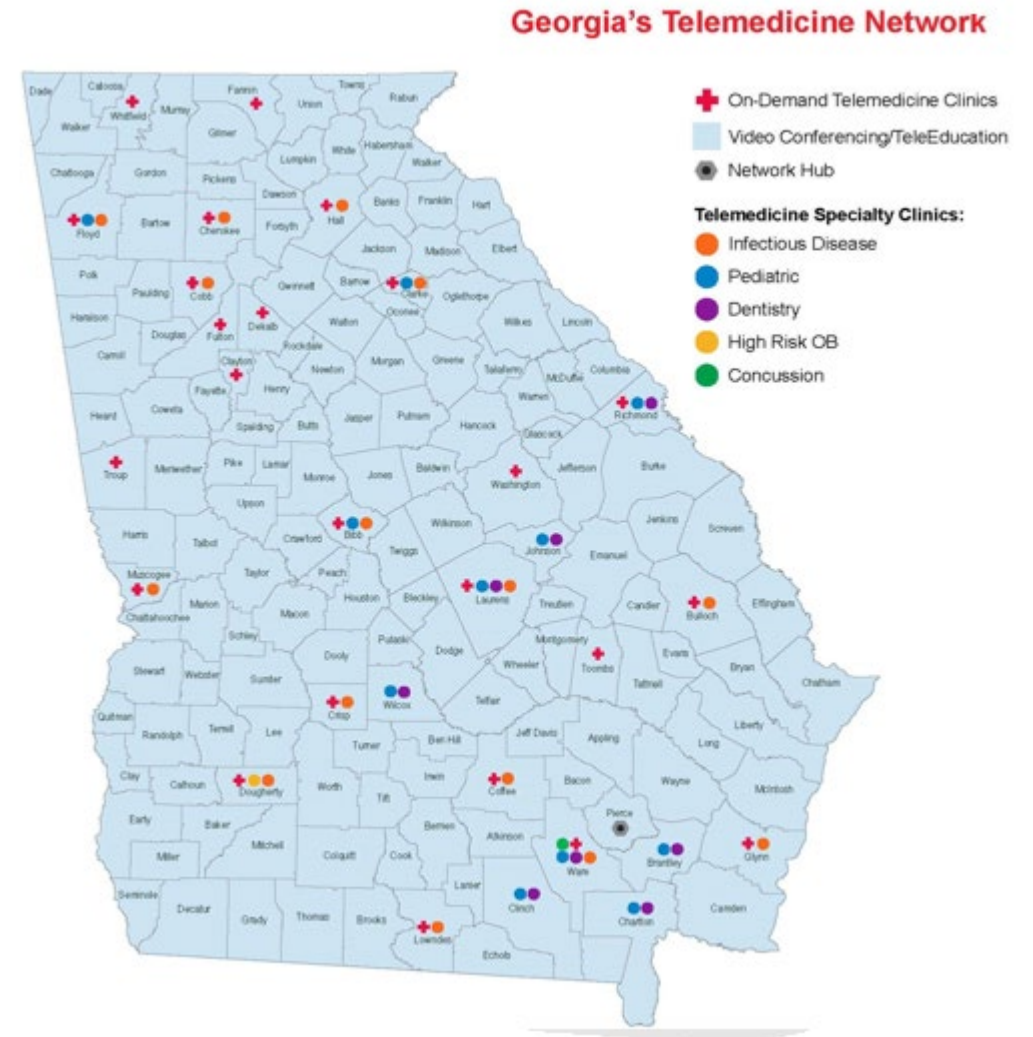
# Georgia's "Tele" Network

- GA legislators appropriated \$2.3M to DPH to expand network, and allocate funds to support overall efforts
- Utilize a hub-and-spoke model with **installed dedicated circuits statewide to ensure clinics had the necessary bandwidth**
- Additional funding: federal, state, county, & grant funds to expand clinics, train staff, and technical support
- Partnership with: Rural Health, Medicaid, DBHDD, universities, local hospitals, other telehealth networks, and private sector are integral and sustained through collaborative agreements and MOUs



# Georgia's "Tele" Network

- Extensive telehealth network provides expertise statewide through video
- Recognized as one of the most robust & comprehensive public health telemedicine networks in the nation & a best-practices model of care
- Connects **all 159 county health departments & specialty clinics**
- Allows connection to partners & providers ANYWHERE (patients home, hospitals, universities, private practice, etc.)



# Georgia's "Tele" Network

- Patients come to county health centers for telehealth visits
- **Nurses serve as the hands for clinicians on the other end of the screen**
- DPH has approximately **1,000 clinicians** in its network, with **access to many more** through partnerships and collaboration
- Provides access to specialty services to rural, and underserved areas



# Collaboration Without Boundaries

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## Cost Savings Example

- Statewide Conference (2-day training)
- Two-day training, partner with a state university & training center, & a local AHEC
- Providers funded to present through grant
- Virtual registration & evaluation
- Power Point slides provided virtually & in advance

## Return On Investment

- No registration cost for participants since virtual (telehealth)
- Over 500 public health nurses & clinicians tuned in to watch
- Seven hours of CEU's eligible for registered participants
- 158 of the 159 counties participated
- **Cost savings:** NOT having to pay for travel, food & lodging for each person who received training & average it at \$500/person, this is a cost savings of **\$250,000**

# Telemedicine

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Originating Site



Telemedicine Cart



Distant Site

**Originating Site** - where a patient is located (CHD)

**Telemedicine Cart** - interactive & secure telecommunications system

**Distant Site** - where clinician is located

# DPH “Tele” Specialty Services Pre-COVID

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- **Asthma/Allergy** - pediatric
- **Audiology** - pediatric
- **Behavioral Health counseling** - pediatric school based
- **Community Paramedicine (Ambulatory)**
- **Concussion** – school based
- **Dental Services** - school based
- **Dermatology** - adult and pediatric
- **Diabetes Classes** - adult and pediatric
- **ECHO (Infectious Diseases)**
- **Emergency Preparedness / Disaster Response**
- **Endocrinology** - pediatric
- **Genetics/Developmental** - pediatric
- **Infectious Disease** - adult and pediatric
- **Interpreter Services**
- **Lactation Support/WIC**
- **Maternal Fetal Medicine (High Risk)** - adult
- **Mental Health (HIV)** – adult
- **Nephrology** - pediatric
- **Neurosurgery** - pediatric
- **Nutrition/WIC** - adult and pediatric
- **Opioid Provider Education & Training**
- **Orthopedic**
- **PrEP**
- **Sickle Cell** - adult & pediatric
- **Tele-therapy** for early intervention (BCW)-pediatric
- **VDOT**- Tuberculosis

