

2019 Model Practices

Applicant Information

Full Name:

Ximena Lopez

Company:

Florida Health in Miami-Dade County

Title:

Director of Quality and Performance Improve

Email:

ximena.lopez@flhealth.gov

Phone:

(786)336-1282

City:

Doral

State:

FL

Zip:

33126-1829

Size

Select a size: *

Small (0-50,000) Medium (50,000-499,999) Large (500,000+)

Application Information

Local Health Department/Organization Name: *

Florida Department of Health in Miami-Dade County

Title of Practice: *

PrEPLink: An Active PrEP Referral System in Miami-Dade County, FL

Submitter Name: *

Sarah Kenneally

Submitter Title: *

Government Operations Consultant II

Submitter Email: *

Sarah.Kenneally@flhealth.gov

Submitter Phone Number: *

786.792.5262

City: *

Miami

State: *

FL

Zip Code: *

33125

Select a size::

- Small (0-50,000) Medium (50,000-499,999) Large (500,000+)

Practice Categories

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

- | | | | | |
|--|---|---|---|---|
| <input checked="" 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 | <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 | |

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.

The Florida Department of Health in Miami-Dade County's (DOH-MDC) role is to promote and protect the health and safety of all residents. The agency, located in an urban area, delivers public health services to over 2.7 million county residents with 65.0% identifying as Hispanic/Latin and 17.1% as Black/African American. The 2010 US Census identified that 51.1% were foreign-born. The agency has three leading roles: health protection from environmental hazards, promote health protecting behaviors, prevent epidemics and disease transmission, and providing health treatment to individuals with a lack of access to health care services. The website for DOH-MDC is FloridaHealth.gov.

There are over 100,000 HIV-infected Floridians and over 4,500 new infections per year. Florida takes a national lead for new infections with the epicenter of cases located in Miami-Dade County. In 2012, the US Food and Drug Administration approved pre-exposure prophylaxis (PrEP), a daily pill that can prevent the acquisition of Human Immunodeficiency Virus (HIV). The Centers for Disease Control and Prevention reported that PrEP could lower HIV risk by more than 90% for individuals with sexual exposure and more than 70% for injection drug use. Impact models have estimated that 50% population coverage and modest adherence to PrEP by high-risk men who have sex men (MSM), the largest affected community, could reduce new infections by 29% over 20 years. Several municipalities have reported significant reductions in HIV incidence attributable, at least in part, to scale-up of PrEP services.

An analysis of the 2016 HIV testing data for Miami-Dade County, Florida found about 30,000 negative individuals with identified risk factors for HIV acquisition, but at the time an estimated 700 individuals receiving PrEP care. The 35.4% of PrEP candidates not engaged in PrEP care marked a missed opportunity to connect individuals to services during an HIV testing session.

The way a client receives a referral has an impact on the perception of the encounter and may influence his or her decision to engage with services. Referrals can be active, when personnel initiate services on behalf of the client, or passive when a client is provided written resource material or verbally informed where to follow up for services. A 2011 study of HIV counseling, linkage, and testing found that active referrals had a positive influence on the perception of the testing encounter and those who received passive referrals found the contact to be of little or no help. Providing materials, without guidance, can leave the client still unsure how to proceed. Active referrals are more successful and support the provision of an optimal level of service.

In 2018, DOH-MDC implemented PrEPLink, an active referral system, to connect individuals encountered in an HIV testing or outreach setting to a PrEP provider. PrEPLink's goal is to link HIV-negative persons to PrEP care in Miami-Dade County. To accomplish PrEPLink's goal DOH-MDC identified the following objectives: 1. establish a referral network with HIV prevention providers, 2. increase community outreach activities to connect HIV-negative persons at risk to services, and 3. track the linkage to care rate of individuals screened and connected to services.

