



Sexually Transmitted Infection Services in HRSA-funded Health Centers

The National Academies of Sciences, Engineering, and Medicine Meeting:
Committee on Prevention and Control of Sexually Transmitted Infections in the United States

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Shannon McDevitt, MD, MPH
Physician, Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



HRSA Strategic Goals



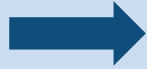
GOAL 1



Improve Access to Quality Health Services



GOAL 2



Foster a Health Care Workforce Able to Address Current and Emerging Needs



GOAL 3



Achieve Health Equity and Enhance Population Health



GOAL 4



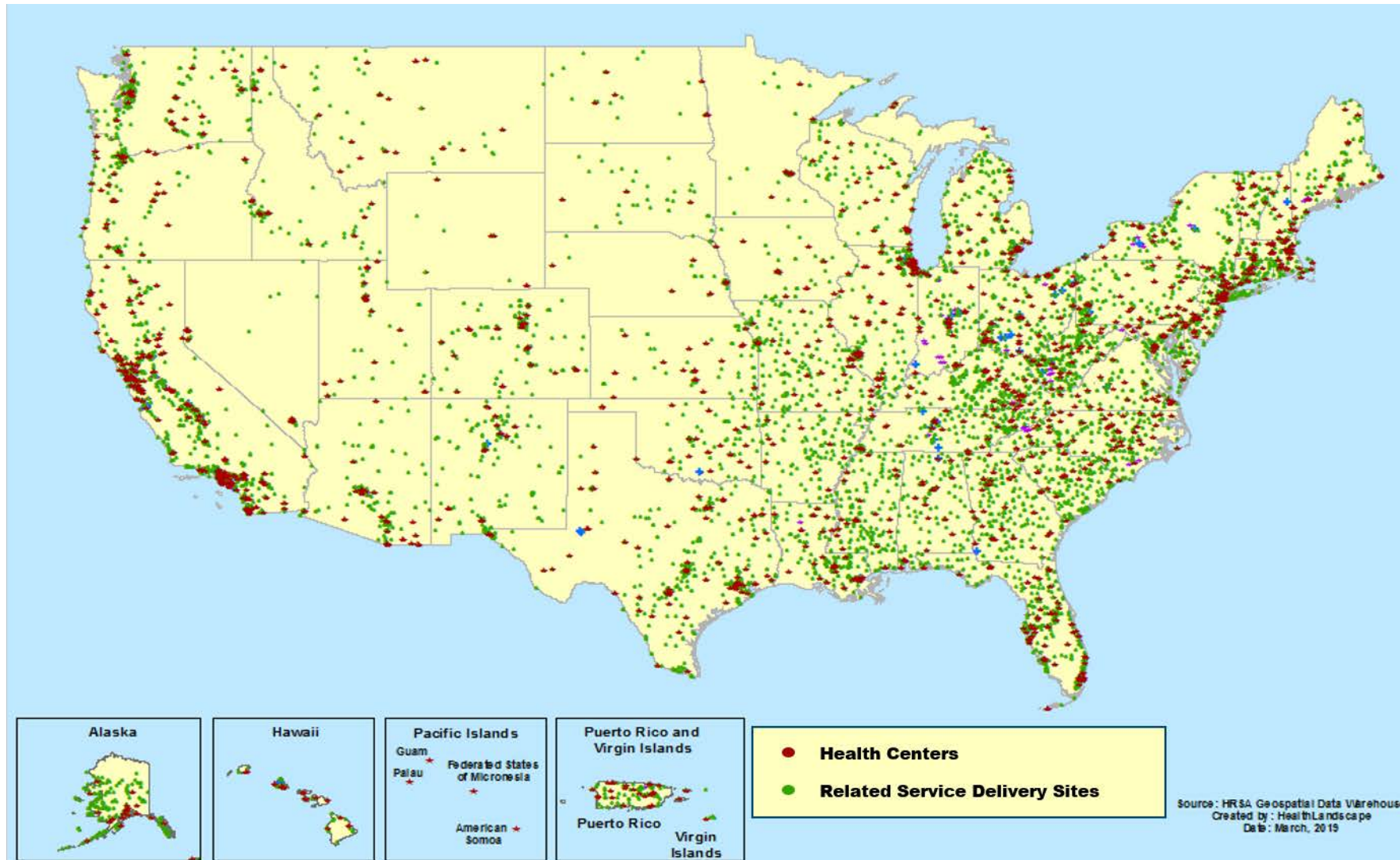
Optimize HRSA Operations and Strengthen Program Management

HRSA Health Center Program Mission



Improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services

1,400 Health Centers and 12,000 Related Service Delivery Sites Serve More Than 28 Million Patients in All 50 States



Health Center Program Fundamentals



Serve High Need Areas

- Must serve a **high need community or population** (e.g., HPSA, MUA/P)



Patient Directed

- Private non-profit or public agency that is governed by a **patient-majority community board**



Comprehensive

- Provide **comprehensive primary care** and enabling services (e.g., education, outreach, and transportation services)



No One is Turned Away

- Services are **available to all** with fees adjusted based upon ability to pay



Collaborative

- **Collaborate with other community providers** to maximize resources and efficiencies in service delivery



Accountable

- Meet **performance and accountability requirements** regarding administrative, clinical, and financial operations

Health Center Program Highlights

More than **28 million** people rely on a HRSA-funded health center for care, including:



1 in 12 PEOPLE



1 in 9 CHILDREN



1 in 5 RURAL RESIDENTS



1 in 3 LIVING IN POVERTY



more than **385K** VETERANS



more than **800K** SERVED AT SCHOOL-BASED HEALTH CENTERS



nearly **1M** AGRICULTURAL WORKERS

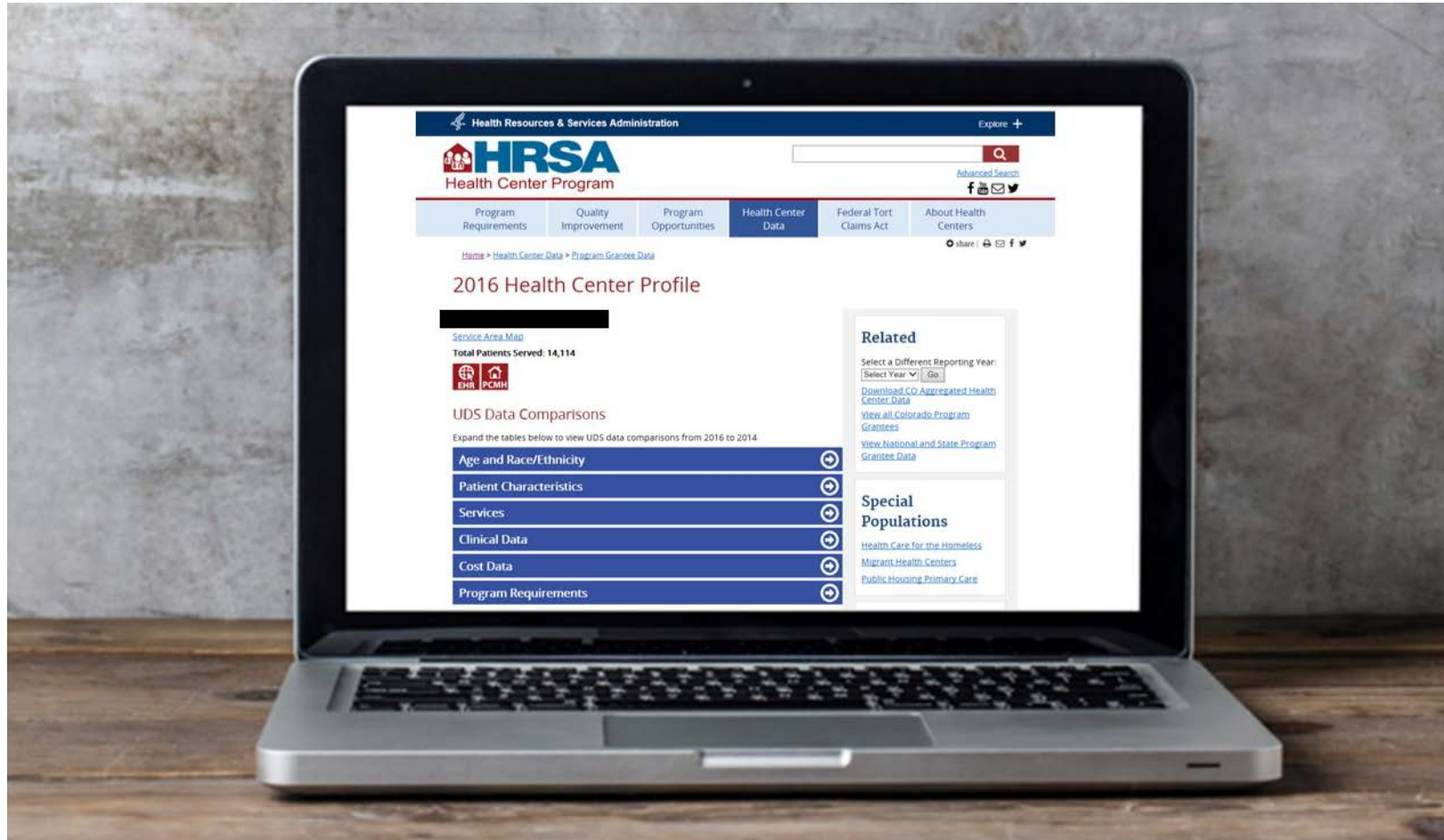


more than **1.4M** HOMELESS



Source: Uniform Data System, 2018

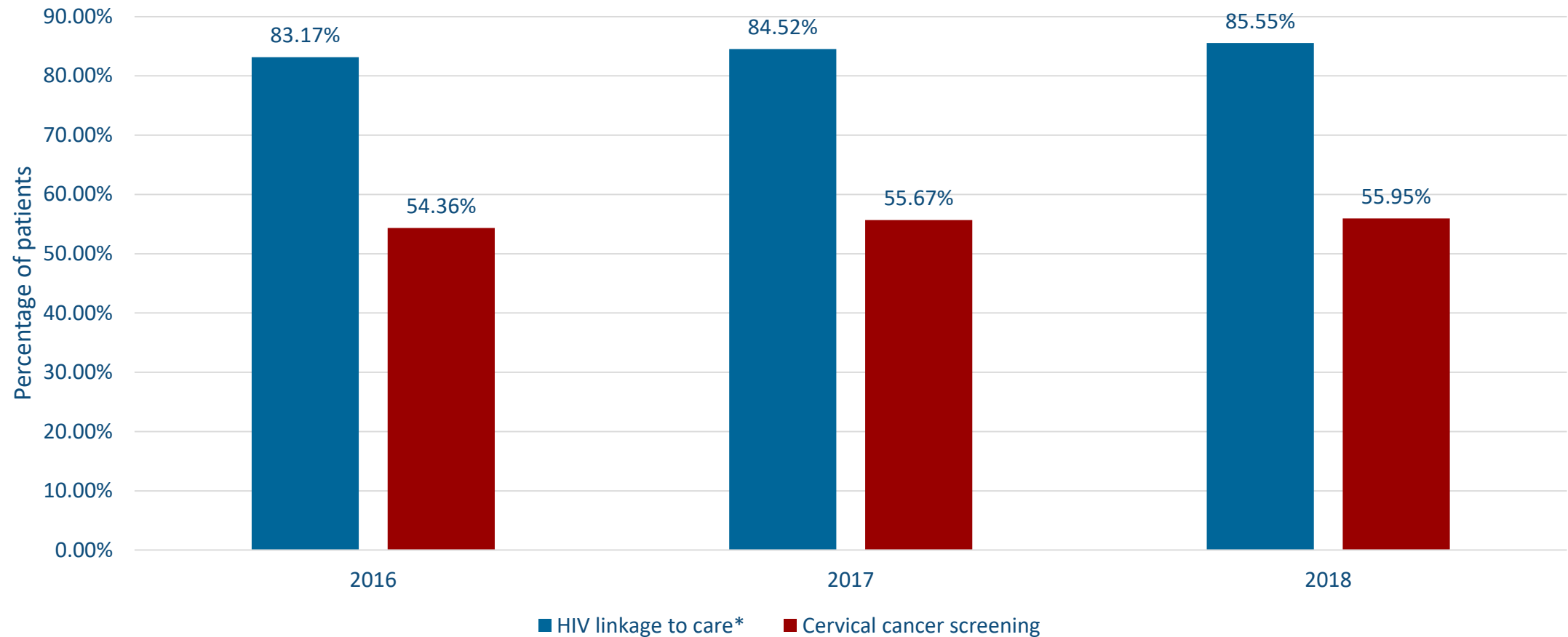
Uniform Data System (UDS)



