PUBLIC HEALTH
Practice-Based Research Networks
National Coordinating Center

Public Health PBRN Monthly Virtual Meeting September 20, 2012

Research-in-Progress Presentation by New York PBRN:
"Measuring and Improving Quality: New York's Integrated HIV/AIDS and STD Field Services Program."

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NYS PHPBRN Presentation

Measuring and Improving Quality: New York's Integrated HIV/AIDS and STD Field Services Program

September 2012

Outline

- Research Aims
- Background on Partner Services and Program Integration
- Evaluation Components
- Research findings
- Lessons (already) learned
- Dissemination of findings

Research Aims

- Identify valid, reliable and practice-relevant measures of quality in response to a statewide initiative to integrate programs and services for HIV and STD

- Use identified measures of quality related to effectiveness, efficiency and acceptability to document differences across public health practice settings and changes over time

Rationale for Studying Integration

Program Collaboration and Service Integration

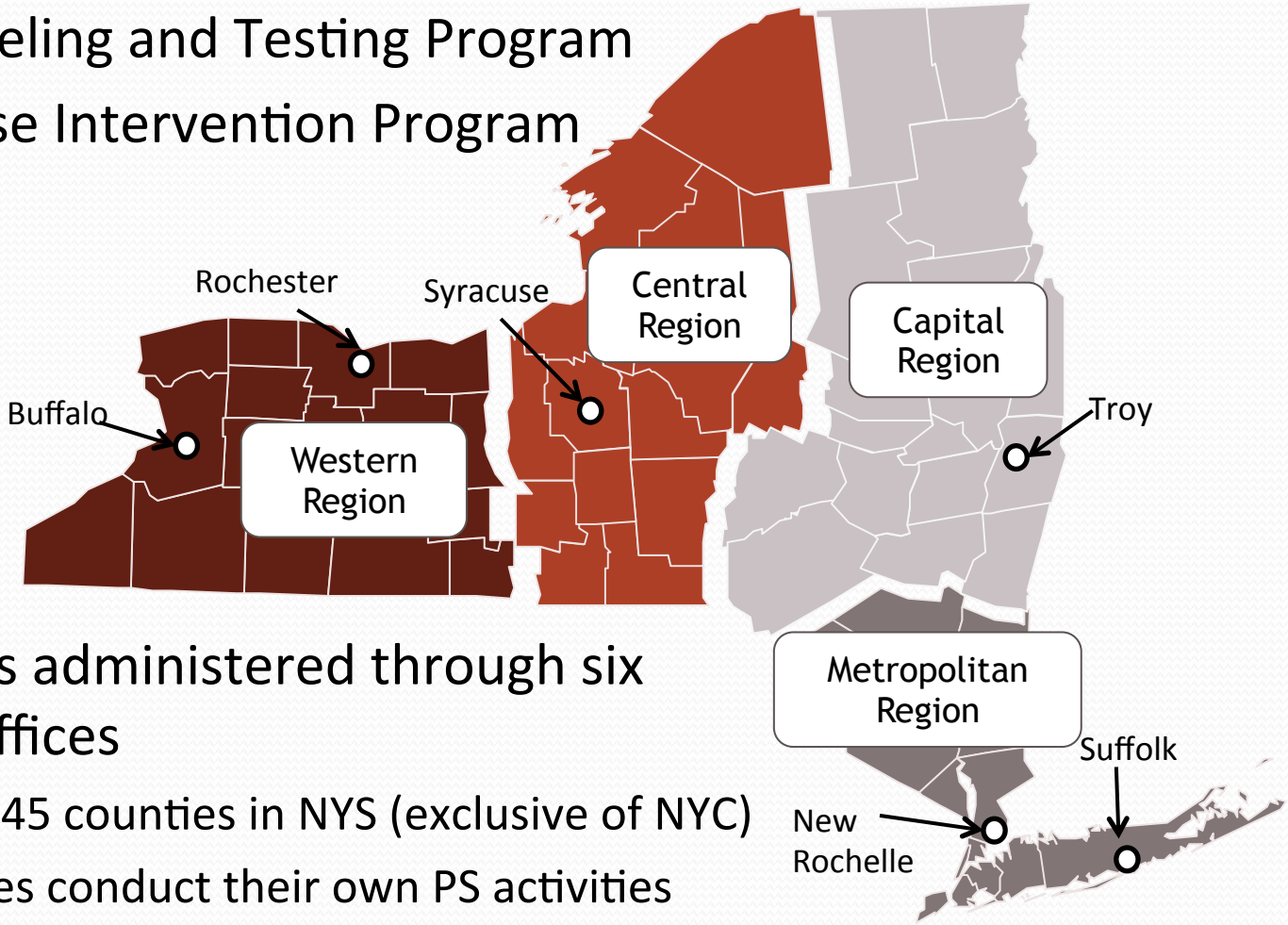
- Promoted by the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2008 White Paper)

- Syndemic approach to health and disease

"…a mechanism of organizing and blending inter-related health issues, separate activities, and services in order to maximize public health impact through new and established program activities to facilitate the delivery of services."

