



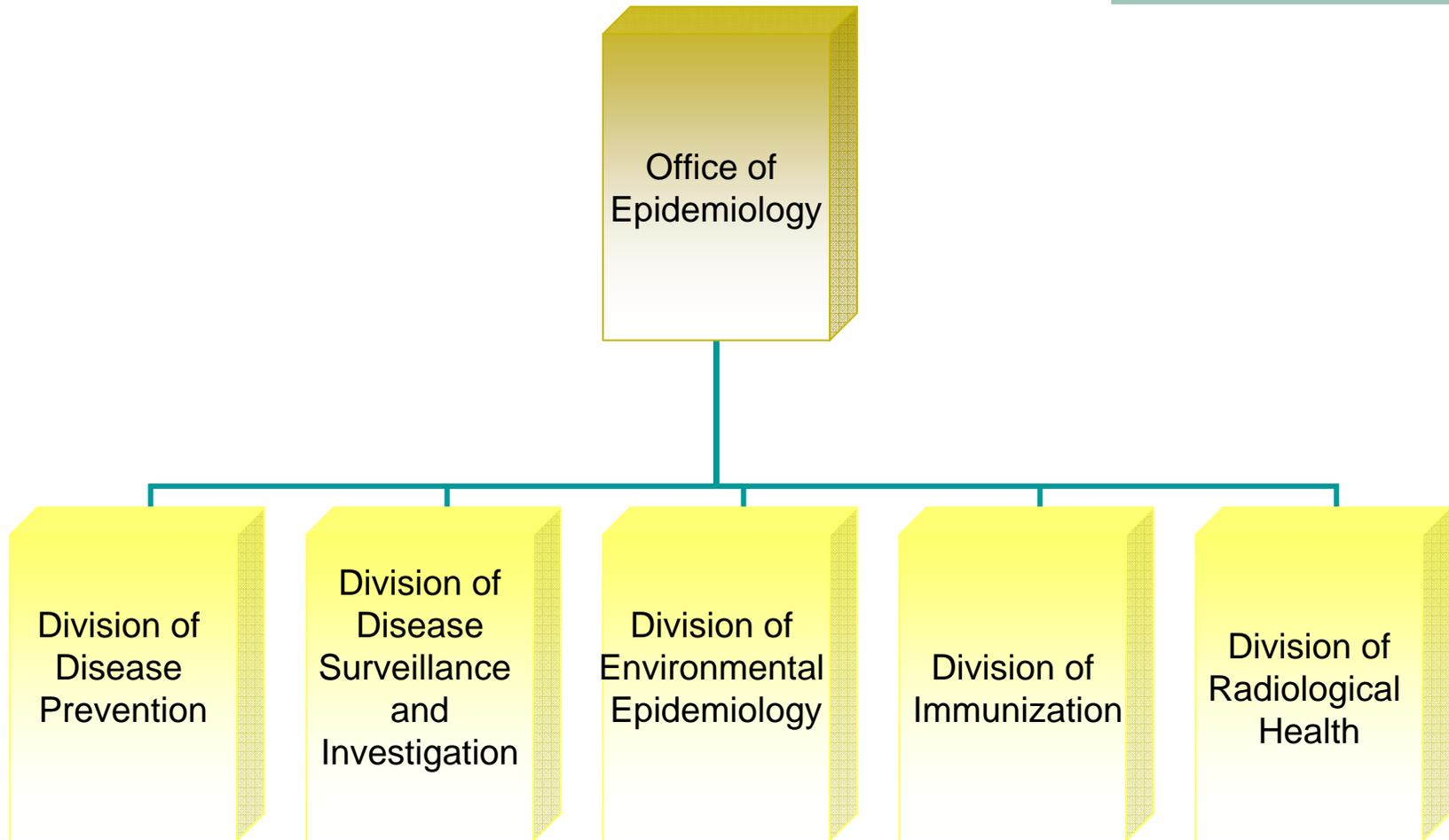
Program Integration The Virginia Experience



**Virginia Department of Health
Division of Disease Prevention**

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Programs Integrated & Rationale

❖ AIDS Program

- Because of transmission mode the then Bureau of STD Control within the Division of Communicable Disease Control was considered to be the best organizational placement for the program.

