STD Program Management

STD Clinical and Laboratory Services

Participant Objectives
- Describe the role of medical and laboratory services in a comprehensive STD program
- Describe core components of STD clinical and laboratory services
- List 5 methods to improve access to STD clinical services
- Discuss 3 strategies to leverage partnerships for delivery of STD clinical and laboratory services
- List 4 ways to conduct clinical and laboratory provider education

STD Clinical & Laboratory Management Issues and Activities
- Accessibility
  - Categorical clinics
  - Public health laboratory
  - Public-Private partnerships
- Quality Assurance
  - Clinical
  - Laboratory
- Clinical and laboratory provider education
  - Promotion of STD guidelines, policies, compliance
  - Consultation and technical assistance
  - Advocacy and Policy
- Resources, Policy and Priority Setting
Public Health Department Core Components

- Monitor health status to identify health problems
- Diagnose and investigate health problems and hazards
- Inform, educate and empower people about health issues
- Mobilize partnerships to identify and solve health problems
- Develop policies and plans that support individual and statewide health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care otherwise unavailable
- Assure competent public and personal care workforce
- Evaluate effectiveness and accessibility and quality of personal and population based health services
- Research new insights and innovative solutions to health problems

National Coalition of STD Directors, 2009

Clinical and Laboratory Strategies for STD Prevention

- Education and counseling (individual-level)
- Screening (Identification of asymptomatic infection)
- Clinical diagnosis and treatment
- Case and partner management
- Pre-exposure vaccination

Categorical STD Clinics

- High volume clinics with drop-in services assure access-to-care, disease intervention, and “safety net” health services
- Specialized clinical and disease management services
  - Experienced STD clinical specialists
  - Specialized laboratory diagnostic testing
  - Expert consultation
- Specialty referral center
- Site for disease surveillance activities, public health intervention, program development
- Serve as training site
Typical Clinical Services Found at Categorical STD Clinics

- STD screening, testing, evaluation & treatment
- STD/HIV prevention counseling
- STD/HIV laboratory services
- Partner Management, Disease Intervention and Referral Services
- Cervical cancer screening & family planning
- Hepatitis vaccinations
- Condoms

Integrated Services & Activities

- STD Clinics ideal site for Program Collaboration and Service Integration (PCSI)
- Integrated, Holistic, Connected, Client-focused, Leveraged Services

STD Clinic Laboratory*

- Laboratory within or adjacent to STD Clinic staffed by trained laboratorians (a.k.a. “STAT Lab”)
- Point-of-care tests include:
  - Provider-performed microscopy
  - Dark-field Microscopy*
  - Gram stain*
  - Urinalysis
  - Pregnancy testing
  - HIV rapid test
  - RPR*

*NOT available in many settings
Public Health STD Laboratory

- Part of Public Health infrastructure
- Performs high-volume STD screening and confirmatory testing
- Often serves as reference laboratory
- Serves role in public health and laboratory disease surveillance
  - E.g. Gonococcal Isolate Surveillance Project
  - E.g. Acute HIV pooled-RNA testing
- Offers specialized tests not available elsewhere

Innovations in STD Laboratory Services

- Laboratory science constantly evolves
- Major trends in STD laboratory diagnostics
  - More sensitive tests (e.g. NAATs, molecular diagnostics)
  - Point-of-care tests (e.g. HIV rapid tests)
  - Easier collection methods (e.g. urine test, self-collected vaginal swab)
- Advances must be incorporated into public health practice

New STD Diagnostic Technology: Urine-Based Tests

- Nucleic Acid Amplification Tests (NAATs) for gonorrhea and Chlamydia
- Highly accurate
- Non-invasive collection
  - High patient acceptability
  - Appropriate for screening asymptomatic persons
- Allows screening in non-traditional settings
  - Community settings
  - Correctional settings
  - Schools
STD Clinic Staff

- STD Clinicians
  - Doctors, Nurse Practitioners, Nurses, Physician Assistants
- Clinical Support Staff
  - Clerks, Medical Assistants, Health Educator, Counselors, Interpreters
- Laboratory Staff
  - Laboratory Technicians, Laboratory Director
- Disease Intervention Specialists
- Supervisors, Clinic Manager
- Information Technology Staff

