

October 2023



# PLANNING TOOLKIT FOR USING CDC's Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020

# Acknowledgments

This toolkit was made possible by the National Association of County and City Health Officials (NACCHO), in partnership with the Centers for Disease Control and Prevention (CDC). This toolkit was supported by CDC through Cooperative Agreement #5-NU38OT000306-01-00. Its contents are the sole responsibility of NACCHO and do not necessarily represent the official views of the sponsors. For more information or to ask questions about this toolkit, contact NACCHO's HIV, STI, & Viral Hepatitis Team at [hsvh@naccho.org](mailto:hsvh@naccho.org).

Special thanks to the following for their contributions:

## NACCHO

Rebekah Horowitz, JD, MPH  
Kim Rodgers, MA  
Kat Kelley, MPH  
Pooja Verma, MPH, ASQ-CQIA  
Gretchen Weiss, MPH

## Centers for Disease Control and Prevention

Brandy L. Peterson Maddox, MPH, MCHES®  
Roxanne Barrow, MD, MPH  
Laura H. Bachmann, MD, MPH  
Jennifer Fuld, PhD, MA  
Emily Hays, MPH

NACCHO also thanks the many others who contributed to this toolkit, including NACCHO's HIV, STI, & Viral Hepatitis Workgroup as well as state and local STD prevention and control programs across the United States. We are grateful for your support in guiding, reviewing, and piloting the toolkit.

## Toolkit Advisory Group Members

**Melanie Ackerman**, Polk County Health Department, Iowa; **Jennifer K. Brumfield**, University of Mississippi Medical Center; **Janice Cunningham**, Worcester County Health Department, Maryland; **Bruce ("Bryce") W. Furness**, CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, assigned to HIV/AIDS, Hepatitis, STD & TB Administration, Washington, DC; **Edwin Hernandez**, Florida Department of Health in Manatee County; **Rachel Howard**, Maricopa County Department of Health, Arizona; **Carmin Hutch**, Polk County Health Department, Iowa; **Sheryl Malone-Thomas**, Houston Health Department, Texas; **Tom Mickey**, Maricopa County Department of Public Health, Arizona; **Lynnda Parker**, Oklahoma City-County Health Department; **Shobita Rajagopalan**, Los Angeles County Department of Public Health, California; **Victoria Schlager**, Albany County Public Health, Wyoming; **Denise Smith**, Independent Consultant; **Stephanie Taylor**, Louisiana Department of Public Health and Louisiana State University Crescent Care Sexual Health Center; **Michelle Thorne**, Calhoun County Public Health Department, Michigan; **Stacey Upshaw**, Georgia Department of Health; **Adam Visconti**, HIV/AIDS, Hepatitis, STD, and TB Administration, Washington, DC; **Kate Washburn**, New York City Department of Health and Mental Hygiene and Planned Parenthood Federation of America, New York City.

## Reviewers

**Lindley Barbee**, University of Washington, Seattle; **Philip A. Chan**, Brown University, Providence, RI; **Felicia M. T. Lewis**, CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, assigned to Philadelphia Department of Public Health, PA; **Aliza Machefsky**, CDC Foundation, Atlanta, GA; **Nikki Mayes**, CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Atlanta, GA; **Ina Park**, University of California at San Francisco; **Tiffani Phelps**, CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Atlanta, GA; **C. Kay Smith**, CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Atlanta, GA

## Pilot Sites

**Baltimore City Health Department Sexual Health Clinic**, Maryland; **Boston STD Clinic**, Boston Medical Center, Massachusetts; **Charlottesville/Albemarle Health Department Sexual Health Clinic**, Virginia; **County of Orange Health Care Agency**, Santa Ana, California; **Galion City Health Department Sexual Health Clinic**, Ohio; **Georgia State University Student Health Clinic**; **Jefferson County Department of Health**, Alabama; **St. Louis County Sexual Health Clinic**, Missouri.

# Contents

OVERVIEW OF CDC'S STD QCS	4
INTRODUCTION TO THE PROCESS	5
ASSESSMENT AND DECISION MAKING	
Assessing Clinical Service Availability by Facility	7
Decision Making for Building or Enhancing Clinical Service Delivery	7
Implementing Next Steps for Providing Quality STD Clinical Services	12
APPENDIX A: Instructions for Using the Assessment Tool and Assessment Summary	13
APPENDIX B: Tools for Decision Making	15
Discussion Prompts	15
Discussion Checklist	17
APPENDIX C: Action Plan Template	20
APPENDIX D: Other Considerations for Enhancing Services	21
APPENDIX E: Additional Resources	25



This toolkit supports operationalizing the Centers for Disease Control and Prevention's (CDC's) [\*Recommendations for Providing Quality STD Clinical Services, 2020\*](#) (STD QCS) by guiding clinical settings through assessing their currently offered STD services. It provides tools and resources for supporting decision making regarding additional service provision for addressing identified service gaps.

# Overview of CDC's STD QCS

Developed by CDC's Division of STD Prevention (DSTDP; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention) after consultation with subject matter experts and key stakeholders, the STD QCS outlines the sexually transmitted disease (STD)-related clinical services that should optimally be available for providing quality STD care in primary care (or basic STD care) settings and STD specialty care (or specialized STD care) settings, as well as specifies when STD-related conditions should be managed through consultation with, or referral to, a specialist. The STD QCS are intended to help healthcare facilities offer STD services that are appropriate for both their clinical setting and for the persons seeking care, with a basis in published guidelines. They augment CDC's Sexually Transmitted Diseases Treatment Guidelines and are intended to be a tool for guiding STD clinical practice standards, focusing on facility-level recommendations for what services should be available. Used together, the two documents should enable provision of comprehensive evidence-based STD care to all persons served by the provider and the clinic.

