

# Leveraging Retail Health Clinics and Pharmacies for STI Services and Care Informational Webinar

March 30, 2021

# Speakers

- **Rebekah Horowitz, JD, MPH**  
**National Association of County and City Health Officials**
  
- **Melissa Habel, MPH**  
**CDC / Division of STD Prevention**

# Agenda

- 1. Presentation of Request for Applications (RFA)**
  - Key Information
  - Specifics of RFA
- 2. Questions**

# Background

**New strategies are needed to increase access and improve convenience to quality sexual healthcare.**

## **Retail Health Clinics**

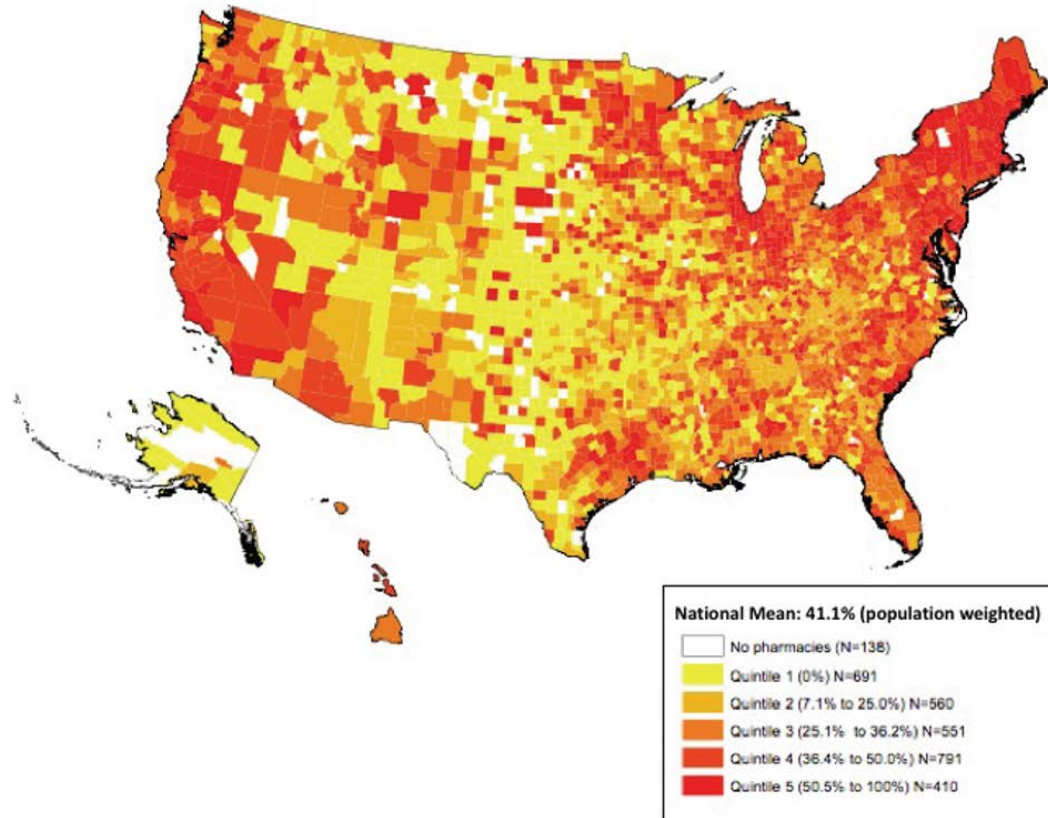
- ~3,000 RHCs throughout the United States, located in 44 states and the District of Columbia
- > 50% of the US population lives within a 10-minute drive
- Clinics are generally open seven days a week, with extended weekday hours, appointments are not necessary, and visits take 15-20 minutes with usual wait times less than 10-minutes
- Most visits are walk-ins with two-thirds of patients reporting not having a primary care provider (PCP)
- Most STI conditions can often be fully evaluated and treated within the retail health setting

