Patient-Delivered Partner Screening: Patient Willingness, Perceptions, and Preferences

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Patient-delivered partner treatment (PDPT) is increasingly utilized to enhance Chlamydia and/or gonorrhea treatment and reduce re-infection rates, but what about screening?

Recent research indicates that the belief that treatment should only follow STI screening is one barrier to PDPT adoption (McBride, Goldsworthy & Fortenberry, 2009). Patient-delivered partner screening (PDPS) provides an index patient with a screening kit to be given to partner(s) and may be one route to overcoming barriers associated with PDPT adoption. PDPS offers similar benefits as PDPT: mitigation of care barriers and reduction of overall care costs but has potentially distinct pragmatic and consumer concerns. Further, PDPS may be authorized in jurisdictions where PDPT is not and is an additional tool in the expedited partner services (EPS) toolkit. PDPS may be an important component of EPS; however, little is known about patient and partner willingness to engage in PDPS.

Objective

Our objective was to assess perceptions regarding PDPS, including willingness to participate, factors influencing willingness, beliefs regarding engagement, and desirability in comparison to other related healthcare behaviors.

Methods

Participants

Forty English-speaking, diverse (Black n=23, White Caucasian n=15, Biracial n=2), men (n=20) and women (n=20) age 18-40 were recruited from an urban STI clinic located in the Mid-Western United States.

Measures

Participants completed semi-structured individual interviews. Preferences for PDPS versus other healthcare options were assessed. Participants were asked to indicate their service choices from the following: a screening kit; prescription medication; both a screening kit and prescription medication; being told (or telling a partner) to go to the doctor for testing and treatment; having the doctor call; or doing nothing.

Participants were then presented two hypothetical PDPS scenarios, counterbalanced: (a) delivering a screening kit to a partner or (b) using such a kit received from a partner. PDPS willingness, benefits and barriers in these contexts were assessed.

Analyses

Qualitative data were analyzed to identify themes associated with the intention to deliver and receive PDPS. Broad thematic categories emerging from participant responses were identified and refinements were made through an iterative process. In the final stage of analyses a coding framework was applied to all of the data. Quantitative data were analyzed using SPSS version 16.0.

Results

The majority of participants were willing to engage in PDPS delivery (92%) and/or receipt (70%).

Overall, willingness was contingent on:

- Appropriate information/instructions,
- Relationship context (e.g. close versus casual)
- Screening kit characteristics (e.g. accuracy, ease of use, appearance).

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Delivering PDPS

Benefits of delivery were protecting a partner's health, convenience, privacy, and minimizing the likelihood of reinfection. Delivery barriers included worry about results' accuracy, delay receiving results, and the appearance of the kit (Table 1).

Receiving PDPS

Benefits to receiving a kit were learning one's STI status, the potential to expedite treatment, convenience, and privacy. Reception barriers included the possibility of inaccurate results, and kit appearance. (Table 1).

Delivering a Screening Kit to a Sexual Partner	Receiving a Screening Kit from a Sexual Partner
Benefits	
Helps Partner's Health	**Knowing One's Personal Status**
Illustrative Quotes:	*Illustrative Quotes:*
Looking out for their health because you don't want someone you're in a relationship with having a disease. That's just, - ewww. Nobody want to be walking around with a disease.	Shit, me personally? I would just man up and do it. I know that I laid with her and I want to know if I got something.
Getting them treated. Letting them know the information.	Knowing. Getting it cured. When hey going start these kits? It is going to help a lot of relationships, a lot of relationships. Especially if you think your man been cheating on you. I need a kit to see if I got something. That'll put out a lot of fires, honey.
Convenience	**Faster Treatment**
Illustrative Quotes:	*Illustrative Quotes:*
Saves time. Less time. And time is everything when it come to the detection of a disease.	I could get cured quicker.
I think it is more convenient and more personal. It has been a cluster fuck in here today. It has. It is horrific. So, yeah, if we could do this at home or by mail it is much more convenient than coming here.	I could get cured quicker. And it would save the embarrassment of going to the clinic or the emergency room or whatever the case may be. That way I could go ahead and start medicating and get rid of it. But some things you can't get rid of..
Privacy	**Convenience**
Illustrative Quotes:	*Illustrative Quotes:*
It is more private, like, confidential.	Not having to schedule an appointment and spend time sitting in an office.
Um, I mean a lot of people don't like coming to them clinic. You know, privacy.	Save time.
Minimizing the likelihood of reinfection	**Privacy**
Illustrative Quotes:	*Illustrative Quotes:*
Because if you have it, they have it too. I don't want to get that shit back.	There's a lot of stigma attached to walking into an STD clinic.
If you're going to keep being with that person you don't want to keep the same thing going back and forth.	The privacy at home..
Disadvantages and Barriers	
Concerns Regarding Result Accuracy	**Concerns Regarding Result Accuracy**
Illustrative Quotes:	*Illustrative Quotes:*
Anything can happen that can go wrong. Bringing the kit back.	…hoping that it is accurate.
What if something happens to it?	If it wasn't accurate.
Delay Receiving the Results	**Kit Appearance**
Illustrative Quotes:	*Illustrative Quotes:*
… and what the wait time is to get the results. Do you send it in or have to go to the doctor?	I am going to take a look at the package first to see if it is something that this person made up. If it has some information and number to call so I can see if it is coming from a clinic or hospital.
How long, like, I don't know. I guess I would need to know how it works. How do I get it back, etc.	If it was opened or didn't look right..
Kit Appearance	
Illustrative Quotes:	
If it is something that looks really unprofessional. If it is in a little bag or something like that.	
Appearance. If it didn't look clean or right. No, if we weren't close.	

