

# **AAPPs Gap Analysis: Guidance and Toolkit Development**

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# 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

## **PCSI 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

# **PCSI GAP Analysis of Service Provision**

## **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**



## DRAFT - PCSI Assessment Tool - DRAFT

### I. 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, AHS, 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**

# PCSI Grantee Examples

STD Control Program - Service Integration Summary Chart						
	Testing	Vaccination	Treatment	Referral	Training	Funding
<b>TB</b>	<ul style="list-style-type: none"> <li>TB testing is not offered at the STD Clinic due to the fact that guidelines for TB testing require targeted testing.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>TB services, including treatment are not offered at the STD Clinic</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Currently, staff are not trained in TB. Update on TB would be welcome.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>HIV</b>	<ul style="list-style-type: none"> <li>The STD clinic offers walk-in HIV testing (rapid and conventional) to all clients</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>HIV positive clients are referred for treatment at HIV care sites</li> <li>Social workers on site for referral</li> <li>HIV treatment is not offered on site</li> </ul>	<ul style="list-style-type: none"> <li>HIV positive clients are referred for treatment at HIV care sites</li> <li>Social workers on site for referral</li> </ul>	<ul style="list-style-type: none"> <li>Staff are trained extensively in HIV/AIDS. Update on HIV/AIDS would be welcome.</li> </ul>	<ul style="list-style-type: none"> <li>HIV testing is supported through CDC grant for expanded HIV testing, which is received, managed, and coordinated through AACO.</li> </ul>
<b>Viral Hepatitis</b>	<ul style="list-style-type: none"> <li>Testing for viral hepatitis is not currently being offered at the STD Clinic.</li> <li>Discussion on providing hepatitis C testing at the STD Clinic has taken place, and a pilot project on this is in the planning stages.</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis A &amp; B vaccines offered to all patients at the STD Clinics</li> </ul>	<ul style="list-style-type: none"> <li>Treatment for viral hepatitis is not offered at the STD Clinic</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Staff are trained in viral hepatitis.</li> <li>Update on viral hepatitis would be welcome.</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis A and B vaccine is provided by the PDPH Immunization Program.</li> </ul>
<b>Summary</b>	<p>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.</p>					
<b>Additional Services</b>						

	<b>STD Clinics</b>	<b>TB Clinics</b>	<b>Immunization Clinics</b>	<b>Rikers Island Facilities*</b>
Hepatitis B	First vaccine dose provided to patients there for another service	Testing for patients who will undergo treatment in the TB clinic	Vaccine series offered to adults at risk	Vaccine series offered
Hepatitis C	Referral to testing provided	Testing for patients who will undergo treatment in the TB clinic	None	Testing for persons diagnosed with HIV or TB, self-reporting IDU, or enrolled in the methadone program; screening persons born in 1945-1965
Latent TB	None	Testing, management and treatment offered	None	Screening at intake
Active TB	None	Testing, management and treatment offered	None	Screening at intake
Chlamydia	Screening and treatment provided	None	None	Testing males ages <=35 years of age; testing females of all ages
Gonorrhea	Screening and treatment provided	None	None	Testing males ages <=35 years of age; testing females of all ages
Syphilis	Screening and treatment provided	None	None	Testing at intake
HIV	Opt Out Screening offered; Acute HIV Infection (AHI) testing offered to those in specific high risk categories	Testing offered	None	Testing offered at intake (opt-in) and post-intake during chronic care and sick call visits, to persons with multiple refusals,

**STD Prevention Service Gap  
Assessment & Analysis Project  
(SSGAAP)**

# AAPPS 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.*
    - ❑ <http://iom.edu/Reports/2000/Americas-Health-Care-Safety-Net-Intact-but-Endangered.aspx>

