

Results of an Evaluation Survey: The Use of Expedited Therapy in Minnesota

Executive Summary

Purpose of the Evaluation

In 2008, legislation in Minnesota was revised to allow clinicians and pharmacists to implement expedited partner therapy (EPT). In cases where a sexual partner of a patient infected with chlamydia or gonorrhea is unlikely or unwilling to come into the clinic to get tested and treated, the clinician can provide the patient with: a) the proper medication to give to their partner; or b) a prescription that can be filled by the partner.

In light of the revised legislation, the STD and HIV Section of the Minnesota Department of Health (MDH) decided to conduct an evaluation to: a) determine the current level of use of EPT by physicians, physician assistants, nurses and advanced practice nurses in Minnesota; and b) identify their needs for assistance from MDH to implement EPT.

The overall questions addressed in the survey were:

- ◆ Have clinicians reviewed the EPT guidance developed by MDH? How helpful is the guidance to those who have seen it?
- ◆ To what extent do clinicians support EPT?
- ◆ To what extent are clinicians currently using EPT?
- ◆ What are the actual and perceived barriers to using EPT?
- ◆ What successes have been experienced by clinicians in using EPT?
- ◆ What type of assistance related to EPT would clinicians like from MDH?
- ◆ Characteristics of the clinicians and their practice setting.

Sample and Methodology

From sexually transmitted disease (STD) surveillance data, a core group of physicians and advanced practice nurses who report high numbers of chlamydia and gonorrhea cases and/or serve the populations at highest risk was identified. The methodology of the evaluation was an online survey administered through SurveyMonkey in May 2010.

Results and Recommendations

Of the 245 clinicians who received an invitation to participate, only 59 completed the survey for a response rate of 24 percent. The majority (67 percent) of respondents fully or somewhat support the use of EPT. Fifty-eight (58) percent of respondents currently use EPT as standard practice, when appropriate. Another 30 percent reported planning to use it in the future.

Among the 42 respondents who currently use EPT or have used it in the past and plan to resume, the most commonly identified challenges to implementing EPT are: 1) concern with missing concurrent conditions; 2) health plans not paying for partners' medications; and 3) inability to ensure that patients are giving the medications to their partner(s).

Respondents felt that the most useful types of materials that MDH could provide would be EPT information sheets for patients and partners, as well as information on ways that patients can notify their partners about exposure and how partners can get help. Online training was identified as the most beneficial training format.

Based on the results of this survey, a group of MDH staff developed the following recommendations:

- ◆ Revise the information sheets for patients and partners (appendices of the EPT guidance) so that they are at a lower reading level.
- ◆ Adapt a brochure about Partner Services that was developed in Michigan for use by patients in Minnesota.
- ◆ Identify existing online trainings that MDH could make available to providers related to: a) EPT for the management of chlamydia and gonorrhea; and b) implementing EPT in clinical settings.

- ◆ Identify gaps in survey respondents (e.g., types and geographic locations of providers) and conduct key informant interviews on five to six core items from the survey (items still to be determined) in order to gather further information before making decisions regarding the provision of EPT-related training.
- ◆ Emphasize the message that patients and partners should receive a clinical evaluation three months after treatment due to the fact that people often become re-infected within that timeframe.
- ◆ Write a short article about EPT for publication in the newsletters of the Minnesota Medical Association and the Minnesota Pharmacists Association.
- ◆ Create a fact sheet highlighting concerns identified through this survey (as well as through the EPT pilot project being conducted with 13 Minnesota clinics), and provide factual information about those concerns. The fact sheet will target clinicians and be posted on the MDH EPT website.
- ◆ Contact the Minnesota Council on Health Care Plans to discuss the issue of paying for medications for partners. The contact could be made by the STD and HIV Section Manager and/or through the Minnesota Chlamydia Partnership.

Next Steps

The immediate next steps will be to post the results of the EPT survey on the MDH EPT website and reconvene the EPT Workgroup at MDH to oversee implementation of the recommendations and update the EPT guidance as needed. The EPT Workgroup will also review the Minnesota Chlamydia Strategy to identify any EPT-related recommendations that can be implemented.