Partner Services in New York State

- HIV Counseling and Testing Program
- STD Disease Intervention Program



- PS activities administered through six Regional Offices
  - PS serves 45 counties in NYS (exclusive of NYC)
  - 12 counties conduct their own PS activities

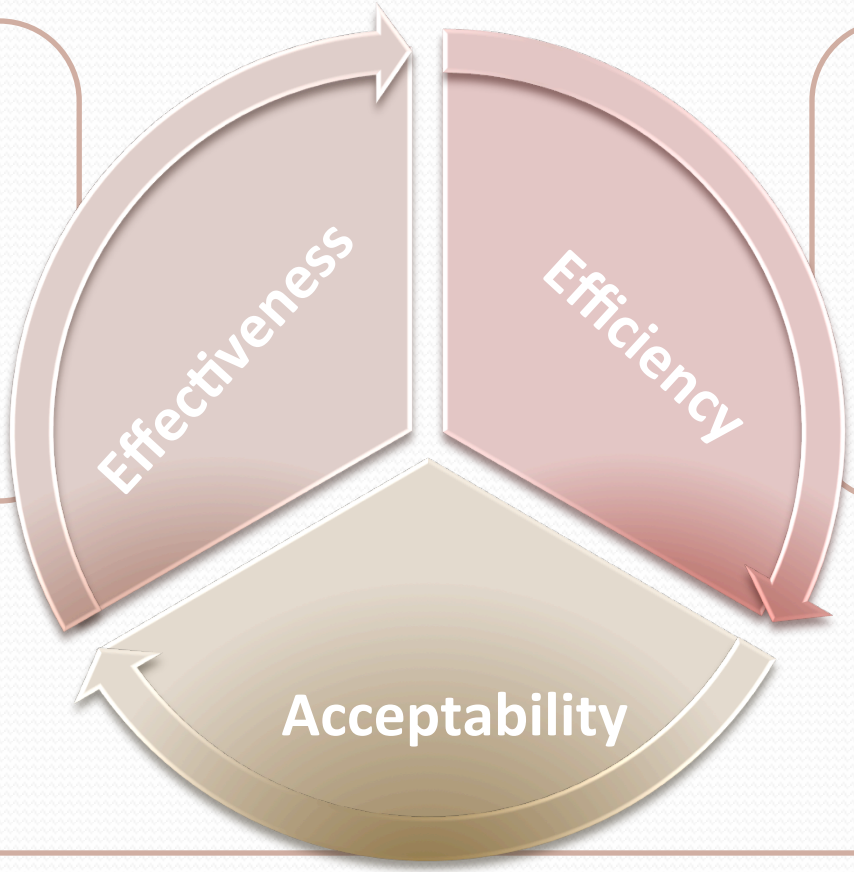
Bureau of HIV/STD Field Services

- Integration announced in April 2010
  - 56.5 FTE staff (37 HIV, 19.5 STD)
  - Pilot training program in one regional office (2008-2010)

- Evaluation Components
  - Workforce Development
  - Partnerships with Medical Providers
  - Service Delivery and Surveillance Outcomes
  - Costs of training, potential cost savings

Measuring Quality – Donabedian's Attributes

- Improved Notification Response Process
- Increased number of patients/partners aware of disease
- Reduced HIV/STD infections



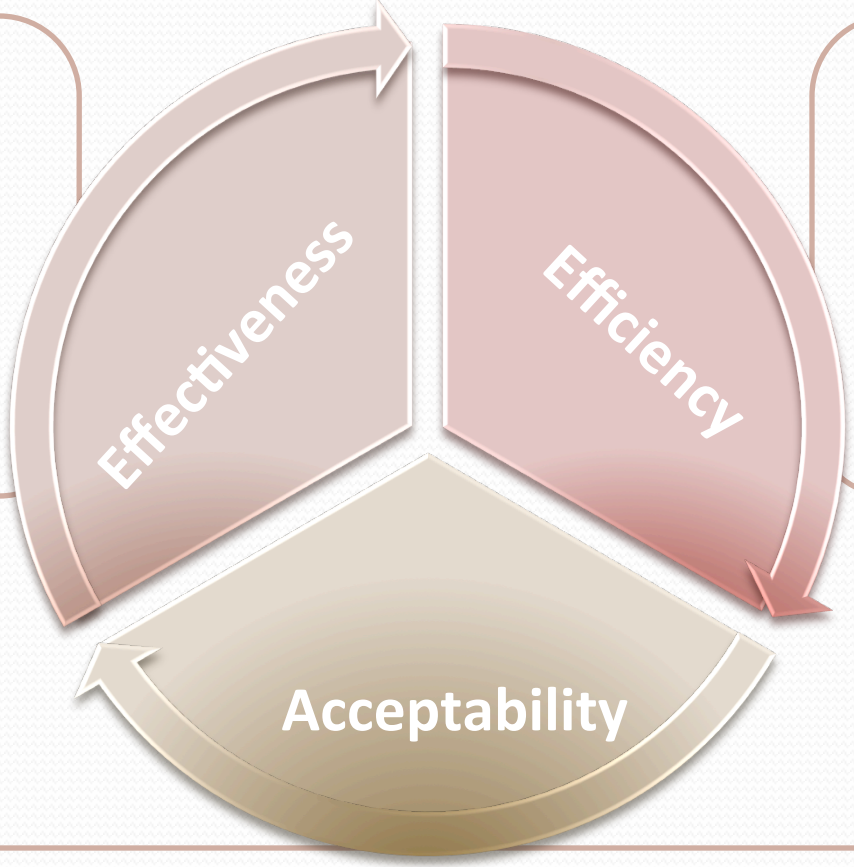
- Cost effectiveness of integrated structure
- Enhanced skills and knowledge of integrated staff
- Lifetime return on investment of reduced HIV and STD prevalence

- Staff adoption and satisfaction with integrated roles and responsibilities
- Provider support and knowledge of integrated program

Donabedian A. *Explorations in Quality Assessment and Monitoring Vol. 1. The Definition of Quality and Approaches to Its Assessment.* Ann Arbor, MI: Health Administration Press, 1980.