Physician’s Standing Orders

- Standing orders can authorize non-physician providers (nurses, medical assistants, disease intervention specialists) to administer tests and/or medications according to an institution- or physician-approved protocol without a physician’s exam.
  - May be useful for asymptomatic low-risk clients presenting for STD screening
  - May be used to treat patients with treatment lapses
  - Governed by state and local laws or regulations

STD Clinic Operations

- Patient Flow Management
  - Numbers/Letters, Walk-in vs. Scheduled appointment
  - Patient triage, Fast-Track Services
- Medical Records Documentation
  - Paper Charts vs. Electronic Medical Record
  - Surveillance Data access
- Materials Management
  - Clinic and laboratory supplies
  - Medication distribution
- Facilities Management
STD Clinic Management Issues
- Clinical Quality Assurance Monitoring
  - Chart reviews to measure compliance with STD treatment guidelines
  - Patient satisfaction surveys
- Data and Performance Management
  - Patient care delivered
  - Clinic Productivity
  - Monitoring disease trends
- Funding for STD Clinics
  - Supported by state and local governments
  - Fees and Billing (e.g. Medicaid, Medicare)

Disease Intervention Opportunities in STD Clinics
- Symptomatic and asymptomatic higher-risk patients present for care in STD Clinics
  - Referred by external providers
  - Self-referred
  - Partners of known cases of disease
- Embedded Disease Intervention Specialists can:
  - Interview patients
  - Elicit and treat sexual partners
  - Follow-up on treatment lapses
  - Counsel high-risk patients

Surveillance Role of STD Clinics
- Sentinel clinic for detection of STDs
  - E.g. LGV first identified by astute clinicians in STD clinics in U.S. (2004)
- STD prevalence monitoring site
  - Genital Wart surveillance to assess impact of HPV vaccine
- Monitoring of behavioral trends
  - E.g. MSM Prevalence Monitoring Project
- Special public health investigations
But what do we do if we do NOT have an STD clinic?

...then develop partnerships and leverage your resources.

Establishing Partnerships to Assure Access to STD Services

- Developing partnerships can meet the shared goals STD programs and community agencies
- Programs can leverage available resources to assure access to clinical services
  - Medications, Lab Tests, and Staff
  - Technical Assistance and Program Guidance
  - Funding Support
  - Contractual Agreements

Examples of partnerships to assure access to clinical services

- STD screening & treatment in...
  - School-based health centers
  - Correctional settings
  - Drug treatment centers
  - Family Planning settings
Examples of partnerships to assure access to clinical services

- STD screening & treatment in other settings that serve clients at high-risk
  - Sex worker clinic
    - e.g. St. James Infirmary, San Francisco
  - LGBT Health Centers
    - e.g. Howard Brown Health Center, Chicago; Fenway Health Center, Boston
  - Adolescent and Teen Clinics

Additional Quality Improvement and Quality Assurance Activities

- Can be provided to county health departments or other partner agencies in form of
  - Technical assistance
  - Program Evaluation and Guidance
  - Summaries of Deficiencies and Recommendations
  - Trainings
- Conduct annual surveys of clinical & laboratory services

Federal, State, and Local Laws Relevant to STD Clinical Programs

- Health Insurance Portability & Accountability Act (HIPAA) of 1996
- Communicable Diseases, HIV/AIDS & Sexually Transmitted Diseases Control Acts
- HIV confidentiality and testing regulations
- Child abuse & sexual abuse reporting laws
- Adolescent & reproductive health access laws
- School-based health centers (SBHC) & Federally-qualified health centers (FQHC) laws
- Clinical Laboratory Improvement Act (CLIA) of 1998
- Expedited Partner Therapy (EPT) laws or regulations
Clinical and Laboratory Provider Education

- Individual provider-level training
  - Presentations, lectures
  - Grand Rounds conference
  - STD Conferences
- Consultation
  - Patient referral
  - Contact with providers
  - Public health case management
- Clinical training for students, residents, fellows, and physicians

Clinical and Laboratory Provider Education

- Community-level provider education
  - Provider letters
  - Health alerts
  - Dissemination of materials (e.g. STD treatment guidelines)
- Capacity building to support STD services
  - E.g. Urine-based testing and specimen collection
  - E.g. Phlebotomy training

