STD Clinic Modernization

Karen Wendel, MD
Director of HIV/STD Prevention and Control
Denver Public Health
University of Colorado Health Science Center

6/6/2016
Modernization: Areas of Focus

- Maximizing Access
- Expanding Prevention Services
- Data Systems
Modernization: Areas of Focus

- **Maximizing Access**
  - Appointment system
  - Express visits
  - Expedited treatment visits
  - Sliding scale fee structure/billing

- **Expanding Prevention Services**
  - Vaccinations
  - PEP
  - PrEP

- **Data Systems**
  - Scheduling
  - EHR
  - Results reporting → MyChart
Denver Metro Health Clinic

- Largest STD clinic in Rocky Mountain Region
- Integrated STD/HIV screening/family planning services
- 14,000-15,000 Annual visits
- 3,500-4,500 Express visits yearly
- HCP/RN/NP with MD oversight
- EHR: Epic
Maximizing Access: Clinic Flow

- Same Day Appointment System
  - Triage
  - Registration
  - Phlebotomy
  - Visit
    - Health Care Partner (HCP)
      - Express visits/Treatment visits
    - Nurse
      - Express visits/Treatment visits/New visit/Family planning
    - Nurse Practitioner
      - Express visits/Treatment visits/New visit/Family planning/LARC insertions
Types of visits

- **New Visit** -- Symptomatic patients, contacts to syphilis
- **Express Visit** -- Asymptomatic patients
- **Treatments** -- Contact or positive test results for GC/CT
- **Follow Up** -- Symptoms unresolved or PID/Epididymitis assessment
- **Family Planning Only** (IUD/Nexplanon, OCPs, DMPA, EC, Nuvaring)
Visit Flow

Express

History

Self-collected samples

HIV/Hep C POC results

Results: Patient portal

New Visit

History

Physical & samples

HIV/HepC/Urethral Gram stain/pH/Wet prep POC results

Treatments based on exam and POC results

Results: Patient portal
## Express Visits

<table>
<thead>
<tr>
<th></th>
<th>Potential Advantages</th>
<th>Potential Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shorter visit (15 minutes)</td>
<td>Missed opportunity to identify asymptomatic genital exam abnormalities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shorter wait times</td>
<td>Decreased access to upper level clinicians</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-collected samples</td>
<td></td>
</tr>
<tr>
<td><strong>Clinic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shorter visit-increased number of patients served</td>
<td>Complex clinic flow</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower clinician costs with increased HCP role</td>
<td>Decreased revenue of provider fee billing</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ease of screening process encourages at risk clients to get tested</td>
<td>Ease of screening process encourages use of testing resources on low risk clients</td>
</tr>
<tr>
<td></td>
<td>Increase identification and treatment of disease</td>
<td></td>
</tr>
</tbody>
</table>
Expanding Prevention Services: PrEP

- Denver Health PrEP patient eligibility criteria
- Staff training
- Patient information forms
- Incorporate PrEP counseling into the STD EHR
- Incorporate PrEP linkage to care into the linkage EHR chart
- Data analysis of PrEP counseling and linkage targets and feedback to staff
Customized STD EHR: Discrete Data

- Sexual contact: Male
  - Never
  - < 4 months
  - 4-12 months
  - > 12 months

- Sexual orientation:
  - Heterosexual
  - Homosexual
  - Bisexual
  - Pansexual
  - Asexual
  - Undefined
  - Declined

- Assigned sex at birth:
  - Male
  - Female
  - Declined
  - Not Asked

- Current gender identity:
  - Male
  - Female
  - Declined

- Number of male partners in past 3 months?
- Number of new male partners in past 3 months?
- Number of female partners in past 3 months?
- Number of new female partners in past 3 months?
- Have your male partners had sex with other men?
  - Yes
  - No
  - Unknown
- Ever tested for HIV?
  - Yes
  - No

- Last test date:
  - 1/15/2016
## Building PrEP Into Clinic Workflow

<table>
<thead>
<tr>
<th>Discussed PrEP with Patient?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred patient for PrEP services?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If referred, please specify where</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Referral location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not referred to PrEP, why not?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Infected</td>
<td>Currently on PrEP</td>
<td>Previously on PrEP-not interested</td>
</tr>
<tr>
<td>Other reason not referred to PrEP:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

[Denver Public Health](http://www.denverpublichealth.com)  
[UW PHCBC](http://www.uwphcbc.org)
2015 STD Clinic Patients and PrEP Eligibility-Referral-Persistence

PrEP Eligible: 1) MSM with an STD in last 3 months, 2) MSM with condomless sex in last 3 months, 3) HIV-positive partner, 4) PEP in last 3 months, 5) Exchange for sex in 3 months
Same Day PrEP at DMHC

- 75 patients from the STD clinic
  - Patients with diagnosis of syphilis or rectal infection with gonorrhea or chlamydia within the last 3 months
- Same day start of Tenofovir/Emtricitabine
- Endpoints
  - Time on PrEP (first 3 months)
  - STIs in the first 3 months
  - Linkage to primary care & insurance
  - Cost and feasibility
Next Steps

• Express visit 2.0: Patient data entry of history?

• Analysis of Same Day PrEP Program
  – If demonstrated increases in time on PrEP:
    • Identification of long term resources for same day program
    • Expansion of sites for continued care
      – Primary care
      – STD clinic
    • Expansion of criteria for same day access