Operationalizing Quality – Donabedian's Attributes

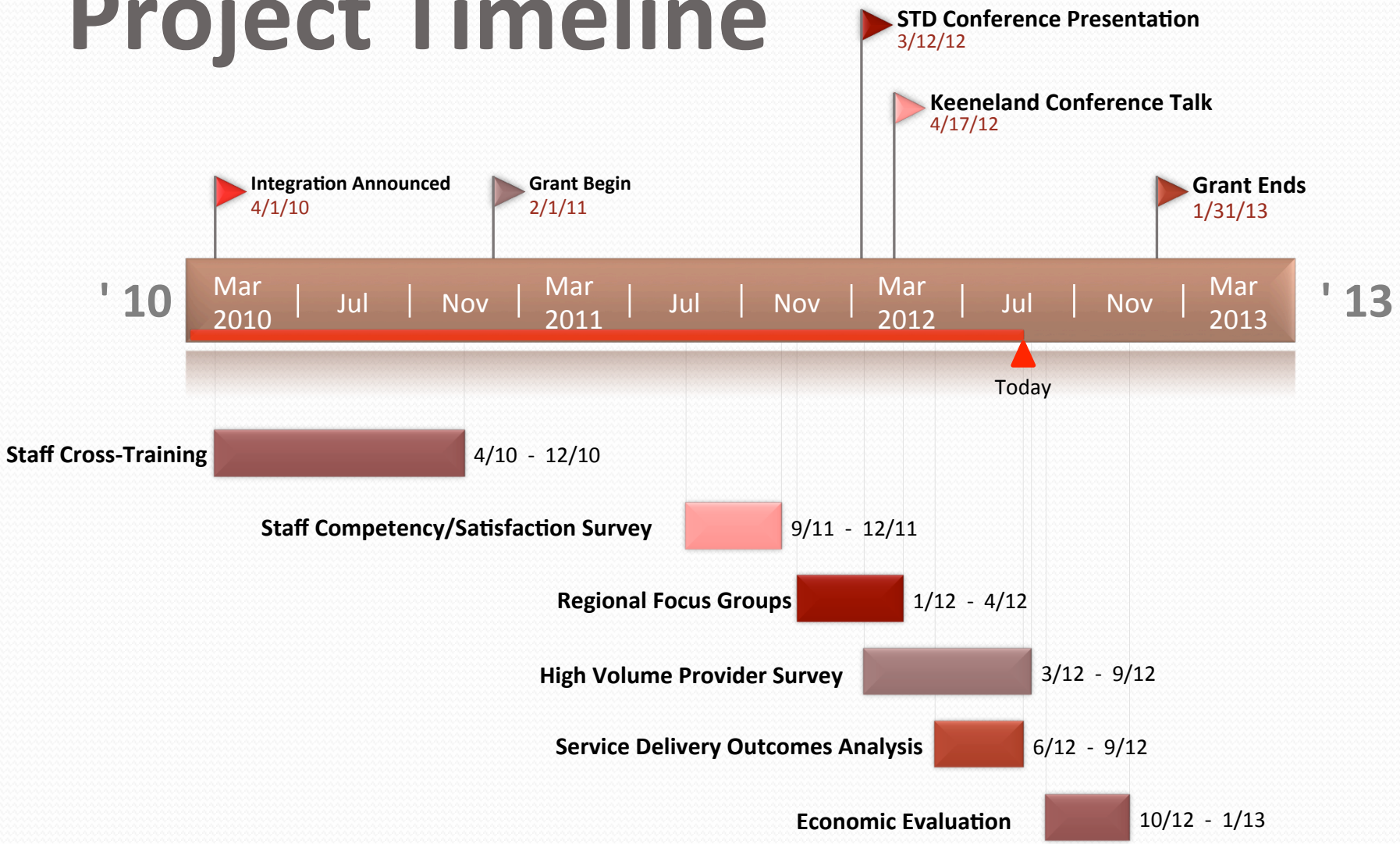
1. Data Analysis of HIV/STD Service Delivery Outcomes