The STD QCS apply to private and public providers of STD clinical services and are intended to allow healthcare settings to build, maintain, or enhance delivery of STD services in their clinical setting. Not all services listed will be or must be provided by a given facility; facilities have specific and unique circumstances that might understandably lead them to not provide a recommended service.

The STD QCS comprises 175 total recommendations that are divided by clinical setting and separated into seven service categories.



**Sexual History and Physical Examination**



**Prevention**



**Screening**



**Partner Services**



**Evaluation of STD Related Conditions**



**Laboratory**



**Treatment**

The STD QCS is organized on the basis of two principles: clinical setting (i.e., primary care or STD specialty care) and strength of the recommendation for that setting (i.e., should provide or could provide).

## SETTING: Primary Care or STD Specialty Clinical Setting

- **PRIMARY CARE** settings are typically those where patients are examined for multiple health conditions including basic STD care.
- **STD SPECIALTY CARE** settings are typically those that focus specifically on the delivery of STD care in a timely, comprehensive, confidential, and culturally sensitive way. In this setting, delivery of care goes beyond the core services of risk assessment, screening, and treatment and might include STAT, immediate diagnostics (e.g., Gram stain for urethritis or stat non-treponemal serologic tests for syphilis) and on-site injectable antibiotics to treat infections like syphilis and gonorrhea.

## RECOMMENDATION STRENGTH: Should or Could Have Available

- A **STRONG RECOMMENDATION IS WORDED AS "SHOULD"** and implies that all, or almost all, informed providers would choose the recommended course of action or provision of the service. A greater number of should services exist in STD specialty care settings (e.g., availability of a larger number of same-day, on-site tests). These services help reduce diagnostic delays and decrease excessive and costly presumptive treatment or loss of patients to follow-up. However, even in specialized settings, no expectation exists that all should services will be offered by all facilities.
- A **WEAKER RECOMMENDATION IS WORDED AS "COULD"** and indicates that most informed providers might choose that course of action or provision of service, but that some might not.

# Introduction to the Process

The primary audience for this toolkit is primary care clinics and STD (or sexually transmitted infection [STI]) clinics. However, other healthcare settings will also likely benefit from these materials, and future resources might be developed or tailored for additional settings. Facilities should revisit the STD QCS and this toolkit periodically to determine if changes are needed in organizational capacity, funding, and the service needs in their community.

To best guide development of this toolkit, NACCHO convened an advisory group comprising experienced persons from across the country who work in or manage STD clinics.

This toolkit comprises three key components or steps for facilitating the assessment of services available in a clinical setting and determine if additional services can or should be made available.

## STEP 1: Assessing Clinical Service Availability by Facility.

The first step in the process is assessing the services provided by the healthcare setting or facility. Facilities will use the [assessment tool](#) and [assessment summary](#) to review and document which of the services outlined in the STD QCS are or are not provided by that facility. The facility will also state reasons why services are not provided (e.g., not having enough resources to offer the service or not serving a patient population that requires the service).

## STEP 2: Service Provision Decision Making for Building or Enhancing STD Clinical Service Delivery.

The second step is reviewing the findings of the assessment and determining if additional services can or should be made available. When thinking about services not provided, facilities will use the [decision-making and prioritization guidance](#) to analyze key considerations and discussion questions. These considerations will address both internal and external factors (e.g., the funding required for new equipment or additional staff, availability of the service elsewhere in the community, or organizational support).

## STEP 3: Implementing Next Steps for Providing Quality STD Clinical Services.

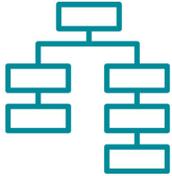
The final phase in the process is implementing next steps, if indicated, to pursue the addition of unavailable services that have been determined to be crucial for providing quality STD clinical services. The guidance will include recommendations for how facilities can act on next steps and will provide a list of resources to support [enhancing of STD services](#) that a facility already offers.



This toolkit includes three elements.



**Assessment Tool and Assessment Summary.** This Microsoft Excel document includes a sheet for each of the categories of the STD QCS where facilities will indicate if they provide a recommended service. The facility's responses are used to generate the assessment summary sheet, located in the same Excel document. The assessment summary sheet is used in the decision-making and prioritization process. See [Appendix A](#) for guidance on using these tools.



**Decision-Making and Prioritization Guidance.** This guidance focuses on the question, What changes will our facility make? It facilitates the process of reviewing the assessment findings (as listed in the assessment summary sheet) to clarify the feasibility and desirability of adding any services based on the facility's unique context. Factors used to make these determinations include the resources available, the population served by the facility, and the needs of the community in which the facility operates. Facilities can review a list of questions to consider and a decision-making checklist ([Appendix B](#)), and use the action plan template ([Appendix C](#)) to map out a plan for implementing proposed service changes.



**Other Considerations for Enhancing Services.** While providing feedback regarding the development of the decision-making and prioritization process, the Toolkit Advisory Group also provided feedback that goes beyond what is included in the STD QCS. These ideas are included in [Appendix D](#), which serves as a supplement to the STD QCS and might be considered best practices that can enhance the quality of the services that a facility provides.

Now that you are prepared, you are ready to move into the assessment and decision-making process.



