The Future of STD Clinics

Kees Rietmeijer, MD, PhD
Denver Public Health Department
Colorado School of Public Health
University of Colorado Denver

July 23, 2018
Disclosures

I am an independent consultant with funding from:

- Denver Public Health Department, USA
- University of Washington, Seattle, USA
- National Coalition of STD Directors, USA
- Gilead Sciences, USA
STI Care Perspectives

• Private care perspective
  – Focus on patient well-being
  – Financing based on patient benefit
    • Incentive to maximize patient services

• Public health perspective
  – Focus on treating the patient to prevent STI transmission to the community
  – Financing based on public benefit
    • Incentive to maximize services to those patients where prevention benefits are the largest
Unfortunate Misconception

• Public health is health care for the poor

• Universal health insurance will give everyone access to (private) health care providers

• STD /STI clinics provide a safety net function until everyone has health insurance and can access the private system
I need an STD Check

Do you have health insurance?
Affordable Care Act (Obama Care) 2014

- Mandatory insurance
- Medicaid expansion
- Health insurance exchanges
- Pre-existing conditions no reason for exclusion
- Youth <=26 can be insured on parent’s plan
Since Enactment of ACA

• Health insurance access increased for >20 million Americans
  - Still >20 million uninsured (~9% of population)

• At the same time the number of STD clinics in the U.S. declined 10% per year
Notes: Current status for each state is based on KFF tracking and analysis of state activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 expansion waivers. **On June 29, 2018, the DC federal district court invalidated the Kentucky HEALTH expansion waiver approval and sent it back to HHS to reconsider the waiver program. †UT passed a law directing the state to seek CMS approval to partially expand Medicaid to 100% FPL using the ACA enhanced match, and UT also has a measure on the ballot in November to fully expand to 138% FPL. Initiatives to place expansion on November ballots are also underway in ID and NE. ‡Expansion is adopted but not yet implemented in VA and ME. (See the link below for more detailed state-specific notes.)


Chlamydia — Percentage of Reported Cases Among Women by Reporting Source*, United States, 2007–2016

* Includes the top five reporting sources for chlamydia cases reported among women, plus those with reporting sources listed as “All Other” and “Missing/Unknown”.
† HMO = health maintenance organization; HD = health department.
NOTE: All Other includes: Drug Treatment, Tuberculosis Clinic, Correctional Facility, Blood Bank, Labor and Delivery, Prenatal Care, National Job Training Program, School-based Clinic, Mental Health Provider, Indian Health Service, Military, Emergency Room, STD Clinic, HIV Counseling and Testing Site, and Other.
37% diagnosed in STI clinics

43% diagnosed in STI clinics

www.rivm.nl
A Tale of Two Cities

Amsterdam
Altitude: 2.2 meters

Denver
Altitude: 1,609.3 meters
A Tale of 2 Cities

Amsterdam

- Metro Population
  - 2.4 million

- Health Insurance
  - Universal access

- STD Clinic
  - GGD SOA Poli
  - 50,000 visits/year

Denver

- Metro Population
  - 2.8 million

- Health insurance
  - Medicaid Expansion
  - 10% uninsured
  - Higher among minorities

- STD Clinic
  - Denver Metro Health Clinic
  - 15,000 visits/year
A Tale of 2 Cities

Amsterdam

- Metro Population
  - 2.4 million

- Health Insurance
  - Universal access

- STD Clinic
  - GGD SOA Poli
  - 50,000 visits/year

Denver

- Metro Population
  - 2.8 million

- Health insurance
  - 10% uninsured
  - Higher among minorities

- STD Clinic
  - Denver Metro Health Clinic
  - 15,000 visits/year
Effect of ACA Denver Metro Health Clinic, 2013-2014

Mettenbrink et al. Sex Transm Dis 2015;42:725-730
Why Continued Need for STI Clinics

Mettenbrink et al. Sex Transm Dis 2015;42:725-730
STI Care Models

Private

• Pros
  - High coverage
  - Can easily provide basic STI screening services

• Cons
  - Most patients not at high risk
  - STIs not a priority
  - Lack of expertise

• Public Health Impact
  - Generalized epidemics

Public

• Pros
  - Serve high-risk populations
  - Diagnose and treat large numbers of STIs
  - High level of expertise

• Cons
  - Low coverage
  - Stigma

• Public Health Impact
  - Concentrated epidemics
Concentrated Epidemics

HIV
Syphilis
Gonorrhea
LGV
Hepatitis C

• Most of these infections are overlapping epidemics among populations that STD clinics have access to:
  - MSM
  - Sex workers
  - Injection drug users
  - Other high risk populations
Duration of symptoms GC

Median and Interquartile range
Urethral gonorrhoea in men

90%+ men are symptomatic
2 days

MSHC data 2013
Garnett 1999
Ong et al Clinical Microbiology and Infection. 2017. 23(8): 555-559
The View from Melbourne

- **Metro Population**
  - 5.5 Million

- **Health insurance**
  - Universal (Medicare)

- **STD Clinic**
  - Melbourne Sexual Health Centre
  - 50,000 patients /yr
Why Do We Need STD Clinics?

