



VIRTUAL
**2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT**

Leveraging STI Express Services for HIV Prevention and Care

Hilary Reno, MD, PhD, Medical Consultant, CDC, DSTDP, Atlanta, GA

Molly Feder, MPH, Cardea, Seattle, WA

Elizabeth Menstell, MPH, Cardea, Seattle, WA

Christopher Ried, MD, Orange County Health Care Agency, California

Disclosures



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Learning Objectives



- Review core elements of STI express services and different models of implementation
- Consider how STI express models could benefit priority populations and improve STI outcomes among Ryan White HIV/AIDS Program clients
- Discuss STI express services as an optimal tool for increasing access to HIV testing

Presentation Agenda



- Overview of STI express services
- Findings from recently completed multi-site evaluation of STI express services
- Experience implementing STI express services in an STI clinic co-located with a Ryan White clinic



Overview of STI Express Services

Hilary Reno, MD, PhD

Medical Consultant, CDC, DSTDP, Atlanta, GA

2020 National Ryan White Conference on HIV Care and Treatment

August 2020

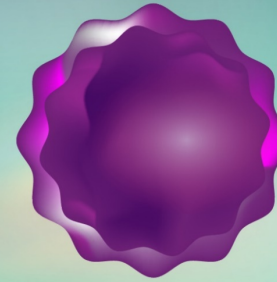
The STI Landscape

STDs IN THE UNITED STATES



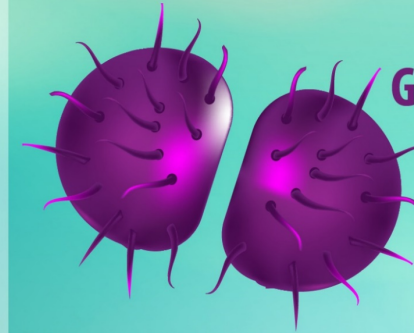
STDs tighten their grip on the nation's health as rates increase for a fifth year.

Source: U.S. Centers for Disease Control and Prevention



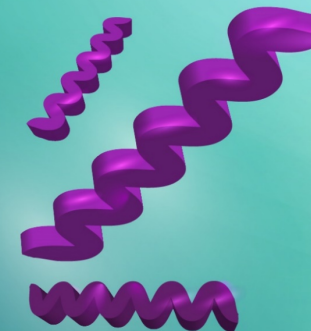
CHLAMYDIA 1,758,668

TOTAL CASES IN 2018
2.9% INCREASE SINCE 2017



GONORRHEA 583,405

TOTAL CASES IN 2018
5.0% INCREASE SINCE 2017



SYPHILIS 115,045

TOTAL CASES IN 2018
13.3% INCREASE SINCE 2017

CONGENITAL SYPHILIS 1,306

TOTAL CASES IN 2018
39.7% INCREASE SINCE 2017

PRIMARY AND SECONDARY SYPHILIS 35,063

TOTAL CASES IN 2018
14.4% INCREASE SINCE 2017

The STI Funding/Infrastructure Landscape

- Fragmentation of funds and systems¹
- Declining or stagnant budgets primarily affecting DIS and STI partner services²
- Reduced clinic hours, closures, reduced routine screenings³



1. National Academy of Public Administration (2018). *The Impact of Sexually Transmitted Diseases on the United States: Still Hidden, Getting Worse, Can be Controlled*.
2. Sentinel Network
3. Gift, T, K. Heyer, A. Benedetti, K.A. Brookmeyer, and Pang S. Hoover. CDC, NACCHO, and NCSD: *Current Public STD Prevention Services and Recent Changes: Results from a 2013-14 Survey*. (2014).

What are STI express services?

Definition: Triage-based STI testing without a full clinical examination



Staffing models that allow health care professionals to operate at the top of their licenses