# 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 a 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



# 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

# Revised Tool

## STD Preventive Services Gap Analysis Tool

### SECTION A ORGANIZATION DATA

<b>Include the organization name and date in the column heading. →</b>	<b>Date:</b> <b>Name:</b> <b>Address:</b> <b>Hours - Day:</b> _____ <b>Evening:</b> _____ <b>Weekend:</b> _____
<b>Site metadata (fill in as much as possible ahead of time: estimates are acceptable)</b>  <b>NB: These are draft items – could match some data with SSuN or IPP facility level data.</b>	<p>Provider Type (Check all that apply):</p> <p> <input type="checkbox"/> PHC – Public Health Clinic      <input type="checkbox"/> PP – Private Provider Type: _____  <input type="checkbox"/> ACO – Accountable Care Org      <input type="checkbox"/> HMO – Health Maintenance Org  <input type="checkbox"/> CBO – Community Based Org      <input type="checkbox"/> CHC – Community Health Clinic  <input type="checkbox"/> HCP – HIV Clinical      <input type="checkbox"/> IDC - Infectious Disease Clinic         </p> <p>Patient/client capacity:</p> <ul style="list-style-type: none"> <li>• Specialize in adolescent/youth populations? No <input type="checkbox"/> Yes <input type="checkbox"/></li> <li>• Specialize in MSM or LGBT populations? No <input type="checkbox"/> Yes <input type="checkbox"/></li> <li>• Specialize in Other: _____ No <input type="checkbox"/> Yes <input type="checkbox"/></li> </ul> <p>STD/HIV morbidity (past 3 months):</p> <ul style="list-style-type: none"> <li>• GC _____ cases      Syphilis _____ cases      HIV _____ cases (new)</li> <li>• CT _____ cases      HIV _____ cases (in treatment)</li> </ul> <p>Records Management approach (If Yes, please indicate Vendor):</p> <ul style="list-style-type: none"> <li>• Electronic Medical Records (EMR) No <input type="checkbox"/> Yes <input type="checkbox"/> Vendor: _____</li> <li>• Electronic Health Records (EHR) No <input type="checkbox"/> Yes <input type="checkbox"/> Vendor: _____</li> </ul> <p>Insurance/payments management capacity (Check all that apply):</p> <p> <input type="checkbox"/> Private    <input type="checkbox"/> Medicaid    <input type="checkbox"/> Medicare    <input type="checkbox"/> Patients charged directly    <input type="checkbox"/> We do not bill for services         </p> <p>What type of resources do you receive from the Health Department (check all that apply)?</p> <p> <input type="checkbox"/> Funding      <input type="checkbox"/> Bicillin      <input type="checkbox"/> Condoms      <input type="checkbox"/> Informational brochures or pamphlets  <input type="checkbox"/> Training/CEUs    <input type="checkbox"/> Staff      <input type="checkbox"/> Screening support    <input type="checkbox"/> Assistance with partner services  <input type="checkbox"/> Other (please specify below)         </p>

# Revised Tool

SECTION C

SERVICE CHECKLIST

	These services are offered for:			Comments
	MSM	Adolescents	General	
<b>Screening</b>				
<b>CT</b>				
<b>GC</b>				
<b>Alt Site (Throat/anal)</b>				
<b>Syphilis</b>				
<b>Stat RPR</b>				
<b>HIV - Blood</b>				
<b>HIV/Rapid</b>				
<b>HSV1/HSV2</b>				
<b>HPV</b>				
<b>BV</b>				
<b>Trich</b>				
<b>Hep A</b>				
<b>Hep B</b>				
<b>Hep C</b>				
<b>Other</b>				
<b>Screening Methods</b>				
<b>Exam only</b>				
<b>No exam required</b>				
<b>Onsite Treatment</b>	MSM	Adolescents	General	
<b>CT</b>				
<b>GC</b>				
<b>Syphilis</b>				
<b>HSV1/HSV2</b>				
<b>HPV - Wart</b>				
<b>BV</b>				
<b>Trich</b>				
<b>Hep A</b>				
<b>Hep B</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 perceived 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](mailto:swilliams@cdc.gov)
  - By March 26, 2014

# *Thank you*

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