

# Express STI Testing & Care

Learning Community, November 29<sup>th</sup>

**Welcome! Please introduce yourself in the chat 😊**

# Welcome!

- **Please introduce yourself in the chat!**
- We're happy to have attendees here from the following clinics:
  - Bell Flower Clinic, Indianapolis, Indiana
  - Litoral Clinic, Migrant Health Center, Mayagüez, Puerto Rico
  - Mary Eliza Mahoney Health Center, Newark, New Jersey
  - Morrisania Clinic, Health & Hospitals, Bronx, New York
  - NYC Department of Health, NYC, New York
  - Take Care Down There Clinic, Columbus Public Health, Columbus, Ohio

# Group Agreements

- Keep cameras on, especially when talking
- All participants contribute to the discussion
- We're here to learn together
- Confidentiality: any patient information shared remains private

## STD Express Visits – Learning Community Session

- Alwyn Cohall, MD
- Principal Investigator, NYC STD Prevention Training Center
- Professor of Public Health and Pediatrics
- Columbia University Irving Medical Center

# Disclosures

- None

# Overview

What do we mean by STI Express Visits?

Rationale

Potential benefits

Review of different models

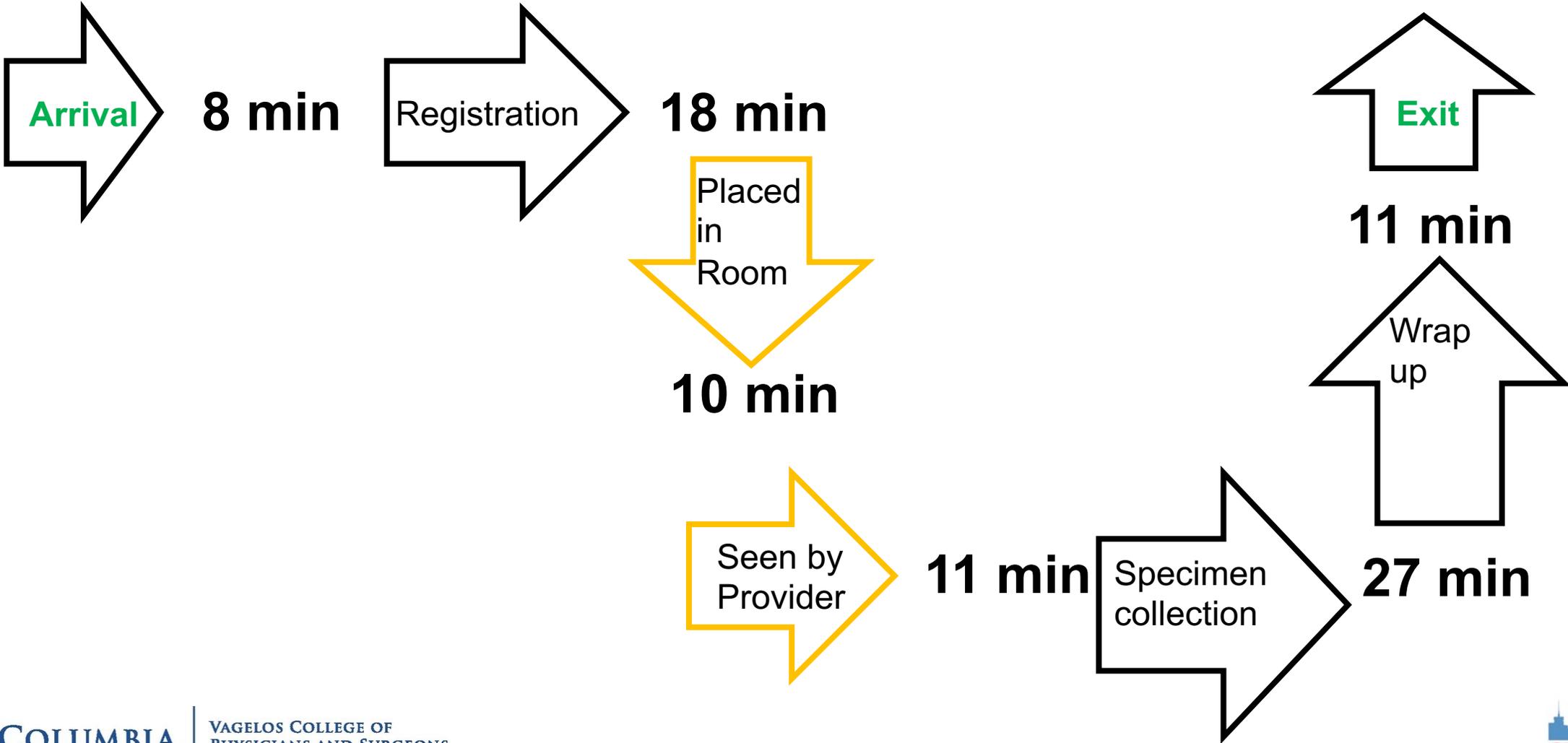
LC partner presentations – Success and Challenges

