

# Evaluating STI Express Services: Characteristics of Express Patients in the United States, 2016-2019

Samantha Ritter, MPH<sup>1</sup>, Elizabeth Menstell, MPH<sup>2</sup>, Molly Feder, MPH<sup>2</sup>, Lindley Barbee, MD<sup>3</sup>, Chad Hendry, MPH<sup>4</sup>, Kelly Jamison, MPH<sup>5</sup>, Oluyomi Obafemi, MD, MPH<sup>6</sup>, Christopher Ried, MD<sup>7</sup>, Joanna Shaw-KaiKai, MD, FACP<sup>8</sup>, Marguerite Urban, MD<sup>9</sup>, Andres Berruti, PhD, MA<sup>10</sup>, Hilary Reno, MD, PhD<sup>10</sup>  
<sup>1</sup> NACCHO, Washington, DC <sup>2</sup> Cardea, Seattle, WA <sup>3</sup> University of Washington, Seattle, WA <sup>4</sup> Howard Brown Health, Chicago, IL <sup>5</sup> New York City Department of Health, NYC, NY <sup>6</sup> Denver Public Health, Denver, CO <sup>7</sup> Orange County Health Care Agency, Orange County, CA <sup>8</sup> Metro Public Health Dept of Nashville/Davidson County, Nashville, TN <sup>9</sup> University of Rochester, Rochester, NY <sup>10</sup> DSTDP, CDC, Atlanta, GA

## Background

STI clinics urgently need to increase access to testing and treatment while minimizing the impact on staff and systems. STI express services, which refer to triage based STI testing without a full clinical examination, have been implemented to increase patient volume and gain clinic efficiencies. We examined patient demographics in the time period before express was implemented (pre-express time period) with the time period in which express was implemented (express time period) among patients visiting 4 STI clinic systems participating in a multi-jurisdiction data collaborative.

