

# Expedited Partner Therapy for Chlamydia in New York City

Legalization  
Implementation  
Evaluation  
Challenges and opportunities

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# Legalization

- EPT legal in New York State (NYS) since 2009
  - Took 2 legislative sessions to pass
  - NYS Board of Pharmacy an important partner
- Key elements of the EPT law:
  - Chlamydia (Ct) only
  - Required NYS DOH develop forms for pts & partners
  - Required regulations to accompany the law
  - Liability clause
  - Sunset clause (repealed 2014)

# NY State EPT Regulations

Adopted October, 2010:

- EPT may *not* be given if Ct index patient is co-infected with GC or Syphilis
- Specify info to appear in partner materials
- Specify particulars of prescribing EPT
  - EPT must be written in body of prescription
  - Providers may give scripts w/o Pt name, DOB, or address
  - Pharmacists may fill w/o pt name, DOB, or address

# EPT implementation in NYC

- Provider outreach
- Pharmacist outreach
- Patient information services
- Adverse event reporting
- NYC Department of Health and Mental Hygiene (DOHMH) STD clinics

# EPT Implementation

## Provider outreach

- Dear Colleague Letter
- EPT website\* (<http://www.nyc.gov/html/doh/html/std/ept.shtml>)
  - Health Care Provider Guidelines
  - Patient and partner informational materials
- EPT email address ([ept@health.nyc.gov](mailto:ept@health.nyc.gov))
- Evening CME course (March 2011), Webinar (June 2011)
- EPT-focused Grand Rounds, included in PTC courses
- Prof. organizations, key stakeholders (AAP, ACOG, AAFP, PRCH, SAM, IPP)
- EPT Brochure (mailed to: ~35,000 MD/DO/PA/PNP)
- Article in newsletter of network of EMR users
- Health alert to all NYC providers on Health alert network

\*created 2/2010, has had 3,924 visitors to date

# EPT Implementation

## Pharmacist outreach

- Dear Colleague Letter, Pharmacists FAQ
- Schools of Pharmacy (7 in NYS)
  - EPT added to pharmacy law course curriculum
  - Students, alumni
- Pharmacists professional organizations
  - Attending key conferences
  - Email blast to members
  - Article in professional society journal
- Large chain pharmacies
  - Pharmacy directors
- EPT brochure (mailed to: 5,000 pharmacists)

# EPT Implementation

## Patient information services & adverse event reporting

- Patient information services
  - NYC DOHMH EPT website
  - “311” - NYC government information line
    - EPT info – script read in response to key words
    - Provides information, not for reports/complaints
    - Health care providers are directed to Call Center
- Adverse event reporting
  - NYC Dept. of Health Call Center
    - Accepts calls from providers

# EPT Implementation

## NYC DOHMH STD clinics

- NYC DOHMH Bureau of STD
  - 9 clinics (~100,000 patient-visits/year)
  - Electronic medical record (EMR)
  - Ct screening at all MD visits
    - 47,277 pts screened in 2010 (14% positivity; n=6,538)
  - High rates of presumptive treatment
    - 58% (3769/6,538) tx'd on day of visit (most contacts to Ct, GC, or NGU/MPC)

# EPT Implementation

## NYC DOHMH STD clinics

- EPT eligibility criteria
  - Heterosexuals
  - Laboratory-confirmed Ct infection
  - No concurrent GC or syphilis infection
  - Ideally, EPT given when txing index pt, however, index may return after treatment if desiring EPT
- Providing EPT using “Partner packs”
  - Medication: Azithromycin, partner info, condoms, clinic info for up to 3 partners
  - Prescriptions: for up to 3 additional partners (not given  $\leq 18$  yo)
- Training
  - Presentations at 9 clinics
  - Separate trainings for key staff (physicians-in-charge, first line supervisors)
  - EPT policies and procedures document developed

# EPT Implementation in NYC STD clinics

## EMR EPT modifications

### **Reason for visit**

*“I received medicine or a prescription from my sex partner to cure Chlamydia”*

### **Sexual History** *(after asking no. and sex of sex partners)*

Are any of those partners here with you today?

