

San Francisco Department of Public Health, SF Division
Community Health Education and Promotion Department
PS20-2010 Integrated HIV Programs to Support Ending the HIV Epidemic in the US
Component C Budget
08/01/2021-07/31/2022 (Year 2)
Revised 08.25.2021

A. Salaries	\$221,937
B. Mandatory Fringe	\$83,424
C. Consultant Costs	\$0
D. Equipment	\$0
E. Materials and Supplies	\$31,840
F. Travel	\$5,000
G. Other Expenses	\$13,580
H. Contractual	\$388,735
Total Direct Costs	\$744,516
I. Indirect Costs (25% of Total Salaries)	\$55,484
TOTAL BUDGET	\$800,000

A. SALARIES AND WAGES

\$221,937

Position Title and Name	Annual	FTE	Months	Amount Requested
Registered Nurse (Project ExEI RN Coordinator) – TBD (Anticipated start date Nov 1)	\$184,429	1.00	9	\$138,321
Health Care Analyst – TBD (Anticipated start date Nov 1)	\$111,488	1.00	9	\$83,616

Job Description: Registered Nurse (Project ExEI RN Coordinator) – This Position will help with design and expansion of express visits, help plan for implementation of EPIC by helping re-design workflows, design structured note templates for data capture in EPIC, and support public health detailing activities described in Component A. Strategy C1, C2, C4, C5.

Job Description: Health Care Analyst - Under the supervision of the SFCC Project ExEI Manager and SFDPH STD epidemiologists, will assist with coordination of Component A and C activities at SFCC, and generation of data reports.

B. FRINGE BENEFITS (average rate 37.6% of total salaries)

\$83,423

Fringe Benefit Component	Percentage of Salary	Amount
Unemployment Insurance	0.26%	577
Social Sec-Medicare(HI Only)	1.39%	3,085
Social Security (OASDI & HI)	5.94%	13,183
Life Insurance	0.02%	44
Dental Coverage	0.52%	1,154
Retiree Health-Match-Prop B	1.00%	2,219
Health Service-City Match	8.70%	19,309
Retire City Misc	19.76%	43,852
TOTAL		83,423

C. CONSULTANT COSTS	\$0
D. EQUIPMENT	\$0
E. MATERIALS/SUPPLIES	\$31,840

Item	Rate	Cost
Program Supplies	2.0 FTE x \$76.65/month x 12 months	\$1,840
HIV Viral Load Monitoring Tests	120/specimen x 250 tests	\$30,000

Program Supplies: Funds will cover the cost of basic office supplies for staff and for outreach including but not limited to pens, paper, folders, binders, presentation materials, condoms, outreach items and handouts as well as any other items used on a daily basis.

HIV Viral Load Monitoring Tests: check the HIV viral load in HIV+ patients who are seen at SF City Clinic for STI services, to try and identify people who are NOT undetectable, and who may need assistance with linkage to care.

F. TRAVEL	\$5,000
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Travel & Conference Registration	\$1250/staff x 4 staff x 1 conference (Cost includes \$600 for airfare, \$500 for hotel and \$150 for incidentals)	\$5,000
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CDC is planning a Component C recipient meeting in Spring 2022 (likely in Atlanta) to facilitate peer-to-peer learning. The PI, and biomedical HIV prevention coordinator (both in-kind for this project), as well as the two funded staff (RN and health care analyst) will attend this meeting.

G. OTHER	\$13,580
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Item	Rate	Quantity	Cost
Office Rent	\$1.93 sq ft x 250 sq ft x 2.0 FTE	x 12 months	\$11,580
Training	Professional development and training approximately \$1000/staff development	x 2 staffs	\$2,000

Office Rent: Office rent covers expenses of office space rentals and maintenance for the HPS staff to perform their duties.

Training: Funds will cover registration costs for training and development for new staff including but not limited to, supervisor training, project management training, leadership

training, as well as continuing education on HIV and PrEP navigation skill building. [Supervisor training](#) is approximately \$880/person. De-escalation training and motivational training speaker estimated at \$300/session. These skills are critical to building leadership skills amongst Project ExEI staff, and to building skills that will enhance the delivery of HIV prevention services at the clinic.

