

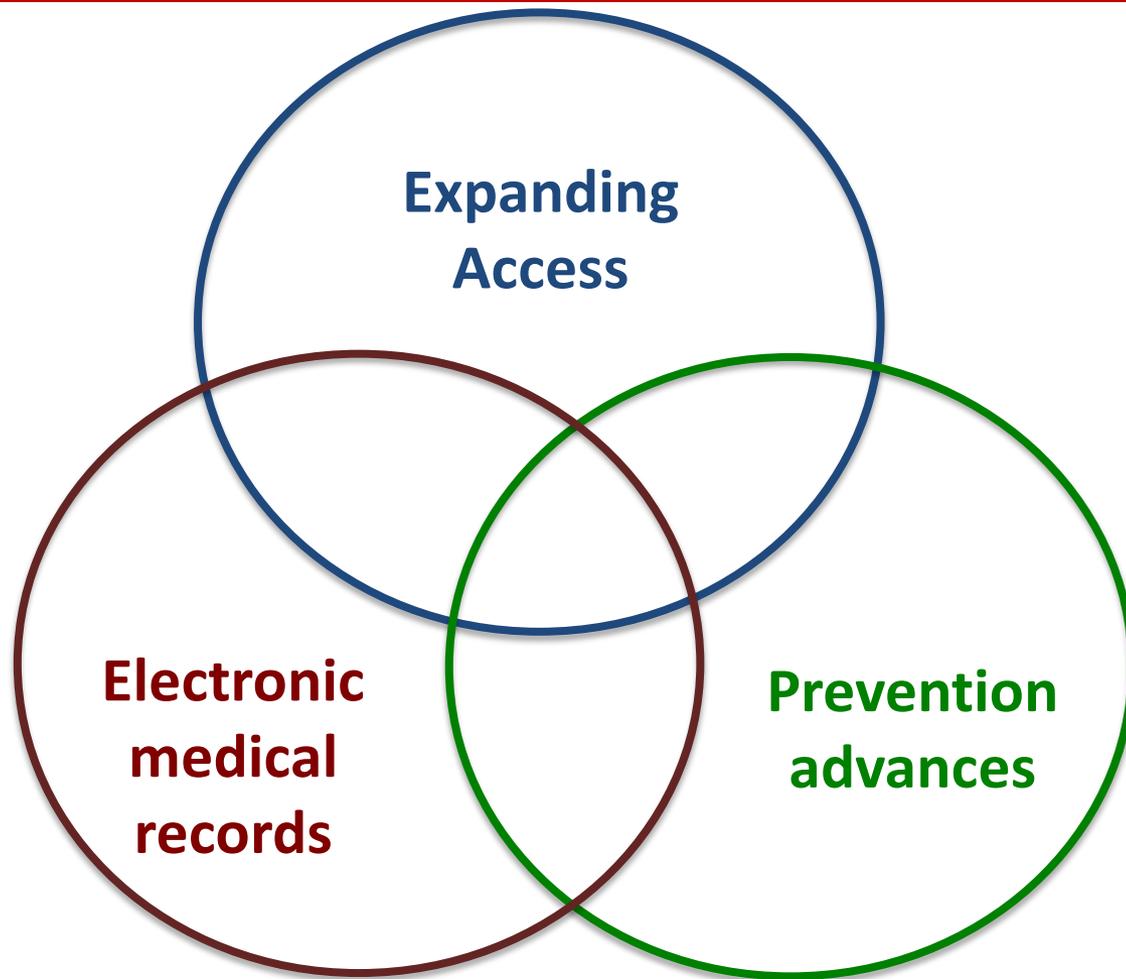
Expanding STD Prevention Opportunities

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Intersecting opportunities



Need for safety-net services

- Uninsured
 - Youth, women at risk, men at risk, pregnant
 - 2013 = 7,800,000
- Those seeking “confidential” services
- Those seeking convenient services – same day

Expanding access: New 3rd party payers

- Over 8,000,000 newly enrolled in private payers (28% aged 18-34)
- 6,000,000 newly covered under Medicaid expansion (through April, ongoing enrollment)
- 3,000,000 youth with extended coverage under parents plan

Expanding access: Coverage for prevention services

- Co-pays no longer barrier to accessing high-grade USPSTF recommendations
 - HIV screening for everyone
 - CT, GC screening for women 15-24
 - CT, GC, Syphilis, HIV annual screening for women at high risk
 - HIV, syphilis annual screening for men at high risk

