



**STD
ENGAGE**

DC CAPITOL AREA ★ ★ ★ 2019

INNOVATE. IMPACT. EMPOWER.



**National Coalition
of STD Directors**

**STI Express
Services: Models,
Needs,
Opportunities, and
Considerations to
Optimize STI Testing**

**Samantha Ritter, MPH
Senior Program Analyst,
HIV, STI, & Viral Hepatitis
NACCHO**

November 14, 2019

Presentation Overview

NACCHO's STI
Express
Initiative

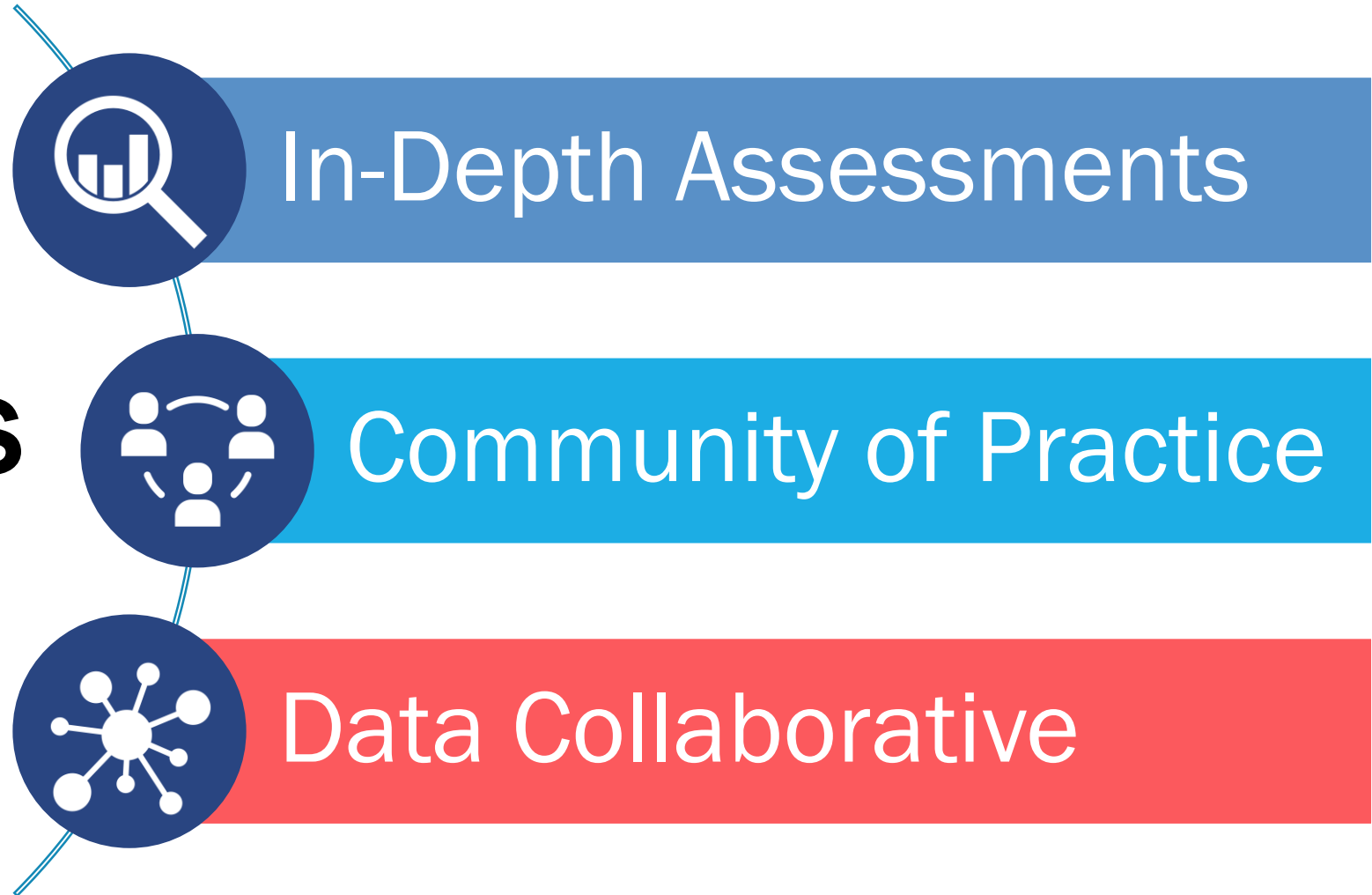
Implementation
models and
considerations

