

# STD Diagnosis and Management Practices in Federally Qualified Health Centers – New York City, 2012

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## BACKGROUND

- Federally Qualified Health Centers (FQHCs) serve 21.1 million people nationally, and almost 1.6 million people in New York State
- With increased funding from the Affordable Care Act, FQHCs are expected to serve up to 20 million more patients over the next several years
- FQHCs provide a large proportion of STD care in New York City (NYC)
  - Chlamydia diagnoses in NYC, 2012
    - 13.1% in FQHCs
    - 9.5% in STD Clinics
- There have been few evaluations of STD practices in FQHCs
- FQHCs are often organized into a governing organization, or "entity" which operates one or more clinical "sites"
  - In 2012, there were 29 FQHC entities operating in NYC

## OBJECTIVE

To evaluate management for STDs, including HIV, among FQHCs in NYC in 2012 in order to identify opportunities for improvement

## METHODS

- Two, tiered surveys were conducted
  - Entity-level survey:** targeted medical directors of all 29 independent FQHC entities operating in NYC
    - Entities identified using the website of the Health Resources and Services Administration (HRSA: <http://www.hrsa.gov/index.html>) in May 2012
    - Survey mostly focused on written policies
  - Site-level survey:** targeted health care providers at 72 specific FQHC sites providing medical services in NYC
    - 25 sites identified by medical director of entity as having the greatest numbers of reproductive health/family planning, HIV-positive, or adolescent patients, or as being a school-based health clinic located in a high school
    - 47 additional sites identified from HRSA website database (after excluding sites serving only pre-adolescent children and sites with no provider contact information)
    - Survey mostly focused on provider practices
- Surveys addressed CDC-recommended practices in the following areas:
  - Screening & Testing
  - Vaccination
  - Treatment
  - Partner services
- Information on general characteristics of FQHCs was collected from both the survey and from the HRSA website
- Response frequencies were analyzed using SAS v9.3

## RESULTS

### Entity Results

- 22 (76%) entities responded
- General Characteristics
  - Served 737,120 unique patients in 2012
    - Median of 14,646 patients per entity
  - Operated a median of 5 individual sites per entity
  - More (45.5%) entities were in Manhattan than other boroughs
    - Bronx entities served the largest proportion of patients (41.9%)
  - All (100%) used an electronic health record (EHR)
  - 55% had designated individual for reporting notifiable diseases



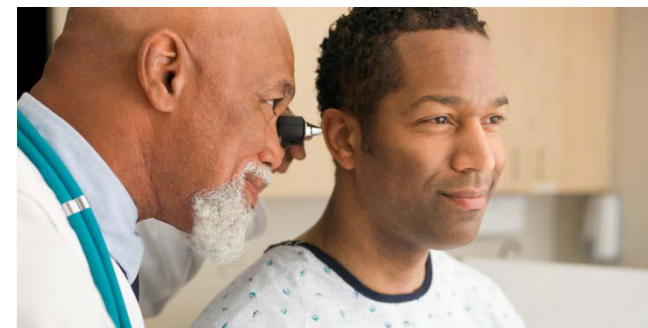
### Site Results

- 51 (70%) sites responded
- General Characteristics:
  - Collectively reported 1,031,213 patient visits in a typical year
    - Median of 5,000 patient visits
  - 71% sites reported majority female patients
  - 18% of sites report that all patients were younger than <24 years old
  - 46% of sites reported majority Black patients
  - About one-third (30%) sites reported majority Hispanic patients.