Discussion



**A sign of the times!**

# St. Louis County Sexual Health Clinic Patient Flow (Clinician visits)



Should we consider  
modifying this clinic flow?

# Added value of provider examination?

Many STIs are asymptomatic

Do providers need to “lay hands” on every patient?

Best use of time and resources?

# What are STI express visits?

- Triage based STI testing **without** a full clinical examination.

# Rationale for Express Services

Improve  
clinic  
capacity

- Reduce turnaways
- Reduce clinic waiting times
- Gain staffing efficiencies

# Triage

Who does  
it?

- Staff
- Computer

How do  
they do it?

- Confidential interview
- Paper screening tool
- CASI (computed assisted screening tool)

# Potential Survey Questions

- **SYMPTOMS**
- New or existing patient
- Sexual partners
- Type of sexual contact (oral, vaginal, anal)
  - Timing of last unprotected sexual contact?
- Age?

# Potential Survey Questions

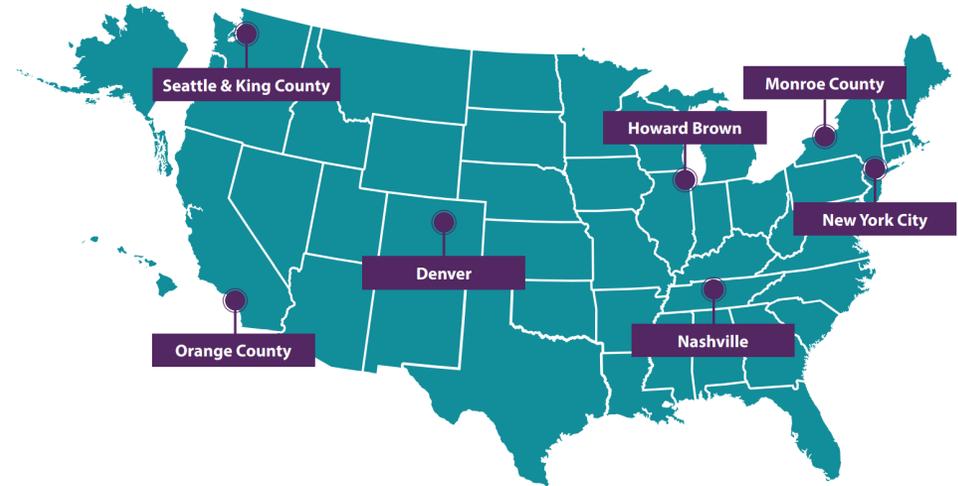
- Current HIV status and LTC if +
- HIV status of partner
- People with uteruses (pregnancy status)
  - Timing of last unprotected penile-vaginal sexual encounter
- Involvement with sex work?
- Substance use (including IVDU)
- Interest/need for PrEP



