

CONVENING ON SEXUAL HEALTH SERVICES IN PHARMACY SETTINGS



NACCHO

National Association of County & City Health Officials

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Synopsis

New strategies are needed to increase and improve quality sexual health services within the United States. This should include creating, and investing in, partnerships with pharmacies and retail health clinics to provide new access points for STI/HIV services. Pharmacies are located independently throughout the community, grocery stores, and “big box” stores such as Walmart, Target, and Kroger, providing convenient access points for STI/HIV services with trusted health professionals. There is a long history of public health entities engaging pharmacies in TB testing, hepatitis vaccination, HIV management and care, safe syringe programs, emergency contraception, delivery of injectable contraceptives, HPV vaccination, and most recently, COVID-19 vaccination. Pharmacies could support [Ending the HIV Epidemic](#) goals by providing PrEP and PEP services; many states are already authorized to prescribe HIV prevention medication.

On February 8, 2022, the National Association of County and City Health Officials (NACCHO) facilitated a working convening with health departments and national partners and their members to discuss the feasibility of providing sexual health services in pharmacies. The primary goal of the convening was to understand how these entities currently work together (both inside and outside of sexual health services) and discuss how that relationship could grow in the future.

Participants agreed that there is room for expansion of sexual health services in the pharmacy setting. There is also significant potential for partnership between pharmacies and health departments to provide those services with each entity doing “what they do best”—e.g., activities like partner services being conducted via the health department rather than trying to create a new system for pharmacies to do those activities but elements like expedited partner therapy¹ (EPT) should be leveraged by pharmacies.



Convening

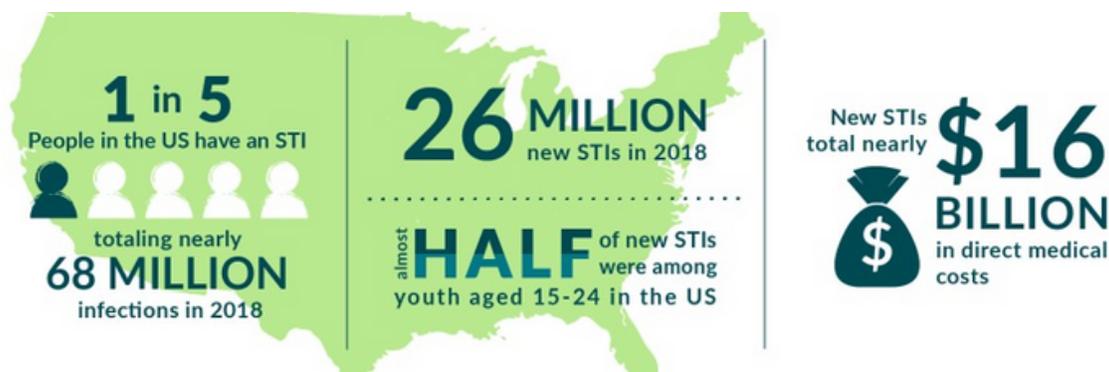
The convening began with brief introductions from NACCHO as well as partnering organizations. First on the agenda² was a presentation from Melissa Habel from CDC’s Division of STD Prevention who discussed the importance of strengthening partnerships with pharmacies. This was followed by a joint presentation from representatives from American Pharmacists Association (APhA) and the National Community Pharmacists Association (NCPA).

¹ Expedited partner therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to their partner *without the healthcare provider first examining the partner*. <https://www.cdc.gov/std/ept/default.htm>

² Full agenda is included in the appendix.

STIs Remain Common and Costly to the Nation's Health³

- 1 in 5 people in the U.S. have an STI, totaling nearly 68 million infections in 2018. About half of the new STIs were among youth (15-24).
- New STIs total nearly \$16B. \$1.1B attributed to chlamydia, gonorrhea, and syphilis alone; \$13.7B to HIV; youth account for 26% of total costs and women account for 25%.



The Role of Community Pharmacies in America

There are approximately ~70,000 community pharmacies in the United States ranging from retail chain pharmacies, independent pharmacies, to “big box” retail store pharmacies such as those located in Walmart, Target, and Kroger. An estimated 13 billion pharmacy visits occur per year, which is more than 10 times the annual number of patient contacts with all other primary care providers combined.⁴ Pharmacies often offer convenient after-work hours with no appointments required as well as the convenience of drive-thru availability. Furthermore, almost all pharmacies accept private insurance and Medicare, and many accept Medicaid as well.⁴ Pharmacies provide a unique opportunity to increase access points and improve convenience to quality sexual health care and services to patients across the United States. To address the high prevalence of STIs, public access to high-quality screening, diagnosis, and treatment services is required.

