



CONVENING ON SEXUAL HEALTH SERVICES IN RETAIL HEALTH CLINIC SETTINGS

NACCHO

National Association of County & City Health Officials

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Synopsis

New strategies are needed to increase and improve sexual health services within the United States. This should include creating, and investing in, partnerships with retail health clinics to provide new access points for STI/HIV services. Retail health clinics (RHCs) are medical clinics located in pharmacies, grocery stores, and “big box” stores such as Walmart, Target, and Kroger. RHCs could assist in Ending the HIV Epidemic by providing PrEP and PrEP services. RHCs are readily available in EHE states and making them an essential partner in scaling up HIV/STI services and PrEP access.

On January 31, 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 retail health clinics.^{1,2} The goal of the convening was to understand how these entities currently work together and discuss how that relationship could grow in the future.

Participants in the convening agreed to the key findings that there is much room for expansion of sexual health services in the RHC setting and that there is substantial potential for partnership between RHCs and health departments to provide those services with each entity doing “what they do best”—e.g. activities like public health-assisted partner services being conducted via the HD rather than trying to create a new system for RHCs to participate in that activity but pieces like expedited partner therapy (EPT) should be leveraged by the RHCs. One reason for leveraging HDs for public health-assisted partner services rather than RHCs is because Disease Intervention Specialists (DIS) are trained and equipped with the skills and expertise to reach the community for activities such as prevention counseling, partner services, and linkage to medical care.



Convening

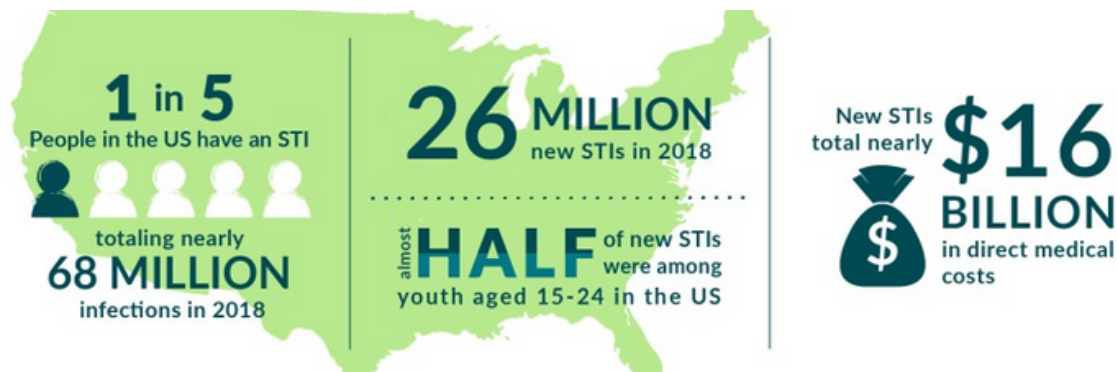
The convening began with brief introductions from NACCHO as well as partnering organizations. First on the agenda was a presentation from Melissa Habel from CDC’s Division of STD Prevention who discussed the importance of strengthening partnerships with retail health clinics. This was followed by a joint presentation from representatives from Convenient Care Association (CCA) and the National Coalition for Sexual Health (NCSH). Nate Bronstein (CCA) and Jenn Rogers and Susan Gilbert (NCSH) discussed their recently released report, *Expanding the Role of Retail Health Clinics in Addressing STIs: Selected Findings from a Qualitative Study and Recommendations for the Future*, which looked at how retail health clinics are currently engaged in sexual health services. They shared insight on the findings from their joint report including barriers to offering sexual health services in RHCs such as cost of care and lack of patient knowledge of the availability of these services in RHCs, and provider discomfort with discussing sexual health, and shared recommendations such as training and educating providers to increase comfort, skill, and prioritization of proactive screening and sexual history-taking. Highlights from the presentations are summarized below. The first half of the convening was wrapped up with an integrated, group discussion on what RHCs needed to improve the sexual health services they provide, what services would be easy to add, and which would be easier to just refer out.

¹ Full list of invited participants is included in the appendix.

² Full agenda is included in the appendix.

