

Oral Abstract C2d – The Impact of Introducing “Express Visits” for Asymptomatic Persons Seeking STD Services in a Busy Urban STD Clinic System, New York City, 2005-2006

“Express Visit” Option Leads to Significantly Increased STD Testing and Treatment at New York City Clinics

In response to increasing patient demand for STD screening and limited physician resources, the New York City Department of Health and Mental Hygiene (NYC DOHMH) made an “Express Visit” option a routine part of care at 10 STD clinics in 2006. With Express Visits, individuals who have no symptoms and report no known exposure to an STD can choose to be screened for STDs without having to be examined by a physician – though a medical examination is available to any patient who requests it. Prior to the introduction of Express Visits, individuals seeking STD testing at these clinics had no option other than being examined by a doctor.

In a study led by Jessica Borrelli and colleagues at the NYC DOHMH, researchers found that the Express Visit option significantly increased the number of patients who were tested for STDs and identified a greater number of STD cases, while still allowing clinics to treat the same proportion of infected individuals within 30 days of screening.

Borrelli and colleagues analyzed electronic medical records of patients visiting the 10 STD clinics operated by the NYC DOHMH during two comparable time periods – September-December 2005 (prior to routine availability of Express Visits) and September-December 2006. Individuals participating in Express Visits were screened for gonorrhea and chlamydia with a urine test. In addition, these patients were also offered the opportunity to be tested for syphilis and HIV. More than 90 percent (93%) were screened for syphilis and about three-quarters (72%) were tested for HIV (results not included in this analysis).

The study showed that the overall number of individuals who were tested for gonorrhea and chlamydia at the 10 clinics increased by 23 percent after Express Visits were routinized (from 16,128 in 2005 to 19,875 in 2006). While the number of physician visits remained roughly the same during the two time periods (18,449 in 2005 vs. 18,421 in 2006), the Express Visit option made it possible for an additional 4,588 tests to be performed.

Of those screened through the Express Visit option, close to one in ten (8.8%) tested positive for either gonorrhea or chlamydia (1.0% for gonorrhea and 8.2% for chlamydia; some patients were co-infected). This suggests high STD prevalence – even among those with no symptoms or known exposure to STDs. In addition, the researchers found that Express Visits permitted a greater proportion of *symptomatic* patients to be examined by doctors (73.6% in 2005 vs. 85.6% in 2006), enabling limited physician resources to be focused where they were needed most.

Overall, the analysis showed that the total number of gonorrhea and chlamydia diagnoses increased by 17 percent after Express Visits were routinized (from 2,231 in 2005 to 2,617 in 2006). The proportion who received treatment within 30 days remained stable (91.0% in 2005 and 93.0% in 2006) – indicating that the Express Visit option did not negatively impact the ability of the clinics to treat people in a timely manner.

The researchers believe that Express Visits may help other clinics significantly expand current STD screening and treatment services, while allowing limited clinician resources to be directed to examining symptomatic patients.