

INCREASING STI SCREENING RATES AT PPSNE



Amina Carter, MPH, PA-C
PPSNE Director of Clinical Services
Amina.carter@ppsne.org
www.ppsne.org





AGENDA

- Express Visits
- PPSNE QI Project for FY 25

EXPRESS VISITS AT. PPSNE



HEALTH EQUITY

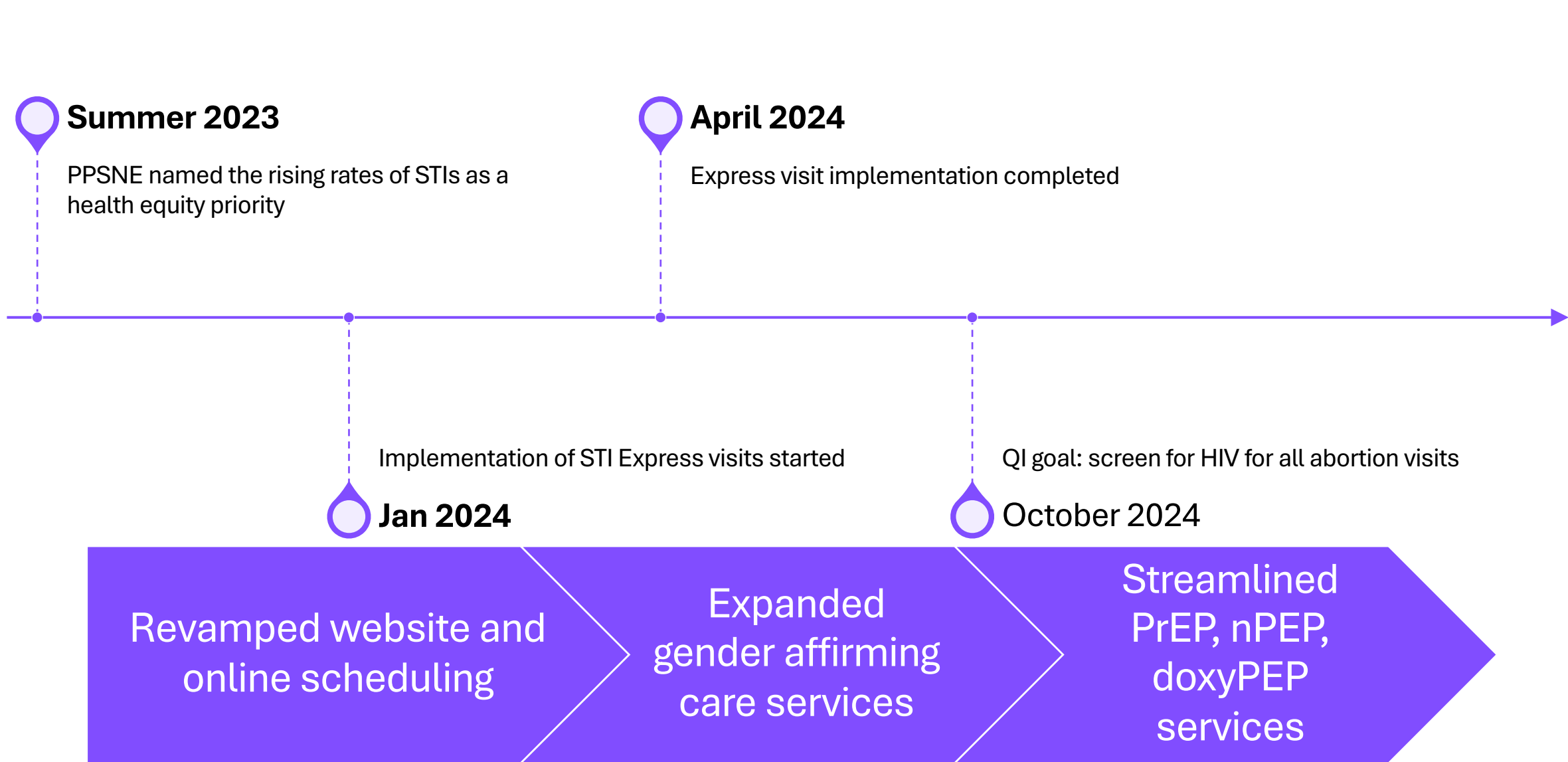
In Summer 2023, PPSNE named health equity goal to address the rising rates of STIs in CT and RI, with a focus on the Black and LGBTQ+ communities where rates are disproportionately high.