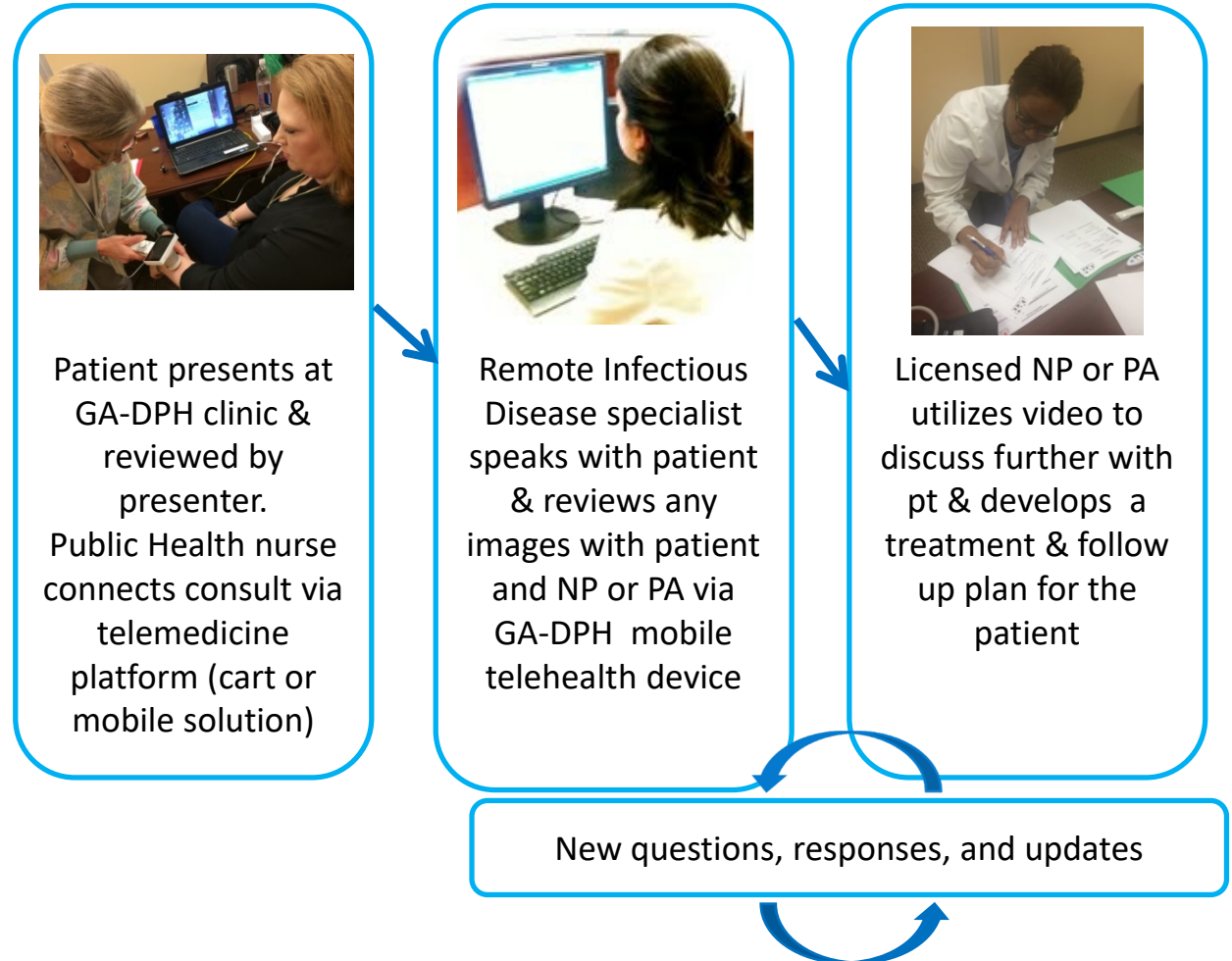


# TeleHIV

**Providing help to patients living with HIV who may have health barriers to overcome in receiving treatment**

**Target:** Urban and Rural settings

**Barriers:** transportation, stigma, work schedules, shortage of providers & distance to provider, long waits for appointments, language/cultural barriers, etc.



# Key “Tele” Legislation

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## **SB115**

### **SUMMARY**

Provides telemedicine licenses for physicians licensed in other states to practice medicine with patients in Georgia through telemedicine;

**and**

Provides for the removal of the geographic limitation on pharmacists

## **SB118**

### **SUMMARY**

Known as the Georgia Telehealth Act

- Defines the definition of telemedicine & telehealth;
  - Prohibits insurers from requiring insured to use telemedicine;
- and**
- Provides for pay equity for health care providers using telemedicine

# Leveraging Telehealth during COVID-19

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Almost overnight, we went from our normal in clinic, telemedicine consultations to remote patient care.

Collaboration tools became critical enablers for the new normal and the DPH Office of Telehealth and Telemedicine took the following steps to transform our efforts and ensure essential patient services continued during COVID-19:

- Issued a **Standard Operating Procedure** for the entire agency on approved Video Conferencing Platforms
- Expanded existing telehealth platform to allow for external clients/staff to join virtually from non-DPH locations (**Cisco Meeting App**)
- Converted **70%** of contracted clinicians from in person to telemedicine providers
- Trained over **1,200** clinicians on new telehealth platforms and resources
- Purchased and equipped approximately **50 mobile telemedicine solutions** to be deployed, as needed, into districts for COVID response efforts
- Responded to over **500** inquiries from clinicians on Georgia Telemedicine rules/regulations
- Continued to work with Telecommunications providers and district Information Technology staff to turn up/install circuits at identified DPH locations (**appx 200 locations**)

# Leveraging Telehealth during COVID-19

Implemented **WebEx Meetings** for both programmatic and Telemedicine services

## Pre-COVID (January 1- March 1, 2020)

Meeting Minutes	3, 573
# of meeting attendees	358
# users (Hosts)	19
Total Meetings	147
Total Video Meetings	104
# of account holders	25

## During COVID (January 1- March 1, 2020)

Meeting Minutes	1,136,047
# of meeting attendees	69,953
# users (Hosts)	821
Total Meetings	31,732
Total Video Meetings	23,445
# of account holders	1241



Webex Meetings

*This is strictly WebEx and does not reflect in clinic Telemedicine consultations, Telehealth sessions, or point to point endpoint calls.*

# Expanded “Tele” Specialty Services During COVID-19

## Web-based / Mobile Services

- CMS Care Coordination
- Distant Learning/Education
- Direct Observation Therapy (VDOT)
- Emergency Preparedness / Disaster Response
- Home Visiting Programs
- Infectious Disease (follow up appt)
- Mental Health (HIV)
- Nutrition Education & Counseling (WIC)
- Orthopedic, pediatric (follow up appt)
- Staff Training/Meetings/Collaborations
- STD (follow up appt)
- Tele-therapy for early intervention
  - Babies Can’t Wait – pediatric
    - ST, OT, PT, Evaluation

## Policy / Regulations / Considerations

- Compatibility with existing resources
- Expanded policies to include provision of services via phone
  - not previously allowed as telehealth
- Expanded infrastructure/bandwidth
- HIPAA Regulations for platform/solutions
- Licensure Waivers
- Security / Privacy features
- State Updating/expanding Medicaid policies to address telehealth

*\*Traditional in clinic, telemedicine services still occurring*

# Leveraging Telehealth during COVID-19

PRE-COVID-19	WITH WAIVER INSTITUTED
Geographic Limitation (must take place rural area/non-MSA)	Temporarily waived. All geographic locations now qualify
Specific type of health site (specific list of eligible facilities and narrow exceptions for the home)	Temporarily waived. Other locations can now act as the originating site such as the home.
Eligible Providers (specific list of providers)	No change. FQHCs and RHCs, allied health professionals still cannot act as distant site providers.
Modality – Live Video with Hawaii & Alaska allowed to use Store & Forward	No change. However, some services can be provided via “technology-based communications” that are not considered “telehealth” by Medicare
Services	No change. However, CMS has said that the removal of the location restrictions will apply to delivery of all eligible services that are reimbursed if provided via telehealth, not just those related to treatment of COVID-19
Facility Fee	Any sites that come in under the waiver (ex: hospital in an urban area) are NOT eligible to receive a facility fee.

Provided by Center for Connected Health Policy  
<https://www.cchpca.org/>  
<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>

# What's next for Telehealth?

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*"I think the genie's out of the bottle on this one. I think it's fair to say that the advent of telehealth has been just completely accelerated, that it's taken this crisis to push us to a new frontier, but there's absolutely no going back."*

- Seema Verma, CMS Administrator, March 28, 2020

# What's next for Telehealth?

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*Telehealth will continue to be a valuable asset in key areas of disaster response and public health emergencies.*

Telehealth acts as force multiplier during a response by making health expertise available where it otherwise would not be and minimizing safety and logistical challenges:

## **Remote Patient Monitoring (Maintain Access to Care):**

(Response) treatment for patients, providers and community.

## **Medical Supply Dispensing or testing sites**

(Response) incorporating telehealth and consultation capabilities at remote locations will help where medically trained staff are in short supply and enhanced situational awareness of "supply availability."

## **Decision-making support and Expertise**

(Response) enable telehealth consultations with disease specialists and provide support to rural and under-resourced facilities impacted by an event. Can also be used to educate care givers, decision making about interventions, transport and treatment adjustments.

## **Virtual Support**

(Recovery) video conferencing allows for medical responders in field to connect with specialists. Can also support training efforts and can provide just-in time training and education to various responders. Video consultations can provider primary care services for displaced persons who cannot access their primary care provider.



