AAPPs Gap Analysis: Guidance and Toolkit Development

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AAPPs Webinar Series
March 13, 2014
Overview

- **PCSI Project**
  - PCSI Background
  - Gap Analysis Guidance
  - Grantees’ Approach
  - Grantee Examples

- **STD Service Gap Assessment & Analysis Project**
  - Project Background
  - Tool Development
  - Pilot Approach
  - Lessons Learn
  - Next Steps
    - Pilot Opportunity
PCS1 Background

- Syndemic approach to prevention by promoting better collaboration between programs and supporting appropriate service integration at point of access for HIV, STDs, Viral Hepatitis and Tuberculosis.

AIMS

- Strengthen and provide opportunities for collaboration to support integrated approaches to service delivery
- Maximize opportunities to screen, test, treat, or vaccinate those in need of these services
- Improve operations through the use of shared data
**PCSI Infrastructure**

- **PCSI Champion**
  - Senior leader who provides leadership support and implementation oversight

- **PCSI Coordinator**
  - Manage and coordinate PCSI activities

- **PCSI Data Analyst**
  - Coordinate and collect data from integrated settings
  - Ensure data quality and adherence to confidentiality standards
Guidance Overview:
- Review co-infection data
- Identify potential service providers
- Survey service providers
- Analyze survey results & cross-walk with other data sources
- Select service provider and services to scale up
Review co-infection data

- Preparation for matching (precursor data cleaning and de-duplication)*
- Match across disease registries*
- Analysis of co-morbidity*

*Guidance developed by M. Stenger
Identify Service Providers

- HIV testing sites (e.g., health department clinics and community-based organizations)
- HIV care facilities (including CBO delivered care)
- Primary care facilities
- STD clinics
- TB clinics
- Correctional facilities
- Substance abuse treatment facilities
- LGBT Health Centers
- Family planning clinics
Survey service providers

- Choose sampling approach
- Administer surveys
- Conduct Interviews
1. Background and Justification
What are the high risk populations for your program?

How are these populations identified?

Why are these considered high risk populations?

How are these populations prioritized by your program?

What services are needed for these populations?

Do you think these populations overlap with those of other programs?

What PCSI programs do your target populations overlap with?

What are non-PCSI programs that also reach your high risk populations (ex: prisons, AIDS, etc.)?

How do you interface/interact with the populations you serve? How do you collect feedback from the populations you serve? (surveys, coordination of or participation in coalitions, workgroups, focus groups, etc.)
Analyze survey results

- Analyze survey results
- Code interviews
- Cross-walk findings with other data sources
## STD Control Program - Service Integration Summary Chart

<table>
<thead>
<tr>
<th></th>
<th>Testing</th>
<th>Vaccination</th>
<th>Treatment</th>
<th>Referral</th>
<th>Training</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TB</strong></td>
<td>• TB testing is not offered at the STD Clinic due to the fact that guidelines for TB testing require targeted testing.</td>
<td>• N/A</td>
<td>• TB services, including treatment are not offered at the STD Clinic</td>
<td>• N/A</td>
<td>• Currently, staff are not trained in TB. Update on TB would be welcome.</td>
<td>• N/A</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td>• The STD clinic offers walk-in HIV testing (rapid and conventional) to all clients</td>
<td>• N/A</td>
<td>• HIV positive clients are referred for treatment at HIV care sites</td>
<td>• HIV positive clients are referred for treatment at HIV care sites</td>
<td>• Staff are trained extensively in HIV/AIDS. Update on HIV/AIDS would be welcome.</td>
<td>• HIV testing is supported through CDC grant for expanded HIV testing, which is received, managed, and coordinated through AACO.</td>
</tr>
<tr>
<td><strong>Viral Hepatitis</strong></td>
<td>• Testing for viral hepatitis is not currently being offered at the STD Clinic. Discussion on providing hepatitis C testing at the STD Clinic has taken place, and a pilot project on this is in the planning stages.</td>
<td>• N/A</td>
<td>• Treatment for viral hepatitis is not offered at the STD Clinic</td>
<td>• N/A</td>
<td>• Staff are trained in viral hepatitis. Update on viral hepatitis would be welcome.</td>
<td>• Hepatitis A and B vaccine is provided by the PDPH Immunization Program.</td>
</tr>
</tbody>
</table>

