

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

Integrating Pre-Exposure Prophylaxis (PrEP) Services into a Clinical Work Environment for HIV Prevention

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Health Equity | <input checked="" type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input checked="" type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input checked="" type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Is this practice evidence based, if so please explain. :

HIV/AIDS continues to be a significant health concern in the United States. In 2013 Florida reported the highest rate of new HIV infections in the country. In 2014, the rate of new infections decreased slightly making Florida number two in the country. While state efforts are being refocused to address this trend, new innovative HIV prevention strategies developed and recommended by the Centers for Disease Control and Prevention (CDC) and others could have significant impact on the spread of HIV infection if directed and used as intended. The CDC estimates that antiretroviral (ART) medication taken as Pre-Exposure Prophylaxis (PrEP), when taken correctly, has the potential to reduce the risk of HIV infection by up to 92% in high risk populations. In late 2014, The Florida Department of Health in Okaloosa County (DOH- Okaloosa) began exploring the possibility of providing PrEP services. With no additional resources, or allocated funding, DOH – Okaloosa was able to develop protocols and guidelines for clinical application using established evidenced based research and recommendations for HIV prevention using antiretroviral (ART) therapy drugs. By expanding services to include PrEP, we now offer not only comprehensive HIV risk reduction counseling and condoms for HIV prevention, but also consultations and evaluation with a medical provider who can prescribe PrEP medication. Laboratory testing and monitoring along with assistance obtaining ART medication through pharmaceutical assistance and/or compassionate care programs is a significant portion of the wraparound services provided. This service is available for all clients at high risk for HIV infection on a sliding fee scale based on Federal Poverty Level guidelines. High risk groups include HIV discordant couples (one HIV positive, one HIV negative), intravenous drug users and those with high risk sexual behavior including multiple partners and/or frequent STI infections.

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: *

- | | | | | |
|---|---|--|----------------------------------|---|
| <input type="checkbox"/> Food Safety | <input checked="" type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

DOH-Okaloosa is the local county health department of the state public health agency, the Florida Department of Health (FDOH), created by the legislature in 1997. The FDOH protects, promotes and improves the health of all people in Florida through integrated state, county and community efforts. DOH-Okaloosa has a critical fiduciary duty both to ensure excellence in public health services and to manage operations in a manner that is effective and efficient and of the highest possible quality for the benefit of our state and specifically Okaloosa County. Multiple operating sections within DOH - Okaloosa ensure quality services meet our population needs and includes, environmental health, disease surveillance, medical services, community health promotion and improvement and public health preparedness. DOH – Okaloosa is one of the 67 counties in Florida that is accredited by the Public Health Accreditation Board (PHAB). DOH – Okaloosa is located in the Panhandle region of Florida whose jurisdiction serves more than 198,000 residents in the cities of Fort Walton Beach, Niceville, Crestview, and smaller communities within the county. Eglin Air Force Base, the largest military range in the country, effectively bisects the county. The more densely populated small cities on the beaches in the southern part of the county are effectively “cut off” from the sparsely populated northern areas. While each area brings unique challenges, DOH – Okaloosa successfully operates two facilities approximately 37 miles apart, one in the north end of the county, and one in the south end of the county. The 2015 census for Okaloosa County shows racial makeup as 81.5% white, 10.2% African-American, 0.7% American Indian/Alaska Native, 3.2% Asian, 0.3% Native Hawaiian and other Pacific Islander and 4.1% two or more races. Hispanic or Latino of any race was 8.6% of the population. New HIV infections in Florida are of grave concern. Even though Florida ranks third in population in the nation, in 2013, Florida was number 1 in newly diagnosed HIV infections and in newly diagnosed AIDS cases. In Okaloosa County, newly diagnosed HIV infections appeared to have peaked in 2007 (33) and plateaued in 2009-10 with 10 new cases per year. However, since that time, the number of newly diagnosed HIV infections has increased 60-270% per year. In the past four years Okaloosa has had 82 newly diagnosed HIV infections. The majority (83%) are non-Hispanic with 48% of all new infections in non-Hispanic white and 35% in non-Hispanic black. Men account for two-thirds of new HIV infections while women account for one third. DOH-Okaloosa, as a part of the FDOH, has always aligned to the state agency strategic plan as well as to our local community health priorities. One of the five FDOH state strategic priority areas focuses on Live a Long and Healthy Life with a strategy to reduce HIV prevalence. This strategy was adopted by DOH - Okaloosa as a strategic priority with a goal to increase healthy life expectancy by reducing HIV infections. The objective stated that by September 30, 2016, processes would be developed and implemented to promote and provide access to PrEP services in our Local Health Department (LHD) for the prevention of new HIV infections. Using a quality improvement (QI) process, DOH – Okaloosa developed and implemented PrEP protocols and standard operating procedures when there was no written guidance or toolkits from the state HIV/AIDS section for PrEP services. Our team consisted of physicians, nurses, health educators and other support staff. Action items included surveying community medical providers, identifying funding sources, developing clinical documents, identifying target populations, staff training, partnering with FDOH HIV/AIDS section, promoting services and partnering with community based organizations for marketing. Successful program implementation was achieved as services for PrEP are now offered to all clients accessing medical care at DOH -Okaloosa and anyone seeking PrEP services throughout Florida Region 1 (Escambia, Santa Rosa, Okaloosa, Walton) counties. All tasks and action items were completed with the ultimate objective of program implementation complete ahead of schedule in January 2016. The clinical guidelines and standard operating procedures developed during this process were approved by the FDOH HIV/AIDS state medical director and adopted by the FDOH HIV/AIDS section who shared for statewide implementation with other LHDs. Offering PrEP services to the highest risk populations is key to reducing HIV prevalence throughout Florida and the United States. <http://okaloosa.floridahealth.gov/>