# Addressing Additional Workforce Capacity Needs

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# Georgia Concerns: (2016/2017/2018)

Georgia National Rank	STD	Cases	Rate per 100,000 population
1 / 1 / 1	HIV	56,789 51,532 52,390	31.8 / 24.9 / 24.3
3 / 9 / 15	<b>Gonorrhea</b>	20,553 22,667 20,867	201.2 / 219.8 / 200.1
4 / 4 / 4	P&S Syphilis	1,350 1,489 1,607	13.2 / 14.4 / 15.4
5 / 6 / 7	<b>Chlamydia</b>	62,776 65,104 65,936	614.6 / 631.4 / 632.2
9 / 10 / 10	Congenital Syphilis	21 23 31	16 / 17.7 / 23.8
10 / 11 / 11	P&S Syphilis (women)	113 139 184	2.2 / 2.6 / 3.4

O.C.G.A. (Official Code of Georgia Annotated) § 31-17-7.1

Prescription drugs; expedited partner therapy- patients with venereal diseases

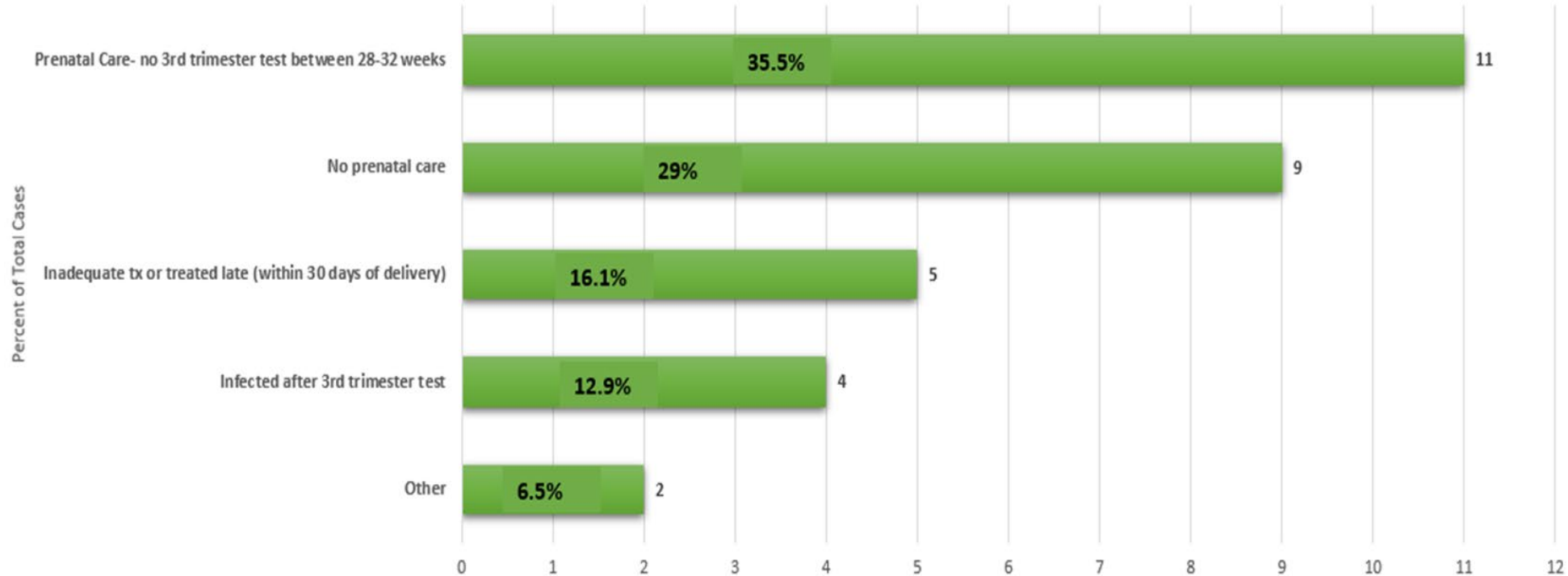
NOT for MSM or women with S/S of PID

<https://www.cdc.gov/std/stats16/toc.htm/>  
<https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>  
[https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report\\_CDC-clearance-9.10.18.pdf](https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf)  
<https://www.cdc.gov/std/stats18/tables.htm>  
<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-vol-30.pdf>

# Missed Opportunities to Prevent CS

## Congenital Syphilis Prevention Reveals Areas of Improvement Among Mothers of Reported Congenital Syphilis Cases - Georgia 2018

In 2018, there were 31 reported cases of congenital syphilis. Among mothers of those cases:

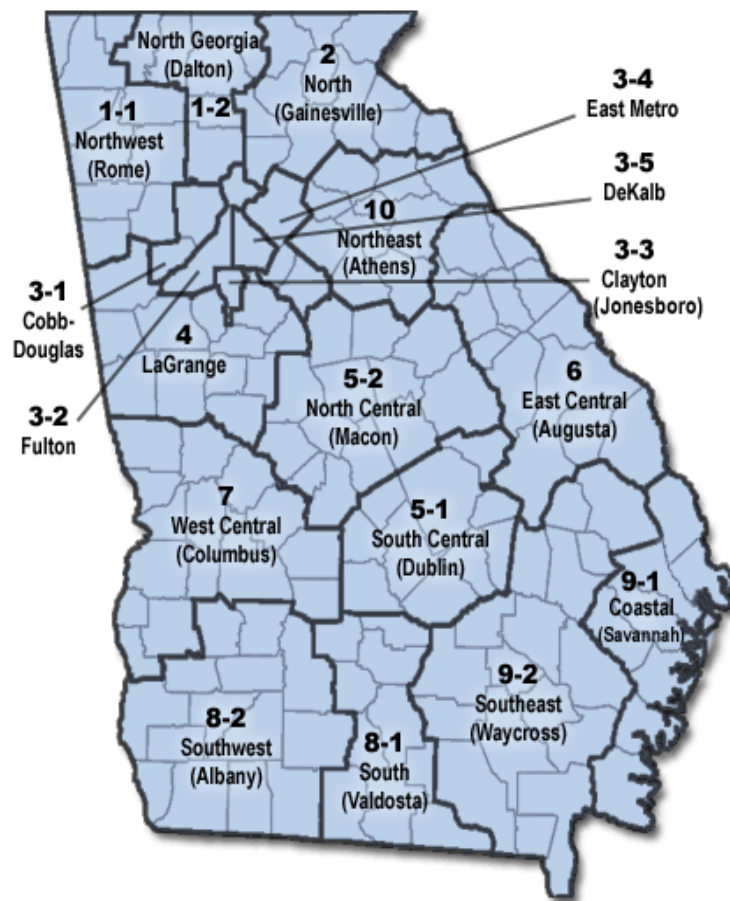


Acknowledgment: Latasha Terry

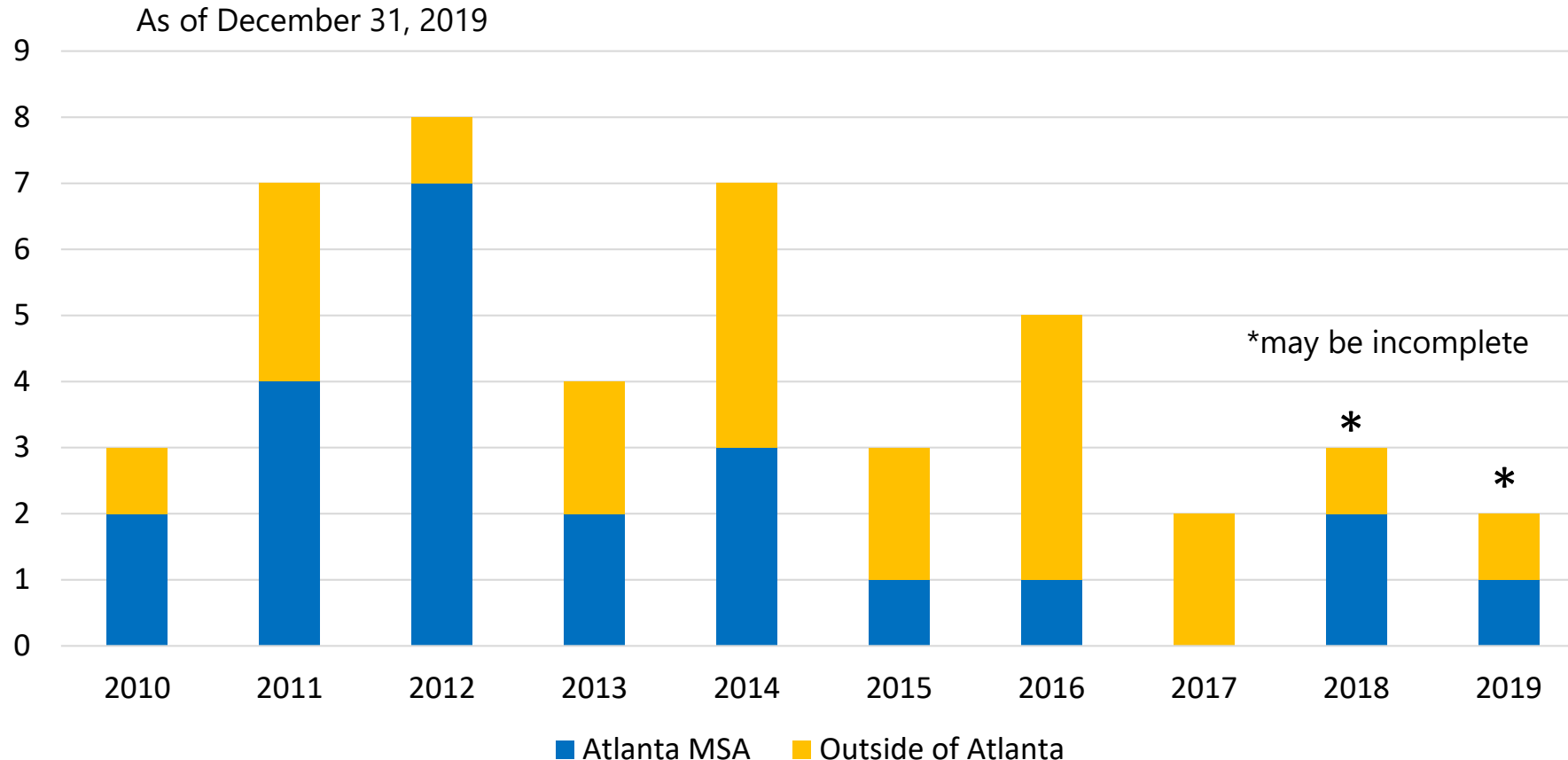
# Persons Living with HIV/AIDS, through Dec. 31, 2017

