

Implementation Overview of the STI SPNS Interventions



Table of Contents

		Page
I.	Project Description	3
II.	Intervention Considerations for Telehealth	4
	A. Audio Computer Assisted Self-Interview (ACASI) for Sexual History Taking	4
	B. Specimen Self-Collection	4
	C. LGBTQ+ Welcoming Clinical Space Indicators	5
	D. Provider Training	5

I. Project Description

The purpose of the *Improving STI Testing and Treatment among People with or at Risk for HIV* project is to implement needs-based training, and clinical and non-clinical interventions to improve screening, testing, and treatment of common bacterial sexually transmitted infections (STIs) among low-income people with HIV or at risk for HIV who are served by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) and/or Bureau of Primary Health Care (BPHC) Health Center Program funded clinics or Health Centers. Nine clinical demonstration sites in three United States (U.S.) jurisdictions, Florida, Louisiana, and Washington, D.C., were selected to participate in this pilot demonstration project because of higher than national average incidences of gonorrhea (GC), chlamydia (CT), syphilis, and HIV.

Each of the nine clinical demonstration sites (three per jurisdiction) was HRSA RWHAP Part A, B, C, and/or D funded. Two of the nine RWHAP clinical sites were also HRSA BPHC funded Health Centers, serving patients that are at-risk for HIV as well as those with diagnosed HIV. For the two Health Centers, the evidence-based interventions implemented in this project were used in the care of patients with HIV as well as those at risk of HIV acquisition being seen for HIV pre-exposure prophylaxis (PrEP). For the solely RWHAP-funded clinical sites, the patients involved in this project were all patients with HIV, including the priority subpopulations of young adults, transgender women, men who have sex with men (MSM), and pregnant individuals.

The evidence-based interventions, bulleted below, were implemented in each of the nine clinical demonstration sites and evaluated in this project:

- Audio Computer-Assisted Self-Interview (ACASI) Sexual History
- Patient Self-Collected Nucleic Acid Amplification Test (NAAT) Specimens
- Lesbian, Gay, Bisexual, Transgender, Queer, and other sexual and gender minority individuals (LGBTQ+) Welcoming Clinical Space Indicators
- Provider Training

Interventions identified through this project are promoted in an STI screening, testing, treatment, and prevention toolkit (<https://targethiv.org/STIs>) for national dissemination of successful practices and intervention implementation for long-term sustainability across the U.S.

II. Intervention Considerations for Telehealth

Routine bacterial STI screening, testing, diagnosis, treatment, and prevention requires established procedures for *Addressing STIs: Ask. Test. Treat. Repeat.*

- (1) **Asking** - doing a comprehensive sexual history to identify STI exposure risk(s)
- (2) **Testing** - for the appropriate bacterial STIs
- (3) **Treating** - diagnosis of bacterial STIs and resultant treatment
- (4) **Repeating** - STI prevention efforts and follow-up screening and testing as recommended.

Additionally, the interactions with patients in each of these steps need to be non-judgmental, supportive, and self-affirming. With telehealth communications and healthcare visits, traditional in-person clinic processes need to be edited for telehealth interactions. For each of the four interventions used in this study, the following recommendations are being utilized as telehealth patient visits have become more common.

- A. Sexual History Taking (ACASI):** To “screen” patients for needed STI testing, a comprehensive review of sexual behavior risks is essential. To make testing as cost effective as possible, those patients reporting ongoing sexual behavior risks for STIs need to be screened and tested more frequently than those not identified as at risk for STIs. However, sexual history taking needs to become normalized as a part of health screenings and integrated into clinic workflows. Using a self-administered sexual history survey is recommended as an efficient way of collecting sexual behavior information from STI at risk individuals. These self-administered surveys are best with an audio component to assist patients with lower literacy levels. A paper-based sexual history is also acceptable, if ACASI or another self-administered option is not available.

In this project, audio computer-assisted self-interview (ACASI) software was used on an electronic tablet with a headset to administer an interval (“since your last visit to the clinic”) sexual history survey to each patient during a visit in the clinic. Patients were not able to complete the ACASI sexual history virtually because we did not provide an online version of the sexual history.

