PHSSR Research-In-Progress Webinar
Wednesday, December 9, 2015 12:00-1:00pm ET/ 9:00-10:00am PT

Cost, Quality and Value of Public Health Services

Improving the Reach and Effectiveness of STD Prevention, Screening, and Treatment Services in Local Public Health Systems

Note: Download today’s presentation and speaker bios from the ‘Resources’ box in the top right corner of the screen.
Agenda

Welcome: C. B. Mamaril, PhD, Systems for Action National Program Office; Research Assistant Professor, U. of Kentucky College of Public Health

“Improving the Reach and Effectiveness of STD Prevention, Screening, and Treatment Services in Local Public Health Systems”

Presenter: Lynn Silver, MD, MPH, Senior Advisor for Chronic Disease and Obesity, Public Health Institute, California lsilver@phi.org

Commentary: Robert Weech-Maldonado, PhD, Professor, Health Services Administration, U. of Alabama at Birmingham rweech@uab.edu

Anthony Merriweather, MSPH, Director, STD Division, Alabama Department of Public Health anthony.merriweather@adph.state.al.us

Questions and Discussion
Dissemination and Implementation Research to Improve Value (DIRECTIVE)

- **Four 24-month studies**, awarded to consortia of two or more PBRNs in 2014
- Builds on MPROVE and DACS measures and methods
- Examine facilitators for implementation of evidence-based prevention programs
  - Resources and infrastructures
  - Partnerships & inter-organizational coordination
Dissemination and Implementation Research to Improve Value (DIRECTIVE)

• Assess quality & costs of public health services delivery strategies
• Draw conclusions about comparative effectiveness and value
• Today’s CA-AL PBRN presentation is second in the DIRECTIVE study series
  • Oct. 14: CT-MA PBRN study
  • Feb. 3: WA-WI-NY-OR PBRN study
  • Feb. 18: CO-KS-NE PBRN study
Lynn Silver, MD, MPH
Senior Advisor
Chronic Disease and Obesity
Public Health Institute
Oakland, California lsilver@phi.org
Project DIRECT: Dissemination and Implementation Research for Evidence-Based STD Control and Treatment

Lynn Silver, MD, MPH
December 9, 2015
Project Aims

To examine:

1. Variation in the differentiation, integration, and concentration (DIC) of STD prevention, screening and treatment services in local public health systems in CA and AL

2. Association of DIC of evidence-based STD with the quality of community and agency-level STD services and outcome measures, including STD incidence and racial disparities in STD incidence

3. Facilitators and barriers through in-depth key informant interviews in positive deviant jurisdictions

4. Cost variation in STD screening and partner notification programs across positive deviant jurisdictions
Overview of Methods

- **Phase I: Online survey of STD controllers and program managers**
  - To assess organizational structure and partnerships for evidence-based and promising interventions and policies (EBPs), including
    - Routine screening for targeted populations
    - Community provider trainings
    - Partner notification and follow-up activities

- **Analysis of existing surveillance data**
  - To clarify relationships between organizational partnerships and STD control

- **Phase II: Key informant interviews**
  - To understand organizational partnerships, perceptions on county trends, & STD screening costs in 10 “positive deviant” jurisdictions
The Context: Deep Disparities and Little Progress in Chlamydia Rates in Alabama 2010-2013

*Chlamydia rate per 100,000*

*Chlamydia rate per 100,000*
CA Rising Syphilis in Men (2006-2014)

Early Syphilis (P&S plus Early Latent)

*Syphilis rate per 100,000*

*Source: California Local Health Jurisdiction STD Data Summaries, 2014 Provisional Data (July 2015)*
https://www.cdph.ca.gov/data/statistics/Pages/STDLHJData.aspx
The Context: Declining Early Syphilis but deep disparities - Alabama 2010-2013

*Syphilis rate per 100,000*
Survey Data Collection (Phase I)

- Web-based survey fielding period in two states
    - 94% response rate; 58 out of 62 local health jurisdictions
  - Alabama: July – August 2015
    - 91% response rate; 11 out of 11 Public Health Areas representing 61 of 67 counties

- County size categories:

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The Phenomenon of 1

County STD Program Full Time Equivalent (FTE) Staff by County Size

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California STD Clinics: Tendency towards closure

- Half counties surveyed had at least 1 county-run STD clinic

- Of counties operating clinics, in the past 10 years:
  - 17 have closed a clinic and 3 had opened one
Limited tapping of available funding – County-run STD Clinics’ Acceptance of Insurance

- In California’s 25 counties with clinics, 12 accepted Medi-Cal and 5 accepted private insurance

- In Alabama’s 13 counties with clinics, 3 accepted both Medicaid and private insurance
STD Organizational Partnerships for Prevention, Screening, Treatment, and/or Follow-up in California: Family Planning, Community Clinics, and Private Physician Practices Lead

*CA data only, AL data forthcoming*
Evidence Based Practices: Treatment and Partner Notification more available than Prevention, CA & AL

% Counties Offering EBPs

CA
AL

% Counties That Offer Service

Needs Assessment
Prevention Education
Mobile Prevention
Condom Distribution
Social Marketing
Home Screening
Mobile Screening
Rapid Screening
Targeted Screening Programs
Provider/Community Training
Lab Acceptance of rectal/throat specimens
Expedited Partner Therapy
Case Management
Follow-up activities
Contract Tracing/Partner Notification
CA and AL Survey Findings

