

## 2017 Model Practices

### Applicant Information

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### Model Practice Title

Please provide the name or title of your practice: \*

Use of Inter Program Collaboration to Improve HIV Retention in Care

### 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 type="checkbox"/> Organizational Practices   | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices       | <input type="checkbox"/> Primary Care                | <input 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. :

The practice is evidence based in that it follows the CDC, AIDS.gov, and the National HIV/AIDS Strategy (NHAS).

### 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**

Brief description of LHD Broward County's 2016 population estimate of 1,809,604, represents 10% of Florida's population (US Census). Its residents represent over 200 different countries speaking more than 130 languages with 31.5% of residents are foreign-born. Broward County is a minority/majority county demonstrated by its 2016 population by race (Black 28.5%, Asian 3.6%, Hispanic 26.9%, other races 4.1%, more than one race .2%, for a total of 59.5% and White 40.8%). Broward County has received federal designations of both a Health Professional Shortage Area and Medically Underserved Area and Population in multiple geographic areas and populations within the county. The Florida Department of Health in Broward County (DOH-Broward) is the official lead Public Health Agency in Broward County and is part of the Integrated Florida Department of Health (DOH) which provides core public health functions and essential services as part of a complex public health system that includes hospitals, clinics, planning agencies, and community-based organizations. In 2013, the Fort Lauderdale metropolitan statistical area ranked 10th in United States for newly diagnosed HIV cases and ranked 2nd in HIV case rates. In 2014, Broward County had the 2nd highest number of new HIV cases of all 67 Florida counties. The public health issue is the care and treatment of HIV AIDS clients. The goal and objective of this practice is to increase HIV medication adherence and reduce the number of clients that fall out of care. The practice began in May 2016 and has been effective in engaging HIV DIS staff to identify pharmacy clients whose medications had not been picked up in a timely manner and were therefore returned to pharmacy stock. The specific factors that led to the success of this practice were the re-tasking of HIV DIS workers to focus on medication adherence as evidenced by the non-pickup of prescription HIV medications. The Public Health impact of this practice was a reduction of the number of HIV clients lost to care. Web Address (if applicable) [www.broward.floridahealth.gov](http://www.broward.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.)

**2000 Word Maximum**

• Statement of the problem/public health issue The public health issue addressed is the enhancement of quality of care and treatment of HIV clients such that the community viral load is minimized to the greatest extent possible. What target population is affected by problem (please include relevant demographics) o What is target population size? The average number of HIV clients served per month by the DOH-Broward pharmacy is 2,113, with an average of 230 clients that did not pick-up their prescriptions in a timely manner each month. o What percentage did you reach? The average percentage of the target population reached was 79%. Of the average number of clients (230), 41% were reached by pharmacy, the remainder (59%) were referred to HIV DIS staff. Of the HIV DIS referred clients (59%), 64% returned to pharmacy on the subsequent month.  $59\% \times 64\% = 38\%$ . The net result was  $38\% + 41\% = 79\%$ . • What has been done in the past to address the problem? Prior to implementing this proactive integrated program, DOH-Broward's HIV clients received automatic calls from the pharmacy IVR system to alert them when their prescriptions were ready for pickup and ADAP program staff monitored clients' enrollment status. • Why is current/proposed practice better? The DOH-Broward practice is better because it engages pharmacy and HIV DIS staff to collaborate and identify and locate potentially non-adherent HIV clients so as to retain them in care to improve retention in care and potentially reduce new HIV rates. • Is current practice innovative? How so/explain? The practice is innovative. To our knowledge, DOH-Broward is the only Health Department that utilizes this practice model. The process of utilizing pharmacy and HIV DIS staff to take a proactive approach to locate potentially non-adherent HIV clients is innovative and new to the field of public health by ensuring no opportunity is missed to identify a non-adherent, or potentially "lost to care" HIV client. What tool or practice did you use in an original way to create your practice? DOH-Broward utilized the Program Collaboration System Integration Model (PCSI). For this practice to be successful, internal stakeholders must be willing to collaborate on a daily basis • Is current practice evidence-based? The practice is evidence based in that it follows the CDC, AIDS.gov, and the National HIV/AIDS Strategy (NHAS).