H. CONTRACTUAL

\$388,735

Contractor Name (see below for details)	Total Funding
Heluna Health	\$56,400
EPIC Consultant	\$332,335

1. Name of Contractor: Heluna Health

Method of Selection: Request for Qualifications (RFQ) RFQ36-2017

Period of performance: 08/01/2021 - 07/31/2022

Scope of work

- 1) Service category: Consultant
- 2) Award amount: \$56,400
- 3) Subcontractors: tbd
- 4) Services provided: Heluna Health will provide fiscal intermediary services to SFDPH and contractual oversight over consultants selected by CHEP

Method of accountability: Annual program and fiscal and compliance monitoring.

Description of activities Heluna Health will provide fiscal intermediary services to SFDPH and contractual oversight over consultants selected by CHEP and DPC.

Itemized budget with narrative justification:

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|---------------------------|-----|
| a) Salaries and Wages | \$0 |
| b) Fringe Benefits | \$0 |
| c) Consultant Costs | \$0 |
| d) Equipment | \$0 |
| e) Materials and Supplies | \$0 |
| f) Travel | \$0 |
| g) Other Expenses | \$0 |

h) Contractual/Consultants \$50,000

Consultant (see below for detailed description)	Total Funding
"Don't Think, Know" home testing	\$25,000
Consultant Community Perspective	\$15,000

Consultant LEAN/workflow improvements	\$10,000
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We plan to work with the following groups:

- 1) “Don’t Think, Know” home testing: this is a SFDPH initiative to increase access to STD testing for young women of color, who disproportionately acquire STDs in SF. This partnership is an investment in the health of young women of color. It includes a patient portal through a tech consultant, as well as a contract with a private sector laboratory that will mail out specimen collection kits, which the consumer will mail to the SF public health lab, for results reporting directly into our ISCHTR database. We have started working with the website consultant (N- tonic) and anticipate website launch by 12/1/21.
- 2) Consultant Community Perspectives: A Community Perspectives Assessment (CPA) SFCC will work with a consultant to survey patients and community members to a better understanding of why those who are most vulnerable to HIV infection, including MSM of color, trans women, PEH, and PWU/ID do and do not seek services at SFCC, to determine how to adapt and market SFCC services to ensure these communities feel welcome well served at SFCC. We plan to partner with a group with expertise in qualitative research and community perspective assessments. Anticipated start date is 1/1/22. The funds will be used in the following manner:
 - Salary and benefits for 0.3 FTE of qualitative researchers for 4 months = \$12,500. Researchers will conduct focus groups and stakeholder interviews with internal staff, SFCC patients and community members. Researchers will use digital ethnography and will produce an “insights report” with insights, ideas and recommendations for engagement strategy.
 - Participant incentives = \$2500 (\$100 gift card per person, for n=25 participants). Gift cards will be tracked using existing program policies for gift card purchase, inventory, documentation of distribution and accounting. Gift cards for target or safeway will be provided to incentivize participation in the focus groups and qualitative interviews.
- 3) Cardea Consulting for LEAN/workflow improvements: Cardea has expertise in providing consultant services related to sexual health and family planning. We previously worked with Cardea on a NACCHO-funded project on scaling up and evaluating STD express visits. Thus, Cardea is already familiar with City Clinic and will be well-positioned to assist us with the infrastructure assessment, and will facilitate quality improvement activities related to the delivery of HIV prevention services at the clinic. Anticipated start date is 1/1/22.

i) Total Indirect Cost @ 12.8% (Heluna Health)	\$6,400
Total Costs (Heluna Health)	\$56,400

2. Name of Contractor: EPIC Consultant

Method of Selection: Request for Task Order Proposal (TOP-RFP)