Public Health District	HIV Diagnoses		PLWH	
	Count	Rate*	Count	Rate*
1-1 Northwest (Rome)	51	7.6	1,089	163.2
1-2 North Georgia (Dalton)	28	5.8	677	141.2
2 North (Gainesville)	40	5.7	829	117.9
3-1 Cobb-Douglas	200	22.2	4,011	445.9
3-2 Fulton	651	62.5	16,770	1,610.3
3-3 Clayton (Jonesboro)	146	51.2	2,708	949.7
3-4 East Metro (Lawrenceville)	218	19.5	4,091	365.7
3-5 DeKalb	374	49.7	9,926	1,317.8
4 LaGrange	125	14.6	2,155	252.3
5-1 South Central (Dublin)	25	16.6	612	406.9
5-2 North Central (Macon)	99	18.8	2,203	417.3
6 East Central (Augusta)	91	18.7	2,257	464.3
7 West Central (Columbus)	119	32.4	1,806	492.1
8-1 South (Valdosta)	68	26.5	1,151	448.1
8-2 Southwest (Albany)	87	25.1	1,779	513.0
9-1 Coastal (Savannah)	133	21.4	2,756	444.2
9-2 Southeast (Waycross)	45	12.2	1,213	328.3
10 Northeast (Athens)	54	10.8	1,008	200.7
Unknown Health District	143	--	1,767	--
<b>Total</b>	<b>2,698</b>		<b>58,808</b>	

\*per 100,000 population



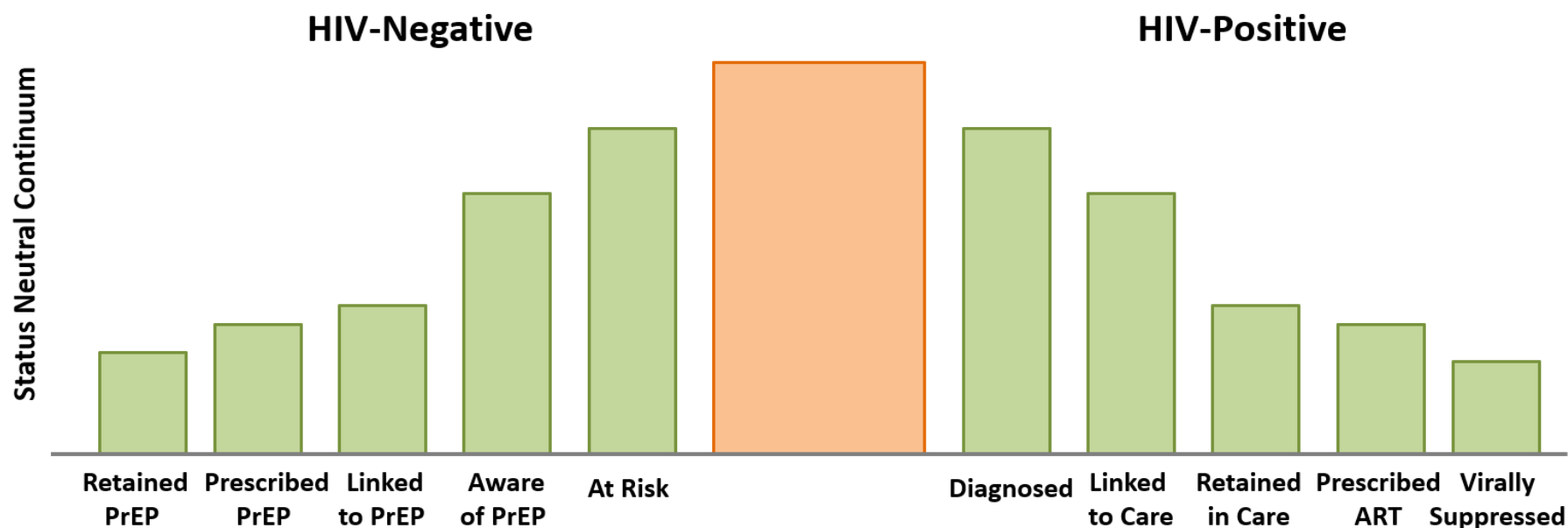
# Perinatal Transmissions by Mother's Residence, 2010-2019, GA



## Georgia Perinatal HIV Coordination Service

§ 31-17-4.2: Georgia HIV/Syphilis Pregnancy Screening Act of 2015; enact

# HIV Status Neutral Continuum



ART = antiretroviral therapy.

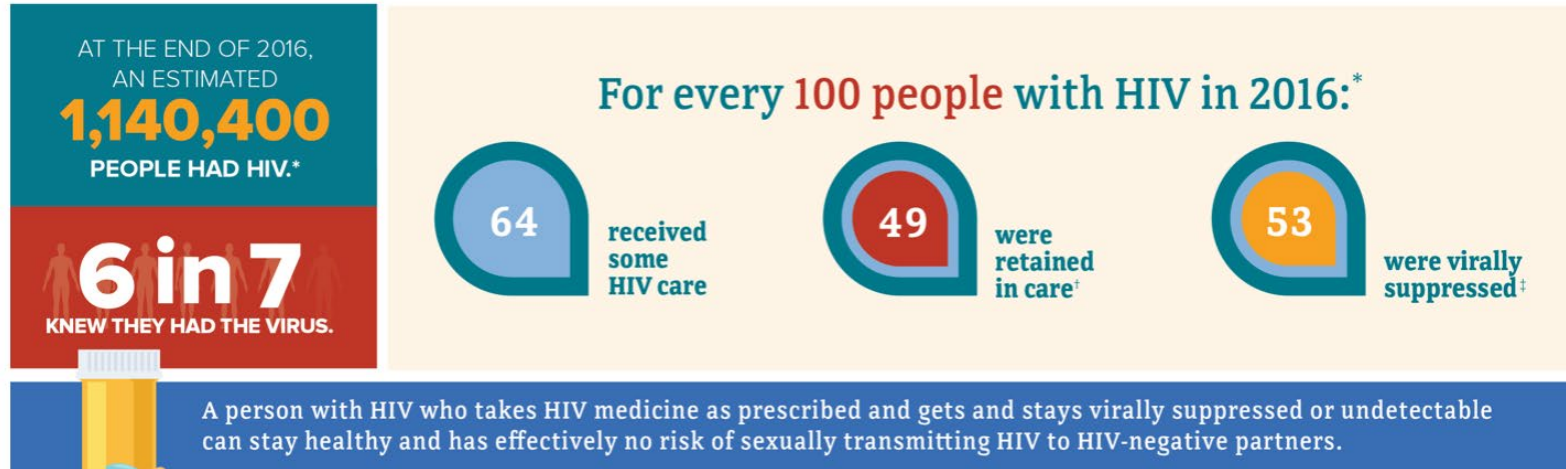
Buchbinder SP and Liu AY, et al. *Top in Antivir Med.* 2018;26(1): 1-26.