Serve populations at highest need
  • Public health impact

Sentinel surveillance
  • Trends among high-risk populations
  • Antimicrobial resistance

Clinical expertise
  • Diagnosis and treatment
  • Consultation
  • Training

Research
  • Public health
  • Academia
  • Industry
Other Models for STI Care

Target demographics generally at highest risk for STI’s

- Correctional facilities
- Family Planning and Women’s Care
- School/College/University clinics
- Indian Health Service
- HIV Testing & HIV care settings
- GLBTQ care centers
GLBTQ Care

• Initially focused on specific health needs of GLBTQ community, including STIs
• Engaged in HIV care and prevention since early 1980s
• Now also major provider of PrEP
• Increasingly deal with non-HIV STIs
  – Increase in syphilis, gonorrhea and other STIs among HIV-infected persons since late 1990s
  – Increases in STIs among non-HIV infected in the PrEP era
Open Arms, Jackson MS, USA
STIs Will Occur for Persons Using PrEP

- Analysis of HIV/STI incidence in PrEP users in large healthcare system (Kaiser Permanente San Francisco) from 2012 to 2015

STIs in PrEP Initiators (N = 657)

<table>
<thead>
<tr>
<th>STI</th>
<th>12 Mos PEP Use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any STI</td>
<td>50</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>33</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>28</td>
</tr>
<tr>
<td>Syphilis</td>
<td>6</td>
</tr>
<tr>
<td>HIV</td>
<td>0</td>
</tr>
</tbody>
</table>

PROUD: similar rates of any STI in 12 mos before starting PrEP (63%) vs during 12 months of PrEP (57%)[2]


Courtesy: Dr. Thomas Quinn
Cost and Funding of STI Care

Private
- Out of pocket
- Insurance
  - Fee for service
  - Capitated systems

Public
- National Health Service
  - UK, Australia
- Other governmental funding
  - Netherlands
- Public insurance
  - USA: Medicaid/Medicare
STI Clinics Are Underfunded
What Can Be Done?

Determine public health priorities
- HIV, syphilis, gonorrhea
- Focus on high risk populations
- Defer lower risk populations to primary care

Enhance efficiency
- Use online resources to
  - Triage patients
  - Provide test results
  - Trace/diagnose and treat partners
- Express / Fast Track visits
- Electronic medical record
- Streamline staffing models
Increase revenue
  • Family planning services
  • HIV care and prevention
    - PrEP
  • Partnerships
    - Academia
    - Industry
    - Community alliances
The View From New York

Metro Population
- 8.5 Million

Health Insurance
- Medicaid Expansion

STD Clinics
- 8 Sexual Health Centers
- Census: 80,000
Why Sexual Health Clinics? NYC HIV Incidence Studies, MSM

- 1 in 42 MSM attending NYC STD Clinics were diagnosed with HIV within a year\(^1\)
- 1 in 20 MSM diagnosed with P&S Syphilis in NYC were diagnosed with HIV within a year\(^3\)
- 1 in 15 MSM (1 in 7 Black MSM) diagnosed with anorectal chlamydia/gonorrhea in NYC STD Clinics were diagnosed with HIV within a year\(^2\)

---

Recipe to End the HIV Epidemic (EtE): 2014-5

Science

Community

Political Will

PrEP & PEP

UNDETECTABLE UNINFECTIOUS U = U

GET TESTED. TREAT EARLY. STAY SAFE.

End AIDS.
Summary to date.....

- Science + Activism + Political Will → $$$ Transformed public STD services into broader sexual health services & shift to a sex positive culture
- Expanded scope assures every patient visit addresses HIV in some way (HIV status neutral care), contraceptive needs, insurance needs to access further care
- No longer a revolving door, but a gateway and a bridge for our patients to sustainable, long term sexual health services
Conclusions

• STI control requires a strong combination of both private and public health care responses

• Funding of public STI care is in jeopardy in many countries and must be secured/expanded
Visit STD Clinics

See The World!!
Acknowledgements

Christopher Fairley, Melbourne
Susan Blank, New York
Henry de Vries, Amsterdam
Arjan Hogewoning, Amsterdam
Grainne Courtney, Dublin
Tom Quinn, Baltimore
Christine Mettenbrink, Denver
Andrew Hickock, Denver
Eline op de Coul, Amsterdam
Jan van Bergen, Amsterdam
NCSD STD Clinic Initiative

Amanda Dennison
Director, Programs & Partnerships
National Coalition of STD Directors (NCSD)

Last Updated: July 20, 2018
Disclosures

- No relevant financial disclosures
Who are we?