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
 - Is it new to the field of public health
OR
 - Is it a creative use of existing tool or practice:
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

As a Health Resources & Services Administration (HRSA) HIV/AIDS Ryan White Part C grant recipient for medical care and early intervention services the past 18 years, DOH – Okaloosa became aware of new approaches for HIV prevention strategies in late 2014. Preventing new HIV infection is a basic fundamental strategy to decrease the spread of HIV. Diagnosis of HIV infection, linkage to care, retention in care, medical visit frequency, prescription of ART and viral load suppression have long been considered best practice evidenced based strategies for improving health outcomes for Persons Living with HIV/AIDS (PLWHA) and decreasing the spread of HIV infection. Viral load suppression has always been the goal of HIV treatment. HIV viral load suppression is achieved when the amount of HIV virus present in the blood is undetectable or very low. This significantly reduces the chance of HIV infected individuals passing HIV to others. Working collaboratively with community partners, other HIV/AIDS providers and grant recipients, coordinated care efforts for PLWHA greatly improves treatment adherence thereby decreasing the spread of HIV infection. This is the model of care that DOH – Okaloosa follows for those in our HIV/AIDS primary care program and HRSA Ryan White Part C program. These efforts, while impactful to the HIV epidemic, focus on HIV treatment for those already infected with HIV using medication adherence as prevention. When DOH – Okaloosa learned of promising results from clinical trials using ART for PrEP, we immediately began working to develop clinical processes that would guide our staff in providing this service. At that time, no FDOH PrEP guidance existed and no other County Health Department (CHD) in the state of Florida was providing PrEP services. DOH – Okaloosa Medical Services section clinics provide reproductive health services including Family Planning, Sexually Transmitted Infection (STI) evaluation and treatment and as previously mentioned, HIV/AIDS specialty care and primary care services for PLWHA. Initially, we focused our efforts on developing clinical processes to provide partner services for clients living with HIV/AIDS whose seronegative partners desired HIV prevention services. 2015 surveillance data indicated Okaloosa County had 371 PLWHA. Regionally, Escambia County had 1,320, Santa Rosa County had 255, and Walton County had 81 PLWHA. It is estimated that 20% of PLWHA in FL Region 1 have seronegative partners. Given lack of public awareness of the efficacy and availability of PrEP, initial outreach focused on discordant couples receiving care in DOH – Okaloosa HIV/AIDS primary care and Ryan White Part C program, but quickly expanded to include other populations in the community that engage in high risk sexual behavior including DOH – Okaloosa Family Planning and STI clients. To date, DOH – Okaloosa has completed 65 encounters and 364 services related to PrEP program operations. This equals approximately 19% of the estimated discordant seronegative partner population in the county. Only recently have ART drugs been considered for HIV prevention purposes. New uses for ART, specifically Truvada®, now allow non-HIV infected persons to implement prevention measures themselves without relying on medication treatment adherence of HIV infected individuals or those whose HIV status is unknown. Multiple clinical studies have proven ART is an effective prevention method when the medication is taken correctly. PrEP offers superior protection from contracting HIV infection as compared to condom use only. Populations identified as potential clients for the DOH – Okaloosa program include discordant couples, men who have sex with men (MSM), intravenous drug users (IDU) with presumed needle sharing, people that engage in high risk sexual behavior (multiple partners) and/or those who have repeated sexually transmitted infections (STIs). We recognize that repeated STIs can often be a precursor to HIV infection. Studies have shown that people who get syphilis, gonorrhea, and herpes often also have HIV or are more likely to get HIV in the future. Guidelines for PrEP used for this project include, Florida Caribbean AETC "Pre-Exposure Prophylaxis (PrEP), Non-Occupational Post-Exposure Prophylaxis (nPEP) and Occupational PEP (oPEP)" – February 2015 and The CDC "Pre-Exposure Prophylaxis for the Prevention of HIV Infection in the United States" – 2014 Clinical Practice Guideline. Both were the first of their kind specifically targeting HIV prevention using ART. These publications and others have revolutionized how HIV prevention can be implemented through sound evidenced based medical practices. Prior to this, HIV prevention efforts focused on decreasing risky sexual behavior, using condoms and decreasing HIV viral load in already infected populations. There was no consideration for using oral ART medication for prevention. Clinical trials have demonstrated safety and reduction in acquiring HIV infection in MSM, men and women in heterosexual HIV discordant couple relationships, and heterosexual men and women recruited as individuals for these studies. Individuals were prescribed a fixed-dose combination of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC). In July 2012, after reviewing clinical trial results, the U.S. Food and Drug Administration (FDA) approved the use of Truvada® (TDF/FTC) "in combination with safer sex practices for pre-exposure prophylaxis to reduce the risk of sexually acquired HIV – 1 in adults at high risk". Effective HIV prevention requires a combination of approaches to be successful. Simply promoting a message to use condoms has proven unsuccessful as evidenced by continued high rate of HIV transmissions. By providing comprehensive risk reduction counseling, diagnosing and treating STIs, promoting consistent condom use along with adherence of taking one pill once a day, the battle for combating the spread of HIV infection has significantly changed for good! Operationally, the PrEP approach for HIV prevention was totally new for our State Health Department and LHD DOH – Okaloosa. At the time our PrEP program was implemented, there were no written state of Florida protocols or toolkits to assist with developing LHD processes. By using CDC's "Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States—2014: A Clinical Practice Guide", <http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf> and Florida Caribbean AETC's "Pre-Exposure Prophylaxis (PrEP), Non-Occupational Post-Exposure Prophylaxis (nPEP) and Occupational PEP (oPEP)" resource tools, <http://www.fcaetc.org/treatment> DOH – Okaloosa developed an innovative clinical practice model that could be followed by all CHDs in the state of Florida. This included creating a DOH – Okaloosa "Pre-Exposure Prophylaxis for Prevention of HIV infection Clinical Guideline", a clinical standard operating procedure (SOP), standing orders and protocols for registered nurses to order laboratory tests, and guides to assist providers and nurses in completing documentation for initial and subsequent PrEP visits in the electronic health record (EHR) State of Florida Health Management System (HMS). The clinical guideline includes key principles for prescribing PrEP which involves assessing risk of contracting HIV for MSM and heterosexual men and women, creating a comprehensive prevention plan with the patient including medication adherence counseling, risk-reduction counseling, providing access to condoms and STI screenings. Medical contraindications are reviewed along with other general guidelines for potential PrEP candidates. Numerous evidenced-based resources were studied and include those mentioned above and the New York State Department of Health Aids Institute Guidance for the use of Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Transmission www.hivguidelines.org. In retrospect, the notion that this program would become a model for the entire state of Florida CHDs, never really occurred to the team members. We were working to implement this strategy locally, however, as these model practices were developed and shared with the FDOH HIV/AIDS section medical director, other

