

Maryland STI Update: NACCHO's Perspective on LHD STI/STD Prevention in 2014

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Overview

- ❖ Introduction to NACCHO
- ❖ Overview of NACCHO's HIV and STI Prevention Program
- ❖ Findings from Recent Research about Local Health Department STI/STD Activities
- ❖ Ways to Connect With NACCHO
- ❖ Activities Related to the Role of DIS and Billing for Services



About NACCHO

- ❖ NACCHO is the national non-profit membership association representing the nation's approximately 2,800 local health departments (LHDs), including city, county, metro, district, and tribal agencies.
- ❖ NACCHO's mission is to be a leader, partner, catalyst, and voice for LHDs in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.
- ❖ NACCHO's vision is health, equity, and well-being for all people in their communities through public health policies and services.

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NACCHO's Programmatic Areas

- ❖ Infectious Disease
- ❖ Chronic Disease
- ❖ Maternal, Child, and Adolescent Health
- ❖ Food Safety
- ❖ Climate Change
- ❖ Community Design/Land Use Planning
- ❖ Health in All Policies
- ❖ Epidemiology
- ❖ Accreditation Preparation and Quality Improvement
- ❖ Community Health Assessment and Improvement Planning
- ❖ Informatics
- ❖ Public Health Preparedness
- ❖ Health and Disability
- ❖ Public Health Law
- ❖ Healthy Equity and Social Justice
- ❖ Workforce Development



NACCHO's HIV and STI Prevention Program

- ❖ Aims to strengthen the capacity of LHDs to prevent, control, and manage HIV and other STIs in their communities.
- ❖ Supports LHD HIV and STI prevention programs by providing TA, CBA, developing and disseminating tools and resources, facilitating peer information exchange, and providing learning opportunities.
- ❖ Advocates for science and evidence-based HIV and STI policies and the necessary federal funding to sustain and enhance HIV and STI prevention, care, treatment, and research.
- ❖ NACCHO's HIV/STI Prevention Workgroup provides guidance to NACCHO's HIV and STI prevention program and promotes the role of LHDs in HIV/STI prevention activities by providing expert advice, sharing examples of successful local practices, developing NACCHO policy statements, and informing national level conversations, policies, and strategies.



NACCHO's HIV and STI Prevention Projects

❖ Local Health Department STD Prevention and Infrastructure

❖ Funded by CDC's Division of STD Prevention.

▪ Key activities:

1. Coordinating the CDC/Division of STD Prevention National Partners Collaborative on Public Health and Primary Care Integration for STD Prevention (the National Partners Collaborative)
2. Conducting, in conjunction with DSTDP and external research organizations, surveys to assess STD prevention, care, and treatment activities and infrastructure.
 - a) Local and state health department capacity and infrastructure survey
 - b) STD clinic client survey



Local Health Department Infrastructure Survey Findings

- Results from:
 - NACCHO's National Profile of Local Health Departments Survey
 - NACCHO/NCSD/CDC Survey of State and Local STD Infrastructure
 - NACCHO/CDC STD Clinic Client survey



2013 Profile Study

- Fielded 2013 Profile from January to March 2013
- 2,532 LHDs included in the 2013 Profile study population
- 79% of all LHDs completed the Profile survey
 - Response rates of 90% or higher in 25 states
 - Response rates lower than 60% in two states
- Data are self-reported by LHDs and not independently verified by NACCHO

Ten Programs and Services Provided Directly and Most Frequently by LHDs

Rank	Program or Service	Percentage of LHDs
1	Communicable/Infectious Disease Surveillance	91%
2	Adult Immunization Provision	90%
3	Child Immunization Provision	90%
4	Tuberculosis Screening	83%
5	Environmental Health Surveillance	78%
6	Food Service Establishments Inspection	78%
7	Tuberculosis Treatment	76%
8	Food Safety Education	72%
9	Population-Based Nutrition Services	69%
10	Schools/Daycare Center Inspection	69%

n ranged from 1,949 to 1,975

Ten Programs and Services Provided Most Frequently via Contracts

Rank	Program or Service	Percentage of LHDs
1	Lab Services	11%
2	HIV/AIDS Screening	8%
3	Lead Inspection Regulation	7%
4	STD Screening	7%
5	HIV/AIDS Treatment	6%
6	STD Treatment	6%
7	Cancer Screening	6%
8	Population-Based Tobacco Prevention Services	6%
9	Tuberculosis Treatment	5%
10	Tuberculosis Screening	5%

