Product Type: Meeting and Conference Presentation

Presenter Name: Britney Johnson

Presenter Affiliation: New York State Department of Health

Title of Presentation: Partner Services in New York State: Provider Awareness of the

Integrated HIV/STD Field Services Program

Meeting: 2013 Keeneland Conference

Sponsor Organization: National Coordinating Center for PHSSR, Robert Wood Johnson

Foundation

Date: April 8-11, 2013

Location: Lexington, Kentucky



Partner Services in New York State: Provider Awareness of the Integrated HIV/STD Field Services Program

Britney Johnson^{1,2}, James Tesoriero², Mara San Antonio-Gaddy²

¹ State University of New York at Albany, School of Public Health; ² New York State Department of Health, AIDS Institute



Background

In collaboration with the Robert Wood Johnson Foundation and the New York State Public Health Practice Based Research Network, the New York State Department of Health (NYSDOH) participated in a multi-phase evaluation of state-level integration of HIV Counseling and Testing and STD Partner Services. The goal of this evaluation was to define and measure quality as it relates to the effectiveness, efficiency, and acceptability of the integrated service delivery.

Partner Services delivered by public health professionals has been demonstrated as an effective strategy for combating HIV and STDs. As part of New York's integration of HIV/STD Partner Services, staff were trained to conduct HIV rapid field tests at point of notification, in addition to conducting contact tracing, treatment verifications, internet partner services, and non-returning patient follow-up. Partner Services staff also provide risk reduction counseling, condoms, and linkage to care.

Ensuring providers involve public health staff in Partner Services activity can lead to timelier interventions for patients and exposed partners, helping to reduce transmission and promote infection control. Therefore, a key component in measuring the effectiveness and acceptability of the integrated Partner Services program was surveying medical providers who diagnose and treat HIV and/or STDs in New York State.

Objectives

The goal of this research component is to identify and survey providers who diagnose and treat a high volume of HIV and/or STDs relative to other providers in counties served by the integrated HIV/STD Field Services program. Specifically, we assessed:

- Knowledge and awareness of services offered by NYSDOH integrated field staff
- Utilization of Partner Services for new diagnoses of HIV, syphilis, chlamydia and gonorrhea
- Perceived efficacy of Partner Services
- Barriers to offering/delivering Partner Services to patients

Methods

High-volume provider lists were compiled by regional office staff in Fall 2011 and compared against lab-reported high volume providers obtained from surveillance data. Across five regional areas, 155 providers were selected for participation.

The survey instrument was developed with the assistance of psychometric and survey design consultants. When applicable, question formatting was adopted from a survey previously administered by the New York City Department of Health.

The survey was administered between March and July 2012 via email, phone, fax, and postal mail. Repeated follow-up attempts were conducted via postal mail and phone to elicit additional provider responses.

Analysis

Provider responses were collected and entered into SurveyMonkey. Respondents were classified by: (1) integrated program jurisdiction, to determine if there are regional differences in program implementation, (2) practice setting, to assess Partner Services variation by the setting in which providers test and treat patients, and (3) level of HIV diagnostic/treatment experience (as Partner Services is more commonly associated with HIV) and may not be as familiar to providers who primarily diagnose other STDs.

Responses were evaluated for internal consistency, and Chi-square tests were performed to assess differences in knowledge, utilization, and perceptions of Partner Services among respondents. All analyses were conducted using SAS 9.2.

