

FY 2022 PERFORMANCE PLAN

Sexually Transmitted Infections Clinic		Public Health/ CHSB	Lilibeth Grandas x1211 Sharron Martin x1239
Program Purpose	<ul style="list-style-type: none"> Reduce and prevent the incidence of sexually transmitted infections (STIs) and its negative consequences such as infertility and pregnancy complications 		
Program Information	<p>Clinic services follow the Centers for Disease Control and Prevention (CDC) guidelines and the Virginia Department of Health (VDH) standards.</p> <p>The program provides services on a sliding scale fee basis. Clients with insurance are charged the full fee and given documentation they can submit to their insurance company for reimbursement. Services are available to all individuals over the age of 13 with no residency restrictions as follows:</p> <ol style="list-style-type: none"> Screening and diagnosing the following STIs: <ul style="list-style-type: none"> Chlamydia Gonorrhea Syphilis HIV Hepatitis B (certain populations) Hepatitis C Pelvic Inflammatory Disease Bacterial Vaginosis (BV) Yeast Trichomoniasis Genital Herpes Genital Warts Pubic Lice <ul style="list-style-type: none"> A typical panel of STI tests includes Chlamydia, Gonorrhea, Syphilis, Hepatitis C and HIV. Other STIs are diagnosed if symptoms are present. Clients are asked about their reproductive health plan and are offered the opportunity to start/continue/change a birth control method based on their preferences. Treatment: <ul style="list-style-type: none"> Treatment is offered to clients based on laboratory results, symptoms or exposure to a person with a confirmed STI diagnosis. The HD (Health Department) has access to the federal 340B Drug Pricing Program. This program provides access to a wide range of medications at a significantly reduced price. Clients found to have HIV are referred to an Infectious Disease Specialist in the area. Education and risk reduction counseling: <ul style="list-style-type: none"> All clients receive education and risk reduction counseling, including how to appropriately use a condom. Patients diagnosed with an STI are educated on the importance of having sexual partner(s) tested and treated as soon as possible to prevent reinfection or further spread in the community. Referrals to other resource providers are based on client's needs: <p>Those at risk for hepatitis B are referred to Open Immunization Clinic (OIC) or other medical provider for hepatitis B vaccination</p> <ul style="list-style-type: none"> HIV Pre-exposure prophylaxis (PrEp) Sexual assault victims are referred to Doorways Teenagers are referred to the Teen Health Clinic for follow up <p>In addition, program staff conduct community outreach to increase STI awareness and decrease stigma, especially about HIV.</p>		

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	<p>The Public Health Division, like other health care providers in Virginia, is mandated to report Chlamydia, Gonorrhea, and Syphilis and HIV cases to VDH. The STI clinic works closely with the Community Health Protection Bureau (CHPB) to ensure that reported cases, including clients that are difficult to find, receive appropriate follow-up to control and prevent the spread of STIs in our community.</p> <p>Funding for the STI program comes mainly from local and state funding through a cooperative agreement. HIV testing funding comes from CDC through VDH. An additional source of revenue originates from charging clients on a sliding fee scale. This new requirement was established by the Virginia Department of Health (VDH) in July 2017.</p> <p>During COVID-19, the Virginia Department of Health recommended that if STI services were provided, they needed to be limited to symptomatic and high-risk clients. As a result, not all individuals who were infected and potentially spreading STIs in the community were being identified.</p> <p>In FY 2022, VDH allowed screening of asymptomatic clients to resume. NOVASalud, a community-based organization supported by DHS, became the main provider of STI screening services for asymptomatic patients during the pandemic and has continued to provide this service throughout Northern VA. Under our current partnership with NOVASalud, they connect clients to our services, especially those who need treatment.</p> <p>Partners: CDC, Virginia Department of Health, NOVASalud, Inova Juniper Program, Doorways and Whitman Walker Clinic in Washington DC.</p>
<p>Service Delivery Model</p>	<ul style="list-style-type: none"> • In FY 2022, services were delivered in person for most of the year. We did pre-assessments for asymptomatic clients on the phone before the clinic visit for a time; but have discontinued such practice because the yield was very low and sometimes patients would not show. • In FY 2023, resources will be focused on treating those clients who have STI symptoms and those who are referred by other service providers for treatment or as contacts. • A new model of service delivery to increase access to STI Screening for those who are asymptomatic with minimum barriers (minimum paperwork, no charge, walk-in) is being explored.
<p>PM1: How much did we do?</p>	
<p>Staff</p>	<p>Total 0.8 FTEs:</p> <ul style="list-style-type: none"> ○ 0.22 FTE Nursing Supervisor ○ 0.27 FTE Nurse Coordinator ○ 0.13 FTE Public Health Nurse ○ 0.09 FTE Clinic Aide ○ 0.09 FTE Clinician

