

Monitoring preventive services as part of Continuous Quality Improvement (CQI) in public health clinics in San Francisco

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COLLABORATION, COORDINATION AND INTEGRATION

All federal initiatives are asking for the same thing: expand collaboration within and outside of health departments to implement targeted integrated services and programs that promote positive health outcomes for affected communities

- The Affordable Care Act- National Prevention and Health Promotion Strategy.
- National HIV/AIDS Strategy
- US Department of Health and Human Services 12 Cities Project
- NIH: TNT, TLC+, Multi-Layered Prevention (etc.)
- Ryan White HIV/AIDS Treatment Extension Act of 2009
- Program Collaboration and Service Integration (PCSI)
- Enhanced Comprehensive HIV Prevention Plans (ECHPP)
- Minority AIDS Initiative Targeted Capacity Expansion (MAI-TCE)
- Comprehensive HIV Prevention Programs for Health Departments



ADDRESSING SYNDEMICS THROUGH PROGRAM COLLABORATION AND SERVICE INTEGRATION CDC-PA-PS10-10175

Purpose of award: The purpose of this grant is to plan, scale-up, and support the implementation of a syndemic approach to the prevention of Viral Hepatitis, TB, STDs, and HIV/AIDS

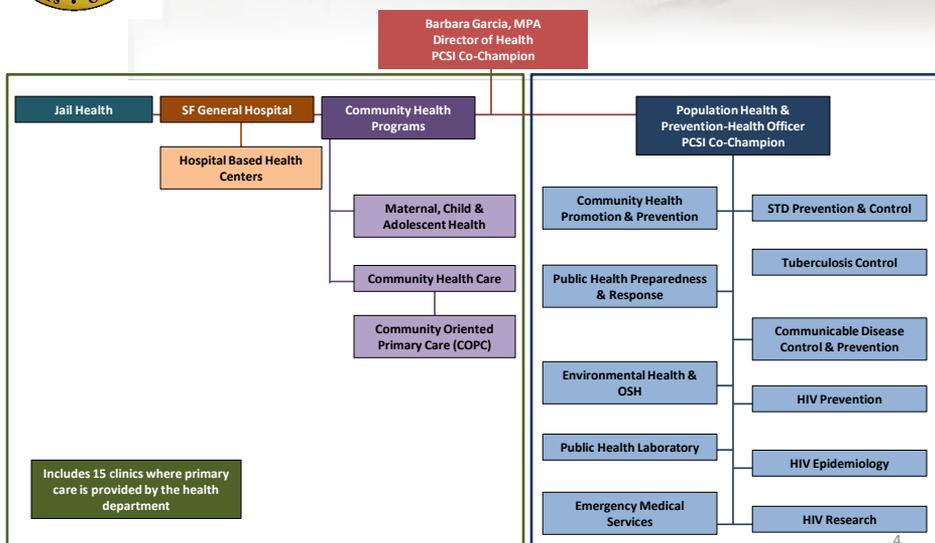
System Level Intervention: The goal of the grant is to develop system level changes that can be sustained over time

Service Delivery:

1. Reimbursement through third party payers (i.e., insurance)
2. Use existing categorical funding (e.g., current CDC cooperative agreements)
3. PCSI grant is the payer of "last resort"

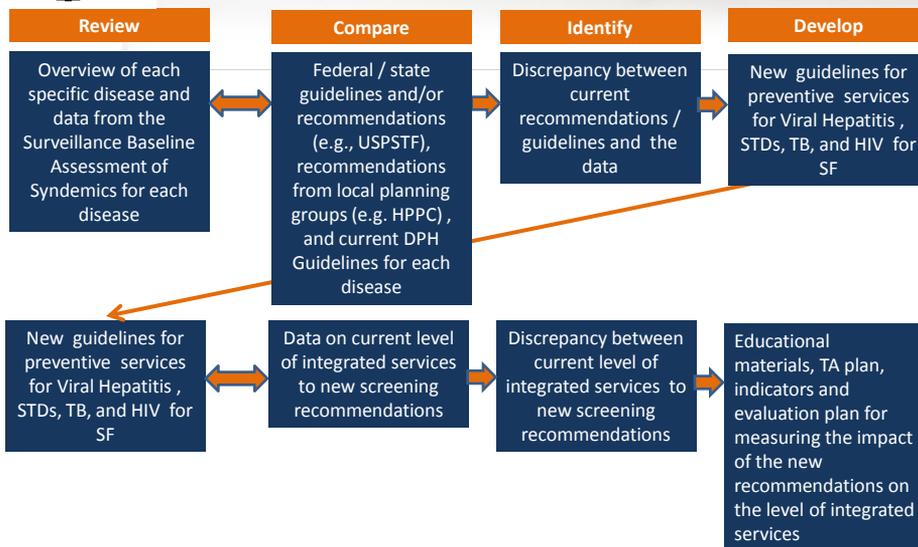


CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (PARTIAL ORGANIZATIONAL CHART)