Expanding access:

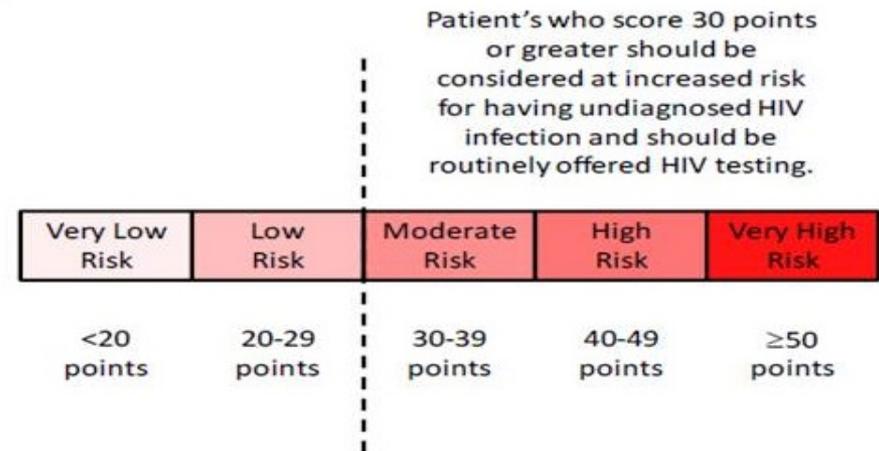
New providers, more efficient services

- Expanding definition of primary care provider
 - Advance practice nurses with expanded scope of practice
- Emphasis on return on investment will drive efficiency
 - Protocols
 - Decision trees/Clinical prediction rules
 - Shifts of screening services from provider to other clinic staff

Electronic Medical Record: Clinical prediction rules

The Refined Denver HIV Risk Score

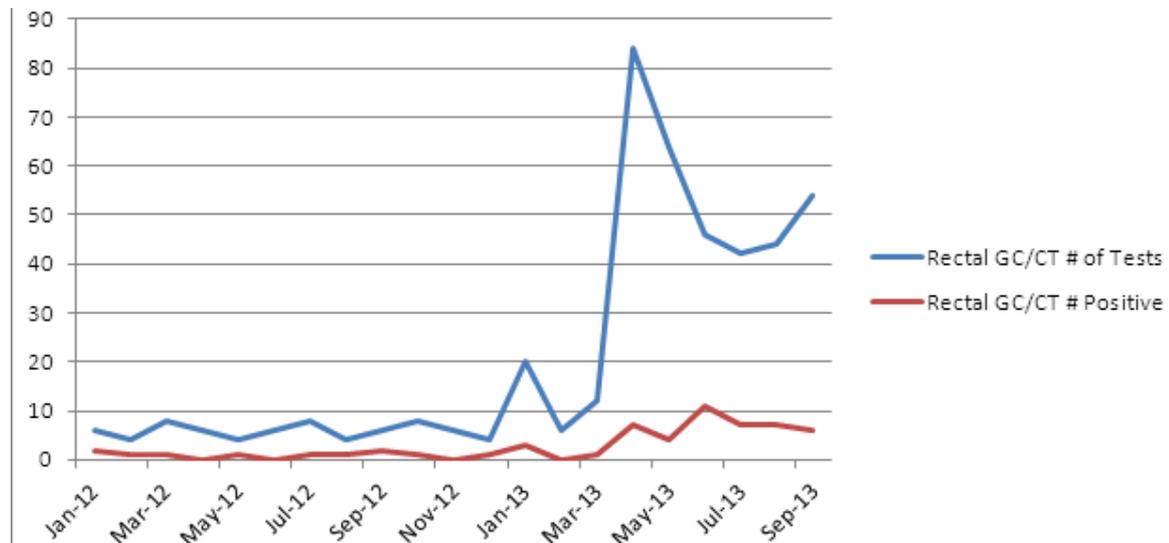
	SCORE
Patient age	
22-25 or 55-60	+4
26-32 or 47-54	+10
33-46	+12
Male gender	+21
Patient self-reported race/ethnicity	
Black	+9
Hispanic	+3
Does the patient have sex with men, women, or both?	
Men or both	+22
Has the patient ever injected drugs?	
Yes	+9
Has the patient ever been tested for HIV?	
Yes	-4
TOTAL SCORE:	_____



Electronic medical records:

Monitor compliance with screening guidelines

- Local data drives practice change
- Use local data to develop HEDIS-like measures at clinic and provider level
- Review and report on that data regularly