# Assessment and Decision Making

## Getting Started

The persons who participate in the assessment and decision-making process should have full knowledge of the services that are provided in your facility and the reasons why a service is or is not being provided. Additionally, including persons with knowledge of current and past service provision and how resource-intensive the addition or enhancement of a service will be helpful. Before considering the financial aspects of decision making, having preliminary conversations among relevant staff to determine your internal opinions and priorities regarding the addition of services might be necessary. However, this process will depend on how decisions are made within your facility.

## STEP 1. Assessing Clinical Service Availability by Facility

The assessment tool focuses on the question, What quality STD services does our facility offer? You can [find the assessment tool here](#). All instructions for how to use the tool, including the assessment summary, are in Appendix A. Video tutorials are also available, [Intro to the Assessment Tool](#), [Taking the Assessment](#) and [Using the Assessment Summary Sheet](#). If a version of Microsoft Excel is being used that is older than Microsoft Office 2016, Power Query/Power Pivot functions need to be installed as a separate add-in. [Use this link](#) to install the version of Power Query needed to use this workbook.

## STEP 2. Service Provision Decision Making for Building or Enhancing STD Clinical Service Delivery

This section of the toolkit facilitates the process of deciding whether to add clinical services and which services to add on the basis of the unique circumstances of your facility. It relies on the assessment summary from the previous step as well as whether your facility is a primary care or STD specialty care setting. When reviewing the assessment summary and thinking about including services, you should weigh the feasibility of adding a service by considering such factors as cost and staff readiness. The toolkit walks you through the following steps for decision making and prioritization:

- A. reviewing the assessment summary,
- B. discussing needs and options for providing unavailable services or enhancing existing services, and
- C. weighing the priorities for adding any or all unavailable services.

If you determine that certain services would be good to add at your facility, you should use the tools in Appendix B to consider if you are able to add all those services. If not, you will then need to prioritize the services you most need to provide. One of the best ways to do this is to examine the assessment summary and see if clear patterns emerge for why services are not provided. For example, if 15 new services are high priority and could be provided by hiring a single staff person, that might lead to a staff hiring being a top priority for your facility's next step.

## ★ STEP 2A. Review the assessment summary sheet.

The assessment summary sheet indicates if your facility provides a given service. You should also be sure to provide the reason a service is not provided when completing the service category sections of the assessment tool; the assessment tool will populate that reason into the assessment summary sheet. Reviewing the assessment summary sheet will help determine if your facility can and should add services.

After each item in the assessment is complete, the assessment summary will calculate the percentage of recommendations met, broken down by whether the recommendations are for primary care or STD specialty settings and whether they are should or could recommendations.

## ★ STEP 2B. Discuss the needs and options for providing unavailable services or enhancing existing services

You should examine the services that you do not provide but are indicated for your facility setting. Starting with the services that are on your setting's should list, assess the desirability and feasibility of adding them. Then, repeat this process for the could services appropriate for your setting that your facility is not providing.

### Pro Tip: Filtering Assessment Results in Excel

To simplify the process of reviewing your results, you can use the Filter feature in Excel to condense each table to show only the recommendations your facility does not provide. To use this feature,

1. Select the white box with a gray triangle at the corner of the cell that says, *Does your clinic provide this service?*
2. From the dropdown that appears, deselect the box next to Yes. These instructions can also be applied to the other columns so that you can focus on the recommendations that your facility does not provide. For example, you can filter the results to show all of the prevention recommendations that you do not provide because of the population your facility serves.
3. To clear this filter and show all the recommendations, follow the previous instructions but either select *Select all* or *Clear Filter From [Cell text]* (e.g., *Clear Filter From Does your clinic. . .*).



## → Facility Setting Type.

Consider the addition of new services, starting with the elements specified in the STD QCS. Your initial evaluation of services to add should rely on whether your setting is primary care, where STD care is provided in a setting where patients are evaluated for different health conditions, or STD specialty care, where STD care is delivered in a setting that specifically focuses on providing timely, comprehensive, confidential, and culturally sensitive STD care.

It is likely that the should services for your setting will be a higher priority for addition than the could services. That does not necessarily mean that you will focus solely on the should services, because you might be able to include some of those services as well as a number of could services, all by taking the same action (e.g., hiring a new staff person).

After you have evaluated your services in this manner, you should look at both the availability of a given service elsewhere in your community and the feasibility of adding the service, and then determine how desirable including the service might be.

## → Availability of Service Elsewhere in the Community.

To determine local need for services and prioritize whether a service should be added to your facility, local population and STD burden data should be reviewed to understand the existing STD service provision in your community. Assessing the existing services in the community outside of your facility can help you understand the local need for providing services not already offered by others. In some cases, services might be provided by family planning clinics, community health centers, AIDS service organizations, and other community organizations. One resource that can help with making this determination is [CDC's STD Preventive Services Gap Assessment Toolkit](#).

If you determine that a service is already offered in your community but it is not provided by your facility, ensure that you have a quality referral process to those services so patients can easily receive care. Be mindful that you refer patients to a facility where they will receive thoughtful and sensitive STD care. Referral services might range from maintaining a resource list of providers in the area to ensuring a supportive handoff to a local provider. An explicit, formal mechanism for working with outside patient care organizations is essential for ensuring that your patients receive the care that they need and deserve.

If this is not the connection that your facility has with the service providers in your community and you are not adding a service, you should prioritize creating a robust referral structure to organizations who do provide that service. Communications with these organizations should optimally be two-way, where your facility provides patients with information about their condition and the needed referral, and the outside organization sends you a report back after patients have been examined.

If a service is necessary for your population and is not available elsewhere in your community, this service should be considered a high priority for addition to the services you provide in your facility, assuming that it is in line with the other considerations discussed in the following sections.

