SSuN Best Practice Note

Strategy A: STD Clinic Patient Surveys

Why SSuN includes this strategy

Periodic patient surveys will help us better understand the access and utilization patterns of people who seek health services in sexually transmitted disease (STD) clinics. Previous work has found that patients choose to be treated in STD clinics over other healthcare venues for several reasons, including confidentiality concerns, convenience, and the availability of expert STD care.1-3 Additionally, recent research suggests that nearly half of patients attending STD clinics who are insured, are willing to use their health insurance for their visit; barriers to using their insurance still exist at both the patient level as well as the clinic level.4 Understanding the characteristics of persons who utilize STD clinics, such as their health insurance status, and their reasons for selecting this venue rather than other types of venues, will be useful in understanding and refining the role of STD clinics as part of the healthcare safety net in the United States. Furthermore, collecting this type of health services information will help tailor policies at the national to promote services provided in STD clinics so that patients receive the specialty care they are seeking as well as to maintain the highest quality of care in these important clinical settings.

As this type of health services information is not often systematically collected in patient medical records, periodic patient surveys offers an opportunity to collect standardized data across STD clinics participating in SSuN. Additionally, linking patient survey results to patient visit allows for evaluating whether services received match the reasons the patient came to the clinic, and will be critical for assessing the association between patient characteristics and STD-related health services sought and received.

References

1. Felsenstein D. A universal health insurance mandate does not equate to universal coverage for STI clinic patients (C3.3). In: National STD Prevention conference; 2012 March 14, 2012; Minneapolis; 2012.

Considerations for implementation

- What will be on surveys:
  - Standardized questions will be provided for implementation across all SSuN sites
  - Questions will focus on various topics that may include, among others:
    - Reasons for seeking care at an STD clinic
    - Alternatives for seeking STD care if the STD clinic were not available
    - Access to a “medical home”
    - Access to health insurance coverage
- Willingness to use health insurance for STD care
  - Supplemental questions may be added locally, which would not be sent to CDC

- What clinics and patients will participate:
  - Patient surveys will be administered only in STD clinics participating in SSuN Strategy A
  - SSuN recipients with multiple participating STD clinics may propose a single clinic, all clinics, or may rotate participation in patient surveys between clinics in different budget periods
  - All patients consecutively presenting for care from a specific start date forward should be recruited into the survey; recruitment should continue until 350 completed surveys are obtained
  - Patients may complete the survey multiple times, but only once per clinic visit
  - SSuN recipients may choose when in the budget year to implement their survey, based on local considerations, but must allow sufficient time to complete the required 350 surveys by the end of the funding period

- How will the survey get administered:
  - Brief (<5 min), self-administered survey prior to receipt of clinical services (e.g., recruitment at patient check-in)
  - Surveys may be paper-based, tablet-based, kiosk, or ACASI based, depending on local preference and capacity

- Sites are encouraged to consider methods of linking survey responses to the patient’s clinical visit record

- How will data get entered and sent to CDC:
  - Data entry (if needed for paper-based surveys) may at the clinic or SSuN recipient level, as locally determined
  - CDC will explore potential for a web-based application to facilitate data entry and aggregation
  - Standardized data structures and formats will be used to facilitate merging data across multiple clinics and across SSuN recipients

**What to expect in year one?**

- Recipients will plan and implement one CDC-supplied and OMB approved survey in the first funding year
- Recipients are encouraged to devise methods to link patient surveys to the associated visit data collected in Strategy A for analysis

**Evaluative Activities Using best practices...**

- SSuN recipients will monitor and assure that surveys are administered appropriately and that patient confidentiality is assured
- Number of visits (from SSuN datasets) during survey period will be the denominator for calculating response rates.

**Other resources**

- SSuN Cycle 4 Materials: [https://www.cdc.gov/std/funding/ssun/default.htm](https://www.cdc.gov/std/funding/ssun/default.htm)

CDC’s Division of STD Prevention, Surveillance and Special Studies Team created this series of documents for CDC staff working on PS19-1907 STD Surveillance Network (SSuN) and for applicants and recipients of that NOFO, to help clarify strategies outlined there and to support project implementation.