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Title of Presentation: Using PBRNs to Spur Innovation: Measuring Quality in New York State's Integrated HIV/STD Field Services Program


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Using PBRNs to Spur Innovation: Measuring Quality in New York State's Integrated HIV/STD Field Services Program



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Disclosure

My spouse and I have not had any relevant financial relationship with any commercial interests or conflicts of interest in the conduct of this study.

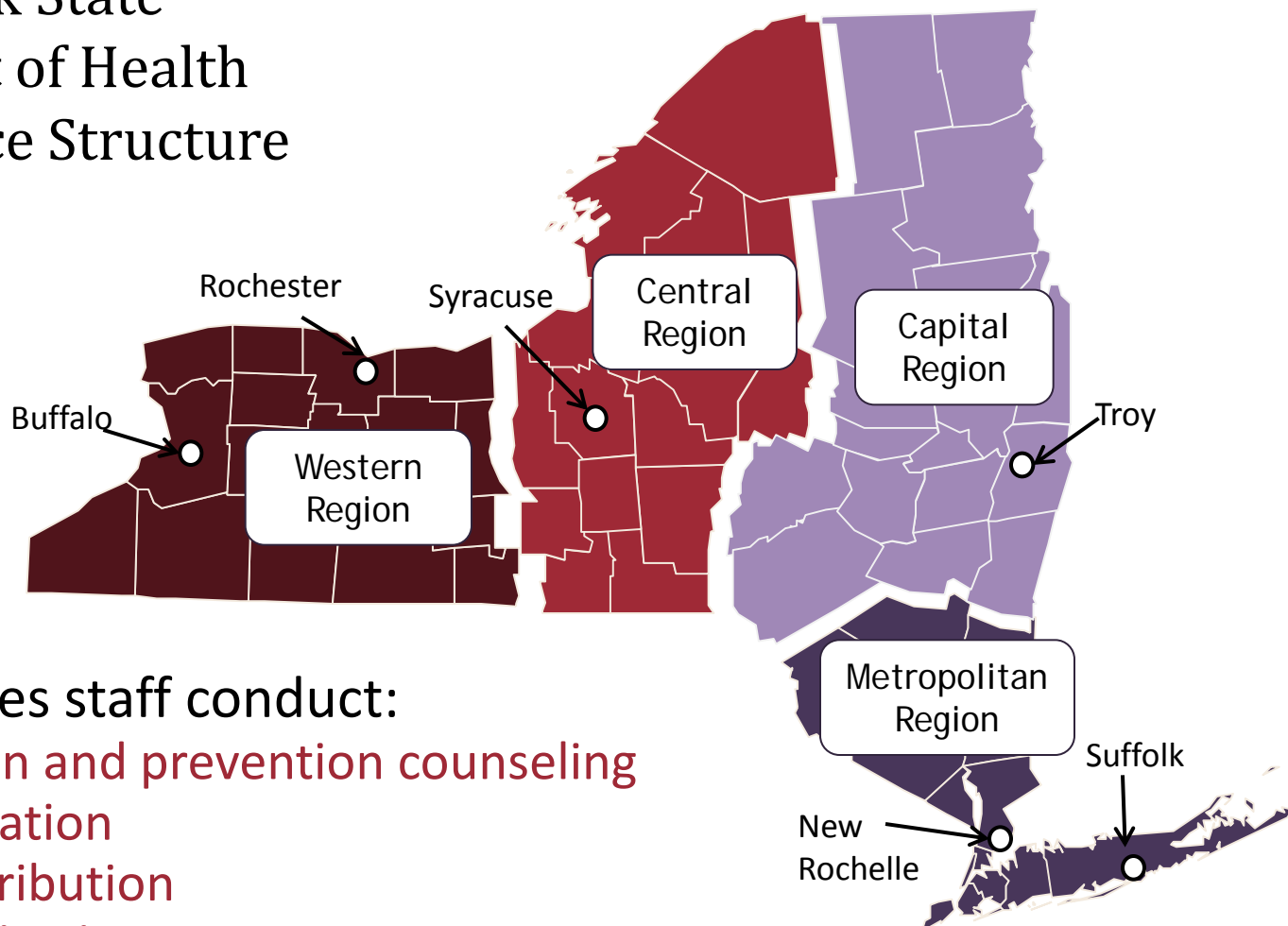
Overview

- Background of Research
- What We Found
- What We Did
- How it's Helped
- Challenges
- Moving Forward