CHDs in Florida were challenged and inspired to implement PrEP programs in their LHDs using DOH – Okaloosa’s guidance, SOPs and other documents. The burden of HIV in the United States continues to be of significant Public Health concern. The CDC identified HIV prevention as a winnable battle in 2011. Efforts for testing, promoting safer sexual practices and access to preventative services resulted in fewer new HIV infections while overall new infections have decreased more than 60% since the 1980s. Significant disparities have been identified using surveillance collected by the CDC. The most affected populations for HIV infections were MSM, African Americans, Latino and IDUs. Approximately 95% of people with HIV infections fall into one of these categories. MSM are greater than forty times more likely to have HIV than other men and women. In 2014 the estimated rate of diagnosis of HIV infection in Florida was 31.3 per 100,000 population making Florida the second highest for new infection in the Country. As more prevention efforts are implemented throughout the Country and in Florida, we will continue to see a dramatic impact on the reduction of new HIV infections.

LHD and Community Collaboration

The LHD should have a role in the practice’s development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): *

The National HIV/AIDS Strategy for the United States (Updated to 2020) contains four primary strategic goals: 1) Reducing new HIV infections, 2) Increasing access to care and improving health outcomes for people living with HIV, 3) Reducing HIV-related disparities and health inequities, 4) Achieving a more coordinated national response to the HIV epidemic. DOH - Okaloosa has always aligned to the state agency strategic plan as well as to our local community health priorities. One of five FDOH state strategic priority areas focuses on Long, Healthy Life with a strategy to reduce HIV prevalence. This strategy was adopted by DOH - Okaloosa as a strategic priority for Live a Long and Healthy Life with a goal to Increase Healthy Life Expectancy by reducing HIV infections with an objective to develop a strategy to promote and provide access to PrEP for the prevention of new HIV infections. DOH – Okaloosa became aware of new approaches for HIV prevention strategies in late 2014. Through collaborative educational and mentoring consultations between the state FDOH HIV/AIDS section Medical Director and LHD Director, Medical Director and Ryan White HIV/AIDS program team, new practice innovations for HIV prevention were discussed and explored for implementation feasibility. DOH – Okaloosa recognized a need for HIV prevention services for its HIV/AIDS Ryan White client partners (partner services). With this initial group in mind, DOH – Okaloosa PrEP Program was conceptualized. Other high risk groups in the community were immediately included in the target population for PrEP services that the LHD would provide. Using ART as a preventative tool exceeded the parameters of just HIV partner services and would be made available for anyone engaging in high risk sexual behavior in the service area community and surrounding communities. DOH – Okaloosa Strategic Plan July 2015 – December 2018 established priorities, strategies and objectives by which the department would operate to fulfill the FDOH Agency Strategic Plan and Healthy Okaloosa Collaborative’s community health improvement plan (CHIP) goals and objectives. Using a performance management system including evaluation and quality improvement our agency is able to focus on clear performance standards and measures which help LHDs of the FDOH work together across individual programs toward a common public health and community health purpose. The foundation of the local DOH - Okaloosa planning process has been to identify strategic priorities, identify goals and strategies that can impact strategic priorities and define specific, measurable, attainable, realistic and timely (SMART) objectives. Key participants in strategic planning at DOH-Okaloosa are the executive team comprised of the Director, Assistant CHD Director, Business Manager, Medical Services Chief, Environmental Health and Epidemiology Chief, Public Health Preparedness Section Chief, and Community Health Improvement Section Chief. In addition, the DOH-Okaloosa leadership team (Steering Committee) provides input. In addition to the executive team members, the Steering Committee includes the Medical Director, Finance and Accounting Branch Director, WIC Branch Director, Epidemiology Supervisor, and the Public Information Officer. Other members of the staff involved in the strategic planning process include the front line staff such as our Healthy Okaloosa Coordinator, Healthy Okaloosa Health Educator Consultants, School Health Educators, and Dental Program Director. Further staff input was gathered by Chiefs and Directors during their monthly staff meetings and brought to Steering Committee meetings. Initial strategy identification took place at July and August 2015 Steering Committee meetings and at two focused meetings with front line clinical staff in late July 2015. The Steering Committee made final determination of the priorities for the strategic objectives for the plan period. Once the priorities were finalized, each section Chief identified team members to participate in the project(s). Successful creation of the PrEP implementation action plan was due largely in part to very knowledgeable staff members who understood the significant impact these

