

PHSSR Research in Progress Webinar Series Speaker Biographies

[Integrating Health Care and Public Health to Improve HIV Early Detection and Control](#)

Wednesday, January 13, 2016, 12:00–1:00pm ET

Presenters



Deborah Porterfield, MD, MPH is a Senior Public Health Research Analyst at RTI International in North Carolina, and is also an Associate Professor at the UNC Chapel Hill School of Medicine. She has completed training in health services research, public health, internal medicine, and preventive medicine, and has six years of public health practice experience at the NC Division of Public Health. Dr. Porterfield's work in Public Health Systems and Services Research has focused on performance measurement in state and local health departments in cancer and diabetes with projects for the Centers for Disease Control and Prevention. An additional area of focus is integration between public health and primary care, with past project work for the Agency for Healthcare Research and Quality and PCORI. dporterfield@rti.org



Christine A. Bevc, PhD, MA is an Epidemiologist Research Associate with the NC Institute of Public Health, at the UNC Chapel Hill School of Public Health. Dr. Bevc's work in Public Health Systems and Services Research has focused on applying her expertise in social networks and social science research methods to better understand and improve interorganizational relationships and collaboration. Her research broadly focuses on organizational behavior, environment and society, and disasters, with past work for the Centers for Disease Control and Prevention and National Science Foundation. bevc@email.unc.edu

Commentary



M. Maximillion (Max) Wilson, PhD is the HIV/AIDS Program Coordinator for Northeast Florida at the Florida Department of Health. Dr. Wilson worked as a researcher, college instructor, and academic department chair before becoming the Prevention Coordinator for the Florida Department of Health's Area 4 AIDS Program Office in 2007. He was appointed the Statewide Evaluation Consultant for the HIV/AIDS program in 2008. His recent projects include providing evaluation for the Enhanced Comprehensive HIV/AIDS Prevention Plan in Miami and implementing a Reproductive/Sexual Health Service Line in the Department Health - Duval. He also serves as the DOH-Duval Part C Program Director for three years. Max.Wilson@flhealth.gov



Geoffrey Downie, MPA is a public health practitioner and educator from South Florida. He currently is the Program Manager for Ryan White Part A in Florida's Area 9 at the Palm Beach County Department of Community Services, Florida. He also is working toward a DrPH degree, and his research is a social network analysis of the HIV/AIDS service delivery network in Broward County, with a focus on information exchange and inter-organizational accountability. GDownie@pbcgov.org

Systems for Action

Systems and Services Research to Build a Culture of Health



PHSSR Research-In-Progress Webinar

Wednesday, January 13, 2015

12:00-1:00pm ET

Bridging Health and Health Care

Integrating Health Care and Public Health to Improve HIV Early Detection and Control

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

Funded by the Robert Wood Johnson Foundation

Agenda

Welcome: Anna G. Hoover, PhD, RWJF *Systems for Action* program co-director; Assistant Professor, U. of Kentucky College of Public Health

“Integrating Health Care and Public Health to Improve HIV Early Detection and Control”

Presenters: Deborah Porterfield, MD, MPH, RTI International dporterfield@rti.org and Christine A. Bevc, PhD, MA, NC Institute of Public Health bevc@email.unc.edu

Commentary: M. Maximillion (Max) Wilson, PhD, HIV/AIDS Program, Florida Department of Health Max.Wilson@flhealth.gov and Geoffrey (Geoff) Downie, MPA, Ryan White Program Manager, Palm Beach County Dep’t of Community Services, Florida Downie@pbcgov.org

Questions and Discussion

Presenters



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Integrating to Improve

Integration between Health Care and Public Health to
Improve HIV Early Detection and Control



