

Program Collaboration and Service Integration (PCSI) Update

March 21, 2012

Marcelo Fernandez-Viña, MPH
Program Collaboration and Service Integration
(PCSI) Coordinator
Marcelo.Fernandez-Vina@Phila.gov

Presentation Overview

- Background
- History of PDPH PCSI Initiative
- PCSI Coordinator
 - PCSI Workgroup
 - PCSI Assessment
 - PCSI Plan
- PCSI Epidemiologist
- PCSI Communications Specialist
- Summary

Background

- The Program Collaboration and Service Integration (PCSI) initiative between HIV/AIDS, Viral Hepatitis, STDs, and TB stems from:
 - Similar and overlapping risk behaviors, risk factors, at-risk populations
 - Similar environmental and social conditions
 - Reciprocal and interdependent effects of diseases upon each other

Background

- Examples:
 - HIV, viral hepatitis, and STDs share common risks and modes of transmission
 - STDs increase the risk for HIV infection
 - HIV is the greatest risk factor for progression to TB disease
 - HIV accelerates liver disease associated with viral hepatitis, making hepatitis the leading cause of death among persons living with HIV/AIDS
 - TB is an AIDS-defining opportunistic condition
 - Clinical course and outcomes are influenced by concurrent disease (HIV/TB can be deadly, and TB accelerates HIV disease progression)

Background

- Program Collaboration vs. Service Integration
- Focus on working comprehensively with specific populations as opposed to individual diseases and conditions
- Looking at all of these diseases and conditions together

History of PDPH PCSI Initiative

- 2006-2007 (and before) – “Pre-PCSI” integration initiatives
- July 2007 - Release of PCSI Green Paper
- Fall 2007 – PCSI Green Paper prioritized by PDPH
- March 2008 – Core PCSI programs and key staff identified and PCSI assessment conducted
- May 2008 – Initial PCSI Workgroup meeting

History Continued

- 2008 – 2009 – Ongoing PCSI Workgroup meetings. Additional agencies added.
- December 2009 - Release of PCSI White Paper
- January 2010 – Consultation and visit from Dr. Kevin Fenton, Director NCHHSTP
- April 2010 – PCSI FOA released
- June 2010 - PDPH applies for PCSI FOA
- September 2010 - PDPH funded as one of six PCSI sites

Philadelphia PCSI: Mission

The goal of Philadelphia PCSI Work Group is to promote the provision of integrated services to clients for maximum public health benefit.

OBJECTIVES:

- To establish a meeting forum for programs and agencies with interrelated health issues, target populations, and disease prevention strategies
- To facilitate inter-agency cooperation on sharing data and resources
- To share and streamline activities and services to achieve maximum public health benefit

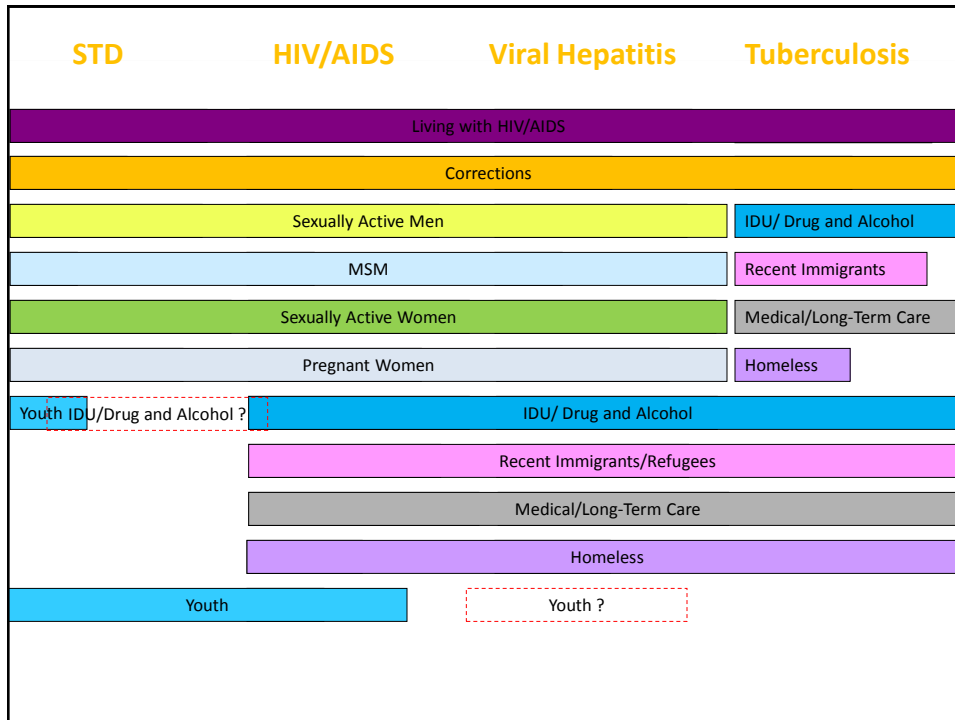
Philadelphia PCSI: Mission

OBJECTIVES (continued):

- To evaluate and standardize interventions in response to changing disease epidemiology
- To create a singular approach to workforce training
- To answer academic and research questions through fostering collaborations
- To identify opportunities for PCSI implementation at the client level