<https://bphc.hrsa.gov/datareporting>



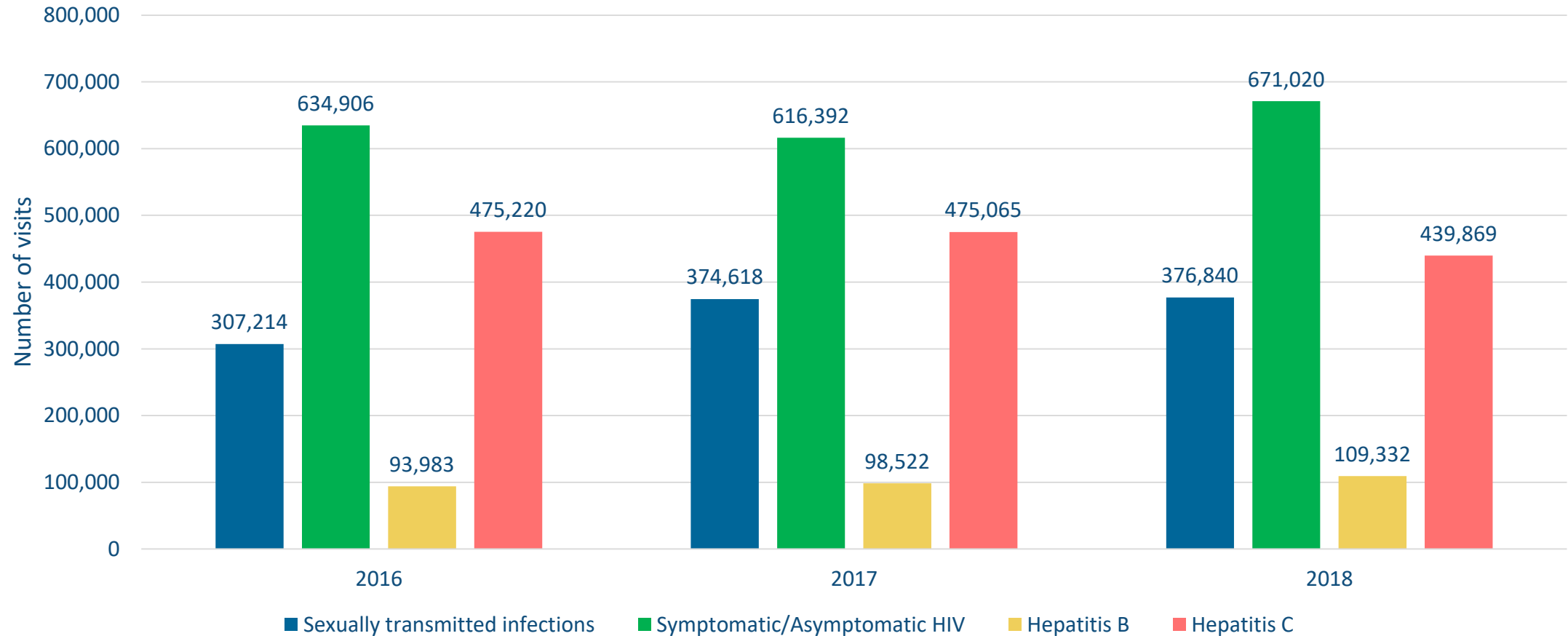
Preventive Health Screening and Chronic Disease Management



* Percentage of patients who were newly diagnosed with HIV and received follow-up treatment
Source: Uniform Data System, 2016-2018