HIV prevention efforts could achieve. Team members for PrEP Program project included Registered Nurses, an Advanced Registered Nurse Practitioner, Health Educator, Ryan White Program Director, Physician Medical Director, Aids Drug Assistant Program (ADAP) staff and the Medical Services Section Chief. Root cause analysis was used to determine action steps for implementation. Effectiveness and feasibility were rated for each potential improvement action along with the identification of barriers and aids. Potential improvement actions with the highest degree of impact and feasibility became the basis for improvement actions. A written PrEP action plan was created which identified task/action steps, lead role/person responsible for task/action step, resources needed to complete task/action step, target date for completion and completion status. The PrEP action plan included the following tasks: Task/action 1) - Survey local medical providers in the community to assess their perception of need for PrEP services. Surveys were sent via email to 233 community medical providers, provider groups and other local public health medical entities. Included in the survey were questions regarding current HIV positive patient population being served, estimated number of active patients in their practice at risk for acquiring HIV, were they actively prescribing PrEP to their patients and lastly, would a local PrEP clinic to which they could refer their at-risk population for initiation and management of PrEP be beneficial. Unfortunately, only two responses were received, despite multiple reminders. Task/action 2) - Assess potential funding sources to leverage access for PrEP services for uninsured, underinsured participants including acquisition of medication. Potential sources included state HIV/AIDS 4B funding, state HIV/AIDS prevention funding, pharmaceutical 340B programs, compassionate care pharmaceutical programs, and pharmaceutical co-pay assistance. DOH – Okaloosa receives state HIV/AIDS 4B funding which supplements the HRSA Ryan White Part C grant for HIV/AIDS patient specialty and primary care medical services. Prevention efforts aren't allowable services under either of these funding sources and therefore, could not be used for this PrEP project. HIV/AIDS prevention funding may be used for HIV testing, education, counseling and other prevention efforts including PrEP. This funding source was the first to be used in support of DOH – Okaloosa's initial PrEP activities. As a HRSA participating Ryan White 340B covered entity, DOH – Okaloosa was aware of the potential cost-savings revenue that can be generated in a 340B program. As such, we applied for and were approved as a STD 340B covered entity with HRSA Office of Pharmacy Affairs. We have since partnered with a 340B contract pharmacy for the purposes of STD prevention medication, primarily, PrEP medication. The contracted 340B pharmacy fills prescriptions for DOH – Okaloosa insured PrEP clients which allows DOH – Okaloosa to apply earned cost saving to the client's co-pays. This results in zero co-pay amounts for clients participating in this program. Remaining cost savings are used to support the operations of the PrEP program. Pharmaceutical compassionate care programs and co-pay assistant is available and utilized for uninsured and insured clients respectively. Both assistance programs offer a reliable source for medication acquisition with compassionate care programs offering the medication for free depending on income and co-pay vouchers for those with insurance and high co-pay amounts. Task/action 3) - Develop DOH – Okaloosa PrEP policy identifying target populations. Task/action 4) - Develop PrEP clinical guideline, SOP, protocols, standing orders and HMS EHR documentation guide. Task/action 5) - Create algorithm for staff to determine which source to use for PrEP medication acquisition. Tasks 3), 4) and 5) were completed simultaneously using the evidenced based research and guidelines. These clinical practice guides were adapted and streamlined for applicable use in a fast-paced clinical work environment. All of these supporting documents are readily available to clinic staff and are housed electronically on each exam room computer for quick reference access and EHR documentation. Task/action 6) - Develop