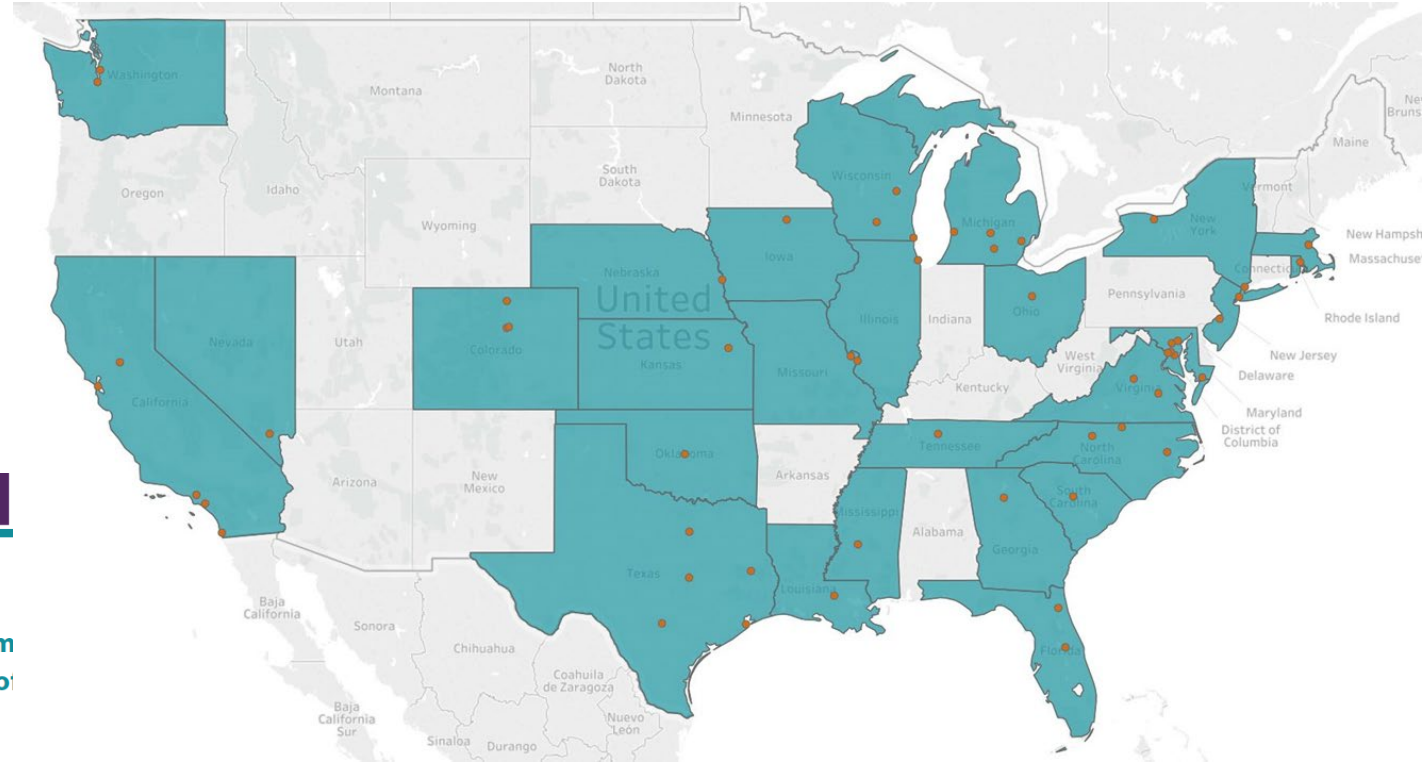
Patient-self collection of swabs



Technology and automation

STI Express Initiative

- Community of Practice
- In-Depth Assessments
- Data Collaborative



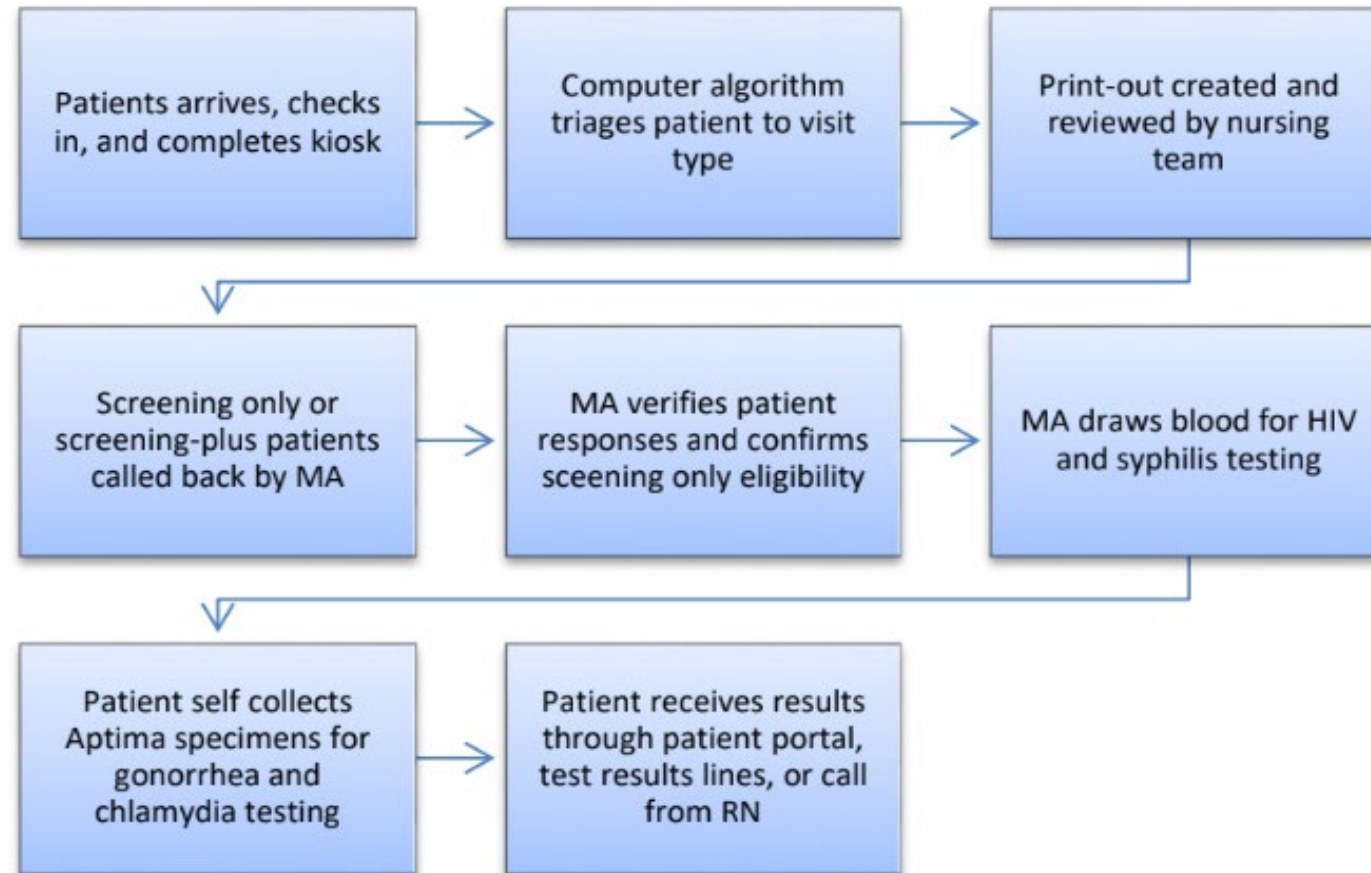
Supporting the Establishment, Scale Up, and Evaluation of STD Express Services