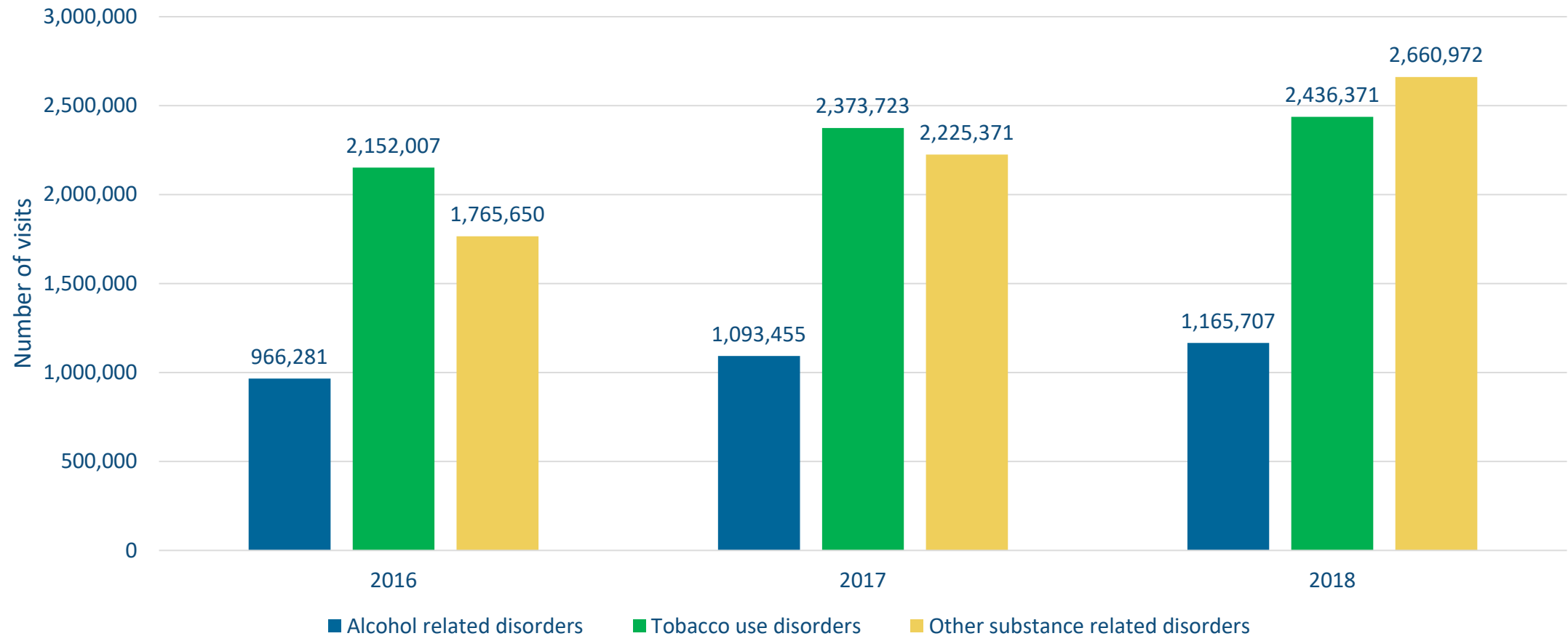


Selected Infectious Disease Diagnoses



Source: Uniform Data System, 2016-2018

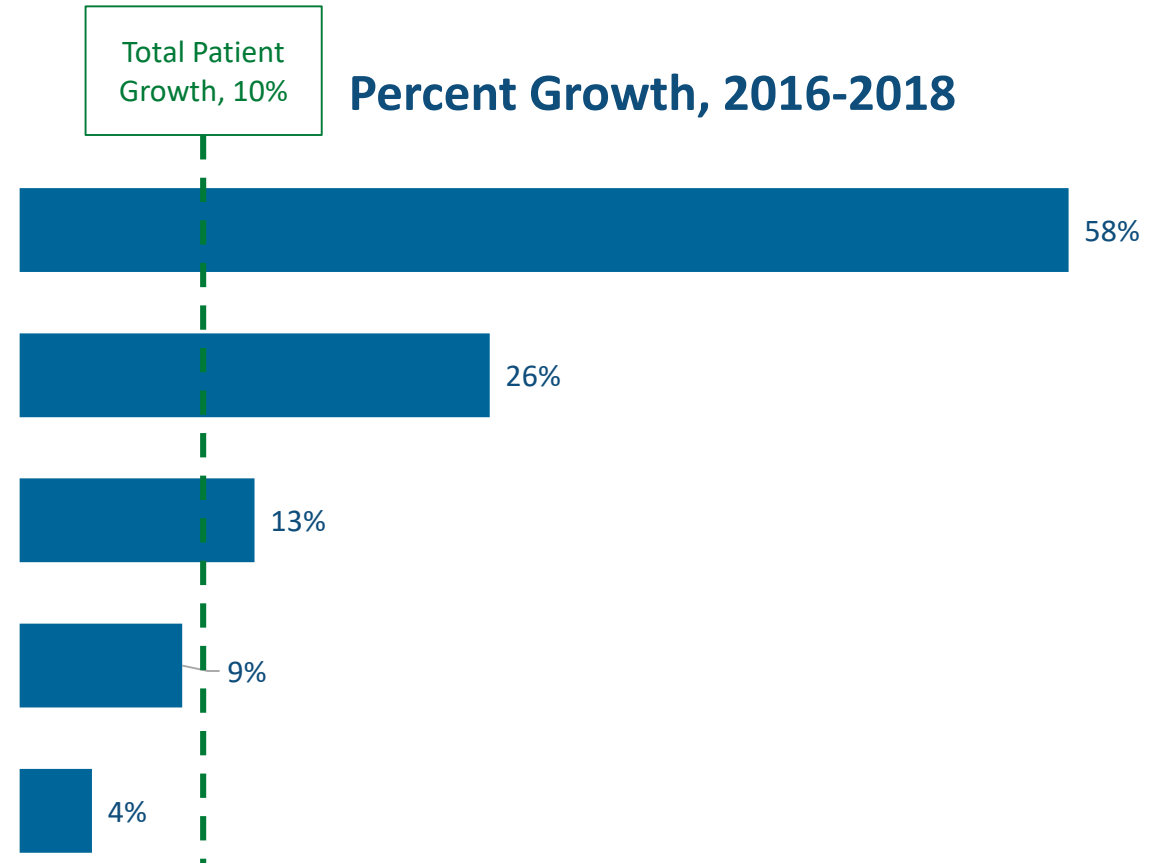
Selected Mental Health Condition and Substance Use Disorder (SUD) Diagnoses



Source: Uniform Data System, 2016-2018

Fastest Growth Areas are Serving Those with SUD and Other Mental Health Needs

Services	Patients Served, 2018
Substance Use Disorder	223,390
Mental Health	2,249,876
Dental	6,406,667
Medical	23,827,122
Enabling*	2,593,393



*Non-clinical services including case management, referrals, outreach, patient education, translation/interpretation, transportation, etc.