### **Medical History**

In the past 12 months, did one of your sex partners ever give you medicine or a prescription to cure Chlamydia? Y/N

If YES, did you take the medicine? (mm/yyyy)

# EPT Implementation in NYC STD clinics

## EMR EPT modifications

**Diagnosis and Treatment** (Ct dx must be selected for questions to appear)

	Yes	No
EPT eligible?	<input type="checkbox"/>	<input type="checkbox"/>
EPT offered?	<input type="checkbox"/>	<input type="checkbox"/>
EPT accepted?	<input type="checkbox"/>	<input type="checkbox"/>

**If patient refused EPT, main reason for refusal** (drop down)

# EPT Implementation in NYC STD clinics

## EMR EPT modifications

**If patient refused EPT, main reason for refusal** (drop down)

- No longer with partner
- Uncomfortable discussing STDs with partner
- Concerned about IPV
- Prefers medicine to be delivered by clinician
- Partner has already been treated
- I don't think my partner would take it
- Other: \_\_\_\_\_ (text field)

# EPT Evaluation

## Objective

- To measure provider-, patient-, and systems-level obstacles to EPT uptake/ utilization
- Evaluation plan translated roughly into:
  - Provider uptake
  - Patient acceptance
  - Pharmacy/medication procurement- related issues (prescribing, filling, drug procurement, dispensing)

# EPT evaluation

## Provider utilization

- Monitoring EPT use in EMRs in:
  - NYC STD clinics
  - Family Planning clinics
  - Reproductive health clinics
  - Large community health care network
- Use of clinical decision-support tools to increase EPT uptake
  - Will be implemented in primary care offices using an EMR supplied and supported by NYC DOHMH (“Primary Care Information Project”)
- Focus group with health care providers
- Website hits
- Calls from providers to City hotline (311)
- EPT use reported on Ct case report forms

# From the NYC DOHMH case report form (to be completed for any reported STD)

*Did you provide treatment for any of this patient's sex partners?*

- Yes, I gave extra medication/prescription for the sex partner(s) If YES, for how many partners? \_\_\_\_\_
- Yes, I saw the sex partner(s) in my office
- No
- Unknown

# EPT evaluation

## Patient acceptance

- Interviews w/ partners (of pts who received EPT)
  - Partner elicitation for Ct dx'd in one STD clinic, School Screening Program
  - Follow up phone interviews with partners (received EPT, took EPT? If not, why not? Med. eval?)
- Measuring pt. acceptance, and reasons for refusal in:
  - NYC STD clinics
  - Family planning clinics
  - Reproductive health clinics
  - Large community health network
- Measuring no. patients seeking care after receiving EPT
- Key informant interviews (STD clinics, school screening) to explore perceptions of practice, 'partner packs'

# EPT evaluation

## Systems level issues

- Pharmacist and provider focus groups
- City 311 hotline (Call Center)
- Establish sentinel pharmacy surveillance site(s) (planned)

# EPT Implementation in NYC STD clinics

## Preliminary findings\*

	Total	Males	Females
Characteristic	n (%)	n (%)	n (%)
<b>Ct-infected</b>	<b>969 (100)</b>	<b>586 (100)</b>	<b>383 (100)</b>
EPT eligible?			
Yes	277 (29)	100 (17)	177 (46)
No	692 (71)	486 (83)	206 (54)
EPT offered?			
Yes	272 (98)	99 (99)	173 (98)
No	0 (0)	1 (1)	4 (2)
EPT accepted?			
Yes	180 (66)	62 (63)	118 (68)
No	92 (34)	37 (37)	55 (32)

\*Data for 3/22 – 5/13/2011

# EPT Implementation in NYC STD clinics

## Preliminary findings\*

	Total	Males	Females
Characteristic	n (%)	n (%)	n (%)
<b>Main reason refused</b>	<b>92 (100)</b>	<b>37 (100)</b>	<b>55 (100)</b>
No longer w/ partner	27 (29)	12 (32)	15 (27)
Uncomfortable discussing STD w/ partner	2 (2)	0 (0)	2 (4)
Concerned about intimate partner violence	0 (0)	0 (0)	0 (0)
Prefers medicine be delivered by clinician	14 (15)	5 (14)	9 (16)
Partner already treated	28 (30)	9 (24)	19 (35)
Don't think partner would take it	0	0 (0)	0 (0)
Other**	21 (23)	11 (30)	10 (18)

\*Data for 3/22 – 5/13/2011

\*\*Most 'other' responses were 'partner in clinic/here with partner today'

# Challenges

- NYC STD clinics
  - Training NYC STD clinic providers (Policies and procedures, numerous meetings)
  - Cost of dispensing medication
  - Sustainable system for producing partner packs
  - Requirement to provide EPT in multi-lingual environment
- Citywide
  - Electronic prescribing
  - Discouraging use of single script to treat patient and partner
  - Pharmacies and pharmacists unfamiliar 'constituency'
  - Tracking adverse events (no system for pt-reported)
  - Need to gather data to support reintroduction of law

# Opportunities

- EMRs
  - allow for monitoring and evaluation
  - Clinical decision support tools
- Electronic systems allow updating, expansion of materials
- Professional organizations, stakeholders
  - Can distribute to large no. of providers quickly
- Evaluation
  - Look critically at obstacles, develop solutions, help us prepare to reintroduce law

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