PBRN Grant: Measuring and Improving Quality

- Assessing the integration of HIV Counseling & Testing and STD Partner Services (PS) Programs
 - 56.5 staff in 5 regional offices
 - Done via staff surveys, focus groups, provider survey, outcomes assessment, economic evaluation
- Objective: To assess **quality outcomes related to effectiveness, efficiency and acceptability** of the integrated HIV and STD partner services model as perceived by state health department staff

New York State Department of Health Regional Office Structure



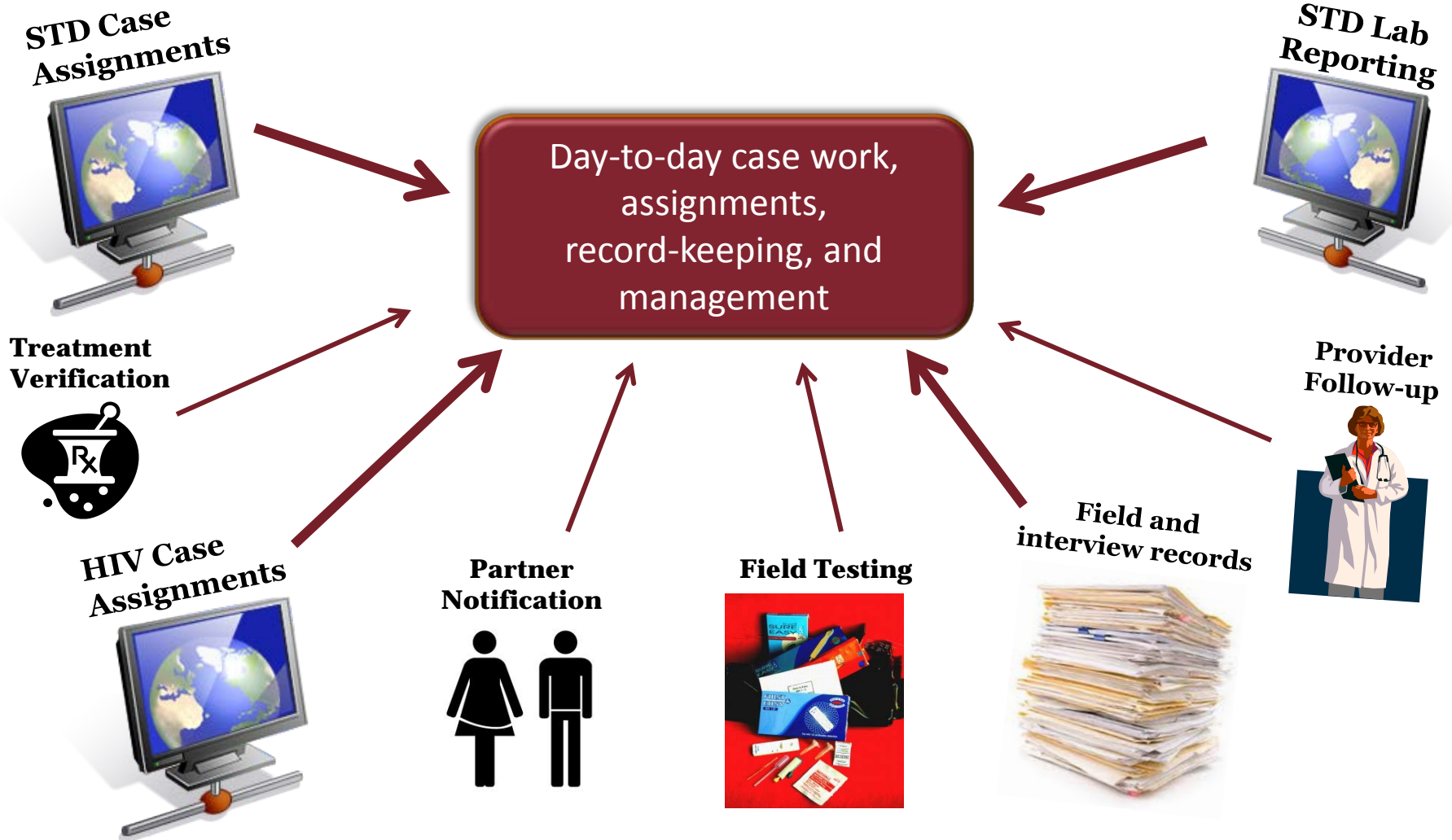
- Partner Services staff conduct:
 - Risk reduction and prevention counseling
 - Partner elicitation
 - Condom distribution
 - Partner notification
 - Point-of-notification rapid HIV testing
 - Linkage to care, patient/partner follow up