HIPPA guidelines must be followed along with security measures to prevent access to this information without patient consent. One such solution would be to have the sexual history questions provided to the patient through an electronic health record (EHR) portal that is password protected, HIPPA compliant, and allows the patient to answer the questions from a remote location at the time of the telehealth visit. This way the responses would be viewable by the healthcare team member through the EHR system at the time of interacting with the patient.

- B. Specimen Self-Collection:** Self-collection of NAAT specimens can be done in-person at the clinic as well as off site at home or at a laboratory collection site. However, some laboratories will not test self-collected extragenital site (throat and rectum) GC/CT NAAT

specimens. The validation studies for the extragenital site GC/CT NAAT used for the FDA approval were based on provider collected specimens only. As a result, laboratories require a validation study of patient self-collected samples before allowing the processing of patient self-collected specimens. This is problematic for patients being seen by telehealth or telemedicine, and then sent to a commercial laboratory site that does not allow self-collection. Check with the commercial laboratory director(s) utilized by your patients to find out if they accept patient self-collected specimens (utilizing FDA approved collection kits).

Another option would be to use specialized laboratories that mail GC/CT NAAT specimen collection kits to the patient with instructions for self-collection of specimens and returning the specimens. The healthcare team can provide the patient with instructions for self-collecting specimens during telehealth communications and self-collection guide with the mailed collection kits. The University of Washington STD Prevention Training Center created a guide that is available at <https://targethiv.org/STIs>. Alternatively, patients can come into the clinic for and provide specimens if the clinic has an onsite laboratory.

- C. LGBTQ+ Welcoming Clinical Space Indicators:** The focus of the LGBTQ+ welcoming clinical space indicators is to show sexual and gender minority patients that respect for, and recognition of, sexual and gender minority people is an integral component of this clinic. Inclusive language of all gender and sexual orientation identities is essential. Another way of engaging and increasing the trust of LGBTQ+ patients is to show culturally validating indicators in the clinical setting. This can be done with telemedicine visits as well. For example, the provider could have an LGBTQ+ rainbow flag lapel pin on their clothing during the telemedicine visit, a small LGBTQ+ rainbow flag on their desk that is visible on the patient's screen, or visible "safe zone" sticker with rainbow colors indicating a safe place to discuss or identify as a sexual or gender minority person. Whether a face-to-face visit or telehealth, it is important to use gender-neutral terminology for a first-encounter visit. Initial visit questions should include patient's current gender identity (inclusive of non-binary identities), the sex assigned at birth, and current sexual orientation identity. Within the first visit, it is important to also identify if the sexual or gender minority patient has supports related to their gender and sexual identity (e.g., friends, family, partner, community support group).

Messages of inclusiveness of sexual and gender minority persons can be included on the clinic website as well as images of LGBTQ+ culturally validating symbols (e.g., rainbow and transgender flags, and a "safe zone" designation) and images of gender and sexual minority people. The clinic's website could also include a picture of the clinic waiting room displaying a LGBTQ+ rainbow flag or an inclusion statement of all gender and sexual orientation identities. Telehealth allows for many options to adopt indicators of gender expression. Clinics could have patients and clinical team members sign into the telehealth platform with pronouns in parenthesis after their name. The provider may also include their pronouns after their name when it appears on the screen or signature

in secure messages via the EHR. The clinic could include a statement on the telehealth platform log-in page that explains the clinic's gender identity, gender expression, and sexual orientation nondiscrimination policy.

D. **Provider Training:** Provider and clinical team member training for this project took place virtually through four, quarterly, interactive webinars. Utilizing the AIDS Education and Training Center and National Network of STD Clinical Prevention Training Centers is cost-effective (free) and individualized. For training on STI and HIV prevention, care, and treatment contact:

- AIDS Education and Training Center (AETC) Program <https://aidsetc.org/directory> – HRSA funded – HIV and HIV-related comorbidity. (including STIs) prevention, screening, testing, diagnosis, and treatment
- National Network of STD Clinical Prevention Training Centers (NNPTC) <https://www.nnptc.org/our-centers> – CDC funded - STI prevention, diagnosis, treatment

Regionally based training centers service healthcare providers in their service area (see regional directory on each website). The centers provide trainings virtually and in-person.