2. Job Competency Survey
3. Economic Analysis

4. HIV/STD Provider Survey
5. Staff Satisfaction Survey
6. Focus Groups with Staff

Project Timeline



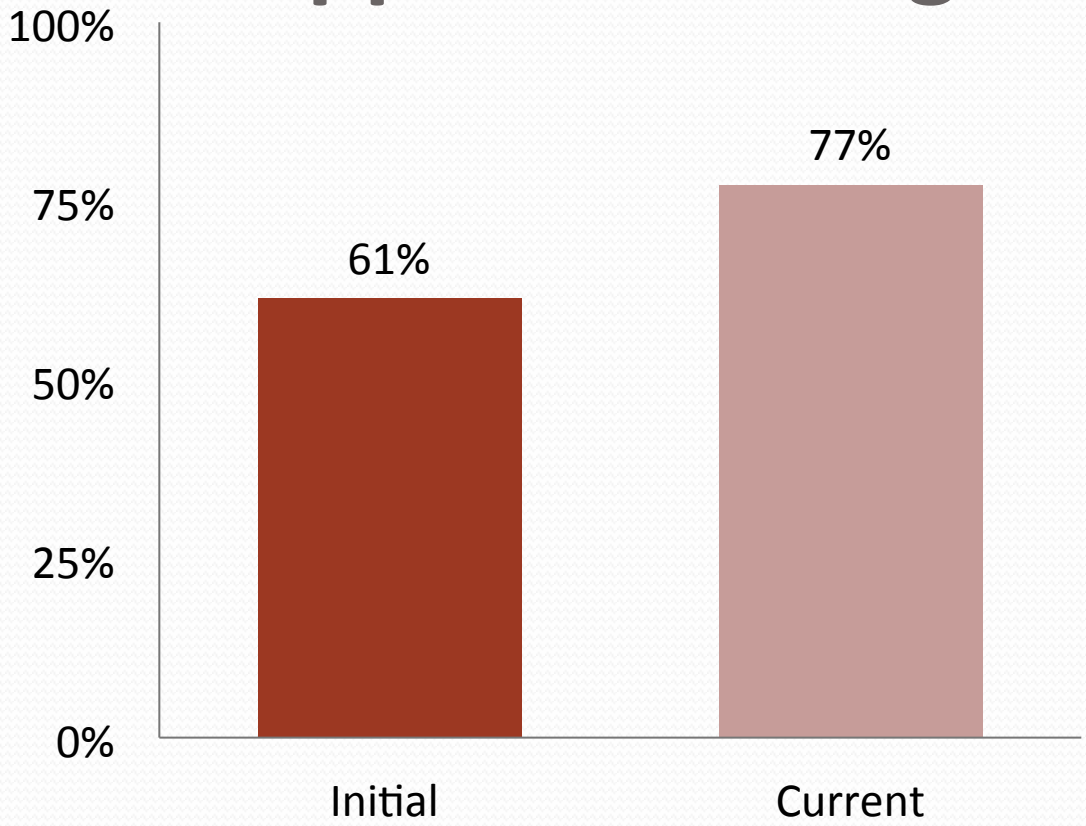
Workforce Development: Staff Surveys

- Methods
  - Post-training core competency survey (Summer 2010) (N=54)
    - 32 job-specific and cross-cutting skills assessed
  - Follow-up survey (Sept. 2011) (N=44)
    - Core-competency confidence reassessed
    - Additional questions on job satisfaction, stress, buy-in and support
- Analysis
  - Administered online via SurveyMonkey
  - Reliability and validity analyses (SAS)
  - Within-subjects t-tests, dichotomized by worker role, regional office

Staff Survey Findings

- Job role competencies
  - Former HIV staff showed **significantly** improved confidence in STD-related skills (P<.005)
- Integration Support
  - Support/buy-in increased from 2010 to 2011
- Job Stress and Satisfaction
  - Job satisfaction **decreased** significantly (P<.0281)
  - Job stress **increased** significantly (P<.0006)

Support for Integration



- 71.4% of respondents would still choose to integrate if they could go back in time
- 69% would still choose today to keep an integrated program

Job Stress

Word or Phrase	% Indicating that Word or Phrase Accurately Describes Job		Significance of change
	Before Integration	**After Integration**	
Demanding	50.0%	75.6%	
Pressured	26.2%	61.0%	
Hectic	40.5%	53.7%	
Calm	39.0%	14.6%	
Relaxed	40.0%	20.0%	
Many things stressful	26.8%	57.5%	
Pushed	19.5%	47.5%	
Irritating	14.3%	35.0%	
Under control	65.9%	27.5%	
Nerve-wracking	7.5%	35.0%	
Hassled	15.0%	36.6%	
Comfortable	63.4%	29.3%	
More stressful than I'd like	24.4%	51.2%	
Smooth running	48.8%	22.0%	
Overwhelming	12.2%	37.5%	
Average (Mean) Job Stress Change§	**0.84**	**1.13**	**P <.0006†**

† Significance values based on within-subjects T test

§ Based on scores coded 0-1-2, with a higher score indicating HIGHER job stress

Focus Groups

- Methods
  - Questions developed from survey findings
    - Workload, responsibilities
    - Comparisons with pre-integration model
    - Changes necessary to improve program
  - 5 Regional Offices, 1 Supervisor group, 1 hr each (N=36)
  - Conducted from Jan-April 2012
  - All sessions recorded and transcribed
  - Analysis with NVivo qualitative analysis software (ongoing)

Focus Groups: Preliminary Findings

- Theme #1: Philosophy of Integration
  - Evidence to support staff survey findings
    - *"I think the integration is, you know, I think it's a wonderful idea. I think we should have been doing this years ago."*
    - *"I think [integration] enhances what we do. I think… that HIV and STDs… should be one thing, because it's all STDs. I like that fact that if I'm doing STD, I have the HIV expertise in the back… To me it goes hand in hand."*
    - *"I agree that the concept made perfect sense. The reason of integration, the fact that the jobs we were doing made sense to integrate. It's the how it was done."*

Focus Groups: Preliminary Findings

- Theme #2: How Integration was Handled
  - Issues with timing, feedback, and planning
    - *A: "I think the timing stunk, it was overwhelming, it was absolutely overwhelming with all the other changes and I think maybe that could have been put off, with other things to establish."*

      B: "Either that or put a lot more time into thinking about it before those changes came through. Figure it all out then do it."
    - *"Basically, build from the ground up, there was nothing. I had basically two filing cabinets and everything was thrown into it. I had to figure out how to organize on top of that, I had no systems in place and I just had to figure it out."*
    - *"I would like more feedback regarding our performance. I mean, statistics, you know, number of partners listed, things like that. On a more frequent basis. "*
    - *"A lot of the chaos that we're experiencing… we could've avoided that."*

“Sometimes I feel like we don't make a dent in anything.

I always use a conveyor belt analogy from the I Love Lucy episode, where the chocolates are going by on the conveyor belt? And you're trying to get as many in the box as you can, but every once in a while you got to throw one behind, you've got to eat one, just to keep it going.”