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Customers and Service Data		FY 2019	FY 2020	FY 2021	FY 2022
	Clients	877	532	158	259
	Visits	1,231	738	216	365
	Outreach: Community-related events providing information or testing	30	11	0	13

PM2: How well did we do it?

2.1	STI client satisfaction
2.2	Clients with chlamydia, gonorrhea or syphilis were notified and offered options for treatment within one week of laboratory results

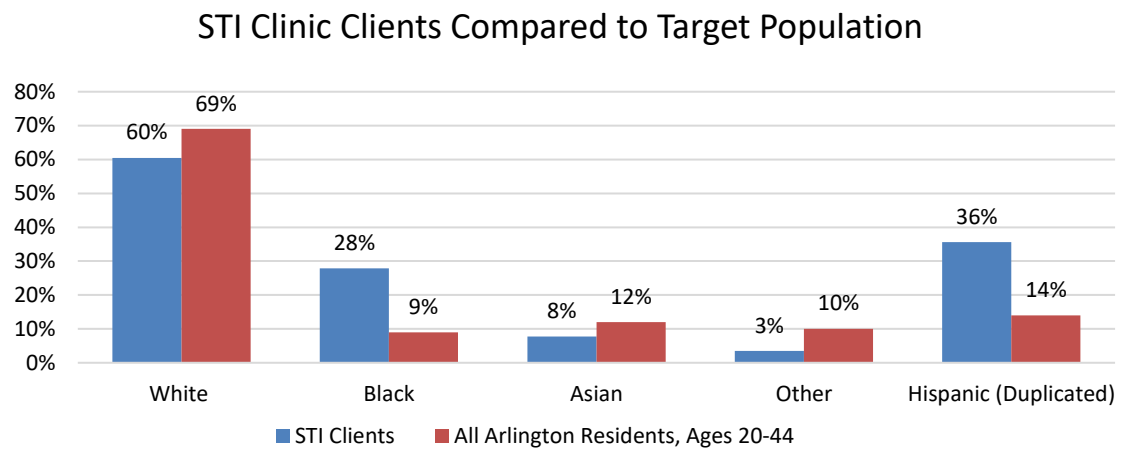
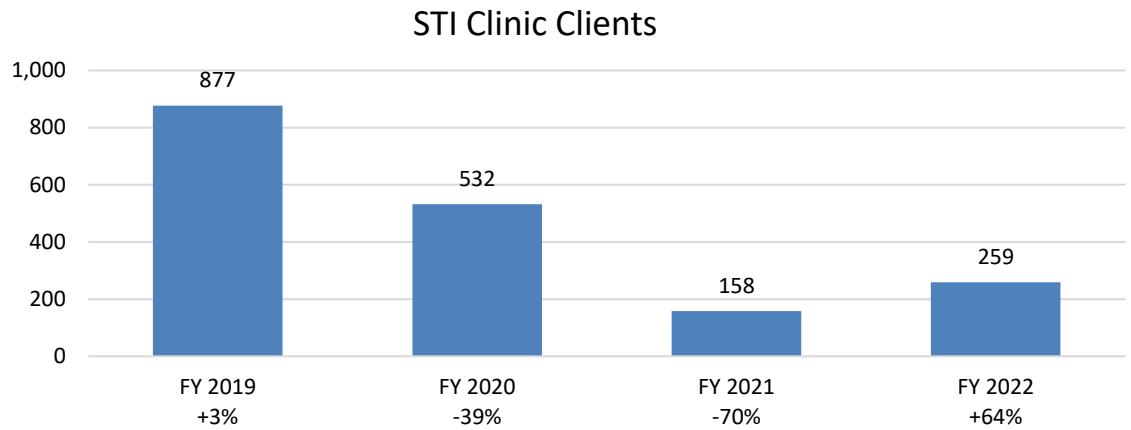
PM3: Is anyone better off?