Distribution of STD Treatment Guidelines

- CDC STD Treatment Guidelines
  - Summarizes evidence-based review of literature
  - Provides guidelines for STD treatment in the United States
  - Updated every four years
- Guidelines disseminated through CDC, state, and local health departments

www.cdc.gov/STD/program/default.htm
Advocacy and Policy

- STD Programs can play leadership role in the development of state and local policies that support STD prevention efforts
  - E.g. Adolescent STD and Reproductive Health Services Access Legislation
  - E.g. Expedited Partner Therapy; in many instances, requires change in regulations governing medical and pharmacy practice (www.cdc.gov/std/EPT/)

Assuring STD Clinical Services in Resource-limited Settings

- Priority Setting
  - "If everything is a priority, then nothing is a priority"
- Doing more with less
- Program collaboration and service integration
- Opportunities for program innovation
  - E.g. Fast Track Services
  - E.g. Internet-based and phone test results
Assuring Access to Information about STD Services: New Hampshire

Assuring Access to Information about STD Services: San Francisco, CA

Case Studies
Case Study #1: Scenario (1)

- You are the STD Program Manager in the Quaker State Department of Public Health (QSDPH). You are responsible for STD (gonorrhea, syphilis, Chlamydia, chancroid, and herpes), HIV, Hepatitis, Leishmania, and TB Prevention and Control.
- Quaker is a small rural state with a total population of under 900,000 people, does not have any categorical STD clinics, and has a low-moderate morbidity of reported STDs. You are one of three QSDPH staff responsible for STD disease control programs and activities.

Case Study #1: Scenario (2)

- The QSDPH Health Commissioner informs you that end-of-the-year one-time resources are being directed to your program that include:
  - $20,000 in one-time funds
  - 30,000 doses of antibiotics to treat STDs
  - 5,000 doses of hepatitis A and B vaccines

Case Study #1: Questions (1)

- What is your strategy to use these resources effectively?
- How will you allocate the $20,000 in one-time funds?
  - Will you allocate money for research, training, screening, testing, contracts, travel, marketing programs, or other program?
  - What are these decisions based?
  - Provide justification for your allocation.
- What will you do with the 30,000 doses of antibiotics and the 5,000 doses of hepatitis vaccines?
  - To whom would you distribute? Why?
  - How would you determine who receives support?
  - Describe the agencies that will receive this support?
Case Study #2: Scenario (1)
You are the STD Program Manager in the Future State Health Department (FSHD) responsible for STD/HIV Prevention Services.
You manage one (1) categorical FSHD STD clinic and one (1) FSHD HIV Clinic.
The FSHD operates three (3) Family Planning clinics strategically located throughout the state in the state's three largest cities, and partners with one community-based organization.

Case Study #2: Scenario (2)
Future is a mid-sized state with a total population of over 8 million residents. The largest city, Disney (population 1.2 million residents), is a diverse and sprawling city with large multicultural and gay communities.
Disney residents are very vocal and outspoken about many issues, except residents are very reluctant to discuss any issue pertaining to human sexuality, STDs, and HIV.
Disney is a High Morbidity Area for STDs and HIV. There are three (3) school-based health centers in the area high schools, a community college, a large university, and there is a large county jail in the city. There are many active senior and faith-based organizations in Disney.

Case Study #2: Scenario (3)
Unfortunately, budget shortfalls this year have resulted in substantial service cuts. The Governor has decided to close the FSHD Disney STD clinic, the only STD clinic in the state, however the STD program still retains federal grant funding for STD control efforts of over $500,000 per year.
Case Study #2: Questions (1)

- How will you assure access to STD clinical services for the residents in the state of Future and in Disney?
- What resources are available to you?
- How will you allocate the federal grant funds for STD control?

Case Study #2: Questions (2)

- What partnerships are available to you?
- Who are your allies in STD/HIV prevention?
- What are ways for you to build STD service capacity in the community? And in the State?
- What is your strategy to engage the Governor?

References

- CDC STD Treatment Guidelines (www.cdc.gov/std/treatment)
- National Coalition of STD Directors (www.ncsddc.org)
- American Social Health Association (www.asha.org)
- CDC Program Operations Guidelines (www.cdc.gov/STD/program/default.htm)
- National Network of Prevention Training Centers (www.nnptc.org)