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Cost saving strategies in delivering STI services

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Research Team

- Bill Livingood Ph.D. and Ulyee Choe, D.O. are the Principle Investigators
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Today's Discussion

- Background
 - Variation between CHDs
- Discuss findings from Rating

- GOAL: Final Ranking of cost saving opportunities to determine QI strategy

Participatory Process for Identifying Cost Saving Practices



Findings

Funding:

- Wide variability in discretionary or local tax funding for county health departments
- Those CHDs that received county funding had higher unit costs

Service delivery variations:

- Due to the large variation in practices among the counties, the study did not have power (not enough counties) for meaningful statistical analysis.
- Cross jurisdiction sharing of DIS and surveillance staff for some counties, especially small rural counties
- Variation in the extent of STI investigations of certain populations due to funding and staffing constraints

Conclusions – Changes in STI practice patterns present opportunities to increase cost savings

QI Interventions to Improve Costs

- Builds on the results of the participatory process & relies on engagement in the practice community
- Purpose is to study the effects of program changes designed to improve cost effectiveness of delivering STI services
- Partner with the STI Subcommittee of the Disease Control Program Council

Possible Cost Saving Strategies

- Eliminate partner notification for GC and CT
 - for all non-pregnant (both public and private).
 - for private (non-ED) clients (except Preg & <15child).
- Eliminate private provider (non-ED) verification for
 - all GC & CT
 - GC & CT for all non-pregnant
 - GC & CT (except for Preg & <15 child)
- Provide presumptive treatment for partners of GC and CT w/o added tests.
- Text GC and CT results instead of calling/clinic return visit.
- Consolidate DIS across service lines (STD, HIV, TB)

Adverse Impact

Proposed Change in STD Service Delivery	Adverse Impact High/Very High
Eliminate partner notification for GC and CT for all non-pregnant (both public and private).	50%
Eliminate partner notification for GC and CT for private (non-ED) clients (except Preg & < 15 child).	50%
Eliminate private provider (non-ED) verification for all GC & CT	44.1%
Eliminate private provider (non-ED) verification for GC & CT for all non-pregnant	46.2%
Eliminate private provider (non-ED) verification for GC & CT (except for Preg & < 15 child).	42.3%
Provide presumptive treatment for partners of GC and CT who come to the clinic w/o added tests.	17.6%
Text GC and CT results instead of calling/clinic return visit.	14.7%
Consolidate DIS across service lines (STD, HIV, TB)	23.5%
<p>Red = Undesirable/negative assessment Yellow = concern Green = Substantial/positive assessment</p>	

Cost Savings

Proposed Change in STD Service Delivery	Savings High/Very High
Eliminate partner notification for GC and CT for all non-pregnant (both public and private).	53.8%
Eliminate partner notification for GC and CT for private (non-ED) clients (except Preg & < 15 child).	53.8%
Eliminate private provider (non-ED) verification for all GC & CT	67.6%
Eliminate private provider (non-ED) verification for GC & CT for all non-pregnant	57.7%
Eliminate private provider (non-ED) verification for GC & CT (except for Preg & < 15 child).	50.0%
Provide presumptive treatment for partners of GC and CT who come to the clinic w/o added tests.	64.7%
Text GC and CT results instead of calling/clinic return visit.	52.9%
Consolidate DIS across service lines (STD, HIV, TB)	24.2%
Red = Undesirable/negative assessment Yellow = concern Green = Substantial/positive assessment	

Ease of Implementation

Proposed Change in STD Service Delivery	Implementation Easy/Min difficulty
Eliminate partner notification for GC and CT for all non-pregnant (both public and private).	65.4%
Eliminate partner notification for GC and CT for private (non-ED) clients (except Preg & < 15 child).	65.4%
Eliminate private provider (non-ED) verification for all GC & CT	70.6%
Eliminate private provider (non-ED) verification for GC & CT for all non-pregnant	65.4%
Eliminate private provider (non-ED) verification for GC & CT (except for Preg & < 15 child).	61.5%
Provide presumptive treatment for partners of GC and CT who come to the clinic w/o added tests.	70.6%
Text GC and CT results instead of calling/clinic return visit.	58.8%
Consolidate DIS across service lines (STD, HIV, TB)	30.3%
<p>Red = Undesirable/negative assessment Yellow = concern Green = Substantial/positive assessment</p>	

Rating Overall

Proposed Change in STD Service Delivery	Adverse Impact High/Very High	Savings High/Very High	Implementation Easy/Min difficulty
Eliminate partner notification for GC and CT for all non-pregnant (both public and private).	50%	53.8%	65.4%
Eliminate partner notification for GC and CT for private (non-ED) clients (except Preg & <15child).	50%	53.8%	65.4%
Eliminate private provider (non-ED) verification for all GC & CT	44.1%	67.6%	70.6%
Eliminate private provider (non-ED) verification for GC & CT for all non-pregnant	46.2%	57.7%	65.4%
Eliminate private provider (non-ED) verification for GC & CT (except for Preg & <15 child).	42.3%	50.0%	61.5%
Provide presumptive treatment for partners of GC and CT who come to the clinic w/o added tests.	17.6%	64.7%	70.6%
Text GC and CT results instead of calling/clinic return visit.	14.7%	52.9%	58.8%
Consolidate DIS across service lines (STD, HIV, TB)	23.5%	24.2%	30.3%

Red = Undesirable/negative assessment

Yellow = concern

Green = Substantial/positive assessment

Next Steps

- 1) Rank the strategies
- 2) Choose a QI project
- 3) Recruit CHDs into implementation and non-implementation groups

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