Period of performance: 9/07/2021 – 07/31/2022

Scope of work

- 1) Service category: Consultant
- 2) Award amount: \$332,335
- 3) Subcontractors: n/a
- 4) Services provided: Contractor to provide implementation support and ownership of clinic change management for the City's project to transition SF City Clinic [SFCC] to Epic. Consultant will work full-time for SFCC over the 10 months of discovery, build and design. Responsibilities include:
 1. Coordinate Epic implementation planning for DPH's population health division sexually transmitted infection (STI) clinic, SF City Clinic [SFCC]:
 - a. Serve as lead project manager for SFCC Epic transition.
 - b. Perform broad assessment of SFCC needs related to Epic transition:
 - i. Meet regularly with SFCC subject matter experts to document current state workflows.
 - ii. Review High Value Targets [HVTs] identified.
 - iii. Develop strategy to address HVTs and translate current state workflows into Epic functionality to preserve/achieve goals present in the current state.
 - iv. Fill in gaps in understanding by translating between the different terminology used by SFCC, Epic software, and SFDPH IT team.
 - c. "How do others do it?" Meet with subject matter experts from other specialty STI clinics that use Epic to gather best practices and smart tools (e.g. Denver Health, Seattle STI clinic, SF Kaiser PrEP program, SF Health Network PrEP program). Assess and maximize opportunities for alignment between SF Health Network and Population Health Division uses of Epic for sexual health care.
 - d. Develop plan for PrEP registry/PrEP panel management tool for SFCC's 1000-patient PrEP cohort, and for San Francisco Health Network [SFHN] PrEP patients
 - e. Develop SBAR related to need for interface/extract between Epic and the public health STD program surveillance and case investigation database (ISCHTR).
 - f. Assist with development of Epic-reporting tools and dashboards to replace the worklists and reports in current state.
 - g. Provide guidance on SFCC workflow re-design to match future state Epic ambulatory workflows
 2. Coordinate efforts to optimize current SFDPH Ambulatory and Inpatient Epic applications to facilitate population health division HIV, STI and HCV prevention work:
 - a. Meet with HIV, STI and HCV clinical champions in the SFHN.

- b. Develop SBARs related to Epic optimization requests to increase adherence to USPSTF and SFDPH guidelines for HIV, STI and HCV screening, congenital syphilis prevention and PrEP initiation and retention.

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget with narrative justification: To be provided upon completion of contract negotiations/RFP.

Total Direct Costs	\$289,485
Total Indirect Costs (@ 15% of Modified Total Direct Costs)	\$42,850
Total Costs	\$332,335
TOTAL DIRECT COSTS:	\$744,516
INDIRECT COSTS (25% of total salaries) Please see attached indirect cost memo for details.	\$55,484
TOTAL BUDGET:	\$800,000

EHE Component C Year 2 Work Plan

Recipient: San Francisco Dept of Public Health

Date Last Updated: 8/4/21

Strategy 1: Clinic Infrastructure Assessment

Conduct assessment of the clinic infrastructure to document HIV and STD prevention services, identify gaps, and assess service quality.

STD specialty clinics should develop efficient, integrated approaches for delivering care that enhances value for the patients they care for and the populations they serve. Participating clinics will update their assessment of the clinic infrastructure to document HIV and STD prevention services that are currently provided, and develop a plan to address gaps.

Strategy Area POC: Judith Sansone, SFCC nurse manager

Objective 1A

By July 2022, develop 1-3 quality improvement projects to enhance services for POC, address gaps identified in the infrastructure assessment, and work on EPIC build.

Baseline

No LARC administration at SFCC, always refer out

Target

Needs assessment of estimated # of patients who would be interested in receiving LARC at SFCC annually and resources needed to implement LARC at the clinic

No note template for EPIC

3-5 standardized notes

Annual brief customer satisfaction survey

Comprehensive community perspectives assessment

Activity Description

Activity Timeframe

Deliverable/Product/Output

Assigned To

Status Update

Work with a consultant to complete a "community perspectives assessment" to better understand perspectives of LGBTQ communities of color on sexual health services in San Francisco, and how SF City Clinic services could be transformed to better meet needs of our Black/AA and Latinx patients.

July 2021-July 2022

Focus groups and in-depth qualitative interviews with community members and EHE and youth community advisory boards culminating in an insights report with 3 concrete recommendations related to SFCC marketing and services.

J. Sansone, SFCC nurse manager; TBD SFCC Project ExEI analyst; TBD consultant

On Track to Meet

Work with informatics consultant with EPIC expertise to build structured note templates for SFCC clinical progress notes to ensure structured data elements can be captured in the new EHR.

July 2021-July 2022

3-5 standardized notes

J. Sansone, SFCC nurse manager; TBD SFCC Project ExEI analyst; TBD consultant

On Track to Meet

Develop a SBAR on implementation of LARC at SF City Clinic

July 2021-July 2022

Needs assessment of estimated # of patients who would be interested in receiving LARC at SFCC annually and resources needed to implement LARC at the clinic

J. Sansone, SFCC nurse manager; TBD SFCC Project ExEI analyst; TBD consultant

On Track to Meet

August 2021 Update

Don't anticipate clinic staff being heavily impacted by COVID surge.

