



Strengthening STD Prevention and Control for Health Departments

Technical Assistance Note # 10 | Promoting quality STD specialty care

From Strategy Area III: Promote CDC-Recommended Screening, Diagnosis, and Treatment

10. Promote quality STD specialty care services
 - a. Identify all STD specialty care clinics in the project area
 - b. Promote quality STD care in those settings based on clinical guidelines and recommendations and promote strategies for expanding access to care in those settings

Why DSTDP included this strategy

STD clinics and other health care settings that provide specialized STD care are essential partners for state and local health departments to reduce and prevent STDs in every project area. While health department STD programs may not directly support these settings with federal funding or staffing, programs need to maintain close relationships with them. These settings play a critical role in STD control and prevention. They are unique sources of more local expertise in specialized STD care, which STD programs should leverage in their efforts to promote quality STD services in primary care and other health care settings. Moreover, assuring high quality of care and ready access to these settings promotes public health interest by serving populations in need of STD care. This strategy recognizes the important roles specialized STD care clinics play to an STD program and promotes mutual support.

Considerations for implementation

Identify STD specialty care clinics in the project areas

- Maintain a brief directory of clinics that regularly provide STD specialty care, including information on key personnel, contact information, location, and basic information about their services (e.g., hours of operation, any special populations served)
- Regularly confirm or update the information on file (e.g. every 6-12 months)
- Be prepared to provide basic information on these to DSTDP, the NNPTCs supporting the jurisdiction, or other stakeholders who may want to reach out to these specialty care clinics
- Help provide basic location and service information to the public, by including links or other appropriate information on STD program websites and other communication materials
- To go above and beyond, considering mapping the location of those clinics against STD epidemiology, to inform discussions of service gaps and potential collaborations to strengthen screening and treatment

Promote quality STD care in those settings and strategies to expand access

- Make sure that the staff at STD specialty care clinics receive new information or updates on STD-related clinical and laboratory practices from CDC and other trusted sources. Consider making a special email and mail distribution list just for them, to quickly send relevant updates and reminders
- Conduct a high-level visit to the highest volume STD specialty care clinics in the project area to understand their client base, strengths, and weaknesses, so the STD program can be better positioned to assist the clinics and can strengthen relationships for future collaboration

- Schedule more routine in-person visits to such clinics to promote aspects of quality care, through public health detailing or other targeted health education approaches
 - DIS or other health department staff who work onsite in such clinics could also facilitate discussions of, and education on, aspects of quality care
- Talk with clinic staff about how they assess and think about their quality of care
 - To what extent do they use electronic health records? Do they track measures of quality over time?
 - What do they know about their provision of care already? Do they have aspects of their care they are already hoping to work on?
- Discuss with clinic staff the merits of systematically assessing or evaluating the care and services offered at these clinics. These assessments could be related to various aspects of care and services, such as:
 - Taking sexual histories
 - Adhering to STD clinical guidelines and HIV prevention and care guidelines, as appropriate
 - Offering welcoming and accessible clinical environments for populations served, such as LGBTQ persons, adolescents, people with disabilities, or people with limited English proficiency
 - Implementing express services/clinics, screening-only visits, or other service models that might serve more patients or serve them more quickly or efficiently
 - Managing and using patient data, including the exchange of relevant information with health department staff
 - Using clinical decision supports or other reminder systems through electronic health records
- Be prepared to help implement quality of care assessments and participate in discussions with clinic staff on ways to act on the findings and fill any gaps identified
- Consider tapping the NNPTCs or other resources to support training needs and the implementation of clinical quality improvement projects, to address any services gaps



Under STD PCHD, recipients can facilitate access to Benzathine penicillin G for patients at risk of not receiving recommended syphilis treatment. Note that recipients cannot pay for HIV PrEP medications with these funds.

Other resources

- STD Treatment Guidelines website: <https://www.cdc.gov/std/tg2015/default.htm>, and links to apps and other education tools
- NNPTC website: <https://nnptc.org/>
- Clinical Consultation Network (CCN): <https://www.stdccn.org/>
- National STD Curriculum website: <https://www.std.uw.edu/>
- Service Gap Assessment Tools: <https://www.cdc.gov/std/program/gap/default.htm>

For more information or feedback on this document, contact your DSTDP Prevention Specialist or email STD_PCHD@cdc.gov. CDC's Division of STD Prevention, Program Development and Quality Improvement Branch, developed this document for recipients of PS19-1901 STD PCHD to provide additional clarification of strategies outlined in that NOFO and to support program implementation. The content here does not represent additional NOFO requirements nor official CDC recommendations. Issue date: April 2019