PrEPLink allows staff to initiate services on behalf of the client by using a referral form and electronically submitting the referral to an identified PrEP agency, within PrEPLink's network of providers, to initiate contact. The receiving agency has two business days to contact the client and schedule an initial appointment. PrEPLink is capable of rapid exchange of data between agencies for initiation, coordination of a referral, and monitoring PrEP referrals among networks of community partners. PrEPLink has achieved a 53% linkage to care rate. The PrEP continuum of care captures how many individuals were screened, linked, attended the first appointment, and returned for follow-up care. This cascade allows for DOH-MDC to address gaps between the bars and identify health disparities, while working towards impacting the HIV epidemic. This program is a strategy to address HIV/STDs, increases access to care, and demonstrate quality improvement.

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?
 - 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

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 : *

The U.S. Public Health Services Task Force provides guidance that PrEP is offered to persons at risk for HIV infection include men who have sex with men, persons at risk via heterosexual contact, and persons who inject drugs. Over 1.2 million Americans, including nearly half a million MSM, meet the criteria, outnumbering the estimated total of only 79,684 PrEP prescriptions written from 2012 to 2015. Moreover, only 7.6% of PrEP prescriptions were for youth younger than 25 years, despite this group accounting for 22% of new US HIV infections. Similarly, 10% of prescriptions were for blacks, a population which represents nearly 50% of new infections.

A sample of Miami-Dade County residents asked about PrEP awareness measured from 2011 to 2014 reflected an increase from 19.4%–41.2%. From the survey, 60.6% of participants reported being very likely to initiate PrEP if it was available for free or covered by insurance, but only 1.4% used PrEP in the last 12 months. There have been documented numerous structural, social, and logistical barriers impacting PrEP access in Miami. For individuals motivated to access PrEP, making an appointment with a PrEP prescriber can be the most significant hurdle.

To remediate the gap of awareness and PrEP services DOH-MDC opened a PrEP clinic in 2016 to provide access to care for all individuals, regardless of insurance status, and provide patient navigation services. Since the clinic's opening, the number of PrEP prescriptions has doubled (663 to 1,867). The PrEP-to-Need ratio, which indicates the number of PrEP users compared to new HIV diagnoses, also remains high. In 2016, there were 0.5 PrEP users for every one new HIV diagnosis, and as of 2018, there are 1.6 PrEP users for every new HIV diagnosis. The goal of this ratio is to have a higher amount of PrEP users, then new HIV cases indicating a level of population coverage and protection.

In a local Miami clinical trial, researchers identified that black and Latino MSM, younger individuals, and those with a lower educational level were less likely to self-refer. PrEP data at the county-level cannot be broken down by demographics; however, an analysis of the 2016 HIV testing data shows 80.4% of Miami-Dade County's HIV tests were with African American/Black and Hispanic/Latinx, with 9.0% of individuals identifying as MSM, and 20.7% with youth ages 18-24. There were 35.4% of candidates not engaged in PrEP care marked a missed opportunity to connect individuals to services during an HIV testing session. Understanding that these groups are less likely to self-refer, PrEPLink's referral system provides these individuals an opportunity to connect through care with staff assistance.

Individuals testing HIV negative or encountered in outreach who report interest in PrEP or any of the following risk factors for HIV infection receive informational materials, counseling, and offered a referral for PrEP services. The following risk factors identified include: 1) MSM or transgender individual reporting sex with more than one partner; 2) heterosexual men and women reporting >1 partner and history of sexually transmitted infection; 3) all individuals reporting the exchange of sex for drugs or money; 4) all individuals reporting sex with an HIV positive individual; 5) all individuals reporting injection drug use; 6) all individuals reporting sex with someone known to use injection drugs; 7) all women reporting sex with a man who also has sex with men. These selected categories are used in the current standardized DOH HIV testing form completed for everyone initiating an HIV test and is therefore available across all DOH-supported testing sites in Miami-Dade County.