EPIC go-live tentative date of February 2022, additional Comp C funds will be directed to EPIC work.

Year 1 funds have gone through accept and expend process at last! Can start the hiring process for 2 Comp C positions. Need to go through accept and expend process for the additional 350K in Year 2 funds but should be smoother.

Have proposals from consultants for community perspectives assessment; haven't embarked on contract process yet. Also, will likely work through non-profit funded through other HIV prevention money to "secret shopper" activities in the clinic to get community perspectives and feedback.

EPIC implementation team has consultant that they've worked with for other DPH EPIC rollouts; setting up contract but initial budget was vast underestimate of cost and time to get needed work done. Have mechanism to pay consultant so extra Comp C funds arriving at perfect time. Will have additional deliverables, still need to determine.

Implementation of LARC is a lower priority so work hasn't been started just yet.

Strategy Context

By start of year 2, we are hopeful that San Francisco will be on the road to recovery from COVID-19. We are optimistic that most or all of our COVID-19-deployed staff will have returned to their posts by then. The general goal for our clinic at that time will be to expand services, rather than to scale back as we did during COVID-19. In this context, the upcoming implementation of EPIC at our clinic presents challenges and opportunities. We aim to use Component C resources to optimize those opportunities and mitigate those challenges, so that we can expand or at least maintain existing visit volume, and not have to decrease our volume due to EPIC-related challenges. In addition, we want to ensure that the expansion in our patient volume helps narrow gaps in health equity, rather than exacerbate them.

EHE Component C Year 2 Work Plan

Strategy 2: Scaling Up Evidenced-based Approaches

Implement evidence-based approaches to scale up capacity, sexual risk assessments, self-collected STD testing and treatment, and HIV testing and viral load assessment.

Participating STD clinics will identify innovative and evidence-based approaches that will allow staff to serve patients in a timely manner, improve patients flow, conduct walk-in client initiated sexual risk assessments and specimen self-collection to increase capacity to test for STDs at all anatomic sites, provide timely treatment, test for HIV and do viral load assessments and other HIV-related laboratory tests, as recommended by CDC. Some of the approaches may include the use of tablets or other mobile technology for intake and express STD services.

Strategy Area POC: Judith Sansone, SFCC nurse manager

Objective 2A

By July 2022, implement at least one infrastructural modification to clinic's patient flow to optimize visit capacity.

Baseline		Target		
Manual, verbally-administered risk assessment performed by staff		Self-administered electronic risk assessment		
Due to COVID-19 pandemic, mean visits week declined from an average of 300/week pre-COVID, to 165/week as of December 2020		Increase mean visits/week by 15%		
Activity Description	Activity Timeframe	Deliverable/Product/Output	Assigned To	Status Update
Implement an electronic self-administered risk assessment to replace the one currently taken manually and verbally by NPs and RNs	August 2021-January 2022	Duration of patient visits in minutes, when risk assessment is self-administered vs. staff-administered	S. Cohen, SFCC Project ExEl Director; O. Bacon, SFCC Lead physician; TBD SFCC Project ExEl analyst; R Kohn epidemiologist; TBD tech consultant	On Track to Meet
Establish continuous quality improvement of clinic scheduling system	November 2021-May 2022	Patient wait times before and after changes made # patients seen per hour or per day before and after changes made	S. Cohen, SFCC Project ExEl Director; J. Sansone, SFCC nurse manager; TBD SFCC Project ExEl analyst; TBD SFCC Project ExEl RN; R Kohn epidemiologist; TBD consultant	On Track to Meet
Launch a home STI testing program for young women of color	October 2021-July 2022	Launch "don't think know" in San Francisco	S. Cohen, SFCC Project ExEl Director, TBD SFCC Project ExEl director	On Track to Meet

August 2021 Update

Have contracted with web developer to build electronic self-administered risk assessment, Oliver working on draft; have to figure out how it will work from workflow standpoint and whether should wait until EPIC rollout.

Working group dedicated to optimizing scheduling system for post-COVID era; made significant changes one month ago and met again after those changes; integrated scheduling with current EMR but will change with EPIC; working group meeting again soon to discuss QI opportunities and review metrics, will help capture what clinic gained – compare wait times for drop-ins versus scheduled appts. Can compare data to wait times after EPIC transition. Clinic volumes going up, not back to pre-COVID numbers but clinic workflow changes have helped facilitate the increase in volume.