Source: Uniform Data System, 2016-2018



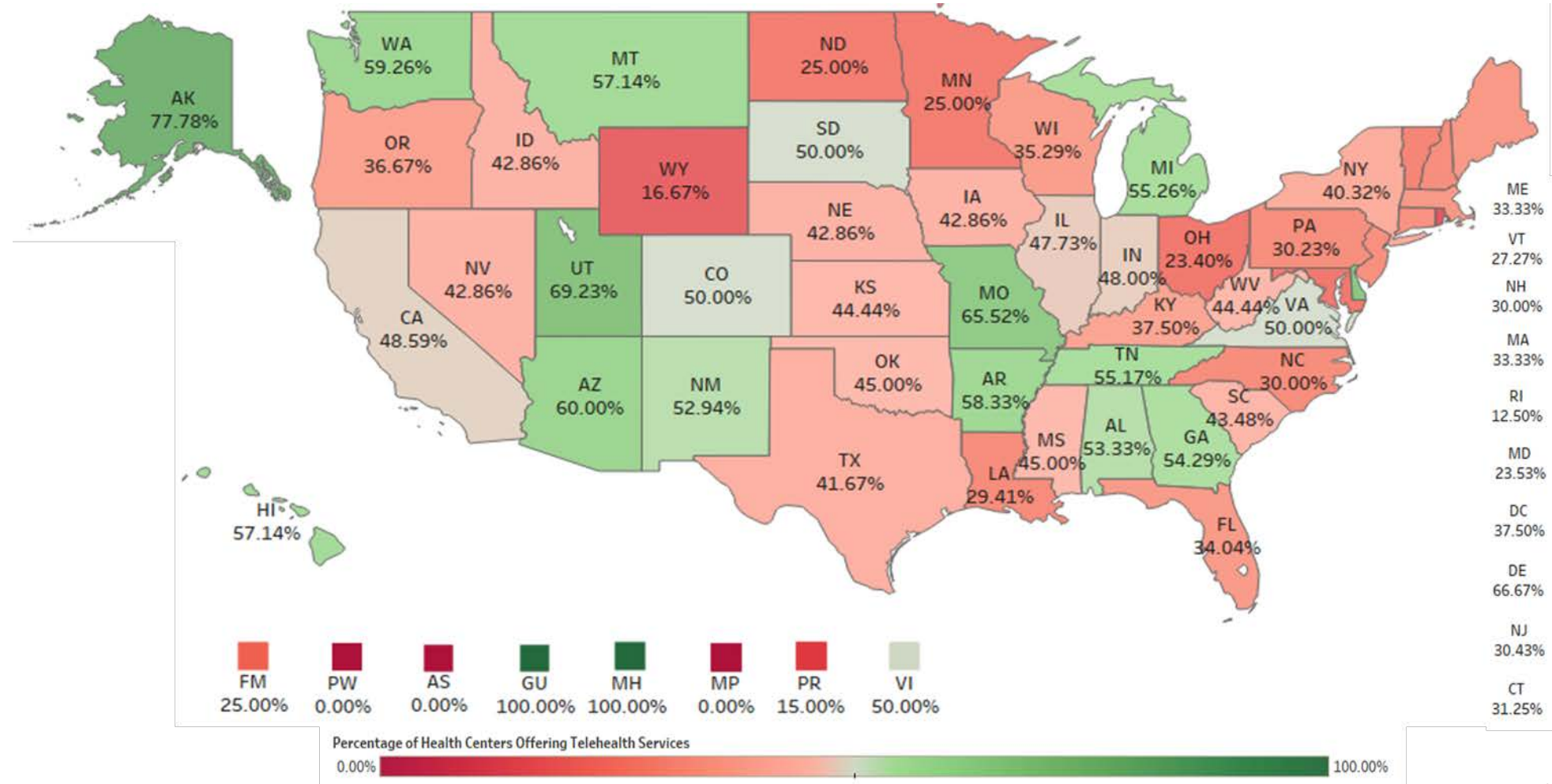
Selected Workforce Disciplines

Discipline	2018 FTEs
Family Physicians	6,117
Obstetrician/Gynecologists	1,301
Nurse Practitioners	9,658
Physician Assistants	3,227
Certified Nurse Midwives	728
Case Managers	9,141
Patient/Community Education Specialists	2,646
Outreach Workers	2,578
Transportation Staff	796
Eligibility Assistance Workers	4,421
Interpretation Staff	1,194
Community Health Workers	1,293
Other Enabling Services	529



