



Request for Applications

Evaluation Consultant, STD Express Data Collaborative: Clinic-level evaluation and peer-to-peer learning for STD clinics currently implementing STD express services

Announcement Date: March 22, 2019 | Application Due Date: April 8, 2019

OVERVIEW:

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments (LHDs), which work to protect and improve the health of all people and all communities. NACCHO's HIV, STI, and Viral Hepatitis program aims to strengthen the capacity of LHDs to prevent, control, and manage HIV, STIs, and hepatitis in their communities. NACCHO supports these efforts by providing technical and capacity building assistance, developing and disseminating tools and resources, facilitating peer information exchange, and providing learning opportunities.

NACCHO's STD Express Initiative, funded by the Centers for Disease Control and Prevention (CDC) Division of STD Prevention (DSTDP), is designed to gather information about STD express services and support clinics and jurisdictions in making decisions about, establishing, scaling-up, and evaluating these services. Core elements of express services include triage-based STD testing and clinic visits that do not include physical examinations. Express services are associated with patient self-collection of swabs, technology and automation that support faster visits and turnaround times, alternative staffing structures that allow staff to work at the top of their licenses, and flexible models that can be implemented in a number of settings.

Through this initiative, NACCHO will convene and fund 5 STD clinics from across the United States to form the *STD Express Data Collaborative* to (1) further establish the evidence base for express services and (2) support quality improvement of established express models. The Collaborative will focus its efforts on evaluating express services in regard to treatment access, cost, capacity, and patient satisfaction. Additional detail about the evaluation framework is provided below and summarized in Table 1. NACCHO, in close collaboration with its CDC/DSTDP colleagues, will provide technical assistance (TA) to the sites participating in the *Data Collaborative* to implement the evaluation plan, discuss findings, consider quality improvement efforts, and identify best practices for STD express services provision. Visit [this link](#) to read the Request for Applications (RFA) for the *Data Collaborative* sites, which will close on March 28.

This RFA serves to identify an evaluation consultant to support work undertaken through the *Data Collaborative* in close collaboration with NACCHO and CDC/DSTDP. The evaluation consultant will be responsible for guiding development of the evaluation plan, providing TA to sites to support data collection, and analyzing the results to assess outcomes associated with express services.

The amount available to support the evaluation consultant for this work is approximately \$100,000; the final award amount is contingent upon a detailed project plan and the availability of funds. The project period is expected to be April 19, 2019 – May 31, 2020.

ABOUT STD EXPRESS SERVICES:

The United States is experiencing steep and sustained increases in chlamydia, gonorrhea, and syphilis. Nearly 2.3 million cases of these STDs were diagnosed in 2017, which surpassed the previous record set in 2016 by more than 200,000 cases.¹ The increases can be attributed to a number of factors, including increased transmission, higher rates of testing and diagnoses, and increased case ascertainment.² But they also reflect a strained public health system that does not have the resources to adequately prevent, diagnose, and treat STDs among priority populations. STD clinics have responded to this situation in a variety of innovative ways, including implementing express services.

In express services, asymptomatic patients are routed to less intensive clinical services. While express services models vary, there are a number of **core elements** seen across models:

- Triage to route patients to express or traditional provider visit
- No physical examination
- Patient self-collects specimens, including swabs and urine, while a nurse or phlebotomist collects serum
- Aided by technology/automation for triaging, faster lab turnaround times, and notification of results
- Reliance on diverse staffing to allow healthcare professionals to work at the top of their licenses

Published literature highlights a number of benefits of express services, including increased clinic capacity,^{3,4} decreased cost,⁵ reduced time to treatment,⁶ and reduced visit time.⁷ However, with these benefits come potential drawbacks. For example, express services could result in missed diagnoses of STDs other than chlamydia, gonorrhea, and syphilis and fewer opportunities for same-day treatment. Clinics must weigh these drawbacks against the benefits when determining what types of services may be best suited for their patient populations, and what express services should look like in their setting.⁸

¹ Centers for Disease Control and Prevention (2018). New CDC analysis shows steep and sustained increases in STDs in recent years. Available at <https://www.cdc.gov/nchhstp/newsroom/2018/press-release-2018-std-prevention-conference.html>.

² Centers for Disease Control and Prevention (2018). *Sexually Transmitted Disease Surveillance 2017*. Atlanta: U.S. Department of Health and Human Services.

³ Stoner, B., Reno, H., Brethauer, C., Spear, D. & Knaup, R. (2012). “Fast-track” STD services in an urban STD clinic: Increased clinical capacity, but reduced opportunities for same-day treatment. *Sexually Transmitted Infections* 88(Suppl 1)

⁴ Rukh, S., Khurana, R., Mickey, T., Anderson, L., Velasquez, C. & Taylor, M. (2014). Chlamydia and gonorrhea diagnosis, treatment, personnel cost savings, and service delivery improvements after the implementation of express sexually transmitted disease testing in Maricopa County, Arizona. *Sexually Transmitted Diseases* 41(1)

⁵ Ibid.

