

The Interdiction Project (TIP)

Designed and implemented by the
Duval County Health Department with
support from the Bureau of HIV/AIDS
and Hepatitis

Lloyd H. “Chip” Seaman
M. Maximillion Wilson, PhD
Samuel Frimpong, MD, MPH

What is TIP?

- TIP is a clinic-based, individual-level prevention strategy for HIV+ individuals.
- TIP brings targeted prevention services to HIV+ persons who present with a new STD, and/or a pattern of unprotected sex, and their sex partners.
- TIP is a collaboration between HIV/AIDS, STD, and Health Services programs. Participation from all partners are critical.

What is TIP?, cont.

- TIP aligns directly with NHAS Goal #1 “Reducing New HIV Infections” and #2 “Increasing Access to Care and Improving Health Outcomes for People Living with HIV.”
- TIP has the potential to address NHAS Goal #3 “Reducing HIV-Related Health Disparities.”
- TIP is included under the FDOH’s application and plan for CDC PS12-1201, Category A – Prevention for Positives.

Targeted Prevention Services

- These services include:
 - Behavioral risk and HIV knowledge screening
 - Intensive health education
 - Linkage to HIV medical care (as needed)
 - HIV rapid testing (for partners)
 - STD testing (for partners)
 - Referrals to support services and case management (as needed)
 - Coordination of services with medical providers and STD staff.

What problems prompted TIP?

In 2009, the project (TIP) was initiated by the Area 4 AIDS & STD programs based on the following observations as evidenced by review of medical charts and local epi data:

1. Increases in STD/HIV co-infections,
2. Increases in clients reporting multiple anonymous sex partners among HIV positive sex partners,
3. Increases in clients reporting unprotected sex without disclosure of HIV positive status to sex partners,
4. Limited STD field investigation resources shifting away from contacting previously notified HIV+ (when not pregnant, under 15, or with non-Syphilis co-infection).

Special Characteristics of Population

- Medication resistance is higher among program participants
- Number of anonymous sex partners is very high among program participants
- Non-compliance with medications is higher among program participants
- High incidence of mental health problems requiring more intense time commitment

Connecting Patients & TIP

- HIV-positive patients with new STD co-infection and/or pattern of unprotected sex are linked to TIP from:
 1. STD clinics
 2. HIV clinics
 3. STD field investigations
 4. Partners referred by original patients

Initial Results of Program

- Participants show 3x reduction in rate of new STD after program participation.
- Participants show significant increases in knowledge about HIV transmission¹.
- Participants have greater understanding of how meds work to reduce transmission to stay healthy².
- Providers gain significantly improved understanding about the local epidemic and patterns of risk behaviors.

¹ as measured by pre/post test comparisons

² participant self report, affirmed by periodic chart reviews for treatment adherence

Resources Needed for Implementation

- HIV health education space and other resources inside or adjacent to an HIV or STD clinic
- Project staff
- Ongoing, active collaboration between HIV health educator, STD field staff/manager, STD/HIV clinic staff

Staffing TIP

- TIP is scalable to fit the need of the local epidemic and available resources.
- Minimally, project staffing will include one clinic-based HIV/AIDS health educator who is responsible for delivering intensive prevention services.
- In many cases project staff will also include some DIS or outreach resources to help link HIV-positive patients and their partners identified via PRISM and/or at locations without a clinic-based health educator.

Staffing TIP, cont.

- Functionally, TIP integrates linkage to treatment adherence, STD/HIV risk reduction education, testing for STD/HIV, monitoring of patient care (medical records review) and use of an epidemiologic investigation data system (i.e., PRISM in Florida).
- Either individually or collectively, project staff need these skills.

Staffing TIP, cont.

- The staff best suited for TIP are those with strong cultural competency. They will be able to reach clients on their level, and share complex medical and prevention ideas across a broad spectrum of health literacy.