## Implementing Express STI Services: Considerations and Lessons Learned

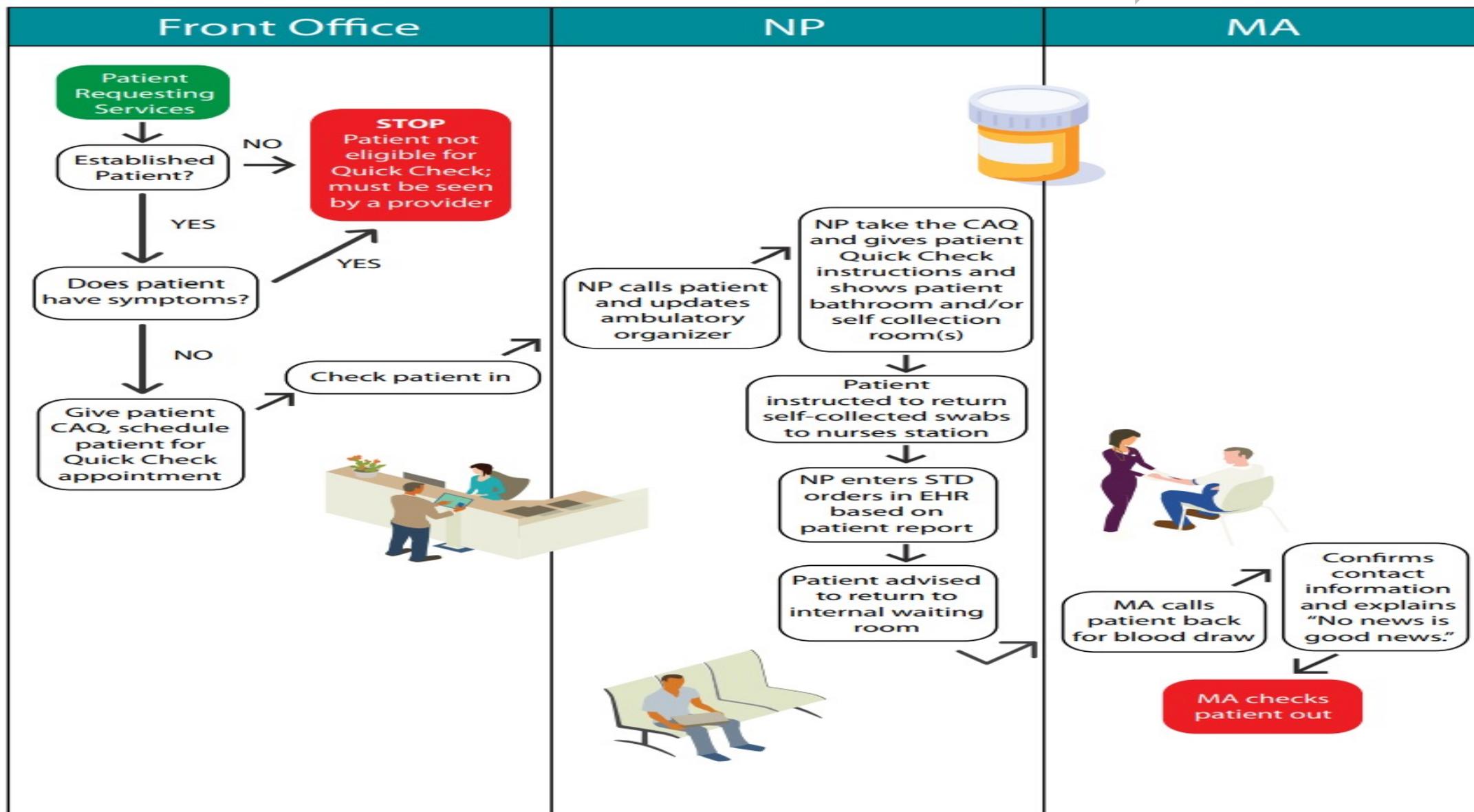
**NACCHO**  
National Association of County & City Health Officials