**Facility setting type, availability of service elsewhere in the community, and feasibility of adding the service should all be taken into consideration as you determine if a service that you are not providing should be included.**

**Ask yourself and your colleagues: Do the existing local services sufficiently meet the needs of our patients and our community?**

**An explicit and formalized process for partnership around patient care with outside organizations ensures that your patients receive the care that they need and deserve.**

## → Feasibility.

Feasibility is the ease or difficulty of adding services that you do not provide and is a step beyond determining if including a service might be desirable. Determining if something is feasible requires examining the factors that are needed for providing that service. In each case, that might include such factors as cost and capacity, including staff ability to provide the service, space for performing the service, or capacity for following up on new tests that might need to be offered.



**Capacity.** When considering capacity, think about whether your facility can provide more services. Adding these services might mean a greater volume of patients, patients with new or different needs, or increased workload for staff. What will those changes mean to your facility? When considering capacity, you should examine your facility's unique structural and functional qualities that might have an influence on its capacity for providing services.



**Staff Readiness.** Staff readiness factors are related to leadership and clinicians and staff within the facility and involve identifying and understanding the level of readiness for adding clinical services at your facility. In evaluating staff readiness, consider if your facility has enough staff to take on any additional services, what level of licensure the service requires and if staff with that level are available, and if specialized training or certification will be needed.

To add services, facilities will require adequate staffing and staff time. Integrating new services into existing processes or workflows at your facility can help clinicians and other staff who are already accustomed to providing similar or related services. When thinking about adding services, consider various service models and staff who can be involved in those new services. This might include clinicians, counselors, disease intervention specialists, health educators, patient navigators, pharmacists, and laboratory technicians. Open communication with these staff members about their workload and capacity for new responsibilities is essential for both decision making and evaluation after implementing a new service.



**Cost, Including Supplies, Space, and Staff.** Facility costs might include staff time (including additional staff, if needed), medications, laboratory services, and pharmacy services that are not covered by a charge to the patient. The cost of training for staff who will be performing any new services should also be considered. Training costs should include both the initial cost of the training and any costs for maintaining the training or certification. If the addition of a service would require a long-term financial commitment, think about if that commitment can be sustained. Maybe a way exists to include that service in a future grant funding opportunity, or maybe it already fits within an existing funding stream.



**Organizational Support.** You may be in a position to use the results of this assessment to make final decisions on the services your facility provides. If not, leadership support within your facility is vital to providing additional services, especially if those services will require new staff, equipment, or another large outlay of funds. Think about your facility or health department's mission — will adding these new services fit within that mission?

If your facility's mission is quality STD clinical service provision in your community, engaged and supportive leadership will be interested in adding services that will allow you to better meet your mission. Leadership support is vital in planning and implementing integration of additional services into the care you already provide. Directors, board members, or others not yet involved in this discussion might determine the availability of resources, including staff, training, and equipment resources, for adding new services. Pointing to the community need for the services or the fact that large numbers of comparably sized facilities offer the service can be helpful in obtaining leadership's support. Alternatively, regardless of how easily a service might be integrated into a clinic, the administration might resist it if they believe that the service is outside the core mission of the clinic.

Facility staff should support the provision of new services — or at least understand why it is a priority for the facility. Knowledgeable staff with favorable attitudes toward adding a service or group of services and a strong reason for supporting the integration can be crucial to the successful implementation of new services.

★ **STEP 2C. Weigh the Priorities.** Other factors might influence your approach to prioritizing new services.



**Population Served.** An important consideration is the population that your facility serves. Is your priority increasing or improving your capacity to serve the populations that most often visit your facility? Or, is your priority expanding services to serve a broader population? For example, if your facility serves a population that is predominantly cisgender gay men and the services that you do not provide are those that serve women, transgender, or nonbinary persons, you might decide that you do not need to add those services. Alternatively, if you added the services, would your facility be able to serve a broader population and therefore better serve your community (e.g., the sex partners of the persons you serve)? If a need exists in the community, would the population in need come in if you offered services tailored for them? Just because you might offer a relevant service for a community, persons in that community still might not feel welcome without additional approaches for reducing stigma, including ensuring that your staff are sensitive and knowledgeable about the community's health priorities.



**Balancing Multiple Factors.** When looking at the services that you do not provide, you should determine if multiple services from the STD QCS can be added with one action (e.g., purchasing a piece of equipment or hiring a staff member). This does not necessarily mean that you should prioritize this action, but it might make the argument for hiring staff or purchasing a new piece of equipment more appealing. Also consider the approach, philosophy, and policies of your facility: Is adding equipment easier than hiring new staff? The easier option might improve the likelihood of support from your facility's administration. You should also consider if a service has been offered previously, because that might mean that adding it again or explaining why it should be a lower priority might be easier.



The ability to follow up on test results and having the resources needed to do so can influence the prioritization of additional services. If you can add a test as a service at your facility but would not have the capacity to follow up on positive results for that test you might deprioritize incorporating the test into your services or determine necessary mechanisms for follow-up or referral. Furthermore, a service might be deprioritized if considerable specialized expertise is needed for maintaining it; if costly training is associated with it; if additional space, a new facility area, or new equipment is required; if new funding might be needed; or if that funding will be onetime, short-term, or long-term.

Only you know your facility's unique circumstances. Before making decisions about adding a service, considering if your facility accepts health insurance, if many patients who might need the service have insurance, and if the service will be covered by insurance is vital. If the answer is "yes" to all three of those questions, it might be easier to add the service, and therefore you may wish to prioritize it over other, less accessible, services.