## Methods

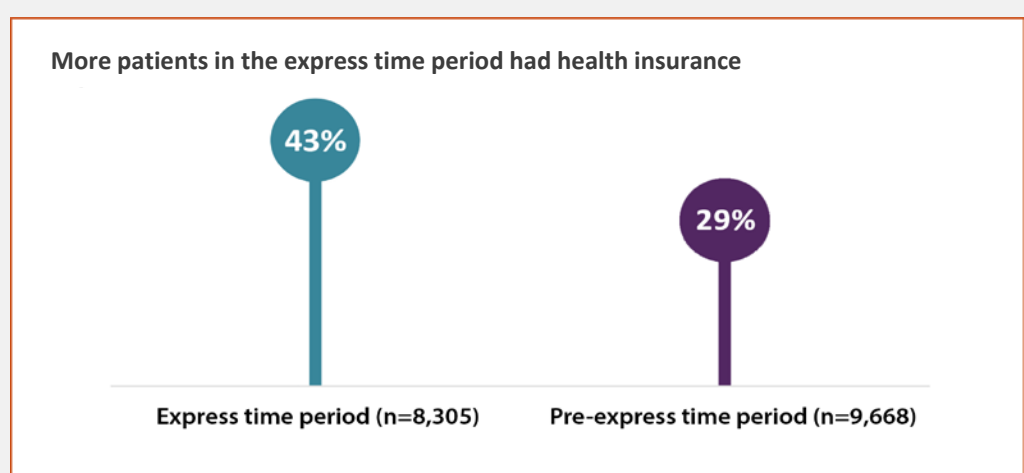
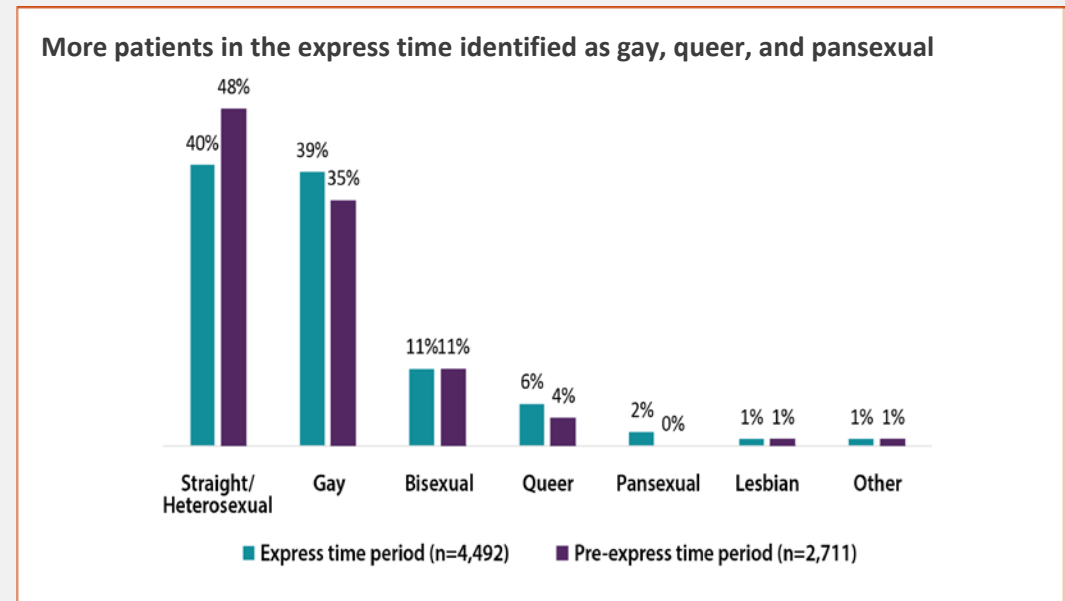
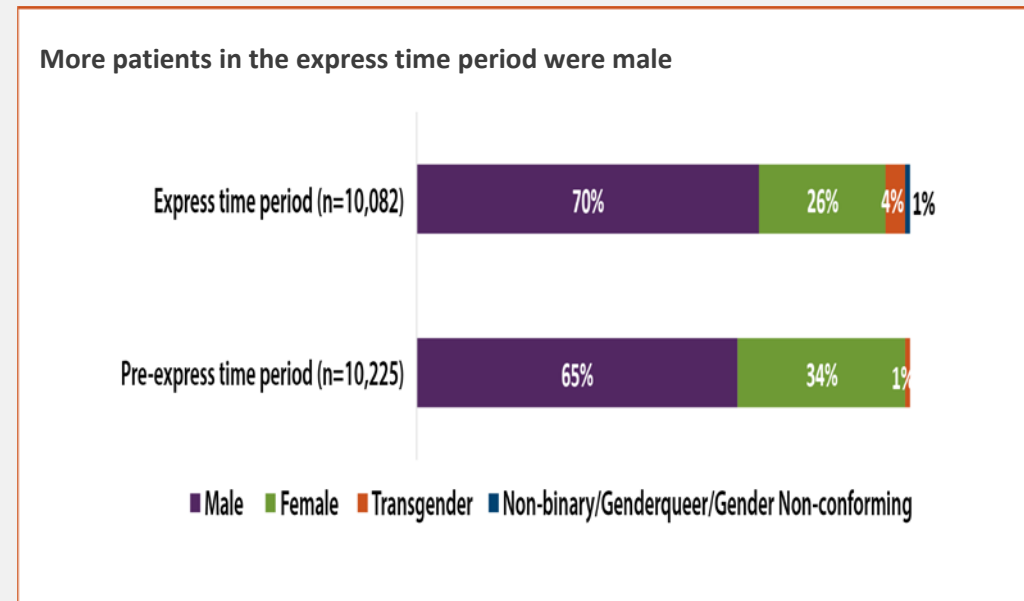
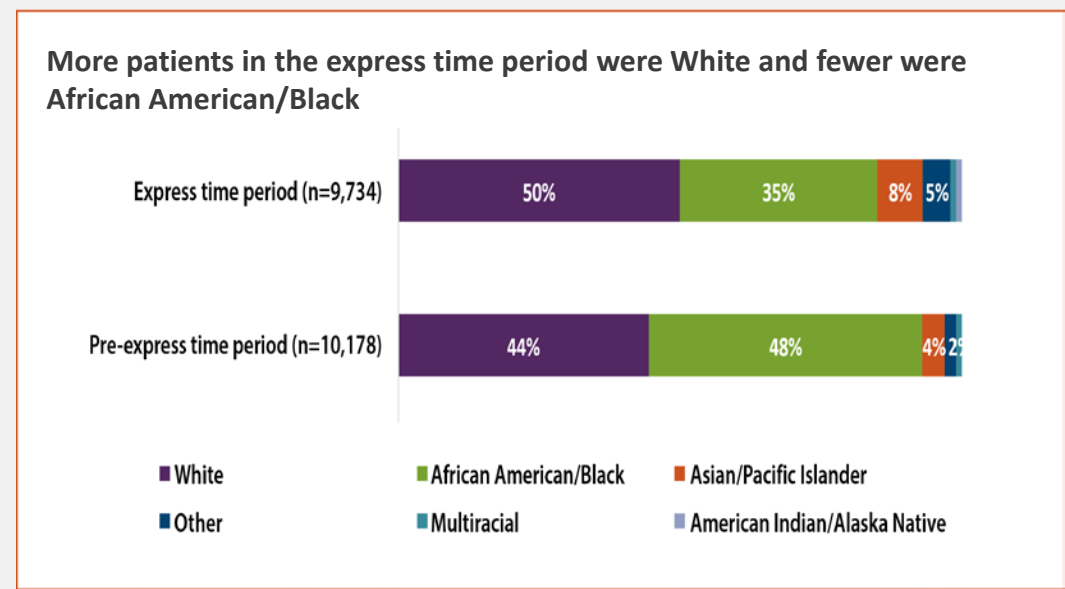
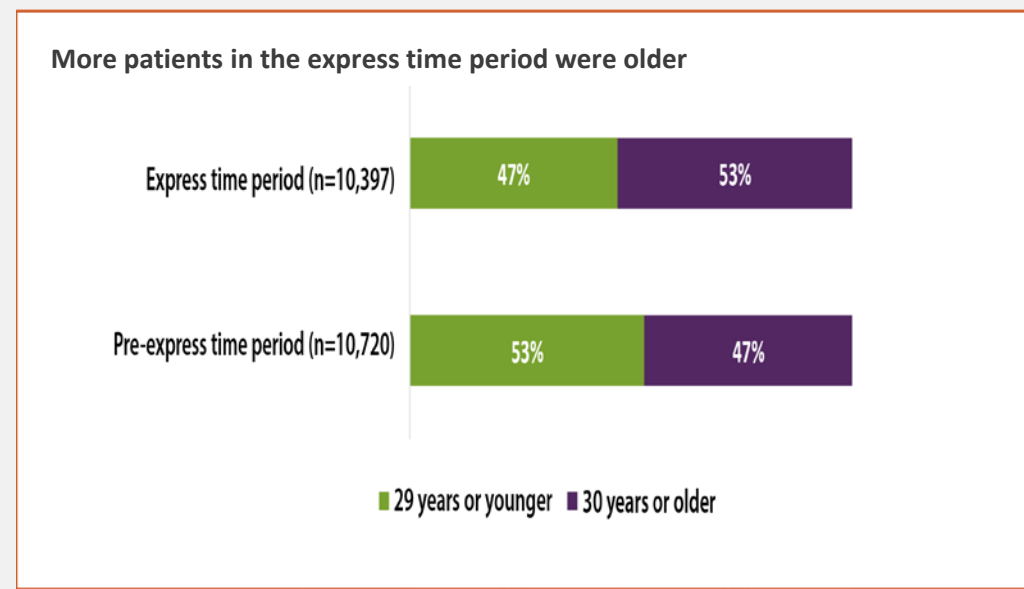
**Purpose:** To explore associations between receipt of express services and patient characteristics

