

Discussion on the Future of STD Prevention

Gail Bolan, M.D.

Director, Division of STD Prevention

State and Local STD Programs

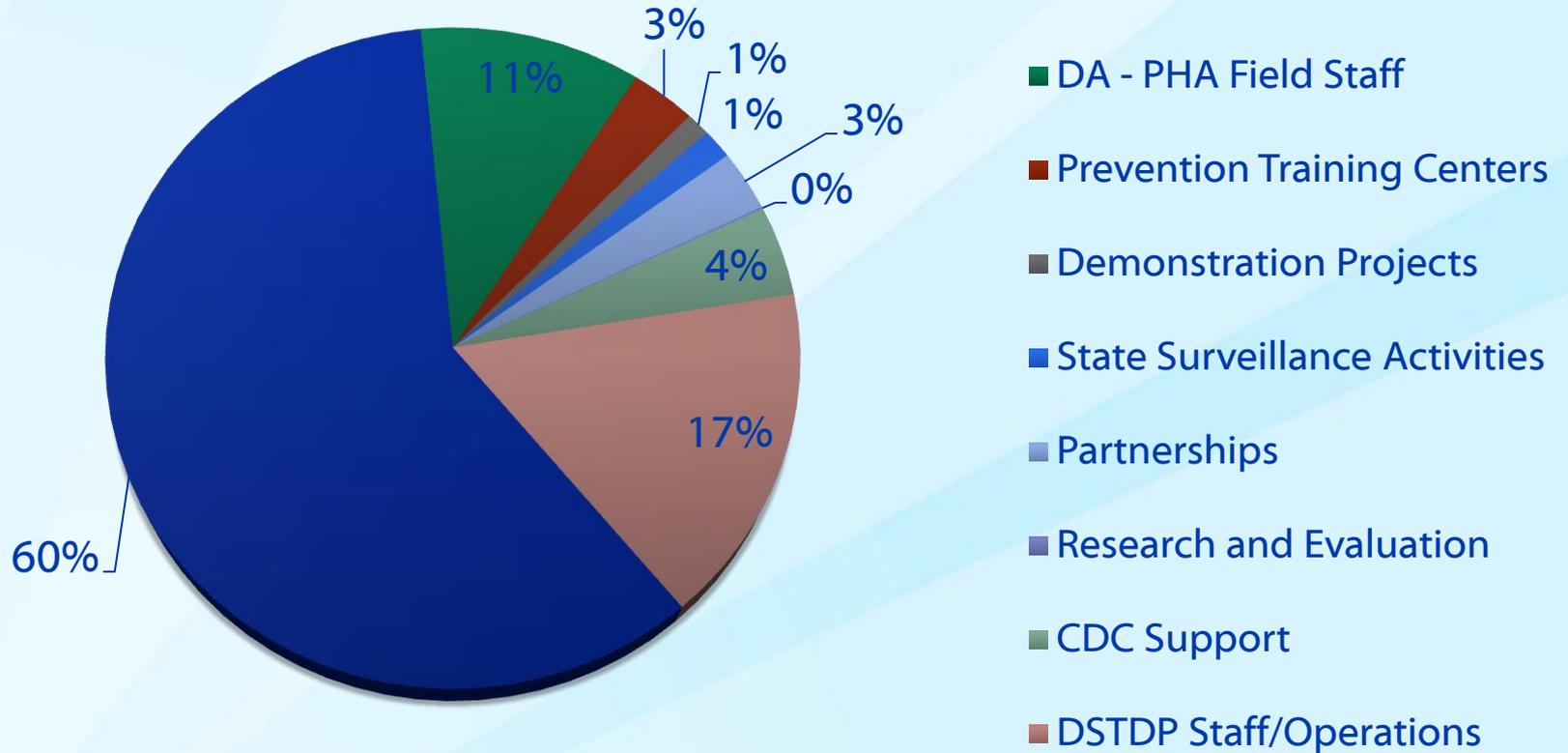
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Overview of Discussion

- ❑ Current Budget and Approaches to STD Prevention
- ❑ Future Direction
 - Rationale for rethinking STD prevention services in an era of change
- ❑ DSTDP Structure
- ❑ Vision and Strategic Priorities for the Next 2-3 Years

FY11 Appropriation - Projected Amounts

\$154,666,000



Current STD Prevention Services Delivery Approaches

- ❑ Health education, promotion and behavior change
- ❑ Vaccination
- ❑ Identify and treat infected individuals through
 - Screening asymptomatic individuals and linkage to care
 - STD clinics for symptomatic care
 - HD partner notification and treatment
- ❑ Individually-based interventions
- ❑ Public sector responsibility
- ❑ Specialty clinics and DIS focus
- ❑ IPP and SEE focus