Programs Integrated & Rationale

❖ Hepatitis C Program

- The Virginia General Assembly appropriated funds to implement a Hepatitis C Awareness and Prevention Program.

Programs Integrated & Rationale

- Hepatitis A and hepatitis B, excluding perinatal, are the responsibility of the Division of Surveillance and Investigation (DSI).
- DSI did not have the infrastructure or resources to implement a new program.

Programs Integrated & Rationale

- Perinatal hepatitis B is the responsibility of the Division of Immunization.
- The primary goal of this division is reducing morbidity and mortality associated with vaccine-preventable illness.

Programs Integrated & Rationale

- The then Division of HIV/STD
 - Serviced a population at risk for hepatitis C.
 - Had sufficient resources to support a new program.
 - Interested in including viral hepatitis prevention services in clinical and outreach settings.

Programs Integrated & Rationale

❖ Pharmacy Services

- The Bureau of Pharmacy Services was a separate bureau located within the Office of Purchasing and General Services (OPGS).
- OPGS primarily performs procurement functions.

Programs Integrated & Rationale

- Analysis of Pharmacy Services' activity showed that 75% of the medications dispensed were for the Division of HIV/STD.
- Placement within the Division of HIV/STD provided an opportunity to capitalize on existing staff expertise in the Division.

Programs Integrated & Rationale

❖ TB Prevention and Control

- The Division of TB Prevention and Control was a separate division within the Office of Epidemiology.
- Placement within the Division of HIV, STD, and Pharmacy Services provided an opportunity to establish new teams and capitalize on existing staff expertise.

Staff Perceptions to the Change

- ❖ AIDS/HIV Program – New program, no merging of staff
 - STD staff were more cautious from the standpoint of the challenge associated with a disease that was unknown.

Staff Perceptions to the Change

- ❖ Hepatitis C Program - New program, no merging of staff
 - HIV/STD staff were excited.
 - Some apprehension from the standpoint of a learning curve with the addition of a “new” disease.

Staff Perceptions to the Change

- ❖ Pharmacy Services – Involved staff merging
 - Both program area staff were a little cautious at first regarding “fit”.
 - Pharmacy staff morale improved due to changes in work environment.

Staff Perceptions to the Change

- ❖ TB Prevention and Control - Involved staff merging
 - Resistance and caution from TB staff.
 - HIV, STD, and Pharmacy Services staff were more accepting.

Internal Barriers

❖ AIDS Program

- Program differences

❖ Pharmacy Services

- Organizational structure

Internal Barriers

❖ TB Prevention and Control

- Program differences
- Attitudinal

Addressing Internal Barriers

❖ Pharmacy Services

- Met with Human Resources.

❖ TB Prevention and Control

- Counseling, some transfers and resignations.
- Promote as much consistency across programs as possible.

Other Barriers

- ❖ Non support from CDC after the merger between the Division of TB and the Division of HIV, STD, and Pharmacy Services
 - Financial assistance
 - Direct assistance
 - Strong recommendation to re-establish the TB program as a “unit”.

Wins - Client level

- ❖ Delivery of more comprehensive prevention services.
- ❖ Enhanced coordination of client care and services.

Wins - Health Department Level

- Resource sharing (human, fiscal, data/information)
 - DIS investigate and follow-up both HIV and STD; collaboration among training staff (HIV, STD, TB).
 - Enhanced surveillance.
 - Integration of TB provided additional match for the Ryan White grant which was a significant financial concern.

Wins - Health Department Level

- Greater cross program planning.
 - Weekly meetings between the Division Director and Program Directors.
 - Medical Director of TB Program is on the ADAP advisory meeting.
- Leaner organizational structure.

Embarking on Program Integration

- ❖ A leader who strongly believes in integration.
- ❖ Clear definition of program integration.
- ❖ Regular communication across programs.

Starting Process Again

❖ Hepatitis C Program

- Promote viral hepatitis services be the responsibility of one division.

❖ TB Prevention and Control

- More staff involvement in the plan.
- Follow the plan.

Suggestions for CDC

- ❖ Support project areas that are integrated.
- ❖ At the CDC level, need to communicate and become more familiar with other division programs.

Suggestions for CDC

- ❖ Train public health advisors on STD, TB, HIV, and hepatitis and allow them flexibility to work across program lines.
- ❖ Allow maximum flexibility on how funding can be used.