In areas where the existing service provision in the community is enough to meet local needs, you might decide to ensure that your patients are able to access these services through referral rather than by adding the service at your facility. This determination should be based not only on whether the service is available elsewhere in the community, but also on your referral and linkage to care procedures. This includes what your process is for a patient to get from your facility to another where the service is provided and how you follow up to confirm that the patient received the necessary care. Conversely, if local existing service provision clearly is insufficient, you might decide to prioritize adding that service as an opportunity to fill the service gap.

### STEP 3: Implementing Next Steps for Providing Quality STD Clinical Services

After all the relevant parties at your facility have agreed on if services should be added and which ones, you will need to consider the concrete steps required to provide those services.

One way to begin is by creating a simple action plan that establishes the goals, objectives, and relevant activities on a timeline. An example is available in [Appendix C](#). Another tool for ensuring quality STD clinical services is the "other considerations for enhancing services" located in [Appendix D](#), which was developed by the Toolkit Advisory Group. These questions can be used to enhance STD services your facility already provides.

Finally, you might believe that your facility needs additional support or technical assistance for following this process or adding quality services. [Appendix E](#) includes possible sources for that assistance.



# Appendix A



## Instructions for Using the Assessment Tool and Assessment Summary

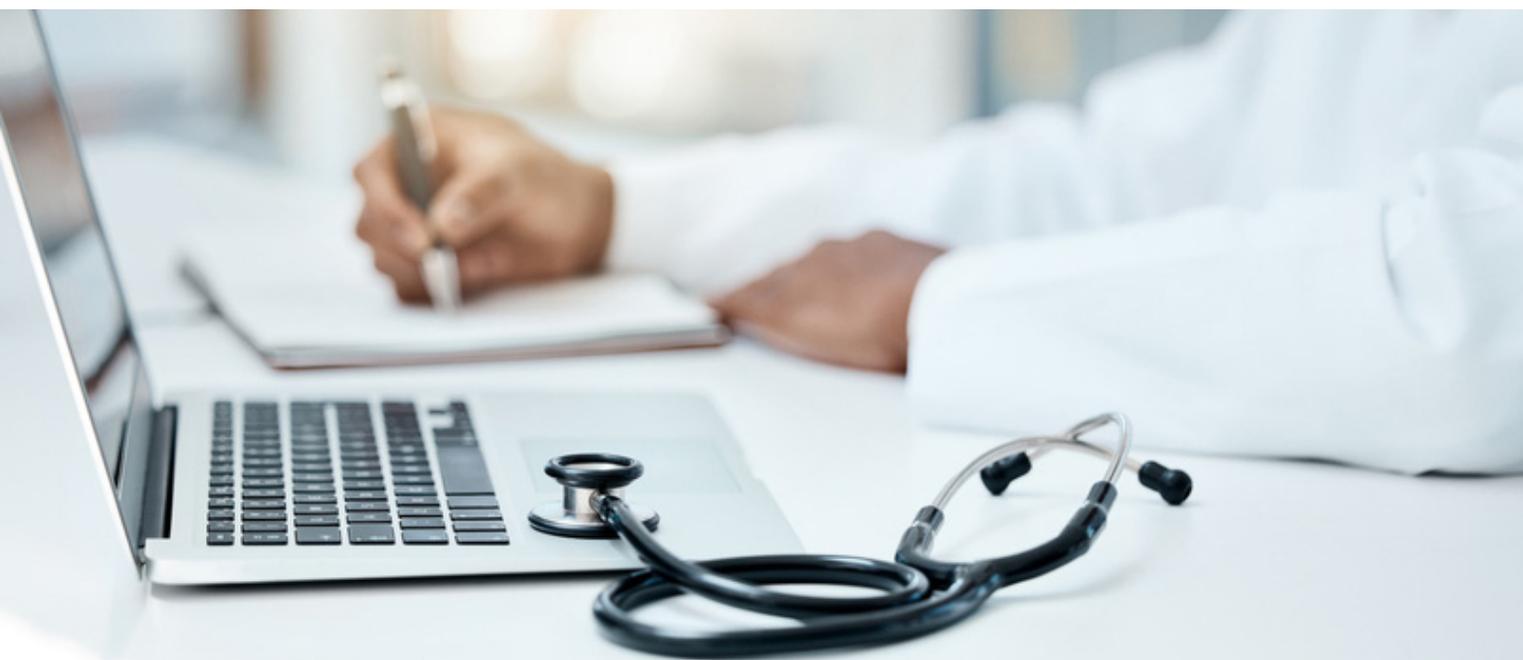
The following video tutorials are available to help use the tool and summary sheet: [Intro to the Assessment Tool](#), [Taking the Assessment](#), and [Using the Assessment Summary Sheet](#). If a version of Microsoft Excel is being used that is older than Microsoft Office 2016, Power Query/Power Pivot functions need to be installed as a separate add-in. [Use this link](#) to install the version of Power Query needed for using this workbook.

## Completing the Assessment

[The assessment tool](#) is a workbook with eight spreadsheets, one for each category of recommendations (e.g., prevention or treatment) and an assessment summary sheet. The category-specific sheets list each of the recommendations in that category and asks if you provide each specific service as outlined in the STD QCS.