What We Found

- Integration: great in theory, more complicated in practice
 - High levels of worker stress and dissatisfaction with integrated roles (survey)
 - Lack of feedback on performance (focus groups)
 - Timeliness of feedback (focus groups)
- Lack of worker, manager understanding of PS processes
 - All 'quality' measures were outcomes data collected through surveillance systems



What Goes into HIV/STD Partner Services Work?



What We Did

- Expanded 'quality' definition to include process (not just outcome) measures
 - Identified quality metrics not captured by current systems
 - Applied Performance Management principles to improve integrated operations
- Developed a Program Management Application (PMA)
 - Collaborative workgroup – emphasis on staff input
 - Used Information Systems Office to help with in-house development

Program Management Application (PMA) v 1.0.1.5 - [Log]

File Forms System Help

STD Log #	Field Record #	State Log #	CDESS #	Status	Initiated Date	Worker
10017-2012-400	2012000002			Open	9/18/2012	108
10018-2012-400	2012000003		201233349876	Closed	9/18/2012	111
10019-2012-400		111222333		Open	9/18/2012	126
10053-2012-400	2012000009		20129999999	Closed	9/18/2012	106
10055-2012-	201200000000			Open	9/18/2012	108
10058-2012-400		333222111		Open	9/18/2012	111
10015-2012-	2012123457			Open	8/29/2012	111
10010-2012-400	2012134637		201241264486	Open	7/5/2012	106
10005-2012-400	2012123456		2012000000	Open	7/2/2012	126
10006-2012-400		10000000		Open	7/2/2012	106
10008-2012-400	2012111111			Open	7/2/2012	109

<= 14 Days Past Due Date
> 14 and <= 90 Past Due Date
> 90 Days Past Due Date

Search By

20

Date Entered Filter

I/P Worker CDESS # Initiated Date

Diseases

Disease	Test Date	Due Date	Dispo	Verified Treatment	IX/TX	Linkage to Care
200	01/01/12	10/02/12	200/300/700 - E - Previously Treated for this i...	Yes	IX	
300	01/01/12	10/02/12	200/300/700 - E - Previously Treated for this i...	Yes	IX	

of Partners 1

STD Log # **10053-2012-400** Field Record # State Log # County

Provider Attempted Provider Contact Date Provider was contacted

Interviewed Interview Date Interview Method Notification Method

Re-interview 1 Re-interview 2

900 Rapid Test Conducted If NO 900 RFT then Why? Case Condom Dist.

Partners

FR #	Initiated Date	Partner Code	County	Notification Method	Disease 1 Exposed	Dispo 1	Disease 2 Exposed	Dispo 2	Condoms	900 RFT	900 RFT Dispo
201245554566	09/18/12	P1 - ...	SAINT LAW...	P - Pho...	200	200/300/700 ...	300	200/300/700 ...	No	No	9 - Offered and...

