

Planning Roadmap

Version: 1.0

Planning Roadmap Table of Contents

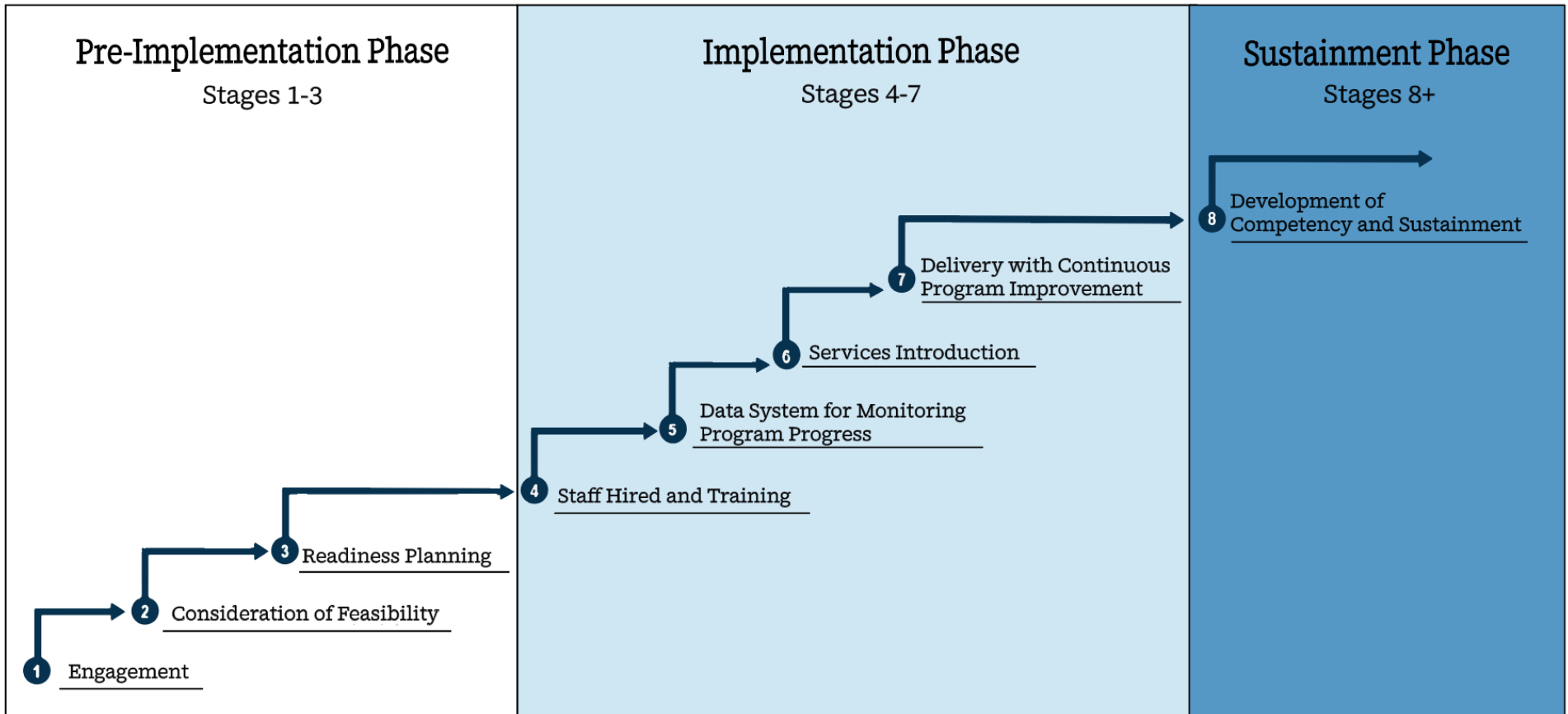
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Overview

The PrEP Stages of Implementation Completion (PrEP-SIC) is a tool to monitor the process of introducing PrEP services in healthcare settings. The Stages of Implementation Completion® (SIC), originally developed by Lisa Saldana, PhD and team with funding from the National Institute of Mental Health, was created as a tool to document “what it takes” to implement evidence-based practices. The SIC divides the implementation process into eight stages – from Engagement to Development of Competency and Sustainment – and defines activities in each stage that help clinics introduce, implement, and sustain a new evidence-based intervention. Dr. Saldana’s research applying the SIC to over fifty evidence-based practices, has identified a set of activities that are universal to implementing any intervention: the higher the proportion of activities clinical sites complete, the higher the likelihood of achieving competence. This is particularly true of activities in Stage 3, Readiness Planning.