⁶ Paneth-Pollak, R., Schillinger, J., Borelli, J., Handel, S., Pathela, P. & Blank, S. (2010). Using STD electronic medical record data to drive public health program decisions in New York City. *American Journal of Public Health* 100(4).

⁷ Shamos, S., Mettenbrink, C., Subiadur, J., Mitchell, B. & Rietmeijer, C. (2008). Evaluation of a testing-only “express” visit option to enhance efficiency in a busy STI clinic. *Sexually Transmitted Diseases* 35(4).

⁸ Xu, F., Stoner, B., Taylor, S., Mena, L., Martin, D., Powell, S. & Markowitz, L. (2013). “Testing-Only” visits: An assessment of missed diagnoses in clients attending sexually transmitted disease clinics. *Sexually Transmitted Diseases* 40(1).

Despite promising evidence for the effectiveness of express services in increasing capacity while reducing costs, evaluation has been limited to a handful of clinics in the United States. Learning more about the effectiveness of express services overall as well as how site-specific factors influence outcomes will enable clinics to prioritize investments in establishing or scaling-up express services.

STD EXPRESS DATA COLLABORATIVE, DETAILED DESCRIPTION:

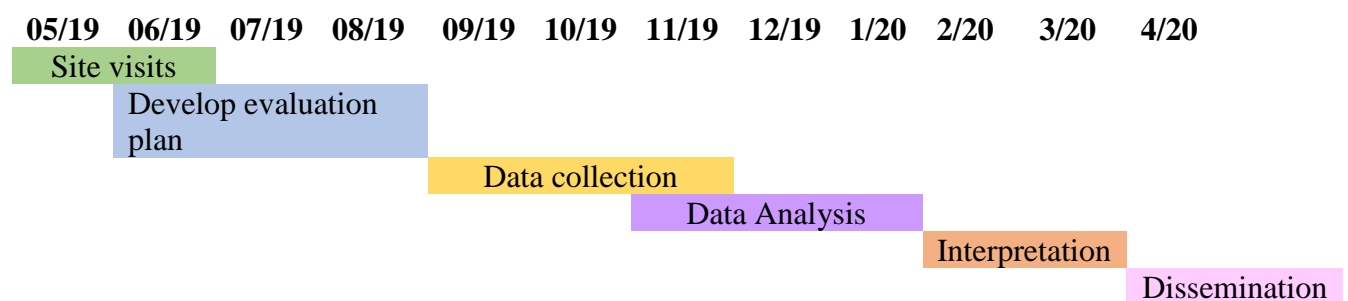
NACCHO seeks to further establish the evidence base for express services through the evaluation of existing express models. To achieve this goal, NACCHO will establish a *Data Collaborative* with up to 5 STD clinics in which participants will jointly develop an evaluation plan; collect site-level data and submit to the project team (NACCHO, CDC/DSTDP, evaluation consultant) for analysis; discuss implications of the findings; consider quality improvement efforts; and share and discuss their express models to support the scale up and replication of promising practices. The *Data Collaborative* is intended to be iterative and will be designed to meet the specific needs of the participants.

The following outputs are expected as a result of this project:

- Data related to express services that will provide critical information about this approach to STD testing and treatment and inform data-driven improvements to current practices;
- Collected program cost and financial data that will improve the ability to characterize the impact of STD funding on STDs and HIV, understand cost drivers, and discover efficiencies in the provision of services;
- Collected resources, such as protocols and standard operating procedures, patient flow diagrams, staffing models, risk assessments, and patient education materials, to be shared with other clinics interested in establishing or scaling-up express services; and
- Manuscript for a peer-reviewed publication and supporting resources.

Project kick-off with the *Data Collaborative* sites is expected to occur in late April. See figure below for a tentative project schedule for participating clinics. Note that this project is designed to be inclusive of clinics at different levels of capacity with regards to data collection and analysis, and the timeline might look slightly different for each clinic.

Figure 1: Data Collaborative Timeline



NACCHO and CDC/DSTDP have developed a draft evaluation framework that focuses on outcomes typically associated with express services, including treatment, cost, capacity, and

patient satisfaction, as well as how site-specific factors, such as laboratory site and capacity, staffing models, EHRs, and business models, among others, influence implementation decisions and outcomes (See Table 1). Key questions to be addressed via the *Data Collaborative* include:

- How effective are express services at increasing access to STD testing and treatment?
- How effective are express services at improving the efficiency of care?
- How do express services affect patient satisfaction?
- What are the outcomes, barriers, opportunities, and costs associated with establishing and maintaining express services in various STD program settings?

This framework is akin to an ideal research agenda that is larger than the scope of this project. An initial activity of the *Data Collaborative*, supported by the evaluation consultant, NACCHO, and CDC/DSTDP, will be to develop an evaluation plan for the project based on this framework.