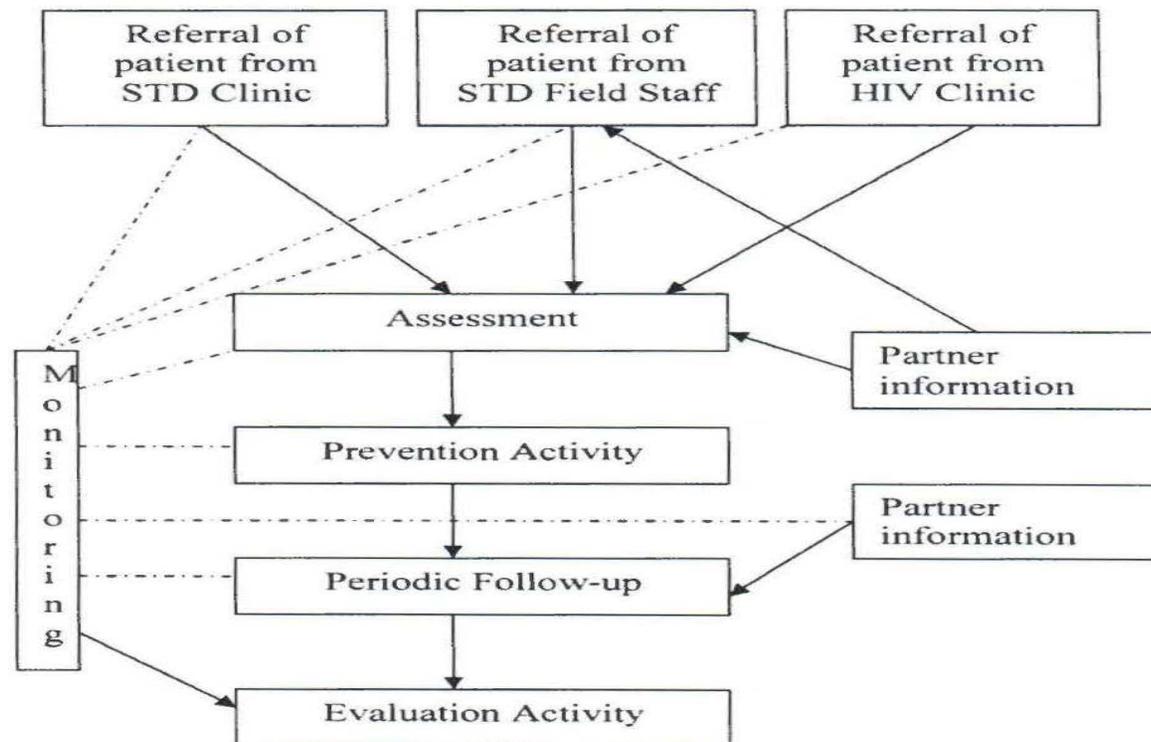
Collaboration with STD

- Referral of HIV-positive patients with new STD
- Provide PRISM access and training for TIP staff
- Provide full DIS training for TIP staff
- Current HIV Prevention & Training Consultants (PTCs) might be good candidates for this project. Many already work closely with STD and clinics now.

Collaboration with Medical

- Referral of HIV-positive patients with new STD
- Referral of HIV-positive patients with history of unprotected sex
- Reinforce prevention messages with patients
- Reinforce connection between behavioral change and health outcomes
- Review TIP information in medical record

Sample Process Flow



Cost/Benefit of TIP

- We are computing (ongoing) the cost/benefit potential of TIP using the following methodologies:
 - STI cost aversion
 - New case identification/early case identification for partners
 - Savings from retention-to-care for HIV treatment (?)
 - Other indirect savings for primary care engagement(??)

Areas of concern

- Planning and Policy
 - Requires significant buy-in, especially by leadership
 - Requires Program Collaboration and Service Integration (PCSI*) across multiple domains (HIV, STD, Medical, Finance, etc.)
- Implementation
 - New culture of client engagement
 - Client/patient flow issues
 - Need a continuum of services acting in well-coordinated way

*PCSI- pronounced like “pixie”

Areas of Concern

- Sustainability
 - Funding diversification
 - Staff fatigue
 - Client fatigue

Next Steps . . .

- Finalize original site evaluation for Phase I-III (Area 4 APO/DCHD)
- Develop implementation materials (BOHA & Area 4 APO)
- Plan replication and evaluation (BOHA)
- Solicit ongoing feedback from medical and larger prevention community

NACCHO Recognition

- Recognized as a Model Practice in 2012 by National Association of City and County Health Organizations (NACCHO).
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For further info contact.....

M. Maximillion Wilson

- Area 4 AIDS Program Office
- Max_Wilson@doh.state.fl.us
- 904-253-2985

Beth Swisher

- Bureau of HIV/AIDS
- Beth_swisher@doh.state.fl.us
- 850-245-4444, ext. 2591

John-Mark Schacht

- Bureau of HIV/AIDS
- John-mark_Schatch@doh.state.fl.us
- 850-245-4444, ext. 2574