NACCHO
National Association of County & City Health Officials

Request for Applications

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

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Due Date: March 28, 2019

For questions about the Request for Applications (RFA), contact Samantha Ritter, Senior Program Analyst, HIV, STI, & Viral Hepatitis, at sritter@naccho.org or 202-756-0162.

EXECUTIVE SUMMARY

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 through the Centers for Disease Control and Prevention (CDC) Division of STD Prevention (DSTDP), is designed to gather information about STD express clinic services (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 full 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.

Studies have shown that express services result in critical gains regarding visit time, clinic capacity, time to treatment, and cost; therefore, they have the potential to play a key role in increasing access to testing and treatment by optimizing clinic efficiency. In order to (1) further establish the evidence base for express services and (2) support quality improvement of established express models, NACCHO will convene STD clinics from across the United States to form the STD Express Data Collaborative. Eligible applicants include STD clinics that have been implementing express services (triage-based STD testing without a full physical examination) for a minimum of 3 months and have reasonable access to data sources to assess evaluation questions listed in Table 1. Data Collaborative clinics will jointly refine an evaluation plan, collect site-level data and share with NACCHO and CDC for analysis, discuss implications of the analyzed data, consider quality improvement efforts, and share and discuss their express models to support the scale up and replication of promising practices.

Selected clinics will be awarded $30,000 each to participate in the Data Collaborative and evaluate express services. The anticipated project period is twelve months.

PROBLEM STATEMENT

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.[i] The increases can be attributed to a number of factors, including increased transmission, higher rates of testing and diagnoses, and increased case ascertainment.[ii] 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 by implementing express services.

In express services, asymptomatic patients are routed to less intensive clinical services. While express service 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,[iii,iv] decreased cost,[v] reduced time to treatment,[vi] and reduced visit time.[vii] 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.[viii]

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.

DATA COLLABORATIVE 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 refine an evaluation plan, collect site-level data and share with NACCHO and CDC for analysis, discuss implications of the analyzed data, 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.

NACCHO, CDC, and participating clinics will contribute to the following anticipated outcomes of the Data Collaborative:

- Analyzed site-level data related to express services that will provide critical information about this approach 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 the 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.

EVALUATION SCOPE

Focus areas for evaluation include outcomes typically associated with express services, including treatment, cost, capacity, and patient satisfaction, as well as how site-specific factors, such as the laboratory site and capacity, staffing models, EHRs, and business models, among others, influence implementation decisions and outcomes. A draft evaluation framework is provided in 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 Data Collaborative. An initial activity of the Data Collaborative, along with NACCHO and CDC, will be to refine this framework and consider evaluation priorities and feasibility. Guided by this framework, NACCHO will develop a data collection plan with each site and provide remote and/or on-site technical assistance (TA) for data collection. NACCHO and CDC will be responsible for data analysis.

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?	• Proportion of patients accurately routed to express services
	How effective are express services at reducing time to treatment?	• 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?	• 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?	• 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?	• Cost per patient visit in express services • Cost per case detected/ treated
	Are express services cost effective?	• 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?	• Number of patients seen in the clinic before and after the implementation of express services
	What proportion of patients are eligible for express services?	• Number of patients triaged to express services
Patient Satisfaction	Do express services affect patient satisfaction?	• Proportion of patients likely to return to clinic • Proportion of patients satisfied with most recent visit • Proportion of patients comfortable with self-collection

PARTICIPATING CLINIC EXPECTATIONS

- Participate in monthly Data Collaborative meetings, which will be conducted through AdobeConnect. During these meetings, participants will refine and prioritize the evaluation plan, share challenges and successes in data collection, and discuss clinic-level outcomes. To foster peer-to-peer learning, each clinic will be expected to deliver a short presentation on their express model during one of the virtual meetings.
- Collect and report data necessary to evaluate express services. Specific evaluation questions and indicators will be finalized with Data Collaborative participants but will likely include some of those described in Table 1. Reporting tools will be provided, and reporting expectations will be determined in collaboration with participating clinics.
- Participate in one-on-one check-in calls for individual TA on an as-needed basis.
- Share resources, such as protocols and standard operating procedures, patient flow diagrams, staffing models, risk assessments, and patient education materials.
- Work with NACCHO to plan a 1-2 day site visit for NACCHO and CDC staff upon project kick-off. Site visits with participating clinics will be scheduled for May and June.
- Contribute to manuscript development with NACCHO, CDC, and other participants.

Clinics are also expected to provide sufficient time for relevant staff to participate in the project. Each project team is required to include at least two individuals, including the roles listed below. Note that the same person may fulfill up to two required roles (i.e., Primary Contact and Clinical Lead). Participating clinics may invite additional staff to join in monthly meetings and other TA events on an ongoing or as-needed basis.