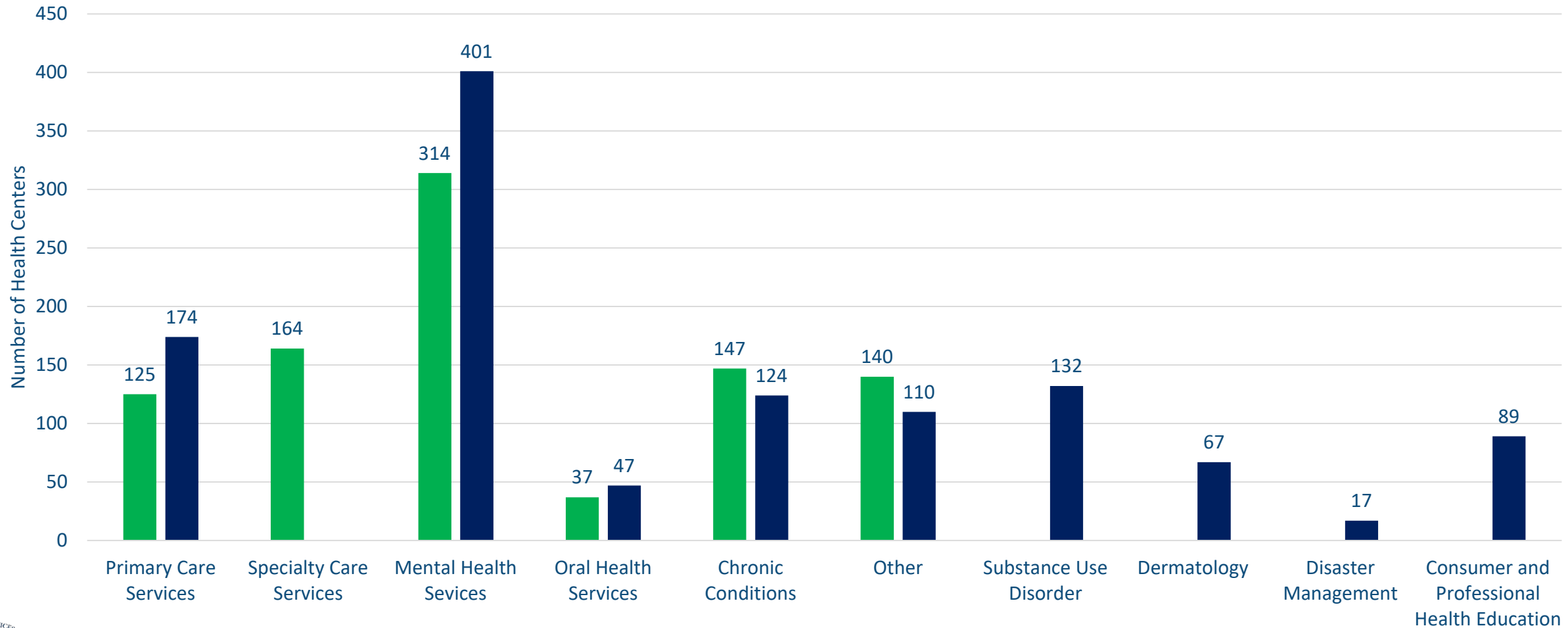
Source: Uniform Data System, 2018

Percentage of Health Centers Offering Telehealth Services



Source: Uniform Data System, 2018 – Appendix D: HIT Information

Offered Telehealth Services: 2017 and 2018



Source: Uniform Data System, 2017-2018 - Table HIT Information

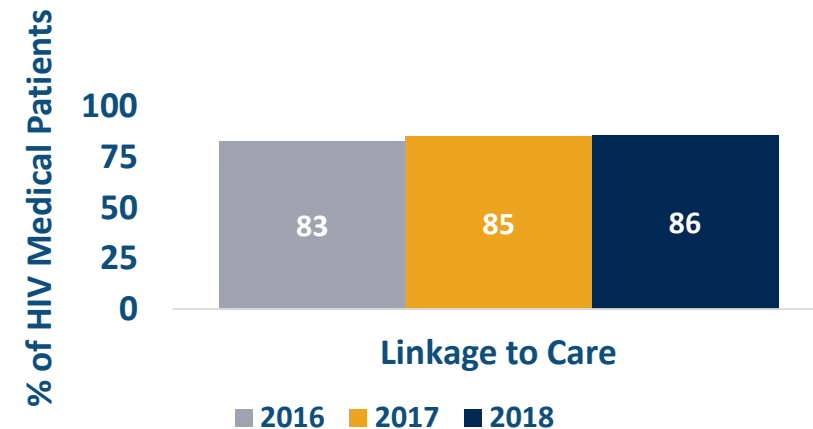
■ 2017 ■ 2018



Health Center Role in Addressing HIV

- **2.4 million** HIV tests conducted annually
- More than **190,000 patients** with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program (RWHAP)
- More than **600 health centers** purchase Pre-Exposure Prophylaxis (PrEP) through the 340B Program
- FY 2020: **\$50 million** to support increased outreach, testing, care coordination, and HIV prevention services, including PrEP, in targeted counties/cities and States.

HIV and Primary Care Integration



Related Initiatives

- Partnerships for Care (P4C) Demonstration Project, 2014-2017
- Southeast Practice Transformation Expansion Project, 2017-2018



Source: Uniform Data System, 2018. HRSA Electronic Handbooks.



Ending the HIV Epidemic: A Plan for America



Sign up for initiative updates at [HIV.gov](https://www.hiv.gov)

GOAL:

75% reduction in new HIV infections in 5 years and at least **90%** reduction in 10 years.



HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

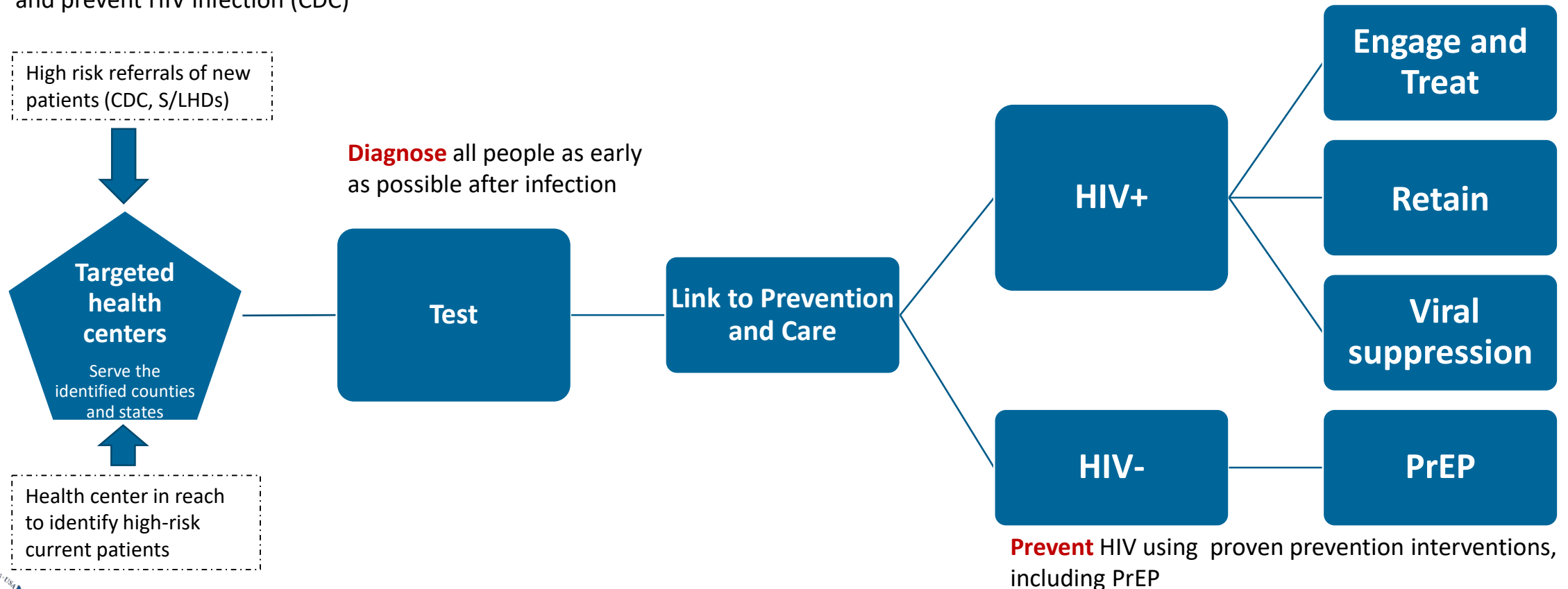
Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Health Center Role in Ending the HIV Epidemic

Respond rapidly to detect and respond to growing HIV clusters and prevent HIV infection (CDC)

Treat the infection rapidly and effectively to achieve viral suppression



Ending the HIV Epidemic: Health Center Program Funding

PCHP OBJECTIVES

- **Primary Care HIV Prevention (PCHP) Supplemental Funding***
 - Approximately \$50 million for select HRSA-funded health centers in identified geographic areas
 - Application Due: 12/16/2019
 - Expected Awards: Spring 2020

Engage new and existing patients to identify those at risk for HIV

Increase patients tested for HIV

Increase patients who receive prevention education and clinically-indicated PrEP

Increase linkage to HIV treatment

Enhance/Establish partnerships to support HIV prevention activities

Within 8 months of award add at least 0.5 full-time equivalent personnel to identify and support PrEP patients



* <https://bphc.hrsa.gov/program-opportunities/funding-opportunities/primary-care-hiv-prevention>



HIV Training and Technical Assistance

Fenway

Technical assistance on HIV prevention and PrEP through Project ECHO

Regional train-the-trainer course on PrEP/HIV prevention

PrEP/HIV prevention distance learning series

HITEQ Center

Training on integrating EHR and health information technology systems to inform HIV prevention and treatment in primary care

Technical assistance on EHR data integration, health IT optimization, and data collection

AIDS Education Training Centers

Capacity building on HIV testing, prevention, and linkage to and retention in care

Practice transformation coaching to advance routine HIV testing, PrEP, and clinical treatment guidelines

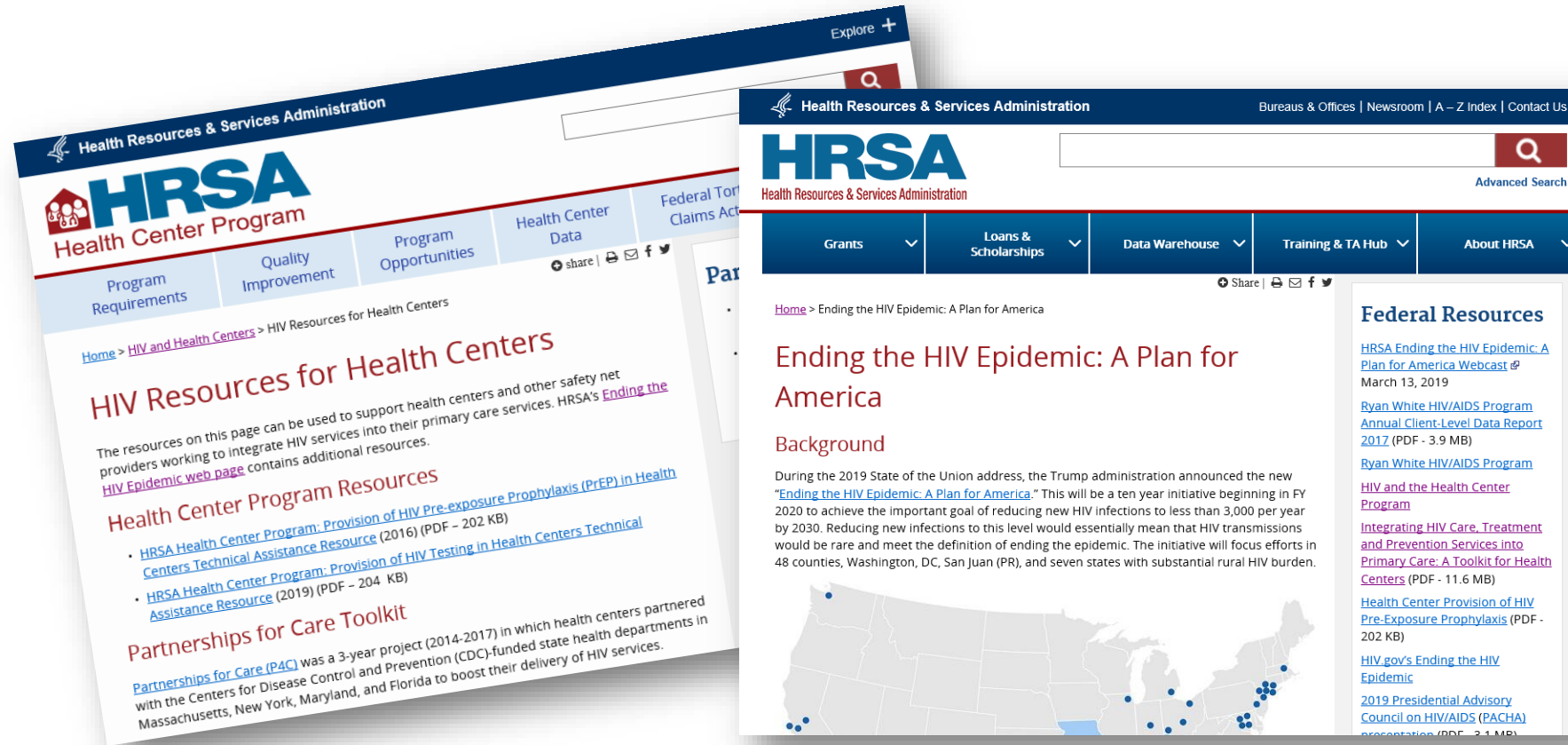
Technical assistance to support expanding models of integrated team-based care