³ Center for Disease Control and Prevention. (2021, January 26). STI Incidence, Prevalence, Cost Estimates | CDC. 1 in 5 People in the U.S. Have a Sexually Transmitted Infection. Retrieved March 12, 2022, from <https://www.cdc.gov/nchstp/newsroom/2021/2018-STI-incidence-prevalence-estimates.html>

⁴ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Prevention and Control of Sexually Transmitted Infections in the United States; Crowley JS, Geller AB, Vermund SH, editors. Sexually Transmitted Infections: Adopting a Sexual Health Paradigm. Washington (DC): National Academies Press (US); 2021 Mar 24. 11, Supporting and Expanding the Future STI Workforce. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK573165/>

Community Pharmacies by the Numbers

- As of 2020, there were 19,400 independent pharmacies, making up 34% of total pharmacies with approximately 311,000 pharmacists practicing in the community setting (while the remainder were comprised of mass retailer (12%), food store (10%), clinic-based (3%), or government.⁵

John Beckner (NCPA), Mitchel Rothholz (APhA), and Benjamin Bluml (APhA) gave an overview of each membership organization and how pharmacy settings are currently engaging in public health services, pharmacy-led sexual health initiatives, and pharmacy-based solutions for STI and sexual health challenges. They shared insight on barriers to sexual health services and discussed how relationships with the pharmacy community could bridge the gap including things such as streamlined referral services and improved access to sexual health services through pharmacies, recognizing that 90% of Americans live within 5 miles of a community pharmacy. They also suggested that collaboration, coordination, and communication between stakeholders would best serve the relationship between pharmacists and health departments as part of their proposed “Yellow Brick Road” neighborhood framework. It was developed to support 15-25 years old emancipated youth transition to adults who make good, individual public health decisions through the idea of a “neighborhood” that would improve access to services through pharmacies, diversify treatment options through pharmacies and retail health clinics, and provide referrals to “safety neighborhood” and other community resources like health departments. The hope is that fusing collaboration, coordination, and communication with authority and payment will create a “neighborhood” or solution that supports individuals in accessing confidential services from pharmacies. An example of this framework for immunization is below.



APhA and NCPA highlighted that in the case of sexual health services, pharmacists *are an accessible, valued, and recognized member of the sexual health services yellow brick road neighborhood, who is authorized and compensated for providing sexual health services related to government entity-recommended services that improve public health.*

⁵ Qato, D. M., Zenk, S., Wilder, J., Harrington, R., Gaskin, D., & Alexander, G. C. (2017). The availability of pharmacies in the United States: 2007-2015. *PloS one*, 12(8), e0183172. <https://doi.org/10.1371/journal.pone.0183172>

The first half of the convening was wrapped up with a group discussion on what pharmacies needed to improve the sexual health services they provide, what services would be easy to add, which would be easier to refer out, and finally, what attendees would like to see in funding to better support the collaboration between health departments and pharmacies to provide sexual health services.

In the second half of the convening, there were three facilitated breakout sessions: 1) for pharmacy representatives which included APhA, NCPA, the Convenient Care Association (membership organization for retail health clinics), and the National Coalition for Sexual Health, 2) for health departments which included NASTAD, the National Coalition of STD Directors, and the Alliance of State and Territorial Health Officials, and 3) for federal partners which included the Centers for Disease Control and Prevention's Divisions of HIV Prevention and STD Prevention. Groups discussed questions specific to their level of engagement with pharmacies to provide recommendations and solutions to barriers via potential partnership between health departments and pharmacies for future sexual health service integration.



Key Points from Breakout Sessions

Each breakout discussion was centered around questions specific to each group's level of engagement with pharmacies to provide recommendations and solutions to barriers via potential partnership between pharmacies and local health departments for future sexual health service integration. All groups agreed that STI testing, diagnosis, and treatment, and other sexual health services are significantly underutilized in the pharmacy and more should be done to expand services. Some key takeaways included the need to:

- Bring awareness to the communities about pharmacies being an option for sexual health services
- Timing of implementation given competing priorities (e.g., COVID booster, flu vaccination)
- Approach and educate in stepwise manner (e.g., crawl, walk, run approach)
- Train pharmacists and pharmacy staff (e.g., task sharing)
- Simplify and streamline data reporting



Opportunities and Challenges

Harnessing opportunities to increase resources and implement innovative approaches, especially during public health emergencies such as COVID-19, is necessary to ensure access to and continuity of STI services. There are numerous opportunities to improve access to STI care through pharmacy practices, but the challenges to doing so must be addressed. Incentivization or reimbursement and funding support from federal agencies, health departments, and other entities could play a valuable role facilitating affordable sexual health services through pharmacies. Moreover, regulations may exist that support pharmacists providing sexual health services or hinder them; a closer examination across states is needed. The following is a summary of potential challenges and opportunities to advance sexual health care identified by pharmacies, local health departments, and partners from the breakout sessions.