Population	Recommendation	Grade (What's This?)
Persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.	<b>A</b>



<https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis>

# Reaching Our Goals



<https://www.cdc.gov/hiv/statistics/overview/ataglance.html>  
<https://www.hiv.gov/blog/hrsa-announces-highest-hiv-viral-suppression-rate-new-ryan-white-hiv-aids-program-client-level-0>

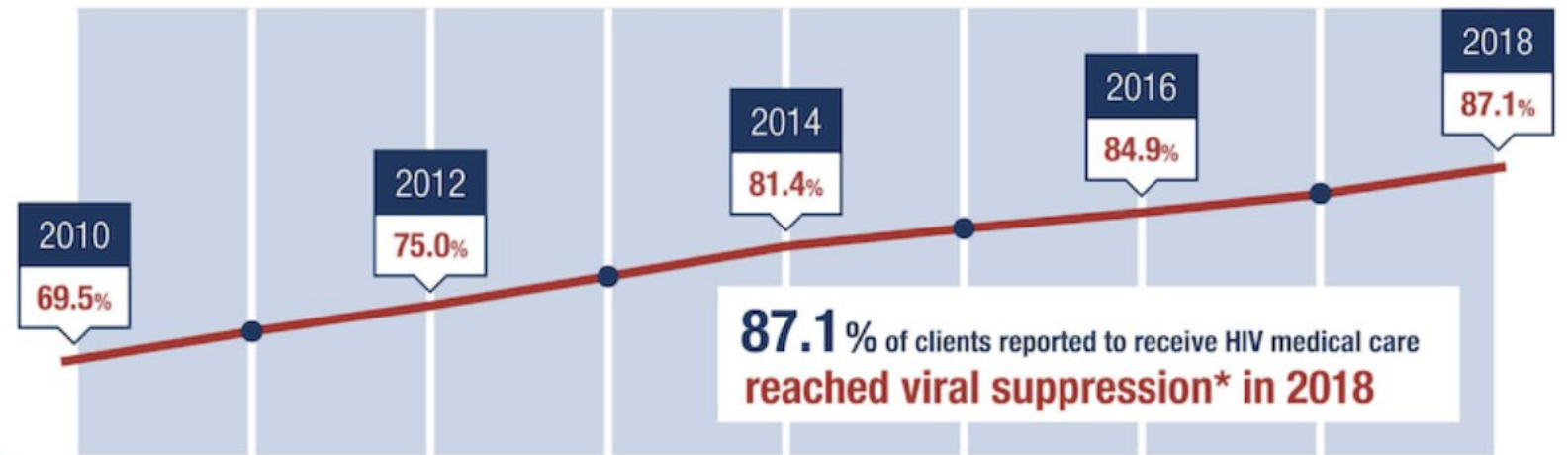


Image credit: [2018 Ryan White HIV/AIDS Program By the Numbers](#) (PDF, 452 KB)

# Ending The Epidemic: Multifactorial

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- Routine screening
- Linkage / Retention to care
- Adherence
- Abstinence / Monogamy
- Mother to Child
- Pregnancy, delivery, breastfeeding, milk-sharing, premastication
- Treatment as Prevention
- Condom use
- Circumcision
- Serosorting / Seropositioning
- PrEP / oPEP / nPEP
- Syringe exchange services
- STI screening / treatment

- Barriers: transportation
- Stigma / Discrimination
- Disclosure
- Political environment
- Faith-based organizations
- Family / Work / Myths
- Legal / Incarceration
- Abuse: survival sex / sexual assault
- Housing
- Bias: conscious / unconscious
- Emotions: fear, anxiety, etc.
- Partner(s) notification: EPT
- Clinic staff: workforce capacity
- Level of knowledge (<https://www.hiv.uw.edu/>)





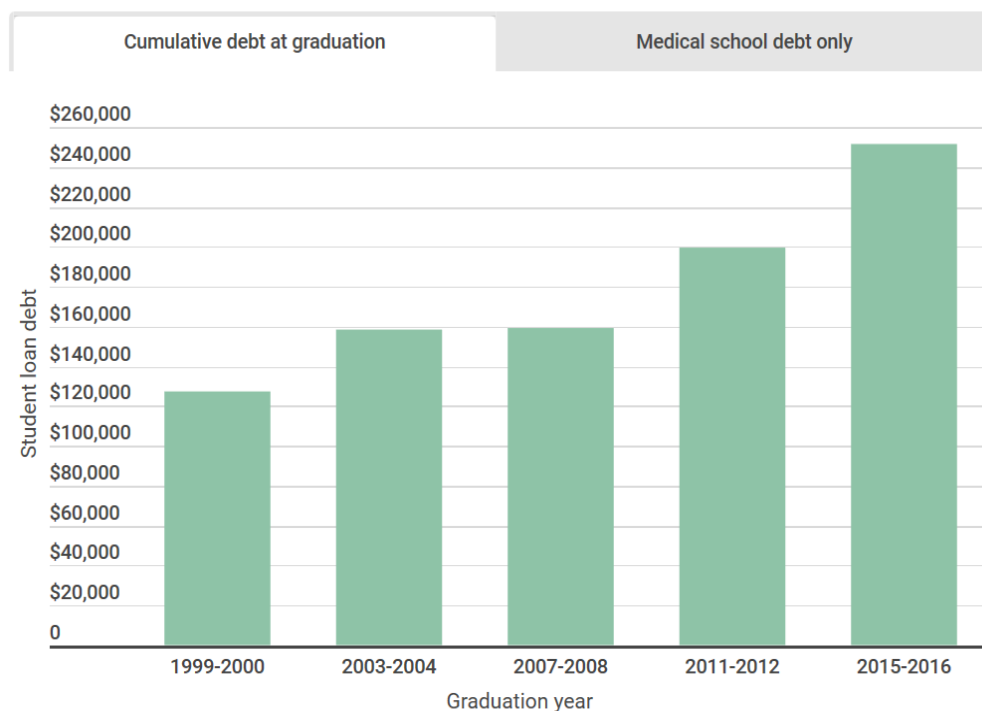
# HIV/STD Workforce

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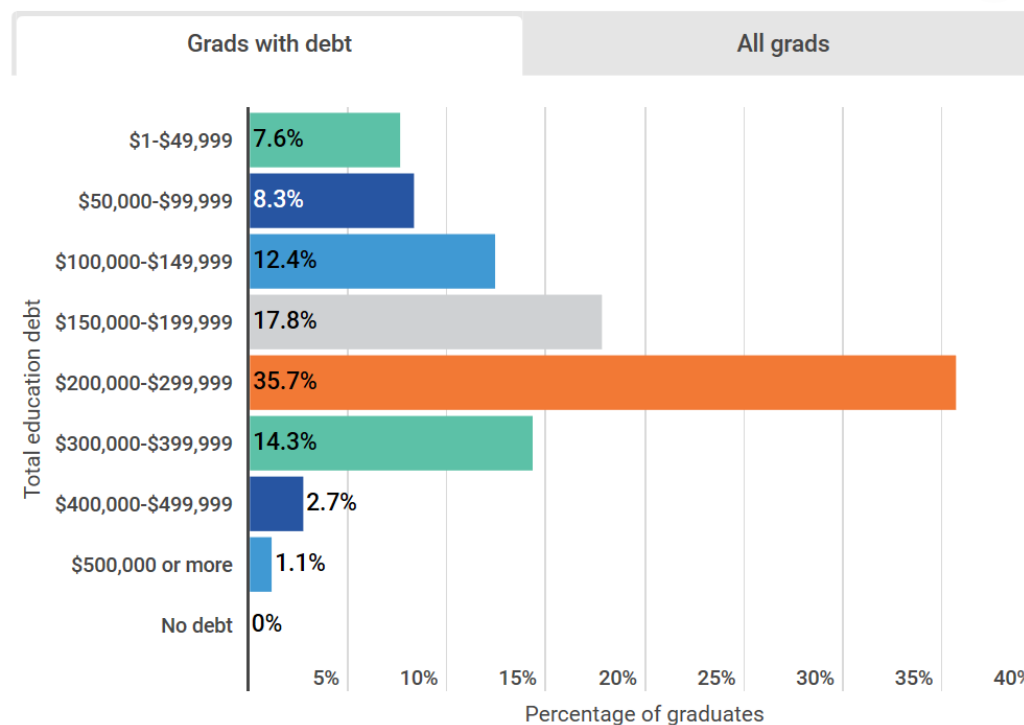
# Education Debt

## Average medical school debt



Cumulative debt at graduation includes loans taken out before medical school. All debt figures are inflation-adjusted, constant 2017-18 dollars. Source: [National Center for Education Statistics](#).

## Debt levels of recent med school grads



Total education debt includes premedical debt plus borrowing for medical school. Source: Association of American Medical Colleges, 2019 [Medical School Graduation Questionnaire](#).