Research Team

Principal Investigator: Deborah Porterfield, MD, MPH
RTI



Co-Investigator: Christine Bevc, PhD, MA
UNC Chapel Hill



Co-Investigator: Lori Bilello, PhD, MBA, MHS
University of Florida



Project Manager: Caroline Husick, MPH
RTI



Scientific Advisor: Sara Jacobs, PhD
RTI



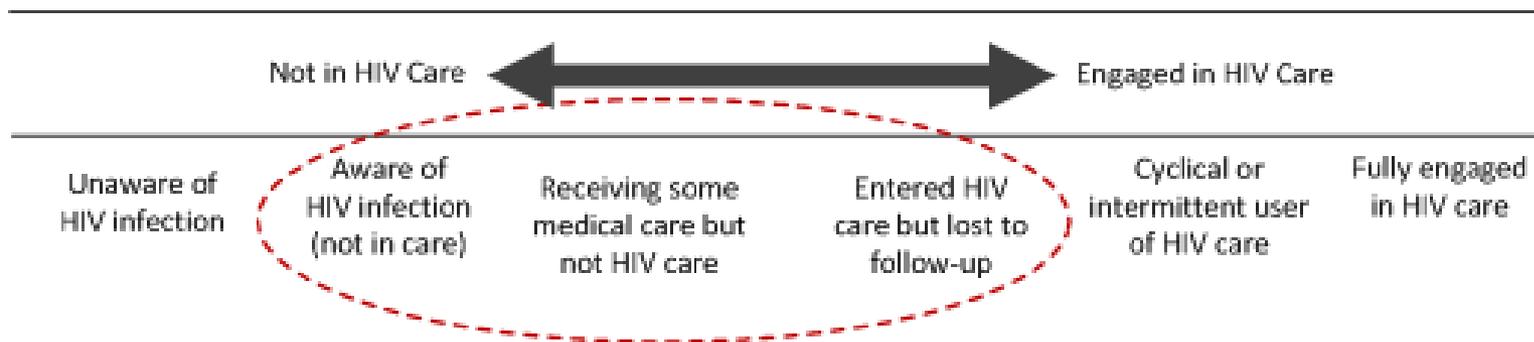
Community Co-Investigator: Max Wilson, PhD
Florida Department of Health

Project Background



The Problem: Suboptimal Engagement in HIV Care

- Twenty percent of persons with HIV are not aware of their diagnosis, and significant proportions of persons present at a late stage, experience delays in care, or do not remain in care continuously (Marks et al., 2010).
- The problem is illustrated by the spectrum of care:





Current Status: Not a Single HIV System of Care

- Many persons with HIV are diagnosed outside the clinical setting and must be linked to care.
- Transition of care from one system (public health) to another system of care (medical care) vs. patient flow within one system of care may be unnecessarily fragmented.
- Siloed federal funding for HIV (CDC, Medicaid, HRSA) contributes to this fragmentation.





Gap between Policy and Evidence

- White House Office of National AIDS Policy (ONAP)
National Strategy: “Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV.”
- CDC guidance on screening in community settings recommends linkage services but does not comment on underlying structure of collaborations among agencies.
- What is the optimal structure of a system of care for HIV?
How can that structure be achieved?

