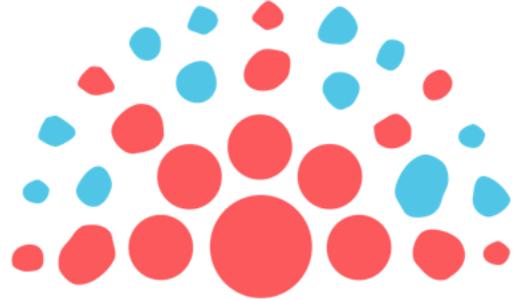




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**INNOVATE. IMPACT. EMPOWER.**



**National Coalition  
of STD Directors**

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

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

November 14, 2019

# Presentation Overview

NACCHO's STI  
Express  
Initiative

Implementation  
models and  
considerations

Expanding the  
evidence base

# What are STI express services?

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

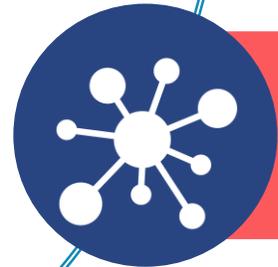
# NACCHO's STI Express Initiative



In-Depth Assessments

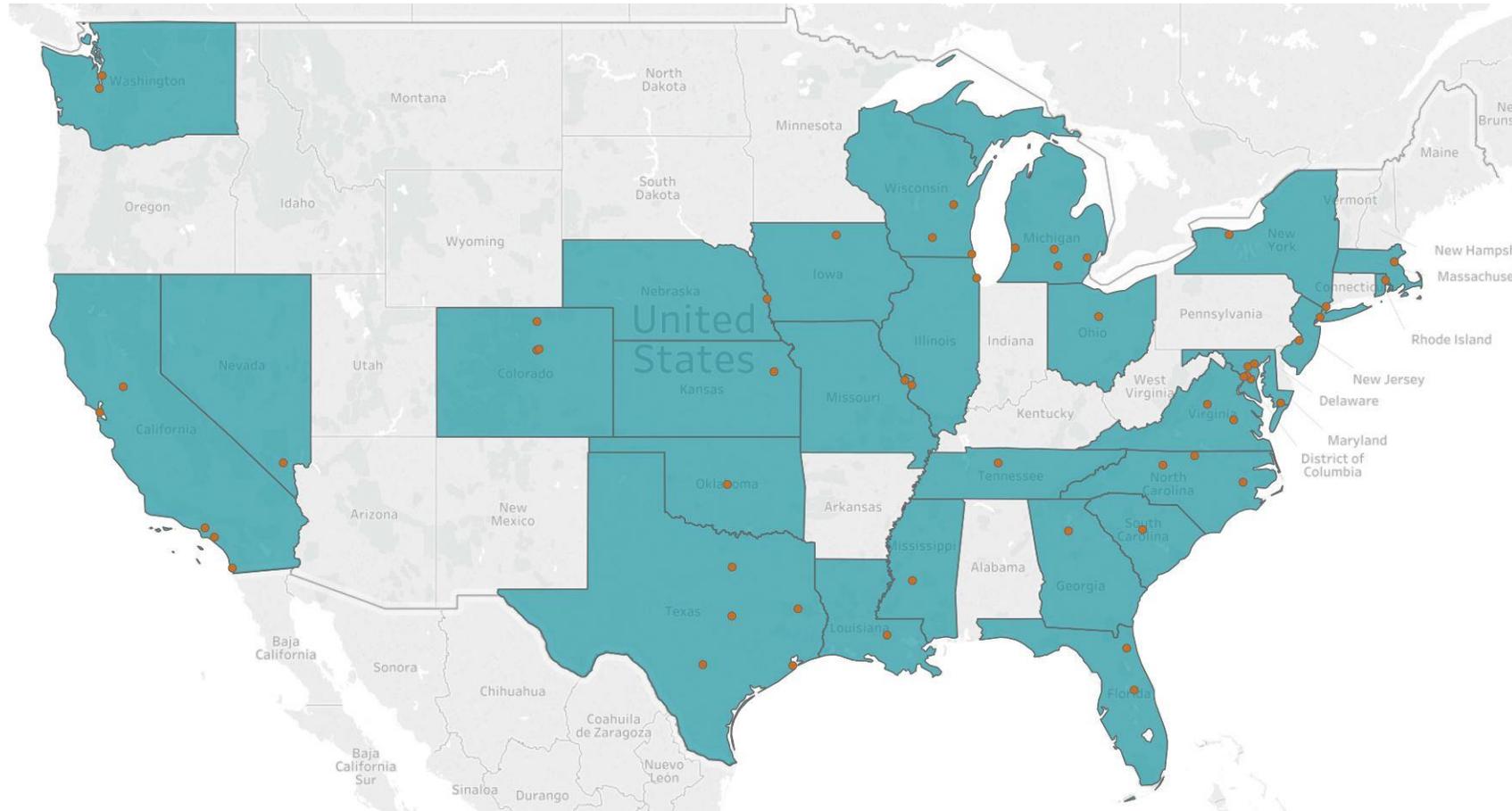


Community of Practice



Data Collaborative