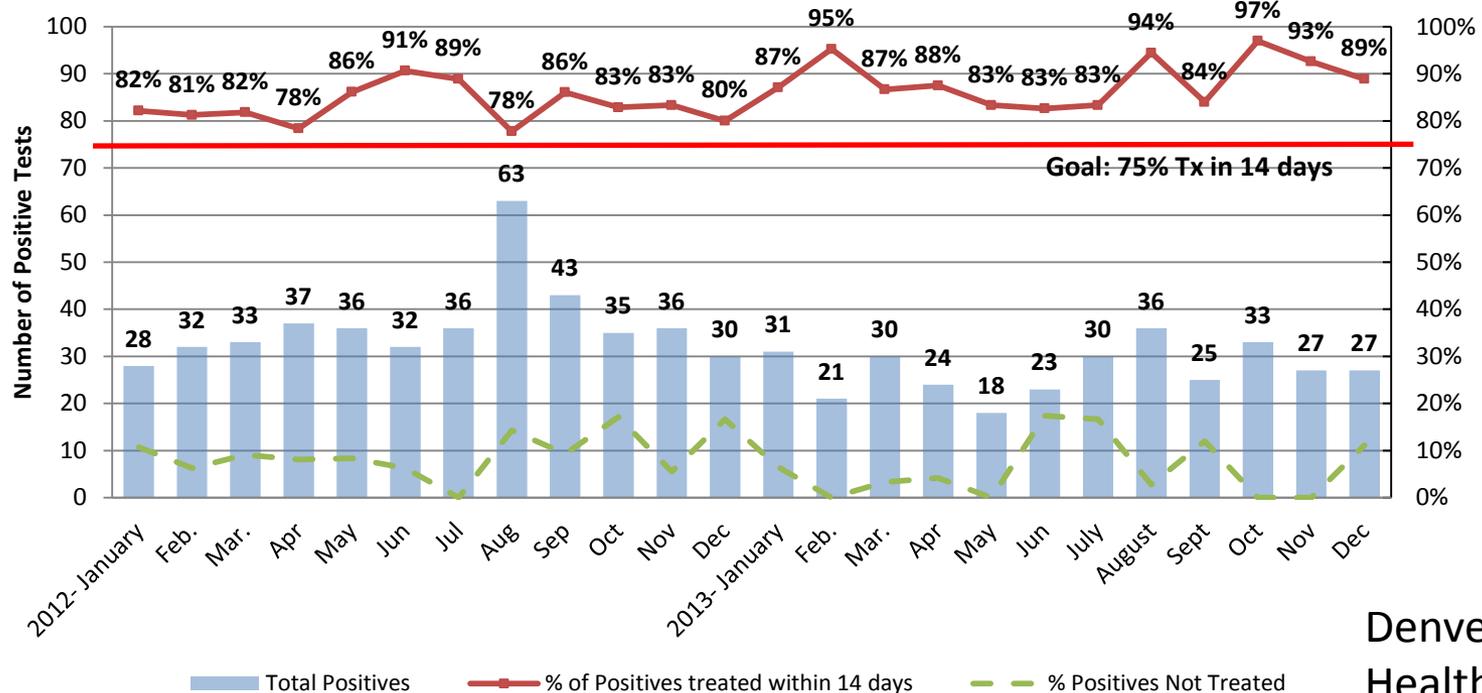


Courtesy,
Gene Voskuhl

Electronic medical records: Assure quality care

- Assessment of adequacy and timing of treatment no longer dependent upon chart review

DMHC Gonorrhea Treatment- Urethral
Jan. 2012 to December 2013



Prevention advances: Increased sensitivity

- HIV
 - 4th generation test
- Syphilis
 - Expanded use of sensitive and specific EIA
- GC/CT
 - NAAT for all anatomic sites
- Trich
 - NAAT testing

Prevention advances: Greater access to screening

- HIV
 - Community screening programs
 - DPH \$170/patient cost in clinic versus \$45/per patient for community based screening
 - Expanded use of rapid tests
 - Home testing
- Syphilis
 - POC tests pending
- GC/CT
 - Ease of specimen collection = greater reach