Overview of Project



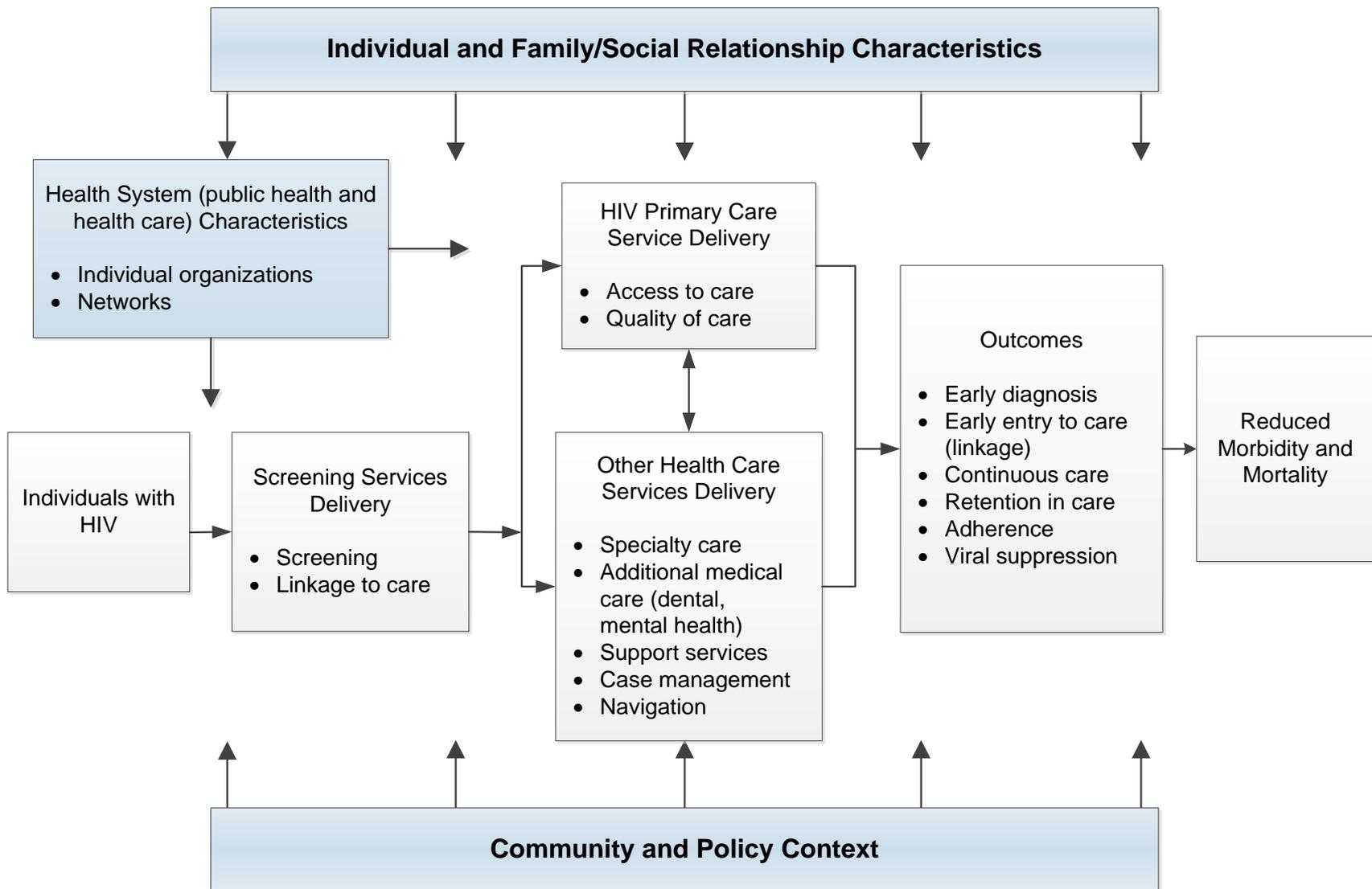


Project Goals

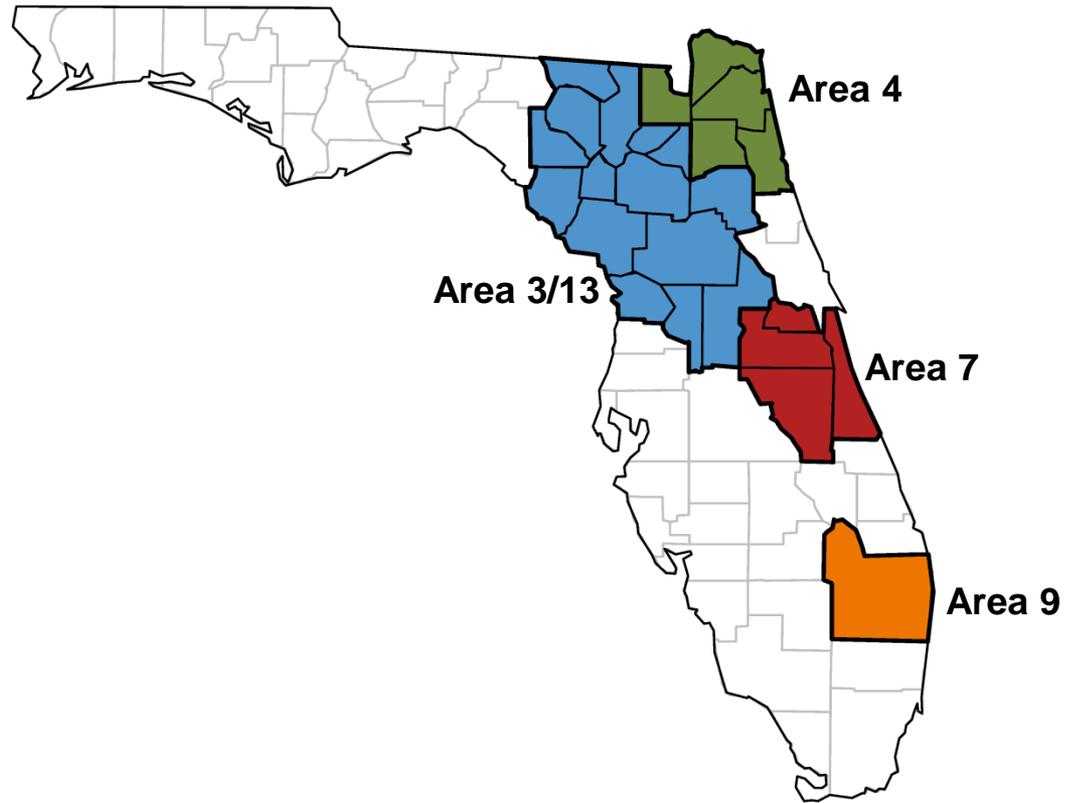
- Examine how public health, primary care, and community organizations work as a system to identify, link to care, and provide continuous care for HIV patients.
- Determine the organizational and system characteristics associated with delivery of continuous care for persons with HIV.
- Develop resources to improve HIV systems of care based on the study findings.