STIs Remain Common and Costly to the Nation's Health

- 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 Retail Health Clinics in America

Retail health clinics (RHCs) are medical clinics located in pharmacies, grocery stores, and “big box” stores such as Walmart, Target, and Kroger. Extended weekend and evening hours, walk-in availability, and minimal wait periods are all available at these clinics. When primary care offices are closed, many people visit retail clinics in the evenings and on weekends. RHCs play a steadily increasing role providing patients with sexual health services. To address the high prevalence of STIs, public access to high-quality screening, diagnosis, and treatment services is required. RHCs, which are placed in high-traffic retail locations such as pharmacies, grocery stores, and other retail settings, can play a vital role in providing services to patients across the United States.

Retail Health Clinics by Numbers

- Projected annual growth of retail health clinics: 25% - 30% ³
- As of 2018, more than 3,300 retail health clinics care in 44 states and Washington, DC (District of Columbia) (primarily located in the South and Midwest), accounted for over 40 million patients (about twice the population of New York) every year. ⁴
- Over 50% of the US population lives within a ten-minute drive of an RHC. ⁵

³ US Retail Clinics & In-Store Healthcare Industry Outlook 2017-2030: Market Segmentation by Ownership Type, By Retail Venue Type With COVID-19 Impact | Forecast Period 2017-2030. (2021 May 05). Goldstein Market Intelligence.

⁴ RAND Corporation. (2016). The Evolving Role of Retail Clinics. https://www.rand.org/pubs/research_briefs/RB9491-2.html

⁵ National Coalition for Sexual Health. (2021). Expanding the Role of Retail Health Clinics in Addressing Sexually Transmitted Infections: Selected Findings from a Qualitative Study and Recommendations for the Future. https://nationalcoalitionforsexualhealth.org/sexual-health/Retail-Health-Clinics-and-Sexual-Health_NCSH-and-CCA.pdf

- 97% of RHCs provide evaluation for a wide range of STIs, including bacterial vaginosis, chlamydia, gonorrhea, hepatitis, herpes, HIV/AIDS, human papilloma virus (HPV) pelvic inflammatory disease (PID), syphilis, trichomoniasis, and other conditions such as chancroid and scabies.

Key Points from Breakout Sessions

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Each breakout session discussion was centered around questions specific to each group's level of engagement with RHCs to provide recommendations and solutions to barriers via potential partnership between health departments and RHCs for future sexual health service integration. Some key takeaways include the need to:

- Highlight and bring awareness to RHCs being an affordable option
- Streamline data and improve data access recognizing that all state portals are different
- Simplify data reporting
- Training for all involved (e.g., task sharing).

Barriers and Opportunities

A large barrier to care for individuals seeking sexual health services at retail health clinics is finances. According to the Convenient Care Association, a trade association for retail clinics, many health insurance companies will cover and reimburse clinic visits, and some have waived co-pay fees at these clinics. A recent study found that 67 percent of retail clinic visits were paid for by insurance (Medicare, Medicaid, private insurance, or workers' compensation).⁷ Incentivization and funding support from health departments, federal agencies, and other entities could play a valuable role facilitating affordable sexual health services through RHCs. Regulation barriers could potentially halt sexual health services in RHCs due to aspects such as age-restriction of consumers and data-sharing.

Barriers to Advance Sexual Health Care in Retail Health Clinics

- Cost of care
- Lack of patient comfort and confidentiality
- Age restrictions
- Lack of advertising by RHCs
- Lack of streamline referral/promotion by federal/state/local health departments

Mechanisms to Advance Sexual Health Care in Retail Health Clinics

- Specialized training in sexual history taking, counseling, and referrals
- Administer non-vaccine injectable antibiotics (e.g., bicillin for syphilis, ceftriaxone for gonorrhea)
- Explore refrigeration, training, and legal barriers
- Introduce express STI testing models (triaged-based STI testing without full clinical examination) and self-collected specimens, including 3-site testing
- Explore reimbursement models for sexual health services
- Share risk assessment data – introduce kiosk/computer/phone/tablet in the RHC so that both entities are aware of patient needs and LHD can follow-up with partners, etc. without having re-contact patient
- Establish referral protocols for RHCs to initiate STI testing and treatment and expedite linkage/re-engagement to care for newly diagnosed and previously diagnosed patients with HIV
- Pilot privacy-conserving telehealth approaches such as electronic assessments and Q&A, provision of results, and facilitated referrals for HIV patients in partnership with LHD

Mechanisms for Strengthening Partnerships between Retail Health Clinic and Health Departments