# Across the State of Georgia

Current Level of Educational Debt	Frequency	Percent
\$0	182	30.3%
Less than \$100,000	55	9.2%
\$100,000-\$199,999	87	14.5%
\$200,000-\$299,999	111	18.5%
\$300,000-\$399,999	97	16.1%
\$400,000-\$499,999	50	8.3%
\$500,000 or greater	19	3.2%
<b>Total</b>	<b>601</b>	<b>100.0%</b>

Practice Location	Frequency	Percent
Georgia	213	51.8%
Other State	195	47.4%
Outside of U.S.	3	0.7%
<b>Total</b>	<b>411</b>	<b>100.0%</b>

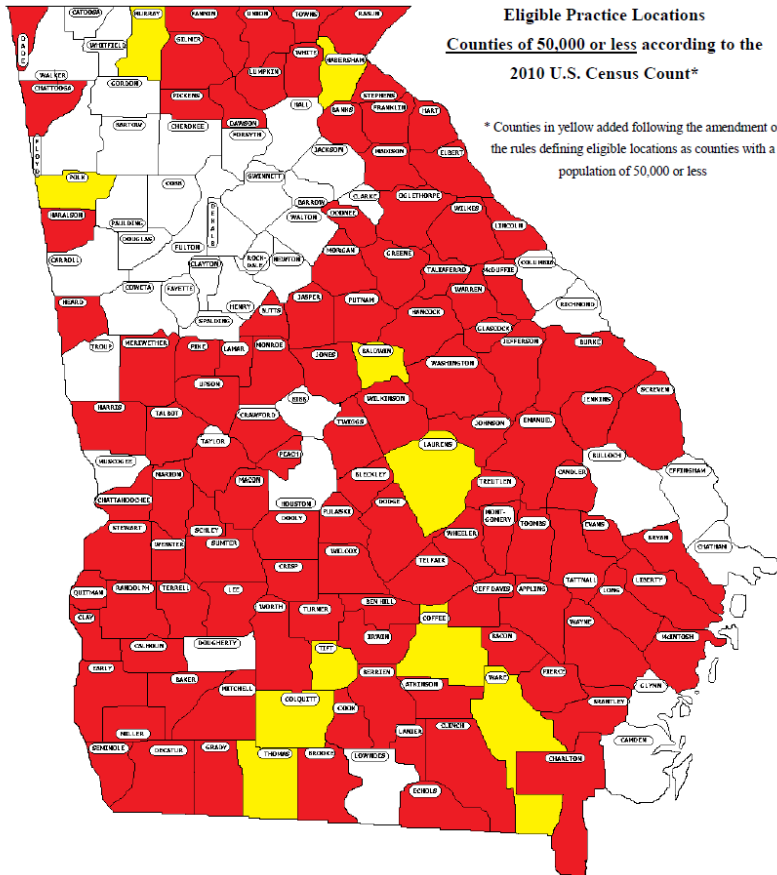
Expected Gross Income in First Year of Practice	Frequency	Percent
Less than \$100,000	71	14.7%
\$100,000-\$199,999	79	16.4%
\$200,000-\$299,999	193	40.0%
\$300,000-\$399,999	94	19.5%
\$400,000-\$499,999	34	7.1%
\$500,000 or greater	11	2.3%
<b>Total</b>	<b>482</b>	<b>100.0%</b>

<https://healthcareworkforce.georgia.gov/main-publications-reports/data-publications/graduate-medical-education-survey-reports>

# Loan Repayment Programs

## Georgia Board for Physician Workforce

### *Loan Repayment Programs Eligible Counties Map*



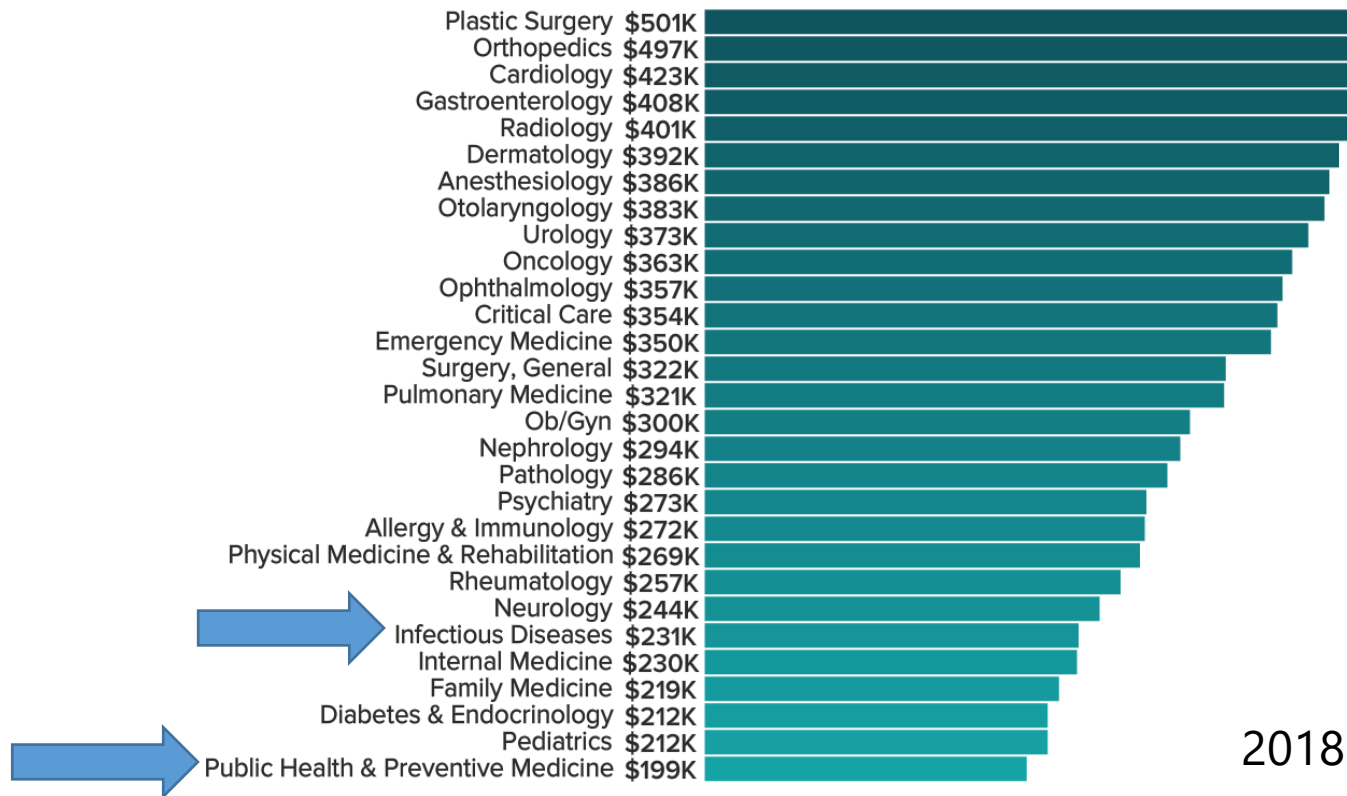
## Loan Repayment Programs

- Physicians for Rural Areas Assistance Program (PRAA) Georgia Physician Loan Repayment Program (GPLRP)
- Dentists for Rural Areas Assistance Program (DRAA)
- Advanced Practice Registered Nurse Loan Repayment Program (APRNLRP)
- Physician Assistant Loan Repayment Program (PALRP)
- Malpractice Insurance Premium Grant

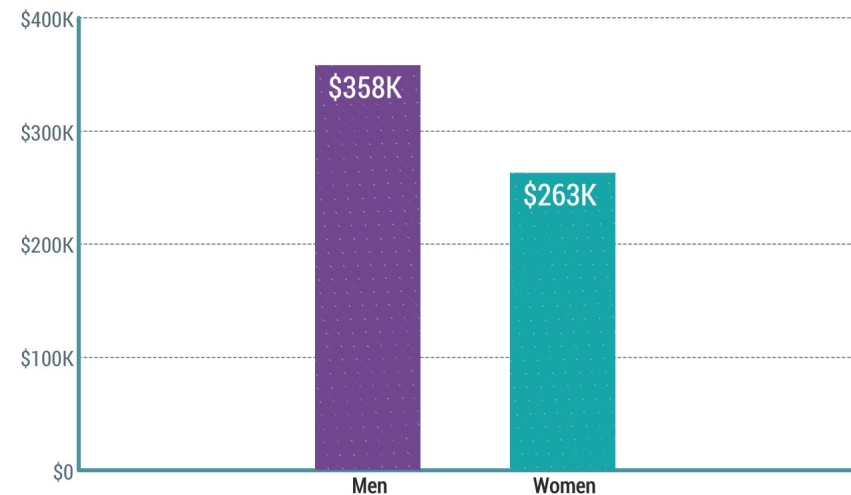
<https://healthcareworkforce.georgia.gov/loan-repayment-scholarship-programs/program-eligibility-maps>  
<https://healthcareworkforce.georgia.gov/loan-repayment-scholarship-programs>