Expanding the
evidence base

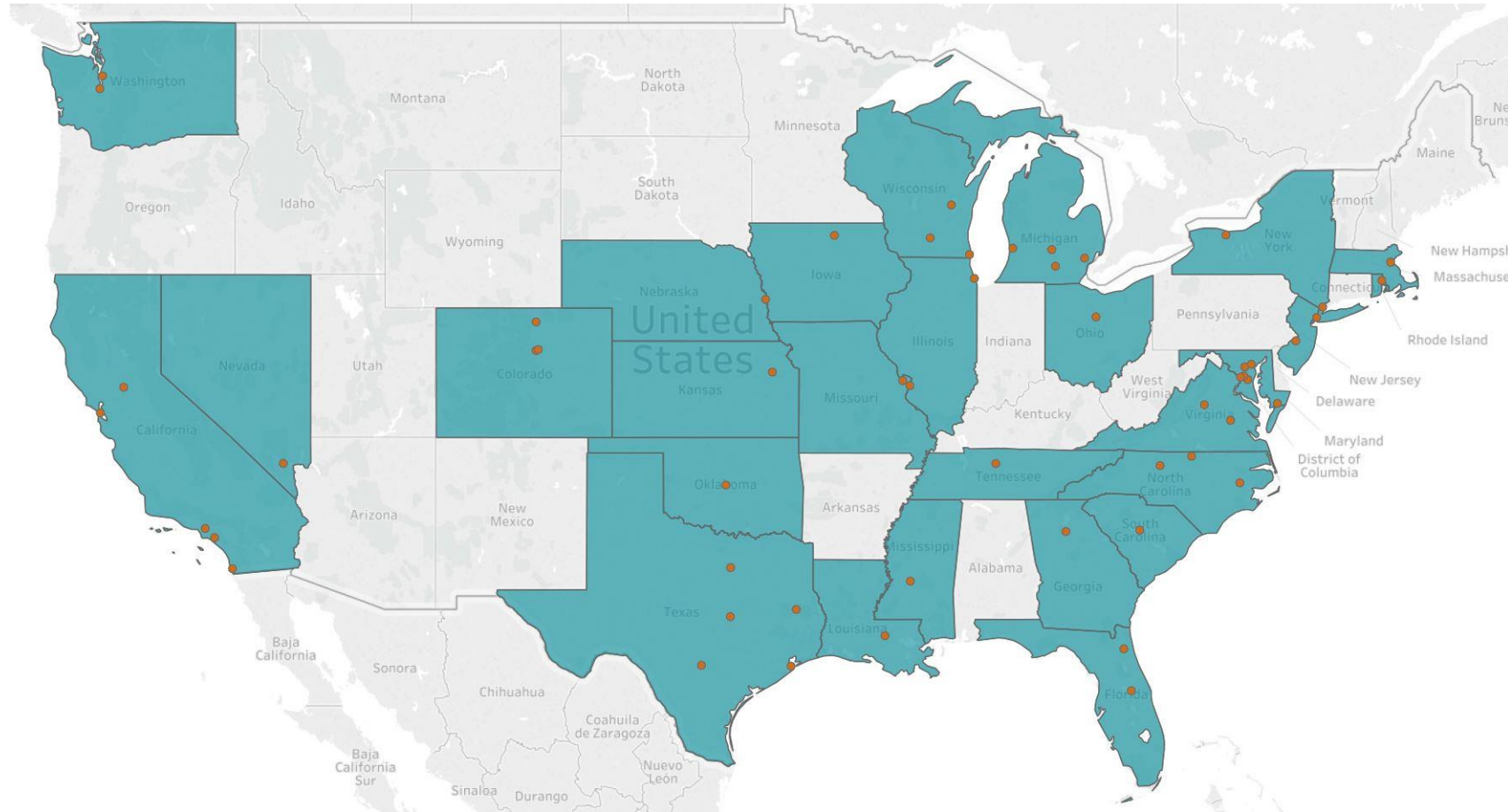
What are STI express services?