In addition to our focus on patient access and financial sustainability, non-clinician visits were a key part of our health equity strategy:

-



PPSNE'S FOCUS ON STIS



EXPRESS VISITS



- Patients can schedule or walk-in for STI screening, without a provider
- Can convert these visits to provider visits if necessary
- Standing orders in place
- Flexibility, convenience and improved patient access for all service lines

Patient Label Here

Name/DOB:

STI Screening with No Symptoms – Intake Form

1. **Are you experiencing any of the following symptoms?**

- | | | |
|--------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Genital pain or burning | <input type="checkbox"/> New genital discharge | <input type="checkbox"/> Itching |
| <input type="checkbox"/> Genital Bumps | <input type="checkbox"/> Rash | <input type="checkbox"/> Sores |
| <input type="checkbox"/> Flu-like symptoms (fever, swollen lymph nodes, new fatigue) | | |

If yes to any symptoms, please ask to schedule an appointment with one of our clinicians.

2. **Have you had a recent exposure to a sexually transmitted infection?**

- ☐ No ☐ Yes—which one(s)? _____

Note: If you could have been exposed to an STI in the past 3 weeks, it could be too soon to detect some infections. If your results are negative, we suggest getting re-tested in a month.

3. **Which tests do you want today? *Testing multiple sites is recommended, depending on the types of sexual contact you have (including partners and any shared sex toys)***

- ☐ Anal Sex - rectal swab for gonorrhea and chlamydia
- ☐ Oral Sex - throat swab for gonorrhea and chlamydia
- ☐ Penile Sex - urine test for gonorrhea and chlamydia
- ☐ Vaginal Sex - vaginal swab for gonorrhea, chlamydia and trichomonas (urine test available upon request, but is less accurate)
- ☐ Any of the above- blood test for HIV + syphilis (recommended for everyone)

Note: Herpes testing is not recommended unless you currently have a painful sore on your genitals. If you do, please ask to schedule a visit to see a clinician for testing/treatment.

4. **There is a national recommendation for every person to be tested for Hepatitis C at least once in their lifetime. Would you like to be tested for Hepatitis C today?**

- ☐ Yes ☐ No

5. **Are you pregnant?**

☐ Yes ☐ No ☐ Unsure – please ask our team about a visit for a pregnancy test

6. **Are you currently on PrEP – Pre-Exposure prophylaxis against HIV?**

☐ Yes ☐ No, but am I interested in info about PrEP ☐ No, and I do not want any info

7. **Current birth control method:** ☐Condoms ☐Pill (estrogen) ☐Pill (progesterone-only)

☐ Implant ☐ Depo ☐Hysterectomy ☐IUD: Type-_____ ☐Gel ☐Patch ☐Ring

☐Fertility tracking ☐Tubes tied ☐Vasectomy ☐Post-menopause ☐Other: _____

If you'd like to discuss birth control options, please speak with our front desk for an appointment.

8. Are you allergic to any medications?

☐ No ☐ Yes — which one(s)? _____

9. What is your preferred pharmacy (in case you have a positive test and need antibiotics)?

Name + Address: _____

10. Are you signed up for Planned Parenthood's MyChart (patient portal)?

☐ Yes ☐ No

If you answered no, please download the MyChart app and sign up today so you can get your results as soon as they are available.