n ranged from 1,929 to 1,971

LHDs Providing Select Epidemiology and Surveillance Activities

Epidemiology and Surveillance Services	All LHDs	Size of Population Served				
		<25,000	25,000–49,999	50,000–99,999	100,000–499,999	500,000+
Communicable/Infectious Disease	91%	86%	93%	93%	96%	96%
Environmental Health	78%	69%	84%	84%	88%	82%
Maternal and Child Health	61%	53%	62%	66%	71%	78%
Syndromic Surveillance	47%	38%	42%	49%	63%	81%
Chronic Disease	44%	37%	40%	49%	54%	62%
Behavioral Risk Factors	36%	28%	36%	44%	44%	55%
Injury Surveillance	27%	21%	24%	30%	34%	48%

n ranged from 1,910 to 1,975

LHDs Providing Select Screening and Treatment for Diseases and Conditions

	Profile Study Year		2013				
	2005	2013	Size of Population Served				
	All LHDs	All LHDs	<25,000	25,000–49,999	50,000–99,999	100,000–499,999	500,000+
Communicable Disease							
Tuberculosis Screening	82%	83%	75%	85%	87%	92%	92%
Tuberculosis Treatment	71%	76%	67%	77%	78%	87%	91%
STD Screening	60%	64%	55%	59%	67%	81%	92%
STD Treatment	56%	60%	50%	56%	62%	78%	87%
HIV/AIDS Screening	58%	61%	47%	56%	68%	82%	94%
HIV/AIDS Treatment	21%	24%	19%	20%	25%	34%	41%
Non-Communicable Disease or Condition							
Blood Lead Screening	63%	61%	57%	64%	64%	65%	62%
High Blood Pressure Screening	69%	57%	62%	57%	58%	49%	50%
Diabetes Screening	48%	36%	35%	34%	40%	37%	42%
Cancer Screening	42%	36%	30%	34%	42%	44%	44%
Cardiovascular Disease Screening	34%	27%	23%	26%	32%	29%	39%

n ranged from 1,915 to 1,971

NACCHO/NCSD/CDC Survey of State and Local STD Infrastructure

- The survey found that 52% of programs experienced reduced budgets.

Impact	% of programs with budget cuts reporting each impact
Reduced clinic hours	42.8%
Reduced availability of STD screening	40%
Reduced partner services for CT and GC	39.7%
Implemented or increased co-pays	33.9%
STD clinic closures	6.8%



NACCHO/CDC STD Clinic Client survey

- Through a contract with NORC, DSTDP and NACCHO conducted an assessment of clients accessing care at categorical STD clinics.
- The average age of the STD clinic patient is less than 30 years old
- A disproportionate number of clients identified as LGBT (31%)
- Approximately half of the clients were uninsured.



NACCHO's Resources for LHDs

- ❖ [HIV/STI Weekly Update](#), a weekly e-newsletter reaching over 700 LHD staff and partners.
- ❖ [Public Health Dispatch](#), a monthly newsletter reaching approximately 2,500 recipients that contains events, resources, funding opportunities, and other information of relevance to LHDs.
- ❖ [NACCHO Connect](#), a bi-weekly e-newsletter reaching approximately 8,600 LHD recipients.
- ❖ [NACCHO Exchange](#), a quarterly publication reaching approximately 4,500 recipients, presents successful and effective resources, tools, programs, and practices to help LHDs protect and improve the health of all people and all communities.
- ❖ Social media, including Twitter, LinkedIn, Facebook, and YouTube.
- ❖ National conferences: NACCHO Annual, Public Health Informatics Conference, Preparedness Summit



NACCHO's Resources for LHDs (cont.)

- ❖ [NACCHO Voice](#), a blog for LHD leaders and staff that covers a wide range of topics. Posts include tips and resources, stories from the field, and interviews with local public health experts.
- ❖ [Stories from the Field](#), which provides a means for LHDs to share their experiences and demonstrate the value of public health. Stories from the Field can be used to support advocacy, peer learning, and collaboration with state and federal partners.
- ❖ [NACCHO Toolbox](#), contains over 3,000 field-tested tools and other resources contributed by LHDs to help their peers increase efficiency by using products that have already been developed.
- ❖ [NACCHO's Model Practices Database](#), a database of evaluated and peer-reviewed model and promising practices from LHDs across the country.
- ❖ [National Profile of Local Health Departments](#) (commonly referred to as “the Profile study”), a nationwide study investigating relevant topics on local public health infrastructure and practice.



