Demonstration Project – Improving Chlamydia, HIV and Hepatitis C Screening in NYC Community Health Centers

The Bureau of Sexually Transmitted Disease Control (BSTDC) and the Program Collaboration and Service Integration (PCSI) initiative in the New York City Department of Health and Mental Hygiene propose to work on a demonstration project with up to 5 Community Health Centers that are members of the Community Health Care Association of New York State (CHCANYS) and are located in zip codes with high morbidity of HIV, chlamydia and hepatitis C to maximize screening among patients for whom it is indicated: the offer of HIV testing is required by New York State law for everyone between the ages of 13 and 64; chlamydia screening is recommended for sexually active women 15-24 years of age; and hepatitis C screening is recommended for those that meet specific risk factors.

Background on the Bureau of Sexually Transmitted Disease Control

The mission of the BSTDC is to improve the sexual health of all New Yorkers. To achieve this, we provide direct clinical services (9 free STD clinics in the 5 boroughs of NYC); provide partner services; monitor disease trends; provide education and training to providers and community groups; conduct assurance activities and research and develop policies to improve sexual health and wellness.

Background on PCSI

PCSI is a CDC-funded initiative at the NYC DOHMH Division of Disease Control which aims to promote collaboration across programs working with viral hepatitis, TB and STDs, including HIV and improve the delivery of integrated services for populations at risk for more than one disease. PCSI works with community providers to ensure that populations at risk for more than one of these diseases receive integrated services, which includes screening for multiple diseases in the primary care setting, provision of appropriate testing in one visit, and treatment for disease.

Rationale for Project

In a geographic analysis of 2009 surveillance data on HIV, chlamydia and hepatitis C, we found that the same zip codes in New York City have high morbidity for all three diseases; therefore clinical providers in these areas of high morbidity are key in identifying, testing and treating patients who may be infected.

HIV: In September 2010, the New York State legislature passed a law requiring that health care professionals offer an HIV test to all patients between the ages of 13-64. In New York City nearly one-quarter of the 3,669 HIV cases in 2009 were identified after they had reached a late stage of infection. By making the offer of HIV testing routine in primary care settings, a greater number of people living with HIV can be identified earlier in the disease process, when treatment is more effective. Annual HIV screening is also recommended by the Centers for Disease Control and Prevention (CDC) for persons at high risk, including IV drug users and their sex partners and people who exchange sex for money or drugs.

Chlamydia (Ct): Chlamydia (Ct) is one of the most frequently occurring sexually transmitted diseases in the United States, resulting in over 2.8 million new cases each year. In 2010, there were nearly 60,000 new cases of chlamydia reported in NYC, with young women <25 years of age comprising about 70% of all cases. Untreated Ct is an important cause of infertility. Because Ct is often asymptomatic, screening is critical to infertility prevention. Infection with Ct also makes it easier to transmit and acquire HIV. The U.S. Preventive Services Task Force (USPSTF) has promulgated national guidelines for Ct screening, which are reiterated by the CDC. Namely: clinicians routinely screen all sexually active women aged 25 years and younger and women over 25 years who have a new sex partner or multiple sex partners.

For CHCs participating in the CMS Electronic Health Record (EHR) Incentive Programs, Chlamydia screening for women is one of the optional clinical quality measures (CQM) for payment year 2012. The exact CQM measure is:

- The percentage of women 15-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Viral Hepatitis: The US Department of Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis identified community health centers as a venue for implementation of routine viral hepatitis screening as part of the standard of care under health care reform. In 2009 there were 10,769 cases of HCV identified in NYC. Most of these are likely not new infections. Because hepatitis C has few symptoms, many of those who are infected do not know it. Hepatitis C can eventually lead to cirrhosis and liver cancer, therefore it is crucial for people who are infected to learn their status and receive care and treatment, if appropriate.

<u>Proposed Demonstration Project</u>

BSTDC and PCSI propose to work directly with up to 5 community health centers among the CHCANYS membership to demonstrate best practices related to 1) HIV screening and referral to care; 2) sexual history taking, screening young women for Ct, providing appropriate treatment and rescreening three months after treatment; and 3) hepatitis C risk assessment, screening, confirmatory (RNA) testing for positives, and referral to care. In the first 6 months of this project, BSTDC will work with the participating CHCs to measure their current practices related to HIV testing; sexual history taking and Ct screening; and hepatitis C testing and linkage to care. Participating CHCs must be using an electronic health record, in order for BSTDC and PCSI to assist with an analysis of the sexual history questions and risk questions currently collected in the EHR and assess whether it is feasible to add a screening alert system for HIV, Ct and HCV.