# Average Annual Compensation

## Average Annual Physician Compensation by Specialty



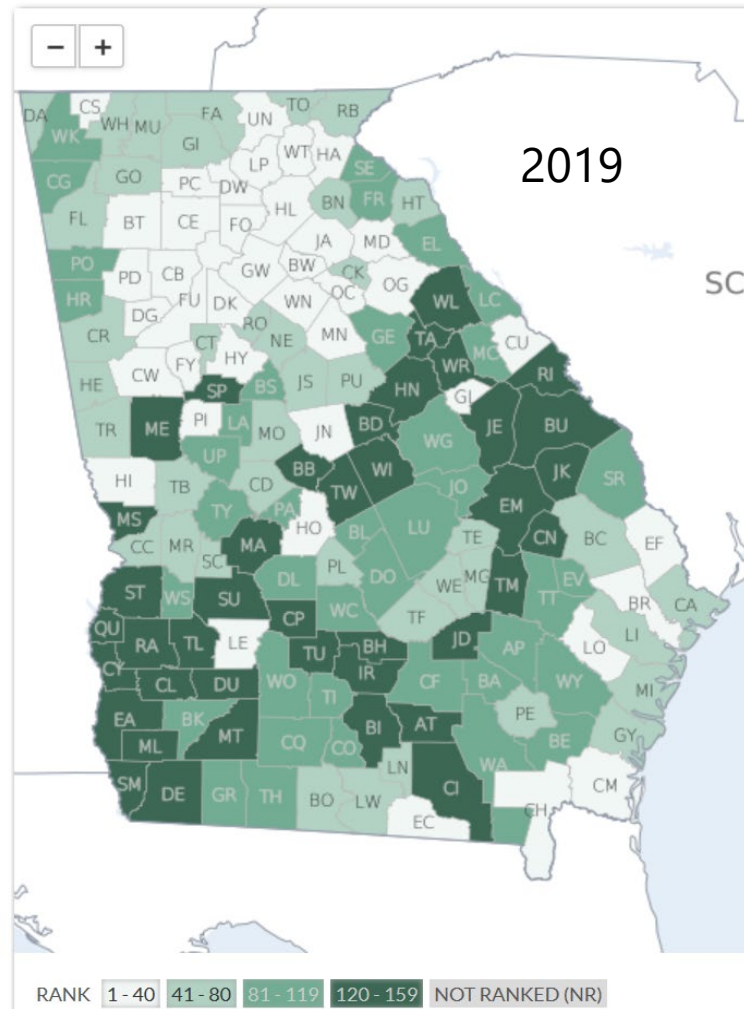
Among Specialists, Who Earns More: Men or Women?



<https://www.medscape.com/slideshow/2018-compensation-overview-6009667#4>

# Infectious Disease Providers in Georgia

Overall Rankings in Health Outcomes i



County	Active Licenses
<b>Active</b>	<b>242</b>
Bartow	1
Bibb	7
Carroll	2
Chatham	5
Cherokee	3
Clarke	3
Clayton	2
Cobb	14
DeKalb	75
Fayette	4
Floyd	2
Forsyth	2
Fulton	82
Glynn	2
Gwinnett	9
Hall	3
Henry	3
Houston	3
Laurens	1
Lowndes	1
Muscogee	2
Richmond	12
Spalding	1
Thomas	1
Walton	1
Ware	1
<b>Grand Total</b>	<b>242</b>

## Rural Feedback

- Fear of stealing patients
- Unknown reason for need
- Wanting Primary Care

Acknowledge: Leanna Greenwood, M.A.  
Senior Data Analyst  
GA Board of Health Care Workforce

<https://healthcareworkforce.georgia.gov/>  
<https://www.countyhealthrankings.org/app/georgia/2016/overview>  
<https://www.healthgrades.com/infectious-disease-medicine-directory/ga-georgia>

# Challenges

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## Burnout Among Rural Providers?

### General Population

2011	28.6%
2014	28.4%
2017	28.1%

### Physician burnout

2011	45.5%
2014	54.4%
2017	42.7%

## Criminalization laws/regulations

Can't text PLWH from GA-Public Health

The doctor is out? Why physicians are leaving their practices to pursue other careers

"After 20 years, I quit medicine and none of my colleagues were surprised. In fact, they all said they wish they could do the same," said one doctor.

Why are so many doctors burning out?  
Tons of real and electronic paperwork.

Medicine needs a culture change to  
retain talented physicians

<https://www.ruralhealthinfo.org/rural-monitor/burnout-measurement/>

<https://www.nbcnews.com/business/business-news/doctor-out-why-physicians-are-leaving-their-practices-pursue-other-n900921>

[https://www.washingtonpost.com/health/why-are-so-many-doctors-burning-out-tons-of-real-and-electronic-paperwork/2019/05/31/3335ca78-346c-11e9-af5b-b51b7ff322e9\\_story.html](https://www.washingtonpost.com/health/why-are-so-many-doctors-burning-out-tons-of-real-and-electronic-paperwork/2019/05/31/3335ca78-346c-11e9-af5b-b51b7ff322e9_story.html)

<https://www.statnews.com/2019/01/28/medicine-culture-change-retain-talented-physicians/>

# Georgia Retirement

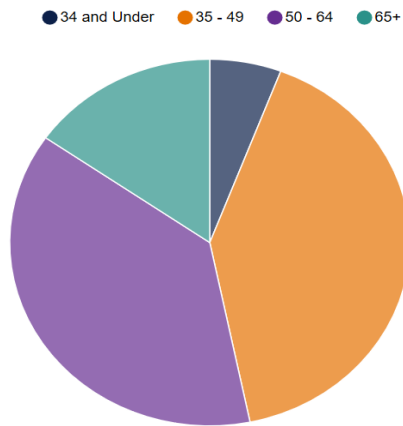
**22,030**  
TOTAL

**23,324**  
TOTAL FTE


**10,429,379**  
POPULATION

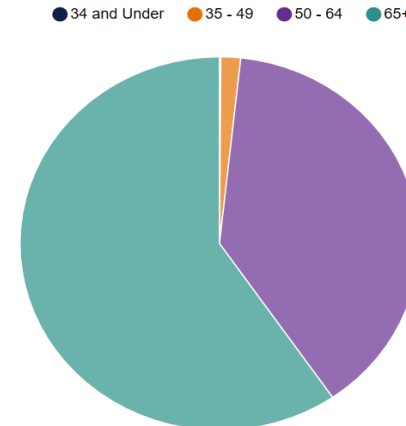
**211.2**  
PHYS / 100K

 Physician Distribution by Age



Age	Age Group
34 and Under	1,272
35 - 49	9,032
50 - 64	8,353
65+	3,373

 Physician Retiring Next Five Years



Age	Retiring
34 and Under	3
35 - 49	45
50 - 64	1,087
65+	1,674



# Georgia Counties Without Providers

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Without a(n)

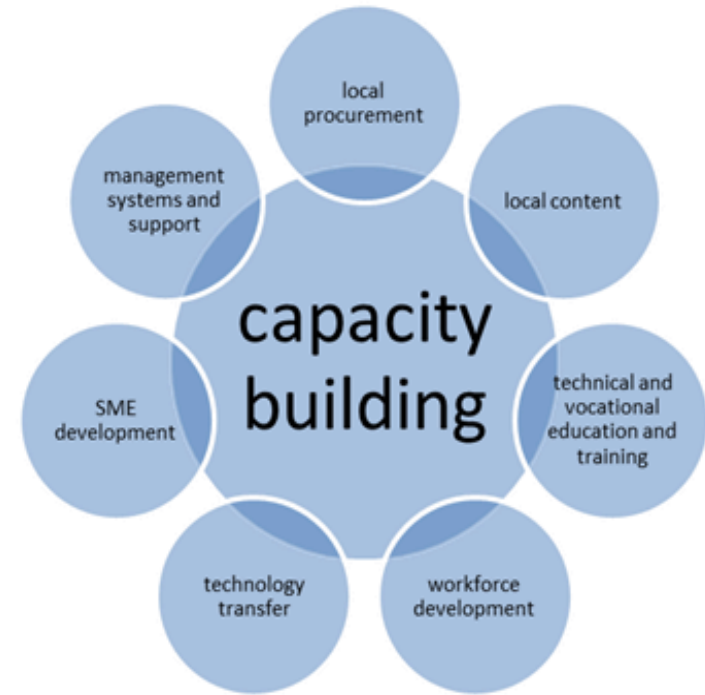
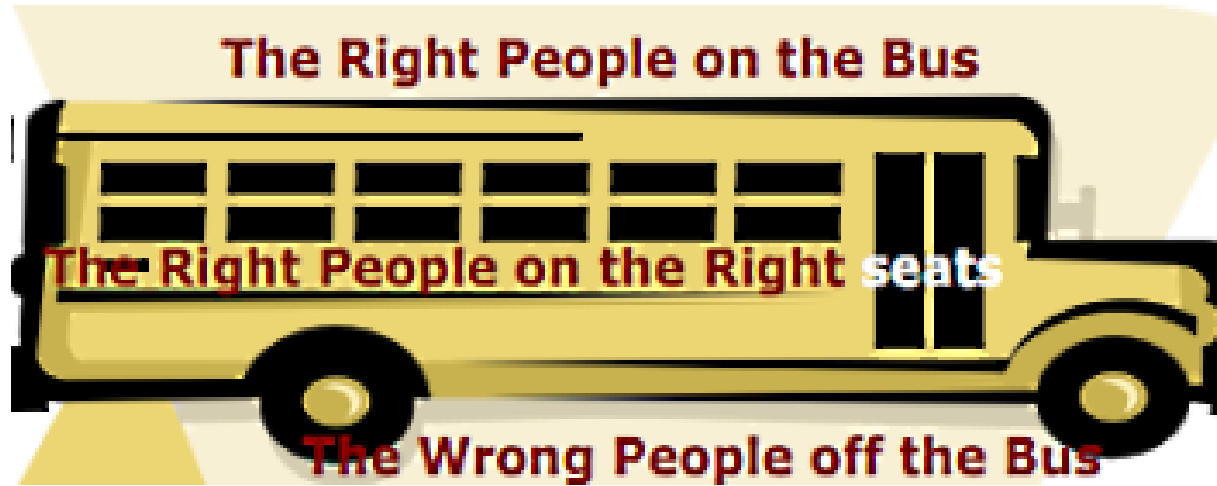
- Physician 8
- Family Medicine Physician 11
- Internal Medicine Physician 37
- Pediatric Physician 63
- OB/GYN Physician 75
- General Surgery Physician 78
- Emergency Medicine Physician 54
- Psychiatry Medicine Physician 84