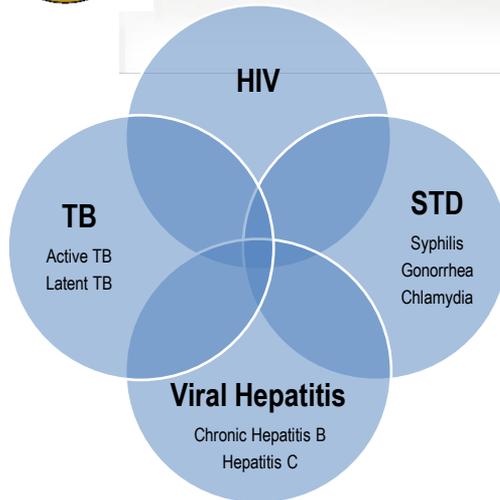
DEVELOPING INTEGRATED GUIDELINES FOR PREVENTATIVE SERVICES





SURVEILLANCE BASELINE ASSESSMENT

Presented at the 2011 HIV Prevention Conference abstract submitted)



- Overall, **3% (N=4,296)** of people affected by one disease had one or more co-infections
- Highest syndemics within-disease rates: **Syphilis, Gonorrhea, and Chlamydia**
- Highest syndemics within-population rates for San Francisco: **HIV, Hepatitis B, Hepatitis C, and Latent TB**
- Demographic categories correlated with having co-infection: **Male, African-American, Latino/a, Age 20-60**

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REVISED PREVENTATIVE SERVICES GUIDELINES

GUIDELINES BY SYNDEMICS: When used as a noun, a syndemic is defined as two or more afflictions (diseases), interacting synergistically, contributing to increased transmission and/or worsened outcomes of either or all diseases in a population.

GUIDELINES BY POPULATION: Develop reviewing epidemiological data to identify populations with disproportionate burden of disease.

IT IS IMPORTANT TO DISTINGUISH BETWEEN SCREENING AND DIAGNOSTIC TESTING:

- Screening means testing regardless of risk-factor or symptoms, please note that this does not preclude testing based on clinical symptoms
- Diagnostic testing based on signs or systems, exposure to a specific disease, and or prior infection and retesting after treatment to assess for possible re-infection



REVIEW OF DATA FROM ELECTRONIC MEDICAL RECORD (EMR)

LIFETIME CLINICAL RECORDS (LCR): Health department EMR, limitations are that access limited to single patient view

I2i: a software interface that runs on top of the LCR that allows access to medical and lab data for the clinic population

ACTIVE PATIENT: Patients with assigned primary care clinic and at least one visit to assigned primary care clinic in the past 24 months

LIMITATIONS:

- Does not document individuals who decline a test
- Does not document if you received a test through other health department services (e.g., STD Clinic, community based organization)
- Demographic information is limited to:
 - Age
 - Race/ethnicity
 - Sex/gender
 - If Identified with a condition (e.g., HIV, active TB)



PRIORITIZED DATA FROM EMR

Population	Chlamydia screen	Gonorrhea screen	Syphilis screen	HIV screen	HBV vac.	HAV vac.	HCV screen	TB screen
Females 13-25 years old	Annually	Annually		At least 1	Completed			
General population 13 and up				At least 1	Completed			
All PLWHA	On entry	On entry	On entry	N/A	Completed	Completed	On entry	Annually
Males* living with HIV/AIDS	Every 3-6 months	Every 3-6 months	Every 3-6 months					
Baby Boomers (1945-1965)				At least 1			At least 1	

*As a proxy for MSM, given that 95% of male HIV cases in SF are MSM



DATA PULLED USING i2i ON MARCH 16, 2012

Population	Chlamydia screen	Gonorrhea screen	Syphilis screen	HIV screen	HBV vac.	HAV vac.	HCV screen	TB screen
Females 13-25 years old (*n=3,928)	Annually 69%	Annually 68%		At least 1 29%				
General population 13 and up (*n=57,850)				At least 1 43%				
All PLWHA (*n=1,345)	On entry 45% ever	On entry 58% ever	On entry 79% ever		Completed 35%	Completed 40%	On entry 60% ever	Annually 61% ever
Males** living with HIV/AIDS (*n=1,243)	Every 3-6 months 26%	Every 3-6 months 38%	Every 3-6 months 65%					
Baby Boomers (*n=30,619)							At least 1 32%	