# Express in the US



# In-depth Assessments

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

# Key Considerations

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

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

# Key Considerations

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

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

# Key Considerations

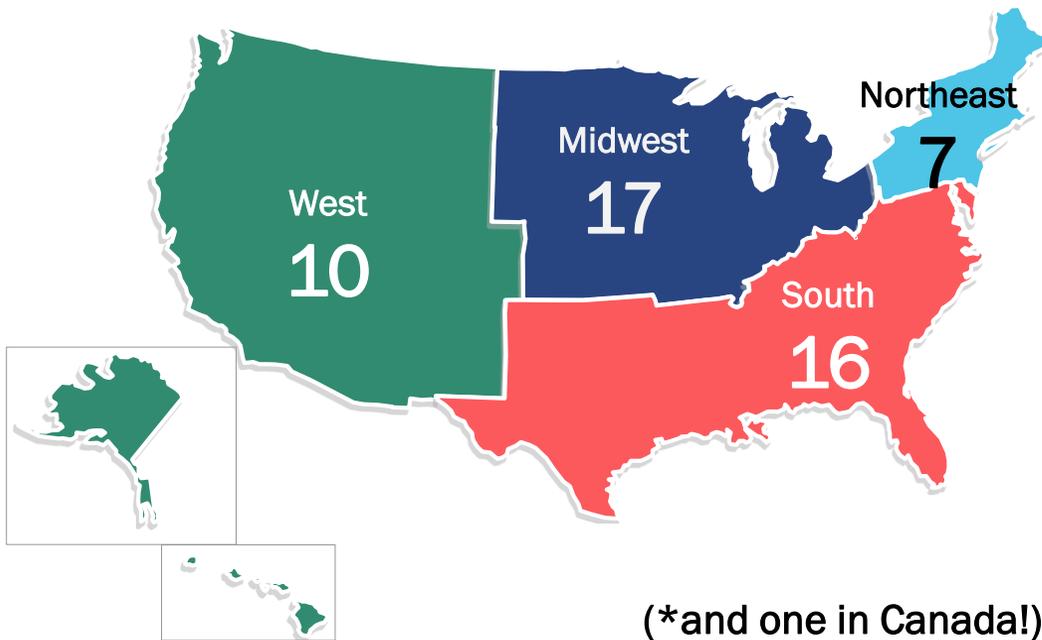
Look at ways to integrate evaluation into implementation plans and harmonize data with other jurisdictions

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

# Community of Practice Participants

## 48 participants

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



(\*and one in Canada!)