Project Logic Model



Practice Setting: Areas 4, 7, 9, and 3/13





Community Partners

Area 3/13	WellFlorida Council, Inc.
Area 4	Duval County Health Department
Area 7	Orange County Health Department
Area 9	Health Council of SE Florida





Community Partner Engagement and Role

- Partners in each area were identified by the Florida Practice-Based Research Network.
- Partners have played a critical role in helping the research team learn about the unique features of each network.
- Partners have acted as advocates for the project in their communities, helping to build buy-in among local and state leadership.
- Partners will be asked to support implementation of the survey and assist in obtaining organizational outcome data from Ryan White Services Reports.

Project Methodology





Project Data Sources

- Organizational lists developed by community partners in each region
- Interviews with organizational staff in each region
- Organizational descriptive data from Ryan White HIV/AIDS Services Providers' Annual Reports (RSRs) and PARTNER survey
- Organizational relationship data collected via the PARTNER social network survey
- Organizational outcome measures from RSRs



Characteristics of the Organization

To be reported through RSRs

- Provider type and size (FTEs)
- Services provided
- Size of patient population
- Sociodemographic characteristics of patient population



Characteristics of the Organization

To be reported through PARTNER Survey

- Funding sources
- Types of IT systems and use
- Detailed list of services provided
- Evidence-based or informed programs/activities to increase linkage and continuous care
 - Case management
 - Peer navigation
 - Transportation
 - Co-locating services
 - Bilingual/bicultural health care teams
 - Reminder calls



Organizational Relationship Data

To be reported through PARTNER survey

- Range of relational activities
 - Referral for services
 - Shared funding
 - Joint programs and planning
 - Formal agreements
- Mission congruence
- Contributing resources
- Level of involvement
- Reliability
- Open to discussion



Organizational Outcome Data

To be reported through RSRs

- Proportion of patients with continuous care



Analysis of Organizational and Relational Data

Aim 1: Examine how public health, primary care, and community organizations work together as a system to identify, link to care, and provide continuous care for HIV patients.

- Single-service providers exhibit higher levels of interaction (e.g., client referrals) compared to comprehensive service providers (greater number of services).
- Organizations and/or agencies sharing similar organizational characteristics exhibit higher levels of interaction compared to those with dissimilar characteristics.
- Organizations and/or agencies that participate in joint community planning are likely to engage in more diverse interactions (e.g., client referrals, information sharing, resource sharing) with others compared to those that participate in fewer joint activities.



Analysis of Organizational and Relational Data

Aim 2: Determine the extent to which Ryan White HIV outcome measures vary within and across service areas, with respect to organization-level characteristics.

- Organizations and/or agencies with higher levels of interactions (e.g., number of total organizations with which an organization interacts) exhibit a higher proportion of people with diagnosed HIV infection who are in continuous care.



Analysis of Organizational and Relational Data

- Find variation in the number and types of relational ties between the testing organizations (such as CHDs and CBOs) and HIV clinical care organizations; and between the HIV clinical care organizations and other types of organizations providing support and case management services.
- Learn how characteristics of the organizations are associated with patterns of their relational ties; for example, those organizations that have similar funding sources or that perform similar functions are more likely to share information or resources, demonstrating a potential gap in these systems.
- Learn, for a subset of organizations providing HIV clinical care, which organizational and relational measures are associated with improved continuous care.