brochure promoting PrEP and STD screening as comprehensive partner services offered by DOH -Okaloosa to partners/contacts of our HIV/AIDS primary care and Ryan White Part C program HIV positive population. Task/action 7) - Develop brochure promoting PrEP services for high risk STD and Family Planning clients. Tasks 6 and 7 were also completed simultaneously, but each prevention brochure targeted a specific population. Despite advances in treatment of HIV infection, there continues to be significant stigma associated with HIV diagnosis and associated homosexual type behavior. Promoting PrEP services in a non-judgmental segregated approach ensured the PrEP message was delivered in an unassuming and unprejudiced way. Task/action 8) - Train staff (providers and nurses) providing direct patient services for PrEP on guidelines, SOP, protocols and documentation guide. Training included extensive review of all documents and EHR documentation processes. PrEP webinars presented by AETC were also attended. Task/action 9) - Create PrEP packets for clients including PrEP indications, side effects, follow-up instructions on how to obtain medication and follow-up appointments. Initial appointments for PrEP services are typically completed by a Registered Nurse. Counseling is offered, PrEP indications are reviewed and baseline laboratory test are ordered. Clients are given extensive information related to the medication adherence, medication side effects and are instructed on what to expect as far as medication acquisition depending on their insured or uninsured status. Task/action 10) - Partner with community based organizations (CBO) to promote and advertise PrEP services. DOH – Okaloosa has long standing CBO partners in Region 1 of Northwest Florida including, Okaloosa AIDS Support and Information Services (OASIS), Area 1 Community HIV Prevention Partnership, Northwest Florida AIDS/HIV Consortium (NoFLAC), Northwest Florida MSM HIV Prevention group and Okaloosa Minority HIV/AIDS Task Force. All of these groups received periodic briefings on DOH – Okaloosa's progress in implementing PrEP services and are continuing to support our efforts by promoting PrEP services to the community. PrEP was identified as a strategic objective for our July 2015 – December 2018 DOH - Okaloosa strategic plan. The objective stated, by September 30, 2016, develop a strategy to promote and provide access to PrEP for prevention of new HIV infections. Each action step mentioned above was assigned to different team members or groups within the LHD. Weekly meetings were conducted in order to assess progress and implementation. The most significant step for implementing PrEP services in our clinical setting was creating general guidelines, SOPs and standing orders for clinical use by our providers and nurses. Once created, these documents were reviewed and approved not only by the local executive management team and Medical Director, but also by the HIV/AIDS section Medical Director for the state of Florida. The HIV/AIDS section Medical Director then distributed these documents in late January 2016 to all CHD Directors and Medical Directors throughout the state of Florida as a guide for implementing PrEP in their CHD clinics. DOH – Okaloosa began seeing clients for PrEP services during this same time. Once PrEP guidance was implemented in our LHD, clients were scheduled appointments for PrEP services. Follow-up meetings with the project team and clinical staff occurred to determine if the documents needed updating based on providing actual PrEP services and to determine if the guidelines provided all the information that the clinicians needed to complete and document all aspects of PrEP encounters. HMS EHR documentation templates were updated using best-practice models for PrEP counseling and medication education which includes risk-reduction counseling and extensive medication education. In a collaborative effort, HMS EHR documentation templates were reviewed and approved by our CHD Director, Medical Director and the state HIV/AIDS section Medical Director. These HMS EHR documentation templates were also shared with other local CHD directors throughout the state of Florida and are currently being adopted by our state informatics team to add to the HMS EHR as permanent checklist feature

