

Silo-Busting: Integrating activities across HIV, sexually transmitted disease (STDs), TB, and viral hepatitis programs at the New York City Department of Health and Mental Hygiene



2012 National STD Prevention Conference
March 13, 2012
Jennifer Fuld, PCSI Coordinator

PCSI: Program Collaboration and Service Integration

Strategic framework to integrate activities across TB, viral hepatitis, and STDs including HIV

- Foster collaboration across programs
- Coordinate programmatic and surveillance activities
- Facilitate delivery of integrated services
- Strengthen relationships with community partners
- Leverage new technologies for collaboration and integration

Current NYC PCSI Initiative

- **Year 1:** Sept. 2010 – Oct. 2011
 - Needs Assessment and development of PCSI Plan
 - Formation of Committees
- **Years 2 & 3:** Oct. 2011 – Sept. 2013
 - Implement PCSI Plan
 - Evaluate activities
- Activities to produce structural, sustainable changes that continue in **Years 4+**

Year 1 PCSI Needs Assessment

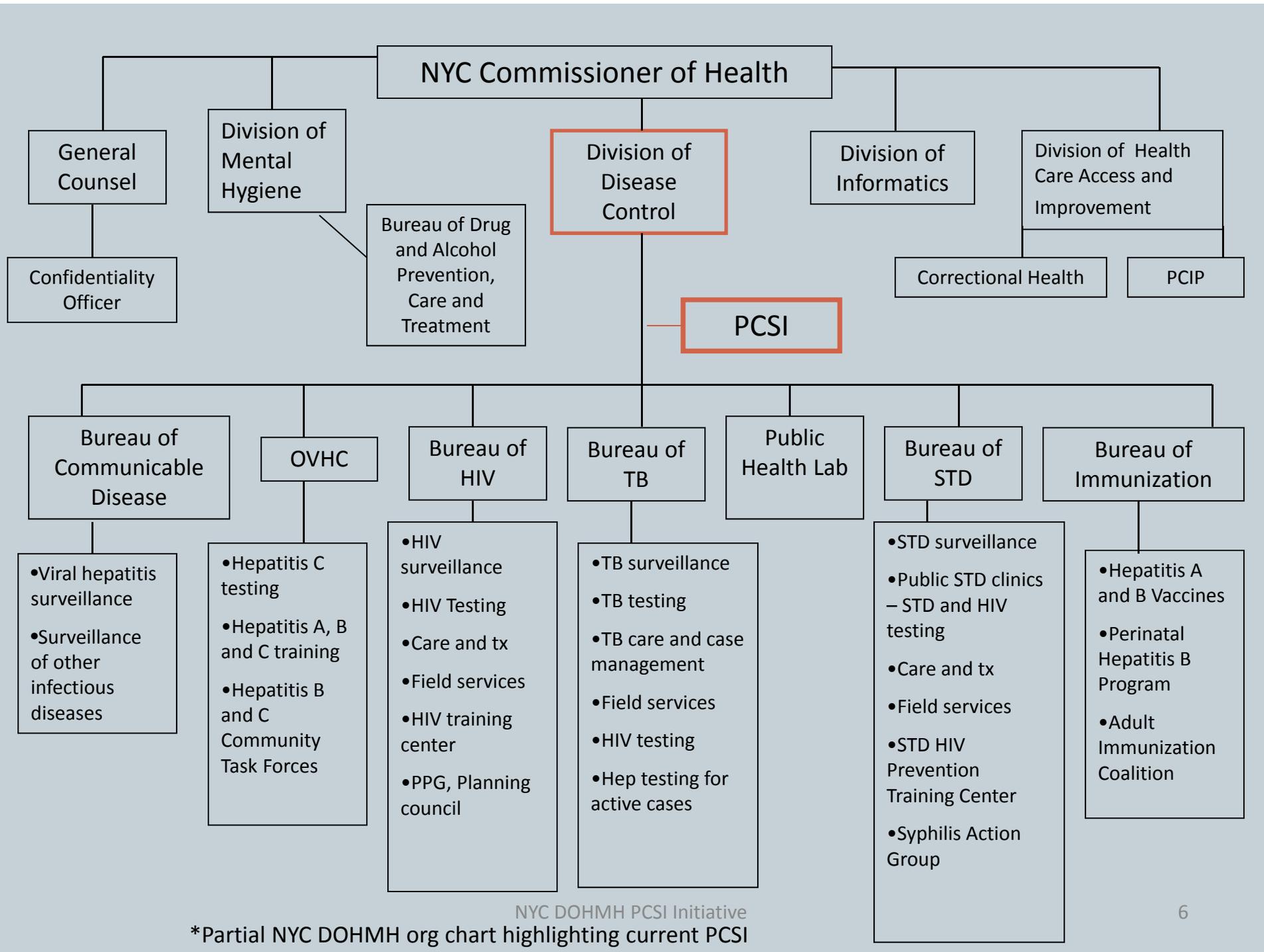
October 2010 – September 2011

- Review of existing **epidemiological data** to identify
 - Populations at greatest risk of >1 disease
 - Geographic areas of NYC with co-occurring disease
- **Interviews with DOHMH staff** to identify
 - Existing collaborative efforts
 - Opportunities for further collaboration & integration
 - Barriers to integration