## Diversity of models:

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

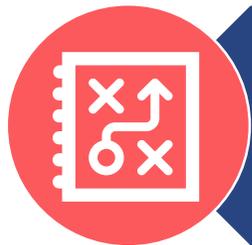
### *Of the Express models:*

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

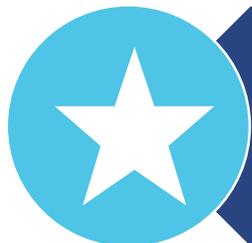
# Implementation Opportunities

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

# Mid-Point Conclusions



There is no one size fits all approach to express



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



Express services have great potential, but challenges remain

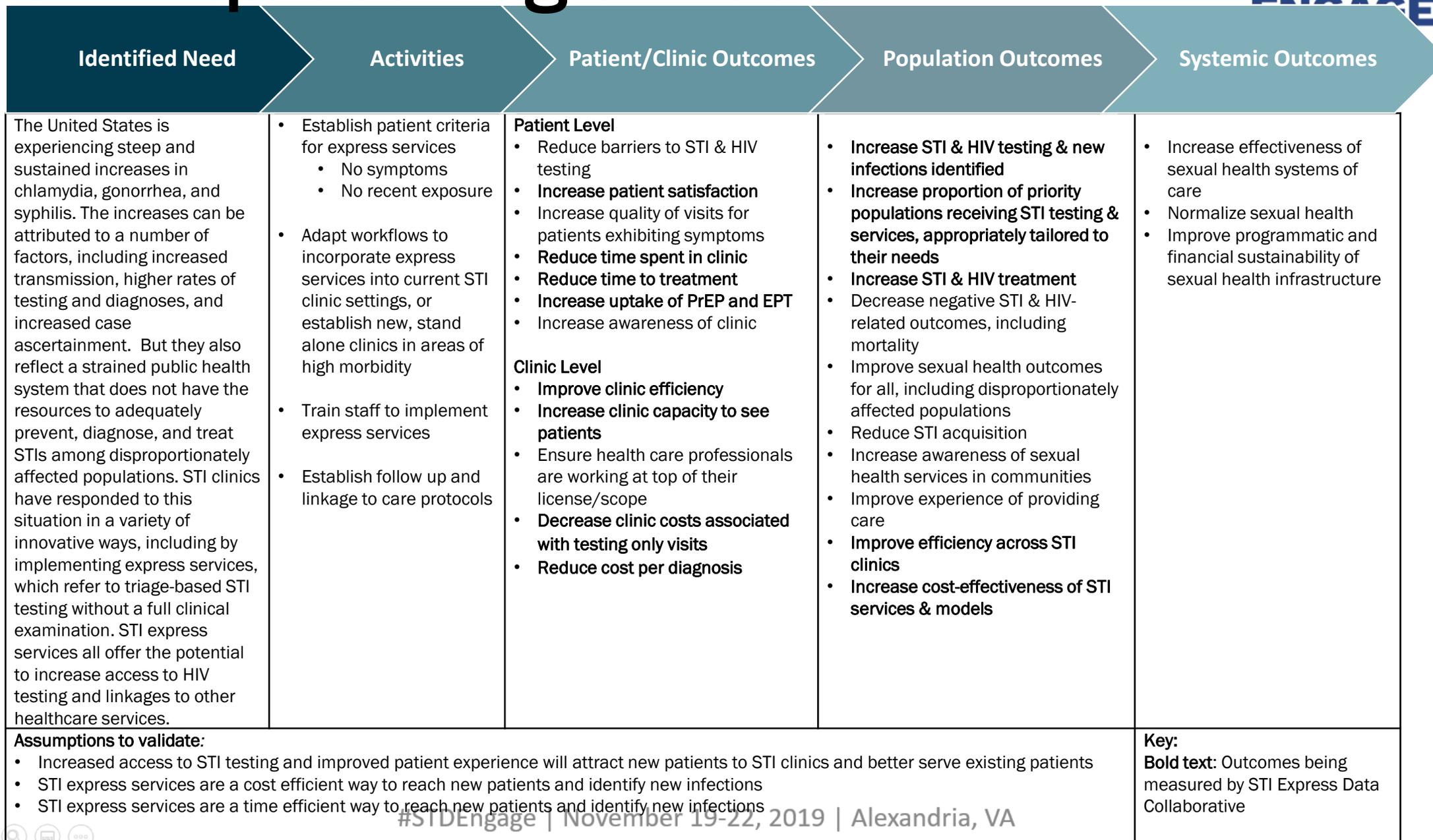
# Data Collaborative

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

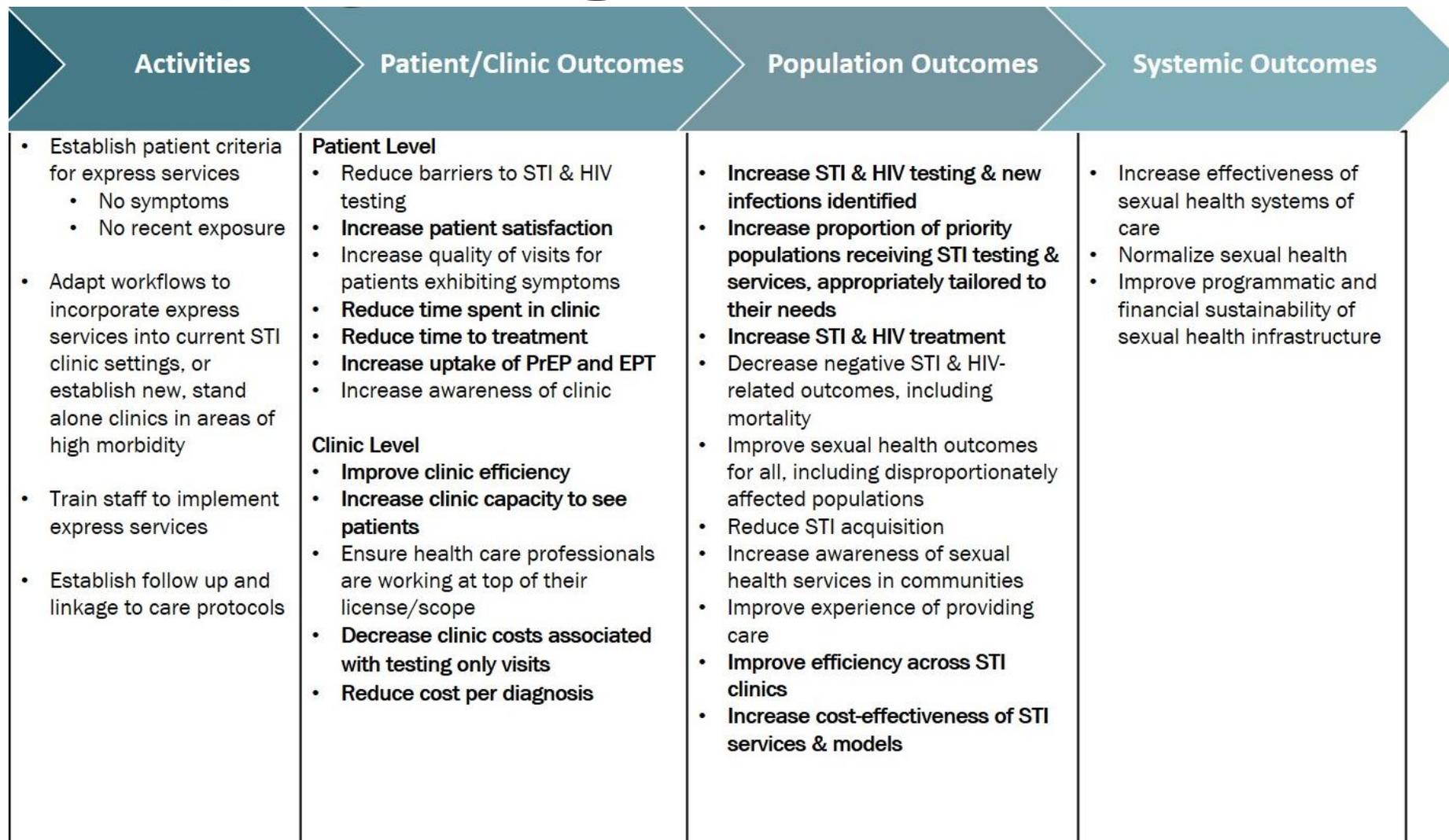