3.1	Clients with chlamydia, gonorrhea or syphilis who returned for their 3 month re-screen to ensure they were not re infected
3.2	Individuals diagnosed with HIV who saw an Infectious Diseases Specialist within 30 days of diagnosis per VDH standards

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Measure 1 Clients and Visits

Data



Data Summary

- The number of clients increased 64% in FY 2022 after decreases in FY 2020 and FY 2021.
- The number of clients is tracked in WebVision.
- 58% of STI clients who are White are also Hispanic.

What is the story behind the data?

- During COVID-19, the Virginia Department of Health recommended that STI services be limited to symptomatic and high-risk clients. Because many people with STIs do not have symptoms and we are not currently screening asymptomatic clients, not all individuals who may be positive and spreading STIs in the community are currently being identified.
- During the pandemic and until July 2021, symptomatic clients and those who needed DIS (Disease Intervention Specialist) services could have clinic appointments per VDH rules. Virtual visits were not an option, given that clinicians needed to see the clients in person in order to establish care (if new), assess their symptoms and prescribe treatment.
- In examining the rates of STIs in Arlington, rates of chlamydia, syphilis, and HIV decreased in FY 2020 and FY 2021. Contributing factors may include reduced access to testing, as well as changes in behavior and social distancing.

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- In July 2021 the Virginia Department of health allowed jurisdictions to resume screening asymptomatic clients for STIs.
- In FY 2022, the number of clients started to increase, as we were able to offer more clinics and as individuals started to resume social activities.
- Most clients who currently come to our clinics are uninsured and they lack the resources to go to urgent care or any other medical facility. Black and Latino populations have the highest rates of STIs in Northern VA, VA and the US, and tend to seek services at higher rates.

Recommendations

Target Dates

- Explore a new model for screening for STIs with minimal barriers, and consider community-based outreach options.
- Explore alternative data sources for demographic comparison that have combined race and ethnicity data.

- FY 2023 Q1
- FT 2023 Q4

Forecast

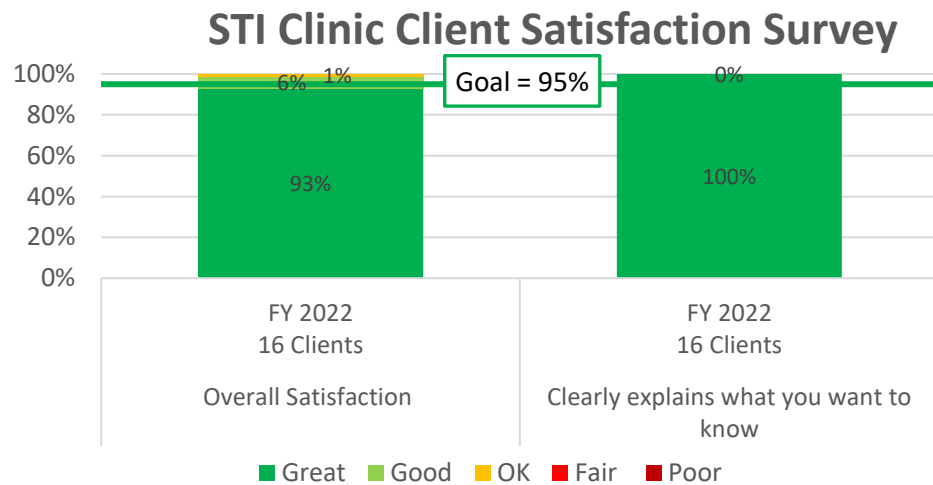
- For FY 2023, we expect that individuals who did not get screened during the pandemic will resume testing. We expect that numbers will increase for several reasons: we will be receiving referrals for treatment from NOVASalud and we will be able to do more screening using an STI screening only clinic. The number of clients served is expected to be approximately 500.