Focus Groups: Preliminary Findings

- Theme #3: Ways to Improve Integration
  - Managing staff workload, implemented integrated systems, and a better understanding of programmatic differences
    - *"I just seem to get tired, and so long-term, designing a program in a way where you're going to keep staff around and they're going to be happy with the work and not feel overwhelmed constantly every day."*
    - *"Fully integrated [data] systems for us so that we don't have to go to these different groups doing different things, and this one has a database that we can't look at. Fully integrated."*
    - *"The difference between the two programs is that one, the people are coming to you and they want to test, and the other, we are looking for these people, we are tracking them down, we are trying to get them to change their behavior, in both aspects, but one is voluntary and the other one isn't and it is a different approach."*

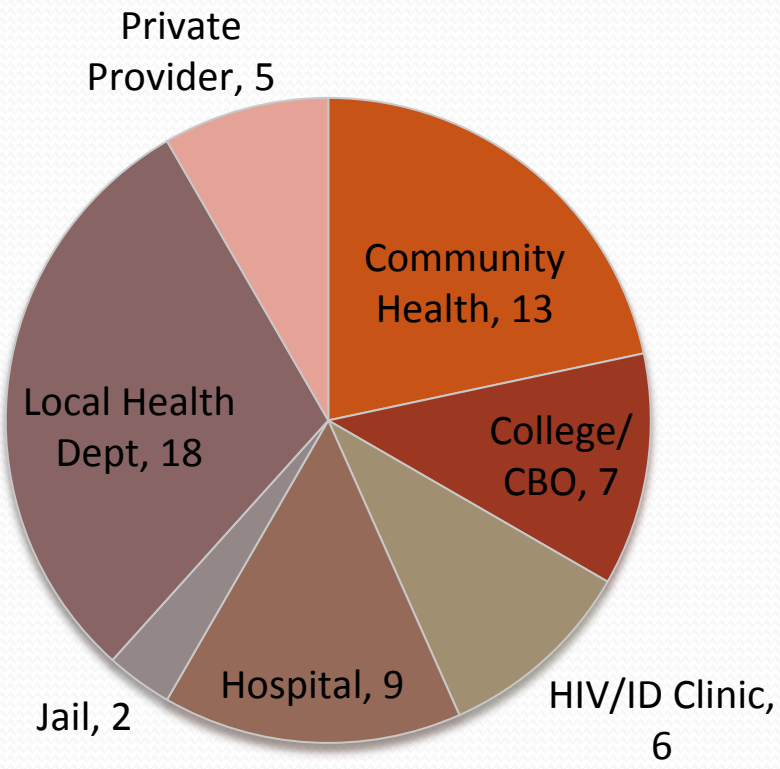
Partnerships with Medical Providers: High-Volume Provider (HVP) Survey

- Methods
  - Survey design adapted from NYCDOHMH Provider PS Survey
    - **Assessed awareness, utilization, acceptability, and perceived efficacy of HIV/STD Partner Services**
  - HVP Selection
    - Regional lists of frequently contacted providers provided by staff
      - Cross-referenced with surveillance data on high-diagnosing providers
    - Non-random sample (N=155)