Key Observations and Lessons Learned

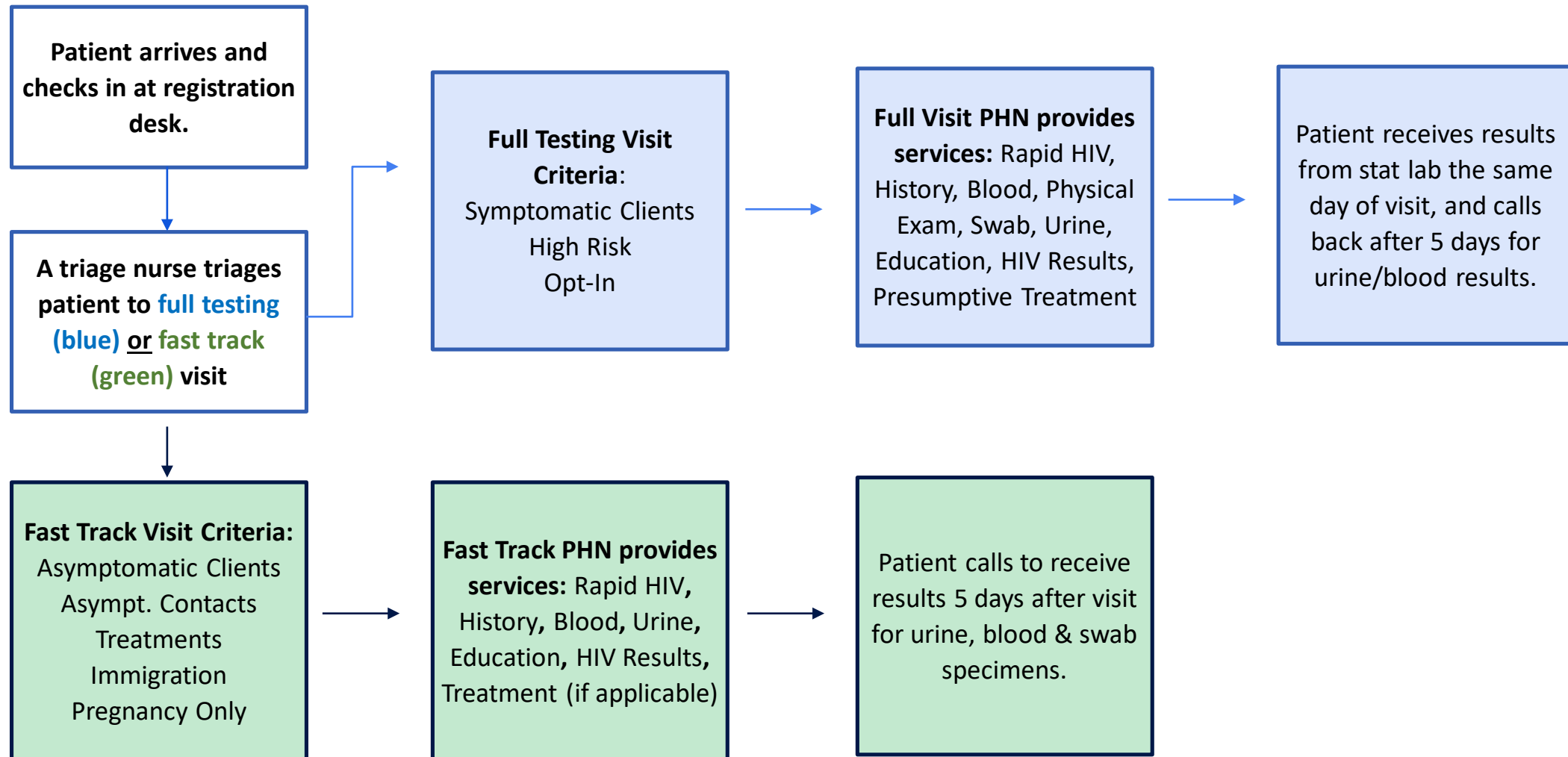
Jessica Steele, MPH
Wendy Nakatsukasa-Ono, MPH