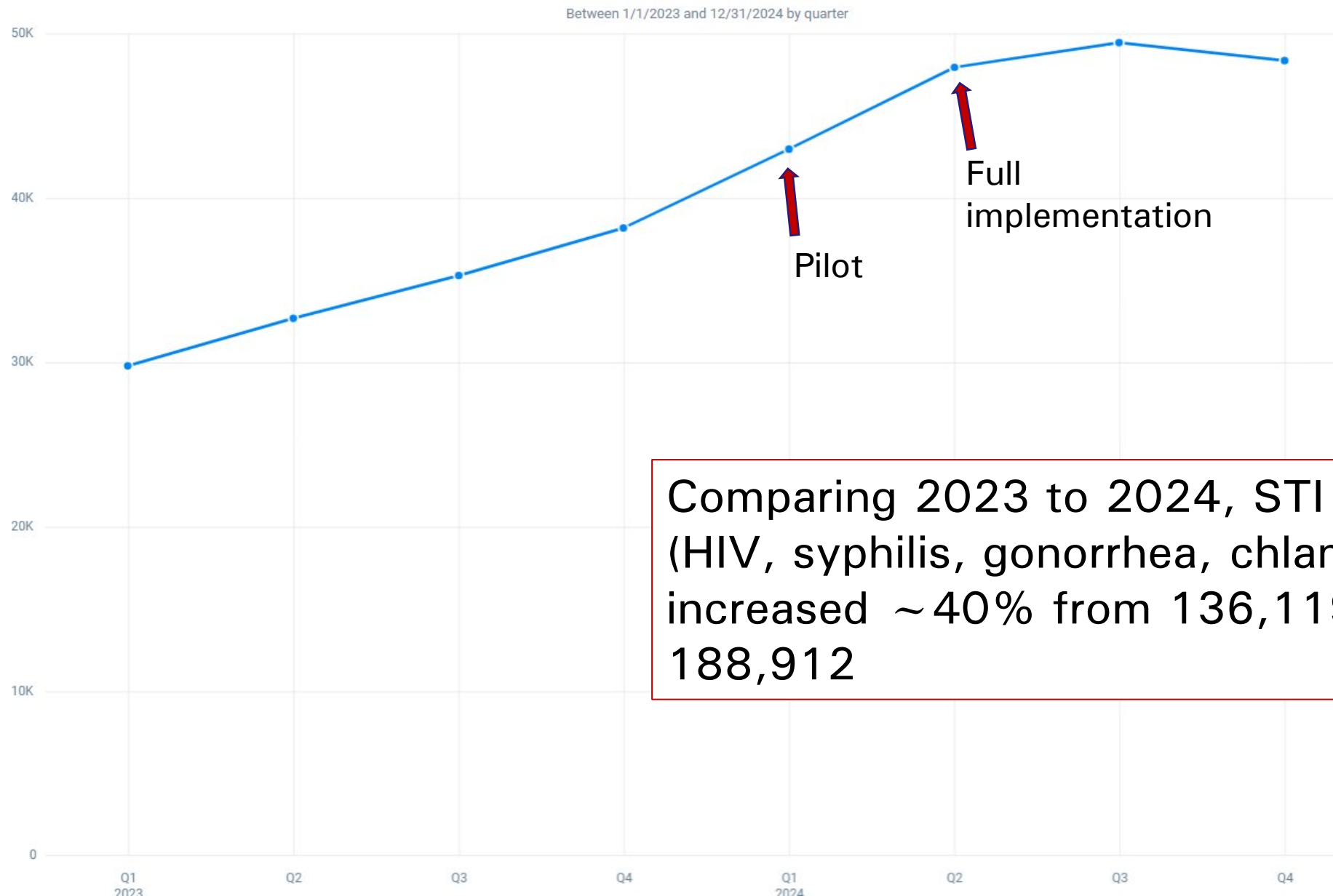


**SINCE STARTING EXPRESS
VISITS...**

The Wait Times (Lead Time) for STI Testing Decreased