Year 1 PCSI Needs Assessment

October 2010 – September 2011

- **Interviews with community providers** to identify
 - Models of integration
 - Barriers to integration
- **Formation of PCSI Committees** to foster collaboration, identify priorities, guide activities and facilitate implementation
 - Steering Committee
 - Data Advisory Committee
 - Training/Outreach Workgroup
 - Community Advisory Committee



NYC DOHMH PCSI Initiative

*Partial NYC DOHMH org chart highlighting current PCSI

NYC DOHMH PCSI Goals

- To create system-level/structural changes that
 - Increase collaboration across DOHMH programs
 - Streamline activities and decrease the duplication of efforts across DOHMH programs
 - Increase the delivery of integrated services
- By creating
 - Forums for collaboration
 - Mechanisms that facilitate data sharing
 - Resources, tools and strategies that facilitate integrated service delivery

Needs Assessment and PCSI Plan



Data Sharing
Training Activities
Service Integration

Data Access and Use
Training Needs
Service Integration

Why Conduct a Syndemic Analysis?

- Create syndemic community profiles for NYC neighborhoods
- Educate providers in areas with high rates of co-infection to increase screening
- Incorporate screening for multiple infectious diseases into agency initiatives and new grants
- Include PCSI activities in DOHMH funding to CBOs and providers

Syndemic Project Phase 1

PCSI
Year 2

- 2000 – 2010 HIV, STD, TB, Hepatitis B & C data
- Match against the death registry
- Matching done by HIV epidemiologists with PCSI staff
- Analysis done by PCSI staff & consultants
- Dataset available to programs
- Ongoing guidance and support from PCSI DAC

Findings:
Fall 2012

Syndemic Project Phase 2

PCSI
Year 3

- Work with DIIT (IT Division) to 'automate' linkage process
 - To monitor trends in syndemics
 - To enable greater real-time case look up for programmatic purposes
- Match against other datasets: Diabetes registry, Ryan White data

Late Spring
2012

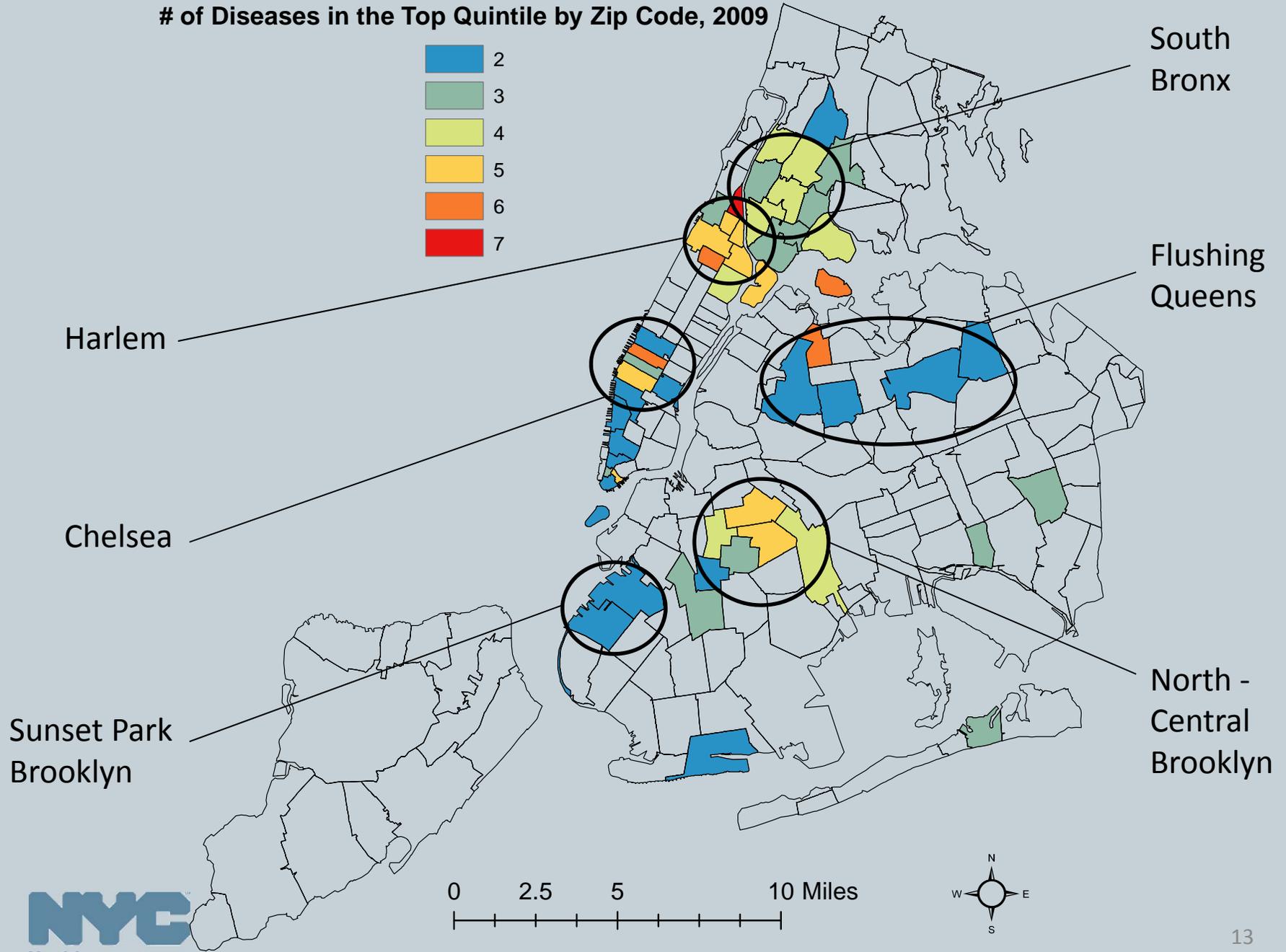
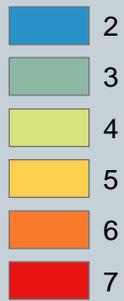