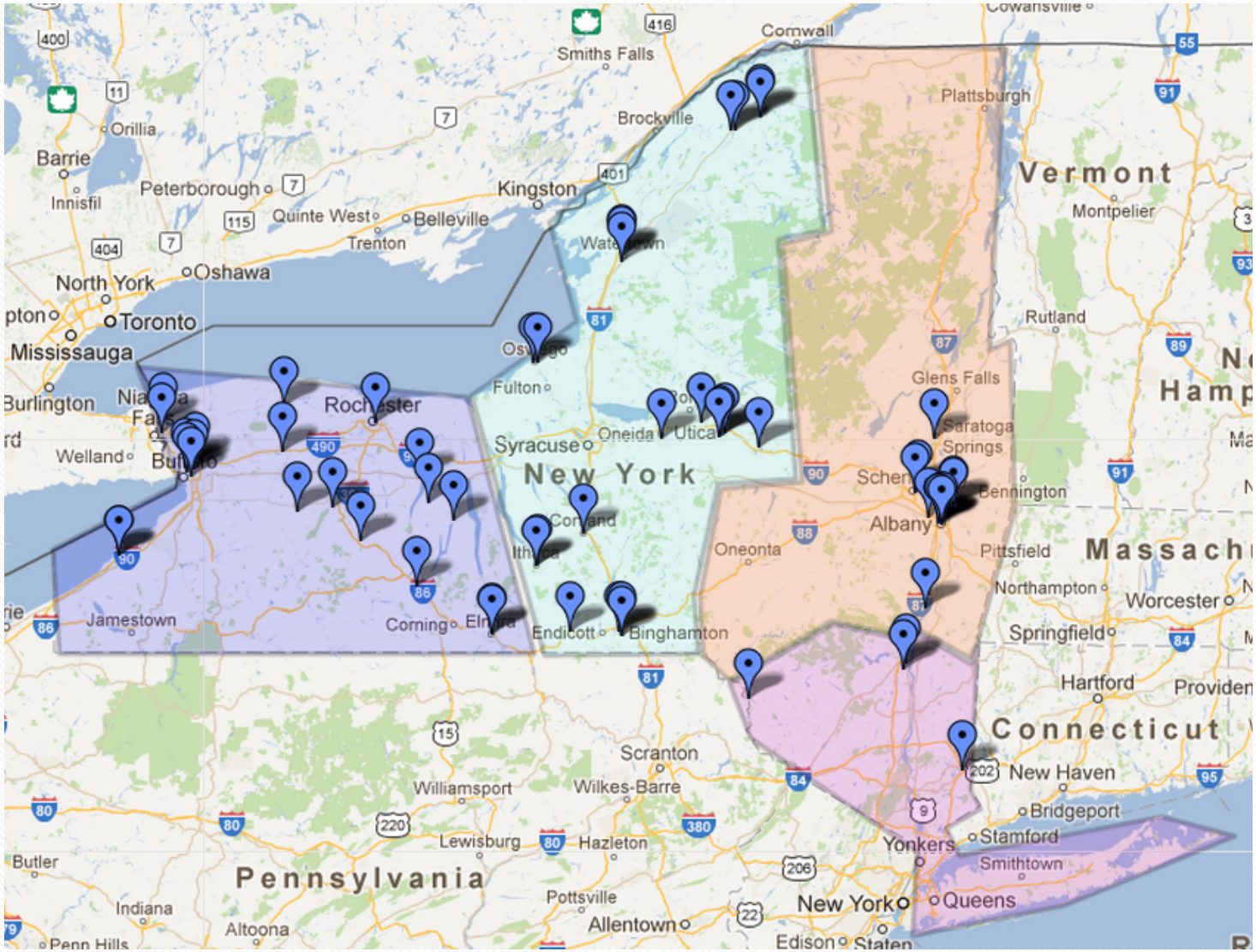
HVP Survey: Preliminary Findings

- Survey Administration (March-July 2012)
  - Email, phone calls, snail mail, fax
    - Challenges of reaching appropriate contacts
    - Low response rate (N=60, 39%)
  - Responses entered via Survey Monkey, analyzed with SAS 9.2
    - Chi-square analyses conducted; stratified by region, respondent setting, and level of HIV treatment experience

Respondent Settings



Respondent Distribution



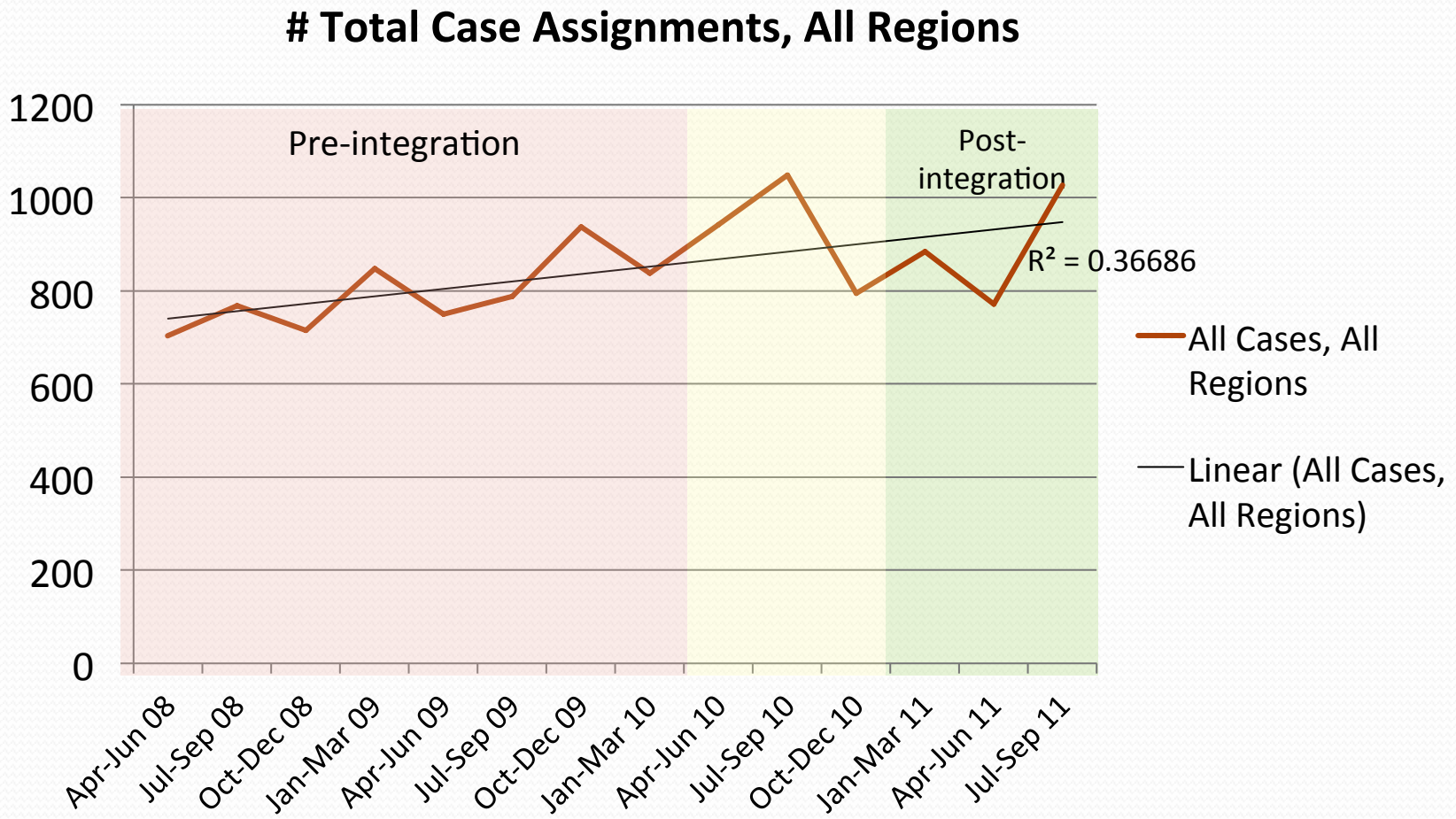
HVP Survey: Preliminary Findings

- Awareness
  - Hospitals, private providers, and respondents with limited HIV treatment experience were significantly less likely to be familiar with services offered by PS
- Utilization
  - Hospitals, private providers, and respondents with limited HIV treatment experience were also less likely to take steps to initiate PS in new HIV/STD diagnoses
- Acceptability and Perceived Efficacy
  - 27% indicated a need for an improved relationship with PS program
  - 30% indicated a lack of staff knowledge as barrier to PS
  - **91% of providers agreed PS helps prevent the spread of HIV/STDs**

