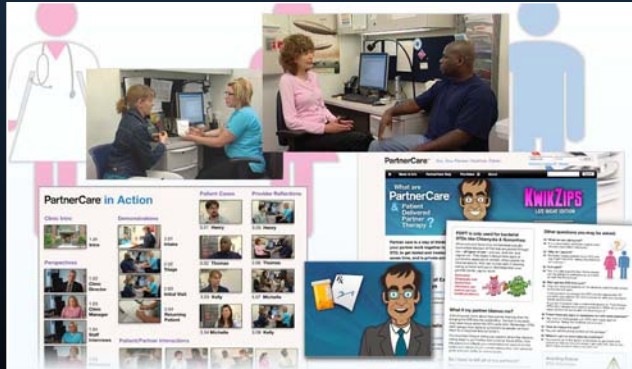


# PartnerCare.org: Expedited Partner Treatment Implementation Research, Resources, and Assistance

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## Making EPT Happen

### BACKGROUND

Expedited partner therapy (EPT) is a valuable tool in the treatment and prevention of bacteriological STI. As adoption moves beyond early stage innovators, the need for training and implementation resources becomes paramount. However, although many organizations have created their own implementation materials, consistency is lacking, public health agencies and providers are often left to their own devices in generating provider and patient tools and materials, and there has been no single repository of training and support tools.

Whether called EPT, PDPT, or manifold other names, EPT is the recruitment of patients to act as intermediaries in the healthcare of their sexual partners. EPT:

- Increases treatment of potentially infected partners
- Reduces prevalence, incidence, and re-infection rates
- Is supported by CDC and other national organizations
- Is suggested for more and more patient populations, e.g. adolescents

### CHALLENGE 1: No "toolkit"

In terms of EPT implementation:

- There has been no readily accessible, training and performance support repository for sharing resources.
- There are no standardized training, tools, and related materials

"Where can we find templates to implement EPT?"

### CHALLENGE 2: No single protocol, not even a standard name!

- There is no single protocol for implementing "EPT"
- Varies by jurisdiction:
  - Which infections can be treated?
  - Who can participate?
- There is no single set of consistent EPT instructions and messaging

In fact, there has been NO CONSISTENT NAME for EPT.

### OBJECTIVES

This project sought to gather and generate EPT support resources, to create a web-based portal for public access, and to provide tailoring and technical assistance to state and local organizations and providers in diverse practice settings.

1. To develop research-based, theory-grounded EPT adoption, training, and implementation resources for providers and healthcare organizations, and make them widely accessible.
2. To provide training and technical assistance to states and other jurisdictions in order to tailor the materials.

### METHODS

Development of baseline resources occurred through an iterative, user-centered process. A panel of subject-matter experts, CDC personnel, and high performing practitioners provided content and ongoing review. Tailoring for different states and local agencies is ongoing and has followed a similar process.

### RESULTS

After several rounds of testing, the effort created:

- an easy-to-remember, patient-friendly, "brand" for EPT: PartnerCare
- a web-based portal, [partnercare.org](http://partnercare.org)
- a video case study of implementation at a clinic
- information sheets for both patients and partners
- model patient-partner interactions and short-animated informational segments on key EPT-related topics

Some technical assistance and tailoring is available cost-free through 2012.

### VIDEOS CASES

- PartnerCare in Action

*For patients, case studies of patients going through the process and of them having the conversation with their partners.*

- Clinic Case Studies

*For providers, a case study of implementation at a specific location: Denver Public Health.*

### DOCUMENTS & TEMPLATES

- Letters
- Patient information pamphlets
- Partner information pamphlets
- Medication information
- Packaging

### KWIKZIPS: THE LATE NIGHT EDITION

- Short animated segments explaining key concepts.
  - What is PartnerCare?
  - How do I talk to my partner?
  - Why did my partner bring me this?

Also available as audio segments and podcasts.



### FROM BASELINE TO LOCAL

- Working with states and local agencies to tailor materials to individual implementation settings.
- NO COST for use and straightforward adaptation of the materials!

For example, in NYC. Implementation is:

- Only for chlamydia
- Required specific legislative and regulatory messaging

So, we helped them adapt:

- The patient and partner information guides
- The What is Partnercare KZ for display in clinic video loops



### CONCLUSIONS

- Unmandated national recommendations make standardized materials difficult if not impossible
- "Localizing" from a baseline may be most effective
- Tailoring can be very inefficient if "too many cooks" and no head chef
- Significant changes should lead to revalidation prior to rollout

### IMPLICATIONS FOR PROGRAMS, POLICY, and RESEARCH

Increasing awareness and use of the site and its resources should improve overall EPT adoption and implementation rates. If you need help with EPT, materials exist! Contact us for help with implementation and tailoring. During the remainder of the funding period, some technical assistance is free! Just ask... You may also freely use any of the existing materials, including videos, animations, and patient and partner guides.



For more information, visit

[www.partnercare.org](http://www.partnercare.org)



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