In column C, use the dropdown option of Yes or No to indicate if your facility provides the service. If the answer is Yes, you move on to the next recommendation. If the answer is No, you either select one of the reasons given for why your facility might not be providing this service (e.g., insufficient resources or staffing) or enter your reason into the Other column if none of the provided reasons apply. When selecting one (or more) of the proffered reasons for why you are not currently providing a service, place an X in the column corresponding to the reason. **You may select more than one reason, but selecting the most impactful or influential reason is preferable because that will make the assessment summary more useful.** The assessment tool automatically updates the assessment summary every 60 seconds with your answers. **If the answers do not update, select Data in the main toolbar at the top of the screen and then select Refresh All.**

Make sure to complete all seven category-specific sheets. The Assessment Summary sheet will then be used to facilitate your decision-making and prioritization processes.



## Reviewing the Assessment Summary

After completing the assessment, go to the assessment summary sheet. If you change an answer and want to immediately update the summary, select *Data* on the main toolbar at the top of the screen and then Refresh All. Your new responses will appear in the assessment summary sheet.

At the top of the assessment summary sheet, in the Quality STD Services Summary Table, you can see the percentage of recommendations you meet across categories, broken down by whether the recommendations are for primary care or specialty STD care settings and whether they are should or could recommendations. Beneath the table are all the recommendations, grouped by category, for each of your responses and, if applicable, the reason for not providing that service. At the bottom of each table, you can see a summary of the percentage of recommendations your facility does not provide by reason (e.g., the percentage of recommendations in the category that your facility does not provide because of insufficient resources). **If you see #DIV/0! rather than a percentage, that indicates that your facility provides all the recommended services in that category of the recommendations.**

To simplify the process of reviewing your results, you can use the *Filter* feature in Excel to condense each table to show only the recommendations your facility does not provide. To use this feature, select the white box with a gray triangle at the corner of the cell that says, "Does your clinic provide this service?" and from the dropdown list that appears, deselect the box next to Yes. These instructions could also be applied to the other columns, so that you can focus on the recommendations you do not provide for some reason (e.g., all the Prevention recommendations that you do not provide because of population served. To clear this filter and show all the recommendations, follow the previous instructions, but this time either select *Select all* or *Clear Filter From [Cell text]* (e.g., Clear Filter From Does your clinic. . . ).



# Appendix B



## Tools for Decision Making

Final decision making about whether and which services will be added at a facility are particular to that facility. Therefore, no one answer is correct regarding if a service should be added. The following discussion prompts and decision checklist can help you with those decisions.

### A. Discussion Prompts

When **evaluating availability in the community**, consider

- reviewing local STI surveillance and epidemiologic data to help understand affected populations.
  - What is the prevalence of different infections in the community?
  - Which populations are affected?
  - What are the general demographics of the affected population?
- if the local service providers in your community meet the needs of your patients or clients.
  - Who are the local service providers in your community?
  - Are the service providers accessible for your patients or clients, including the location, and are the staff there friendly to the population that you serve (e.g., lesbian, gay, bisexual or transgender, women, youth, or uninsured)?
  - Are the service providers accepting patients for these services?
  - Does your facility have alliance with any of the service providers in the community?
- if enough service providers are available to meet the need on the basis of the STD data for the community.

When **determining the feasibility of adding services**, consider your facility's capacity by

- identifying opportunities for incorporating services that you are not providing into your facility's existing structure. For example, can these services logically fit into your already established provision? What might be required before adding them? Does it require additional staff, new equipment, or a substantial change to protocols or policy?
- answering the following questions:
  - If you do not already offer laboratory services on-site, what might be needed to offer them?
  - If you perform laboratory testing onsite, can additional tests be added?
  - Can an alliance be established that allows you to offer laboratory tests off-site?
  - Do you prescribe medications for patients to take to a pharmacy or fill medications on-site?
  - If you add tests, will your structure allow for follow-up on the results?
  - Which of your patients might benefit from adding a new service?
  - Can your staff adapt to a potential increase in work that might result if a service is added?
  - If adding a service means that a new patient population begins to seek care at your facility, can you provide them the full care that they need? For example, are you trained to provide that care, and do you have the space to provide it?

When **assessing staff readiness**, consider the following:

- What are innovative ways that existing staff might be organized to offer new services?
- Which staff and clinicians will be part of offering new services?
- What training will be needed?

When **examining cost**, consider

- assessing the cost of providing the service (e.g., the cost of additional staff, equipment, supplies, medication, and anything else that might fall to the facility to cover).
- talking with billing staff to determine if an opportunity exists for billing for any of the services that you are considering adding.
  - As an STD facility, the 340B Drug Pricing Program might be used to get medications and associated supplies at a lower price — even for those provided for outpatient care — making offering new services regardless of payer status easier and at a lower cost to the facility.
- identifying any financing mechanisms that might be helpful.
  - Are any state programs available that might cover any or all the costs of these services?
  - Is an assistance program available through a related drug company that might help (e.g., free training for the Rapid Syphilis Test from Trinity Biotech or preexposure prophylaxis drug assistance through Gilead Sciences)?



## B. Discussion Checklist

X-ed out cells are those that are inapplicable to that question.

### Recommendation or Service Under Consideration

Considerations	Yes (Y)	No (N)	Comments and Additional Information
Is the recommendation labeled “should” for your facility setting (primary versus specialized)?			X
<b>Community Availability</b>			
Does review of local STD data support the need for this service?			
Do other places in the community provide this service?			
Who are the local providers offering this service?	X	X	
Do these local providers sufficiently meet the needs of the community for this service?			
Does your facility have an alliance with the local providers offering this service?			
Is your facility able to refer its patients to these local providers for this service?			
Is a referral process in place with these providers?			
Are these local providers easily accessible to your patients?			
Are these local providers accepting patients for this service?			
<b>Facility Capacity</b>			
Have you provided the service in the past?			
Can the service easily be integrated into the existing facility structure?			
Will adding the service require new equipment?			