when initiating and documenting PrEP services. This collaborative effort didn't end with just the information being shared with other CHDs. Many CHDs throughout the state, either by conference call or face-to-face meetings, reached out to DOH – Okaloosa for specific instruction on how this process was implemented. Strategic plan objectives, action plan steps, and lessons learned along with documents have been shared extensively. This information was also highlighted by the state HIV/AIDS section staff and distributed at the FDOH – Statewide Nursing Leaders meeting in Brevard County June 2016. Since early 2016, thirteen CHDs throughout the state of Florida have implemented PrEP services using DOH-Okaloosa guidance and HMS documentation templates. An additional eleven CHDs plan to implement PrEP services in the next six months. FDOH employees record work activities using program codes and time increments of 15 minutes. Salary is then disbursed based on employee activity records by program codes. Internally, we adopted the state HIV/AIDS prevention code of 03A1 for PrEP services. DOH – Okaloosa receives \$20,929.00 annually from the State of Florida HIV/AIDS section for prevention activities. Prior to PrEP, most 03A1 prevention services were related to testing and risk reduction counseling for clients coming to the LHD for HIV testing. These funds are now being disbursed for salaries of staff providing PrEP services. There are no full-time employees for PrEP at this time, however, duties are shared by a physician, two registered Nurses and administrative staff. Laboratory service contracts were already established and are negotiated by the state office. This contract provides a significant reduction in cost for most laboratory tests for all CHDs throughout Florida for laboratory services. The State of Florida Laboratory also offers testing for specific STIs including HIV, Chlamydia and Gonorrhea at significantly reduced or free rates. Our estimated laboratory cost for each PrEP client without insurance averages approximately \$38.00 annually.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed
 - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