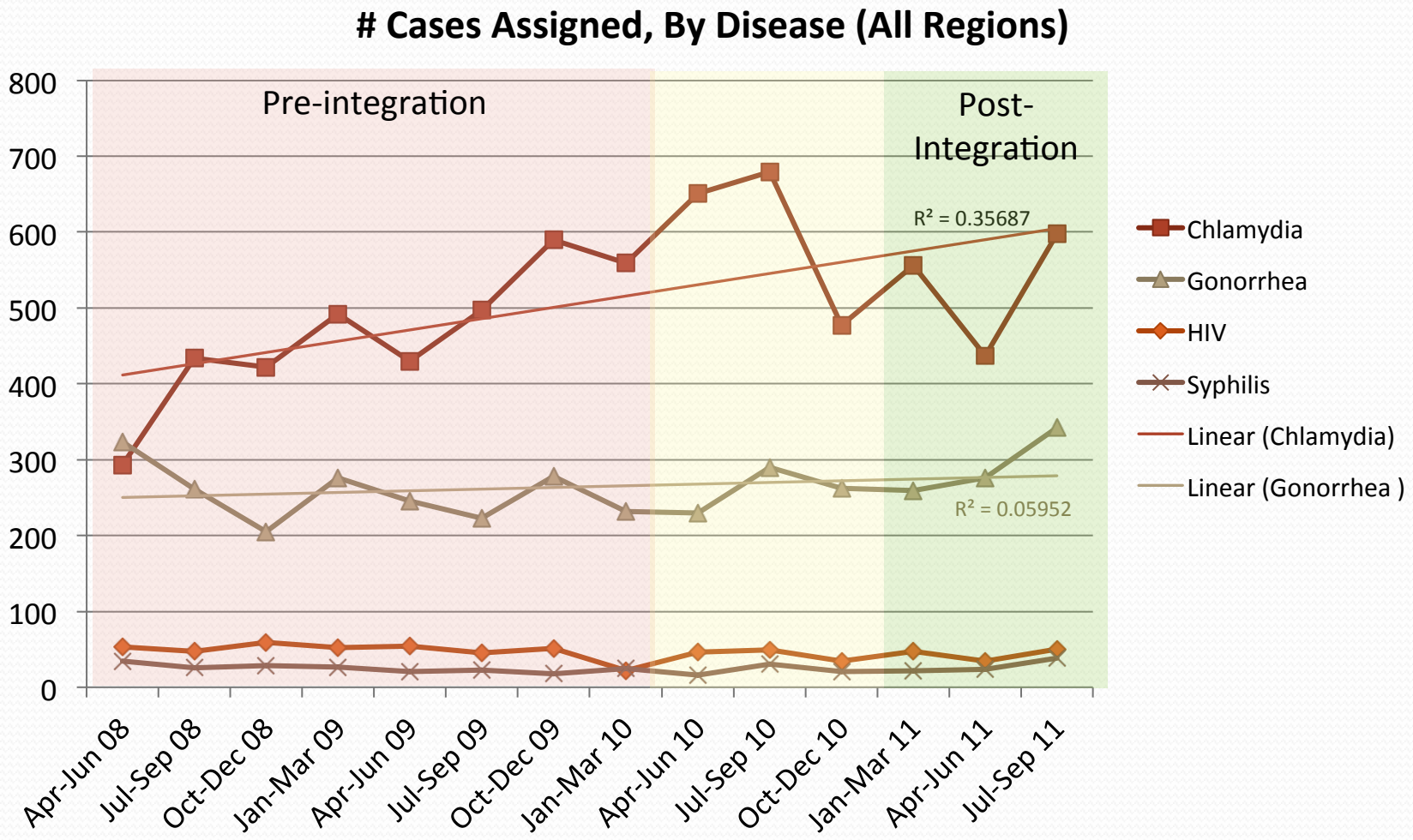
Service Delivery Outcomes

- Data Collection and Analysis
  - Collaboration with STD Surveillance and Epidemiology Program to collect quarterly data from 2008 to present
  - Examined quality measures before integration, during training period, and after integration
  - Assessment of variables related to quality and quantity of PS
    - # and % of individuals with laboratory-confirmed HIV and STD infection participating in partner services
    - # and % of named and notified partners and social contacts

