**Product Type:** Meeting and Conference Presentation

Presenter Names: Britney Johnson, MPH

Presenter Affiliations: New York State Department of Health

Title of Presentation: Optimizing HIV/STD Partner Services Strategies in New York State

Meeting: CDC Forum on Public Health Services and Systems Research and Practice

Sponsor Organization: Centers for Disease Control

**Date:** May 19, 2014

Location: Atlanta, GA

### **CDC Forum on Public Health Services and Systems Research and Practice**

### Roybal Campus, Global Communications Center, Auditorium A May 19, 2014

#### **Overview**

This Forum is a platform for CDC staff to engage and learn how Public Health Services and Systems Research (PHSSR) impacts and informs population health. PHSSR is a multi-disciplinary field of study which provides a framework for examining the organization, financing, delivery, and quality of public health services and their impact on the public's health. PHSSR guides and complements development of models of intervention, engagement, and support.

#### **Target Audience**

CDC science, policy, and program staff. Sessions will be available on IPTV.

#### Objectives

- Define PHSSR role in identifying opportunities to improve health
- Highlight impact of PHSSR on population health
- Highlight ongoing work and opportunities for collaboration among NCCPHSSR/PBRNCC\*, CDC, and the Robert Wood Johnson Foundation (RWJF)
- Promote CDC science, policy, and program staff interactions

#### **Forum Agenda**

Time	Activity	Presenter
9:00am	Welcome and Opening Remarks	Judith Monroe
9:10am	Impact of PHSSR in the Post-Reformed Health System	Glen Mays
10:30am	BREAK	
10:45am	Public Health System Performance	Peggy Honoré
11:30am	Discussion	Glen Mays
12:00	LUNCH	
1:00pm	<ul> <li>Applications of PHSSR</li> <li>Development and Application of Systems Thinking to Improve Health Department Performance</li> <li>Resource Allocation Modeling as Systems Science</li> <li>Systems Research in Injury Prevention</li> <li>Optimizing HIV/STD Partner Service Strategies in New York State</li> <li>Evaluating the Impact of Reallocating Georgia's Funding for Local Public Health Infrastructure</li> </ul>	Tim Van Wave Arielle Lasry David Sugerman Britney Johnson Phaedra Corso
2:15pm	CDC's Public Health–Health Care Collaboration Strategy	Laura Seeff and Jon Altizer
2:45pm	Strengthening the Evidence on Economic and Budgetary Impacts to Make the Case for Prevention	Kakoli Roy
3:15pm	BREAK	
3:30pm	New Directions at Robert Wood Johnson Foundation: Supporting Research and Practice to Build a Culture of Health	Alonzo Plough
4:30pm	Closing Remarks/Adjourn	Glen Mays

\*The National Coordinating Center for Public Health Services and Systems Research (NCCPHSSR) and Practice-Based Research Networks National Coordinating Center (PBRNNCC) conduct research, support researchers in the field, and disseminate findings to practitioners and policy-makers. To learn more about PHSSR, visit: <u>http://www.publichealthsystems.org/</u>.



Center for Surveillance, Epidemiology, and Laboratory Services Division of Scientific Education and Professional Development

#### **Presenter Biographies**

**Phaedra Corso, PhD,** is Professor of Health Policy and Management, College of Public Health, University of Georgia, and advisor to CDC's Office of the Associate Director for Policy (OADP). Dr. Corso's PHSSR work examines whether changes in Georgia's funding formulas for local public health affect infrastructure, public health services, health behavior, and health outcomes. Her PhD is from Harvard School of Public Health.

**Peggy A. Honoré, DHA,** is Director of Public Health System, Finance, and Quality Program, Office of the Assistant Secretary for Health, HHS. She leads national efforts to establish and implement quality in the public health system, advance research and competencies in public health finance, and promote public health systems research. She earned her DHA from Medical University of South Carolina and MHA from Tulane University School of Public Health and Tropical Medicine.

**Britney Johnson, MPH,** is Program Research Specialist, New York State Department of Health. As primary researcher for the Delivery and Cost Studies grant from RWJF, Ms. Johnson is conducting economic assessment of the Integrated HIV/STD Field Services Program operations and service delivery. She earned her MPH from State University of New York at Albany.

