The Interdiction Project (TIP)

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

by

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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+ 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 3 times reduction in rate of new STD after program participation.
- Participants significant increases in knowledge about HIV transmission\(^1\).
- Participants significant increases in knowledge about HIV disease progression\(^1\).
- Participants have greater understanding of how meds work to reduce transmission to stay healthy\(^2\).
- Providers gain significantly improved understanding of 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+ 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 a epidemiologic investigation data system (i.e., PRISM in Florida). Either individually or collectively, project staff need these skills.
Collaboration with STD

- Referral of HIV+ patients with new STD
- Provide PRISM access and training for TIP staff
- Provide full DIS training for TIP staff
- Current HIV PTCs might be good candidates for this project. Many already work closely with STD and clinics now.
Collaboration with Medical

• Referral of HIV+ patients with new STD
• Referral of HIV+ 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 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
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 larger prevention community.
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