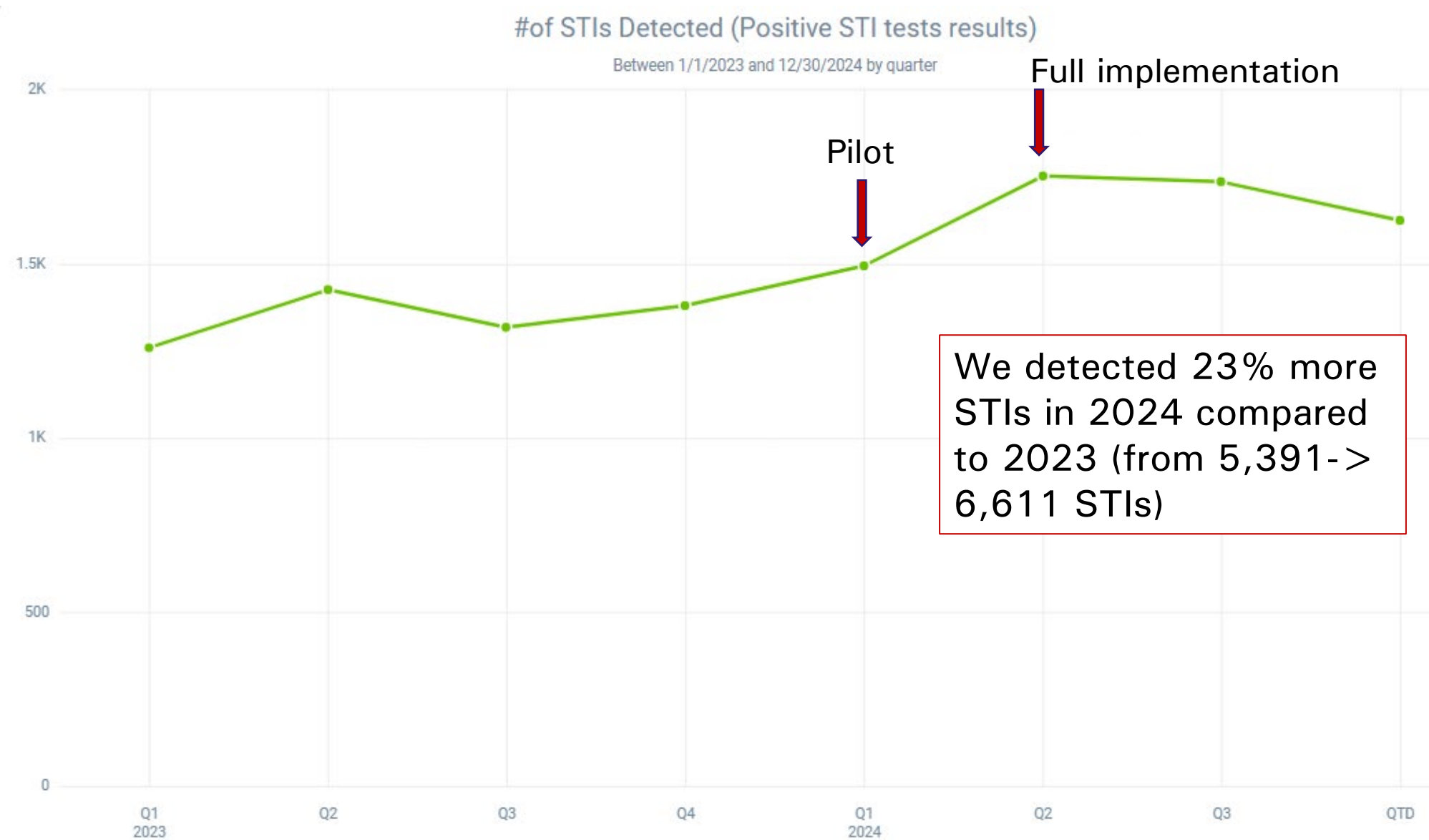


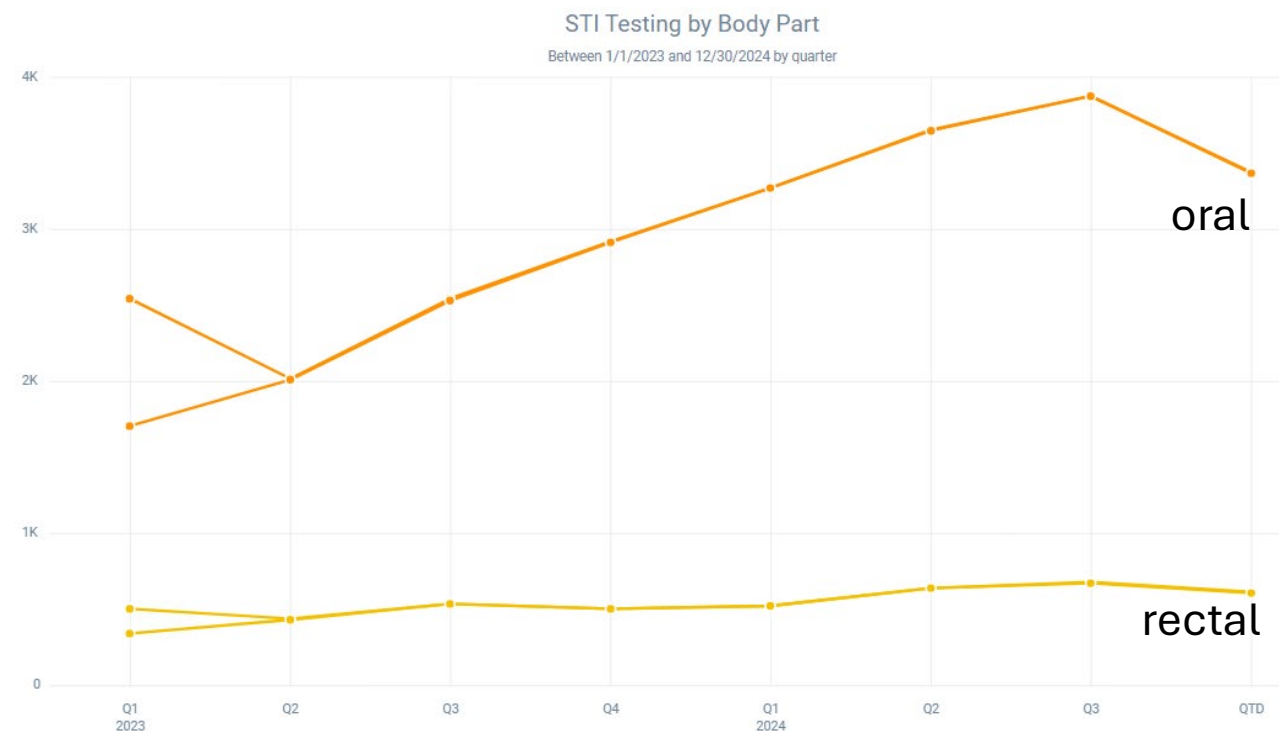
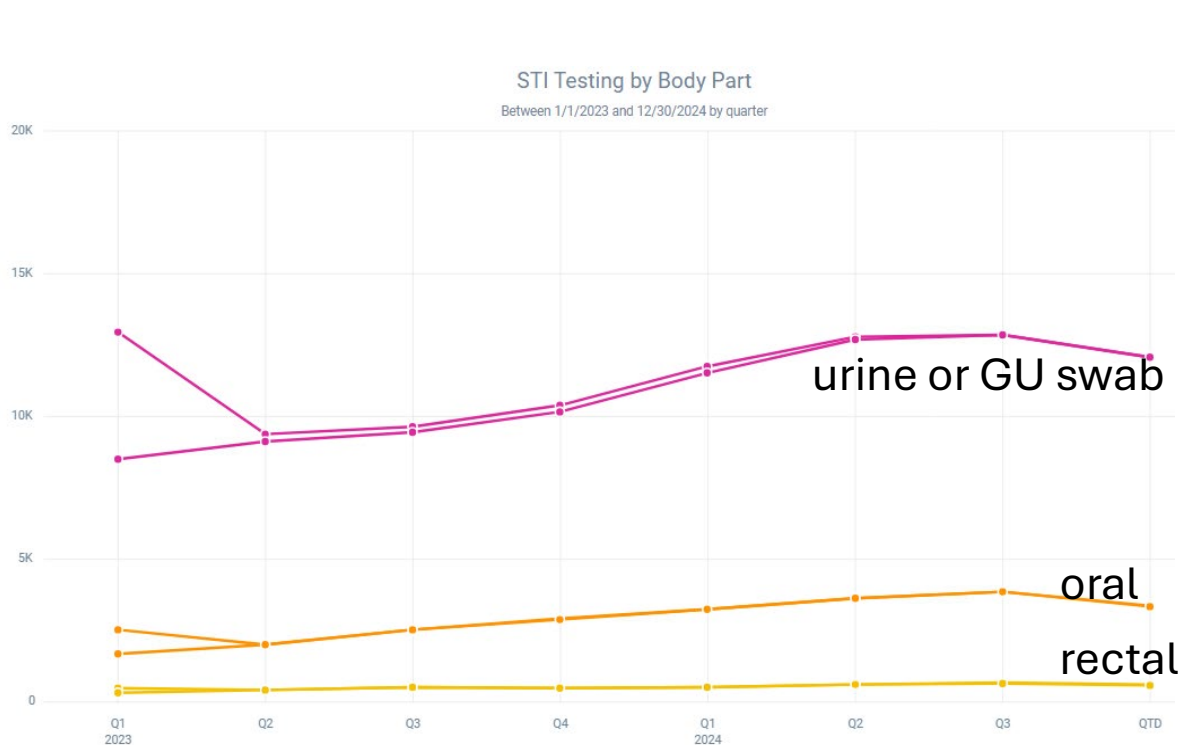
THE TOTAL NUMBER OF STI TESTS INCREASED



Comparing 2023 to 2024, STI tests (HIV, syphilis, gonorrhea, chlamydia) increased ~40% from 136,119->188,912

