

Effective Interventions Suggested References

Policy Opportunities

Updated: January 24, 2014

Reference	Abstract
<p>Cramer, R., et al. (2013). "The legal aspects of expedited partner therapy practice: do state laws and policies really matter?" <i>Sex Transm Dis</i> 40(8): 657-662.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/23859917</p>	<p>BACKGROUND: Expedited partner therapy (EPT) is a potential partner treatment strategy. Significant efforts have been devoted to policies intended to facilitate its practice. However, few studies have attempted to evaluate these policies. METHODS: We used data on interviewed gonorrhea cases from 12 sites in the STD Surveillance Network in 2010 (n = 3404). Patients reported whether they had received EPT. We coded state laws relevant to EPT for gonorrhea using Westlaw legal research database and the general legal status of EPT in STD Surveillance Network sites from Centers for Disease Control and Prevention's Web site in 2010. We also coded policy statements by medical and other boards. We used chi tests to compare receipt of EPT by legal/policy variables, patient characteristics, and provider type. Variables significant at P < 0.10 in bivariate analyses were included in a logistic regression model. RESULTS: Overall, 9.5% of 2564 interviewed patients with gonorrhea reported receiving EPT for their partners. Receipt of EPT was significantly higher where laws and policies authorizing EPT existed. Where EPT laws for gonorrhea existed and EPT was permissible, 13.3% of patients reported receiving EPT as compared with 5.4% where there were no EPT laws and EPT was permissible, and 1.0% where there were no EPT laws and EPT was potentially allowable (P < 0.01). Expedited partner therapy was higher where professional boards had policy statements supporting EPT (P < 0.01). Receipt of EPT did not differ by most patient characteristics or provider type. Policy-related findings were similar in adjusted analyses. CONCLUSIONS: Expedited partner therapy laws and policies were associated with higher reports of receipt of EPT among interviewed gonorrhea cases.</p>
<p>Whitmer, D. A., et al. (2006). "Social networks and best practices in public health: the example of regional billing groups." <i>Public Health Nurs</i> 23(6): 541-546.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/17096780</p>	<p>OBJECTIVE: Rising health care costs, increased demand for clinical services, and reimbursement difficulties created a funding shortage among local health departments in the state of Kansas. This intervention established regional billing groups to provide professional support and increase third-party reimbursement. DESIGN: Through feedback sessions, billing clerks provided qualitative responses about training needs. These informed the process of establishing billing groups in each state health district. SAMPLE: All billing clerks in the state's 6 regional health districts were invited to participate, as were insurance and billing software representatives. INTERVENTION: Between April 2002 and September 2004, 6 collaborative groups were established. Billing clerks received professional support and training from peers, insurance representatives, and software providers. An interagency billing advisory team was established to coordinate training activities between groups. RESULTS: These groups have allowed local health departments to increase reimbursement revenue by 50%-75%, allowing for the provision of expanded health services to client populations. CONCLUSIONS: These methods can serve as a model for other states, particularly those with considerable rural populations or decentralized health care systems. Still, funding shortages persist, and public health billing clerks will continue to need ongoing training in the most current and effective billing methods.</p>

Additional Resources:

Arizona State University Sandra Day O'Connor College of Law and The Centers for Disease Control and Prevention (2011). "Legal/Policy Toolkit for Adoption and Implementation of Expedited Partner Therapy." from <http://www.cdc.gov/std/ept/legal/LegalToolkit.htm>.

The Centers for Disease Control and Prevention (September 27, 2013). "Legal Status of Expedited Partner Therapy (EPT)." from <http://www.cdc.gov/std/ept/legal/default.htm>.

English, A., et al. (2012). "Confidentiality for Individuals Insured as Dependents: A Review of State Laws and Policies." from <http://www.gutmacher.org/pubs/confidentiality-review.pdf>.

LawAtlas. "Insurance Billing for Sensitive Health Services." from <http://lawatlas.org/files/std/Insurance%20Billing%20for%20Sensitive%20Health%20Services%20Report.pdf>.

National Coalition of STD Directors (2012). "Shifting to Third-Party Billing Practices for Public Health STD Services: Policy Context and Case Studies." from <http://www.ncsddc.org/third-party-billing-practices>.

<http://ncc.prevent.org/products/committee-products/file/Adolescent-Confidentiality-Articles-Resources-as-of-Nov-2012-1.pdf>