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Measure 2.1 STI client satisfaction

Data



Data Summary

- In 2022, a satisfaction survey was conducted for the “combined clinic” (Family Planning, STI and Maternity).
- Survey conducted once a year, capturing all clients served over a two-week period, using a paper survey in English and Spanish.
- Overall satisfaction was calculated by averaging the results from all the questions on the survey.
- FY 2022 response rate was 100%.

What is the story behind the data?

- In FY 2022, the customer satisfaction survey was changed to a survey that VDH requires some PHD clinic programs.
- Clinic staff and the convenience of the clinic received the highest scores on the survey. Payment received the lowest scores.
- In FY 2022, 99% of clients rated their overall customer experience with STI Clinic services as “good” or “great” and 100% rated how we explained things as “good” or “great.”

Recommendations

- In FY 2023, the client survey will be conducted at least one time, as staffing levels allow. Explore increasing number of clients surveyed.
- Add a question explicitly about overall satisfaction to the survey.

Target Dates

- FY 2023 Q4
- FY 2023 Q4

Forecast

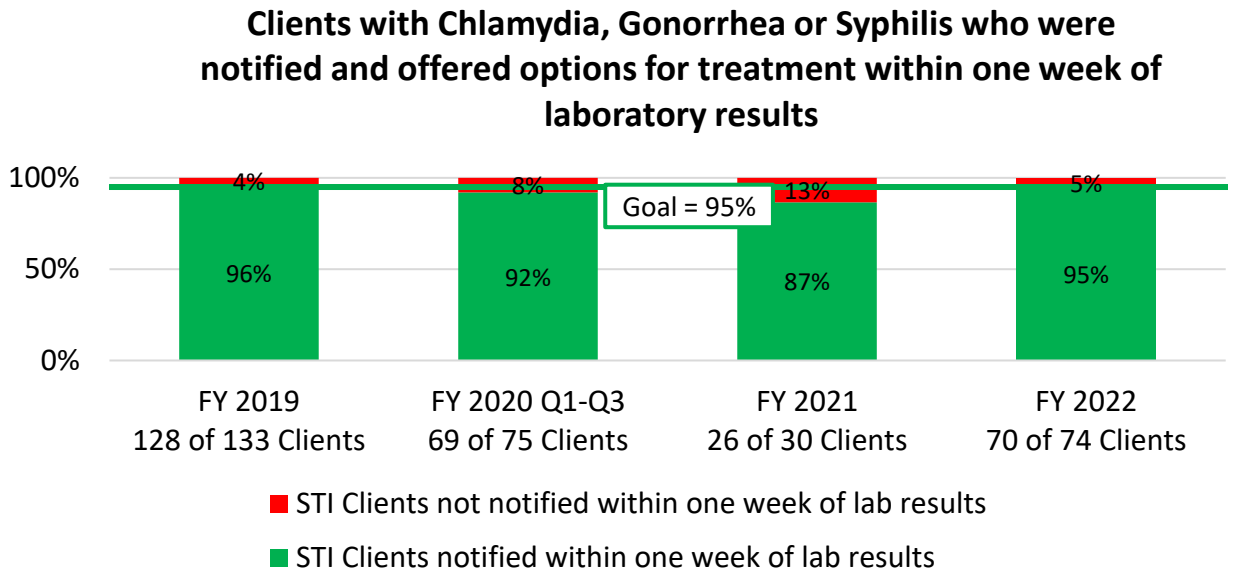
- In FY 2023, satisfaction will continue about the same level.

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Measure	2.2	Clients with chlamydia, gonorrhea or syphilis who were notified and offered options for treatment within one week of laboratory results
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Data



Data Summary

- In FY 2022, 95% of clients testing positive for chlamydia, gonorrhea, or syphilis were notified within one week of laboratory results.
- Data on client notification is tracked in the STI database.

What is the story behind the data?