## **Pharmacies**

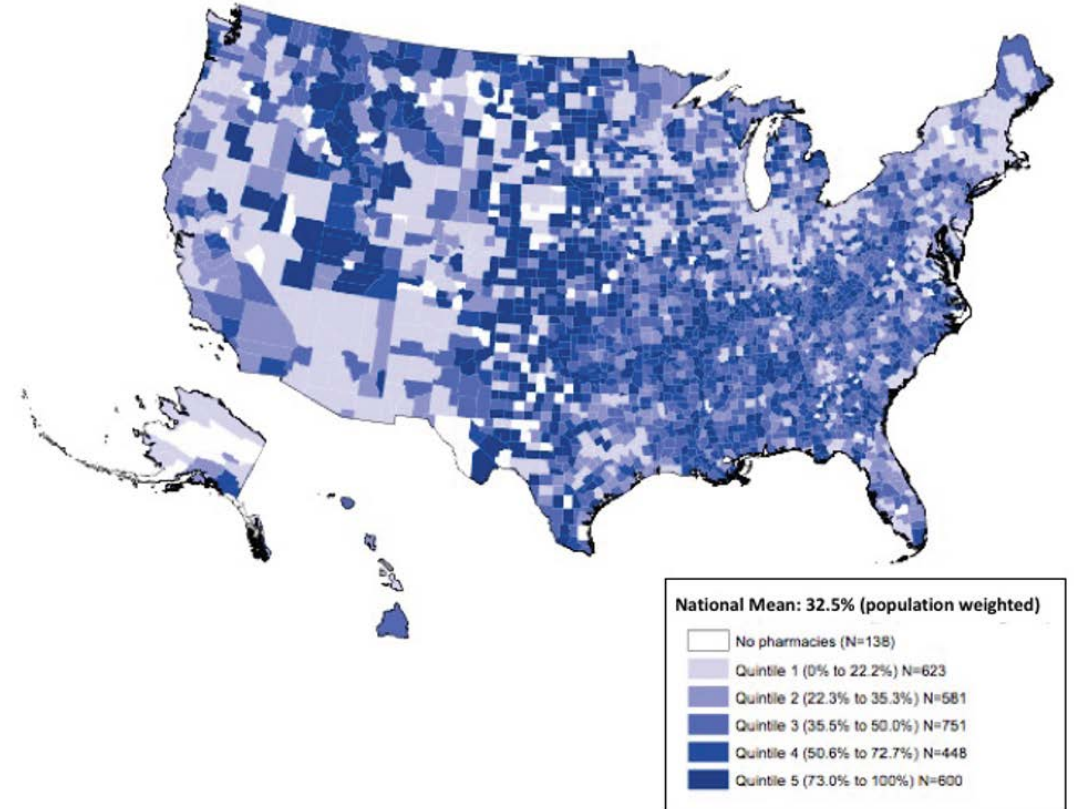
- ~70,000 community pharmacies in the United States, of which retail chain and independent pharmacies account for 40% and 35%, respectively
- > 90% of the US population lives within 5 miles of a community pharmacy and those in more urban areas live < 2 miles from one
- Long history of public health engaging pharmacies in TB testing, Hepatitis vaccination, HIV management and care, safe syringe programs, and more recently pre-exposure prophylactics (PrEP) services for HIV prevention

# Availability of pharmacies in the U.S, 2007-2015

A. Chain Pharmacy



B. Independent Pharmacy



# RHC and Pharmacy Engagement in STI Prevention and Control

- Partnerships with RHCs and pharmacies can provide new access points for STI services.
  - [STI National Strategic Plan](#) (2021-2025) highlights their role as non-traditional settings for scale-up of innovative STI service delivery models and in increasing screening and linkage to STI care (Strategies 1.3.5; 2.1.5; 3.4.2)
  - [Sexually Transmitted Infections: Adopting a New Sexual Health Paradigm](#) (NASEM) speaks to the importance of leveraging health care systems and practitioners not traditionally involved in STI service delivery, specifically calls out pharmacists (pp 557-559; Recommendations 11-1-4; 11-1-5; 12-4-1)

# Need for Collaborative and Innovative STI Care Models

- A variety of models are needed to address these considerations and expand STI services and care in retail health and pharmacy settings.
- Possibilities could include expansion of: STI and sexual health care services, including self-collection, injectable antibiotics for STIs, STI training, STI services for patients under the age of 18 years, partner services, cost sharing capabilities, and EHRs and data sharing to monitor trends.
- Potential applicants are encouraged to think beyond these examples and submit innovative ideas for models that can be beneficial to STI programs, industry partners, and their communities.