2021

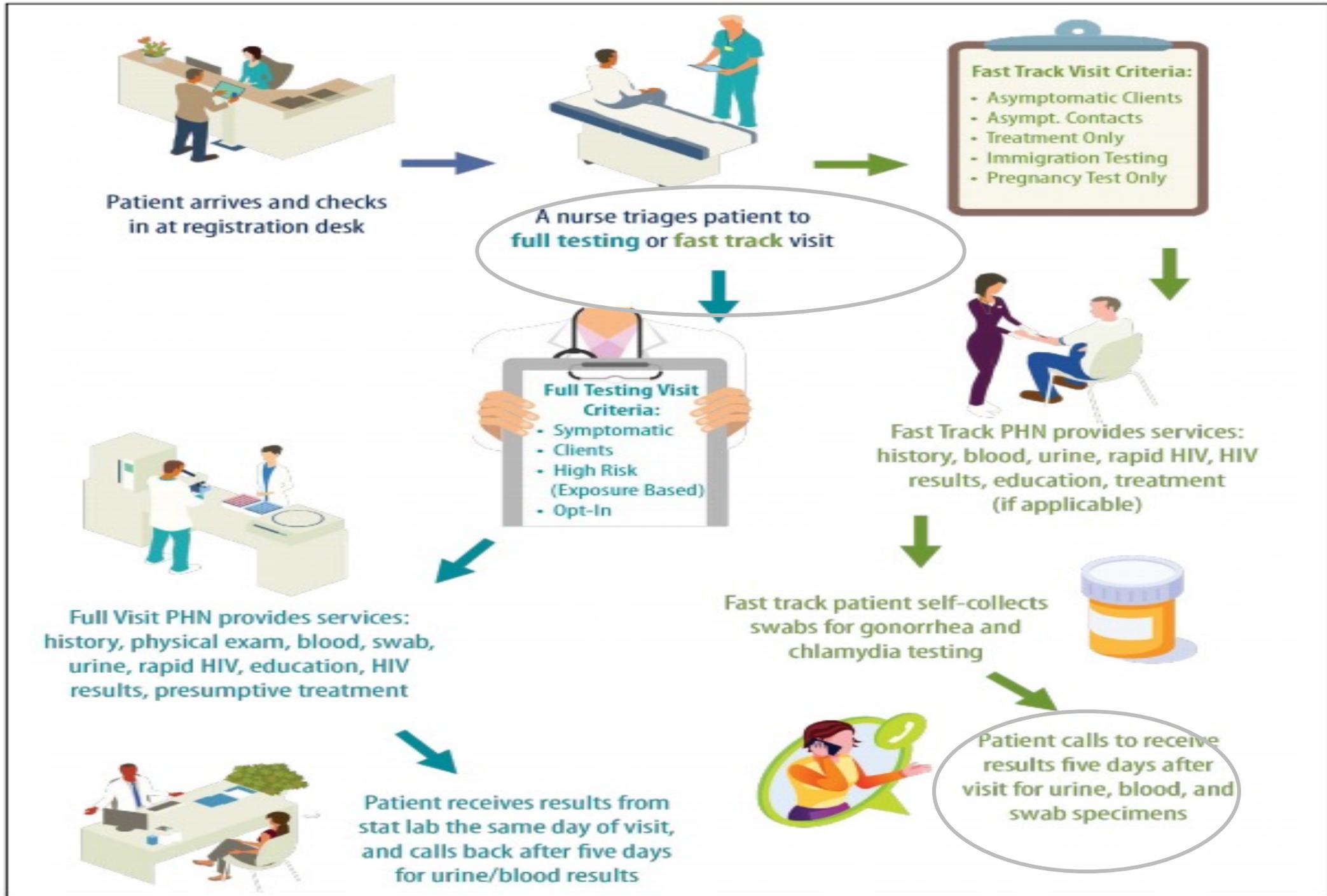


Collaboration among  
NACCHO, CDC and 13 clinics  
in 7 cities over a 3 year time  
period