Early Results, Anticipated Outcomes, Timeline





Preliminary Descriptive Results of the Systems of Care

- **Partners were provided the definition of an organization that was part of the system: *one that contributes to the key outcomes of early diagnosis, linkage to care, and continuous care.***
- **Types of organizations include local health departments, private practices, community health centers, and private nonprofits.**
 - On average, 24% of organizations are private practices (range: 0-43%) and 24% are community health centers (range: 7-44%).
- **Average size of each system is approximately 29 organizations (range: 16-43).**



Preliminary Descriptive Results of the Systems of Care

- **Many organizations serve multiple roles within the system.**
 - On average, 56% are certified testing sites (range: 50-67%).
 - 34% provide case management services (range: 9-34%).
 - 39% provide linkage services (range: 12-59%).
 - 13% provide housing services (range: 6-25%).
- **Urban areas had more organizations who provide case management and linkage services.**
- **Ryan White services had a big presence in each system.**
 - 37% of organizations in each of the three Eligible Metropolitan Areas provide services under Part A (range: 24-44%).
 - 19% of organizations in each network provide services under Part B (range: 13-25%).
 - Only three out of the four networks have any Part C or D providers (range: 0-14%).



Early Challenges and Barriers to the Project

- **General to all systems-based research**
 - Developing definitions/inclusion criteria for organizations
 - Developing comprehensive and valid list of organizations meeting the criteria
- **IRB approval for data collection**
- **Maintaining engagement with community partners given project delay**



Anticipated Outcomes, Goals, and Policy Implications

■ Initial goal

- Develop and provide evidence-based to support to HIV systems of care structure and service delivery.
- Develop resources to support practice.
- Disseminate to Florida practitioners as well as national policy-making bodies.

■ Evolving goal

- Advance methods for measuring service integration.
- Promote a systems-based approach to addressing delivery of continuous care.

■ Recent goal

- Inform newly required activity for HIV state programs of integrated HIV prevention and care planning.



Project Planning and Data Collection

Upcoming Milestones

- Follow-up discussion with representatives from each area (January 2016)
- Web-based data collection (February-March 2016)
- Secondary data from 2015 Ryan White HIV/AIDS Program Services Reports (April 2016)



Developing Resources and Dissemination

Upcoming Milestones

- Interim Webinar with community partners (February 2016)
- In-person meetings with each area (August 2016)
- Florida Part B Annual Meeting (September 2016)
- Develop report and brief for practitioners (February 2017)
- Academic conferences (AcademyHealth and APHA, June 2016 and November 2016)



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Reference

[Marks, G.](#), [Gardner, L. I.](#), [Craw, J.](#), & [Crepaz, N.](#) (2010). Entry and retention in medical care among HIV-diagnosed persons: A meta-analysis. *AIDS*, 24(17):2665–2678.

Commentary



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Questions and Discussion

Webinar Archives

<http://www.publichealthsystems.org/phssr-research-progress-webinars>

Upcoming Webinars

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

Wed, Feb 3 (12-1p ET/9-10am PT)

[INTER-ORGANIZATIONAL COLLABORATION IN LOCAL PUBLIC HEALTH SYSTEMS: IMPLICATIONS FOR COSTS, IMPACT, AND MANAGEMENT CAPACITY \[MULTI-PBRN DIRECTIVE STUDY\]](#)

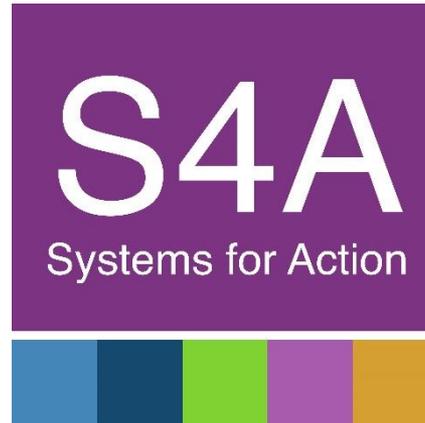
Justin Marlowe, PhD, MPA, and Betty Bekemeier, PhD, MPH, RN, U. of Washington and WA
Public Health PBRN

Wed, Feb 10 (12-1p ET)

[IMPLEMENTATION AND DIFFUSION OF THE NEW YORK CITY MACROSCOPE ELECTRONIC HEALTH RECORD SURVEILLANCE SYSTEM](#)

Katharine H. McVeigh, PhD, MPH, NYC Department of Health and Mental Hygiene

Thank you for participating in today's webinar!



For more information about the webinars, contact:

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