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Activities Related to the Role of DIS and Billing for Services

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Overview

- ❖ Continuing the themes of possible new directions
- ❖ Looking at possible forces of change exerting influence on DIS
- ❖ Examining the forces of change exerting influence on billing for services by local health departments
- ❖ Questions and Discussion



DIS Role(s): A Time of Change? Why? Why Now?

- ❖ What is the future of public sector STI prevention and control programs?
- ❖ ACA and expanding insurance coverage placing pressure to move clinical services to the private sector
- ❖ If so, it is unlikely that the private sector will accept the responsibility for Partner Services
- ❖ Right now, PS are part of a set of services that the private sector is unlikely to understand or tease apart
- ❖ If PS becomes a stand-alone service, it will need to enhance its credibility and professionalism
- ❖ If Public Health wants to bill for PS, it will need to enhance its credibility and professionalism
- ❖ What can/might be done?

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Deepening Our Understanding Of DIS

NACCHO contracted with an expert certification development team, International Credentialing Associates (ICA), to create recommendations and conduct key informant interviews and focus groups.

Held three focus groups with DIS

Location: Focus Group 1: Atlanta, GA – June 25, 2013; Focus Group 2: Dallas, TX – July 10, 2013; Focus Group 3: San Francisco, CA – July 24, 2013

All 10 HHS regions represented; 19 DIS participated in the focus groups

Performed key informant interviews with 31 STD or partner services directors

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Overview of Results

- ❖ DIS Hiring Practices – variable
- ❖ Training and Development – variable
- ❖ Passport to Partner Services (PTPS) – varied enthusiasm
- ❖ Consistency of Activities/Priorities Across Jurisdictions – variable (although some of this is expected)



Possible Future(s) for DIS

- ❖ The availability of public sector clinical services may (or may not) decrease
- ❖ Most STD's already being diagnosed and reported from private sector sources
- ❖ The private sector not likely to assume responsibility for partner services
- ❖ This service is most likely to remain in place
- ❖ Other services are looking at the investigative talents of DIS: TB, infectious diseases
- ❖ Will DIS someday take on other investigative skills, like using mapping to look at geography of disease in addition to the social dimensions of disease?
- ❖ Will linkage to care / retention in care be a more common role?
- ❖ What will this mean for recruiting and training?



NACCHO's Billing for Clinical Services Project

- ❖ In 2011, NACCHO was funded to develop a toolkit to support the work of CDC's immunization billing grantees and other LHDs.
- ❖ In 2012, NACCHO received funding from NCHHSTP to expand the toolkit to include resources pertinent to HIV, STI, and TB.
- ❖ Billing resources:
 - [Billing for Clinical Services Website](#)
 - [Billing for Clinical Services Toolkit](#) – currently has 311 tools
 - [Billing Task Analysis](#)
 - [Webinar](#): *Becoming an In-Network Provider: The Health Department Perspective*
 - [Issue Brief](#): *Billing for Clinical Services: Health Department Strategies to Overcoming Barriers*
 - Upcoming workshop at NACCHO Annual 2014 (July 8-10, Atlanta, GA): Transitioning to Third-Party Billing: Building Systems at Local Health Departments



Forces of Change Survey

- ❖ Earlier this year, NACCHO distributed the Forces of Change Survey to assess changes in LHD budgets, workforce, and programs, as well as the impact of other forces affecting change in LHDs, including economic forces, health reform, and accreditation. Questions on the extent to which LHDs are billing for clinical services were also included.
- ❖ The survey was distributed to a statistically representative sample of 957 LHDs from January to February 2014. A total of 648 LHDs completed the survey (response rate of 68%).
- ❖ Findings show that LHDs are billing for services:
 - 86% reported billing for Medicare, Medicaid, and/or private insurers for one or some of clinical services they offer.
 - LHDs are most likely to bill for immunization, family planning, and TB testing and treatment.
 - Out of the 66% of LHDs who reported that they provide HIV/STI services, 33 percent reported that they bill for these services.



Forces of Change Survey

- ❖ Findings (cont'd):
 - More than half of LHDs that are billing for services report in-house capability to bill.
 - LHDs currently billing and those who are not billing are interested in increasing the extent to which they bill.
- ❖ These findings show that while public health has traditionally been free, LHDs are adapting to the changing public health system and billing for their clinical services.

Please note that these findings are for your information only; NACCHO will release a research brief on this topic in May.

For more information, contact Sarah Newman (snewman@naccho.org).

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Questions and Discussion

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