

SIGNIFICANCE

Nearly 20 million new sexually transmitted diseases (STD) are reported in the U.S. each year resulting in health consequences to the patient; and a direct cost of nearly 16 billion dollars to the country.

Screening and treatment, reimbursement of STD services, and collaboration among health care entities are paramount to effective public health interventions.

The aim of this study was to determine perceived barriers to this effort.



PURPOSE

To interview staff from local health departments (LHD), federally qualified health centers (FQHC) and emergency departments (ED) in eastern North Carolina on perceived barriers to providing STD services.

A semi-structured interview format was used to ascertain perceived barriers to screening of STDs, reimbursement of these services and collaboration among these three healthcare entities.

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METHODOLOGY

This descriptive qualitative study was performed with 133 staff members representing 25 local health departments/districts, 13 federally qualified health centers and 2 emergency departments covering 33 counties in eastern North Carolina.

The face to face interviews were conducted between September 1, 2015 to January 29, 2016 by a member of the research team.

Colaizzi's procedural steps of analysis was used to extract, organize, and analyze the data for central themes.

IRB approved by East Carolina University.



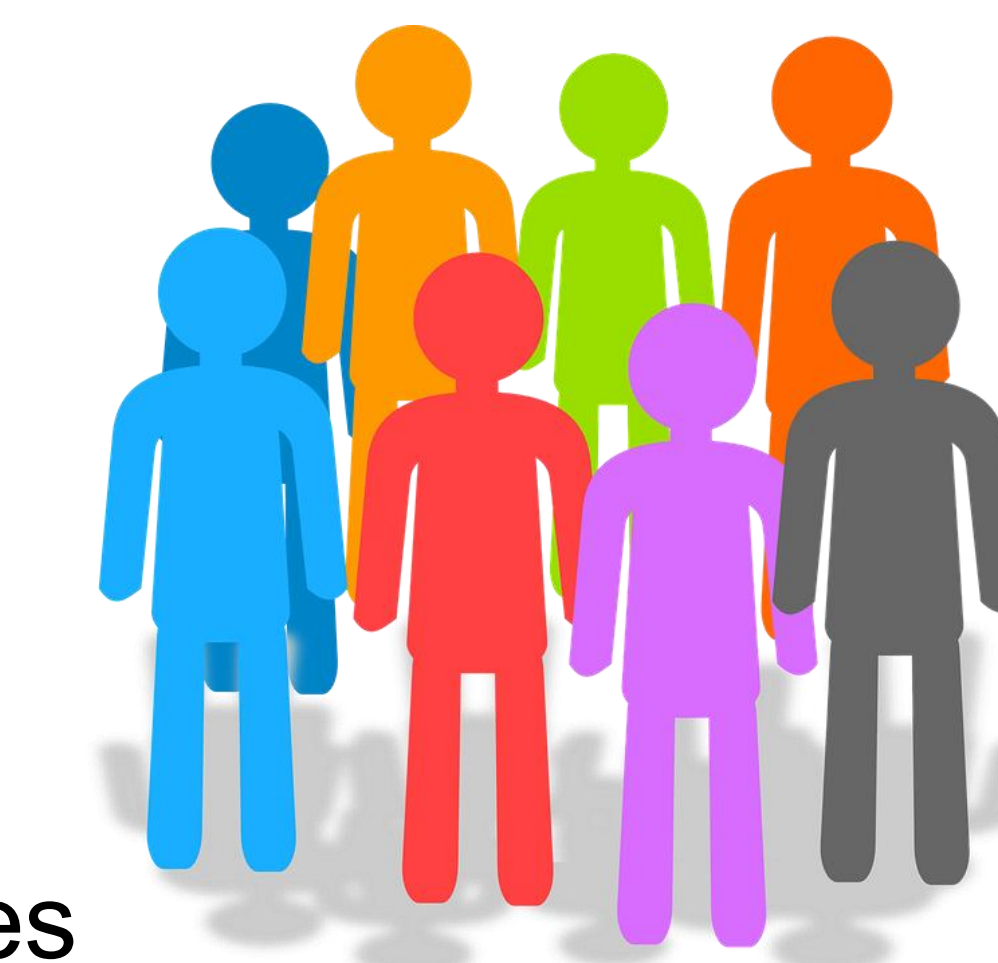
FINDINGS

Directors of Nursing comprised the largest portion of the sample (18%), followed by Billing/Coding Supervisors (16.5%), and Clinical Services Managers (13.5%). Clinical Providers (FNP, MD) comprised 6.8% of sample.

Barriers to screening:
limits to screening
insurance woes
patient factors
Unique to LHDs was "a culture of free"

Barriers to reimbursement:
issues with coding
insurance contracts

Quality of collaboration:
relationships
knowledge of other's services
time or system constraints



DISCUSSION

This study is the first to identify perceived barriers to screening, reimbursement and collaboration according to providers from LHDs, FQHCs and EDs.

The themes provide a better understanding of barriers encountered by those working on the front lines.

From a systems perspective, further investigation of contract issues and confidentiality of explanation of benefits (EOB) are paramount to the development of remedial strategies.

Through increased knowledge, providers can increase their efforts in addressing these barriers and ultimately improving STD services.