BLUPrint partnered with the SIC team to adapt the universal SIC to make it specific to PrEP and create a PrEP Program Planning Roadmap. It provides a roadmap for clinical sites to follow when building their PrEP Program and can be used in concert with the PrEP Program Builder. PrEP Program Builder resources will be particularly useful to sites during the planning phase (Pre-implementation, Stages 1-3) and thinking about how to monitor PrEP programs (Stage 5) and to inform delivery with continuous improvements (Stage 7).

8 Stages of Implementation



Infographic adapted from Lisa Saldana. <https://www.oslc.org/sic/>

One Page Activity Checklist

Phase 1: Pre-Implementation	Phase 2: Implementation	Phase 3: Sustainment
<p style="text-align: center;">Stage 1: Engagement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initiate program development process <input type="checkbox"/> Relevant parties identified <input type="checkbox"/> Cost and resource information gathered <p style="text-align: center;">Stage 2. Consideration of Feasibility</p> <ul style="list-style-type: none"> <input type="checkbox"/> First site planning meeting <input type="checkbox"/> Senior leadership endorsement of program <input type="checkbox"/> Key external stakeholders identified <input type="checkbox"/> Stakeholder meeting #1 <input type="checkbox"/> Program lead identified <p style="text-align: center;">Stage 3. Readiness Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cost calculator / funding plan review <input type="checkbox"/> Program components identified <input type="checkbox"/> Internal program review meeting <input type="checkbox"/> Program model finalized <input type="checkbox"/> Training needs and resources identified <input type="checkbox"/> Standard Operating Procedures finalized <input type="checkbox"/> Staffing plan finalized <input type="checkbox"/> Staffing plan approved 	<p style="text-align: center;">Stage 4. Staff Hired and Training</p> <ul style="list-style-type: none"> <input type="checkbox"/> First PrEP care team staff assigned <input type="checkbox"/> Data collection and evaluation point of contact person assigned <input type="checkbox"/> Relevant staff trained on standard operating procedures <input type="checkbox"/> Relevant staff receive clinical / skills / supplemental training <p style="text-align: center;">Stage 5. Data System for Monitoring Program Performance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Program metrics are agreed upon <input type="checkbox"/> Program Goals defined <input type="checkbox"/> Program data capture tool finalized <input type="checkbox"/> Program data capture training held <input type="checkbox"/> Process for data review and utilization is finalized <p style="text-align: center;">Stage 6. Services Introduction</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication available for PrEP implementation <input type="checkbox"/> <u>PrEP Awareness & Engagement plan initiated (Program Start Up)</u> <input type="checkbox"/> First client received PrEP Decision-Making Counseling <input type="checkbox"/> First client received PrEP Financial Navigation <input type="checkbox"/> First client has PrEP Initiation Medical Visit <input type="checkbox"/> First client received PrEP Adherence & Sustainment Support <input type="checkbox"/> First client received PrEP Follow Up visit <p style="text-align: center;">Stage 7. Delivery with Continuous Program Improvement</p> <ul style="list-style-type: none"> <input type="checkbox"/> First program meeting after service introduction <input type="checkbox"/> First data review meeting <input type="checkbox"/> First discussion of potential modifications to service delivery and patient flow <input type="checkbox"/> First implementation plan for service improvement created <input type="checkbox"/> First improvement strategy implemented <input type="checkbox"/> Second program review <input type="checkbox"/> Second implementation plan for service improvement created <input type="checkbox"/> Second improvement strategy implemented <input type="checkbox"/> Program reaches at least one Program Goal 	<p style="text-align: center;">Stage 8. Development of Competency and Sustainment</p> <ul style="list-style-type: none"> <input type="checkbox"/> 50% Program Goals achieved <input type="checkbox"/> All Program Goals achieved <input type="checkbox"/> At least 50% Program Goals sustained for 12 months <input type="checkbox"/> All Program Goals sustained for 12 months <input type="checkbox"/> Program review meetings occur regularly for 12 months <input type="checkbox"/> <u>PrEP is fully integrated into clinical services (Sustainment)</u>