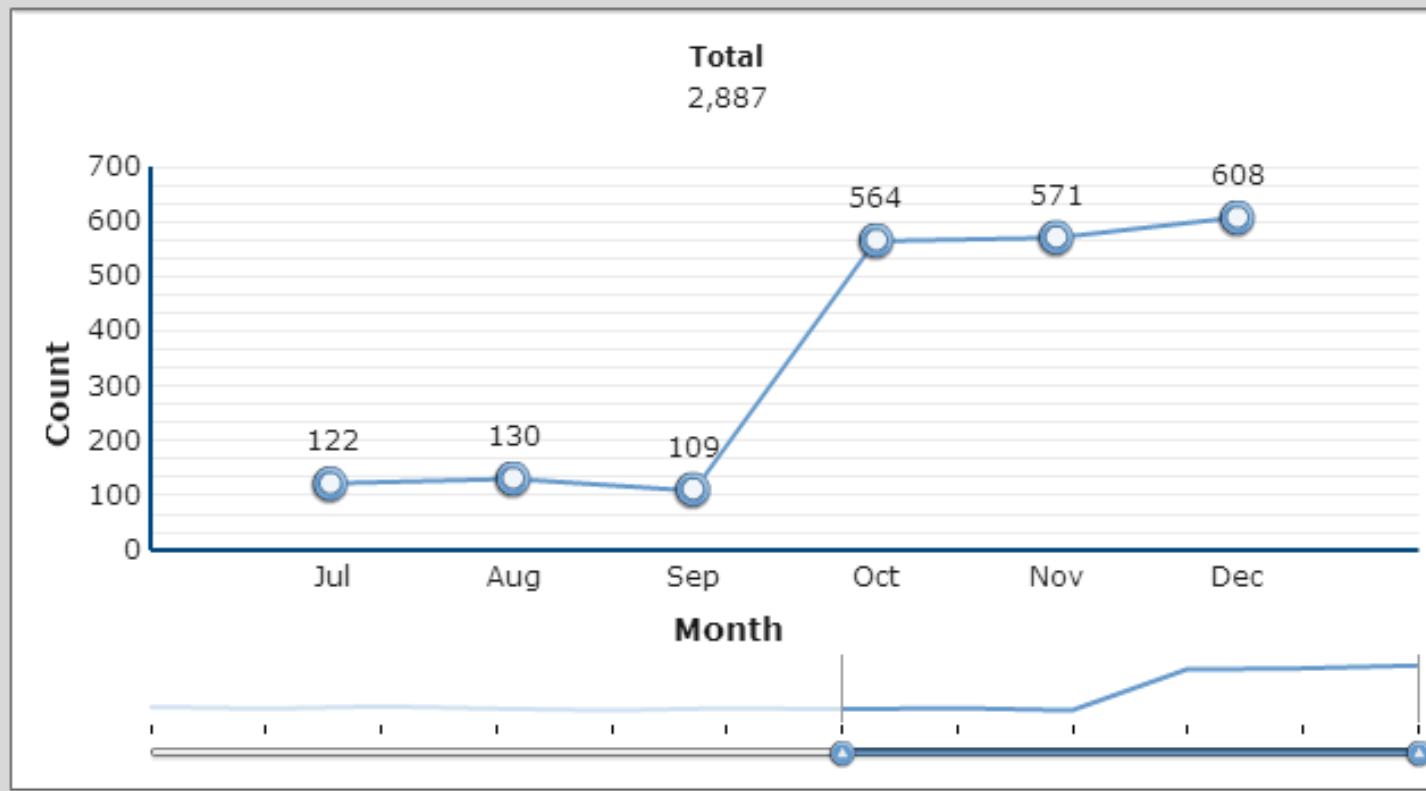
Worker Date Closed Supervisor Date Closed Case Status