Rationale for Rethinking STD Prevention Services in a Transformed Health System

- ❑ Anticipated changes in health care systems
- ❑ Opportunities to work strategically with others to leverage our prevention efforts
- ❑ Declining public health infrastructure and competing public health priorities
- ❑ Necessity to maximize efficiencies based on the most cost-effective , highest impact and feasible approaches

Drivers of Change: The ACA

- Increased access to health insurance
 - No cost sharing for clinical preventive services recommended by the USPSTF, ACIP and HRSA
 - Young adults can remain on their parents' health plans until age 26, even if they are married
- Expansion of Community Health Centers
 - Role as primary care providers for priority populations at risk of STDs

Drivers of Change: The ACA

- Expansion of Medicaid
 - To 133% of poverty level
 - New emphasis on quality of care increase the number of at-risk individuals who can access quality prevention services
- Increased investments in health information technology and meaningful use of data

Drivers of Change: The Declining Public Health Infrastructure: STD Case Study

- ❑ In 2008-2009, majority (69%) of state/local STD programs experienced funding cuts and reduced services in:
 - Disease investigative services (26/65) 40%
 - Laboratory services (24/65) 37%
 - Clinical care and screening services (21/65) 32%
 - HIV tests or hepatitis B vaccinations (4/65) 5%
- ❑ In 2008-2009, state/local governments enacted:
 - Salary freezes and/or reductions (45/65) 69%
 - Furlough and/or shutdown days (32/65) 50%
 - Layoffs 17/65 (28%)

STD Prevention Through Health Care: Opportunities

- ❑ Scale up of quality STD Prevention Services
 - Build on IPP model experience
 - Facilitates PCSI and a more holistic model
- ❑ Strengthen surveillance, assessment, assurance and QI initiatives through Health Information Technology systems (HIT)
 - Quality of care measures could be the basis for population STD measures
 - Electronic health records and use of comprehensive, longitudinal data on well-defined patient populations could improve STD surveillance and QI initiatives

STD Prevention Services in a Transformed Health System: Challenges

- ❑ Insurance coverage does not equal access
- ❑ ACA most likely will not obviate the need to preserve some safety net STD services
- ❑ Vulnerable populations will remain such as incarcerated and undocumented individuals

STD Prevention Services in a Transformed Health System: Challenges

- ❑ STD prevention programs will need to:
 - Play an important role in assessing and assuring the coverage and quality of STD prevention services provided by the “essential community providers”, including FQHCs and Medicaid providers
 - Identify and address barriers to the delivery of quality STD prevention services such as:
 - Specialty STD diagnostic tests (stat RPR) tests
 - Specialty STD treatment (IM antibiotics)
 - Partner management
 - Confidential services and EOBs

STD Prevention Services in a Transformed Health System: Challenges

- STD prevention programs will need to:
 - Determine the need for safety net STD prevention services for at-risk populations not served by the “essential community provider” network
 - Obtain resources to provide STD specialty and safety net services (e.g. STD clinics and DIS) through:
 - billing
 - becoming part of the “medical home”
 - becoming “essential community providers”
 - Upgrade STD health information technology
 - STD EHR and DIS paperless case management

STD Prevention Services in a Transformed Health System: Challenges

- ❑ STD programs will need to invest in HIT and meaningful use of data to strengthen their surveillance systems but are challenged by:
 - Resources
 - Size and complexity of potential new information
 - Pathway of roles, responsibilities and relationships
- ❑ STD programs will need to realign staff so they are “fit for purpose”
 - Expand role of DIS
 - Need for surveillance, quality improvement, evaluation and policy staff

Summary of Future Direction

- ❑ PTHC is coming and public private partnership are critical
- ❑ Assessment, assurance and policy development should be more of a focus
 - ❑ Through guidelines, tools, training and technical assistance
- ❑ Service delivery should be less of a focus
 - ❑ Except for safety net services which need to be financed
- ❑ HIT should be used to strengthen surveillance, assessment and assurance activities
- ❑ Realign staff so they are “fit for purpose”
- ❑ More up stream, holistic and combined prevention approaches are needed
- ❑ More STD prevention program impact metrics are needed

