Florida Public Health Practice-Based Research Network-DACS 71129

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**Presenter Affiliations:**

**Title of Presentation:** Comparative Cost Study of STD Services in Florida and Georgia

**Meeting:** Public Health PBRN DACS Methods Development Workshop

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**Date:** September 27, 2013

**Location:** Lexington, Kentucky
Comparative Cost Study of STD Services in Florida and Georgia

Florida PBRN
Research Team

- Bill Livingood Ph.D. and Bonnie Sorensen M.D. are the Principle Investigators.
- Lori Bilello Ph.D., Project Director and Co-I
- Dale Kraemer, Ph.D., Biostatistician
- Jeff Harman Ph.D., Health Economist
- Stacey Shiver and Phil Street, FDOH
- Karen Chapman, M.D. and Judy Hartner, M.D. (CHD directors)
- Radley Remo, MPH – Duval CHD
Primary Aim

- To identify the unit costs of STD prevention and control services and examine the effects of variations in delivery system characteristics on costs including:
  - standardization/centralization of programs
  - centralization of IT and HR systems
  - economies of scale related to population size of CHD jurisdiction
  - local tax and other revenue support for CHD STD services
  - responsiveness to local community governance
Why Unit Cost of STI Services?

- STD prevention and control programs are among the most highly reported local public health services/surveillance data
- Surveillance data is well established and standardized (CDC methodology)
- Service provided by every county in the state
- Strong finance and service data systems to support service delivery
- Florida has high AND increasing rates of STDs – major public health issue!
Overall Cost Model

**Inputs**
- Staff
- Materials
- Equipment
- Infrastructure

**Processes**
- Testing
- Treatment
- Partner Notification

**Outputs**
- Cost per unit of service
Data Sources

Secondary Data

- Financial Information Reporting System (FIRS) – expenditure data
- Employee Activity Report System (EARS) – employee time allocation per cost center or activity.
- Patient Reporting Investigation Surveillance Manager (PRISM) – case management and surveillance tracking system for STDs
Primary Data
Verifying and clarifying 2\textsuperscript{nd} data issues

1) Verify staff time allocation in EARS with sample of small, medium and large CHDs

2) Surveys to CHDs
   - to identify unique services or variation in service delivery
   - To fill in gaps from 2\textsuperscript{nd} data analysis

3) Interviews with key informants to discuss and clarify findings
Analysis

**Outcome variable** – STD unit cost (by county)

**Possible Predictors**

- **County characteristics:**
  - Population size
  - STI rates
  - % uninsured

- **CHD characteristics:**
  - Additional funding from county
  - # DIS staff
Other Considerations

- Trends in funding of services and disease rates
- Cost savings due to early detection and treatment, especially for pregnancies (mandatory testing with opt out option).
Policy/Practice Implications

- Understand what service components are the most costly (outreach, testing, treatment, etc.) and why
- Evaluate funding distribution and priorities for STD services by county
- Re-evaluate processes and procedures to reduce costs and increase value