



Program Collaboration and Service Integration: An NCHHSTP Green paper

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Overview

- Background on Green Paper
- Levels of integration





Program Collaboration and Service Integration: Enhancing the prevention and control of HIV/AIDS, Viral Hepatitis, STD and TB in the United States

- NCHHSTP green paper, July 2007
 - Green paper: a discussion document intended to stimulate debate and launch a process of consultation
- Paper describes how NCHHSTP will work with partners to advance PCSI strategic priority





Program Collaboration and Service Integration

Drivers, Opportunities, and Motivators

- Overlapping determinants, programmatic responses, interventions for HIV, Hepatitis, STD, TB prevention
- Moving towards a more holistic model of prevention services
- Need to accelerate reductions in health disparities
- Desire to improve delivery of prevention services to clients
- Advances in diagnostic technology and treatment
- More efficient use federal resources





Program Collaboration and Service Integration

Conceptualizing a national strategy

- Where are we now?
- What do we want to achieve?
 - Can we articulate a shared vision for PCSI?
- How do we get there?
 - Develop an agreed typology for PCSI
 - Determine current distribution of integrated services
 - Clarify roles, responsibilities and governance
 - Establish training, policies, guidelines for transformation
 - Monitor and evaluate progress towards implementation
 - Measure and reward performance





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Where are we now?

- Limited integration of services
- Marked variations across the United States
- Numerous models of best and promising practice
- Numerous barriers to integration
- Programs have concerns about implementing
- Unclear support and incentives for integration
- No national leadership on PCSI





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Where do we want to be?

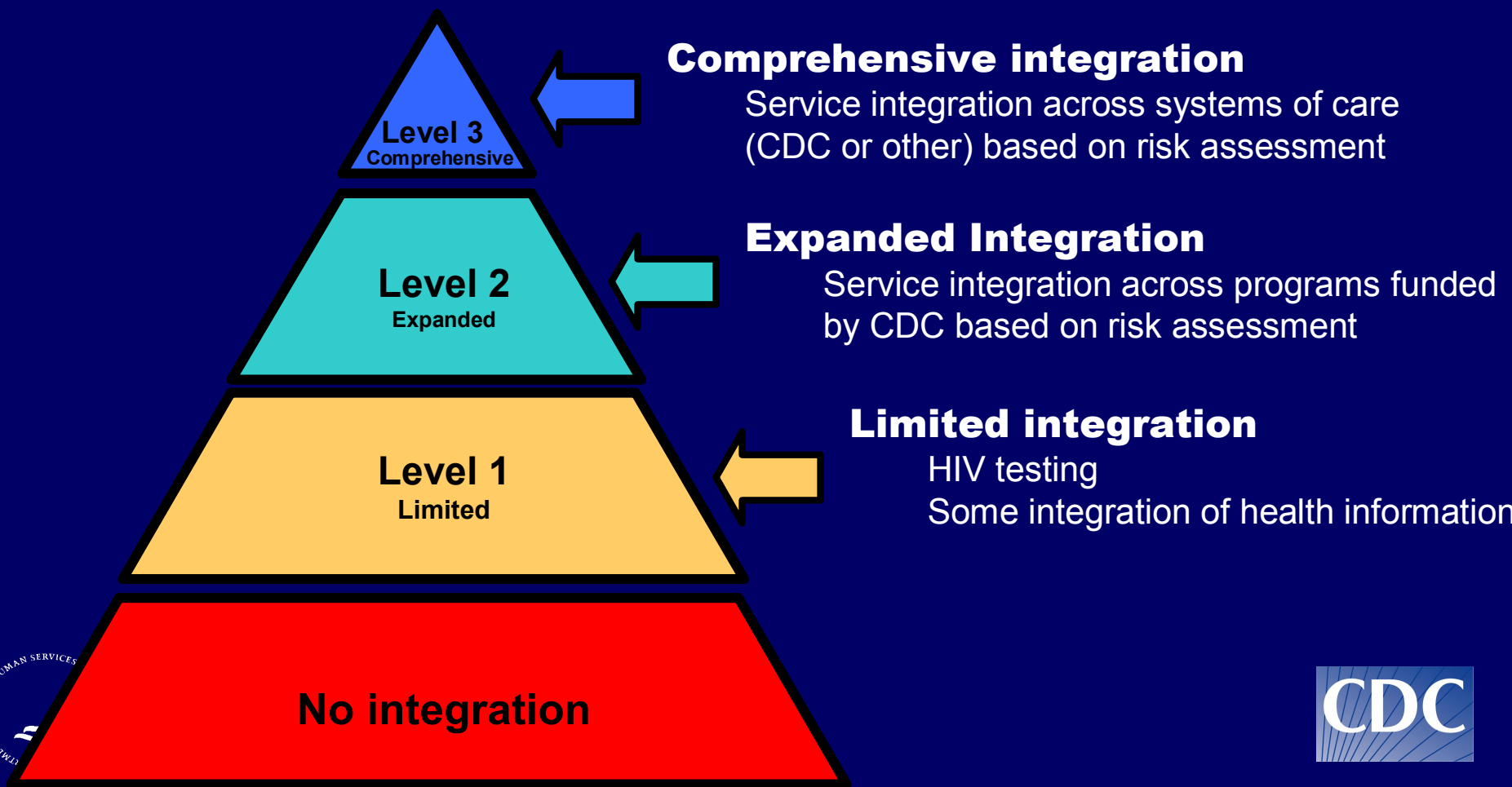
- Goal:
 - Provide prevention services that are holistic, science based, comprehensive, and high quality to appropriate populations at every interaction with the health care system.
- Vision:
 - Remove barriers to and facilitate adoption of service delivery integration at the client level by aligning NCHHSTP activities, systems, and policies with this goal.