The above risk categories from 2016 testing forms was used to estimate the number of PrEP-eligible clients at each PrEPLink site (n=10) to determine the target population size. The total expected number of tests for PrEP-indicated HIV-negative individuals is therefore 5,235 a year. Based on an estimated 10% interest in a PrEP referral among those determined to be at risk (a very conservative estimate), the target is 524 referrals a year between these agencies. The quarterly goal is 131 referrals, PrEPLink has been in operation for one quarter and has generated 96 referrals. The reach to date with this project has been 73%. This program addresses linkage to care for PrEP in Miami-Dade County for the first time.

There are over 20 identified PrEP providers in Miami-Dade County, but before PrEPLink's existence, an individual encountered in HIV testing, outreach, or clinical setting must be self-sufficient in starting PrEP services. PrEPLink is an innovative approach to linkage for HIV-negative individuals. When an individual is interested in starting PrEP, the staff member completes a referral form and the client selects an agency from the PrEPLink Network. The staff member submits the referral electronically to the champion staff member of that agency, who has two business days to contact the individual and schedule an appointment. The case is closed after three phone call attempts to schedule an appointment.

The program is modeled after the linkage to care process for people living with HIV. In these encounters, when an individual is identified as positive, medical and outreach teams actively work with the client to provide treatment and care by scheduling appointments immediately and providing outreach workers to address social service needs within 72 hours. The same service was not being provided to individuals wanting to start PrEP. The implications of PrEP to impact the HIV epidemic was imperative that more individuals, especially in a minority jurisdiction be offered the opportunity to engage in care.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate

broadbased 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.

Enter the LHD and Community Collaboration related to your practice : *

PrEPLink's goal is to link HIV-negative persons to PrEP care in Miami-Dade County. To accomplish PrEPLink's goal DOH-MDC identified the following objectives: 1. establish a referral network with HIV prevention providers, 2. increase community outreach activities to connect HIV-negative persons at risk to services, and 3. track the linkage to care rate of individuals screened and connected to services. The conceptualization of PrEPLink began late 2017 with an environmental scan to identify if other jurisdictions had established a referral system and collect example protocols and referral forms. DOH-MDC did identify other jurisdictions with internal referral processes but did not encounter an external interagency PrEP referral system.

DOH-MDC took four months to draft a protocol, memorandum of agreements, and a referral form. To promote community collaboration, DOH-MDC utilized its Miami PrEP Workgroup, a community mobilization of over 30 individuals representing medical providers, researchers, and HIV community agencies that have been working since 2015 in advancing access to PrEP in Miami. The group meets bimonthly to discuss navigation strategies, emerging biomedical research, and local collaborations on promoting PrEP. DOH-MDC sought feedback from the members on the referral form, ensuring it was culturally sensitive, and develop a protocol that was agency-friendly. PrEPLink now remains a standing item on the Miami PrEP Workgroup agenda to keep members informed and allow bidirectional communication with DOH-MDC on opportunities for improvement with the process. Placing the standing item on the agenda allows the workgroup members to have buy-in and commitment to PrEPLink's success.

PrEPLink's network is open to any agency, including federally qualified health centers, community-based organizations, and other facilities in Miami-Dade County that have entered into a written agreement to participate in PrEPLink, which allows for data-sharing between DOH-MDC and the agency to collect outcome data. Since the launch, there are ten agencies actively participating and three agencies pending staff training. Each site identifies a champion that trains other staff, processes referrals, and provides reports to DOH-MDC on patient-related outcomes. The startup cost of this project was \$287, which was used to purchase 1,000 3-part carbon copy referral forms. DOH-MDC purchases the referral forms and agencies do not have any costs for participating in the program.

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?

Please enter the evaluation results of your practice : *

To accomplish PrEPLink's goal DOH-MDC identified the following objectives: 1. establish a referral network with HIV prevention providers, 2. increase community outreach activities to connect HIV-negative persons at risk to services, and 3. track the linkage to care rate of individuals screened and connected to services. The objective of establishing a referral network was met in August 2018 when agencies began joining the network and signing memorandum of agreements. Currently, there are ten agencies and plans to expand pending agency agreements and training. A monthly outreach calendar identifies where staff will be providing testing and outreach. The team is equipped with referral forms before events to ensure successful linkage. Linkage sites can include health education presentations, outreach events at bars, substance abuse treatment centers, and mobile units.