Multiple Clinics  
**NOT** Fully Staffed



<https://healthcareworkforce.georgia.gov/main-publications-reports/data-publications>

# Building Workforce Capacity



# GA-DPH "Tele" Specialty Services

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Asthma/Allergy - pediatric  
Audiology - pediatric  
Behavioral Health counseling – pediatric school-based  
Community Paramedicine (ambulatory)  
Concussion – school based  
Dental Services - school based  
Dermatology - adult and pediatric  
Diabetes Classes - adult and pediatric  
ECHO (Infectious Diseases)  
Emergency Preparedness / Disaster Response  
Endocrinology - pediatric  
Genetics/Developmental – pediatric  
Infectious Disease - adult and pediatric

Interpreter Services  
Lactation Support/WIC  
Maternal Fetal Medicine (High Risk) - adult  
Mental Health (HIV) – adult  
Nephrology - pediatric  
Neurosurgery - pediatric  
Nutrition/WIC - adult and pediatric  
Opioid Provider Education & Training  
Orthopedic  
PrEP- *fall 2019*  
Sickle Cell - adult & pediatric  
Tele-therapy for early intervention (BCW)-pediatric  
VDOT- Tuberculosis

# Outside State “Tele” Care

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In the News

## **Georgia Senate OKs Out-of-State Telemedicine, Telehealth Parity**

Two bills approved this week by Georgia's senate would enable out-of-state providers to practice telemedicine in Georgia and set guidelines for payer coverage of telehealth services.

2019-2020 Regular Session - SB 115

"Medical Practice Act of the State of Georgia"; telemedicine licenses for physicians in other states; engage in the practice of medicine with patients in this state through telemedicine; provide



2019-2020 Regular Session - SB 118  
Insurance; Georgia Telemedicine Act;  
modernize; Telemedicine Act the  
Telehealth Act; rename

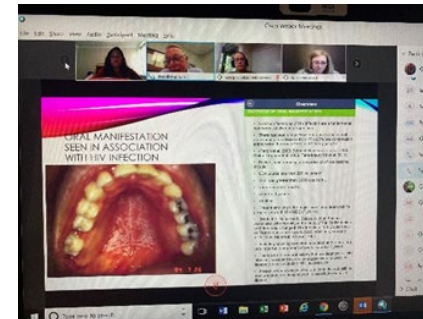
<http://www.legis.ga.gov/Legislation/en-US/display/20192020/SB/115>

<http://www.legis.ga.gov/Legislation/en-US/display/20192020/SB/118>

<https://mhealthintelligence.com/news/georgia-senate-oks-out-of-state-telemedicine-telehealth-parity>

# GA-DPH Infectious Disease ECHO

- Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education & exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities.
- The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual education with community providers.
- In this way, healthcare providers enhance their knowledge in caring for patients in their own communities.



# Doing More for Patients



[https://echo.unm.edu/doc/ECHO\\_One-Pager\\_11.20.18.pdf](https://echo.unm.edu/doc/ECHO_One-Pager_11.20.18.pdf)

# Collaboration Partners

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- Augusta University
- Children's Healthcare of Atlanta
- Community Service Boards
- Concussion Institute at Gwinnett Medical Center
- Coweta County Fire Rescue
- Emory University
- Global Partnership for Telehealth
- Gwinnett Medical Center

- Meadows Health Community
- Morehouse School of Medicine
- State Agencies (Composite Medical Board, DCH, DBHDD)
- Tallahassee Memorial Healthcare
- University of Florida (Jacksonville)
- University of Georgia (Health Sciences)
- Women's Telehealth

*Number of partners constantly changes based on community needs/demands*

# GA-DPH Infectious Disease ECHO (04/01/2019 through 05/26/2020)

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## As of 05/26/2020

- Total Health Centers 27
- Total Contacts 66

## 04/01/2019 - 05/26/2020

- Sessions held 14
- Hours total 12.95

## Overview

- Facilitators / Staff 5
- Didactics 14
- Total attendance 206

- Case discussions 3
- Individual attendees 45
- Average attendance 14.7 per session

## Credentials of Attendees

- Physician 6
- APRN 2
- Registered Nurse 6
- Other 24

- Pharmacist 4
- Physician Assistant 2
- Registered Dietitian 1



# Women and HIV: Why Do I Need a PAP Smear

## Frequently Asked Questions about HPV

### What is HPV and how does it affect me?

Human Papillomavirus (HPV) is the most common sexually transmitted infection (STI) in the United States. Like other STI's, it often has no signs or symptoms and the person may not be aware that they have HPV.

HPV is known to cause genital warts and cancers of the cervix, anus, penis, vagina, mouth and throat. In persons with compromised immune systems, HPV can lead to outbreaks of genital warts or can develop into cancer.

### Is there a vaccine for HPV?

**Yes!** The HPV vaccine prevents two strains of the HPV virus that causes 70% of cervical cancers worldwide. The HPV vaccine has been approved by the FDA for people ages 9-45. For ages 9-14 years, two shots are recommended. For ages 15 and older, three shots should be given.

If you are living with HIV and are age 26-45, speak to your healthcare provider concerning the HPV vaccine.

### What can I do to prevent contracting HPV?

Use barrier protection every time you have sex.

### What happens if I contract HPV?

If you contract HPV, you may not have any symptoms but warts may begin to form in different areas of your body. If you have an abnormal Pap smear, your healthcare provider may want to perform a colposcopy. This is a painless procedure usually done in the office.

A colposcopy uses a special magnifying device to shine a light into the vagina to view any abnormal changes in the cells of the vagina and cervix.

We Protect Lives.



## What is a Pap Smear?

A Pap smear is a recommended screening for various reproductive cancers. Typically used to screen for cervical cancer, a Pap smear can also be used to screen for vaginal and anal cancer.

In a Pap smear, your healthcare provider will painlessly scrape cells from the area being screened and send those cells to a lab to be checked for cancer.

## Why Should I Get a Pap Smear?

People living with HIV have a greater chance of developing cervical, vaginal, and anal cancer. By testing every 1 to 3 years, you can increase your chances of finding cell changes early on, before cancer develops.

*You can reduce your risk for cancer through healthy lifestyle changes and regular screening.*

## References

- American College of Obstetricians and Gynecologists
- National Health Service
- U.S. Department of Health & Human Services – AIDSinfo

This brochure was made in collaboration with:



## Women and HIV: Why Do I Need a Pap Smear?

Medical diagnostic test referral  
 Pap test



We Protect Lives.

# Ending the HIV Epidemic

## GOAL

Our goal is ambitious and the pathway is clear – employ strategic practices in the *places* focused on the right *people* to:

**75%**

reduction  
in new HIV  
infections  
in 5 years  
and at least

**90%**

reduction in  
10 years.



Adapted from: DHHS. Ending the HIV Epidemic: A Plan for America. 2019. <https://www.hhs.gov/sites/default/files/ending-the-hiv-epidemic-fact-sheet.pdf>.

# Thank you

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