

The Impact of Introducing "Express Visits" for Asymptomatic Persons Seeking STD Services in a Busy Urban STD Clinic System, New York City, 2005-2006

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Background I: Bureau of STD Control

- 10 Clinics
- Offer free and confidential STD testing & treatment on a walk-in basis to persons ≥ 12 years of age
- Services include:
 - Gonorrhea (GC), Chlamydia (Ct), Syphilis, & Herpes: diagnosis & treatment
 - HIV & Hepatitis C testing
 - Hepatitis A & B vaccinations
 - Pap smears & emergency contraception
- MDs provide all clinical care
- ~ 115,000 Patient visits in 2007



Background II: Express Visit (EV) Time Line

- 2004, rapid HIV testing introduced
 - Overall patient volume increased
 - Proportion of clinical visits where STD diagnoses were made decreased
 - Number of available physician visits was exceeded
- 2005, "screening" visit type w/out MD offered
 - Actively demanded by patient population
 - Express visit option conceived
- 2006, "express visit" introduced



Background III: Express Visit Definition & Eligibility

- Definition: STD screening visit without an MD
- Criteria for eligibility:
 - Asymptomatic
 - No known contact to an STD case
 - Do not need to or decline to see an MD
- STD screening tests offered during an EV:
 - GC and Ct (urine Nucleic Acid Amplified Test)
 - Syphilis RPR (blood draw)
 - HIV testing (rapid oral swab)



Study Objective:

To evaluate the impact of routine express visits on the diagnosis and treatment of *Neisseria gonorrhoeae* (GC) & *Chlamydia trachomatis* (Ct)



Methods I:

- Study Periods:
 - (September – December) 2005 (before)
 - (September – December) 2006 (after)
- Study Population:
 - Patients with an MD or Express Visit
- Data Source:
 - Clinic electronic medical records
- Exclusions:
 - One clinic site



Methods II: Study Definitions

- Express Visit:
 - Did not see a physician
 - Had a GC/Ct urine NAAT

- MD visit:
 - Saw a physician

- Outcomes of interest:
 - # of EV, # MD visits
 - Proportion symptomatic for MD visits
 - # GC/Ct detected and treated
 - EV: urine NAAT only
 - MD visit: GC (anal, oral, cervical or urethral culture)
 - GC/Ct: (cervical or urethral, oral, urine NAAT)



Methods III: Analytic Approach

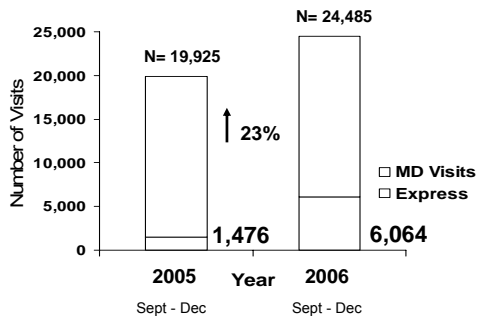
- Time to Treatment:
 - Calculated for GC or Ct positive patients with documented treatment
 - Day of visit (DOV)
 - Future DOV (≤ 30 days)

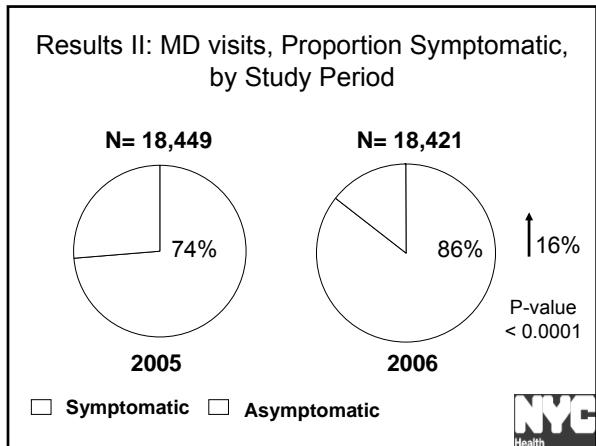
 - Difference, in days, between the DOV at which specimen for GC/Ct was collected and the day of documented treatment

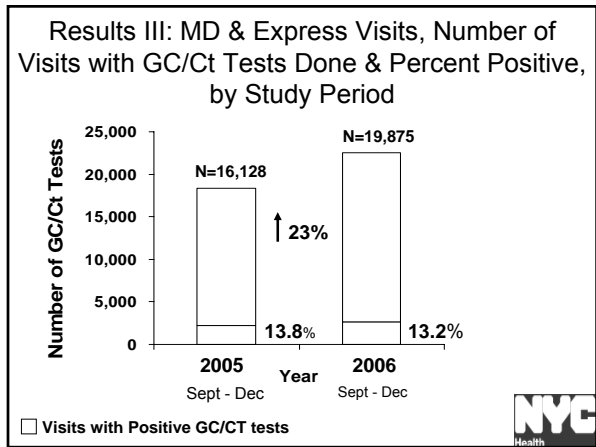
- Median Time to Treatment:
 - Calculated only for patients who received treatment after their DOV



Results I: MD & Express, Number of Visits by Visit Type & Study Period







Results IV: GC/Ct Testing & Positivity by Visit Type & Study Period

	MD		Express					
	2005		2006		2005		2006	
	No.	%	No.	%	No.	%	No.	%
Visits with GC/Ct Tests Done	14,652	-	13,811	-	1,476	-	6,064	-
Visits with Positive GC/Ct Tests	2,043	14%	2,081	15%	188	13%	536	9%

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Limitations:

- MD & Express visits may have been mis-categorized
- Study time periods were limited
- Analysis does not account for other changes in clinic practice
 - Electronic requisitioning of GC/Ct NAATs



Conclusions:

Express visits enabled

- GC/Ct screening of a large number of asymptomatic patients
- Better use of MD resources
- Treatment of more GC/Ct positive patients
- Improved time to treatment



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