Scheduled appointments help to spread clinic visits out while drop-in pathway accommodates patients who aren't able to call ahead for an appointment. Shortened wait times are the goal and the reason clinic changed the software they were using to schedule.

Contracting process for "don't think know" home STI testing program will take some time but is moving along.

Have Good Sex campaign is very social media heavy but Facebook and Instagram blocking content due to its name; 2 influencers promoting the campaign on their SM accounts, gay black men; 25 kits/month ordered on Take Me Home but hoping for higher number, planning other advertising campaigns to supplement social media. Have found CT cases, GC and syph so reaching the right people.

Strategy Context

Risk assessments are administered by staff, including NPs and RNs. This task is time-consuming and may lead to social desirability bias in patient responses or patient discomfort with the visit experience. We aim to automate the data collection component of the risk assessment by adapting it to a self-administered electronic format. Then staff can spend time only on reviewing the answers and providing counseling or linkage based on responses, instead of on collecting the data.

During COVID-19, the clinic implemented a scheduling system for the first time in many years. For many years, the clinic had been nearly 100% drop-in. The current system was designed to solve the problem of ensuring patients were screened for COVID symptoms or exposure prior to coming in, and to prevent having too many patients in the clinic, such that it would exceed safe capacity during the pandemic. It also achieved the goal of largely spreading patient visits more evenly throughout the day, which is a benefit that we would like to maintain. We aim to retrofit our COVID-19 inspired scheduling system for the post-COVID-19 era. Our safety net populations will need the flexibility of drop-in, especially as their lives become more hectic again as pandemic recovery evolves. Finally, we would like a system whose efficiency is not limited by the soon-to-be outdated constraint of safe capacity. In addition, we aim to establish an ongoing CQI system for our scheduling system.

EHE Component C Year 2 Work Plan

Strategy 3: PrEP and nPEP Clinic and Lab Capacity

Expand the capacity of STD clinics to offer PrEP, nPEP, and strengthen clinic and laboratory capacity for recommended follow-up visits for individuals.

Participating clinics will identify, tailor and implement innovative strategies to offer comprehensive PrEP and nPEP services for high-risk racial/ethnic and sexual minorities for whom it is appropriate and desired, especially MSM. Participating clinics must follow the CDC guidelines for PrEP implementation. Clinics should also strengthen clinic and laboratory capacity for recommended PrEP care, including follow-up visits that include recommended STD testing at relevant anatomical sites along with other recommended wrap around services.

Strategy Area POC: Montica Levy, Biomedical HIV Prevention Coordinator

Objective 3A

By July 2022, create standardized tools for PrEP documentation in EPIC for City Clinic and SF Health Network PrEP patients.

Baseline	Target
No smart tools to support PrEP screening or documentation in EPIC	Smart set for PrEP lab ordering and note template

Activity Description	Activity Timeframe	Deliverable/Product/Output	Assigned To	Current Status
Take an inventory of implications of the switch to EPIC for panel management of our PrEP cohort	July 2021-December 2021	Implementation plan for new, EPIC-compatible panel management system	J. Sansone, nurse manager; SFCC Project Analyst TBD; EPIC informatics consultant TBD	On Track to Meet
Develop standardized note template for PrEP initiation and follow-up in EPIC	July 2021-December 2021	PrEP notes	J. Sansone, nurse manager; SFCC Project Analyst TBD; EPIC informatics consultant TBD	On Track to Meet

August 2021 Update

Relaunched EPIC implementation planning last week; have been engaging PrEP providers in SF health network (side of DPH that isn't population health, is care system for uninsured and publicly insured patients) – they went on EPIC first at hospital and satellite clinics, have started to think through how they can integrate PrEP panel management and tools into EPIC; providers feel they are 75% of the way there but still missing some of their tools; group in health network have looked at crossmatching salesforce functionality with EPIC functionality – Montica looking to schedule demo with them.

EPIC rollout will be phased since need start using e-prescriptions on Jan 1; currently use paper prescriptions and EMR doesn't have that option. So will need to start loading charts into EPIC by Dec even though won't be charting full patients visits at first.

