Assessment of Sexual Healthcare in Maryland Safety Net Providers Sites: 

Creation of the Sexual Health Integration Network

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Overview

• Introduction:
  • The Frontier of Sexual Health in Maryland

• Methods:
  • Creation of SHINE
  • Development of Assessment Survey

• Findings

• Limitations and Challenges

• Lessons Learned

• Policy and Practice Implications
Sexual Health in Maryland
The Burden of HIV in Maryland

- Ranked 3rd in States/Territories in estimated HIV diagnoses in 2011
- Ranked 4th in States/Territories in estimated number of persons living with diagnosed HIV
- Total lifetime treatment cost for all new HIV diagnoses is $514 million (in 2009).
Trends in Living HIV Cases

Reported HIV Cases with or without an AIDS Diagnosis and Not Reported to have Died as of December 31st of Each Year (Living HIV Cases without AIDS, Living HIV Cases with AIDS, and Total Living HIV Cases) from 1985 through 2010, as Reported by Name through 12/31/2011
Continuum of HIV Care

Estimated Number and Percentage of HIV Infected Adults Engaged in Selected Stages of the Continuum of Care, Maryland, 2010

<table>
<thead>
<tr>
<th>Stage</th>
<th>Estimated Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Infected</td>
<td>37,052</td>
<td>100%</td>
</tr>
<tr>
<td>HIV Diagnosed</td>
<td>29,642</td>
<td>80%</td>
</tr>
<tr>
<td>Linked to HIV Care</td>
<td>20,097</td>
<td>64%</td>
</tr>
<tr>
<td>Retained in HIV Care</td>
<td>13,679</td>
<td>34%</td>
</tr>
<tr>
<td>On ART</td>
<td>9,900</td>
<td>27%</td>
</tr>
<tr>
<td>Suppressed VL</td>
<td>6,109</td>
<td>19%</td>
</tr>
</tbody>
</table>

MD HIV/AIDS Epidemiological Profile, Bureau of Infectious Diseases, DHMH. 2011
## The Burden of STIs in Maryland

<table>
<thead>
<tr>
<th></th>
<th>MD Ranking in US States/Territories</th>
<th>2011 MD Rate</th>
<th>2011 US Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td>16</td>
<td>111.9</td>
<td>104.2</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>15</td>
<td>670.9</td>
<td>648.9</td>
</tr>
<tr>
<td>Syphilis</td>
<td>3</td>
<td>7.8</td>
<td>4.5</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>2</td>
<td>31.1**</td>
<td>8.5</td>
</tr>
</tbody>
</table>

**per 100,000 people**

**per 100,000 live births**

CDC Sexually Transmitted Diseases Surveillance Data, 2011
The Affordable Care Act
• Increased Medicaid eligibility to individuals at or below 133% the federal poverty level
• Provides insurance exchanges for those at or below the 400% federal poverty level (who are not eligible for Medicaid or Medicare)
• Children <26 years can remain on parents’ insurance plan
• 30 million people are expected to have new insurance coverage
• This will affect sexual healthcare in unanticipated ways.
The Creation of SHINE
(Sexual Health Integration Network)
Initial Goals:

- Holistic sexual health
  - Do not silo HIV, STIs and viral hepatitis

- Create standard protocols for all federally funded safety net providers.
  - Federally-qualified health centers (FQHCs) and look-alike
  - Local health departments (LHDs)
  - Community Health Centers (CHCs)
  - School-based Health Centers (SBHCs)
  - Hospital clinics
  - Title X Clinics

- Use other states, such as Oregon, as a model for integration and protocols.
Identification of Stakeholders

- DHMH
  - Center for HIV Surveillance
  - Office of Family Planning
  - Office of Primary Care Access
  - Other members from the Infectious Diseases Bureau and the Office of Population Health

- Baltimore City Health Department
  - As well as other LHDs around the state

- FQHC Representatives

- Johns Hopkins University
Revised Goals

- Perform assessment of current sexual health practices in the state of Maryland.

- Holistic sexual health
  - Do not silo HIV, STIs and viral hepatitis

- Develop standard protocols for all federally funded safety net providers.
Development of Assessment Survey
### Clinical Guidelines

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Recommending Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of HIV/STIs</td>
<td>ACOG, ACP, USPSTF, CDC</td>
</tr>
<tr>
<td>Disease Screening</td>
<td>USPSTF, CDC, HRSA, HEDIS</td>
</tr>
<tr>
<td>Counseling</td>
<td>ACOG, CDC, USPSTF</td>
</tr>
</tbody>
</table>

- American College for Obstetricians and Gynecologists (ACOG)
- American College of Physicians (ACP)
- United States Preventive Services Task Force (USPSTF)
- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- Health Effectiveness Data and Information Set (HEDIS)
The Holistic Assessment