**Arielle Lasry, PhD,** is Senior Technical Advisor, Center for Global Health, Division of Global HIV/AIDS. She leads target setting and strategic planning activities. Previously, in the Division of HIV/AIDS Prevention, Dr. Lasry led several projects, including the development of decision-support models to strengthen HIV resource allocation. Dr. Lasry earned her PhD from University of Toronto and bachelor and MSc degrees from the HEC School of Management (Montreal).

**Glen P. Mays, PhD,** is Co-principal Investigator of NCCPHSSR, Director of the PBRNCC, and F. Douglas Scutchfield Endowed Professor, University of Kentucky, College of Public Health. Dr. Mays' research focuses on strategies for organizing and financing public health services, preventive care, and chronic disease management for underserved populations. Dr. Mays earned a PhD and MPH from University of North Carolina-Chapel Hill, and completed a postdoctoral fellowship at Harvard Medical School Department of Health Policy and Management.

Judith Monroe, MD, is Director, OSTLTS. Previously, Dr. Monroe served as Indiana State Health Commissioner. She is a past president of the Association of State and Territorial Health Officials and vice chair on the Board of Directors for the Public Health Accreditation Board. Her MD is from University of Maryland School of Medicine.

**Alonzo L. Plough, PhD, MPH, MA,** is Vice President, Research and Evaluation, and Chief Science Officer, RWJF. He previously served as Director, Emergency Preparedness and Response, Los Angeles County Department of Public Health, and Vice President of Strategy, Planning and Evaluation, The California Endowment. Additionally, Dr. Plough served as Director and Health Officer, Seattle and King County Department of Public Health, and Professor of Health Services, University of Washington School of Public Health. He earned his PhD and MA from Cornell University and MPH from Yale School of Medicine.

**Kakoli Roy, PhD**, is Lead Economist at the Policy Research, Analysis, and Development Office, OADP. Dr. Roy leads a team of economists in developing models and conducting policy analyses to inform efficient resource allocation in public health and prevention; advises executive staff on evidence-based policies; and supports OADP's mission in developing, applying, and evaluating policy at CDC. She earned her PhD in economics from the University of Cincinnati.

**Laura Seeff, MD,** is Senior Advisor for Health Systems, Office of Health System Collaboration, OADP. Previously, at Division of Cancer Prevention and Control, she helped design and launch CDC's Colorectal Cancer Screening Demonstration Program and the Colorectal Cancer Control Program. Dr. Seeff has served on several external organizations and as CDC ex-officio member to the National Commission on Digestive Diseases, and on an HHS-wide Hepatitis Services Panel. She earned her MD from Georgetown University School of Medicine.

**David Sugerman, MD, MPH,** is Team Lead, Health Systems Team, Division of Unintentional Injury Prevention, NCIPC. His work has focused on advancing injury prevention efforts, and screening and intervention initiatives. Dr. Sugerman has worked in the areas of traumatic brain injury, pre-hospital triage of injured patients, and post-disaster injury surveillance. Dr. Sugerman earned his MD from Thomas Jefferson Medical College, and MPH from Johns Hopkins Bloomberg School of Public Health.

**Timothy Van Wave, DPH,** is Associate Director for Science, OSTLTS. In this role, he provides leadership and guidance on science-related topics, leads strategic and research planning, and trains staff on science regulations. Dr. Van Wave earned his DPH from University of Texas School of Public Health.

For more information contact: **Adam G. Skelton, PhD, MPH** Email: <u>afz6@cdc.gov</u> | Phone: 404-498-6786

# Optimizing HIV/STD Partner Services Strategies in New York State

CDC Symposium on Public Health Services and Systems Research (PHSSR) May 19, 2014

Britney Johnson, MPH New York State Department of Health AIDS Institute, Division of HIV/STD/HCV Prevention Britney.Johnson@health.ny.gov



# **Presentation Outline**

- Project Context
- Research Project #1: Understanding Integration of HIV/STD Field Services
- Research Project #2: Estimating the Costs of Partner Services Work
- Applications of PHSSR in Practice

# **Myriad Public Health Guidelines**



The Program Science initiative: improving the planning, implementation and evaluation of HIV/STI prevention programmes

Sevgi O Aral,<sup>1</sup> James F Blanchard<sup>2</sup>

# Challenge: How do we synthesize all this information?

Health Delivery Systems Public Health Recommendations National Guidelines Federal Funding

> State Priorities & Agendas Local Divisions and Bureaus

> > Program Resources Workforce

(Here, too...)