Diverse Models of Express Service Provision: Model A



Diverse Models of Express Service Provision: Model B



Motivations for Express Services

- **Improve clinic capacity**
 - Reduce turnaways
 - Reduce clinic clog
 - Gain staffing efficiencies
 - Reduce test turnaround time
- **Reduce unmet need**
 - Address stigma
 - Increase testing among priority populations

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Evaluating STI Express Services: Findings from a Multi-site Data Collaborative

Molly Feder, MPH

Elizabeth Menstell, MPH

Cardea Services



- National, women of color-led organization with nearly 50 years of experience in research and evaluation, training, and capacity building
- Cardea envisions communities where all people, especially those who have been most underserved, have equitable access to quality health and human services
- Cardea seeks to improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients
- Cardea believes that organizations thrive by integrating principles of equity and social justice into all aspects of their work

What we did

In April 2019, NACCHO engaged 13 clinics in seven sites and Cardea, as the evaluation consultant, in a multi-jurisdiction data collaborative across seven sites to:

Further establish the evidence base for STI express services



Support quality improvement of established STI express models



What we hoped to learn

Do STI express services influence...



Patient populations served by clinics?



Clinic capacity or patient appointment time?



STI testing, positivity or treatment?

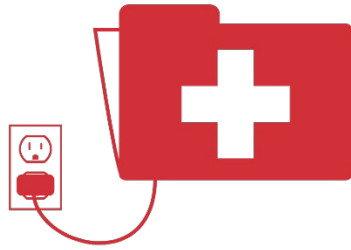


Satisfaction with clinic visits



Costs per visit or appointment time? (CDC)

Data abstraction and analysis



- Electronic medical record data
- Among patients who received express and non-express services, and before and after express implementation
- Most recent visits records to categorize into express/non-express patients

Patient satisfaction surveys



- Anonymous, paper and web-based
- Offered in English and Spanish
- Assessed on 5-point Likert scale

What we learned: Patients



STI express services may support *Ending the Epidemic* Initiatives

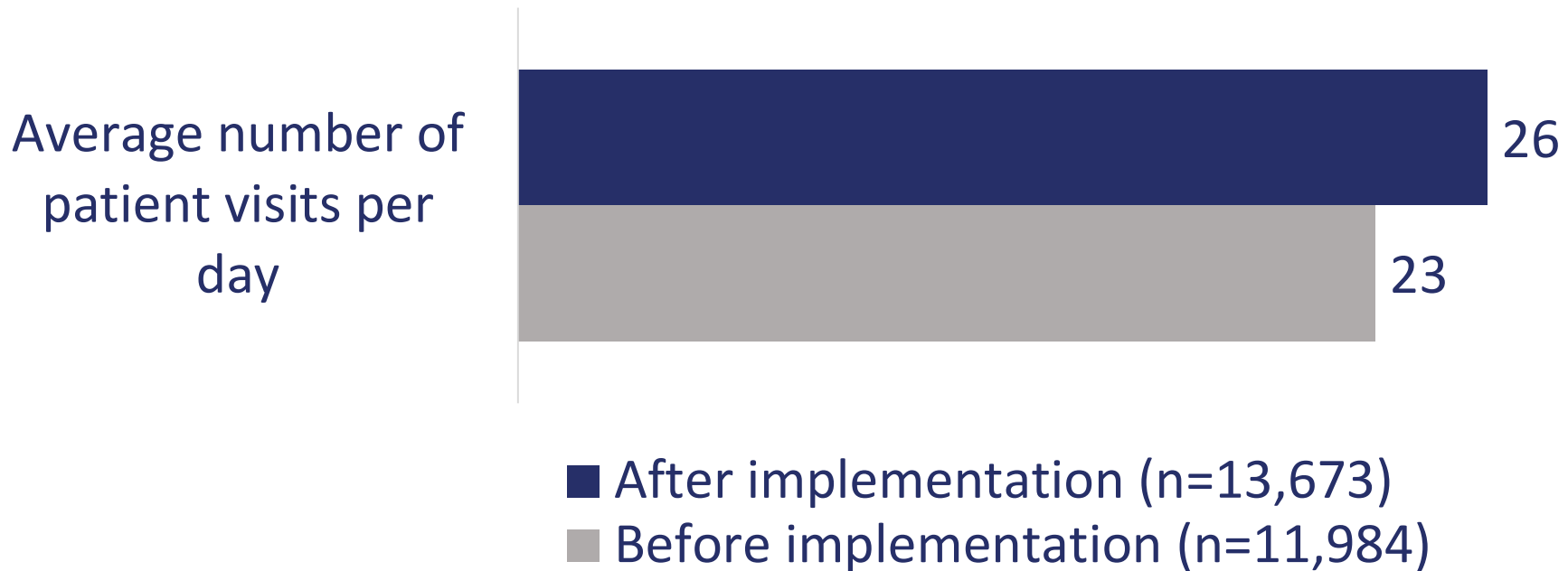
Comparing priority patients before and after
STI express implementation, we learned that...