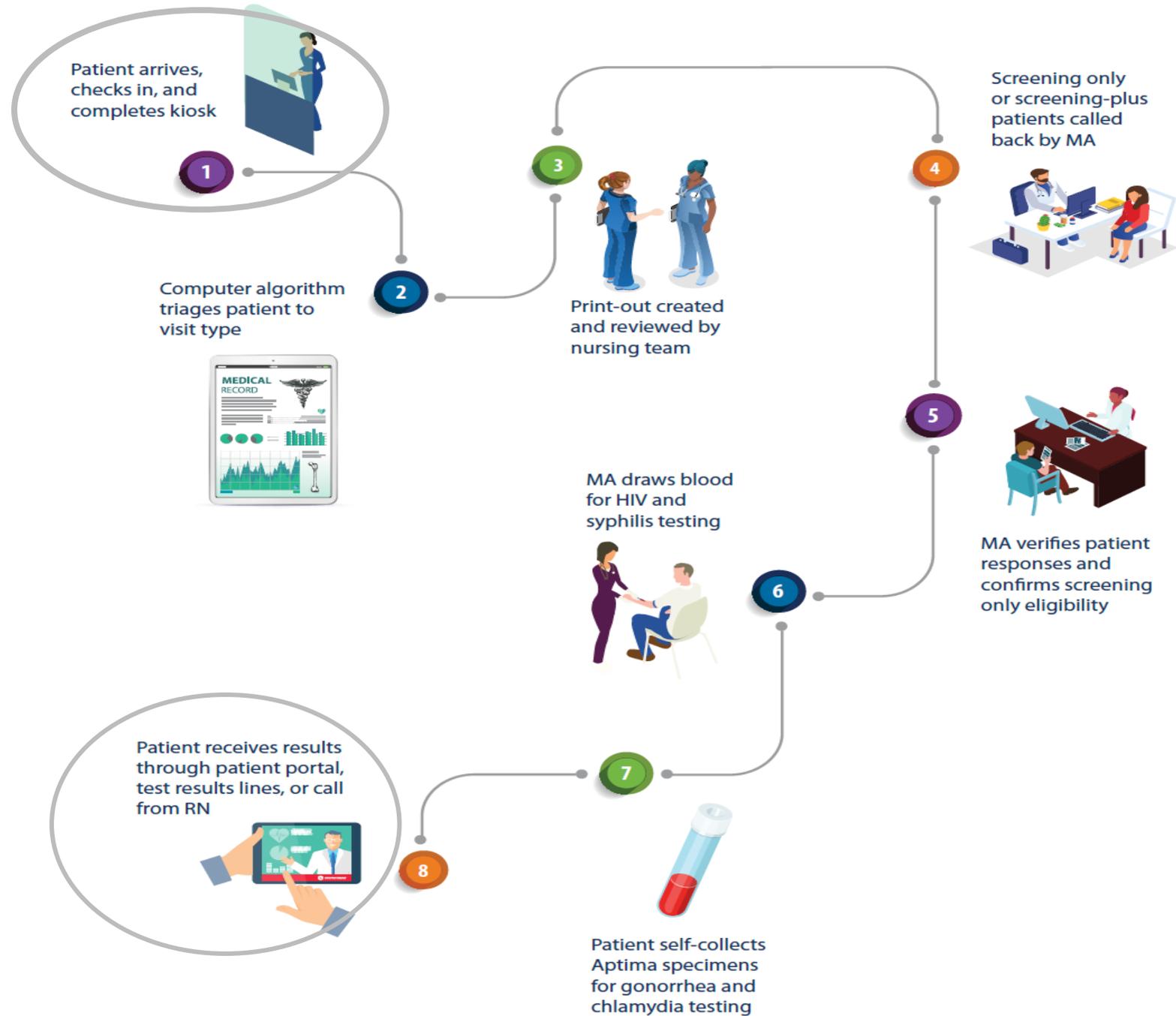
# Model One



# Model Two



# Model Three



## Outcomes

- Compared “pre-express” time period (6 months prior to implementation of express visits)... to express time period