(You Are Here)

Public Health Service Delivery

# Research Project #1: Understanding Integration of HIV/STD Field Services

- <u>Objective</u>: To study the effectiveness, efficiency and acceptability integrated HIV and STD field services
- Programs: HIV Counseling & Testing HIV/STD Partner Services Rochester Central Syracuse Capital Region Region **Buffalo** Western Region <u>Setting</u>: Six regional office settings Metropolitan Region across New York State New Rochelle

Trov

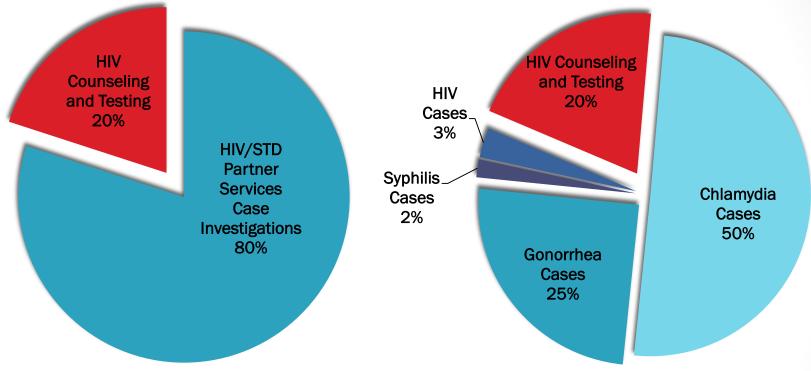
Suffolk

# Research Project #1: Understanding Integration

- Mixed Methods Approach
- Primary Data Collected
  - Staff competency/job satisfaction surveys (N=52)
  - Staff and supervisor focus groups (N=36)
  - Survey of medical providers diagnosing HIV/STDs (N=60)
- Outcomes assessment
- Economic evaluation

## Finding: more work...

## ...but what \*kind\* of work?



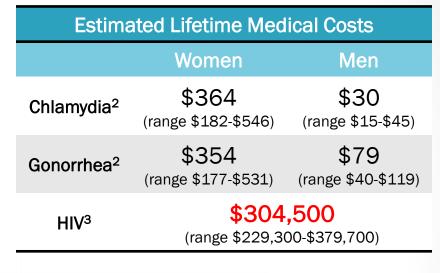
- High priority cases (HIV, Syphilis) make up a minority of cases investigated
- What about case outcomes?
  - Majority of Chlamydia (>60%) cases previously treated

Case Assignment data derived from NYEHMS and STD\*MIS Case Management Systems (2010-2011)

# ... How should we measure the value of Partner Services work?

#### Gonorrhea and Chlamydial Infection<sup>1</sup>

Most health departments reported concentrating PN services for gonorrhea and chlamydial infection on patients seen in STD clinics (Table 2). Although the overwhelming majority of all PN interviews for the four STDs (80%) involved gonorrhea or chlamydial infection, PN was offered to only very small minorities of patients with these infections. Twenty-two health departments (37%) provided no routine PN services for gonorrhea and 27 (45%) provided no such services to patients with chlamydial infections. Among those health departments providing PN services, a median of 43% of patients with gonorrhea and 14% of patients with chlamydial infection were interviewed. Among all persons reported to have these STDs in jurisdictions served by responding health departments, only 17% of persons with gonorrhea and 12% of persons with chlamydial infection were interviewed for PN.



The Cost and Cost-Effectiveness of Expedited Partner Therapy Compared With Standard Partner Referral for the Treatment of Chlamydia or Gonorrhea

Thomas L. Gift, PhD,\* Patricia Kissinger, PhD,† Hamish Mohammed, PhD, MPH,‡ Jami S. Leichliter, PhD,\* Matthew Hogben, PhD,\* and Matthew R. Golden, MD, MPH§¶

1. Golden, M. R. *et al.* Partner Notification for HIV and STD in the United States: Low Coverage for Gonorrhea, Chlamydial Infection, and HIV. *Sexually transmitted diseases* **30**, 490–496 (2003).

