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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





Community of Practice

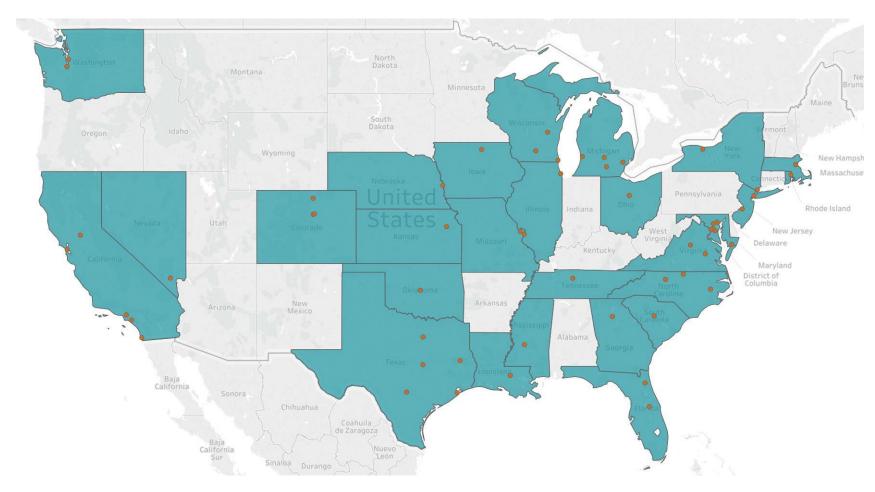


Data Collaborative





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



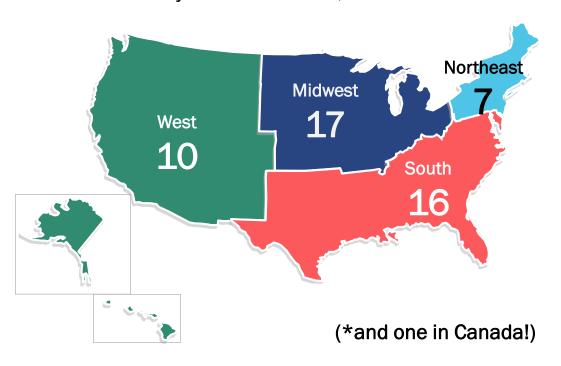




Community of Practice Participants

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



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	 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 linkageExpress + EPT



STI Express Logic Model



Identified Need

Activities

Patient/Clinic Outcomes

Population Outcomes

Systemic Outcomes

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.

- 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 Level

- Reduce barriers to STI & HIV testing
- Increase patient satisfaction
- Increase quality of visits for patients exhibiting symptoms
- Reduce time spent in clinic
- Reduce 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

- 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 & HIVrelated 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

- 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 and identify new infections. VA

Key:

Bold text: Outcomes being measured by STI Express Data Collaborative



STI Express Logic Model: Zoomed

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Population Outcomes

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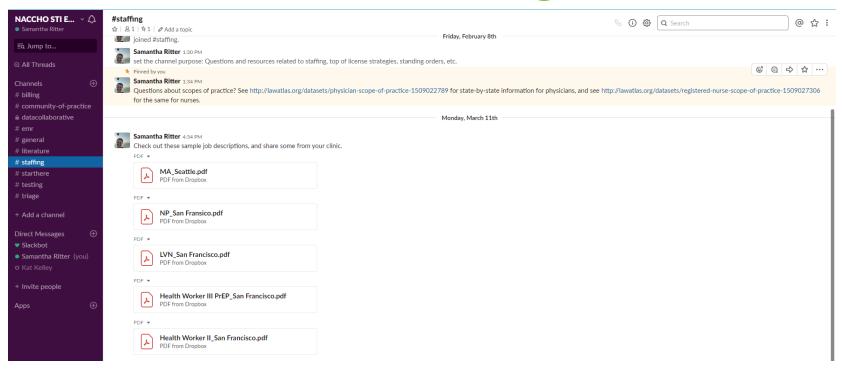
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Join our Community of Practice

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





Stay in Touch

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