Results

Knowledge and Awareness

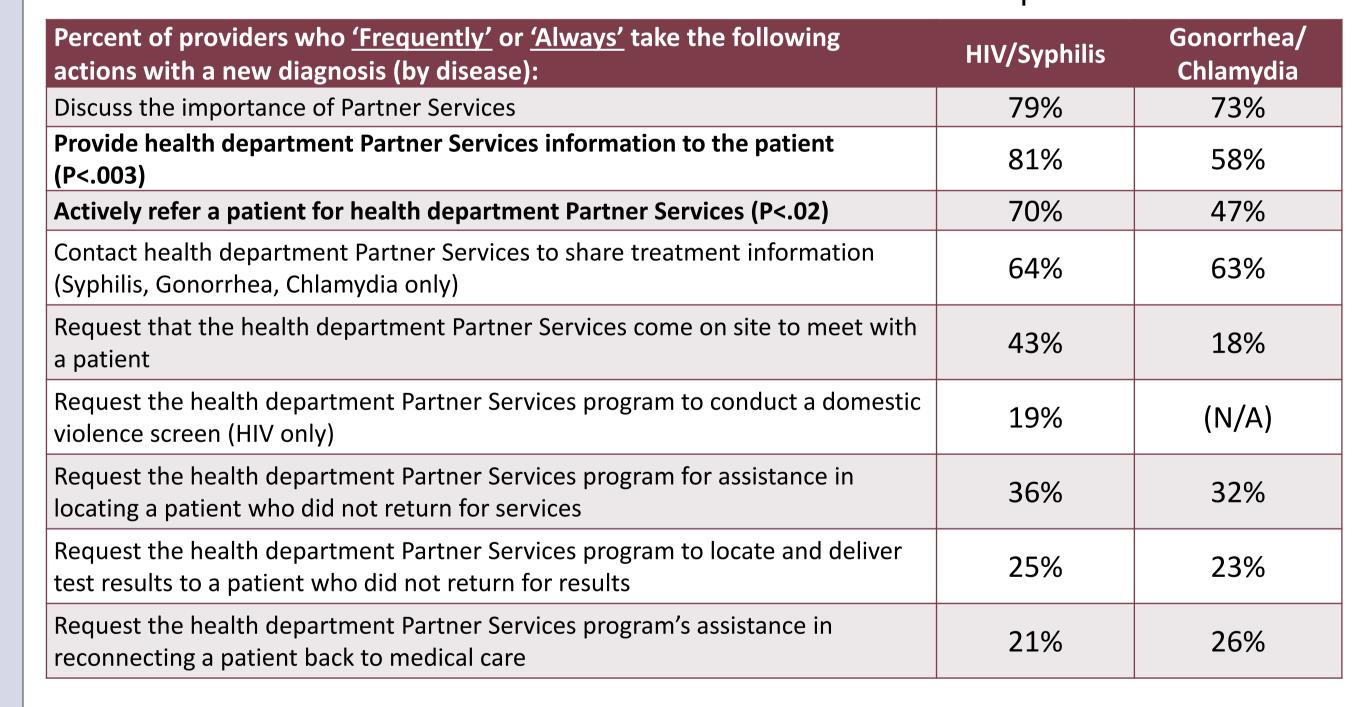
The majority of providers were familiar with services offered by NYSDOH Partner Services. Respondents were least likely to be aware of the following:

- Availability of internet partner notification (43%)
- Availability of bilingual staff to work with non-English speaking patients (33%)
- Availability of HIV screening for partners at point of notification (27%)
- Availability of condoms and access to other tools used in risk reduction plans (24%)

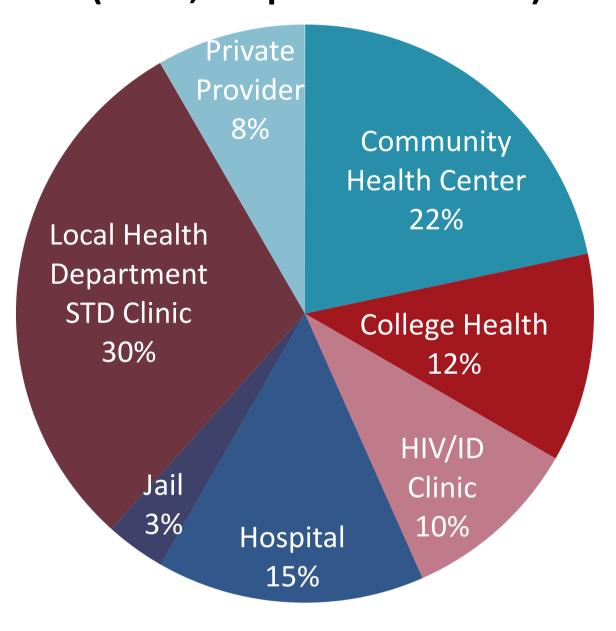
Provider awareness of services did not vary significantly by program region, but did vary significantly by practice setting (P<.001) and level of HIV treatment experience (P<.001).

Utilization

Patients with gonorrheal/chlamydial infections are significantly less likely to be offered information on Partner Services or referred to the health department.