• National non-profit organization providing leadership, building capacity, convening partners, and advocating to advance effective STD prevention programs and services

• Membership organization representing the 65 CDC directly funded STD prevention jurisdictions
  - All states, 7 large cities/counties, and US territories

• 1,200 associate members working in public and private sectors to advance sexual health and STD/HIV prevention
Reimagining STD Clinics for the Future
STD Clinic Initiative

• First of its kind program to help STD clinics nationally improve and integrate STD and HIV prevention services

• We aim to:
  – Assess STD clinic infrastructure to determine key elements necessary for service enhancement
    • Includes services provided, laboratory capacity, staffing capacity, billing
  – Raise awareness of and build capacity for HIV prevention, including PrEP in the STD clinical environment
  – Develop training content and other resources to help clinics implement best practices
  – Support a Community of Practice among participating clinics
    • A sustainable network for peer-to-peer sharing
  – Advocate on behalf of STD clinics at the national level
STD Clinic Initiative

• Email sent to all members requesting a list of all STD clinics in their program areas
  – Other sources of information include associate member input, internet searches, 340B database, and claims data

• Develop and implement a comprehensive assessment, data collection, and data analysis plan
  – Establish baseline data on clinical hours, funding sources, billing capacity, patient demographics, services offered, staffing capacity, etc.
STD Clinic Initiative

- Identify key elements for service enhancement and best practices among clinics surveyed
- Establish the National STD Clinic Community of Practice and create vehicles for peer-to-peer sharing
- Create content share with the CP members and on an online community learning platform
  - Webinars, discussions, toolkits, and success stories
• November 13-26, 2018
• Orlando, FL
• STD clinic staff will be in attendance
• STD clinic specific session to include public health and university partnerships, express clinics, STD screening in publicly funded sites, and the STD Clinic Initiative
STD Express Visits Project
Overview

Tom Gift and Dan Lentine
Division of STD Prevention, CDC

July 23, 2018
Non-specialty STD Clinic

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Express</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Scheduled appointments • Provider visit • Clinician collected samples • Days to notification of results</td>
<td>• Automated check in • Patient collected samples • Fast notification of results</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty STD Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean Street Clinic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual check up</th>
<th>Urgent care visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many Health Department STD Clinics</td>
<td></td>
</tr>
</tbody>
</table>
STD Express Visits Project Purpose

- Support implementation and scale-up of various express visit models
- Increase understanding of models and capture lessons learned
- Key considerations for selecting a model
- The expected benefits and potential shortfalls of express visits
- The impact of express visits on reducing new STD infections
- Primary deliverable will be a guide of key components and considerations based on learning from the project (assessment, lab, legal, clinic flow, billing/reimbursement, informatics, evaluation/QI)
Project Structure

NACCHO
- Samantha Ritter, MPH, Senior Program Analyst, Adolescent Sexual Health
- Gretchen Weiss, MPH, Director, HIV, STI, & Viral Hepatitis

CDC Division of STD Prevention
- Jennifer Fuld, PhD, Chief, Program Development & Quality Improvement (PDQIB) Branch
- Thomas Gift, PhD, Chief, Health Services Research & Evaluation Branch
- Andala Khan, MD, Health Scientist, Informatics, Surveillance & Data Management (SDMB)
- Dan Lentine, MPH, Partnerships Liaison, Office of Policy, Planning, and External Relations
- Ninad Mishra, MD, MS, Health Scientist, Informatics Team Lead (SDMB)
- Hilary Reno, MD, PhD, Medical Consultant, PDQIB
- Shanna Dell, RN, MPH, Presidential Management Fellow, OPPER

Community of Practice
- Baltimore, MD
- Boston, MA
- Chicago, IL
- Denver, CO
- Winston-Salem, NC
- Jackson, MS
- Los Angeles, CA
- Miami, FL
- Louisiana
- Rhode Island
- San Antonio, TX
- San Francisco, CA
- Seattle, WA
- St. Louis, MO
- Washington, DC

In-Depth Projects: Cardea
- Jackson, MS
- New Orleans, LA
- Rhode Island
- San Francisco, CA
Community of Practice Participants
Monthly COP Meeting Topics

- Clinic Design and Patient Flow
- Tools, Technology, and Infrastructure
- Screening and Testing Practices and Technologies
- Linkage to Care and Additional Services
- Billing
- Sustainability/Business Models
- Community Outreach and Engagement
Recent sub-contract from NACCHO to Cardea

Sites: San Fran, Jackson MS, NC, New Orleans

Potential topics for in-depth study (in part dependent on selected site stage/interest)
- data systems and data collection
- evaluation and measurement (i.e., cost, impact)
- reimbursement and billing
- laboratory concerns
- clinic and work flows for express visits housed within existing clinics