- When positive laboratory results are received, clients are notified by telephone and offered treatment. If the client cannot be reached by telephone, a letter is sent to the address on file.
- The STI database is used to track the date of positive results, the date treatment was initiated, or date the letter was sent, if the client was unable to be reached by telephone.
- The nurses were unable to reach 4 clients within 7 days. All 4 clients were contacted within 14 days of diagnosis and received appropriate follow up.
- Of the clients diagnosed with an STI in FY 2022, 67% were treated based on their symptoms and/or exposure history without waiting for laboratory confirmation. It is still important to notify these clients promptly of the positive laboratory results to ensure they inform their partners as appropriate.

Recommendations

- For clients who are difficult to find, the Community Health Protection Bureau will continue to deploy additional resources to locate clients to prevent an outbreak in the community.

Target Dates

- Ongoing

Forecast

- In FY 2023, the percentage of clients notified within one week of laboratory remains at 95%

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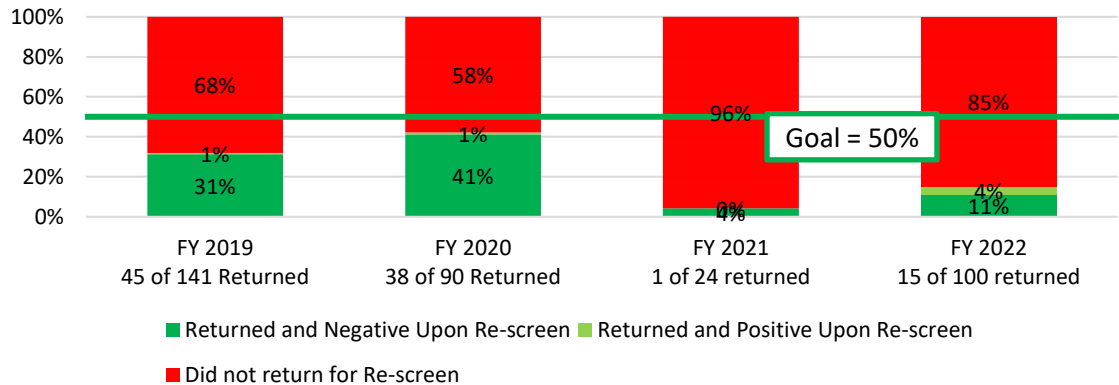
Measure

3.1

Clients with Chlamydia, Gonorrhea or Syphilis who returned for their 3 month re-screen to ensure they were not reinfected

Data

Clients with Chlamydia, Gonorrhea or Syphilis who returned for their 3 month re screen



Data Summary

- In FY 2022, 15% of clients testing positive for Chlamydia, Gonorrhea, or Syphilis returned to be re-screened for infections within 4 months because STI screening was not being done during the pandemic per VDH guidelines.
- In FY 2022, 4 clients were positive when they returned for re screening.
- Data on clients testing positive is tracked in the STI database. Data on client visits is tracked in WebVision.

What is the story behind the data?

- In FY 2022 the number of clients returning for re-screening improved, but remained below pre-pandemic levels. Sometimes those who do not experience new symptoms may not perceive it as important despite the risk counseling provided during their treatment visit.
- The purpose of re-screening is to detect reinfections, either from an untreated prior partner or from an infected new partner to prevent reinfection. The CDC recommends that clients with STIs be re-screened in three months.
- Clients are encouraged to schedule follow-up visits at the time of treatment. Nurses were trained in standardized ways of discussing the need to re-screen clients. During the pandemic, this process was suspended per VDH guidance.
- In the STI database, rescreening appointments are noted so that clients needing an appointment can be easily identified and contacted.
- A significant number of patients went to NOVASalud, where they do not have to do any extensive medical history or any eligibility paperwork to be served. Also the wait time to receive the service once they are in the clinic, is very short.
- Expedited Partner Therapy (EPT) allows patients diagnosed with Chlamydia and Gonorrhea to take treatment to their sexual partner(s), in cases where the partner(s) face significant challenges in obtaining medical care. This can reduce reinfection rates by 29%.
- Since beginning to offer EPT in the fall of 2019, we have treated 98 partners.

Recommendations

Target Dates

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- Continue to call clients close to the three-month mark to schedule an appointment. Clients will be seen using our "Standing Order Protocol".
- Continue to offer Expedited Partner Therapy (EPT) to those who face barriers in obtaining STI treatment.