- Triage-based STI testing without a full physical examination
 - Staffing models that allow health care professionals to operate at the top of their licenses
 - Patient-self collection
 - Technology and automation
 - Opportunities to implement in diverse settings

NACCHO's STI Express Initiative



Express in the US



In-depth Assessments

- **Express Personal Health, Jackson, MS**
 - Stand-alone clinic to accommodate lack of testing options + long wait times
 - Quick visits, but conduct clinical exams
- **Open Door Health, Providence, RI**
 - Stand-alone, LGBTQ-centered clinic
- **City Clinic, San Francisco Department of Public Health**
 - Traditional health department STI clinic
 - Increased patient volume due to PrEP program
 - Utilize rapid STI testing, but not express services

Key Considerations

Explore how STI express services fit within the larger landscape of STI and HIV prevention and care services, prior to developing and implementing express services

- Work with community partners to identify community-level goals for STI and HIV prevention and how express services may help achieve those goals
- Map current STI and HIV prevention and care services and how express services can contribute to addressing service gaps
- Build/enhance relationships with other clinics and CBOs that provide services along the care continuum

Key Considerations

Consider models for structuring STI express services that balance public health mission and sustainability

- Explore options to support express services and consider how various staffing models may impact billing and sustainability
- Think about how site-specific factors might impact staffing models, levels of technology and automation integration, and turnaround times for processing labs and notifying patients of results

Key Considerations

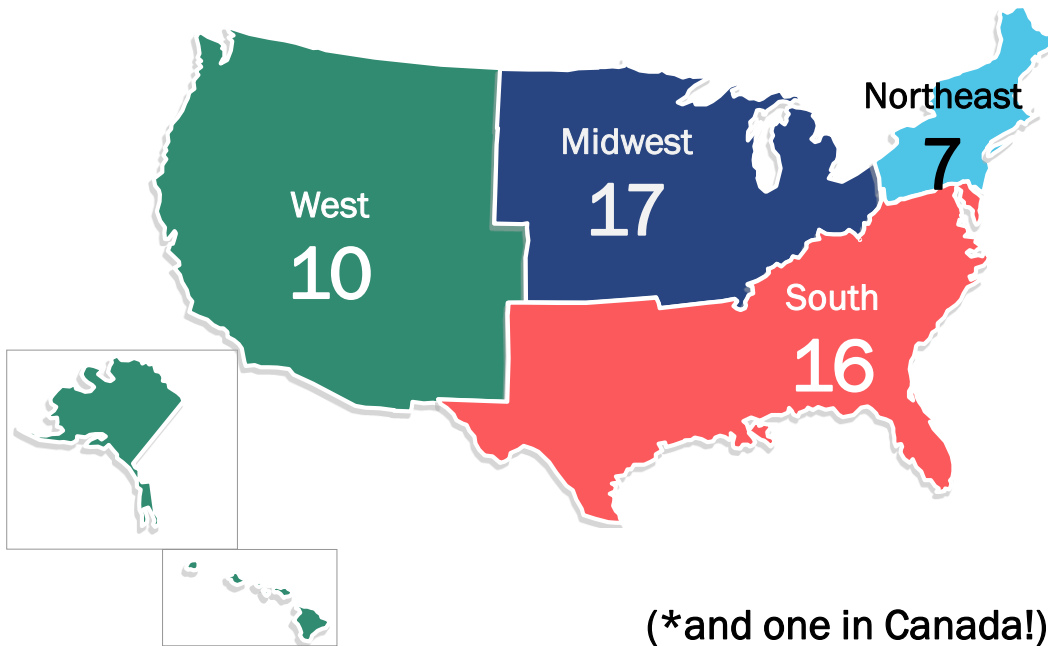
Look at ways to integrate evaluation into implementation plans and harmonize data with other jurisdictions

- Identify key metrics and measures of success, prior to implementing STI express services
- Harmonize data with other jurisdictions to contribute to ongoing, cross-jurisdictional evaluation of and learnings related to express services

Community of Practice Participants

48 participants

42 local health departments;
4 university health centers; 2 CBOs



(*and one in Canada!)