Planning Roadmap Codebook: Activities & Definitions

Phase 1: Pre-Implementation

Stage 1. Engagement		
Item	SIC activity	Definition
1.a.	Initiate program development process	<ul style="list-style-type: none"> • Date the clinic initiates program development process. • Clinic decides that they want to initiate a new or standardize an existing PrEP program. • Clinic might have proactively sought out information. • Information might have been purposefully disseminated to the clinic. • Please indicate in the notes section whether the process began in response to grant or agency funding.
1.b.	Relevant parties identified	<ul style="list-style-type: none"> • Clinic identifies relevant parties within the clinic or organization (e.g., leadership, providers, other supporting staff, pharmacy) to determine if they would support program development or enhanced standardization to meet reach or equity goals. • Relevant parties consider developing new or standardized program for PrEP; specify in notes PrEP type (daily only; new protocol for ED; Cabotegravir; implant; monthly pill).
1.c.	Cost and resource information gathered	<ul style="list-style-type: none"> • General cost and resource information (e.g., medication cost, insurance coverage, storage requirement) is requested by the clinic (not necessarily specific to clinic structure). • If there is a Request for Proposal (RFP) for PrEP program implementation, clinic may gather cost and resource information by attending an information session about the RFP.

Stage 2. Consideration of Feasibility		
Item	SIC activity	Definition
2.a.	First site planning meeting	<ul style="list-style-type: none"> • Date of first discussion of program development or standardized process. • Date of first discussion where implementation is outlined, including negotiations to fit biomedical HIV prevention modality into organization or clinic flow. • Participants might include director of nursing, director of social work, front desk / manager, medical director, pharmacy, other leadership.

2.b.	Senior leadership endorsement of program	<ul style="list-style-type: none"> This refers to senior administration such as CEO, CFO, ED communicating to the program team that they support program development or enhanced standardization process.
2.c.	Key external stakeholders identified	<ul style="list-style-type: none"> This includes stakeholders who might facilitate program implementation (e.g., pharmacy, referral sites) and stakeholders who may help with demand generation or referral to PrEP program (e.g., CBOs).
2.d.	Stakeholder meeting #1	<ul style="list-style-type: none"> Date of first meeting with external stakeholders whose services or contributions could facilitate implementation. Meetings may occur with multiple stakeholders or individually with each stakeholder. Use date when clinic finishes first meetings with each key stakeholder identified. Meetings are most often in person, but can also occur via video conference or teleconference. Concrete information is provided about the program development or standardization to external stakeholders; potential contributions are discussed. Key steps necessary to achieve positive outcomes are described.
2.e.	Program lead identified	<ul style="list-style-type: none"> Clinic employee or team member responsible for taking the lead on implementation efforts is identified. Program Lead is defined - must be a degree of decision-making power. Please specify the level and expertise of the identified program lead in the notes section.

Stage 3. Readiness Planning

Item	SIC activity	Definition
3.a.	Cost calculator / funding plan review	<ul style="list-style-type: none"> Clinic estimates cost or cost implications of program development or enhanced standardization. Cost calculator / funding plan categories may include staffing, staff training time, system changes (e.g., to EMR, updates to billing system), infrastructure changes, marketing and materials.
3.b.	Program components identified	<ul style="list-style-type: none"> This includes discussion and preliminary decisions about how PrEP program components will be implemented at the clinic. This includes staffing, visit flow, whether or not the program will include telehealth, and schedule of PrEP visits. These decisions will be reviewed under 3.c. and finalized under 3.d. Consider referring to the BLUPrint Program Builder for suggested program components and resources to help design them.
3.c.	Internal program review meeting	<ul style="list-style-type: none"> This meeting should include all stakeholders (and external if necessary for program implementation) involved in service delivery to review and revise program model, i.e. how the PrEP program components will be implemented at the clinic.
3.d.	Program model finalized	