Table 1. Perceived Benefits and Barriers to PDPS

Trust, Blame and Stigma

For both delivering and receiving PDPS, *trust, blame* for introducing the STI into the partnership, and STI *stigma* were salient themes among participants (Table 2).

Trust (+/-)	Stigma (-)	Blame (-)
Trust acted as both a benefit and barrier to delivering and receiving PDPS. Some participants indicated that PDPS would potentially strengthen their relationship. Others viewed the admission of STI infection as something that would damage trust.	STI stigma was viewed as a barrier to delivering PDPS but not receiving. Participants indicated that they would feel embarrassed or ashamed if they believed that they were responsible for bringing the STI into the relationship.	The fear of being blamed for introducing the STI into the relationship was a viewed as a significant barrier to delivery. Blame also affected participants' willingness to receive PDPS, although to a lesser degree.
Illustrative Quotes:	*Illustrative Quotes:*	*Illustrative Quotes:*
The benefits would be a more healthy relationship, a more trusting relationship.	Just knowing that you gave them something. And, embarrassment.	They would say you gave them the STD.
Getting it from someone you trust. Not having to have a doctor break it [STI positive diagnosis] to you.	If you knew you gave it to your partner.	Yeah, if I was staying with her and she might put me out. Or, if I was insecure that she might cheat on me. You know what I mean? 'Cuz I obviously cheated on her.
They might not want to use it.	Humiliation	He's a slut. He's trash. You know.
Not trusting your partner. The trust issue in the relationship.	If I was positive for an STD it would be horrible.	Dirty bitch.

Table 2. PDPS and Trust, Stigma, Blame

PDPS versus other healthcare options

75% of participants preferred combined PDPS/PDPT, viewing it as the quickest way to establish STI status and receive treatment. For delivery, one participant, for example, said "I would take the kit and medication to my partner. It would make me feel more comfortable about that. I am not just telling my partner that I am positive but I am helping them." Another thought "I think taking them a screening kit and medication would be a good option because it saves them the embarrassment of having to come in and have it all done." As a recipient, a participant said the partner should "bring me a screening kit with medication because I'd want to know right away [if STI positive]. I'd want to take the medication right way. And get rid of it right away"; another echoed this sentiment: "I want them to bring me the test and the drugs. I want to know if I got it and I want to be cured as soon as possible."

Some participants preferred alternative practices (PDPS alone, PDPT alone, referral).

- PDPS alone was most often the choice of individuals who believed that taking unnecessary antibiotics should be avoided.
- Those who chose PDPT alone felt testing was not necessary given that one partner had already tested STI positive.
- The majority of participants who preferred physician referral tended to believe that STI testing and treatment should only be provided by physicians and were, therefore, unlikely to engage in any form of EPS.
- None of the participants said they preferred nothing at all.

Discussion

While perceptions of PDPS were positive, our findings suggest that participants' willingness to engage in PDPS were contingent on several pragmatic issues. The appearance of the packaging and functional issues such as ease of use and the accuracy and speed of results were central to willingness to use PDPS.

- Informational materials need to be clear and easily followed and have a low-likelihood for complications such as contamination.
- Packaging will need to be discreet and appear legitimate and professional.

Process issues, that is exactly how PDPS works, will be more complex than PDPT, and such complexity will likely significantly affect implementation and adoption. Our findings also suggest, as with PDPT, that PDPS may be more effective at preventing infection and reinfection within established relationships than in more fragile, tenuously connected sexual networks.

Trust, blame, and STI stigma are highly salient themes among patients and these seem to have differential effects on willingness to engage in PDPS.

These and other identified barriers, benefits, and facilitators which may impact PDPS development and rollout should be addressed in future work.

Summary

Healthcare consumers appear willing to engage in PDPS, and PDPS may be an important tool in our sexual health services toolkit. When compared to PDPT, pragmatic issues and consumer perceptions of PDPS differently burden uptake.

Implications for Programs, Policy, Research

PDPS may enhance partner care efforts. Further research should quantify the relationship among willingness, identified factors, and participant characteristics, and examine provider practices and informational materials as facilitators/inhibitors of engagement. Providers need to support varying PDPS perceptions, including the intersection of relationship status, STI "blame," and willingness.

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