**Table 1: Policies for STDs and HIV in 22 Federally Qualified Health Center Entities, NYC, 2012**

Characteristic	No. entities (%)
<b>Screening &amp; Testing</b>	
Has written policy/protocol to conduct:	
Annual Ct screening for sexually active females aged 15-25 yrs	18 (86)
Rescreening women with Ct or GC 3-4 months after infection	12 (57)
Syphilis screening at first prenatal visit	14 (93)
Syphilis screening in third trimester	10 (67)
Routine HIV screening for all patients aged 13-64 yrs	20 (95)
Has mechanism to ensure HIV testing policy is followed	18 (90)
Confirms visit with HIV PCP after diagnosis	19 (90)
<b>Treatment</b>	
Has written policy/protocol about when ART initiated for HIV	9 (42)
If has written policy, ART initiated for:	
All HIV-positive patients regardless of CD4 count	4 (44)
HIV positive patients with a CD4 count < 500 cells/mL	2 (22)
HIV positive patients with a CD4 count < 350 cells/mL	2 (22)
<b>Partner Services</b>	
Has written policy permitting use of EPT	12 (55)

\* Numerator is the number of entities responding "yes" to question. Denominator is the number of total entities responding to question.  
 Abbreviations: HIV = Human Immunodeficiency Virus; Ct = Chlamydia; GC = Gonorrhea; PCP = Primary Care Provider; ART = Antiretroviral Therapy; EPT = Expedited Partner Therapy.



**Table 2: Policies and Practices for STDs & HIV in 51 Federally Qualified Health Center Sites, NYC, 2012**

Characteristic	No. sites (%)
<b>Screening &amp; Testing</b>	
Provides/ conducts the following:	
Rescreening women with Ct or GC 3-4 months after infection	46 (92)
GC culture	31 (63)
GC anorectal or oropharyngeal NAAT	29 (60)
Ct anorectal or oropharyngeal NAAT	27 (57)
Routine third trimester syphilis screening	25 (78)
<b>Vaccination</b>	
Provides HPV vaccine for females	47 (96)
Provides HPV vaccine for males	35 (73)
<b>Treatment</b>	
Has policy for when ART should be started	25 (58)
If has policy, ART initiated for:	
All HIV-positive patients regardless of CD4 count	8 (35)
HIV positive patients with a CD4 count < 500 cells/mL	11 (48)
HIV positive patients with a CD4 count < 350 cells/mL	3 (13)
Other policy for ART initiation	1 (4)
<b>Partner Services</b>	
Partner notification practices for Ct, GC: <sup>‡</sup>	
Patient advised to refer partner for care	48 (94)
Patient encouraged to bring partner to clinic	45 (88)
Clinician notifies partner directly	3 (6)
Staff uses internet to notify partner	2 (4)
Partner notification practices for syphilis: <sup>‡</sup>	
Patient advised to refer partner for care	48 (94)
Patient encouraged to bring partner to clinic	43 (84)
Clinician notifies partner directly	4 (8)
Staff uses internet to notify partner	3 (6)
Provides EPT	41 (80)

\* Numerator is the number of sites responding "yes" to question. Denominator is the number of total sites responding to question.

<sup>‡</sup> More than one response allowed.

Abbreviations: HIV = Human Immunodeficiency Virus; Ct = Chlamydia; GC = Gonorrhea; NAAT = Nucleic Acid Amplification Test; HPV = Human Papilloma Virus; ART = Antiretroviral Therapy; EPT = Expedited Partner Therapy.

## LIMITATIONS

- All results based on self-report
- May not be generalizable to all FQHCs in NYC, or to FQHCs in other regions

## CONCLUSIONS

- FQHCs in NYC adhere to many key STD recommendations, as evidenced by their policies and practices
- However, there is some room for improvement in the following practices:
  - Provision of HPV vaccine for males
  - Provision of NAATs for anorectal and oropharyngeal gonorrhea and chlamydia
  - Policy for initiating antiretroviral therapy for all HIV-infected individuals regardless of CD4 count
- All FQHC entities reported use of electronic health records, providing an opportunity to use electronic reminder prompts to improve services
- Future studies should examine:
  - Integration of care and prevention for STDs and HIV
  - FQHCs in other settings
  - Repeat surveys of FQHCs to monitor improvement



## CONTACT INFORMATION

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