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A typology for integrated HIV, Hepatitis, STD and TB preventive services





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Level 1 (Limited) Integrated Services

- Definition:
 - Basic core of integrated services with HIV testing being the basic intervention (independent of risk, age, behavior)
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- Services
 - Routine HIV testing in line with 2006 CDC revised recommendations
 - Health information on HIV, STD, viral hepatitis, and TB
 - Documented and tracked referrals to Level 2, 3, or specialist services available on request or as indicated
 - HIV+ linked to care





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Level 2 (Expanded) Integrated Services

- All onsite services from Level 1
 - Chlamydia screening and treatment for women <25
 - Gonorrhea screening
 - Syphilis testing
 - Treatment for CT, GC, syphilis
 - Hepatitis A/B vaccine
 - Hepatitis C risk assessment
 - Expedited partner therapy, partner notification or Partner Counseling Referral Services
 - Pregnancy testing as indicated
 - Screening for TB exposure/risk
 - Condoms available
 - Documented and tracked referrals to Level 3 or specialists





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Level 3 (Comprehensive) Integrated Services

- All onsite services from Level 2
 - Comprehensive sexual and reproductive health risk assessment, drug use, mental health, intimate partner violence risk assessment
 - Comprehensive HIV, Hepatitis A/B and Hepatitis C, STD, TB screening, diagnosis and treatment
 - Comprehensive health services, including pregnancy testing and contraceptive services
 - Health education and targeted risk reduction
 - Referral to specialist as needed





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Roles and responsibilities

- CDC's responsibilities
 - Support greater coordination and communication among programs
 - Encourage more joint site visits
 - Provide national guidance and recommendations on standards for PCSI and performance indicators
 - Conduct periodic assessments of coverage and quality of integrated services
 - Collate national monitoring and evaluation data on PCSI implementation from grantees
 - Support training, policy, and guideline development
 - In consultation with partners, explore funding opportunities





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Roles and responsibilities

- Grantees, other stakeholders and partners
 - Design, implement, monitor and evaluate integrated services
 - Assess quality of services
 - Develop systems to collect, report, and analyze key integration performance indicators
 - Support training, policy and guideline development
 - Identify local funding opportunities to support integration of prevention services





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Training, policies, guidelines for transformation

- NCHHSTP acknowledges that successful implementation of PCSI will require ongoing training and support for prevention workers in a variety of health care settings over sustained periods.
- In addition to providing clear recommendations and expectations for PCSI, NCHHSTP is committed to supporting state and local programs in PCSI through:
 - Work with Prevention Training Centers
 - Using new technologies (e.g. Internet, blogs, listserves)
 - Partnering with professional agencies
 - Producing integrated guidelines
 - Supporting ongoing dialogue and information exchange
 - Share progress data on PCSI implementation
 - Change NCHHSTP grants and cooperative agreements





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Monitoring and evaluating progress

- CDC ensures the quality of its programs and projects through regular monitoring, evaluation, audit and other oversight activities.
- Both monitoring and evaluation are key components to the successful implementation of PCSI across existing prevention services.
- Monitoring and evaluation consists of process measures and performance indicators.





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Measuring and rewarding performance

- Performance indicators help to demonstrate the degree to which program objectives have been achieved.
- They allow a comparison of what is happening with what was planned, and provide insight into what should be done to tell whether an activity is on schedule and implemented as planned.
- What potential performance indicators may be used alongside the PCSI Levels of Integration framework?





Summary

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