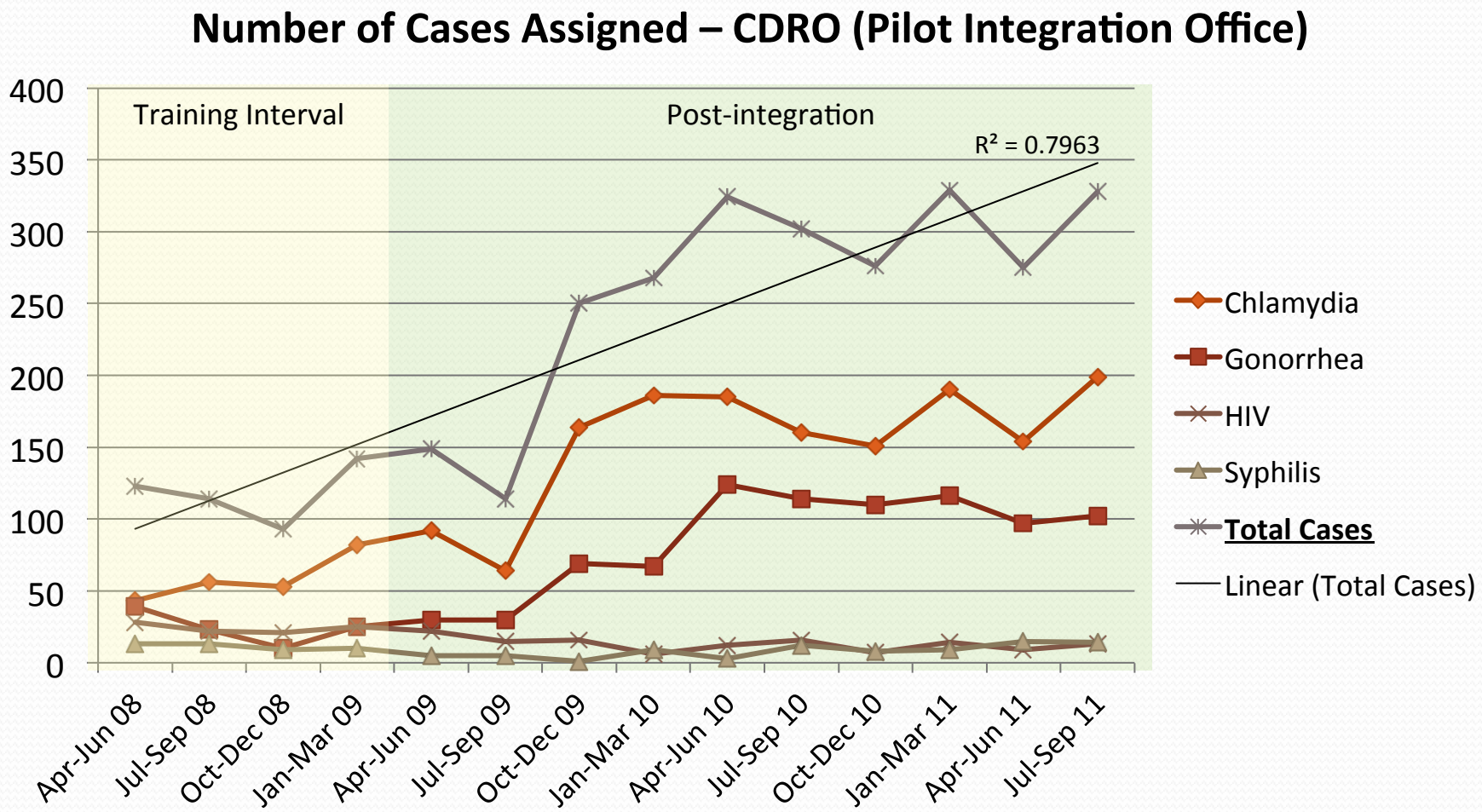
Service Delivery Outcomes: Preliminary Findings



Service Delivery Outcomes: Preliminary Findings



Service Delivery Outcomes: Preliminary Findings



Economic Evaluation

- Research Question: Under the integrated model, is it more effective to increase HIV field testing through Partner Services or continue HIV screening clinics, where overall positivity rates are declining?
- Costs
  - Fixed (FTEs) and variable (e.g., travel, equipment)
  - Training
- Outcomes
  - HIV cases identified/prevented

Major Findings

1. Evidence of staff buy-in and support for integration, but dissatisfaction and stress associated with the integration process.
2. Workers adapted to new responsibilities and confidence in new job roles increased over time.
3. Medical providers strongly support Partner Services programs, but familiarity and referral practices vary significantly by setting.
4. Measurable increases in # HIV/STD diagnosed individuals involved with PS may take longer than expected.

Lessons Learned

- Integration is a process which is lengthy and multi-faceted
  - Same service populations ≠ same job responsibilities
  - Cultural and structural influences are important
  - Focus of "top-down" versus "bottom-up" organizational change affects workforce differently
- Training takes time to implement
- Population and program outcomes may be further down the road – importance of continued assessment

Dissemination of Research

- Presentation of findings (i.e., evidence) to management and staff of the integrated Partner Services Program

- Submission of articles to academic journals
  - Wide-ranging applications of research findings
  - Integration problems identified are common among many types of organizations

Acknowledgements

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Other Meeting Agenda Items

New Staff-Senior Researcher

- CB Mamaril

Other PBRN Research Updates

- MPROVE measure and rating selection underway (September 26 deadline)
- RACE awards nearing one-year mark
- New EBPH study from Wash U-St. Louis to engage PRCs, PBRNs, PHTCs

Research Funding Updates

- PBRN Quick Strike Applications
- New PCORI funding opportunities

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Other Meeting Agenda Items

Program Monitoring Updates

- Quarterly Network Calls with PBRN leads
- RWJF/Urban Institute PHSSR Evaluation

Dissemination Updates

- Frontiers special issue on PBRNs: scheduled for October release
- JPHMP special issue on PBRNs/PHSSR: November/APHA release
- AJPM PBRN theme issue: under review, early 2013 release
- RE-ACT podcasts: inaugural release
- Linked-In Group: http://www.linkedin.com/groups?gid=4474347

Upcoming meetings

- October 1-2: MPROVE measure selection meeting, CO
- October 18: PBRN Monthly Virtual Meeting, research-in-progress by OH PBRN
- October 27-31: APHA Annual Meeting, San Francisco, CA

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Other Meeting Agenda Items

Grants Administration Update: Travel Policy RWJF Guidelines

- $975 for one-night, one day meeting requiring air travel
  - Airfare & baggage $500
  - Lodging $225/per night
  - Meals $100/per day
  - Ground transportation $150
- $1,300 for two-night, two-day meeting
  - Includes additional $225/per night for lodging
  - Includes additional $100/per day for meals

“Guiding Principle: Good stewards of our resources”

Grant Reporting Reminders

- Send to *grantreports@rwjf.org* , copy to *PublicHealthPBRN@uky.edu*
- RWJF guidelines for annual, final narrative reports & bibliography:
  http://www.rwjf.org/files/publications/RWJF_GranteeReportingInstructions.pdf
- RWJF guidelines for financial reports:
  http://www.rwjf.org/files/publications/RWJF_FinancialGuidelinesReporting.pdf
- RWJF guidelines for electronic submission standards for products and reports
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