Structure Ideas

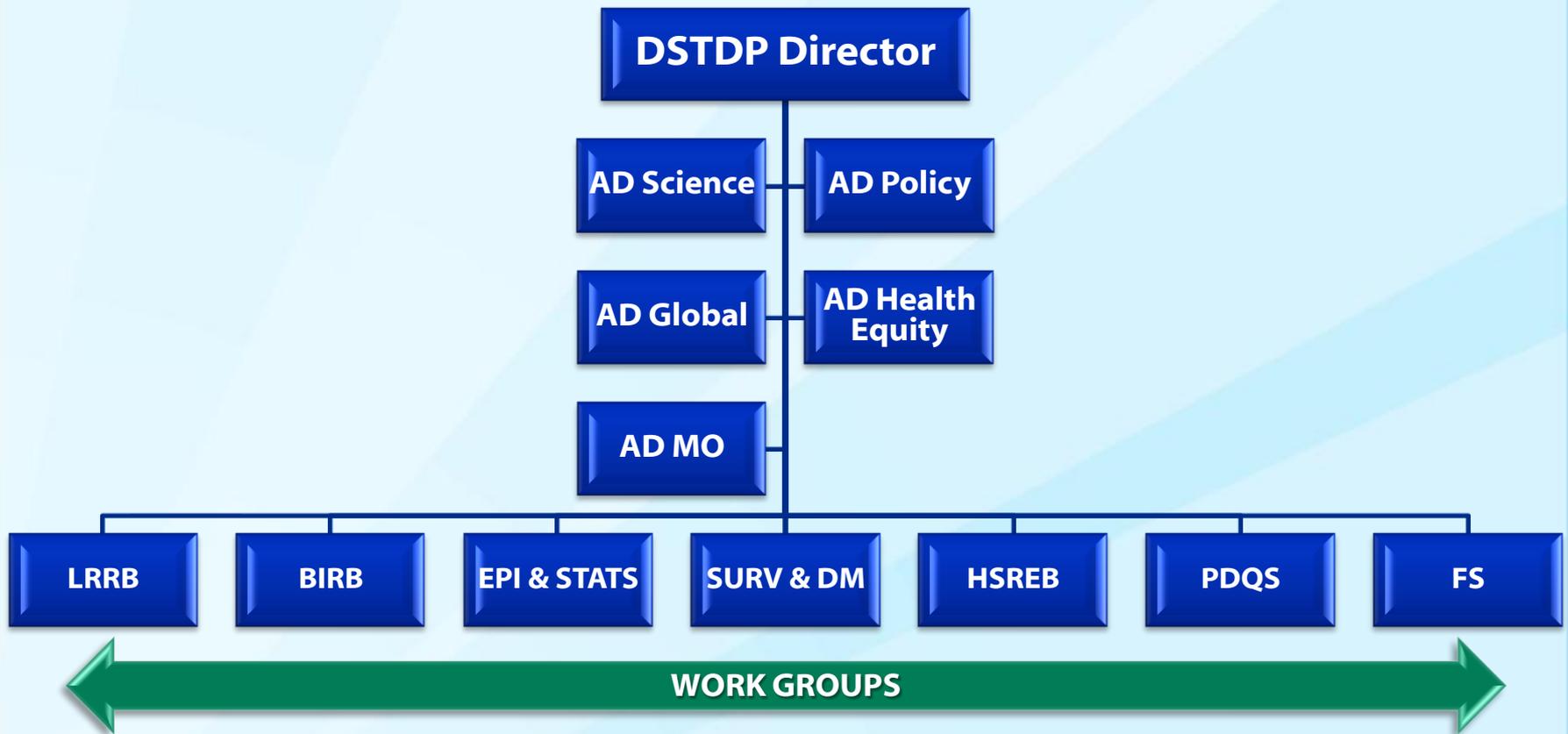
DSTDP Realignment Goals

- ❑ Position DSTDP to be as best as possible in a changing PH and health care environment
 - More efficient, better focus and greater impact
 - Maximize opportunities of leveraging others resources
- ❑ Close gaps in structure
 - Implementation/translational science
 - Prevention impact
 - Evidence-based guidelines
 - Quality improvement initiatives

DSTDP Realignment Goals

- ❑ Address organizational issues
 - Create teams that work and branches that work together
 - Improve morale, collaboration, and support for all staff in DSTDP
 - Connect field staff to the division
- ❑ Meet agency/Center priorities
 - Modernization of surveillance,
 - Support state and local PH infrastructure
 - Winnable battles- HIV and teen pregnancy
 - PCSI, SH, HE and SDH, PTHC

Proposed DSTDP Organizational Structure



KEY

LRRB: Laboratory Reference and Research Branch

BIRB: Behavioral Interventions and Research Branch

EPI & STATS (formally ESB): Epidemiology and Statistics Branch

SURV & DM(formerly SDMB): Surveillance and Data Management Branch

HSREB: Health Services and Evaluation Branch (includes modeling and HCR)

PDQS: Program Development, Quality Improvement, and Support Branch

FS: Field Services Branch



Timeline for DSTDP Realignment

- ❑ Devil is in the details
- ❑ Issues that need to be addressed
 - Understanding the future direction and how it affects day to day work and individual staff
 - Roles of the Program Consultant and PHAs
 - State Cooperative Agreement oversight
 - State safety net and field services structure and role
 - Others????
- ❑ Workforce capacity needs
 - Informatics, statistical and program evaluation, Health care systems (MBA), Policy science (JD)
 - Others????