2. Owusu-Edusei, K., Jr *et al.* The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. *Sex Transm Dis* **40**, 197–201 (2013).

3. Schackman, B. R. et al. The lifetime cost of current human immunodeficiency virus care in the United States. Medical care 44, 990–997 (2006).

# ....What if we used our resources for different types of field work?

### Lost – or just not following up?: Public health effort to re-engage HIV-infected persons lost to follow-up into HIV medical care: 108 (120)

Chi-Chi N. Udeagu, Tashonna R. Webster, Angelica Bocour, Pierre Michel and Colin W. Shepard

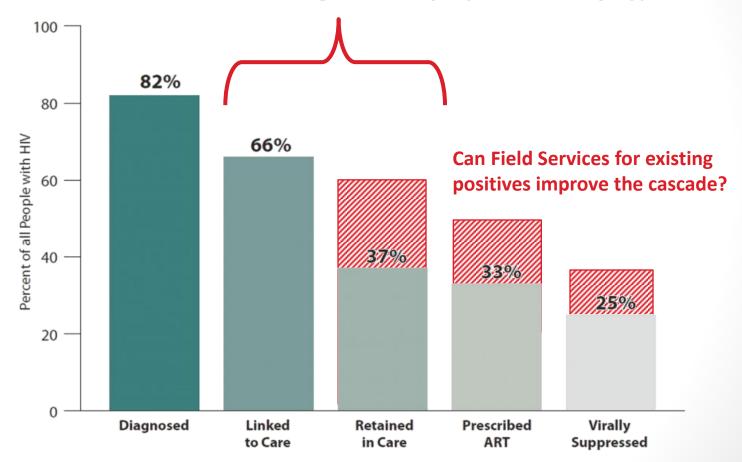
> Shifting the Paradigm: Using HIV Surveillance Data as a Foundation for Improving HIV Care and Preventing HIV Infection

> PATRICIA SWEENEY,<sup>1</sup> LYTT I. GARDNER,<sup>1</sup> KATE BUCHACZ,<sup>1</sup> PAMELA MORSE GARLAND,<sup>1</sup> MICHAEL J. MUGAVERO,<sup>2</sup> JEFFREY T. BOSSHART,<sup>1</sup> R. LUKE SHOUSE,<sup>1</sup> and JEANNE BERTOLLI<sup>1</sup>

<sup>1</sup>Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention; <sup>2</sup>School of Medicine, University of Alabama at Birmingham

# Using Partner Services to Improve the HIV Cascade (AKA, High-Impact HIV PS)

OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.

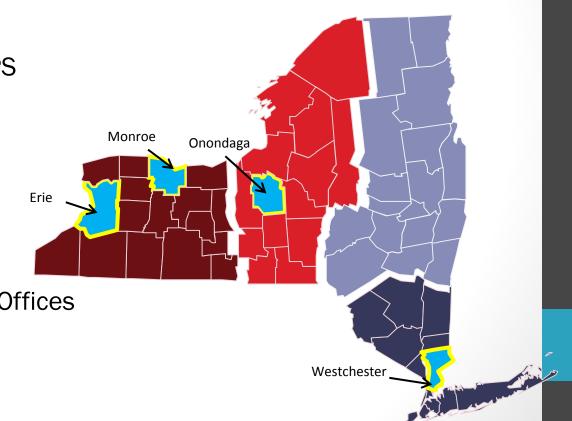


Source: Accelerating Improvements in HIV Prevention and Care in the United States through the HIV Care Continuum Initiative. White House. July 2013. Available at: http://aids.gov/federal-resources/national-hiv-aids-strategy/hiv-care-continuum-initiative-fact-sheet.pdf

## Research Project #2: NYS Delivery and Cost Study

- <u>Objective</u>: To understand the costs and effort associated with HIV/STD PS case processes, and use that data to model the cost-effectiveness of different PS strategies.
- Strategies:
  - Standard HIV/STD PS
  - High-Impact HIV PS

- Setting:
  - Four pilot LHDs
  - Five Regional State Offices



# Methods to Estimate the Cost of Partner Services

- Time study of partner services staff
  - Quantify type and effort spent on different case processes
  - Random sample of HIV / STD cases across study sites
  - Instrument developed in conjunction with PBRN academic partners
- Qualitative Interviews with staff and supervisors
- Review of county contracts to identify program operations costs

