



**LA CLÍNICA
DEL PUEBLO**

Pitch Presentation

October 10, 2018

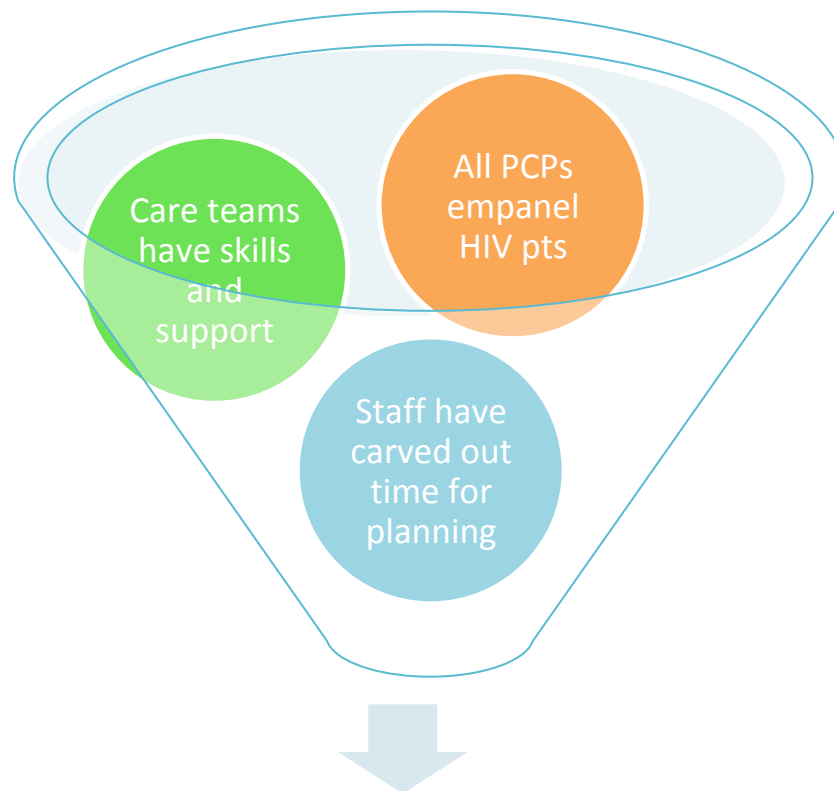
La Clinica del Pueblo – KPTA Core Team



- Marlene Fuentes, Director of Clinical Operations
- Catalina Sol, Chief Programs Officer
- Ricardo Fernandez, Chief Medical Officer
- Claudia Husni, Physician
- Kenia Garay, Patient Care Coordinator
- Palmyr Cardenas, Patient Care Coordinator
- Melanie Lugo, Care Coordinator
- Nelson Cruz, Health Educator/Navigator
- Lucy DeOliveira, Director of Nursing/CM
- Axel Reyes, Sexual Health Program Manager
- Suyanna Barker, Senior Director for Health Equity and Community Action



I. Future state



Spanish-speaking immigrants living with HIV in Prince George's have accessible, culturally and linguistically appropriate, high quality services



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2. Key learnings-- adding HIV services to our Hyattsville site

- There is a demand for services, both from internal patients and external stakeholders
- Key staffing gaps needed to be addressed in our workflows
- We had thought about mentorship for clinician, but identified value of this in other roles
- Team members identified need for training on stigma and creating safe space
- It was important to involve DC counterparts in the planning and roll-out

3. Impactful changes

Training	Most value derived from interaction between members of various teams, particularly around understanding LGBTQ issues
Data	Generating data reports on all clients served per month allowed us to monitor unexpected events
Recruitment	Offering tours of the facility to meet team members supports existing Prince George's County patients to transfer care from DC to MD
Workflow	Tools to debrief and meeting to evaluate workflows after first patient was seen helped to identify unaddressed areas of protocol

4. Benefits from KP project

- Team building in Hyattsville
- Increased collaboration between teams, across sites and departments
- Opportunities for learning and skills building for our providers
- More accessible service options for our patients
- Still coming -- Increase in access to services for newly diagnosed patients to services

5. Negative impacts of ending project

- Reputational – have made commitments to patients, staff, and external partners
- Momentum – team takes time to build
- Quality – still more to learn about services and standards, refine workflows
- Access – without planning we will continue to have limited number of providers who have ability to empanel patients living with HIV

6. The “pitch” – or “ask” of your leadership

- Maintain dedicated space for direct service staff and providers to meet, plan, and evaluate service delivery
- Begin mentorship around HIV care with additional clinicians