Supporting the Establishment, Scale Up, and Evaluation of STD Express Services

Key Observations and Lessons Learned

Jessica Steele, MPH
Wendy Nakatsukasa-Ono, MPH





ACKNOWLEDGEMENTS

Core Site Team

Mississippi

Leandro Mena, MD, MPH Jennifer Brumfield, RN, MHS University of Mississippi Medical Center

Rhode Island

Philip Chan, MD, MS Brown University Amy Nunn, ScD Cassandra Sutten Coats, ScM Rhode Island Public Health Institute

San Francisco

Stephanie Cohen, MD, MPH Oliver Bacon, MD, MPH Tamara Ooms, FNP San Francisco City Clinic

NACCHO

Gretchen Weiss, MPH Director, HIV, STI, & Viral Hepatitis Samantha Ritter, MPH Senior Program Analyst, HIV, STI & Viral Hepatitis

CDC

Tom Gift, PhD Chief, Health Services Research and Evaluation Dan Lentine, MPH Partnerships Liaison, Office of Policy, Planning and External Relations Hilary Reno, MD, PhD, Medical Consultant

We greatly appreciate those who participated in key informant interviews and other Cardea staff who contributed to this initiative

Ginny Cassidy-Brinn, MSN, ARNP Johanna Rosenthal, MPH Amanda Winters, MPH, MPA Kimberly Aumack-Yee Eric Wheeler

For any inquiries, please contact:

Samantha Ritter, MPH
Senior Program Analyst, HIV, STI & Viral Hepatitis
National Association of County and City Health Officials (NACCHO)
1201 I Street, NW, Suite 400, Washington, DC 20005
202.756.0162 | fax: 202.280.1043 | email: sritter@naccho.org

EXECUTIVE SUMMARY

To address rising sexually transmitted disease (STD) rates and related health care costs, some US and international STD clinics have introduced express services, with the hope of increasing access to and acceptability of STD/HIV testing, reducing time to treatment, maximizing clinic efficiency, and reducing costs. STD express services refer to triage-based STD testing without a full clinical examination. These services are associated with patient self-collection of specimens, technology and automation, staffing models that support staff practicing at the top of their license, and the ability to operate in diverse settings.

Between July 2018 and March 2019, NACCHO engaged Cardea to conduct in-depth assessments with three STD clinics in Jackson, Mississippi; Providence, Rhode Island; and San Francisco, California. These in-depth assessments were designed to develop a better understanding of the role that STD express services can play in jurisdictions and to explore clinical operations and resource requirements related to express visits. The initiative yielded the following cross-cutting recommendations for jurisdictions interested in developing and implementing express services:

Explore how STD express services fit within the larger landscape of STD and HIV prevention and care services

STD express services are often part of a larger constellation of STD and HIV prevention and care services. Prior to implementing express services, sites may want to work with community partners to identify community-level goals for STD and HIV prevention and how express services may help achieve those goals. Jurisdictions might consider mapping current STD and HIV prevention and care services in order to identify current service gaps, and to determine whether express services are best suited for a stand-alone site, or if they can be integrated into an existing clinic's workflow. Sites considering express services might also consider building/enhancing relationships with other clinics and community-based organizations that provide services along the care continuum.

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

While STD express services offer the opportunity to maximize efficiency and reduce costs, they often do not involve a provider. Therefore, there may be limited opportunities for billing and reimbursement. Prior to developing plans for clinic operations, jurisdictions may want to explore additional options to support express services, and consider how staffing models and licensing requirements will impact billing and reimbursement opportunities. The degree to which sites will be able to integrate technology and automation will be largely dependent on site-specific resources and available laboratory options.

3

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

Electronic medical records provide both opportunities and challenges related to patient flow, data collection, and evaluation. In addition, the way in which demographic, risk assessment, clinical, and other information is collected varies greatly across jurisdictions. Sites may want to consider identifying key metrics and measures of success, prior to implementing STD express services, and consider harmonizing data with other jurisdictions to contribute to ongoing, cross-jurisdictional evaluation of and learnings related to express services.

Public STD clinics continue to play a critical role in STD prevention and control—demand for STD and HIV services remains high, and many STD clinics are at or beyond capacity. However, public STD clinics have faced significant financial challenges, due to changes in the policy and funding landscape. STD express services, whether delivered in a stand-alone setting or incorporated into existing clinical work flows, can play an integral role in expanding the ability of STD clinics to reach their community-level goals, and to meet the specific and unique needs of individuals within their jurisdictions.