September
2013

Service Integration Activities

- Assessing integrated health services at NYC Syringe Exchange Programs (SEPs)
- Expanding screening in FQHCs
- Strengthening DOHMH clinic referrals
- Technical Assistance for providers
- Health Assessment
- DOHMH contract coordination
- Integrate STD and HIV partner services
- Hepatitis B vaccination at TB clinics

of Diseases in the Top Quintile by Zip Code, 2009



Syringe Exchange Project

- Conduct semi-structured interviews with 14 NYC SEPs to identify:
 - needs of clients, models of service integration and barriers to integration
- Goals:
 - Facilitate collaborations between SEPs and other service providers to fill gaps in services
 - Disseminate and potentially pilot SEPs' best practices of service integration in other SEPs or CBOs
 - Assist SEPs with overcoming barriers to integrated service delivery
- Collaboration with Bureau of Drug & Alcohol Prevention, Care & Treatment, Harm Reduction Coalition and NYS AIDS Institute

Expanding Screening in Federally Qualified Health Centers (FQHCs)

- Rationale
 - The zip codes with high rates of CT also have high rates of HIV and Hepatitis C (HCV)
 - 2010 NYS law: **HIV testing must be offered to every individual between the ages of 13 and 64** who receives health services:
 - Or older/younger if there is risk
 - A subset should also be screened for CT or HCV
- Work with FQHCs to improve quality in:
 - HIV testing and linkage to care
 - Sexual history taking, CT testing, treatment and re-screening at 3 months
 - HCV risk assessment, testing, RNA testing and linkage to care

Leveraging Electronic Health Records

- DOHMH Primary Care Information Project (PCIP) works with providers to implement EHRs to improve population health
- Work with providers to improve screening and treatment for STDs, TB, HIV and viral hepatitis
 - Provide technical assistance in use of EHR
 - Provide training opportunities

Asset Mapping of Contracts

- Identify and map agencies contracted or funded through DOHMH to provide HIV, STD, TB or viral hepatitis-related services
- Identify and map agencies contracted directly from CDC to provide HIV, STD, TB or viral hepatitis-related services
- Evaluate contracts up for renewal to determine the appropriateness of adding services for PCSI diseases on an ongoing basis

Training/Outreach

- Assess the need for an integrated curriculum for CBOs
 - Add PCSI module to in-depth trainings
 - Basic introduction to the 4 PCSI disease areas
- Expand and formalize the existing in-depth training curricula on PCSI diseases, offer through HIV T-TAP (training center)
- Work with Region 3 PTC to add Hepatitis resources
- Screening guidelines “cheat sheet” for clinical and non-clinical providers

Ongoing Challenges

- Macro level challenges
 - Health Care Reform and NYS Medicaid changes
 - Changing technology (Electronic Health Records)
 - Advancements in disease testing and treatment
 - Federal and NYS fiscal challenges
- Micro level challenges
 - NYC DOHMH is a large, complex, bureaucracy
 - Developing buy-in and building relationships takes time
 - PCSI is an ‘unfunded mandate’

Co-Authors

- Jennifer Fuld, PhD candidate, MA, PCSI Coordinator, NYC DOHMH, Division of Disease Control, NYC (jfuld@health.nyc.gov; 347-396-2412)
- Ann Drobnik, MPH, PCSI Analyst, NYC DOHMH, Division of Disease Control, NYC
- Susan Blank, MD, Assistant Commissioner, Bureau of STD Prevention and Control, NYC DOHMH, Bureau of Sexually Transmitted Disease Control, NYC, Centers for Disease Control & Prevention, National Center for HIV, Hepatitis, Sexually Transmitted Diseases and Tuberculosis, Atlanta, GA
- Jay K Varma, MD, Deputy Commissioner, Division of Disease Control, NYC DOHMH, Division of Disease Control, NYC, Centers for Disease Control & Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Atlanta, GA