A significantly higher proportion
of patients identified as gay,
bisexual, or queer after STI
express implementation

A significantly higher proportion
of patients reported use of high
risk and injection drugs after STI
express implementation

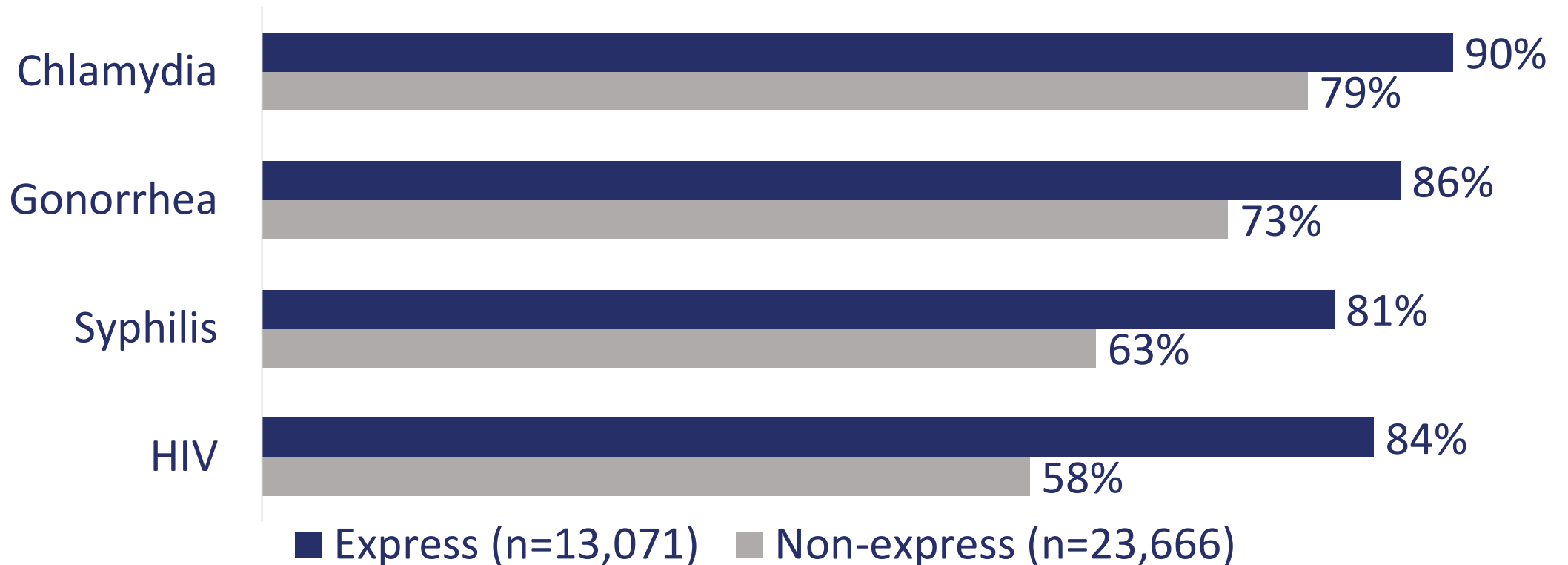
What we learned: Capacity

STI express services increase clinic capacity to see patients



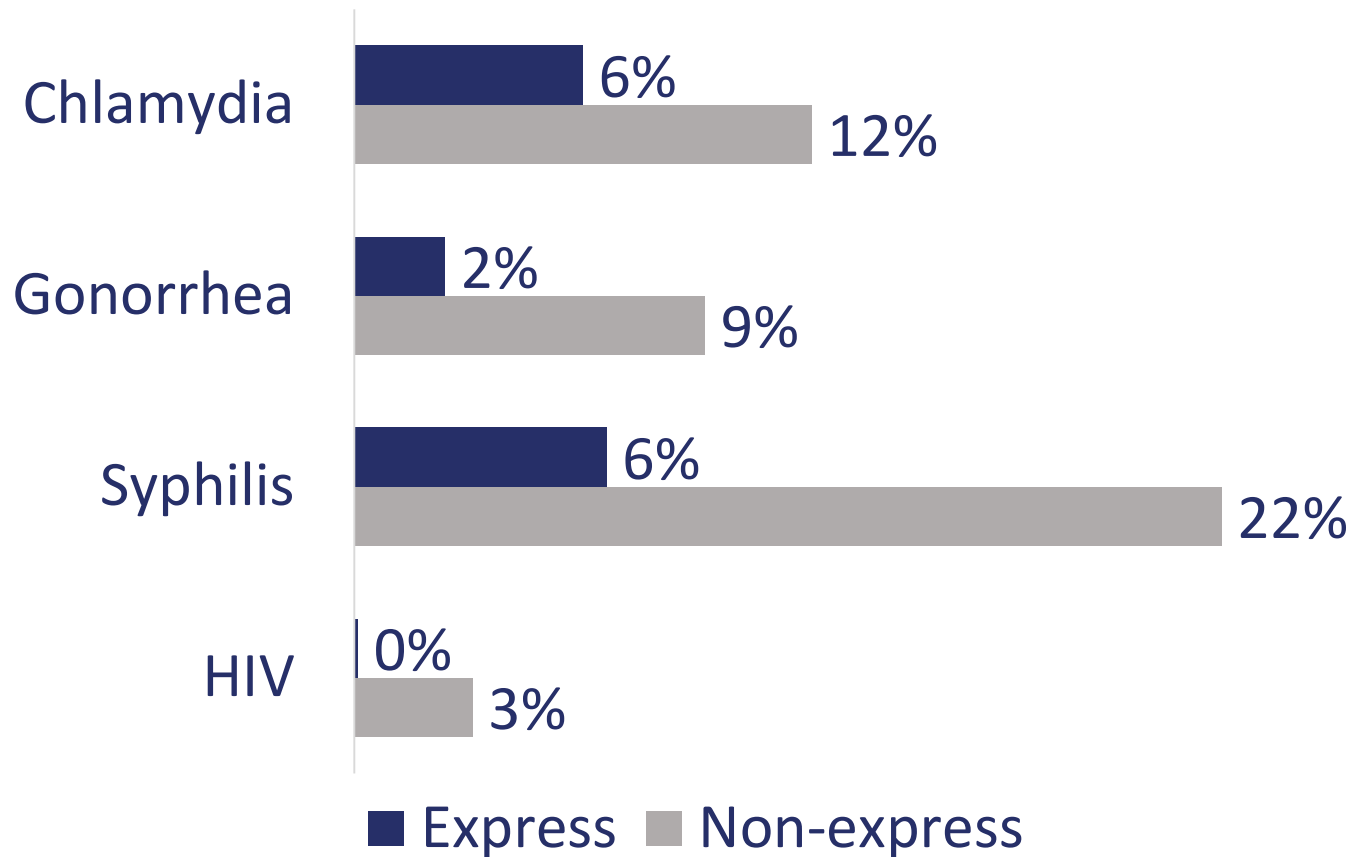
What we learned: Packaged Testing

STI express services increase opportunities for HIV/STI testing



What we learned: Positivity