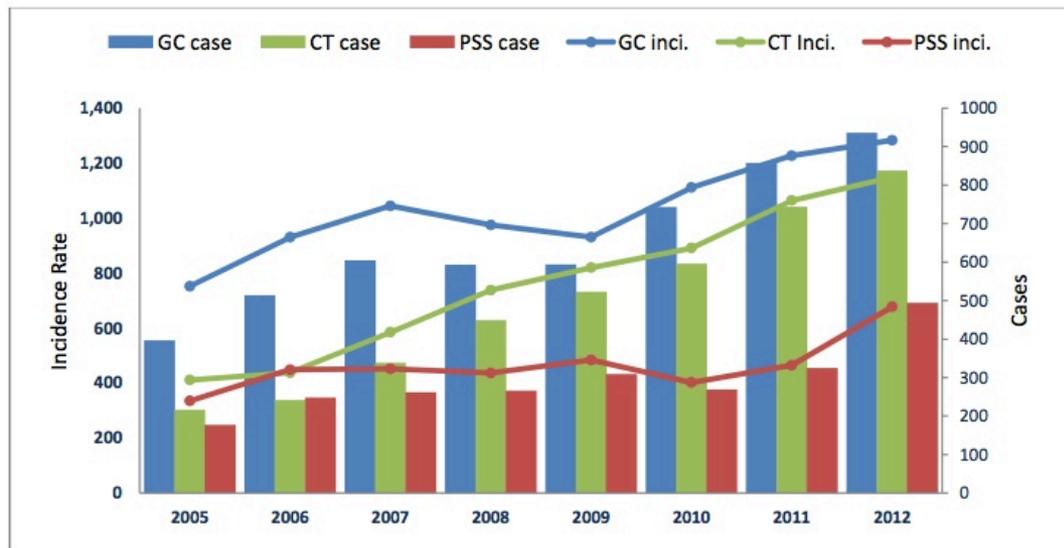
Prevention advances: Integrated sexual health care

- Both in “traditional” STD and reproductive health settings
- But also in “newer” primary care settings

Prevention advances: HIV care settings

- Normalization of prevention in care
- Increased emphasis on recurrent STD screening
- Improved understanding of transmission risk and modifiers

Figure 21: STD Case and Incidence Rate per 100,000 among PLWH in Texas, 2005 = 2012



Source: eHARS 2013. Population data from National Center for Health Statistics.

Prevention advances: PrEP

- Opportunity for more frequent STD screening in those most at risk: Every 6 months

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES - 2014

A CLINICAL PRACTICE GUIDELINE

Future focus:

Build capacity of “new” providers

- Educate new audience of primary care providers, develop new relationships
 - Tiered system of provider knowledge
 - Tier 1: Able to screen and treat simple STD
 - Tier 2: Able treat complex STD
 - Tier 3: Local referral resource, Able to advise on treatment
- Provide clinical consultative services to providers screening more – but seeing less complicated – patients
- Build will to assess efficiency
- Develop tools to drive systems change

Future focus: Build capacity of “new” providers

- Reach providers in new ways
 - Mobile apps
 - Online
 - Through EMR prompts, “HEDIS” measure
- Real-time consultation
 - Online
 - Email

Future focus:

Embrace shift in data systems

- Public health surveillance no longer only defined by data reportable under law
- Historical biases related to “super-secure” sexual health data shifting
 - Changing laws
 - Changing attitudes
- Clinical service delivery data guides program development and intervention at patient level
 - screening rates/penetration
 - treatment timeliness
 - treatment adequacy
 - integration of services

Future focus:

Development of new data systems

- Sexual health modules for EMR developed and standardized
- Meaningful reporting/QA measures developed and disseminated
- Robust reporting systems must be developed
 - Merger of clinical data with surveillance
 - New relationships built with clinical sites, pharmacies, payer claims databases, etc
 - Web-based real time: manipulate-able by end user

Future focus:

Enabling patients to educate providers

- Give tools to patient to self-advocate
 - Mobile access to information
 - Ability to schedule appointments (Open table for health care settings)
- Facilitate coming out
 - Build questions about sexual orientation and gender identity into EMR
- Expand role of home-based screening

Future focus:

Doing our homework on prevention advances

- Must understand cost of service in order to develop new business models
 - Fiscal
 - Staff time
- Must solicit patient satisfaction and feedback
- Encourage uptake of prevention services (Would help if patient driven)
- Encourage reasonable pricing (Volume driving negotiating power)

Future focus:

Embracing (not fearing) prevention advances

- Cannot be naysayers on PrEP
- Support expansion of home based screening (even if patients loses the opportunity to see us)
- Consider role of online service providers
- Empower patients and providers (mobile apps)

Embrace, don't fear, changing role as STD providers

