Expanding STD Prevention Opportunities

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Intersecting opportunities

- Expanding Access
- Electronic medical records
- Prevention advances
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

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

TOTAL SCORE: __________

Patient’s who score 30 points or greater should be considered at increased risk for having undiagnosed HIV infection and should be routinely offered HIV testing.

Haukoos, AJE, 2012; Haukoos, personal communication
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
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

- % of Positives treated within 14 days
- % Positives Not Treated

Goal: 75% Tx in 14 days
Prevention advances: Increased sensitivity

• HIV
  – 4\textsuperscript{th} 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**


Texas Dept of Health: 2012 STD/HIV Surveillance Report
Prevention advances: PrEP

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