* Active patients

**As a proxy for MSM, given that 95% of male HIV cases in SF are MSM

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DASHBOARDS AS TOOLS TO MONITOR CONTINUOUS QUALITY IMPROVEMENT

- The health department is in the process of utilizing registries, data walls, and dashboards as tools to monitor CQI for preventive services in COPC clinics and through our efforts with community-based organizations (CBOs)
- We will be using these tools to support the health centers to create quality improvement bundles to incorporate preventive services guidelines into regular health care maintenance screening



GOAL: USE MULTIPLE DASHBOARDS TO MONITOR EFFORTS



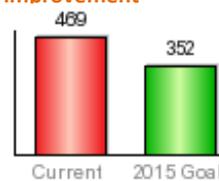
EXAMPLE OF A DASHBOARD TO MONITOR DISEASE INCIDENCE

The Health Matters in San Francisco website was developed by the Building A Healthier San Francisco coalition (BHSF) and the Health Communities Institute. BHSF is a citywide collaborative of health organizations and philanthropic foundations. This cooperative effort established in 1994 conducts a community health needs assessment for San Francisco every three years as set forth in Senate Bill 697.

Community Vital Signs is designed to provide a clear and dynamic path forward in promoting the health priorities of San Francisco. The Community Benefit Partnership has taken steps to:

- Establish ten priority health goals
- Identify over 30 data indicators to help assess health status
- Build an agenda for community health improvement

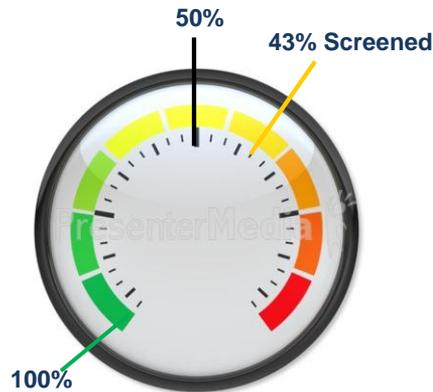
Example dashboard of HIV incidence:



EXAMPLE OF A DASHBOARD TO MONITOR PREVENTATIVE SERVICES IN DPH CLINICS

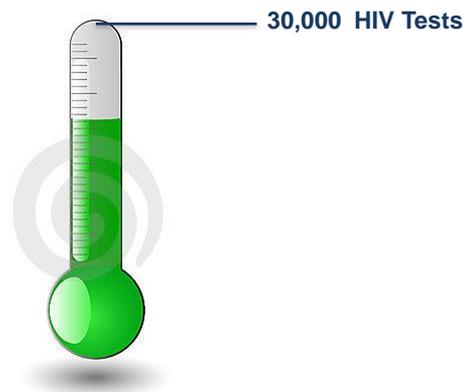
SFDPH HIV Screening Recommendation: **All persons at least once in their lifetime**

Example: **As of March 16, 2012, in COPC there were 57,850 active patients**



EXAMPLE OF A DASHBOARD TO MONITOR PREVENTATIVE SERVICES IN CBOs

SFDPH HIV PREVENTION SECTION GOAL: **Provide 30,000 HIV tests to Gay, Bisexual males, MSM, Injection Drug Users, and Transfemales**



dreamstime.com



TOOL TO SUPPORT PREVENTATIVE SERVICES

“Welcome to “Just Ask”, a site where Dr. SF will ask you a set of questions to help personalize what preventive services you should receive based on your responses!”

What gender did the doctor assign you at birth?

- Female
- Male

What gender do you currently identify as?

- Female
- Male
- Transfemale
- Transmale

How do you identify your sexual orientation?

- Bisexual
- Gay
- Lesbian
- Heterosexual

What is the month and year of the date of your birth?

Scroll month

Scroll year

Where were you born?

Scroll country of birth

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TOOL TO SUPPORT PREVENTATIVE SERVICES

“Given your responses, Dr. SF recommends that as a preventative measure you ask your doctors for the following services:”

- Male
- Male
- Bisexual

June

1962

China

Services:

- HIV test
- Chlamydia test
- Gonorrhea test
- Vaccination for Hepatitis A
- Test for Hepatitis B, before getting vaccinated
- Hepatitis C

PRINT

TEXT

EMAIL

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