Challenges to Advancing Sexual Health Care in Pharmacy Practices

- Space for specimen collection and treatment distribution
- Compensation for pharmacist efforts
- Corporate policies of larger pharmacy chains
- Time constraints when conducting STI testing
- Lack of ability to schedule appointments by potential patients and lack of ability to provide services without an appointment
- Insurance/affordable payment options
- Confidentiality concerns among minors and young adults
- Lack of knowledge of pharmacy as setting for these services in the community
- STI/HIV stigma among pharmacist due to lack of knowledge/training (e.g., bias against people who use drugs and/or sexually active individuals seeking PrEP/PEP)
- Regulatory challenges to providing services

Opportunities to Advance Sexual Health Care in Pharmacy Practices

- Specialized training in sexual history taking, counseling, and referrals
- Express STI testing in pharmacies with CLIA certificate of waiver; reporting
- Administration of non-vaccine injectable antibiotics (e.g., bicillin for syphilis; ceftriaxone for gonorrhea), including exploration of refrigeration, training, and legal barriers
- Administration of injectable PrEP
- Introduce and operationalize private and confidential space for STI/HIV/PrEP screening and referrals for patients unlikely to visit the health department
- Automated triggers for referrals, screening, rapid tests based on purchases (e.g., emergency contraception, prenatal vitamins, condoms, UTI tests, pregnancy tests, alcohol, or syringes)
- Design models of care for rural vs. urban pharmacies; independent vs. chain pharmacies
- Improve data integration - closing the loop on treatment
- Explore reimbursement models for direct care sexual health services

Mechanisms for Strengthening Sexual Health Care Partnership between Pharmacies and Local Health Departments

- Coverage for sexual health services provided at pharmacies
- Linkage to care services through wrap-around care provided by pharmacies

- STI/HIV trainings specifically for pharmacists and their staff
- Pharmacy having direct communication line to the local health department
- Increased partnership between community health centers, state Medicaid programs, pharmacies, and health departments

Funding and Incentivization of Pharmacies Through Strategic Partnerships

- Reimbursement for services offered and pharmacist time, including reducing funding gaps for pharmacies
- Explore opportunities to tie in multiple services and increase the incentive (e.g., HIV test and linkage to care, PrEP and STI test, etc.)

Conclusion

Pharmacies, which have over 70,000 sites across the United States and have billions of visits each year, have the potential to change the way we approach sexual health services. Over the course of two working sessions, leaders in public health were able to discuss the role of pharmacies in expanding access to those sexual health services in partnerships with health departments—allowing each to do what they do best. In a consensus, the convening group determined that STI testing, diagnosis, and treatment, and other sexual health services are significantly underutilized in the pharmacy setting and there are important opportunities to strengthen the provision of sexual health in communities across the county

with pharmacies and health departments working together to strengthen reporting infrastructures, providing funding and incentives, evaluating the potential regulatory barriers, and reducing stigma to accessing sexual health services and care. This convening serves as a small portion to a larger discussion on the essentiality of pharmacies providing sexual health services.



Resources

1. Center for Disease Control and Prevention. (2021, January 26). STI Incidence, Prevalence, Cost Estimates | CDC. 1 in 5 People in the U.S. Have a Sexually Transmitted Infection. Retrieved March 12, 2022, from <https://www.cdc.gov/nchhstp/newsroom/2021/2018-STI-incidence-prevalence-estimates.html>
2. Qato, D. M., Zenk, S., Wilder, J., Harrington, R., Gaskin, D., & Alexander, G. C. (2017). The availability of pharmacies in the United States: 2007-2015. *PloS one*, 12(8), e0183172. <https://doi.org/10.1371/journal.pone.0183172>
3. Lee C. K. (2010). Are pharmacists prepared to be sexual/reproductive health educators. *American journal of pharmaceutical education*, 74(10), 193i. <https://doi.org/10.5688/aj7410195>
4. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Prevention and Control of Sexually Transmitted Infections in the United States; Crowley JS, Geller AB, Vermund SH, editors. *Sexually Transmitted Infections: Adopting a Sexual Health Paradigm*. Washington (DC): National Academies Press (US); 2021 Mar 24. 11, Supporting and Expanding the Future STI Workforce. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK573165/>
5. Wood H, Gudka S. Pharmacist-led screening in sexually transmitted infections: current perspectives. *Integr Pharm Res Pract*. 2018; 7:67-82 <https://doi.org/10.2147/IPRP.S140426>



Appendix 1

Convening on Sexual Health Services in Pharmacy Settings February 8, 2022, 12:30-3:00pm Eastern

Goals:

- Understand how health departments and pharmacies are working together (both inside and outside of sexual health services)
- Better understand current practice and needs of pharmacies regarding sexual health services
- Establish parameters for future partnership that will be highlighted and supported with future funding
- Determine what support sites might need to establish partnerships (e.g., MOUs, etc.)



Agenda

1. Welcome/Introductions
2. Opportunities: Strengthening Partnerships with Pharmacy Settings
3. Sexual Health Services (SHS) in Pharmacy Settings
4. Future Partnership and Funding Discussion
 - a. Group Discussion
 - b. Breakouts
5. Partnership Scenarios Discussion
6. Next Steps Discussion [15 minutes]: NACCHO
7. Closing: Future Goals for Integrating Sexual Health Services (1 year, 5-year, 10-year)