HIV/STI positivity was lower among express vs. non-express patients



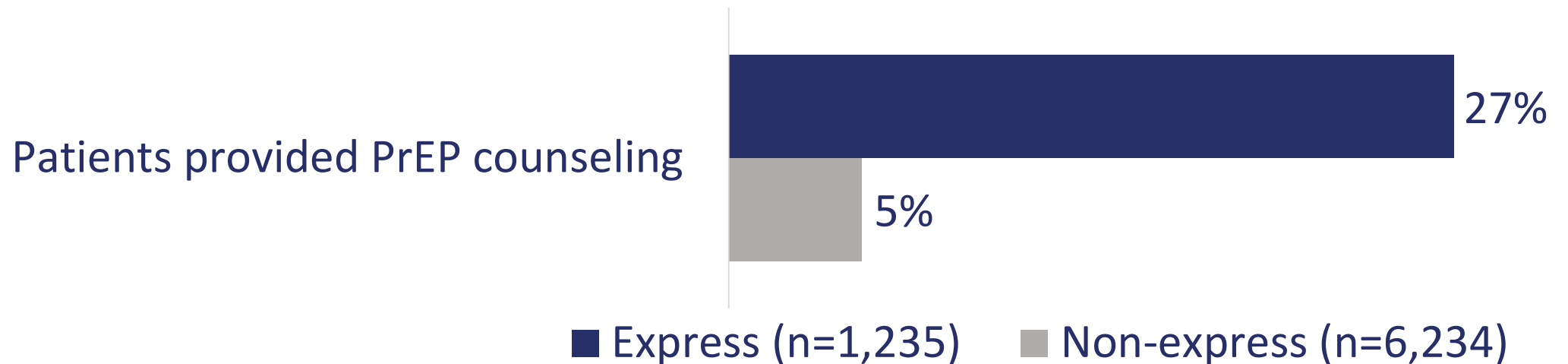
Percentages taken from total number tested per group

n	Express	Non-express
Chlamydia	11,799	18,631
Gonorrhea	11,220	17,216
Syphilis	1,288	3,802
HIV	1,602	3,632

What we learned: PrEP

STI express services offer increased opportunities for PrEP consultation

At their most recent visit, express patients were more frequently provided with PrEP counseling, than non-express patients



STI express services...