HRSA's HIV Resources



See [HIV.gov](https://www.hiv.gov) for additional information



HIV Resources for Health Centers Webpage:
<https://bphc.hrsa.gov/qualityimprovement/clinicalquality/hivprimarycare-resources.html>

HRSA's Ending the HIV Epidemic Webpage:
<https://www.hrsa.gov/ending-hiv-epidemic>



Special Edition Digest: Intimate Partner Violence and Human Trafficking

Includes:

- “What Health Centers Can Do”
- Promising practices
- Assessment tools
- Key articles and websites

Sign up:
bphc.hrsa.gov



Primary Health Care Digest

October 10, 2018

Special Edition: Intimate Partner Violence and Human Trafficking

October is Domestic Violence Awareness Month. In recognition, this special edition focuses on intimate partner violence (IPV) and human trafficking (HT). Both IPV and HT are forms of trauma, which can have long-term impacts on both physical and mental health. Following are vetted resources and promising practices to help you provide the necessary care and services for victims of IPV and HT.

IPV, also referred to as domestic violence, is widespread, affecting one in four women and one in seven men.[1] IPV disproportionately affects populations served by health centers, including pregnant women, adolescents, racial/ethnic minorities, the LGBTQ community, people with disabilities, people living with HIV/AIDS, and individuals with substance use disorders.

HT is a public health issue that impacts individuals, families, and communities. In 2017, the National Human Trafficking Hotline received over 26,000 calls with over 8,500 cases reported. Traffickers disproportionately target at-risk populations, including individuals who have experienced or have been exposed to other forms of violence and individuals disconnected from stable support networks, like runaways and homeless youth.[2] Not only does HT splinter families, it can have severe effects on the physical and mental health of its victims.

How health centers can address these issues

- Employ a [trauma-informed care model](#), which assumes patients have

Safety Cards



Safety Cards, [Futures Without Violence](#)'s most popular resource, help health center clinicians



Go to <https://content.govdelivery.com/accounts/USHSHRSA/bulletins/2134f6b>



Special Edition Digest: The Opioid Epidemic

Includes:

- “What Health Centers Can Do”
- Promising practices
- Key articles and websites

Sign up:
bphc.hrsa.gov



Primary Health Care Digest

April 11, 2018

SPECIAL EDITION: The Opioid Epidemic

Welcome to this Special Edition Digest focused entirely on the opioid epidemic. This edition provides culled and vetted resources listed in one place, to help you meet the challenges of providing substance use disorder (SUD) services in your communities, which are at the frontlines of the epidemic. We have also identified some (we know there are more) promising practices, to share across health centers.

HRSA supports health centers to provide Patient-Centered Medical Homes (PCMHs) that integrate behavioral health and primary health care, through supplemental grant funding and technical assistance (TA) and training.

With the declaration of the opioid epidemic as a public health emergency, HRSA continues to support health centers to enhance access to primary care-based SUD services, including medication assisted treatment (MAT), as well as pain management and other prevention services. In addition, HRSA is collaborating across HHS and other government agencies to help address issues that affect health centers' delivery of SUD services, such as reimbursement, policies, regulations and research.

This Health Center SUD Services diagram depicts HRSA's approach to addressing the opioid epidemic. Please visit HRSA's brand new opioid webpage that highlights the various ways in which the agency is addressing the opioid crisis.

We know it is challenging to provide SUD services in a primary care setting. To improve our understanding, HRSA held an additions services listening session at the National Association of Community Health Centers (NACHC) Community Health Institute in August, 2017 and a health center clinicians listening session at the NACHC Policy and Issues Forum in March, 2018. Information from these listening sessions, as well as feedback from



Go to <https://content.govdelivery.com/accounts/USHHS/HRSA/bulletins/1e8d493>

Thank You!

Shannon McDevitt, MD, MPH

Physician, Office of Policy and Program Development

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



SMcDevitt@hrsa.gov



(301) 594-4300

bphc.hrsa.gov



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