Table 1. STD Express Data Collaborative Evaluation Scope

Component	Sample Evaluation Questions	Sample Data
Treatment	What is the impact and accuracy of triage in identifying persons for express services?	<ul style="list-style-type: none"> • Proportion of patients accurately routed to express services
	How effective are express services at reducing time to treatment?	<ul style="list-style-type: none"> • Days to notification of test results • Days to treatment initiation
	How effective are express services at increasing STD testing and treatment among new patients from priority populations?	<ul style="list-style-type: none"> • Proportion of new patients that present for testing after express services implementation • Demographics of patient population
	How effective are express services at improving treatment completion rates?	<ul style="list-style-type: none"> • Proportion of patients with positive test results that receive treatment
Cost	What are the costs associated with establishing and maintaining express services in various STD program settings?	<ul style="list-style-type: none"> • Cost per patient visit in express services • Cost per case detected/treated
	Are express services cost effective?	<ul style="list-style-type: none"> • Cost per patient visit in express services • Cost per case detected/treated • # patients tested, # patients treated
Capacity	How effective are express services at increasing the number of patients seen?	<ul style="list-style-type: none"> • Number of patients seen in the clinic before and after the implementation of express services

	What proportion of patients are eligible for express services?	<ul style="list-style-type: none"> • Number of patients triaged to express services
Patient Satisfaction	Do express services affect patient satisfaction?	<ul style="list-style-type: none"> • Proportion of patients likely to return to clinic • Proportion of patients satisfied with most recent visit • Proportion of patients comfortable with self-collection

EVALUATION CONSULTANT SCOPE OF WORK

The evaluation consultant will be responsible for guiding the development of the evaluation plan in collaboration with *Data Collaborative* sites, NACCHO, and CDC/DSTDP; supporting data collection activities conducted by the sites through the provision of evaluation-related TA; and analyzing collected data and synthesizing evaluation findings in the form of project summary reports and a manuscript for publication.

Key activities and requirements include:

- Provide subject matter expertise in the development of the project evaluation plan;
- Lead data collection efforts, including the development of data collection tools and protocols;
- Provide TA to participating clinics on implementation of the evaluation plan, including data cleaning, documentation standards, and reporting. TA will be delivered through monthly virtual *Data Collaborative* sessions, one-on-one check-in calls with sites, and on-site, if necessary;
- Adjust the evaluation plan and implement quality improvement actions, as necessary;
- Analyze collected data;
- Develop summary reports synthesizing evaluation findings for each participating site and for the project overall;
- Participate in or lead, when appropriate, monthly virtual *Data Collaborative* sessions;
- Coordinate, in partnership with NACCHO, 1-2 day site visits to *Data Collaborative* clinics (up to 5) from May 1-June 30, 2019. During site visits, the project team will visit the STD clinic, learn about the express model, discuss data capacity and challenges, and determine reporting structures and format;
- Write, in collaboration with NACCHO, CDC/DSTDP, and participating sites, a manuscript for publication of project findings; and
- Participate in check-in calls with NACCHO, anticipated to be bi-weekly during the initial phase of the project and then monthly.

Close collaboration with NACCHO and CDC/DSTDP will be maintained throughout the project period. In particular, CDC/DSTDP will provide extensive direct support in the area of cost and cost effectiveness. NACCHO will be responsible for organizing and facilitating ongoing collaboration through regular conference calls and meetings.

The consultant will report to the Senior Program Analyst overseeing this project and the Director of NACCHO's HIV, STI, & Viral Hepatitis program. The contract start date is anticipated to be April 19, 2019. NACCHO will approximately \$100,000 for this consultant. The contract will be fixed-price, and invoicing and reimbursement will occur according to a schedule of deliverables. All estimated funding amounts are subject to the availability of funds. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

ELIGIBILITY AND DESIRED QUALIFICATIONS:

The consultant should have:

- Expertise with the evaluation of clinic-level data;
- Experience with the development and delivery of evaluation-related TA and manuscript writing;
- Understanding of the provision of STD clinical services; and
- Ability to participate in site visits in May and June and to provide additional on-site TA as necessary.

INSTRUCTIONS TO APPLY

Qualified candidates should apply by email and include:

- Resume/CV;
- Statement of purpose that outlines how the candidate meets the desired qualifications of this position, a description of capability to conduct the activities outlined above, and a brief description of the candidate's proposed approach for this project. The statement should be no more than five pages; and
- Two examples of relevant publications or work products.

The deadline to submit applications is **Monday, April 8, 2019** by 11:59 PM PDT. Applications should be submitted as a single PDF in an email to sritter@naccho.org. Use as a Subject Line: "STD Express Services Evaluation Consultant RFA." Applicants will receive confirmation of their submission within one business day.

For questions, contact:

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