- Complement other clinical services and may be implemented across diverse settings and via multiple strategies
- May support *Ending the Epidemic* initiatives
- Increase clinic capacity to see patients
- Offer increased opportunities for HIV/STI testing and PrEP consultation

Implementing Express Services in an STI Clinic Co-Located with Ryan White HIV Services

Christopher Ried, MD

Medical Director for HIV/STD Services

Orange County Health Care Agency (CA)

Leveraging STI Express



- Orange County's HIV and STD Clinics
 - Ryan White HIV Clinic is co-located with County's categorical STD clinic
 - Clinics have been co-located since the 1980s
 - PrEP Clinic embedded in the STD Clinic
 - Rapid ART in HIV and STD Clinics
 - 3.0 FTE MD and 3.0 FTE NP

Planning and Implementation of Clinic Express Visits: Validation Study



- California RW Part B Clinical Quality Management program and the California Prevention Training Center pilot program to increase STD testing among HIV+ MSM
- Validation study comparing provider collected vs patient-collected rectal, throat and vaginal GC/CT
- Patient-collected specimens were as good if not better than provider-collected specimens and patients were pleased to be given the option
- 2018 HRSA Center for Quality Improvement and Innovation Award for validation study and implementation of self-swabbing

Planning and Implementation of Clinic Express Visits: Patient Protocols



- Protocols written, patient-collected education materials created
- Restroom and two offices with sinks (mirrors installed) used for collection
- EHR configured to make one-click ordering for all self-collected specimens
- STD Express services named “Quick Check,” advertised on-line and in clinic
- Any asymptomatic patient who presents to clinic for screening is eligible for a Quick Check whether they are an HIV or STD clinic patient

Facilitating Orders

The screenshot shows a software interface for a provider. On the left is a sidebar with a 'Table of Contents' and various menu items like 'Provider View', 'Results Review', 'Orders', 'Documentation', etc. The main area is titled 'Provider View' and shows a list of lab orders. The orders include:

- Influenza PCR Nasopharyngeal Swab, T;N, Routine collect, Once, Nurse Collect, 0
- HIV 1 Viral Load Aptima Plasma, T;N, Routine collect, Once, Nurse Collect, 0
- Trichomonas Nucleic Acid Amplification Test Genital, T;N, Routine collect, Once, Nurse Collect, 0
- Herpes Simplex Virus NAAT Lesion, T;N, Routine collect, Once, Nurse Collect, 0
- TB IGRA PLUS Whole Blood, T;N, Routine collect, Once, Nurse Collect, 0
- Patient Collected Lab (highlighted with a red arrow)
- Chlamydia/Gonorrhoea Nucleic Acid Amplification PT Rectal Swab, T;N, Routine collect, Once, Nurse Collect, 0
- Chlamydia/Gonorrhoea Nucleic Acid Amplification PT Throat, T;N, Routine collect, Once, Nurse Collect, 0
- Chlamydia/Gonorrhoea Nucleic Acid Amplification PT Urethra, T;N, Routine collect, Once, Nurse Collect, 0
- Chlamydia/Gonorrhoea Nucleic Acid Amplification PT Vaginal Swab, T;N, Routine collect, Once, Nurse Collect, 0
- Syphilis Testing
- Syphilis Screen Immunoassay Serum, T;N, Routine collect, Once, Nurse Collect, 0
- Syphilis RPR No Reflex Serum, T;N, Routine collect, Once, Nurse Collect, 0
- STAT Syphilis Testing
- Syphilis Screen Immunoassay Serum, T;N, Stat collect, Once, Nurse Collect, 0
- Syphilis RPR No Reflex Serum, T;N, Stat collect, Once, Nurse Collect, 0
- Syph darkfield Lesion, T;N, Routine collect, Once, Nurse Collect, 0
- Rapid TPPA POC T;N, 0
- UCI Top 91%

- Make ordering of self-collected specimens as easy as possible for providers
- Instant results in HIV Clinic: 1st quarter of implementing self-collected GC/CT specimens rectal screening increased 76% and throat screening increased 126% in the HIV clinic