THE NUMBER OF STIS DETECTED INCREASED

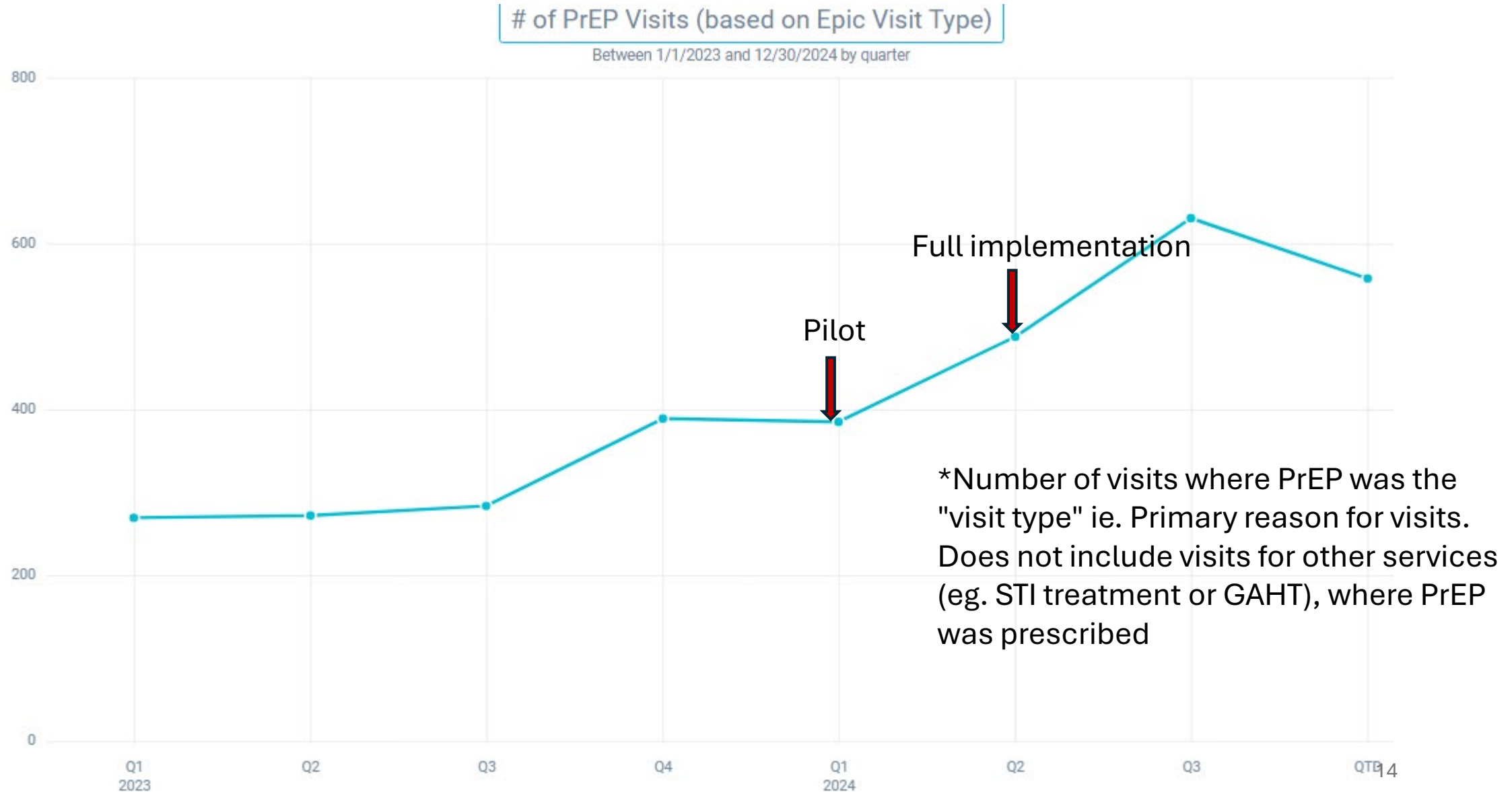




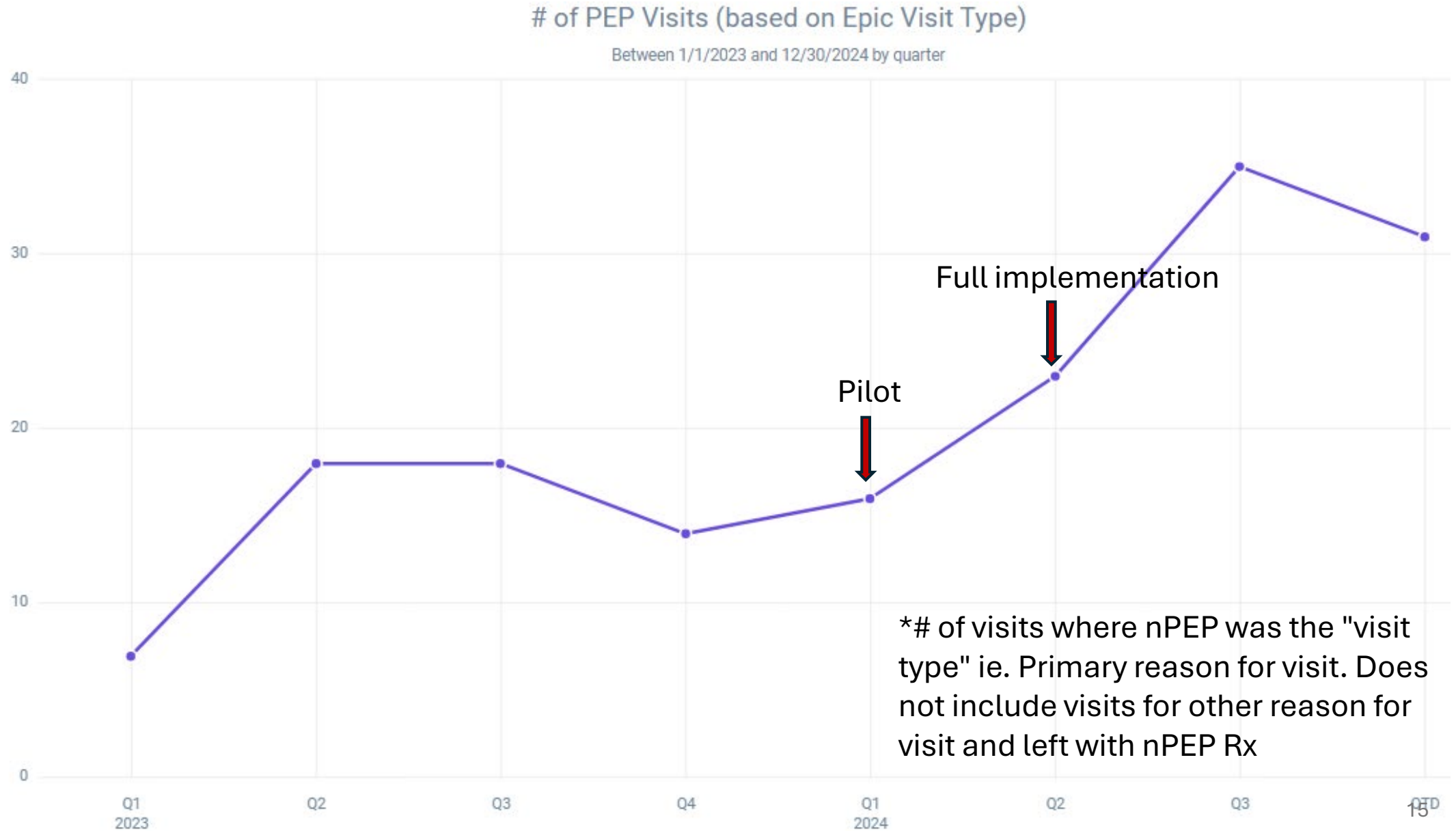
^Zoom in on oral and rectal testing

STI testing is trending up for all 3 sites: genitourinary, oral and rectal.
National data shows that many infections are missed with only GU screening

The Number of PrEP visits Increased



The number of nPEP visits increased



PPSNE FY25 QUALITY IMPROVEMENT PROJECT

INCREASE CT (AND GC) SCREENING RATES AT
MEDICATION ABORTION (MAB) VISITS

INCREASE HIV SCREENING AT PROCEDURAL
ABORTION (PAB) VISITS





INTERVENTION

Retraining all staff (licensed and non-licensed staff) on CDC recommendations for screening

- Chlamydia
 - Age < 25: at least annually
 - Age > 25: who have a new partner, more than one partner, partner w/ concurrent partners, or partner w/ an STI
- HIV
 - All patients screened at least once
 - Screen more often: inject drugs, exchange sex for money/drugs, new partner since last screening, receiving treatment for hepatitis/TB/STI

Provide training on using opt-out language to recommend STI screening

- Screening approach that presents GC/CT and HIV testing as the default unless a patient actively declines
- Normalizes screening

Choose your script....