Benefits of PMA

- Regional control of case assignment and workload
- Easier to assess case allocation among PS staff
- Easier to identify successful practices
- Helps to track the HIV/STD Integration process
- Manage open, closed, and problem cases more effectively
- Use performance measures to track changes over time
- Provide real-time access to assigned HIV/STD cases to respond to queries
- Complements surveillance data systems

Total Number of Assignments by Month

Year: 2012 Region: All Disease: All Index/Partner: Index Print



Note: Jul-Sep data only reflects one pilot office; PMA was implemented in all offices in Oct 2012

Reasons Why HIV Rapid Field Test Declined

Year

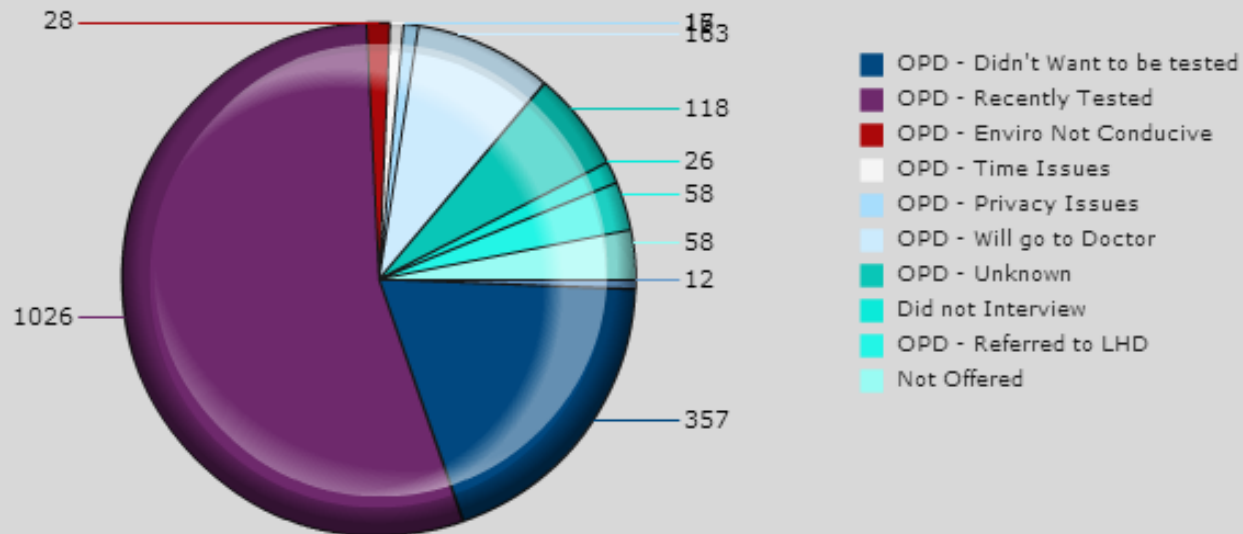
2012

Region

All

Print

Total
1,879



***Only records with a closed status are counted.**

Example of how PMA can be used to assess the acceptability of new interventions; in this case, offering point-of-notification HIV testing to partners exposed to HIV/STDs.

Challenges of Implementing PMA

- Security and confidentiality of HIV vs. STD data
- Lack of trained data-entry staff
- Concerns about duplicating systems

Key Role of PBRN in PMA Development

- Objective, evidence-based research demonstrated a practice need
 - Academic influence adds weight to research findings
- PBRN emphasis on dissemination of findings prompts timely administrative response
 - Helps break through the bureaucratic inertia

Summary

- PBRN research revealed gaps in quality assessment of HIV/STD Partner Services integration
 - Outcomes quality \neq Process quality
 - Need for evidence-based decision making in delivery of Partner Services programs
- Development of PMA to improve understanding of integrated operations
 - Collaborative, in-house effort
 - Direct response to worker, manager concerns

Moving Forward

- PMA as a performance management / quality improvement tool
- Junior Investigator Grant to use PMA to evaluate program performance
 - Identify best practices, provide guidance for staff
- Use PMA to assess cost-effectiveness of different Partner Services strategies

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Questions, Comments, Suggestions

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