Quick Check Packaged Testing



- Self-collected rectal, throat and vaginal GC/CT testing
- Urine testing for GC/CT if appropriate
- Syphilis testing, either reverse algorithm or RPR if previously infected
- HIV testing on ALL patients unless known positive via AgAb algorithm

When Additional Services are Needed



- Any Quick Check visit can become full STD visit with exam, gram stain of discharge, darkfield, STAT syphilis CIA or RPR, rapid TPPA POC, rapid HIV test POC, STAT HIV AgAb or STAT confirmatory Ab
- PrEP referral offered to all appropriate patients
 - PrEP clinic within County's STD clinic for uninsured
 - Referral to PrEP navigation for insured patients

Self-Collection in HIV Clinic



- Successes:
 - January to June 2018 prior to self-collection:
1182 throat and rectal GGCT specimens collected
 - January to June 2019 after 6 months of self-collection:
3498 throat and rectal GC/CT, increase of 3X or 196%

Implementation in HIV Clinic



- Much quicker and easier for MD to order swabbing at MD visit or at phlebotomy visit 2 weeks prior to MD appointment
- DHHS guidelines: virally suppressed and stable CD4 monitoring extended to every 6-month intervals
- Most patients require interim STD screening at least every 3 months
- Patients instructed to present to STD clinic for “Quick Check” appointments between 6-month MD visits and as needed

Quick Check and HIV+ STD Clinic Patients



- Quick Check patients who report untreated HIV or who test positive are offered Linkage to Care on-site or LTC Referrals
- All uninsured and insured HIV+ patients are offered Rapid ART the same-day in the same clinic
- HIV patients who want STD screening at anytime between their regular doctor appointments can present for Quick Check

CBO Testing and Successes



- CBO Testing, February 2019
 - Began funding 3 CBOs to use our Quick Check model to do self-swab GC/CT, syphilis testing and HIV AgAb algorithm testing
 - CBOs had previously done rapid HIV testing but not GC/CT, syphilis or HIV AgAb screening
- Successes
 - Those tested at CBOs tended to be younger
 - CBO was able to test 3x as many patients 19-25 as the County clinic
 - Rectal CT positivity rate was 11% compared to County's 17%
 - Rectal GC positivity rate was 5% compared to County's 11%

CBO Testing Challenges



- CBO Testing, February 2019
 - Challenges
 - Few more days to get results and therefore time to treatment longer
 - Patients with a history of syphilis require a visit with MD/NP, usually at the County clinic

Overall Express Visit Challenges



- Limiting it to certain times and days of the week makes it less accessible
- Staffing shortages of RNs, using NPs not as cost-effective; MAs can't work under standing orders in California
- Need to implement procedure to make any appropriate walk-in an Express Visit
- COVID-19 Changes
 - Limits on patients that can be in waiting room
 - Implementing Express Visits for all PrEP follow-ups to limit patient time in clinic

Leveraging STI Express Services for HIV Prevention and Care

Hilary Reno, MD, PhD

STI Express Services + HIV Prevention and Care

- **STI express services are being used in a variety of settings.**
- **Express services can increase clinic capacity, free up clinicians time, increase referrals for PrEP.**
- **Express services + packaged testing seem to increase the % of people tested for HIV.**
- **Express services can be integrated with rapid ART start programs.**

Resources

- **STI Express Implementation Toolkit**
- **STI Express Billing Fact Sheet**
- **Findings from the STI Express Data Collaborative**
- **<https://www.naccho.org/programs/community-health/infectious-disease/hiv-sti/std-prevention>**
- **CDC's Recommendations for the Laboratory-based Detection of Chlamydia trachomatis and Neisseria gonorrhoea—2014.**
- **CDC funded National Network of STD Prevention Centers**

National Network of STD Clinical Prevention Training Centers

- The National Network of STD Clinical Prevention Training Centers (NNPTC), funded by the CDC, assists clinicians with the skills, knowledge and experience needed to address and prevent STDs in their patients.
- Consisting of 8 regional centers and 2 national centers serving the United States, the network provides:
 - Over 100,000 total trainees in 2019
 - Over 600 In-Person Trainings Annually
 - Over 60 Web-based Trainings Annually
 - Free or Low-Cost CME and CNE
 - Technical Assistance to STD Clinics and Providers
 - Free STD Clinical Consultation



National Network of
STD Clinical Prevention
Training Centers

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National STD experts review

Response within 1-5 business days, depending on urgency

Log on to www.STDCCN.org for medical professionals nationwide

Series 1 Series 2 Series 3

Acknowledgements

- Data Collaborative sites
- Community of Practice members
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- Samantha Ritter
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 - Melissa Habel
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Contact

Hilary Reno, MD, PhD, Medical Consultant, CDC, DSTDP, Atlanta, GA

hreno@wustl.edu

Molly Feder, MPH, Cardea

mfeder@cardeaservices.org

Elizabeth Menstell, MPH, Cardea

lmenstell@cardeaservices.org

Christopher Ried, MD

cried@ochca.com