Strategy Context

There are missed opportunities for PrEP counseling and initiation among patients hospitalized at ZSFG. Developing "smart tools" in the EHR will facilitate providers ability to order PrEP initiation labs and smart note tools will guide them through steps necessary to screen and initiate PrEP. When SFCC transitions from our home grown EMR to EPIC, we will also utilize these tools for our SFCC PrEP cohort.

EHE Component C Year 2 Work Plan

Strategy 4: HIV Medical Care

Optimize linkage to, retention in, and re-engagement with HIV medical care.

Participating clinics should consider testing for viral loads all patients who test positive for HIV and patients living with HIV and not engaged in HIV medical care. Patients with newly diagnosed HIV and those not virally suppressed should be rapidly linked to HIV medical care within 7 days. STD clinics will work with health department HIV/STD prevention personnel DIS, Linkage Coordinators, Patient Navigators, HIV providers and other community providers, such as behavioral health, family planning, intimate partner violence, and housing assistance to conduct activities.

Strategy Area POC: Oliver Bacon, lead physician

Objective 4A

By January 2022, the integrated STI/HIV prevention services protocol for PLWH at SFCC will include workflows for routine lab-based viral load testing and expanded activities for RAPID ART re-initiation.

Baseline

We do not currently obtain HIV Viral loads in PLWH who report that they are in-care for HIV.

Target

Obtain an HIV viral load in at least 50% of PLWH who are seen at SFCC for sexual health services who report that they are in-care but have not had a VL measured in > 3 months.

Activity Description	Activity Timeframe	Deliverable/Product/Output	Assigned To	Status Update
Develop protocol for ordering of lab-based VL test for PLWH seeking services at SFCC	August 2021 - January 2022	Proportion of PLWH seen at SFCC who have a viral load test ordered	O. Bacon, SFCC Senior Physician	On Track to Meet

August 2021 Update

Protocol in development, want to get VL protocol worked out before EPIC transition.

Strategy Context

This is a modified version of strategy 4A from year 1. We anticipate that we will not conclude all aspects of implementation of this strategy by end of year 1, and would like to carry it into year 2 given its potential for high impact in improving public health by lowering community viral load in San Francisco.

EHE Component C Year 2 Work Plan

Strategy 5: Partnerships

Facilitate the development of partnerships with other community HIV clinical providers and health department and community-based organizations providing HIV prevention services and collaborating in the implementation of the EHE.

STD clinics, with support from the NNPTCs and CDC, will partner and collaborate with health department HIV prevention and Ryan White Care providers, community-based organizations, as well as other governmental and external experts in the development of local EHE community plans to identify system efficiencies and improve access to quality HIV prevention services.

Strategy Area POC: Stephanie Cohen, medical director and STI prevention and control director

Objective 5A

By July 2022, deliver a comprehensive sexual health clinical services TA package to expand the reach of City Clinic's expertise locally and in other jurisdictions.

Baseline	Target			
No existing e-consult service	Receive at least 2 e-consults/week			
Sexual health-related public health detailing resumed in year 1 after a hiatus due to COVID-19	Continues in year 2			
Delivery of TA to PrEP providers and programs across jurisdictions began in year 1	Continues in year 2			
Activity Description	Activity Timeframe	Deliverable/Product/Output	Assigned To	Status Update
Develop e-consult functionality in EPIC for an SFCC/sexual health consult	August 2021-July 2022	# of e-consults received/week	O. Bacon, SFCC Senior Physician	On Track to Meet
Conduct sexual health-related public health detailing for SF-based providers	August 2021-July 2022	# of detailing sessions conducted	A. Decker, Clinical Prevention Consultant	On Track to Meet
Provide technical assistance to PrEP providers and programs across jurisdictions	August 2021-July 2022	# of TA sessions delivered	M. Levy, Biomedical HIV Prevention Coordinator	On Track to Meet

August 2021 Update

E-consult service will be rolled into EPIC buildout.

Strategy Context

This is a modified version of strategy 5A from year 1. We anticipate that we will not conclude all aspects of implementation of the e-consult service by end of year 1, and would like to carry it into year 2 given its potential for high impact in improving sexual health in San Francisco by enabling primary care providers to manage STD testing and treatment in-house, thus freeing up capacity at City Clinic for patients who do not have an existing medical home. In addition, it will expand the reach of City Clinic's STD specialty services to patients who might otherwise not engage with our clinic, who prefer to continue all care with their PCP.