Diversity of models:

17 currently operate STD Express Services; **25** don't; **6** unsure

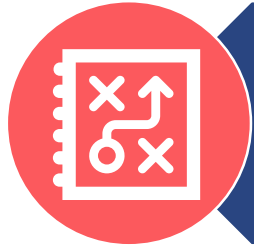
Of the Express models:

- **2** use kiosks for triage
- **8** use questionnaires for triage
- **4** triage in-person with nurses and medical assistants
- **2** triage through online appointment bookings

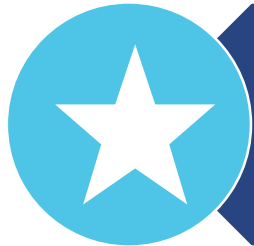
Implementation Opportunities

- Local health department
- Community health center/FQHC
- Community colleges/universities
- States coordinating/providing TA to LHD clinics
- Stand-alone clinics
 - Howard Brown Health
 - Rhode Island Open Door Health
 - Magnet Express
 - Fenway Health

Mid-Point Conclusions



There is no one size fits all approach to express



Express services should be part of jurisdiction- and state-level strategies to address historic levels of STIs



Express services have great potential, but challenges remain

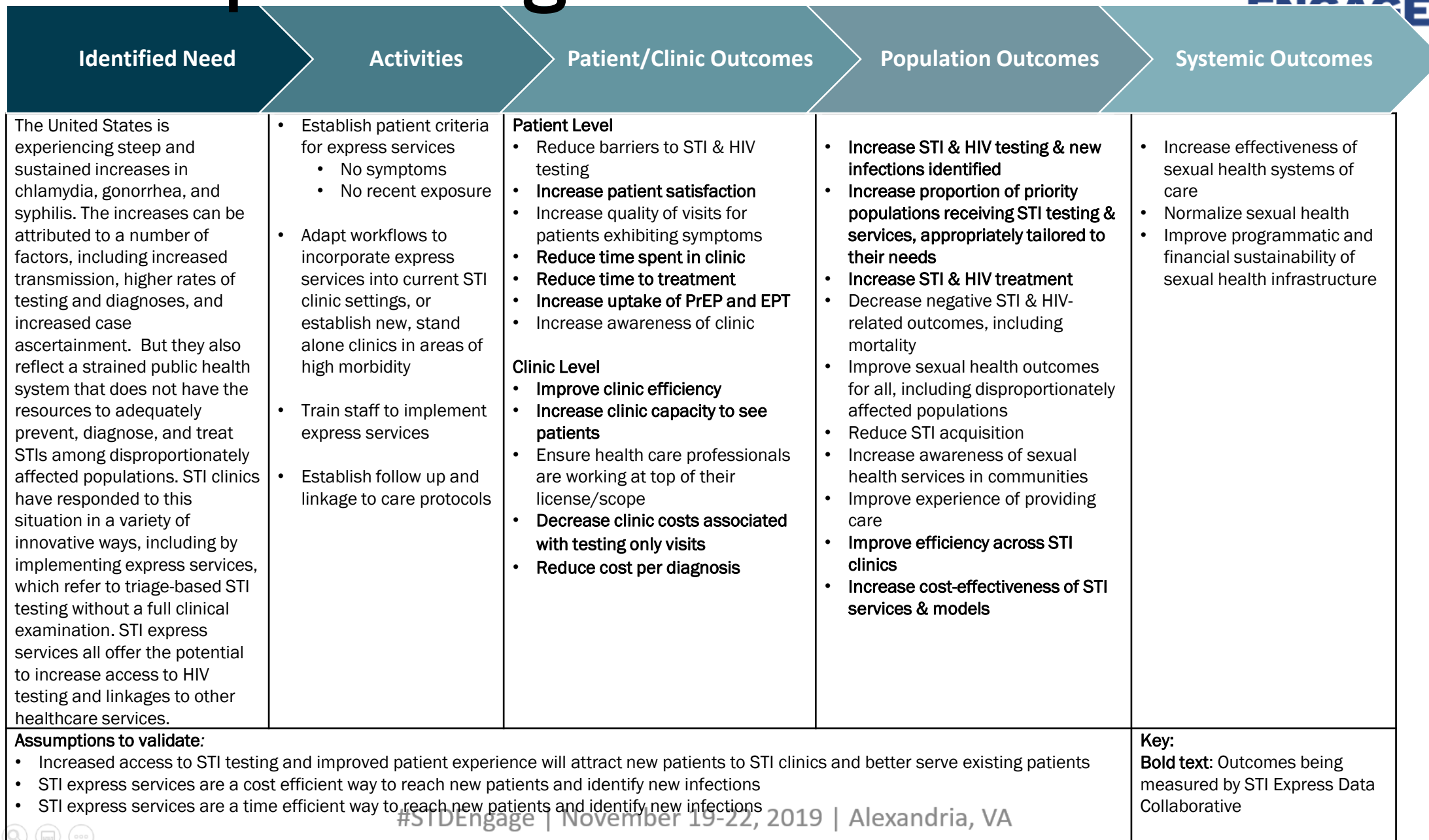
Data Collaborative

- Expand the evidence base for express services
- Strengthen existing express models
- Selected 7 STI clinical sites to develop a joint evaluation framework with SME support from CDC
 - ❖ Denver Public Health
 - ❖ Howard Brown Health
 - ❖ Metro Public Health Department of Nashville/Davidson County
 - ❖ Monroe County Health Department/University of Rochester Center for Community Partnership
 - ❖ New York City Department of Health and Mental Hygiene
 - ❖ Public Health – Seattle & King County
 - ❖ Orange County Health Care Agency