- Primary Contact: STD clinic staff person that is responsible for managing the project; serves as a link between clinical staff and the Data Lead; participates in all regularly scheduled Data Collaborative meetings, including monthly virtual sessions, TA, and the site visit

- Clinical Lead: credentialed clinician with expertise in clinic administration and ideally a leadership position within the STD clinic; responsible for addressing any obstacles or barriers as they arise; participates in Data Collaborative meetings on an as-needed basis; is required to participate in the site visit
- Data Lead: Responsible for requesting, collecting, and submitting all data and has experience doing so; participates in all regularly scheduled Data Collaborative meetings, including monthly virtual sessions, TA, and the site visit

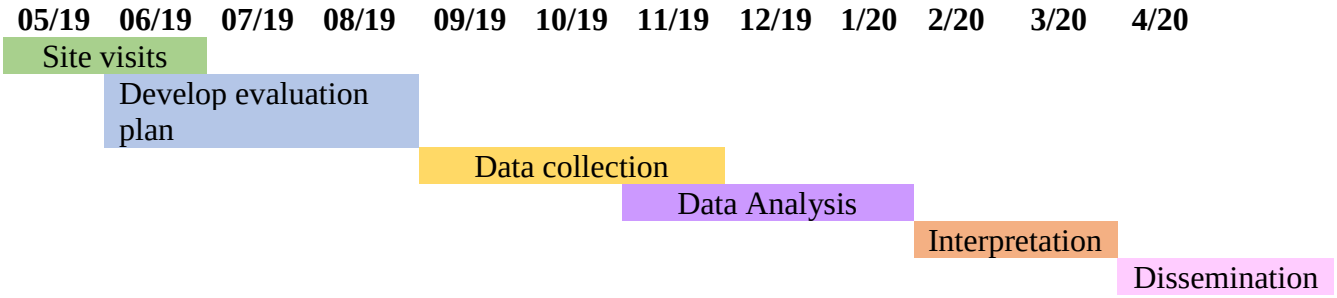
NACCHO, in partnership with CDC, will provide ongoing support to participating clinics in the form of:

- Facilitation of the monthly virtual Data Collaborative meetings
- TA to support data collection and evaluation
- Analysis of reported data
- Summary reports synthesizing evaluation findings
- Moderation of and access to an online forum such as Slack to allow participating clinics to share resources, ask questions, and address challenges in real-time
- Planning and facilitating the site visit upon project kick-off
- Leading manuscript development

TIMELINE

Participating clinics will be notified by April 19, 2019, and the project period will be twelve months. See Figure 1 for a tentative project schedule. 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 differ slightly for each clinic. Manuscript development and editing is expected to continue beyond the project period.

Figure 1: Data Collaborative Timeline



ELIGIBILITY

Eligible applicants include STD clinics that have been implementing express services (triage-based STD testing without a full physical examination) for a minimum of 3 months and have reasonable access to data sources to assess evaluation questions listed in Table 1. For the purposes of this application, the following definitions apply:

- A clinic may refer to a single clinic or multiple clinics operated by the same entity.
- STD clinics refer to those that provide safety net STD services, or affordable STD care for uninsured or underinsured persons, in a particular jurisdiction.

APPLICATION FORMAT AND REQUIREMENTS:

Applications should use single-spaced Times New Roman 12-point font and not exceed 5 pages in length. The cover page and attachments do not count against the total page limit. All pages, charts, figures, and tables should be numbered.

Applications should include the following sections:

1. Cover Page
    - Provide a cover page that includes the applicant's contact information
2. Narrative
    - Brief background on STD epidemiology in the local jurisdiction
    - Description of STD clinic with a specific focus on the express model. The description should include clinic volume, structure, staffing, and the presence of express services core elements and key features. If possible, please include a brief depiction of patient flow (illustrated or written) that incorporates the express elements.
    - Primary goals or interest in evaluating express services. If more than one clinic in your network provides express services, describe which clinic(s) you plan to focus on and why.
    - Description of relevant experience and expertise conducting evaluations in the clinic setting.
    - Capacity to collect data for key evaluation questions. Choose one of the sample evaluation questions listed in Table 1 and describe how you would utilize currently available clinic data to assess it.
    - Brief description of the roles and responsibilities of participating staff
3. Attachments
    - Resumes/CV of participating staff

SELECTION CRITERIA

NACCHO and CDC will review and assess applications in accordance with the following criteria:

- Relevance of the project to the clinic's goals and interests
- Past/current experience with evaluation of clinic operations
- Capacity to implement the proposed evaluation framework
- Capacity of participating staff

NACCHO and CDC may conduct telephone interviews with applicants prior to award. Interviews will be conducted from April 3–April 12, 2019.

SUBMISSION INSTRUCTIONS

The deadline for submission of applications is March 28, 2019 at 11:59 PT. Applications should be submitted as a single PDF in an email to sritter@naccho.org with the subject line "STD Express Data Collaborative RFA." Applicants will receive confirmation of their submission within one business day.

ADDITIONAL INFORMATION

An informational webinar will be hosted for potential applicants on **March 13, 2019** at 3:00–4:00 PM ET. Please note that advanced registration is not required, simply click on the link below. Questions may be submitted in advance to sritter@naccho.org, and will be accepted until March 11, 2019 at 5:00 PM PT.

Webinar URL: http://naccho.adobeconnect.com/datacollaborative/
Audio: Join by phone or computer. 1-866-740-1260; Participant Access Code: 7560162#

For questions, contact:
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[i] 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.
[ii] Centers for Disease Control and Prevention (2018). *Sexually Transmitted Disease Surveillance 2017*. Atlanta: U.S. Department of Health and Human Services.
[iii] 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)
[iv] 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)
[v] Ibid.
[vi] Paneth-Pollak, R., Schillinger, J., Borelli, J., Handel, S., Pathela, P. & Blank, S. (2010). Using STD electronical medical record data to drive pubic health program decisions in New York City. *American Journal of Public Health 100*(4).
[vii] 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).
[viii] 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).