Considerations	Yes (Y)	No (N)	Comments and Additional Information
Will adding the service require additional staff?			
Will adding the service require a new protocol or policy?			
Will adding this service require substantial changes to your electronic medical record system?			
What else might be required before incorporating the service?	X	X	
What portion of your facility's patients might benefit from the service?	X	X	
If providing the service means a new patient population might seek care at your facility, do you have the capacity to also provide them with the other services they need?			
Can your facility's staff adapt to incorporating those other services that might be needed for serving the new patient population?			
Does your facility perform laboratory tests on-site?			
Could your facility integrate additional tests?			
Can an alliance be established that will allow you to offer tests off-site?			
Is your facility able to fill medications on-site?			
Is your facility able to add medications to the list of on-site medications it currently provides?			
Does your facility prescribe medications for patients to take to a pharmacy?			
Does your facility have enough staff to adapt to additional services?			
Does your facility's existing staff have the licensure needed to complete this service?			
Does the service require additional specialized training or certification?			
Does that certification or training need to be maintained or renewed?			

Considerations	Yes (Y)	No (N)	Comments and Additional Information
<b>Organizational Acceptance</b>			
Are the staff supportive of adding the service?			
Does the service fit within the mission of the organization?			
Is leadership interested in and supportive of integrating this service?			
<b>Funding</b>			
Will integrating this service create substantial costs to the facility (e.g., the purchase of equipment, new staff, or additional staff training)?			
Can the facility bear these costs at this time?			
Can these costs be recouped by billing the patient directly?			
Can these costs be recouped by billing private insurance or Medicare or Medicaid?			
Are other funding sources available to help cover these costs? (e.g., 340B drug pricing, state programs, or drug companies)?			
<b>Implementation</b>			
Can multiple services from these recommendations be added to your facility with one action (e.g., by purchasing equipment or adding a staff member)?			
<b>Should your facility add the service?</b> (Answering "Yes" does not necessarily mean you will make the decision to incorporate it).			



# Appendix C

## Action Plan Template

<b>Action Steps</b> <b>What needs to be done?</b>	<b>By Whom</b> <b>Who will act?</b>	<b>By When</b> <b>By what date will the action be done?</b>	<b>Resources and Support Available/Needed</b> <b>What are the resources available? What are the resources needed? (resources might include financial, human, or political)</b>	<b>Potential Barriers</b> <b>What individuals and organizations might resist? How?</b>	<b>Communication Plan</b> <b>What persons and organizations should be informed about or involved with these actions?</b>

Adapted from The Community Toolbox “[Developing an Action Plan](#)” materials; KU Center for Community Health and Development. (2020). Chapter 3, Section 1: Developing a Plan for Assessing Local Needs and Resources. Lawrence, KS: University of Kansas. Retrieved January 4, 2020, from the Community Tool Box: <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/develop-a-plan/main>

# Appendix D

## Other Considerations for Enhancing Services

To create this planning toolkit, ideas and feedback were needed from experienced persons who work in or are involved with running STD facilities. To that end, NACCHO convened a toolkit advisory group with participants from across the country. While providing feedback during development of this toolkit, the advisory group offered insights that go beyond the service provision included in the STD QCS. These insights might be considered best practices that can enhance the quality of the services that a facility provides. The following additional questions are provided for you or your team to consider when thinking about the services already provided by your facility. These questions move beyond if a service is provided and focus on elements regarding how that service is provided. The answers to these questions might offer further guidance as you consider ways to augment or enhance the services that you are providing but that fall outside of quality as considered in the STD QCS.



### Sexual History and Risk Assessment

#### GENERAL

- How often are sexual history and assessment results used to guide the patient evaluation?
  - Was additional testing completed on the basis of the sexual history and risk assessment?
  - Are results of the sexual history and risk assessment used to determine the location of extragenital STD screening?
  - Are patients empirically treated on the basis of their sexual history and risk assessment?
  - Are results of the sexual history and risk assessment used to determine the frequency of STD screening?

#### ON-SITE CONDOM PROVISION

- What types of condoms are provided (e.g., latex versus nonlatex or internal versus external)? Do you also provide lubrication?
- Do your clients have preferences regarding the type of condom they use?

#### PREEXPOSURE PROPHYLAXIS (PrEP) FOR HIV PREVENTION

- Do you track the time from identification of clients at high risk wanting PrEP to the actual provision of PrEP?
- Are patients tracked or their cases managed to determine if they fill their prescriptions, take their medication, comply with follow-up laboratory tests needed, or go to follow-up appointments?
- Are resources available for under- or uninsured patients?

A close-up photograph of a laboratory test label. The label is white with black text that reads "Hepatitis C-Virus:" and "Anti-HCV". In the foreground, the tips of two pipettes, one yellow and one purple, are visible, slightly out of focus.

Hepatitis C-Virus:  
Anti-HCV



## Screening

- Can your facility screen all anatomical sites for STDs?
- Is there tracking or case management of patients to determine if they fill their prescriptions, take medication, comply with follow-up labs needed, and/or go to follow-up appointments?
- What is the frequency of screening in priority populations or by population? How often do you recommend that patients return for repeat screening?
- Do you perform nucleic acid amplification tests (NAATs) for gonorrhea and chlamydia?
- For extragenital (e.g., pharynx or rectum) NAAT for gonorrhea and chlamydia:
  - Do you use a process for self-collection?
  - How do you determine which sites to test?
  - How frequently do you test these sites?
- Can you perform culture testing for gonorrhea screening?
- Do you have an on-site serologic test for syphilis with results available at the point of care?
- Can you assess previous rapid plasma reagent results and treatment history for syphilis?
- For hepatitis B and C screening, is a hepatologist on staff or at a nearby facility for those who test positive?
- For trichomoniasis, do you screen only females, or are you able to screen both males and females?