Screening EBPs examined:
- Routine screening programs for at-risk populations
- Rapid STD screening programs
- Mobile screening services
- At-home screening for gonorrhea and chlamydia
Routine Screening for Targeted Populations: Scant in medium & small counties and for sex workers

**Sex Workers**

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**Individuals in Jails or Juvenile Detention Settings**

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Routine Screening for Targeted Populations CA & AL Scant in Medium & Small Counties and for MSM

**Men Who Have Sex with Men**

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**Sexually Active Young Women**

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Routine Screening for Targeted Populations: Scant in Medium & Small Counties and Schools

**Geographic Hotspots/Communities with High Morbidity**

- **Very Small**: CA 50, AL 0
- **Small**: CA 38, AL 3
- **Medium**: CA 32, AL 18
- **Large**: CA 67, AL 100

**School Based Screening Programs**

- **Very Small**: CA 0, AL 0
- **Small**: CA 0, AL 0
- **Medium**: CA 16, AL 9
- **Large**: CA 33, AL 0
Phase II: Interviews in “positively deviant” counties

- Qualitative interviews and analysis

  - All responding counties ranked in CA on measures of performance with size and resource considerations:

  - Criteria included:
    - Scope of evidence-based practices and screenings for at-risk groups in counties
    - Trends in county for gonorrhea cases in last 5 years
    - FTE per 100,000 residents
    - Operation of a county-run STD clinic
Phase II: Interviews in “positively deviant” counties, cont.

Qualitative interviews and analysis, cont.

- 5 selected for on-site, 1-hour interviews with STD Controllers and clinic staff
- 3 interviews completed: 2 large counties and 1 small
- CA interviews will conclude December 2015
- Alabama currently conducting preliminary data analysis for positive deviance selection
Phase II: Initial themes & findings, CA

- Changes in STD Care and Partnerships
  - Both large and small counties now have more STD patients in their county-run clinics as ACA has insured more people
  - Primary care clinics are an important source for STD care, but waiting times are long and physician shortages are a problem
  - Large counties have consolidated STD and HIV programs
  - County partnerships for screening delivery very specific to county geography and resources, irrespective of size
Phase II: Initial themes & findings, CA

- Perceptions about STD Trends
  - All counties noted increases in syphilis, both inside and outside the MSM patient base.
  - Large counties more frequently noted increase reported morbidity for syphilis resulting from both less condom use and more robust STD surveillance data.
  - Small counties cited increases in syphilis morbidity due to changes in social norms, new residents.
Phase II: Initial themes & findings, CA

Clinic operations

- Counties in CA are not tracking partner notification efforts
  - No numbers of partners followed or treated are reportable
- All counties considered the introduction of partner packs as part of routine treatment a big success
- All counties noted how the shortage of primary care physicians makes clinic efficiency and partner notification efforts difficult
  - Some large counties are moving to a nurse practitioner (NP) model
Phase II: Initial themes & findings, CA

- Adapting Partner Notification Efforts for Changing Social Norms

  - All counties integrating social site profiles into their syphilis prevention and partner notification strategies
    - Large counties sitting with patients to identify sexual partners on hookup sites and issuing notifications as a direct message through the site (Grindr)
Challenges From the Field

- County STD staff interviewed have a hard time estimating STD program clinic costs and division of effort.

- Unable to estimate costs of STD care integrated into county run primary care (not STD) clinics.

- Hard for respondents to separate STD clinic care from family planning and HIV care in budgets.

- Partner notification activities not tracked, hard to measure.

- Counties generally note resource constraints, shrinking FTE on STD activities among staff.
Thank You

This project is a partnership of:
University of California Berkeley
Public Health Institute
University of Alabama Birmingham
University of California Merced, and the
Public Health Practice Based Research Networks of CA and AL

With support from the
Robert Wood Johnson Foundation (#72052)
Commentary

Research:
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Practice:
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Questions and Discussion
Announcing: 2015 Call for Proposals

http://systemsforaction.org/funding-opportunities

- 12 or 24 month projects, up to $100 or 250K funding
- Informational webinar on Dec. 18, 2015
- Letters of Intent due January 12, 2016
- Invited full proposals due March 2016
- Grants initiated June 2016

Funded by the Robert Wood Johnson Foundation
# Next Month’s Webinars

**Wed, Jan 13 (12-1pm ET/ 9-10am PT)**
**INTEGRATING HEALTH CARE AND PUBLIC HEALTH TO IMPROVE EARLY HIV DETECTION AND CONTROL**
Deborah Porterfield, MD, RTI International, North Carolina

**Thurs, Jan. 21 (1-2pm ET/ 10-11am PT)**
**LEVERAGING A HEALTH INFORMATION EXCHANGE INNOVATION TO IMPROVE THE EFFICIENCY OF PUBLIC HEALTH DISEASE INVESTIGATION**
Janet Baseman, PhD, MPH, Debra Revere, MLIS, MA, and Ian Painter, PhD
University of Washington
Thank you for participating in today’s webinar!

For more information about the webinars, contact:
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859.218.2317
www.systemsforaction.org