Provider Settings (N=60, Response Rate 39%)*

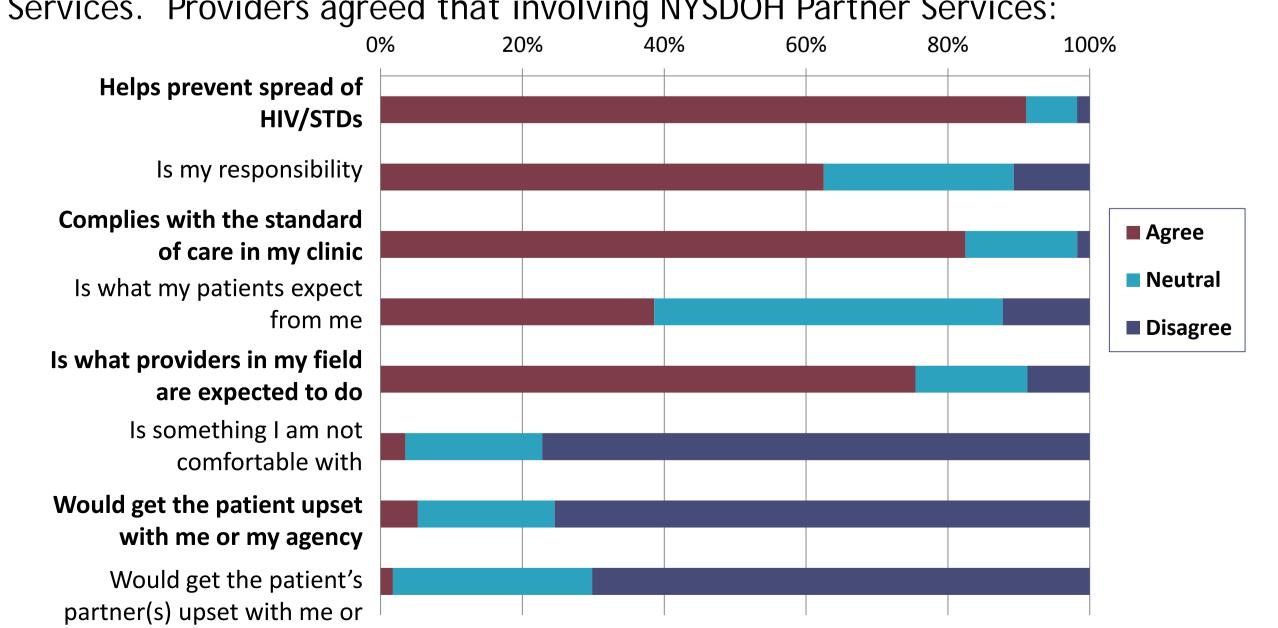


- Nearly all providers stated they were 'somewhat' or 'very experienced' in diagnosing/treating gonorrhea (95%) and Chlamydia (97%). Providers indicated less experience with syphilis (72%) and HIV (65%).
- 33/59 (56%) providers practice expedited partner therapy (EPT) for partners exposed to chlamydia. Utilization of EPT varied significantly by practice setting (P<.02)

Perceived Efficacy

my agency

There was strong support among providers concerning the efficacy of Partner Services. Providers agreed that involving NYSDOH Partner Services:



Barriers to Partner Services

The majority of providers did not perceive significant barriers or challenges to offering partner services. Respondents indicated 'yes' to the following barriers most often:

- Need for improved relationship with health department Partner Services program (27%)
- Lack of staff knowledge regarding Partner Services (30%)
- Patient's confusion over medical provider role and health department role regarding Partner Services (32%)

*Due to a large number of "Other" responses, practice settings were reclassified based on identifying information provided in the survey.

Conclusions

Despite differences in awareness and utilization, almost all respondents believe Partner Services is an effective public health tool in preventing the spread of HIV/STDs. Provider responses did not vary significantly by integrated office jurisdiction, indicating a high level of program consistency across the state.

There is a lack of provider awareness of select services offered by NYSDOH, many of which have only recently been implemented as a consequence of integration. This suggests a need for promotion of expanded services offered under the enhanced Partner Services model by integrated staff.

Providers with limited HIV diagnostic experience were significantly less likely to be aware of Partner Services and utilize it for diagnoses of other STDs. Similarly, practice settings exhibited variations in knowledge and awareness of Partner Services, with non-health department agencies less likely to be aware of program offerings. Targeted outreach of these providers may help improve provider relationships with the integrated Field HIV/STD Services Program, leading to increased awareness and utilization.

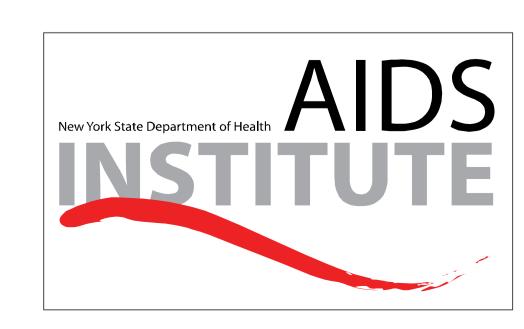
Implications for Programs and Research

Partner Services is a widely accepted public health practice, but may be underutilized by some medical providers. The involvement of diagnosing providers in providing enhanced, integrated services to patients and partners with HIV/STDs is key to improving the utilization and reach of partner services programs.

For organizations expanding or integrating Partner Services activities in a public health setting, the promotion of enhanced services to medical and diagnostic providers is an important step in improving the continuum of care for patient populations.

"Our clinic has a strong relationship with our Partner Notification [program], and it continues to strengthen as we share information back and forth concerning our patients. PN people are *always* responsive to our needs and the needs of patients and they are a huge help with new diagnoses. Coordination of these services enhances patient services and community health. Thank you."

Acknowledgements



This research has been funded through a grant from the Robert Wood Johnson Foundation.
Support for evaluation has come from the NYS Department of Health's Division of HIV/STD/Hepatitis C Prevention Services, the Bureau of STD Prevention and Epidemiology, and the Office of Public Health Practice.