### Summary

The STD Clinic provides a wide array of services including services for STDs and HIV. HIV testing is available on site. For patients testing positive for HIV, counseling is available, and a referral system for HIV care and supportive services is in place and is coordinated through social workers. Hepatitis A and B vaccine are offered on site. TB testing has been discussed in depth in the past, but due to existing guidance, TB services are not offered on site. Through the high school screening project, gonorrhea and Chlamydia testing are offered, and treatment can be provided through a clinician. Gonorrhea, Chlamydia, and syphilis testing are provided at the prisons. All staff are trained as phlebotomists, and can collect urine samples, and give treatment in the field with a clinic physician consult.
<table>
<thead>
<tr>
<th></th>
<th>STD Clinics</th>
<th>TB Clinics</th>
<th>Immunization Clinics</th>
<th>Rikers Island Facilities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>First vaccine dose provided to patients there for another service</td>
<td>Testing for patients who will undergo treatment in the TB clinic</td>
<td>Vaccine series offered to adults at risk</td>
<td>Vaccine series offered</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Referral to testing provided</td>
<td>Testing for patients who will undergo treatment in the TB clinic</td>
<td>None</td>
<td>Testing for persons diagnosed with HIV or TB, self-reporting IDU, or enrolled in the methadone program; screening persons born in 1945-1965</td>
</tr>
<tr>
<td>Latent TB</td>
<td>None</td>
<td>Testing, management and treatment offered</td>
<td>None</td>
<td>Screening at intake</td>
</tr>
<tr>
<td>Active TB</td>
<td>None</td>
<td>Testing, management and treatment offered</td>
<td>None</td>
<td>Screening at intake</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Screening and treatment provided</td>
<td>None</td>
<td>None</td>
<td>Testing males ages &lt;=35 years of age; testing females of all ages</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Screening and treatment provided</td>
<td>None</td>
<td>None</td>
<td>Testing males ages &lt;=35 years of age; testing females of all ages</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Screening and treatment provided</td>
<td>None</td>
<td>None</td>
<td>Testing at intake</td>
</tr>
<tr>
<td>HIV</td>
<td>Opt Out Screening offered; Acute HIV Infection (AHI) testing offered to those in specific high risk categories</td>
<td>Testing offered</td>
<td>None</td>
<td>Testing offered at intake (opt-in) and post-intake during chronic care and sick call visits, to persons with multiple refusals,</td>
</tr>
</tbody>
</table>
STD Prevention Service Gap Assessment & Analysis Project (SSGAAP)
AAPPSS FOA: Gap Analysis

- Determine where uninsured or underinsured, at-risk clients are receiving safety net services.

- Identify the clinical and prevention service gaps for at-risk individuals who are receiving care (e.g., missed opportunities by providers including safety net providers).

- Safety net providers are providers that deliver a significant level of health care to uninsured, Medi-caid, and other vulnerable patients.

- Core safety net providers typically include public hospitals, community health centers, and local health departments, as well as special service providers such as AIDS and school-based clinics. In some communities, teaching and community hospitals, private physicians, and ambulatory care sites fill the role of core safety net providers.

SSGAAP Background

- Develop in service of the AAPPS FOA

- Develop a **flexible & adaptable** assessment tool
  - Identify gaps or duplication in STD prevention services
  - Inclusive of clinical & preventive services
  - Inform STD prevention & sexual health promotion efforts

- Designed as a checklist
  - Paper or electronic form
  - Can also collect qualitative data

- Key populations (for present use)
  - Men who have sex with men
  - Adolescents
Timeline

- **8-12/2012**: Project conceptualization
- **1-3/2013**: Project Scoping
- **4-9/2013**: Tool V1 Dev - HQ SME Interviews
- **7-9/2013**: Pilot Phase I – Tool V1
- **10-11/2013**: Preliminary Data/Process Analysis
- **12/13 - 2/14**: Tool Modifications & Enhancements
- **4-5/2014**: Pilot Phase II – Tool V2
- **5/2014**: Tool & Guidance needs to be complete
- **6/2014**: STD Prevention Service Gap Analysis Toolkit
Tool Development

Objective
- Develop a list “Minimally-required” to “Ideally-Desirable” Services
- Insight into the development and implementation of an STD service specific gap assessment and analysis tool

Method
- Formative interviews - CDC HQ SMEs (N=11)
- Data aggregated across interviews
- Develop draft gap tool format and content

Feasibility Pilot (and reasonability)
- Using the draft tool
- Process & procedures
## SSGAPP Tool – V1

Preventive and Sexual Health Services By Provider(s)

**Provider Type:**
- PP – Private Provider
- CHC – Community Health Clinic
- HCP – HIV Clinical Provider
- CBO – Community Based Organization

Include the provider type, name and date in the column heading.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Health Department</th>
<th>Provider</th>
<th>Provider</th>
<th>Provider</th>
<th>Provider</th>
</tr>
</thead>
</table>
| **Screening** | \[\]
| CT/GC, Syphilis, HIV | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| All STDs      | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| Screening in Jail | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| Targeted Screening (i.e. at-risk MSM) | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| CT/GC, Syphilis, and HIV testing an opt out | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| Hep C testing | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| **Treatment** | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| CT/GC, Syphilis, HIV | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| All STDs      | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| Non-traditional TX for MSM | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| Presumptive treatment | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| TX symptom based | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
| Public/ private partnership to expedite treatment for + tests | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] | \[\] |
Pilot Testing