## Who used express visits?

- Of all patients using express visits, 50% were new patients
- Of all patients using non-express visits, 35% were new patients

Did clinics see more patients as a result of express visits?

- Comparing pre-express period vs express period
  - Total clinic volume during express visit period = **26/day** vs 23/day during pre-visit period\*

Express visits  
were...

- Shorter
  - 81 minutes vs 173 minutes

# Express visit patients had more screens

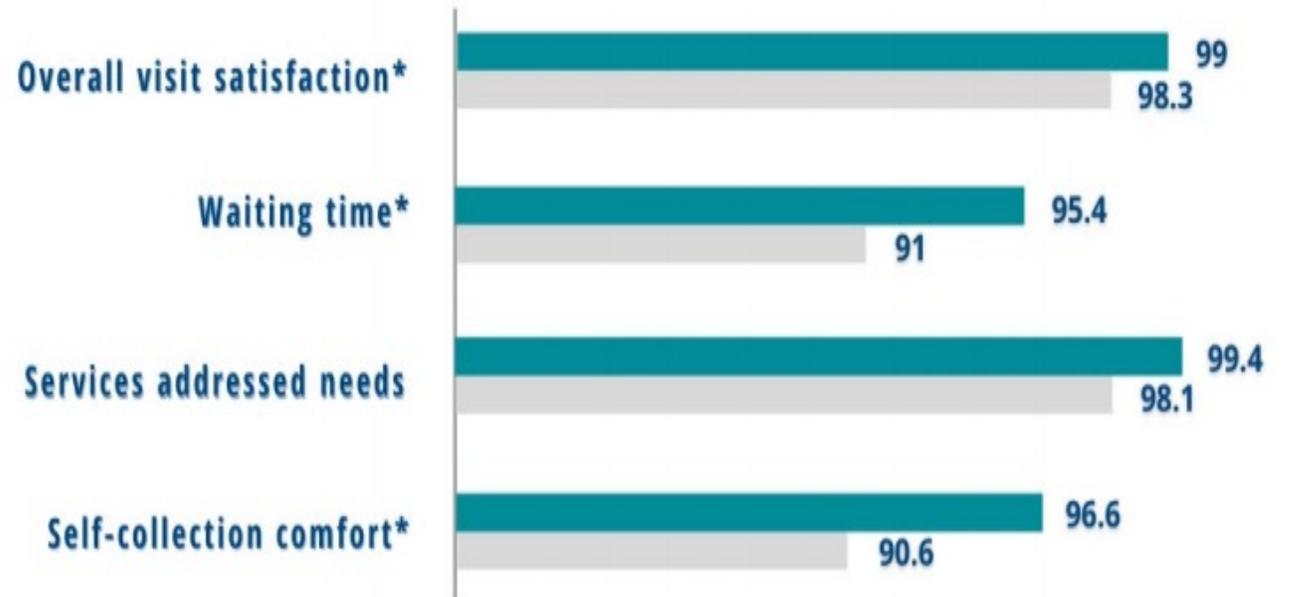
Screen	Standard care	Express
CT	79	<b>91*</b>
GC	73	<b>87*</b>
Syph	63	<b>82*</b>
HIV	58	<b>85*</b>

# Screening results

Screen	Standard	Express
CT	<b>12%</b>	6%
GC	<b>9%</b>	2%
Syph	<b>22%</b>	6%
HIV	<b>3%</b>	0%

What do patients think about their visits?

