NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Assuring STI Services Among Uninsured New Yorkers

Summary of Provider Conference

The Department of Health and Mental Hygiene held a virtual provider conference on **September 5, 2024** from 11am-12pm for the Assuring STI Services Among Uninsured New Yorkers Concept Paper. The questions presented are listed below along with comments and feedback received during the Provider Conference.

The concept paper remains open for written comments, which can be submitted to RFP@health.nyc.gov until October 3, 2024.

These are questions that DOHMH presented to the providers in attendance:

1. What would be the most beneficial reimbursement structure for your organization?
2. Are there any materials, trainings, etc. you would like to receive from the NYC Health Department, in order to strengthen STI care provision?
3. What type of support would you want to receive from the NYC Health Department, in order to undertake quality improvement work to improve STI care?

Responses/Questions/Comments/Concerns from the Providers in attendance

Eligibility Criteria

- Please confirm if there will be consideration for Staten Island TRIE neighborhoods. In light of the Staten Island Planned Parenthood located in TRIE neighborhoods closing there will be additional limits for STI testing.
- Do the contractors have to be located in neighborhoods that both have the highest rates of STIs and designated TRIE neighborhoods?
- Does this RFA have any MWBE requirements?
- If you're going to require trainings, please make sure that there are enough seats available in the trainings for people to be able to attend. Self-directed trainings are great. If they're recorded, so we can do them on our own time would be really helpful.
- Would like some consideration to include nonprofits and community-based organizations.
- We see many, many patients from New Jersey, and it's always a challenge to find grants that they are eligible for, so expanding client eligibility to the tri-state area would be really helpful.

Reimbursement structure

- We would advocate for a cost-based or deliverable-based reimbursement structure. Reimbursement structure: We would advocate for a cost-based or deliverable-based reimbursement structure. Fee-for-service reimbursement structures do not allow us to fully take into account ancillary staff time and resources necessary to deliver the services. We become too focused on meeting "numbers" and sometimes quality can suffer as a result. Opportunities to participate in learning collaboratives with other providers, both funded and not, are also great. We would strongly advocate for NOT using ESHARE for data reporting.

- Would like to see a reimbursement structure that is not only focused on labs performed but also education/counseling given. Oftentimes, we see patients who have had testing done elsewhere (ex Emergency Dept) and they did not receive sufficient education about the treatment/aftercare/prevention; so we spend most of the time with that person on counseling and not treatment/testing.

Resources to undertake QI work

- If there could be instructions on how to access NYC level and zip code level population data on rates of STI's. I used to use EpiQuery, but I'm not sure if another program has replaced this interface. The data that I have seen more recently hasn't been as granular as it used to be.

Materials/trainings that would be helpful

- It would be helpful to have materials addressing STI stigma/misinformation with patients/clients from non-English speaking populations/cultures. A list or collaborative meetings with organizations/programs that work on STI stigma in these populations would also be helpful.
- Having access to real-time data and trends within the priority population is crucial for effective quality improvement efforts. Flexibility in funding allocations, recognizing that clients may relocate and that the city's dynamic nature affects community patterns, can significantly enhance outreach and engagement. Collaborating with individuals who represent the target community is also vital to ensure the intervention is well-informed and impactful.
- Materials written in plain language would be helpful for patients and staff who are not familiar with medical terminology.
- In terms of health department resources, we would definitely appreciate resources relating to DoxyPEP that we could give to patients (maybe at our pharmacies or just in general) that would be really helpful. I would also really advocate for there to be more kind of status-neutral material, so for example: Talking about U = U or prep-on-demand type of materials and ensuring that there's content there that relates to partners as well. There are many people who are in magnetic relationships, so the message can be relevant to people in different ways.

Program Model/Reach

- When determining the minimum number of clients served, rather than having set minimums, please work with the agencies to determine what their caseloads will look like. This can be dependent on how some populations are harder to reach than others, or some providers have very high volumes (like hospital systems).
- If possible, please release the answers to questions a little bit sooner than 2 weeks before the RFA is due. It's often difficult to really begin working on the proposal until we get the questions answered.

Miscellaneous

- We also need the time to get it done - get all the information, so that we have the best shot of improving our services for the community. The funding allows us to maintain staffing and extend better service delivery. So, the more time we have to prepare it, the better our proposal is when we submit it

- I think a way is to calculate a formula that takes into consideration the actual cost of the service delivery. When people get attached, it's not just the lab or the council or people that have delivered (services). You know, other people get involved in it, so I think that will help offset from some of the expenses that provided (or supported) that service.
- We have heard from a lot of folks that they would really love to be able to test for STIs in their homes rather than having to come into the clinic (for gonorrhea and chlamydia specifically). We would still, of course, provide them with services to follow up and get them connected to treatment. If there's an opportunity to pilot something like that (home testing for STI's) we would really welcome that opportunity.
- Will you share these slides with us afterwards?
- Will there be a ramp-up period or will providers be expected to already have the staff in place?