Resources - To determine minimal & ideal services
- Focused interview data
- The STD Program Core Components
- *The AAPS FOA – minimal services*

Pilot – (9/2013)
- Interviews with local (federal/state/local) staff
  - List of clinical & preventive services
  - List of public/private agencies serving pops
  - *Perceived service gaps.*
- Interviews with the identified organizations
  - List of clinical & preventive services
  - *Perceived service gaps*
  - List of public/private partners who serve at-risk pops
SSGAAP Tools

- The SSGAAP Tool
  - Checklist of minimally-required and ideally-desirable services pertinent to HIV/STD prevention services
  - MSM and Adolescent

- The Provider Interview Guide - 7 questions
  - Organization’s history
  - STD/SH services offered
  - Partners - MSM focus
  - Frequent client referrals
  - Populations served
  - Services not offered/needed
  - Partners - Adolescent focus

- The Staff Interview Guide – 8 questions
  - Perceived gaps in services
  - Staff person’s insights on the providers/organizations that offer STD prevention, treatment, and sexual health services to MSM and adolescents
  - Frequent client referrals
Local Resources

- Staff time
- Regional Morbidity Data (CT, GC, HIV)
- Regional Map & zip codes
- Service providers contact and information
Pilot Assessment Activities – 9/16-20/13

- **Staff Interactions, Discussions, Interviews**
  - Met with staff members in respective offices 9/16/13
  - Staff Group Meeting
    - List of providers based on their experiences with community providers in area
    - Perceived gaps
  - Individual interviews were conducted with 12 staff members
  - Staff Assistance
    - Contacting providers and arranging interview appointments
    - Regional Morbidity Data & Regional Map
  - Debriefing on 9/20/13 to discuss preliminary findings and next steps

- **Provider Interviews**
  - Two-member teams conducted interviews with providers
  - Team: 3 CDC HQ & 1 CDC Field Assignee
  - The SHGA Tool and Provider Interview Guide - 45 to 90 minutes.
    - 18 providers representing 8 of the 12 facilities identified by staff members were interviewed during the pilot between the dates of 9/17-19/13.
Lessons Learned: Tool Structure

- **Organization**
  - Broader categories intuitively arranged
  - Less details about specific services

- **One provider per tool**
  - Designed for up to 5 providers, but 1 per tool optimal
    - Services checked in 1 column; other columns had notes

- **Enhance the flexibility of the tool**
  - Consider how information relevant to service gap identification can be better captured on the tool.
  - Turn tool into a spread sheet for easy data entry
  - Make tool amenable to survey monkey for completion by providers
Lessons Learned: General

- The Gap Assessment/Analysis Tool
  - Useful in documenting sexual health services
  - Opened up the conversation - services and gaps
  - Useful in documenting the partners of providers

- Identification of Gaps & Challenges
  - Staff’s insights overlapped with Providers’ reports.
    - Must discern what concordance and discordance means
  - Types of Gaps identified
    - STD services
    - Sexual health services
    - Challenges to service provision
Lessons Learned: Field Guidance

What methods will be used to conduct the gap analysis
- FOA responses – broad variability
- GA Tool – one “tailorable” option
  - Core Components Approach – linked to the FOA
  - Suggested Methods Approach – learned from pilots

States – depending on the area(s) of focus
- On what level will they conduct the gap analysis
- What will be the “make-up” of the team
  - Collaborative effort between State and Local staff.
  - Local participation was important in pinpointing area providers and agencies that provided population focused services
Lessons Learned: Data Analysis

- Preliminary report – 2-4 weeks after activity
  - Providers’ & staff’s perceived services gaps & challenges to sexual health service provision
    - Concordance comparison – are they seeing the same thing
  - Morbidity mapping of services
    - Where are the providers and services in relation to the need
  - Providers’ Referrals Matrix
    - Who are the providers referring to and partnering with

- Detailed Report – 2-6 months after activity
  - Comparisons between Services agencies/providers, Services (minimal & ideal - coverage, frequency and quality of each service).
    - Reveal redundancies among agencies.
    - Reveal gaps in services
  - Plan how to address gaps
    - Requires guidance
Revised assessment tool
Assessments with new tool
Other actions in 2014

NEXT STEPS
Revised tool

Four sections

- Section A: Organization-level data
  - To be completed ahead of assessment, as possible
- Section B: Organizational free-form description of services
  - Considering dropping this section
- Section C: Checklist of services
  - Rewritten for plainer English and concentration on specific health services
- Section D: Referrals and partnerships
  - Referral patterns (including direction)
  - Consultation

Electronic format

- Widely available format
- Facilitate matching with other data sources
### SECTION A ORGANIZATION DATA