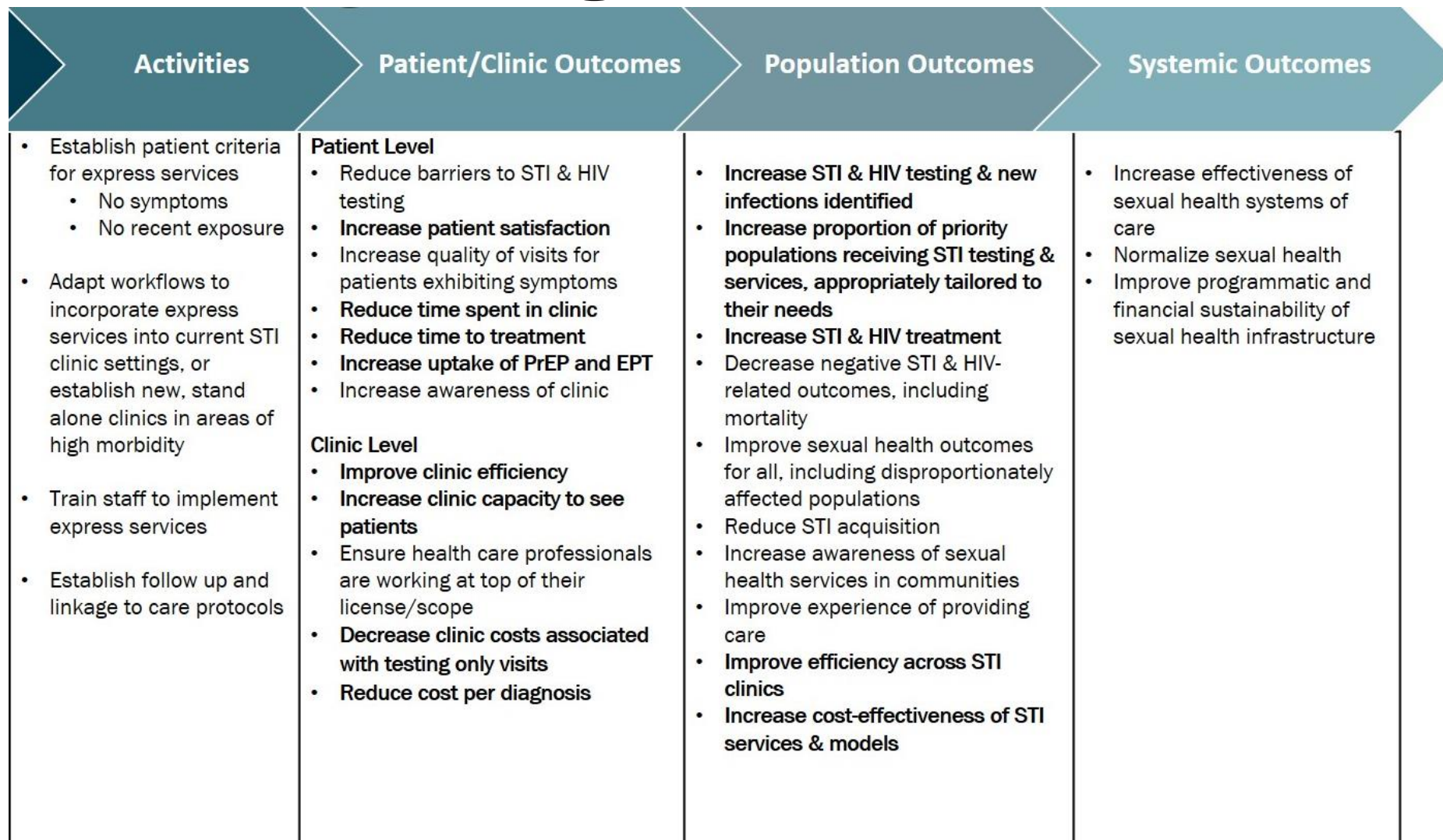
Evaluating Express Services

Express Patient Characteristics	<ul style="list-style-type: none"> • What are the characteristics of patients receiving express services? • How do express and non-express patients compare? • Do express services attract new patients to the clinic? • Are new patients from priority populations? • How often do patients receive express services?
Clinic Capacity & Efficiency	<ul style="list-style-type: none"> • What effect do express services have on a clinic's capacity to see patients? • What effect do express services have on clinic efficiency?
Treatment	<ul style="list-style-type: none"> • How do positivity rates of express and non-express patients compare? • What effect do express services have on time to treatment initiation? • What proportion of express patients return for treatment?
Patient Satisfaction	<ul style="list-style-type: none"> • What factors do patients consider when choosing a clinic for testing? • To what extent are patients satisfied with express services? • What can be improved about express services?
Other	<ul style="list-style-type: none"> • Express + PrEP linkage • Express + EPT