DOH - Okaloosa developed its comprehensive strategic plan for July 2015 – December 2018 to align with FDOH state priorities and the state health improvement plan. While considering FDOH state strategies, local county community health priorities and goals become the actionable portion of the plan with specific measurable objectives. Once DOH - Okaloosa became knowledgeable of PrEP best practice information for prevention efforts, implementation was systematic, organized and structured in such a way that the process actually facilitated operation of our model. All action plan tasks were completed successfully and access to PrEP HIV prevention services was implemented locally. The clinical practice model developed by DOH – Okaloosa including PrEP guidelines, SOPs, HMS EHR documentation guidelines were distributed to CHDs statewide. Local performance measures include tracking the cumulative number of PrEP client encounters each quarter. Performance indicator objectives were evaluated and approved by the executive steering committee and align with our DOH – Okaloosa Strategic plan. Even though the PrEP project is complete, the performance indicator for PrEP implementation will continue to be tracked and monitored as part of our local performance objectives which are linked to the DOH – Okaloosa Strategic Plan. Quarterly reviews are presented to the Executive Steering Committee for monitoring of indicator status, progress and/or identification of problems when not meeting expectations. The Access to PrEP services indicator falls under the category of Live a Long and Healthy Life with the goal to Increase Healthy Life Expectancy by Reducing HIV Infections. The goal is that DOH – Okaloosa will provide and maintain at least 20 patient encounters for PrEP services each quarter beginning Jan 2016 with baseline data of zero. The objective aligns with The National HIV/AIDS Strategy for the United States (Updated to 2020) strategic goal to reducing new HIV infections. During the first two quarters of 2016, PrEP encounters have surpassed the goal of 20 per quarter. The first quarter data showed twenty-one encounters and the second quarter at twenty-four encounters. We know 60% of these encounters are partners of HIV positive individuals and 40% have high risk sexual behavior that puts them at significant risk for acquiring HIV infection. The only modifications that have been made to the practice model is the method in which the information is communicated to specific populations. The initial training on PrEP services for staff focused primarily on high risk homosexual behavior. Although the concept of using PrEP is the same for most persons at risk for HIV infection, the buy-in from clients is very different for those clients aware of their ongoing risk, such as MSM or those with an HIV positive partner versus clients who have repeated STIs who don't see or won't acknowledge their risk nor consider PrEP as prevention. Provider staff and nurses have been trained to identify the source of risk for all clients accessing services in Family Planning, STI and HIV/AIDS primary care partners and contacts and provide appropriate risk counseling.