## *Model Scenarios/Examples*

**Scenario 1:** Health department A partners with RHC B to refer asymptomatic patients for STI services. The RHC could also consider piloting express services with self-collected specimens and/or 3-site testing. Deliverables/outcomes could include MOUs, standard operating procedures, protocols for delivery of result, cost-sharing, etc.

**Scenario 2:** Health department A partners or contracts with Pharmacy C where STI patients and sex partners exposed to infection can receive injectable antibiotics and other treatment administered by the pharmacist. Deliverables/outcomes could include standard operating procedures and protocols for medication storage and administration and pharmacist education and training.

**Scenario 3:** RHC B wants to pilot the introduction of injectables and explore training of NPs/PAs and partners with Health Department A for technical assistance, training, and to take on referrals. Deliverables/outcomes could include standard operating procedures and protocols for medication storage and administration and NP/PA education and training.

**Scenario 4:** A model could focus solely on coverage of costs and transference of 340B pricing or cost-sharing among RHCs. STD programs interested in partnering with a RHC, would need to establish a separate agreement between the STD program and the retail clinic(s) and develop protocols for order receiving, record keeping, test result delivery, and reporting.

# Objectives of the Project

- To **identify** replicable models and best practices for local health departments and RHCs/pharmacies to work together by doing one or more of the following:
  - Designing and piloting a model for health departments and RHCs or pharmacies to collaborate to serve the community's needs for STI testing and treatment jointly.
  - Assessing the feasibility of cross-organizational cost coverage and transference of 340B pricing as well as coordination of order receiving, record keeping, tracking system of 340B drugs, test result delivery, and reporting;
  - Determining protocols and procedures necessary for stocking Penicillin G benzathine on site to treat syphilis patients and ceftriaxone to treat gonorrhea, including adequate refrigeration space for these injectables and training of staff on drug administration;
  - Assessing the ability to implement an STI express testing model with self-collected specimens (including extragenital testing) in the RHC/pharmacy setting; and
  - Assessing ability of RHCs/pharmacies to provide STI care to those under 18 years old.



# Specifics of RFA

# Funding

- Selected sites will be awarded up to \$75,000 (depending on the number of sites awarded) to design, pilot, and evaluate a collaborative model for providing STI services (testing, treatment, partner notification services) between a RHC/pharmacy and a health department.
- Should be used to support costs for personnel, training, educational materials, STI test kits, STI treatment, IT equipment, and contractual support for surveillance or public health information systems enhancements.
  - May be used to support a full-time employee with the organizational capacity to conduct and oversee program activities.
  - May be used only for reasonable program purposes, including personnel, travel, supplies, and services.
- Funding may not be used for research or clinical care (except as allowed by law) and generally, funding should not be used to purchase furniture and equipment.

# Eligibility

- **Eligible applicants include:**

Jurisdictions with:

- A local health departments (LHD) that has at least one RHC or pharmacy with a committed interest to partnering to expand STI services in that jurisdiction.
  - Organizational and project management capacity to design and implement a model that creates a network between the RHC/pharmacy and the health department over the course of the project period.
  - An RHC or pharmacy partner able to expand capacity to provide at a minimum STI treatment or testing plus at least one of the following: STI testing, treatment, STI injectable antibiotics, partner treatment (e.g., expedited partner therapy [EPT]) or referral for treatment, data or cost sharing capabilities.
  - Demonstrate the ability to meet the project period outcomes.
- **Meet criteria specified in “Scope of Work and Requirements”**

# Scope of Work (1)

## **During the project period, awardees will:**

- Ensure that relevant local stakeholders are aware of the project, engaged, and informed appropriately throughout the duration of the funding period.
- Finalize a partnership and implementation model and plan to leverage RHC/pharmacies for STD services and care.
- Finalize a plan to evaluate implementation of the project with process and outcome measures to answer the primary evaluation questions stated in Section V
- Implement the RHC/Pharmacy project and assess short-term outcomes proposed in implementation plan.
- Collaborate with NACCHO to collect, analyze, interpret, and synthesize findings.
- Collaborate with NACCHO during and post-project period to share ongoing lessons learned and findings through reports, conference abstracts, webinars, and limited 1:1 technical assistance with other areas interested in learning more about the approach and lessons learned.
- Participate in project conference calls as well as site visit(s) (virtual or in person) and any project dissemination meetings, as appropriate.
- Submit final project deliverables.



