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 Commissioner of Health

Division of Mental Hygiene
- Confidentiality Officer
- General Counsel

Division of Disease Control
- Bureau of Drug and Alcohol Prevention, Care and Treatment

Division of Informatics

Division of Health Care Access and Improvement
- Correctional Health
- PCIP

Bureau of Communicable Disease
- Viral hepatitis surveillance
- Surveillance of other infectious diseases

Bureau of HIV
- HIV surveillance
- HIV Testing
- Care and tx
- Field services
- HIV training center
- PPG, Planning council

Bureau of TB
- TB surveillance
- TB testing
- TB care and case management
- Field services
- HIV testing
- Hep testing for active cases

Bureau of STD
- STD surveillance
- Public STD clinics – STD and HIV testing
- Care and tx
- Field services
- STD HIV Prevention Training Center
- Syphilis Action Group

Bureau of Immunization
- Hepatitis A and B Vaccines
- Perinatal Hepatitis B Program
- Adult Immunization Coalition

OVHC

Public Health Lab

Bureau of Drug and Alcohol Prevention, Care and Treatment

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

- 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

- 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

PCS1 Year 3

| 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

Source: 2009 NYC DOHMH surveillance data
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’
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