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Initially, many local medical providers were unaware of the CDC guidelines for PrEP. This lack of understanding meant that local providers weren't assessing patients for potential PrEP use and therefore, weren't referring clients to the LHD for services or prescribing the medication themselves. It was communicated by one local medical provider that many providers in the community didn't "feel comfortable" prescribing PrEP because of liability purposes. Initially creating and distributing a medical provider packet communicating PrEP indications, resources and available CHD services may have helped with this lack of understanding. Additional state funding is uncertain at this time for PrEP services at the CHD level, however, the state HIV/AIDS section has developed a 4-Key component plan to eliminate HIV transmission and reduce HIV-related deaths. The 4-Key components are: 1) Test and treat 2) Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) 3) Routine HIV and STI screening in healthcare settings/targeted in non-healthcare settings 4) Community outreach and messaging. The state HIV/AIDS section continues to work closely DOH – Okaloosa and other local CHDs providing educational resources and support. There are plans for regional support personnel specifically for prevention efforts. As additional CHDs in Florida add services for HIV preventative including PrEP, we are confident that funding will be disbursed at the local county level as well. DOH – Okaloosa is registered with the Office of Pharmacy Affairs (OPA) Health Resources and Services Administration (HRSA) as a Covered Entity for STD. This allows us to benefit from 340B drug pricing. Currently, we contract with a 340B contract pharmacy for the purposes of medication dispensing. The cost-savings associated with 340B has the potential to make DOH – Okaloosa PrEP program self-sustaining. By enrolling more insured clients with our 340B contracted pharmacy, our cost-savings (revenue) increases. This revenue is used not only for salaries and expenses, but also medication acquisition for uninsured clients. DOH – Okaloosa will continue to utilize the state HIV/AIDS allocated prevention funding along with its STD 340B status and 340B cost-savings to supplement program costs. No specific cost benefit analysis was completed, but the CDC estimates that "for every HIV infection that is prevented, an estimated \$355,000 is saved in the cost of providing lifetime HIV treatment – significant cost-savings for the U.S. federal government that spent an estimated \$12.3 billion on HIV care and treatment in 2009, and for the U.S. health care system as a whole." By following existing evidenced based CDC and OPA recommendations, PrEP services can be easily implemented into medical and clinical practice. As with any medical treatment, education on treatment adherence and follow-up testing is vital to successful outcomes. By identifying at risk populations across the public health service spectrum, DOH – Okaloosa successfully implemented new PrEP HIV prevention directives which were adopted by the state HIV/AIDS section and subsequently multiple CHDs throughout the state of Florida.

Additional Information

How did you hear about the Model Practices Program?: *

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| <input type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a Conference | <input type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch | <input type="checkbox"/> Colleague in my LHD |
| <input type="checkbox"/> Model Practices brochure | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Connect | <input checked="" type="checkbox"/> Colleague from another public health agency | <input type="checkbox"/> E-Mail from NACCHO |
| <input type="checkbox"/> NACCHO Exchange | | | | |