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

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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

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

(*and one in Canada!)

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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 services.
- 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 | • What are the characteristics of patients receiving express services?  
|                               | • How do express and non-express patients compare?  
|                               | • Do express services attract new patients to the clinic?  
|                               | • Are new patients from priority populations?  
|                               | • How often do patients receive express services? |
| Clinic Capacity & Efficiency   | • What effect do express services have on a clinic’s capacity to see patients? |
|                               | • What effect do express services have on clinic efficiency? |
| Treatment                     | • How do positivity rates of express and non-express patients compare? |
|                               | • What effect do express services have on time to treatment initiation? |
|                               | • What proportion of express patients return for treatment? |
| Patient Satisfaction          | • What factors do patients consider when choosing a clinic for testing? |
|                               | • To what extent are patients satisfied with express services? |
|                               | • What can be improved about express services? |
| Other                         | • Express + PrEP linkage |
|                               | • Express + EPT |
The United States is experiencing steep and sustained increases in chlamydia, gonorrhea, and syphilis. The increases can be attributed to a number of factors, including increased transmission, higher rates of testing and diagnoses, and increased case ascertainment. But they also reflect a strained public health system that does not have the resources to adequately prevent, diagnose, and treat STIs among disproportionately affected populations. STI clinics have responded to this situation in a variety of innovative ways, including by implementing express services, which refer to triage-based STI testing without a full clinical examination. STI express services all offer the potential to increase access to HIV testing and linkages to other healthcare services.

### Identified Need
The United States is experiencing steep and sustained increases in chlamydia, gonorrhea, and syphilis. The increases can be attributed to a number of factors, including increased transmission, higher rates of testing and diagnoses, and increased case ascertainment. But they also reflect a strained public health system that does not have the resources to adequately prevent, diagnose, and treat STIs among disproportionately affected populations. STI clinics have responded to this situation in a variety of innovative ways, including by implementing express services, which refer to triage-based STI testing without a full clinical examination. STI express services all offer the potential to increase access to HIV testing and linkages to other healthcare services.

### Activities
- Establish patient criteria for express services
  - No symptoms
  - No recent exposure
- Adapt workflows to incorporate express services into current STI clinic settings, or establish new, stand alone clinics in areas of high morbidity
- Train staff to implement express services
- Establish follow up and linkage to care protocols

### Patient/Clinic Outcomes
- **Patient Level**
  - Reduce barriers to STI & HIV testing
  - Increase patient satisfaction
  - Increase quality of visits for patients exhibiting symptoms
  - Decrease time spent in clinic
  - Decrease time to treatment
  - Increase uptake of PrEP and EPT
  - Increase awareness of clinic
- **Clinic Level**
  - Improve clinic efficiency
  - Increase clinic capacity to see patients
  - Ensure health care professionals are working at top of their license/scope
  - Decrease clinic costs associated with testing only visits
  - Reduce cost per diagnosis

### Population Outcomes
- **Population Outcomes**
  - Increase STI & HIV testing & new infections identified
  - Increase proportion of priority populations receiving STI testing & services, appropriately tailored to their needs
  - Increase STI & HIV treatment
  - Decrease negative STI & HIV-related outcomes, including mortality
  - Improve sexual health outcomes for all, including disproportionately affected populations
  - Reduce STI acquisition
  - Increase awareness of sexual health services in communities
  - Improve experience of providing care
  - Improve efficiency across STI clinics
  - Increase cost-effectiveness of STI services & models

### Systemic Outcomes
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  - Increase effectiveness of sexual health systems of care
  - Normalize sexual health
  - Improve programmatic and financial sustainability of sexual health infrastructure

### Assumptions to validate:
- Increased access to STI testing and improved patient experience will attract new patients to STI clinics and better serve existing patients
- STI express services are a cost efficient way to reach new patients and identify new infections
- STI express services are a time efficient way to reach new patients and identify new infections

### Key:
- Bold text: Outcomes being measured by STI Express Data Collaborative
## STI Express Logic Model: Zoomed

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Join our Community of Practice

https://essentialelements.naccho.org/archives/13929
Stay in Touch

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