		<ul style="list-style-type: none"> Program model is finalized based on feedback from internal stakeholders (could also involve external stakeholders).
3.e.	Training needs and resources identified	<ul style="list-style-type: none"> Program coordinator identifies list of training needs for relevant staff. This might include clinical / skills training (e.g., how to take a sexual history, how to help a patient self swab), content area training (e.g., what is PrEP, labs required), and specific protocols.
3f.	Standard Operating Procedures finalized	<ul style="list-style-type: none"> Finalized written plan establishing protocols, goals, policies, and timelines for implementation of each program component Consider referring to the BLUPrint Program Builder Standard Operating Procedure (SOPs) Templates for each component of your program model to develop and finalize your SOPs.
3.f.	Staffing plan finalized	<ul style="list-style-type: none"> Clinic finalizes plan on staffing for PrEP program. This should include staffing, percentage of effort, qualifications, roles and responsibilities, and sequence of staff assignment. Clinic provides a staffing timeline to make sure roles are filled in an efficient manner (e.g., navigator hired prior to but close to training) In many cases, clinic will ask existing providers to incorporate PrEP-related services into normal clinical practices without any new hiring or assignment. In these case, clinics provide a staffing timeline for incorporation of PrEP program components into visit flows.
3.g.	Staffing plan approved	<ul style="list-style-type: none"> Staffing plan is approved by agency leadership Coordinator is given green light to advertise the position, if external hiring is needed.

Phase 2: Implementation

Stage 4. Staff Hired and Training		
Item	SIC activity	Definition
4.a.	First PrEP care team staff assigned	<ul style="list-style-type: none"> Occurs when the first clinical staff member is hired, reassigned, or identified as being part of the implementation of new biomedical HIV prevention modalities In many cases this may be when existing clinic staff are informed that they should incorporate PrEP-related services into their existing work (eg registration, clinic visits, stocking materials)
4.b.	Date collection and evaluation point of contact person assigned	<ul style="list-style-type: none"> Date clinic identifies a person to be in charge of data collection and management and providing technical support for using the data at site level This person should also be able to create reports from the data system and present data to the PrEP Care team to inform review of service delivery outcomes
4.c.	Relevant staff trained on	

	standard operating procedures	<ul style="list-style-type: none"> • Date when the clinical and non-clinical staff start training or when the first clinical staff member receives training • Consider referring to the BLUPrint Program Builder Step-by-Step Guides, Training Manuals, and Checklists for ideas on training content.
4.d.	Relevant staff receive clinical / skills / supplemental training	<ul style="list-style-type: none"> • Date when the clinical and non-clinical staff start receiving PrEP-related training, including but not limited to PrEP basics, how to take a sexual history, how to take a rectal swab, and cultural humility training. • Consider referring to the BLUPrint Program Builder Step-by-Step Guides, Training Manuals, and Checklists for ideas on training content. • You may also refer to the BLUPrint Comprehensive Sexual Health page for resources on how to take a sexual history and more.

Stage 5. Data System for Monitoring Program Performance

Item	SIC activity	Definition
5.a.	Program metrics are agreed upon	<ul style="list-style-type: none"> • Program agrees on the definitions of metrics they will collect to monitor PrEP program performance. • This may include QA measures, service delivery measures, and/or patient reported outcomes. • Consider referring to the BLUPrint Program Builder Quality Assurance metrics resource for suggestions.
5.b.	Program Goals defined	<ul style="list-style-type: none"> • Clinic defines goals for program implementation (e.g., service reach, equity, quality) that will be assessed using the metrics. • Could be: number of people offered PrEP, #/% increase in PrEP uptake in specific populations; retention goal. • In defining these Program Goals, programs may need to review and revise metrics to make sure all the necessary data are being collected. For example, if health equity is a specific goal, then disaggregation by key populations will be needed. • Consider referring to the BLUPrint Key Area on Evaluating Programs for ideas about connections between measurement and making progress towards health equity.
5.c.	Program data capture tool finalized	<ul style="list-style-type: none"> • Clinic agrees on what to collect and how to track metrics identified in 5a. • This could include creation of spreadsheet; code for extraction from EMR, etc. • Consider referring to the BLUPrint Patient Tracker for one example.
5.d.	Program data capture training held	<ul style="list-style-type: none"> • Clinic is trained on data collection and management system. The system tracks key indicators and process measures of PrEP service delivery • This involves entering information into an online database or spreadsheet or EMR
5.e.	Process for data review and utilization is finalized	<ul style="list-style-type: none"> • A program should have a formal process for review of program data with key internal stakeholders to inform program fidelity, equity, and improvement.