# Evaluating Express Services

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

# STI Express Logic Model



# STI Express Logic Model: Zoomed

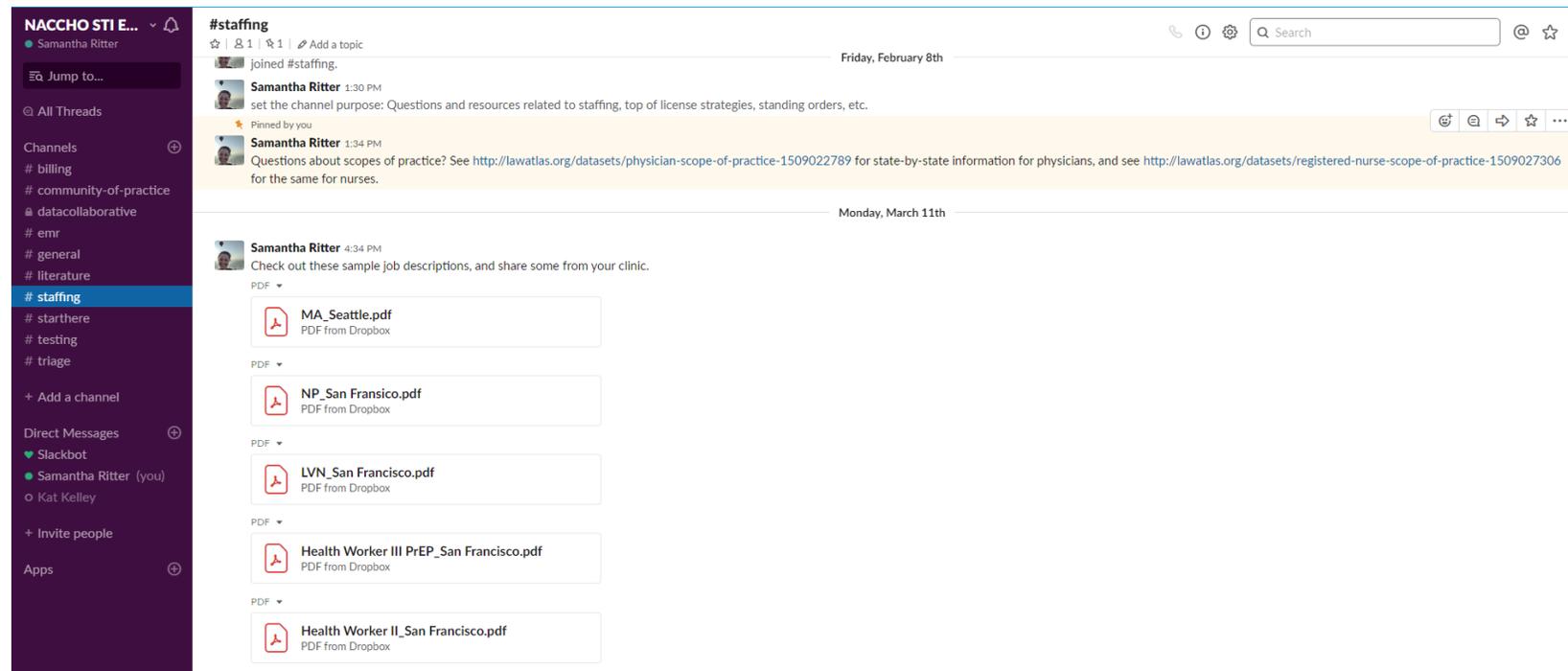


# Acknowledgements

- Data Collaborative sites
- Community of Practice members
- In-depth assessment participants
- Gretchen Weiss
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- Amanda Winters
- CDC DSTDP
  - Hilary Reno
  - Dan Lentine
  - Andres Berruti
  - Tom Gift

# Join our Community of Practice

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

A screenshot of a Slack channel conversation. The channel is named "#staffing" and is part of a workspace named "NACCHO STI E...". The channel has 1 member and 1 topic. The date is Friday, February 8th. A message from Samantha Ritter at 1:30 PM sets the channel purpose: "Questions and resources related to staffing, top of license strategies, standing orders, etc." This message is pinned. A second message from Samantha Ritter at 1:34 PM provides links for state-by-state information for physicians and nurses. The date then changes to Monday, March 11th. A message from Samantha Ritter at 4:34 PM shares sample job descriptions, including PDFs for MA\_Seattle.pdf, NP\_San Fransico.pdf, LVN\_San Francisco.pdf, Health Worker III PrEP\_San Francisco.pdf, and Health Worker II\_San Francisco.pdf.

# Stay in Touch

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