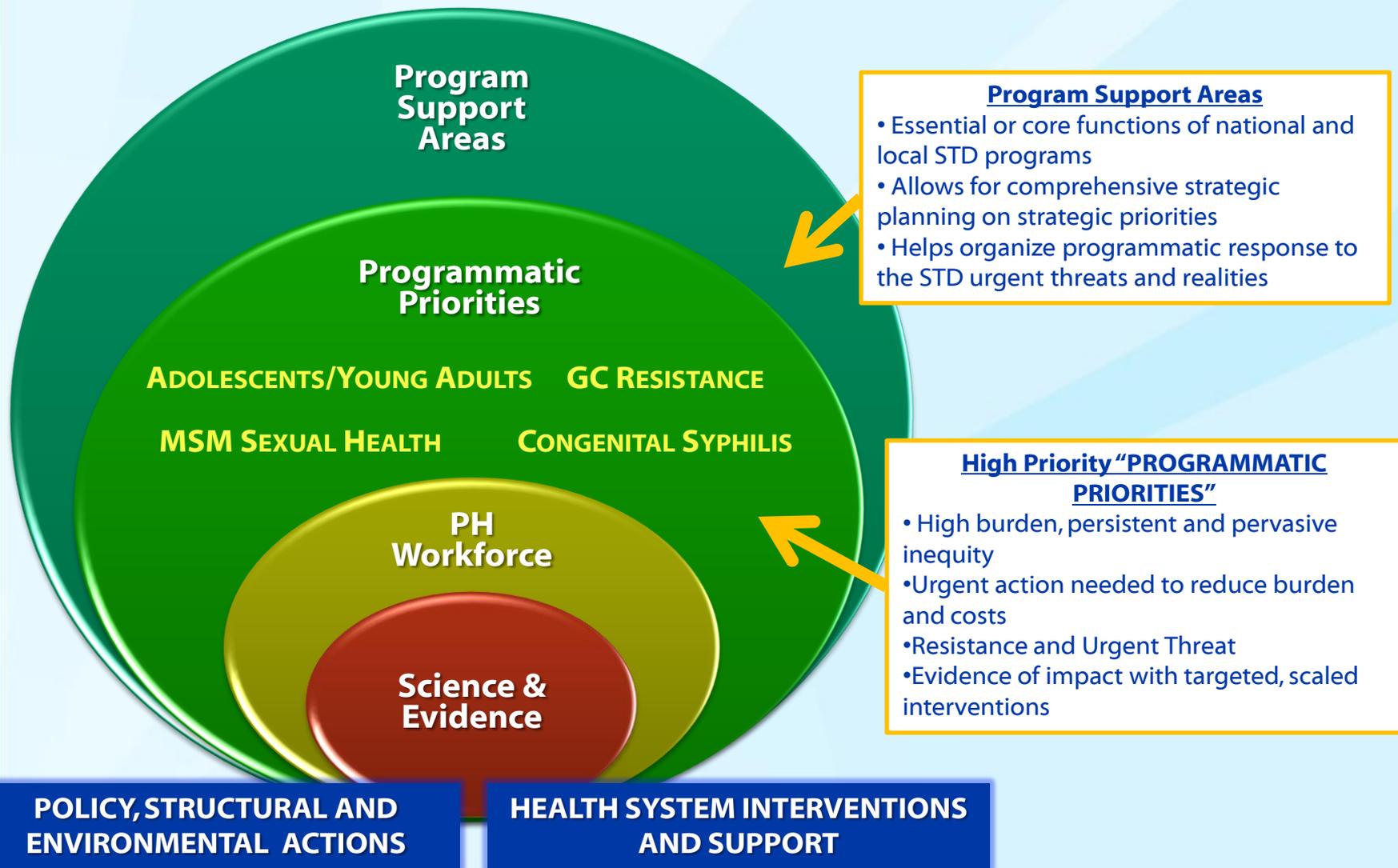
Vision and Strategic Priorities

DSTDP Vision for STD Prevention **in the United States¹**

A future in which all Americans regardless of gender, age, race/ethnicity, sexual orientation are knowledgeable, empowered, and have ready access to a network of culturally competent, high quality, evidence-based and confidential STD prevention services and highly trained professionals to prevent, treat and manage Sexually Transmitted Infections (STIs)

1. Vision Statement: A succinct “elevator speech” which summarizes what you are working towards

DSTDP Strategic Map for 2-3 Years



Thank you!

Questions?

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention

Division of STD Prevention