Stage 6. Services Introduction		
Item	SIC activity	Definition
6.a.	Medication available for PrEP implementation	<ul style="list-style-type: none"> Document date when clinic first makes a new PrEP modality available to PrEP clients, either on-site (e.g., injectable CAB or a starter pack for oral PrEP) or pharmacy has new PrEP modality in stock.
6.b.	PrEP Awareness & Engagement plan initiated (Program Start Up)	<ul style="list-style-type: none"> Date clinic first starts to implement <i>PrEP Awareness & Engagement</i> plan. This includes education and counseling. If multiple modalities available, includes discussion of best PrEP option. This is the date that signals “Program Start Up”.
6.c.	First client received PrEP Decision-Making Counseling	<ul style="list-style-type: none"> Data first client receives PrEP Decision-Making Counseling to determine whether they could benefit from using PrEP. If multiple modalities available, includes discussion of best PrEP option.
6.d.	First client received PrEP Financial Navigation	<ul style="list-style-type: none"> Date first client receives PrEP Financial Navigation. If introducing new PrEP modalities, includes discussion of coverage for each type of PrEP.
6.e.	First client has PrEP Initiation Medical Visit	<ul style="list-style-type: none"> If the clinic has never implemented PrEP, use the date when the first PrEP prescription is written. If introducing new PrEP modalities, this would be when the first prescription for that new modality is written.
6.f.	First client received PrEP Adherence & Sustainment Support	<ul style="list-style-type: none"> This might include an on-schedule visit, outreach by navigator for visit reminder, or refill. If introducing new PrEP modalities, this would be the first time that there is an Adherence service for the new modality.
6.g.	First client received PrEP Follow Up visit	<ul style="list-style-type: none"> Date first PrEP user receives follow-up clinical visit

Stage 7. Delivery with Continuous Program Improvement		
Item	SIC activity	Definition
7.a.	First program meeting after service introduction	<ul style="list-style-type: none"> Date of first meeting to review / discuss status of program after service introduction Mark as complete only when all parties involved in PrEP care (e.g., physicians, nurses, benefit navigators, pharmacists [if applicable], etc.) attend the meeting
7.b.	First data review meeting	<ul style="list-style-type: none"> This is a meeting where metrics identified in Stage 5 are presented and reviewed by team to identify areas for improvement Requires sufficient number of patients to allow for assessment
7.c.	First discussion of	

	potential modifications to service delivery and patient flow	<ul style="list-style-type: none"> • Date when PrEP care team first review how PrEP is being delivered at site, whether implementation plan is followed, and patient flow • The purpose of the meeting is to identify modifiable bottlenecks and strategies to improve service delivery
7.d.	First implementation plan for service improvement created	<ul style="list-style-type: none"> • Date when PrEP care team creates first plan to implement strategies to improve service delivery
7.e.	First improvement strategy implemented	<ul style="list-style-type: none"> • Date when site first implement strategies for improvement
7.f.	Second program review	<ul style="list-style-type: none"> • This activity includes (1) review of M&E metrics data to identify areas for improvement; and (2) review of how PrEP is being delivered in the clinic to identify modifiable bottlenecks and strategies to improve service delivery
7.g.	Second implementation plan for service improvement created	<ul style="list-style-type: none"> • Date PrEP care team creates a second plan to implement strategies to improve service delivery
7.h.	Second improvement strategy implemented	<ul style="list-style-type: none"> • Date when site implements strategies for improvement
7.i.	Program reaches at least one Program Goal	<ul style="list-style-type: none"> • Date when program reached at least one of its Program Goals articulated in Stage 5

Phase 3: Sustainment

Stage 8. Development of Competency and Sustainment		
Item	SIC activity	Definition
8.a.	50% Program Goals achieved	<ul style="list-style-type: none"> • Date when 50% of the Program Goals as articulated in Stage 5 are achieved.
8.b.	All Program Goals achieved	<ul style="list-style-type: none"> • Date when all Program Goals as articulated in Stage 5 are achieved.
8.c.	At least 50% Program Goals sustained for 12 months	<ul style="list-style-type: none"> • Date when at least 50% Program Goals as articulated in Stage 5 are sustained for 12 months.
8.d.	All Program Goals sustained for 12 months	<ul style="list-style-type: none"> • Date when all Program Goals as articulated in Stage 5 are sustained for 12 months.

8.e.	Program review meetings occur regularly for 12 months	<ul style="list-style-type: none"> • Program review meetings occurring regularly at 12 months. • Regularly defined as occurring according to an agreed-upon schedule.
8.f.	PrEP is fully integrated into clinical services (Sustainment)	<ul style="list-style-type: none"> • PrEP services are fully integrated into clinic flow. PrEP services have graduated from a “program” to routine part of care at the site.