- On-going

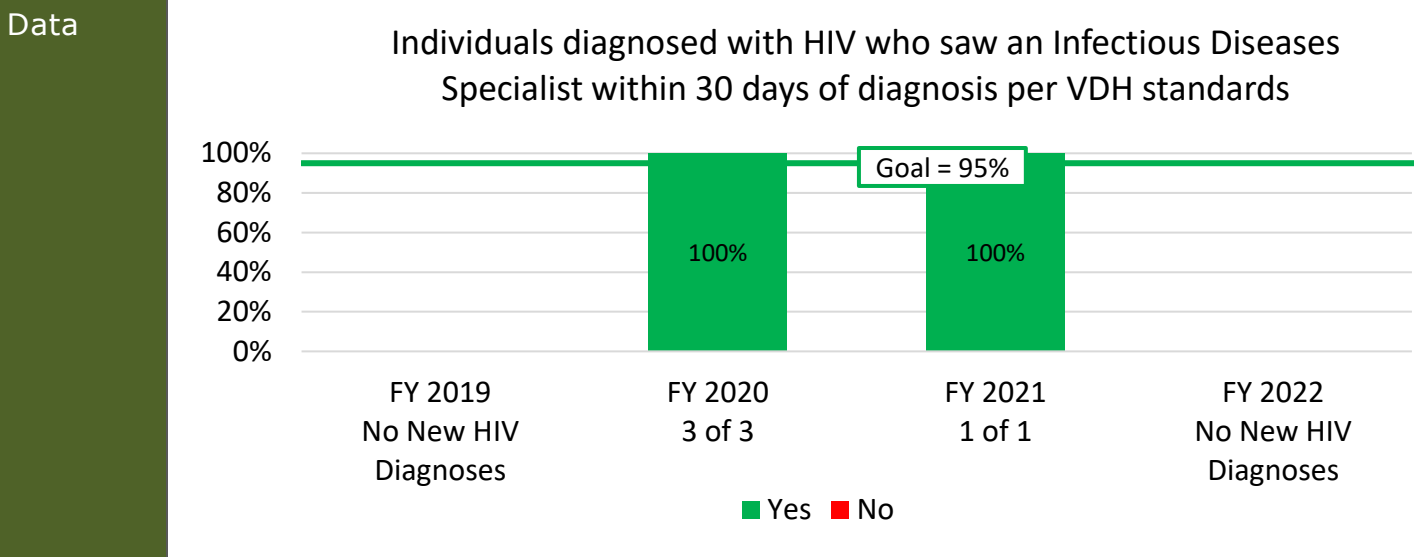
Forecast

- In FY 2023, the number of clients returning for rescreening will increase to pre-pandemic levels, comparable to FY 2020.

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Measure	3.2	Individuals diagnosed with HIV who saw an Infectious Diseases Specialist within 30 days of diagnosis per VDH standards
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- Data Summary**
- In FY 2022, there were no individuals diagnosed with HIV in the clinic. Data from VDH 900 Test Form Part 2 and the HIV/STI database.
 - Includes only new, confirmed diagnoses of HIV that are followed by Arlington Public Health Division.
 - In FY 2022, there were 219 HIV tests performed in clinic. In all PHD Clinics, 1,410 HIV tests were performed.

What is the story behind the data?

- Once a client tests positive for the HIV virus, it is important they start medical care and begin HIV treatment as soon as possible. Antiretroviral therapy (ART) is recommended for all people with HIV. Starting ART slows the progression of HIV and helps protect the infected person’s immune system. ART can keep the infected person healthy for many years and greatly reduces the chance the patient transmits HIV to sex partners if medicines are taken consistently and correctly.
- Many people living with HIV who do not seek medical care eventually receive an AIDS diagnosis. This happens because, if left untreated, HIV will attack the immune system and allow different types of life-threatening infections and cancers to develop. While a cure for HIV does not exist, ART can dramatically prolong the lives of many people living with HIV and lower their chance of infecting others.

Recommendations

- Stay the course

Target Dates

- On-going

Forecast

- In FY 2023, the percentage of clients diagnosed with HIV who saw an Infectious Diseases Specialist within 30 days of diagnosis will be 100%.