The final objective is evaluated using the submitted referral forms, electronic health records, and agency tracking logs. The referral form captures demographic and risk factors that allow further analysis on reaching appropriate communities in need of PrEP services. This implementation approach not only helps to describe but also intervene on the PrEP care cascade in areas of critical disparities in PrEP uptake. The primary endpoint for PrEPLink is the proportion of individuals appropriate for a PrEP consideration (based on risk information) who receive a PrEP appointment.

There have been 96 individuals linked, with 53% (n=51) connected to a PrEP appointment. The research identified that minorities are less likely to self-refer to PrEP services, PrEPLink connected 88.2% (n=45) minorities of color to services, 76.5% are males (n=39), and 60.8% (n=31) had no insurance. The primary risk factor identified was condomless anal receptive sex followed by multiple sex partners with status unknown. The reason a client was not linked to an appointment was unsuccessful contact after three phone call attempts. After a completed PrEPLink referral, staff explains to the individual to expect a phone call for the next steps. DOH-MDC does not leave a voicemail due to client privacy and protection of health information. Process measures include tracking the business days from identifying a client to making an appointment is 3.87 business days and from successful contact to first PrEP appointment at 8.01 business days. At the end of each month, all agencies receive a report of referrals and communicate program impact and outcomes.

When PrEPLink launched, it was taking 9.62 business days for the first appointment because of the availability of time slots. The clinic schedule was modified to allow for more appointments. There were also individuals encountered in outreach, such as homeless individuals or substance abuse residents, who did not have direct phone numbers. The process was modified to let agencies use a designated third-party individual, such as a case manager or family member, to be contacted and help coordinate appointments.

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.

Please enter the sustainability of your practice : *

There are opportunities for improving linkage to care for women and trans-identified individuals. Only 17.7% of referrals have come from this population. Rate of PrEP uptake have steadily increased in the United States, but women remain behind. There has been poor dissemination of PrEP information targeting women. While most attention to PrEP in the US has been focused on gay and other men who have sex with men—who do still carry the greatest burden of HIV infection in the country—women at elevated risk of HIV also are an important population to include. Tracking demographics identified this disparity and the need to increase outreach activities with women and the trans community. With enough data collected, the quarterly goal of referrals will be broken down by demographics to ensure health equity when reaching these groups.

The Miami PrEP Workgroup, PrEPLink agencies, and DOH-MDC are committed to sustaining the practice. Partner collaboration with DOH-MDC has been mutually beneficial with the data sharing of agreements. Starting 2019, DOH-MDC will begin hosting quarterly conference calls with all PrEPLink agencies to identify how to improve interagency collaborations. It has been identified that more discussions are needed to identify what each agency needs to process a referral, such as creating a list of accepted health insurance plans. For community input, PrEPLink remains a standing item on the Miami PrEP Workgroup agenda. This group will continue to provide input on the process and development of material. PrEPLink results have been presented to DOH's Central Office, and there are discussions to expand the program statewide, which will further administrative sustainability and support. A cost-benefit analysis was not conducted. Use of PrEP for HIV prevention has been established that it can prevent a substantial number of HIV infections. Although the intervention is expensive, it outweighs the cost of lifetime treatment for HIV.

Additional Information

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

I am a previous Model Practices applicant

At a NACCHO conference

Colleague in my LHD

Colleague from another public health agency

E-Mail from NACCHO

Model Practices Brochure

NACCHO Connect

NACCHO Exchange

NACCHO Exhibit Booth

NACCHO Website

Public Health Dispatch

Have you applied for Model Practices before?: *

No, this is my first time applying. Yes, I have applied in the past.

If you answered yes to the question above, please let us know the year and award type. :