 Interim results vetted extensively with program staff and administrators

# Evaluating the Efficiency of Partner Services Strategies

- Use collected cost and outcome data to model comparative effectiveness of different HIV/STD PS strategies (\$/cases averted; QALYs)
- Identify key factors that impact cost-effectiveness of HIV/STD Partner Services strategies
- Make recommendations on the conditions under which reallocating resources will improve efficiency

# And the findings are.....



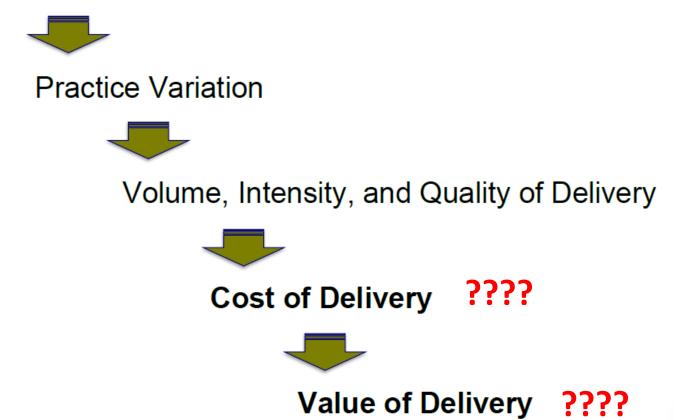
## **Research Timeline**

### • Activities Completed:

- Time Study Instrument Development
- Qualitative Interviews
- Fiscal Data Collection
- Activities Underway:
  - Time Study Data Collection
  - Fiscal Data Analysis
  - Cost Effectiveness Model Development
- Anticipated Completion Date: Early 2015

## **Research Progression**

**Delivery System Organization and Structure** 



1. Glen P. Mays. "The Public Health PBRN Program: A Status Update" Public Health PBRN Annual Grantee Meeting. Lexington KY. Apr. 2014. Available at: http://works.bepress.com/glen\_mays/146

# **Applications of PHSSR**

 "Research findings have validated some "hunches" that managers have had regarding program operations as well as provided insight to why. It has provided a missing view of [our] program that has fed back into reconsidering operations, the practicality of some practices, as well as their impact on service outcomes."

- Director, Bureau of HIV/STD Field Services

 "Practice- based research provides evidence to change practices that have been embedded into the DNA of some programs."

- Director, Division of HIV/STD/HCV Prevention Services

# Role of Academic / Practice Collaborations in PBRNs and PHSSR

- Practitioners gain access to expertise often missing from public health departments
- Academics gain access to practitioners who understand the program context and policy setting
  - Leads to *practice-generated* questions, not just practice-based research
- Helps to answer practice-relevant questions in a rigorous manner

"Not so much translating evidence to practice as getting the evidence OUT of practice..."

# New York State Practice-Based Research Network (PBRN)

- Founded in 2010
  - New York State Department of Health (NYSDOH)
  - State University of New York at Albany
  - Rockefeller Institute of Government
  - Columbia University
  - New York Academy of Medicine
  - NY-NJ Public Health Training Center
  - Public Health Solutions
  - NYS Association of County Health Officials
  - Local Health Departments

# Acknowledgments

### New York State Department of Health

- James Tesoriero, PhD
- Mara San Antonio-Gaddy, MSN
- April Richardson-Moore, MPH, RN
- Sylvia Pirani, MPH, MS
- Christopher Maylahn, MPH
- Megan Johnson, MPH
- Bureau of HIV/STD Field Services Staff

### **Funding and Project Support**

National Coordinating Center for PHSSR / PBRNs

National Coordinating Center

esearch Networks

Robert Wood Johnson Foundation



### Academic Collaborators

- Erika Martin, PhD, MPH
- Feng Qian, PhD, Msc
- Kristi McClamroch, PhD
- Marcus Crede, PhD
- Jeff Jones, PhD
- Cesar Mamaril, PhD





Robert Wood Johnson Foundation

## **Questions, Comments, Suggestions**

Britney Johnson, MPH New York State Department of Health AIDS Institute, Division of HIV/STD/HCV Prevention Britney.Johnson@health.ny.gov