<table>
<thead>
<tr>
<th><strong>Include the organization name and date in the column heading. →</strong></th>
<th><strong>Date:</strong></th>
<th><strong>Provider Type (Check all that apply):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Evening:</strong></td>
<td>[ ] PHC – Public Health Clinic  [ ] PP – Private Provider Type: ____________________________</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td><strong>Weekend:</strong></td>
<td>[ ] ACO – Accountable Care Org  [ ] HMO – Health Maintenance Org</td>
</tr>
<tr>
<td><strong>Hours - Day:</strong> _________</td>
<td></td>
<td>[ ] CBO – Community Based Org  [ ] CHC – Community Health Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] HCP – HIV Clinical  [ ] IDC - Infectious Disease Clinic</td>
</tr>
</tbody>
</table>

**Site metadata (fill in as much as possible ahead of time: estimates are acceptable)**

**NB: These are draft items – could match some data with SSuN or IPP facility level data.**

**Patient/client capacity:**
- Specialize in adolescent/youth populations?  No [ ] Yes [ ]
- Specialize in MSM or LGBT populations?  No [ ] Yes [ ]
- Specialize in Other: ____________________  No [ ] Yes [ ]

**STD/HIV morbidity (past 3 months):**
- GC _______ cases  Syphilis ________ cases  HIV ________ cases (new)
- CT _______ cases  HIV ________ cases (in treatment)

**Records Management approach (If Yes, please indicate Vendor):**
- Electronic Medical Records (EMR)  No [ ] Yes [ ]  Vendor: ____________________________
- Electronic Health Records (EHR)  No [ ] Yes [ ]  Vendor: ____________________________

**Insurance/payments management capacity (Check all that apply):**
- [ ] Private  [ ] Medicaid  [ ] Medicare  [ ] Patients charged directly  [ ] We do not bill for services

**What type of resources do you receive from the Health Department (check all that apply)?**
- [ ] Funding  [ ] Bicillin  [ ] Condoms  [ ] Informational brochures or pamphlets
- [ ] Training/CEUs  [ ] Staff  [ ] Screening support  [ ] Assistance with partner services
- [ ] Other (please specify below)
## Revised Tool

### SECTION C  SERVICE CHECKLIST

<table>
<thead>
<tr>
<th>Screening</th>
<th>Screening Methods</th>
<th>Onsite Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>MSM</td>
<td>MSM</td>
</tr>
<tr>
<td>Adolescents</td>
<td>Adolescents</td>
<td>Adolescents</td>
</tr>
<tr>
<td>General</td>
<td>General</td>
<td>General</td>
</tr>
</tbody>
</table>

### Services

- CT
- GC
- Alt Site (Throat/anal)
- Syphilis
- Stat RPR
- HIV - Blood
- HIV/Rapid
- HSV1/HSV2
- HPV
- BV
- Trich
- Hep A
- Hep B
- Hep C
- Other

### Comments

- Exam only
- No exam required
- MSM
- Adolescents
- General
- CT
- GC
- Syphilis
- HSV1/HSV2
- HPV - Wart
- BV
- Trich
- Hep A
- Hep B
Pilot Design Phase II/Tool V2

Timeline: April – May 2014

Method
- CDC Team TA/Training (1-2 days) – 2 Sites
- CDC Team TA only (Teleconference) – 2+ Sites

Activities
- Interviews with local (federal/state/local) staff - LOSA
  - Who conducts – vary
- Interviews with the organizations - LOS
  - Who leads and conducts – vary
  - Recommendation – local fed staff or local “champion”
    - Lead the process & serve on an advisory board
Pilot Design Phase II/Tool V2

Analysis

- Preliminary report of activity
  - Reviewed perceive services gaps & challenges to sexual health service provision

- Detailed Report – **Must develop reasonable and efficient approaches**
  - Comparison between LOSA and LOS - reveal redundancies among agencies.
  - Comparison between LOS that are minimal & ideal - reveal gaps in services
  - Specific analysis conducted of the coverage, frequency and quality of each service.
Resources and Next Steps

- Toolkit
  - SSGAAP Tool
  - Interview Guides
  - Guidance Document
    - Include analytic options
  - Data entry file
  - Training –webinar

- Follow-up & Analysis of Pilot Sites

- Review of Gap Assessment/Analysis Plans in 2014 APR
Conducting GAP Analysis: Commonalities

• Look at the epidemiology
• Landscape providers
• Survey and interview providers (list of services and perceived gaps)
• Analyze and crosswalk findings with other data sources
• Make plans to address gaps
Pilot Design Phase II/Tool V2

- Timeline: April – May 2014

- Interest in participating in the Phase II Pilot and testing the SSGAAP Tool
  - Contact your program consultant &
  - Contact Samantha Williams, swilliams@cdc.gov
  - By March 26, 2014
Thank you

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