- Used electronic medical record data from 4 STI clinics across 4 jurisdictions from 6-month time periods from January 2016—December 2019
- 21,451 unique patients were included in the analysis, including 10,731 (50%) in the express time period and 10,720 (50%) in the non-express time period
- Multinomial logistic regression used to obtain adjusted odds ratios and 95% confidence intervals. Results are adjusted for site location.

## Affiliates / Partners



## Results/ Conclusions



**More patients in the express time period use high risk and injection drugs**

Characteristic	Express time period	Pre-express time period
Transactional Sex	3%	4%
High-Risk Drug Use	6%	4%
Injection Drug Use	1%	0%

## Conclusions

There were significantly larger proportions of patients in the express time period who were older, male, gay, insured, and reported using high risk substances (methamphetamine, heroin, and cocaine).

There were significantly smaller proportions of patients in the express time period who engaged in transactional sex and injection drug use, compared with those in the pre-express time period.

## Recommendations

Explore strategies to reach patients from priority populations who were not as well represented in the express time period

- In satisfaction surveys completed by patients in the express time period, patients suggested:
  - Incorporating more diverse staff who better reflect the characteristics of those they serve,
  - Extend clinic hours outside of standard business hours to increase opportunities for STI testing among those who are unable to come to the clinic during weekdays.

## Contact Info

Hilary Reno, MD, PhD  
 CDC Division of STD Prevention  
 Washington University in St. Louis  
[nla6@cdc.gov](mailto:nla6@cdc.gov), [hreno@wustl.edu](mailto:hreno@wustl.edu)