## Partner Services

- Are you offering partner services according to the standards of the CDC-approved national training for disease intervention specialists (DIS)?

### EXPEDITED PARTNER THERAPY (EPT) (WHERE LEGAL AND LOCAL OR STATE JURISDICTIONS DO NOT PROHIBIT BY REGULATION)

- Do you offer EPT for all your patients or only certain ones (e.g., heterosexuals only or men who have sex with men)?
- Can you expand the number of persons being offered EPT? Or when it is offered?
- For which infections do you offer EPT (gonorrhea, chlamydia, or trichomoniasis)?
- Can you expand the infections for which you offer EPT?
- Do you provide patient information sheets with clinical information for those receiving a medication? (Patient information sheets should cover topics that include signs and symptoms of pelvic inflammatory disease for female partners, allergies, and repeat testing.)

### HEALTH DEPARTMENT DIS ELICITATION OF SEX PARTNER INFORMATION FOR IDENTIFYING THOSE WHO MIGHT HAVE BEEN EXPOSED OR FOR PATIENT FOLLOW-UP NEEDS

- What is the referral process for clinic staff to link a patient to a DIS?
- What types of patients are referred to DIS (e.g., positive gonorrhea, positive syphilis, or presumptive syphilis)?
  - Are these patients always referred to a DIS? If not, what percentage of them are referred?
- Are DIS embedded on-site or is it a referral to another site or program?



## Evaluation of STD-Related Conditions

- What point-of-care testing is available in your facility to help guide decision making during patient evaluation?
- Is cryotherapy for genital warts available?
- Are referrals tracked to ensure the patient receives the service(s)?



## Laboratory

### ON-SITE LABORATORY

- Are standing orders in place for laboratory tests done in the facility during the patient's visit?
- Is a protocol or algorithm in place for decision making on the basis of the test results?
- For Clinical Laboratory Improvement Amendments–waived tests, is a quality-control plan in place for each test?
- What is your process for conducting dark-field microscopy for syphilis?
  - What type of staff (position/experience/certification) does the microscopy? How many days of the week is microscopy performed?
  - Does your clinic staff have capacity for visualizing a spirochete? Is additional training needed for identifying spirochetes?
- What is your process for conducting on-site qualitative nontreponemal serologic test for syphilis?
  - Are patients with a previous history of syphilis tested?
- What is your process for testing for bacterial vaginosis?
  - What type of testing do you use (e.g., wet mount microscopy, OSOM® BVBlue®, or Affirm™)?
  - Do you have capacity for adding methods for testing bacterial vaginosis?
- What is your process for conducting HIV testing?
  - Do you use a third generation or fourth generation HIV rapid test?
  - Do you have access to a fourth generation HIV blood test?
  - Do you have access to HIV confirmatory testing if the fourth generation HIV test is positive?
  - Do you have access to HIV RNA viral load testing for confirmation of an indeterminate fourth generation HIV test?
- What is your process for conducting pregnancy testing?
  - How are positive pregnancy test results given to the patient?
  - What counseling is done for a positive test result?
  - What is your referral process for a positive test result?

### CLINICAL LABORATORY

- What is your process for herpes simplex virus serology?
  - What is your criterion for the type of patient who is tested?
  - Do you provide pretest counseling?
  - Do you provide posttest counseling?



## Treatment

- If medication is provided by prescription, do you have a process for verifying the patient picked up the medication?
- If medication is provided by prescription, do you have a process for verifying that the patient took the medication as prescribed?

### PROVIDER-APPLIED REGIMENS FOR GENITAL WARTS

- What is your process for subsequent treatments, if necessary? Are these patients fast-tracked through your facility for these treatments?
- Which treatment is used most often (cryotherapy with liquid nitrogen, surgical removal, or trichloroacetic or bichloroacetic acid solution)?
- If a prescription is given, is counseling provided for how to apply and watching for signs of infection?

### TRICHOMONIASIS TREATMENT

- Do you provide medication for trichomonas on-site?

### HERPES TREATMENT

- Do you treat the initial outbreak only?
- Do you provide episodic or daily suppressive treatment?

### ECTOPARASITIC INFECTION TREATMENT

- Do you provide counseling regarding washing clothes, towels, and other items?
- Do you provide treatment for partners?
- Do you provide prescription refills for repeat treatment?

### POSTTREATMENT FOLLOW-UP

- Do you conduct retesting or test-of-cure, when indicated?
- Do you provide reminders for retesting or conduct test-of-cure for certain patients (e.g., those who are pregnant, those being treated with an alternative regimen, or if treatment fails)?



# Appendix E

## Additional Resources

### Technical Assistance or Quality Improvement Support

- [National Network of STD Prevention Training Centers](#)

### Materials

- [Sexually Transmitted Disease \(STD\) Preventative Services Gap Assessment Toolkit](#)
- [2015 STD Treatment Guidelines](#)
- [STD QCS Internet Site: Recommendations for Providing Quality STD Clinical Services](#)
- [Community Needs Assessment Workbook](#)
- [Other CDC STD Resources](#)





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1201 EYE STREET, NW, FOURTH FLOOR • WASHINGTON, DC 20005

PHONE: 202-783-5550 • FAX: 202-783-1583