A: We recommend all patients are screened for GC/CT with their abortion visit. I can send your urine that I already collected. Do you have any questions or concerns?

B: Since you've never had GC/CT testing, we recommend you have GC/CT screening with today's visit. An exam is not needed. Options for collection are: urine sample, self collected vaginal swab, or clinician collected vaginal swab.

C: You've had a new partner since your last screening, we recommend GC/CT screening today. This testing is included in the cost of the abortion and can be collected with a vaginal swab before your procedure.

Share in the chat how YOU plan to recommend screening to patients!

HIV & Syphilis screening with abortion visits

YES you can (and should!) offer HIV/syphilis screening to patients during their abortion visits

Recommend - all patients screened at least once and screen more often if risk factors like new partner since last screening

If a patient is having their blood drawn or an IV placed, **easy** opportunity for screening

Cost? same as with other sexual and reproductive health visits

Patient Label

☐ ID Bracelet and Allergy band applied

PAB FACESHEET

☐ Insurance _____
☐ Self pay _____
☐ Grants _____

MyChart

☐ Active
☐ Text sent
☐ Declined

HISTORY

Age _____ G _____ P _____ **ABs:** Induced _____ Spont _____ Ectopic _____ **Births:** Vaginal _____ C-section _____

PMH: _____

Meds: _____

ALLERGIES

☐ NKDA ☐ No latex allergy

VITALS

BP _____ HR _____ O2 _____ %

Ht _____ Wt _____ lbs BMI _____

SMOKING

Yes / No

Hgb: _____ ☐ Fe Rx for Hgb <10.5

Date: _____ ☐ Hgb Declined (<14w)

ANESTHESIA

Local
Minimal (PO Ativan)
Moderate
Deep

Last PO Intake
What:
Time:

TRANSPORT

Escort/Ride Name _____

Escort/Ride Ph # _____

ABS

GC/CT: Accepts / Declined / Recently done (date) _____ **Swab ordered to:** Orchard / Quest / State

HIV/ RPR/ Hep C: Accepts / Declined / Recently done (date) _____

Rh: n/I EGD <12 1w / Positive at: _____ / Negative at: _____ / Unknown— draw Rh (verified by _____)

Key Points

Clinic workflow that makes screening easy for patients and staff

- *Discuss with your teams if there are opportunities within your health center*

No exam needed: can use urine or self collect vaginal swab

No additional cost for CT/GC: built into bundle

Use opt out language to normalize screening

Screening reduces risks abortion complications and long term consequences

Opt out language & making recommendations can be applied to ALL visits not just abortion!



**SINCE STARTING OUR QI
PROJECT...**

Percent Patients Aged 16-24 Screening for Chlamydia w/ MAB visit

Health Center	Q1 (Start)	Month 1 (10/25 - 11/25/24)	Month 2 (11/26 - 12/25/24)	Month 3 (12/26 - 1/25/25)	Month 4 (1/26 - 2/25/25)	Month 5 (2/26 - 3/25/25)
Bridgeport	59	90	86	88	78	77
Danbury	95	94	91	92	94	100
Enfield	32	33	41	33	100	100
Hartford North	59	75	69	67	68	94
Manchester	72	93	100	81	78	79
Meriden	41	74	71	72	83	86
New Haven	46	57	71	75	68	75
New London	38	80	67	85	70	89
Norwich	44	67	61	55	56	83
Providence	34	22	31	27	47	46
Stamford	79	83	84	64	82	93
Telehealth*	13	25	13	16	17	40
Torrington	41	54	71	75	83	83
Waterbury	68	87	83	91	79	94
Willimantic	35	90	100	100	70	75
West Hartford	72	70	86	50	80	81
Total	52	66	70	67	71	76

Percent of Patients Screened for HIV During PAB Visit

	Baseline	Month 1	Month 2	Month 3	Month 4	Month 5
Health Center	Q1	10/25 - 11/25	11/26 - 12/25	12/26 - 1/25	1/26 - 2/25	2/26 - 3/25
New Haven	0.8	47.7	50	47	50	58
Norwich	0	14.5	3	6	26	23
Providence	3.4	8.8	19	27	26	31
Stamford	0	40	20	37	61	55
West Hartford	0	10.3	7	26	36	44
Total	0.84	22.8	24	32	37	44



THANK YOU

Amina Carter, MPH, PA-C
PPSNE Director of Clinical Services

Amina.carter@ppsne.org

www.ppsne.org