Philadelphia PCSI: Core Member Programs/Agencies

- Philadelphia Department of Public Health
 - AIDS Activities Coordinating Office (AACO)
 - Division of Disease Control (DDC)
 - STD Control Program
 - Viral Hepatitis Prevention Program
 - Tuberculosis Control Program
 - Acute Communicable Disease (ACD) Program
 - Immunization Program
- Office of Addiction Services (OAS)
- Health Federation of Philadelphia, Local Performance Site of PA/MidAtlantic AIDS Education & Training Center



PCSI Coordinator Role

- Serve as the overall project manager for the Philadelphia PCSI Project, and oversee grant-related activities and define project tasks, deadlines, and resource requirements
- Serve as the key liaison between all Philadelphia PCSI participants
- Provide administrative and technical oversight to the staff working on PCSI-related projects
- Provide consultation to program areas and agencies on implementing PCSI activities
- Identify sources of funding for PCSI projects
- Oversee preparation of summaries of PCSI projects including reports, manuscripts, and presentations
- Contribute to the development of interventions to reduce disease transmission and prevent new infections or improve immunization levels
- Assure that the direction and activities of the PCSI Program are in accord with local, state and federal response plans, and with appropriate local, state and federal laws, rules and regulations

PCSI Workgroup Process

- Identifying Key Stakeholders
- Conducting Initial Assessments
- Establishing Workgroup
- Developing Evaluation Methods
- Addressing Target Populations
- Creating Methods for Sustainability

PCSI Assessment

- PCSI Assessment initially conducted in March 2008
- New, more comprehensive assessment developed and conducted Summer 2011
- PCSI Assessment and Plan developed together to ensure Assessment informed the sections of the Plan

PCSI Plan and Goals

I. Background and Justification

GOAL: Align PCSI goals, objectives, and initiatives with the needs of Philadelphia's population.

II. PCSI Infrastructure

GOAL: Sustain a functional infrastructure for PCSI that works locally and incorporates input and feedback from core PCSI programs, federal partners, community partners, and community members.

III. PCSI Assessments

GOAL: Conduct a comprehensive PCSI Assessment annually to identify successes, barriers, and gaps for all core PCSI programs, and to utilize the information collected in these assessments for PCSI planning and evaluation.

IV. Data Analysis, Planning, and Processes

GOAL: Utilize data to describe and monitor trends in the Hepatitis, HIV, STD, and TB syndemics, and to identify populations and settings that are high priority for the core PCSI programs.

V. Workforce Development

GOAL: Conduct training needs assessment, develop integrated training curriculum, and implement workforce training in order to create a workforce proficient in providing integrated services.

PCSI Plan and Goals

VI. Client Access and Care

GOAL 1: Create recommendations on appropriate service integration to be offered at provider sites by adapting federal, state, and regional guidance for local practice. Implement and monitor success of these recommendations at PCSI Pilot sites. Establish best practices for service integration through experiences at these sites.

GOAL 2: Broadly disseminate information on local recommendations for service integration, monitor service integration through existing mechanisms and data sources, and disseminate best practices on service integration.

VII. Information Dissemination

GOAL 1: Assess the need for new outreach and communications methods and materials for high priority populations, develop these new methods and materials, and make them readily accessible to the public.

GOAL 2: Disseminate PCSI best practices through presentations and publications.

VIII. Sustainability

GOAL: Maximize the likelihood that successful integrated models will be sustainable.

IX. Evaluation/Review

GOAL: Evaluate progress towards goals and objectives outlined in the PCSI Plan.

PCSI Epidemiologist

- Utilize data to describe and monitor trends and populations in HIV/AIDS, STD, TB, viral hepatitis
- Routinely match data across data systems to identify coinfecting cases and coinfection rates
- Identify overlapping risk factors across PCSI disease areas
- Identify and incorporate new data sources that may be relevant in terms of syndemics such as substance abuse, housing, domestic violence, smoking, etc.
- Identify and incorporate new data sources focusing on social determinants of health

Geographical Analysis

- Use Arc GIS to examine geographical distribution of PCSI diseases
- Identify areas with high coinfection
- Identify areas with high co-occurrence (high rates of 2 separate diseases)
- Lack of correlation between coinfection and co-occurrence could indicate missed opportunities for screening and/or under-reporting

PCSI Communications Specialist Role

- Support writing and media needs for all program areas involved in the Philadelphia PCSI Initiative
- Collaborate in development of outreach planning and implementation efforts for targeted populations
- Compose and design documents for prevention and outreach projects
- Construct messages for multiple types of media
- Develop content for websites

Communications Specialist Projects

- Current Projects
 - Adolescent STD/HIV Prevention Project (ASHPP)
- Future Projects
 - Develop communication channels and consider novel communication strategies to improve information flow between and within programs, and to high-risk populations
 - Develop and test integrated prevention messages for diseases with common risk factors
 - Develop web-based information and provide links to multiple relevant program services

What Does Integration Mean?

- Improving communication
- Assessing the status of collaborative work, and identifying successes, gaps, and opportunities for new projects
- Improving and expanding upon current work
- Identifying best practices across programs, including “external” programs and systems, and incorporating them into program practice
- Using our resources to their full potential
 - Finding evidence (data matches and analysis, seroprevalence, etc.)
 - Developing high-impact intervention(s)
 - Evaluating interventions and making improvements
 - Repeating and replicating effective models
- Recognizing that the group is smarter than any one individual

Questions?

Marcelo Fernandez-Viña, MPH
Program Collaboration and Service Integration
(PCSI) Coordinator
Marcelo.Fernandez-Vina@Phila.gov