## 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**

• Goal(s) and objectives of practice The goal and objective of this practice is to increase adherence to HIV medication therapy and reduce the number of clients that fall out of care in order to improve health outcomes and reduce new HIV infections. • What did you do to achieve the goals and objectives? Steps taken to implement the program included a series of multidisciplinary staff meetings within DOH-Broward. DOH-Broward endeavored to find a simple, easily deployable, and cost effective method to identify LHD clients who have not picked up their HIV medication, assess their adherence to their drug regimen, and either re-engage them into care as appropriate and/or consult with the client's healthcare provider to provide timely feedback so as to provide optimal care and treatment. The process is provided by DOH-Broward's existing pharmacy network whereupon pharmacy staff assure that HIV clients who are enrolled in the Aids Drug Assistance Program (ADAP) and the local Ryan White Pharmacy Assistance program are receiving their HIV medications as prescribed. HIV medications are provided by DOH-Broward Pharmacy Department pursuant to prescriptions authorized from client's physicians/providers. "New" prescriptions are packaged with a medication education sheet and every client, at every pharmacy visit, is offered counseling by the pharmacist. Clients are asked, at every pharmacy visit, to verify their telephone number which pharmacy staff maintain in the pharmacy computer software system. DOH-Pharmacy staff automatically refills clients' prescriptions five days in advance of their "refill due" date. The pharmacy's commercial off-the-shelf software (QS/1), which includes an Interactive Voice Response (IVR) feature, is programmed to call each client and advise that their prescription(s) are ready for pickup. Four automated phone calls are made over 8 days: notification/reminder calls are made on day 0, 3, 7; and a final call on the 8th day advising that the medication will be returned to stock unless picked up. Each workday, pharmacy staff generate a "return to stock" report, which identifies all prescriptions that have not been picked up for 11 days (5 days early, plus a 6 day grace period) after the prescription's "date filled". Note that that clients begin receiving calls before their prescription is actually due. A grace period is needed due to a limitation of the software which is such that the programming for the "return to stock" report utilizes the "date filled" instead of the "date received". Each workday, pharmacy staff generates a "return to stock" report and personally call each client (no message is left if a voicemail is reached). Using an EXCEL file on a secure network drive, Pharmacy staff enter: the client's demographic information; date called; indication if the prescription was returned to stock; notation regarding the outcome of the personal call (ie: client contacted arriving today or another day, no answer, phone disconnected, wrong number, client in hospital, etc.). Each workday, DOH-Broward HIV Disease Intervention Specialists (DIS) review the EXCEL file to identify which clients have not been successfully contacted by the pharmacy staff. DOH-Broward HIV DIS staff then utilize a variety of methods to locate HIV clients such including database searches (ie: client search databases include Lexus Nexus, DAVE, PRISM, Provide Enterprise, Careware, HMS, FMMIS, FLSHOTS, WAGES, MEVSNET, eHARS, ADAP, FDLE type of database, Social Media) and home visits as necessary. The HIV DIS staff ascertain/determine the reasons for which clients' have not picked up their HIV medications, and make every attempt to re-engage them into care by calling case managers, clinicians, and/or other individuals connected with their care. HIV and pharmacy staff work closely together to communicate information, needs, and activities. Additionally, a separate but related activity is continually performed to help retain HIV clients in care: DOH-Broward's ADAP eligibility staff attempt to contact clients that have missed their ADAP re-enrollment appointment. An indicator of adherence to HIV medication treatment is compliance with re-enrollment in medication assistance programs. In advance (30 days) of each client's ADAP eligibility, ADAP staff call the client to advise of their eligibility expiration date and make an appointment for re-enrollment. Reminder calls is made 2 days prior to their appointment date. Regarding missed appointments: ADAP eligibility staff attempt to contact the client to reschedule as soon as possible, same day whenever possible. If staff is unable to locate the client, then the information is referred to HIV DIS who endeavor to locate the client (by phone or possibly a home/field visit) to address and remove barriers related to their re-enrollment. To evaluate the results of this DOH-Broward HIV DIS initiative, an EXCEL report was programmed to determine the number (and percentage) of unique HIV pharmacy clients that had a prescription returned to stock (not picked up) in a given month and whether that same client had a prescription filled during the following month. This indicates whether the client was lost to care. The Director of Pharmacy provides a monthly report to the DOH-Broward Public Health Director as to the total number of clients on the return to stock reports, the total number of clients successfully contacted by pharmacy staff, the number of clients "referred" to HIV DIS, and the percentage of clients who did not pick-up their prescriptions that returned to the pharmacy (retained in care). • Any criteria for who was selected to receive the practice (if applicable)? The criteria for those selected to receive the practice was any DOH-Broward pharmacy client that did not pick their HIV medication within 11 days of being filled. • What was the timeframe for the practice The timeframe for the practice is implementation in July 2016 and is now a routine part of the DOH-Broward client care process. • Were other stakeholders involved? What was their role in the planning and implementation process? Other stakeholders involved with this program were the DOH-Broward HIV/AIDS program's ADAP staff and community HIV/AIDS providers with clients receiving medication(s) from the DOH-Broward Pharmacy. Their role in planning and implementation was nominal. o What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s) We have strong partnerships with our stakeholders that are involved in the system of care in Broward County. These include, but are not limited to the grantees for Ryan White Part A, Ryan White Part B, Ryan White Part C, Ryan White Part D, Community Based Organizations, Case Management agencies, Food Banks, and Substance Abuse Facilities. DOH-Broward Pharmacy and HIV DIS work closely with staff from these agencies in order to assure retention in care as well as appropriate care and treatment of HIV/AIDS clients. • Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Else, provide an estimate of start-up costs/ budget breakdown. Specific factors that led to the success of this practice included hiring and training of 2.0 FTE HIV DIS staff (\$31,500 salary per employee), expanding the role of pharmacy staff to closely monitor prescription pickups and work closely with HIV DIS staff, education and training of Pharmacy and HIV DIS staff, and development of specialized EXCEL reports. Information Technology programming cost was approximately \$1,000.