## Scope of Work (2)

Applicants will have flexibility in how project approaches are designed and are encouraged to propose and apply approaches that are sustainable and can be expanded (scalable). Applicants may also consider innovative approaches to challenging issues, such as logistics or third-party/healthcare insurance reimbursement.

# Summary of Key Project Deliverables

- Final project model and implementation plan
- Final evaluation plan
- Clean summaries of all data collected based on evaluation plan
- Minimum of 3 progress reports summarizing project status, completed deliverables, and next steps
- Electronic copies of any materials developed to implement the model, such as:
  - Standard operating and reporting procedures
  - Referring patient and treatment algorithm
  - Sample lab requisition forms
  - Educational material for patients
  - Training modules
  - Sample MOUs, data sharing, cost sharing, and other legal agreements between the entities.
- Final report documenting methods, results, conclusions, and lessons learned. This also should include documentation of the partnership development process with a partnership logic model.

# Evaluation

Awardees will be expected to answer the following evaluation questions using scientific methods:

- How operationally feasible was it to expand STI services/referrals in the RHC/pharmacy setting?
- What barriers and facilitators affected implementation?
- How feasible and successful was the partnership itself?
- To what extent will the partnership be sustained beyond the funding period?

Applicants should propose a basic evaluation design in their application

# Project Measures

## Project measures could include, but are not limited to:

### Systems-level data – documentation of the partnership process:

- Number of members, roles, and responsibilities
- Partner participation rate
- Proportion of partners engaged
- Meetings and trainings held
- Objectives met
- Resources leveraged
- Adopted or refined policies

### Intervention-level:

- Number of referrals
- Number screened
- Number of positive STI cases
- Number of STI cases successfully treated
- Duration between diagnosis and treatment
- Number of trainings conducted
- Staff experience with implementing the intervention
- Lessons learned and opportunities for scalability

### Patient-level data:

- Patient demographics
- Patient sexual behavior
- STI history
- Reason for choosing RHC/pharmacy
- New patient visit
- Assessment of patient satisfaction with the experience and likelihood of returning



# Selection Criteria

Applications will be reviewed and scored in accordance with the following criteria (out of 100 points):

Criteria	Score
Evidence of need/burden	20 points
Project design – ingenuity and feasibility of concept	20 points
Potential for impact – potential for substantial positive impact on the need described in the RFA and whether the impact is likely to be long-term	20 points
Jurisdictional capacity to implement the project – prior experience with, and capacity for, managing and implementing this sort of project	20 points
Monitoring and evaluation	10 points
Relevant experience	10 points

NACCHO reserves the right to award jurisdictions that do not have the highest raw score to account for factors such as geography or population size.

Telephone interviews may be conducted with finalists in early May 2021.

# Key Dates

<b>Event</b>	<b>Date</b>
<b>RFA Release</b>	March 15, 2021
<b>Informational Webinar for Potential Applicants</b>	March 30, 2021
<b>Application Submission Deadline</b>	April 30, 2021
<b>Telephone Interviews with Finalists (if needed)</b>	Week of May 3, 2021
<b>Anticipated Award Notification</b>	Mid-May 2021
<b>Anticipated Contract Execution</b>	Late-May 2021
<b>Implementation and Evaluation Period</b>	June 2021-June 2022
<b>Dissemination of lessons learned</b>	After Implementation

# Questions



# Submission Instructions

The deadline to submit applications is **April 30, 2021** by 11:59 PM Pacific Daylight Time (PDT).

Proposals should be submitted as a *single* PDF in an email to [rhowitz@naccho.org](mailto:rhowitz@naccho.org) with subject line: “LHD/RHC/Pharmacy Partnership RFA.”