In the second, 6 month phase BSTDC and PCSI, in partnership with the Region II STD/HIV Prevention Training Center, will provide technical assistance to the partner community health centers including distributing a sexual health toolkit to all primary care providers and offering webinars and other web-based training on topics such as how to take a sexual history, HIV, Ct and hepatitis C screening and treatment guidelines. BSTDC and PCSI will also work with the CHCs information technology staff to calculate baseline HIV, Ct and HCV screening coverage

rates, and identify potential modifications to the EHR including adding new fields and/or clinical decision tools or screening alerts, as needed.

In the final 6 months of the demonstration project, in an effort to assess whether the project improved the participating CHCs HIV, Ct and HCV screening rates, BSTDC and PCSI will analyze quarterly data on screening coverage and risk and sexual history taking practices provided by each CHC and compare it to the baseline data collected. BSTDC and PCSI will also work with the participating CHCs to ensure that they can report on the Ct screening CQM via their electronic health record as per Meaningful Use guidelines.

Resources

- BSTDC and PCSI will be responsible for project management and coordination with each participating CHC. BSTDC and PCSI staff will provide in-kind technical assistance to the participating CHCs and will work with the Region II STD/HIV Prevention Training Center to provide webinars or other trainings and materials at no charge to the participating CHCs.
- CHCANYS will assist BSTDC and PCSI with identifying CHCs in their network interested in participating in the demonstration project. No ongoing project management is required of CHCANYS.
- Participating CHCs will need to designate a project point person who is familiar with center policies, provider practices and the electronic health record used by the facility. Providers practicing at the participating CHCs will be offered training via webinars and/or grand rounds presentations and will be eligible to receive CME credit. IT/data management staff at participating CHCs will be needed to make any necessary and appropriate changes to the EHR and provide quarterly aggregate HIV, Ct and HCV screening coverage data via pre-determined table shells.

Target Communities

Based on 2009 and 2010 surveillance data, the following neighborhoods have the highest rates of HIV, Ct and HCV in New York City:

Brooklyn

- East New York (11207)
- BedStuy-Crown Heights (11216)

Bronx

- Hunts-Point – Motts Haven (10474)
- Crotona-Tremont (10453)
- Highbridge-Morrisania (10456, 10457)

Manhattan

- Central Harlem (10039, 10026)
- East Harlem (10035, 10029)

BSTDC and PCSI would prefer to work with Community Health Centers/FQHCs that are located within or serve populations predominantly from these neighborhoods for the purposes of this demonstration project.

BSTDC and PCSI propose to work directly with up to 5 community health centers among the CHCANYS membership to demonstrate best practices related to 1) HIV screening and referral to care; 2) sexual history taking, screening young women for Ct, providing appropriate treatment and rescreening three months after treatment; and 3) hepatitis C risk assessment, screening, confirmatory (RNA) testing for positives, and referral to care.

Implementation Steps

Months 0 – 6:

- Identify 3-5 CHCs that serve patients in the target neighborhoods and sign MOUs
- Conduct needs assessment with participating CHCs and measure their current practices related to HIV testing; sexual history taking and Ct screening; and hepatitis C testing and linkage to care.
- Identify a project point person at each participating CHC who is familiar with center policies, provider practices and the electronic health record used by the facility.
- Identify if CHC is member of NYC REACH and works with PCIP
- Conduct site visit with all participating CHCs including demonstration of EHR
- Work with CHC staff to design data request table shells including annotations on where within EHR to pull specific fields tailored to each CHC

Months 7 – 12:

- Collect first set of data to calculate baseline HIV, Ct and HCV screening coverage rates
- Compile and distribute provider toolkits to individual practitioners at each participating CHC. Materials in the toolkit will include: screening and treatment guidelines; pamphlets on taking a sexual history and discussing partner services with patients; information on the latest vaccination guidelines
- In collaboration with NYC STD/HIV Prevention Training Center, hold at least one webinar or grand rounds for each participating CHC on topics such as how to take a sexual history, HIV, Ct and hepatitis C screening and treatment guidelines, and adolescent sexual health
- BSTDC and PCSI will also work with the CHCs information technology staff to analyze EHR functionality to determine whether adding decision alert tools is feasible (possibly in collaboration with PCIP)

Months 13 – 18:

- Collect second and third set of data on screening coverage and sexual history taking practices and analyze as compared to baseline data
- Work with participating CHCs to ensure that they can report on the Ct screening CQM via their EHR as per Meaningful Use guidelines
- Provide ongoing technical assistance and training as requested