## 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): \*

• What did you find out? To what extent were your objectives achieved? Please re-state your objectives from the methodology section. The goal and objective is the increase of medication adherence and retention in care for HIV/AIDS clients in order to reduce new HIV infections and improve health outcomes. DOH-Broward found out that over the past seven months, the average number of pharmacy clients that did not pick-up their prescriptions that responded to pharmacy staff's phone calls was 41%. The remaining 59% of clients were evaluated by HIV DIS staff. DOH-Broward learned that, of the clients evaluated by HIV DIS staff, an average of 64% of clients returned to the pharmacy the following month to pick up their prescriptions. From May-November 2016, the DOH-Broward Pharmacy served an average of 2113 HIV + clients per month. An average of 229 clients per month did not pick up their medications. 41% of phone calls to clients were successful in reaching the client and have the medication picked up. The remaining 59% of clients were referred to a HIV-DIS to locate the client and retain them in care. % OF PATIENTS WITH NOT PICKED UP RX THAT RETURNED TO PICK UP THE FOLLOWING MONTH: MAY 66.7% JUN 60.1% JUL 64.2% AUG 62.4% SEP 65.5% OCT 65.3% # of clients that did not pickup MAY 324 JUN 257 JUL 173 AUG 264 SEP 223 OCT 202 NOV 164 DOH-Broward's objective was achieved. We continue to see a decline in the number of HIV clients not picking up their HIV medication in a timely manner which is a measure of increased adherence and increased "retention in care".

◦ Primary data sources include: internal secure database, electronic HIV/AIDS reporting system (eHARS), Patient Reporting Investigating Surveillance Manager (PRISM), electronic lab reporting. Data was collected by the Pharmacy, ADAP, and perinatal staff.

◦ List any secondary data sources used (if applicable)

◦ Performance measures were created and tracked in the DOH-Broward performance management system, Active Strategy. These include prescriptions picked up, number of medications returned to stock, number of clients who did not pick up medications, number of client's reached, pick up rates, and treatment adherence.

◦ Describe how results were analyzed. Our objective of preventing transmission of HIV has been achieved. Due to this objectives success, the process will continue and is supported by DOH-Broward's Director. Every LHD that interacts and/or serves HIV clients may have potential benefit this program by reducing HIV transmission through medication adherence. DOH-Broward analyzed the process and determines there is an improvement in knowledge and awareness by DOH-Broward Pharmacy and ADAP staff regarding the importance of clients understanding the importance of medication adherence to reduce or eliminate the risk of transmission of HIV thus improving health outcomes.

◦ Were any modifications made to the practice as a result of the data findings? No

## Sustainability

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): \*

• Lessons learned in relation to practice Lessons learned were such that there was an improvement in knowledge and awareness by DOH-Broward Pharmacy and ADAP staff regarding the importance of retaining HIV clients in care.

• Lessons learned in relation to partner collaboration (if applicable) As a result of this practice, DOH-Broward's relations with its community partners improved through interagency collaboration. DOH-Broward is able to refer and link clients into care very effectively. Community partners are extremely appreciative of the efforts by DOH-Broward to retain HIV clients in care and alert clinicians to clients with possible adherence issues.

• Did you do a cost/benefit analysis? No

• Is there sufficient stakeholder commitment to sustain the practice? Yes, there is sufficient stakeholder commitment from clients, pharmacy staff, and HIV DIS staff to sustain this practice.

◦ Describe sustainability plans DOH-Broward is attempting to develop documentation and billing activities such that payors/providers could fund the major portion of this endeavor.

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

☒ I am a previous Model Practices applicant

☐ At a Conference

☐ NACCHO Website

☐ Public Health Dispatch

☐ Colleague in my LHD

☐ Model Practices brochure

☐ NACCHO Exhibit Booth

☐ NACCHO Connect

☐ Colleague from another public health agency

☐ E-Mail from NACCHO

☐ NACCHO Exchange