- HIV/STI treatment
- HIV/STI screening
- HPV and Hepatitis Vaccinations
- Condom availability
- Social Services
  - Partner Services
  - Mental Health
  - Substance Abuse
- Behavioral Counseling
- Referral Process
Pilot Survey

www.education.randmcnally.com
# Pilot County Characteristics

<table>
<thead>
<tr>
<th>Representative characteristic</th>
<th>Prince George’s County</th>
<th>Dorchester County</th>
<th>Allegany County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated rates; higher pop. density</td>
<td>Average rates of STI/HIV</td>
<td>Lower rates; rural area</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographic location</th>
<th>Middle-south</th>
<th>Eastern Shore</th>
<th>Western</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HIV/AIDS prevalence</th>
<th>799</th>
<th>403</th>
<th>118</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia rate</td>
<td>698</td>
<td>506</td>
<td>234</td>
</tr>
<tr>
<td>Syphilis rate</td>
<td>11</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Gonorrhea rate</td>
<td>184</td>
<td>235</td>
<td>41</td>
</tr>
</tbody>
</table>

*HIV/AIDS information based on 2011 statistics. Data from the Maryland HIV/AIDS Epidemiological Profile, Third Quarter, 2012 by the Center of HIV Surveillance, Epidemiology and Evaluation, DHMH.

**STI information based on 2011 statistics. Data from the Center for Sexually Transmitted Infection Prevention, DHMH.
Pilot Survey Implementation

- Survey built using Survey Monkey
- BETA version can be taken at: https://www.surveymonkey.com/s/SHINEAssetMappingSurveyTEST
- Notified providers of impending survey via telephone on April 8, 2013
- Emailed survey to providers April 8, 2013
- Surveys were due April 22, 2013
Findings
Results Pending

• 23/28 surveys have been returned

• Current Result Summary:
  • All providers offer HIV testing
    • Following CDC guidelines
  • All providers offer STI testing
    • Treat patients in house with oral or injectable treatment
    • Primarily follow CDC guidelines
  • Majority provide hepatitis and HPV vaccines
  • Very few offer partner services
Demographics

Please select the county (or counties) that your facility primarily serves.

- Allegany County
- Dorchester
- Prince George's

Please specify type of facility. (Check all that apply)

- Federally Qualified Health Center (FQHC)
- Federally Qualified Health Center look-alike
- Local Health Department
- School-based Health Center
- Community Health Center
- Hospital Emergency Department
- Hospital-based Clinic
- Other
Payer Type and HIV Testing

Please quantify (by percentage) the patient population by payer type in the past 12 months.

- % Public
- % Private
- % Uninsured
- % Self-pay
- % Unknown
- N/A
- Other

Under what circumstances do you provide HIV testing?

- Routine - (every patient entering the provider’s care is offered an HIV test)
- When patient identified risk OR requested by patient
- Prenatal visit
- When diagnosed with an STI
- When symptoms are present
- Other (please specify)
If the patient tests positive for HIV, does your facility provide the following services?

- HIV Treatment
- HIV Specialty Care
- Partner Services (patient is interviewed to identify...
- Mental Health and/or Substance Abuse Support
- Intensive behavioral counseling (counseling to...
- Social Support Services

- In House
- Willing to receive referrals for this service
- Refer Out
- N/A

[Bar chart showing the distribution of services provided by facilities]
STI Vaccines

STI vaccinations:

- We provide this service on-site.
- We accept patients referred to us for this service.
- We do not provide this service.
- We would like to refer out this service.
If the patient tests positive for an STI

- Partner services* for syphilis
- Partner services* for chlamydia
- Partner services* for gonorrhea
- Mental Health and/or Substance Abuse Support
- Intensive behavioral counseling** to sexually active adolescents
- Intensive behavioral counseling** for adults at increased risk for STIs
- Social Support Services

- We provide this service on-site.
- We accept patients referred to us for this service.
- We refer out for this service.
- We would like to refer out for this service.
Limitations and Challenges

- Fluctuating timeline
- Contact information for providers
- Poor response rate
Lessons Learned

• Be flexible.
• Be patient.
• Utilize your resources.
• Be positive.
• The DHMH is not glamorous.
  • But, it is dedicated, hard-working, and thorough.
Policy and Practice Implications

- Official implications are pending.

- My recommendations:
  - Invite a representative from each LHD to SHINE for a voice in the network.
  - Follow CDC guidelines only when implementing standard protocol.
  - Provide increased incentives for clinics to report HIV/STIs and fines if they do not.
  - Before receiving federal funds, clinics must identify from where they receive referrals or to whom they refer, ensuring that effective linkages exist between providers.
  - Increase funding for partner services and disease intervention specialists.
References


SHINE (Sexual Health Integration Network). (2012). Meeting Minutes for SHINE (p. 4). Baltimore, MD.


Questions?