## Satisfaction with STI Clinic Visit



% of survey respondents indicating satisfaction<sup>^</sup>  
with specified indicators

Express Non-express

# Another study...

## Canada

- Developed express clinic services to reduce # of patients who were turned away due to lack of clinic capacity
- During the initial year of operation, new model resulted in 334 asymptomatic patients who would have originally been asked to come back another day
  - 27 or **8%** had an STI
    - 13 = urethral CT
    - 8 = cervical CT
    - 4 = syphilis
    - 2 = GC

- O'Byrne P, Orser L. JI of Research in Nursing 2019

# Lessons Learned

- STI express services complement existing services
- Express testing allowed for an enhancement of clinic volume

# Another option...

- Telehealth
- Patient contacts provider
- Screening questions asked
- Orders written
- Patient presents to clinic, provides self-administered specimens, and sees MA for blood work
- Checks portal for results within 48 hours
- As necessary, prescriptions sent into local pharmacy, or patient returns to clinic for treatment



# Usefulness for PrEP monitoring?

- Established patient
- Needs periodic screening tests and labs
- Telehealth visit with provider
- Orders written
- Patient presents to clinic, provides self-administered specimens, and sees MA for blood work
- Checks portal for results within 48 hours
- As necessary, prescriptions sent into local pharmacy, or patient returns to clinic for treatment and PrEP renewals



# LC partners' experiences with express testing

- ❖ Bell Flower Clinic
- ❖ NYC DOHMH Sexual Health Clinics

# Clinics Share

❖ How might express STI testing work or not work at your site?

# Questions & Discussion

# Discussion

- Can we decrease wait times even further?
- Should adolescents be excluded, or can the model be adapted?
- Thoughts about other priority populations?
- Should triage be expanded assessment to address trauma and mental health issues?
- Costs?

# Quick Evaluation

1. How would you rate the value of today's discussion?
2. The level of the brief lecture was:
3. Attending the learning community is a good use of my time.
4. I felt comfortable contributing during the LC session.
5. As a result of today's session, are there any changes you would make in your practice?
6. Since the last LC, has your clinic made (or is in the process of making) any clinical practice changes related to HIV prevention services?

**End of year evaluation!**

# Next Learning Community Session

**Date:** January 24, 2023

12-1pm EST

**Topic:** TBD!

# In the meantime...

Look out for our December newsletter!

Feedback?

Questions for a clinician?

**Let us know!**

Find LC resources here:

<https://nycptc.org/hivprevent.html>

## HIV PREVENTION LEARNING COMMUNITY



Bimonthly Newsletter

VOL. 5 OCTOBER 2022



### October Newsletter

#### HUMAN MONKEYPOX (MPX) VIRUS TRANSMISSION

Many healthcare providers have **expressed concerns** about contracting Human MPX Virus (HMPXV) from patients. But how likely is this?

HMPXV is **not easily transmitted**. Human to human transmission occurs in three ways: direct contact with infected lesions or body fluids, contaminated fomites, or exposure to respiratory secretions.

However, the epidemiology of this current outbreak really highlights one transmission: **direct contact with infected lesions or body fluids**. While contaminated fomites and respiratory secretions are all reported and potential ways of transmission, that is not what we are seeing in this outbreak.

#### SEPTEMBER LC RECAP

September's LC focused on **Human MPX Virus**. Dr. Zucker walked us through an early HMPXV case of his, and then addressed questions from our clinic attendees.

Some of the questions included were:

- Staff transmission concerns
- Avoiding inconclusive results
- Supportive care
- Vaccinations

We also spent some time talking about how to improve **clinical efficiency** with HMPXV testing and care. Are you interested in discussing what this may look like at your clinical setting? We're here to help!

NYC PTC: [www.nycptc.org](http://www.nycptc.org) - National Network of PTCs: [www.nnptc.org](http://www.nnptc.org)