- Collaborate with RHCs: RHCs and health departments share similar goals – meeting community health needs. There is an opportunity to collaborate with RHCs to expand sexual health services within the community targeted to certain demographics. This can include partner notifications, provider education, and clientele education/support.
- Strengthen Reporting Infrastructures for RHCs: Retail Health Clinics must be equipped to share data and reporting documents (sexual health services used, clientele demographic, socioeconomic status of clientele) to health departments and primary care physicians. Data should be within specific parameters to facilitate centralized and streamlined reporting and limit ‘over-reporting.’
- Data-to-Care Models should be Implemented within RHCs: Data-to-care models is a public health strategy that uses HIV surveillance and other data to support HIV Care Continuum, by identifying a person living with HIV who needs HIV medical care or other services and facilitating linkage to these services⁶. Data-to-care models should be used as an upstream approach and be implemented through non-traditional methods such as social media (TikTok, Snapchat, Instagram, Facebook, etc.). Using social media as outreach and promotion for RHCs, initiates an upstream approach for STI/HIV care.
- Unified Communication Plan/Strategy: Health departments and retail health clinics should create a central communications plan, with quarterly disseminations that highlight health advocacy, stigma reduction, and sexual health safety.

Funding and Incentivization of Retail Health Clinics Through Strategic Partnerships

- Assessing Regulatory Barriers before Supplying Funding or Incentives: Health departments must assess regulatory barriers that RHCs face when supplying consumers with sexual health services. For example, barriers such as age-restriction, data-sharing, data-reporting, practice authority, and lab-integration can halt the progression of sexual health services in RHCs.

⁶ Center for Disease Control and Prevention. (2017). Data to Care Program Guidance: Using HIV Surveillance Data to Support the HIV Care Continuum. <https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/CDC-HIV-PS18-1802-AttachmentJ-Data-to-Care-Program-Guidance.pdf>

- Health Departments Should Provide Incentives to RHCs: Funding, training, and resources should be provided by health departments to off-set the costs of retail health clinics and provide new opportunities for outreach through RHCs such as mobile health clinics.
- COVID-19 Approach for Sexual Health Services in RHCs: During COVID-19 RHCs were providing free COVID-19 testing at their locations. In turn, consumers were able to get tested at retail health clinics and forgo seeing their primary care physician or emergency room. By supplying RHCs sexual health materials and reporting tools – then we can provide consumers with affordable sexual health care.



Conclusion

Retail health clinics, which have over 3,000 sites across the United States and are growing, have the potential to completely 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 RHCs 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 RHC setting and there are important opportunities to strengthen the provision of sexual health in communities across the county with RHCs and health departments working together to strengthen reporting infrastructures, providing funding and incentives, and evaluating the potential regulatory barriers to care. This convening serves as a small portion to a larger discussion on the essentiality of RHCs 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/nchstp/newsroom/2021/2018-STI-incidence-prevalence-estimates.html>
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3. National Coalition for Sexual Health. (2021). Expanding the Role of Retail Health Clinics in Addressing Sexually Transmitted Infections: Selected Findings from a Qualitative Study and Recommendations for the Future. https://nationalcoalitionforsexualhealth.org/sexual-health/Retail-Health-Clinics-and-Sexual-Health_NCSH-and-CCA.pdf
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https://www.rand.org/pubs/research_briefs/RB9491-2.html
7. US Retail Clinics & In-Store Healthcare Industry Outlook 2017-2030: Market Segmentation by Ownership Type, By Retail Venue Type With COVID-19 Impact | Forecast Period 2017-2030. (2021 May 05).
8. Goldstein Market Intelligence. Wood, H., & Gudka, S. (2018). Pharmacist-led screening in sexually transmitted infections: current perspectives. *Integrated pharmacy research & practice*, 7, 67–82.
<https://doi.org/10.2147/IPRP.S140426>



Appendix

Agenda

1. Welcome/Introductions
2. Opportunities: Strengthening Partnerships with Retail Health Clinics
3. Sexual Health Services (SHS) in Retail Health Settings
4. Future Partnership and Funding Discussion
 - a. Scope and Objectives
 - b. Integration
 - c. Breakouts
 - i. Retail Health Clinic Representatives
 - ii. Health Department Representatives
 - iii. Federal Government Representatives
5. Partnership Scenarios Discussion
6. Next Steps
7. Closing: Future Goals for Integrating Sexual Health Services (1 year, 5-year, 10-year)