STI Express Logic Model



STI Express Logic Model: Zoomed

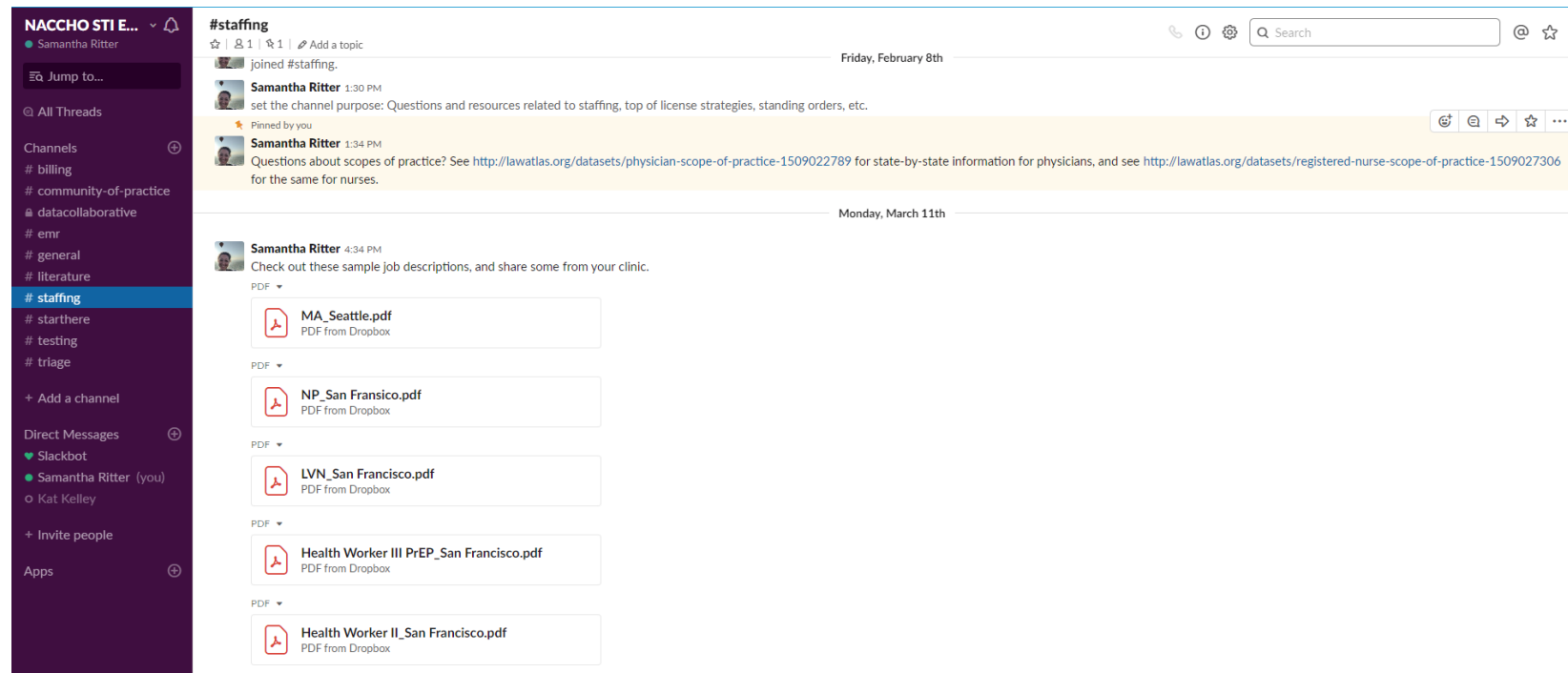


Acknowledgements

- Data Collaborative sites
- Community of Practice members
- In-depth assessment participants
- Gretchen Weiss
- Wendy Nakatsukasa-Ono
- Molly Feder
- Jess Steele
- Amanda Winters
- CDC DSTDP
 - Hilary Reno
 - Dan Lentine
 - Andres Berruti
 - Tom Gift

Join our Community of Practice

<https://essentialelements.naccho.org/archives/13929>

A screenshot of a Slack channel conversation. The channel is named "#staffing" and is part of a workspace named "NACCHO STI E...". The channel has 1 member and 1 topic. The conversation is dated Friday, February 8th. A message from Samantha Ritter at 1:30 PM sets the channel purpose: "Questions and resources related to staffing, top of license strategies, standing orders, etc." This message is pinned. A second message from Samantha Ritter at 1:34 PM asks for questions about scopes of practice and provides links to lawatlas.org for physicians and nurses. The conversation then jumps to Monday, March 11th. Samantha Ritter at 4:34 PM shares five PDF documents: "MA_Seattle.pdf", "NP_San Fransico.pdf", "LVN_San Francisco.pdf", "Health Worker III PrEP_San Francisco.pdf", and "Health Worker II_San Francisco.pdf". The left sidebar shows a list of channels, with "# staffing" selected. The bottom of the screen shows the NACCHO logo and the text "#STDEngage | November 19-22, 2019 | Alexandria, VA".

Stay in Touch

Samantha Ritter, MPH

Senior Program Analyst, HIV, STI, & Viral Hepatitis

sritter@naccho.org