

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

Background Information

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 late 2008, the EPT Workgroup was formed within the STD and HIV Section of the Minnesota Department of Health (MDH) to determine how MDH could best assist providers to understand and implement the new EPT law. The workgroup developed guidance for clinicians regarding the use of EPT, hosted a kick-off event in mid-January 2009 to promote EPT among clinicians, and served as the advisory group for the initial development of the survey.

Purpose of Evaluation

The main purpose of the evaluation was to determine the current level of use of EPT by physicians, physician assistants, nurses and advanced practice nurses in Minnesota and to identify their needs for further 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

The sample for this evaluation was 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. The sample was identified by MDH staff from STD surveillance data.

The methodology for the evaluation was a survey. The survey was first developed on paper and revised based on input from EPT Workgroup members and the state epidemiologist. The survey was then developed in SurveyMonkey. A pilot of the survey was conducted with 20 participants randomly selected from the larger sample; feedback from the 12 respondents was used to further modify the survey. The pilot participants were not included in the sample for the actual evaluation survey.

A total of 248 clinicians were sent an email invitation to complete the evaluation survey in May 2010. The invitation was addressed to "Dear Colleague" and described the purpose of the evaluation and how the results would be used. A reminder including a link to the survey was sent two weeks later to those who had not yet responded. The survey was closed three weeks after the initial invitation was sent.

Response Rate

Of the original 248 participants, three had e-mail addresses that were identified by SurveyMonkey as being undeliverable, reducing the total sample size to 245 participants. The response rate was 24 percent, with 54 respondents fully completing the survey and 5 partially completing it. Refer to Table 1 on the following page for a breakdown of the response rate by geographic location of respondents.

Table 1: Response Rate by Geographic Location

Participants	Sent	Returned	Response Rate
Geographic Location of Clinician			
Metropolitan Area (7-county)	152	39	26%
Greater Minnesota	93	20	22%
Total	245	59	24%

Summary of Results

The results of the survey were analyzed using simple frequencies and percentages (*note*: percentages may not equal 100 due to rounding). Responses to open-ended questions are listed verbatim. Due to the small sample size and low response rate, the results of this evaluation cannot be generalized to the larger population of clinicians in Minnesota.

Clinical Profession

The majority of respondents were physicians, followed by advanced practice nurses and nurses.

Table 2: Clinical Profession

Response	#	%
Physician (MD, DO)	40	68%
Physician Assistant (PA)	3	5%
Nurse (RN, LPN, CAN)	7	12%
Advanced Practice Nurse (NP, DNP, CNS, CNM)	8	17%
Blank	1	2%
Total	59	100%

Respondents were asked whether they see, test or treat patients for chlamydia or gonorrhea. Two participants responded “no” and were sent directly to the final questions about their practice setting. As a result, the total number of respondents for the next two questions is 57 instead of 59.

Level of Support for EPT

The majority of respondents fully support the use of EPT. The level of support among other clinicians in their primary practice setting is less strong.

Table 3: Level of Support for EPT

Level of Support	You		Other Clinicians	
	#	%	#	%
Fully support	37	65%	19	33%
Somewhat support	15	26%	19	33%
Do not support	1	2%	0	0%
Do not have enough information about EPT to offer an opinion	4	7%	7	12%
Blank	0	0%	12	21%
Total	57	100%	57	100%

Use of EPT

The majority (58 percent) of respondents currently use EPT as standard practice. Of respondents who do not currently use EPT, only one definitively had no plans to use EPT in the future.

Table 4: Use of EPT

Response	#	%
I currently use EPT as standard practice, when appropriate	33	58%
I have used EPT in the past and plan to resume using it	9	16%
I have used EPT in the past and do not plan to resume using it	0	0%
I do not currently use EPT, but plan to in the future	8	14%
I do not currently use EPT and am uncertain whether I will use in the future	5	9%
I do not currently use EPT and have no plans to do so	1	2%
Blank	1	2%
Total	57	100%

Of the respondents who indicated that they either currently use EPT or have used it in the past, the most common method of delivery was providing a prescription to the patient for delivery to the partner. Thirteen (13) respondents reported using both methods of EPT delivery. Interestingly, there were also three respondents who responded ‘no’ to both methods of delivery.

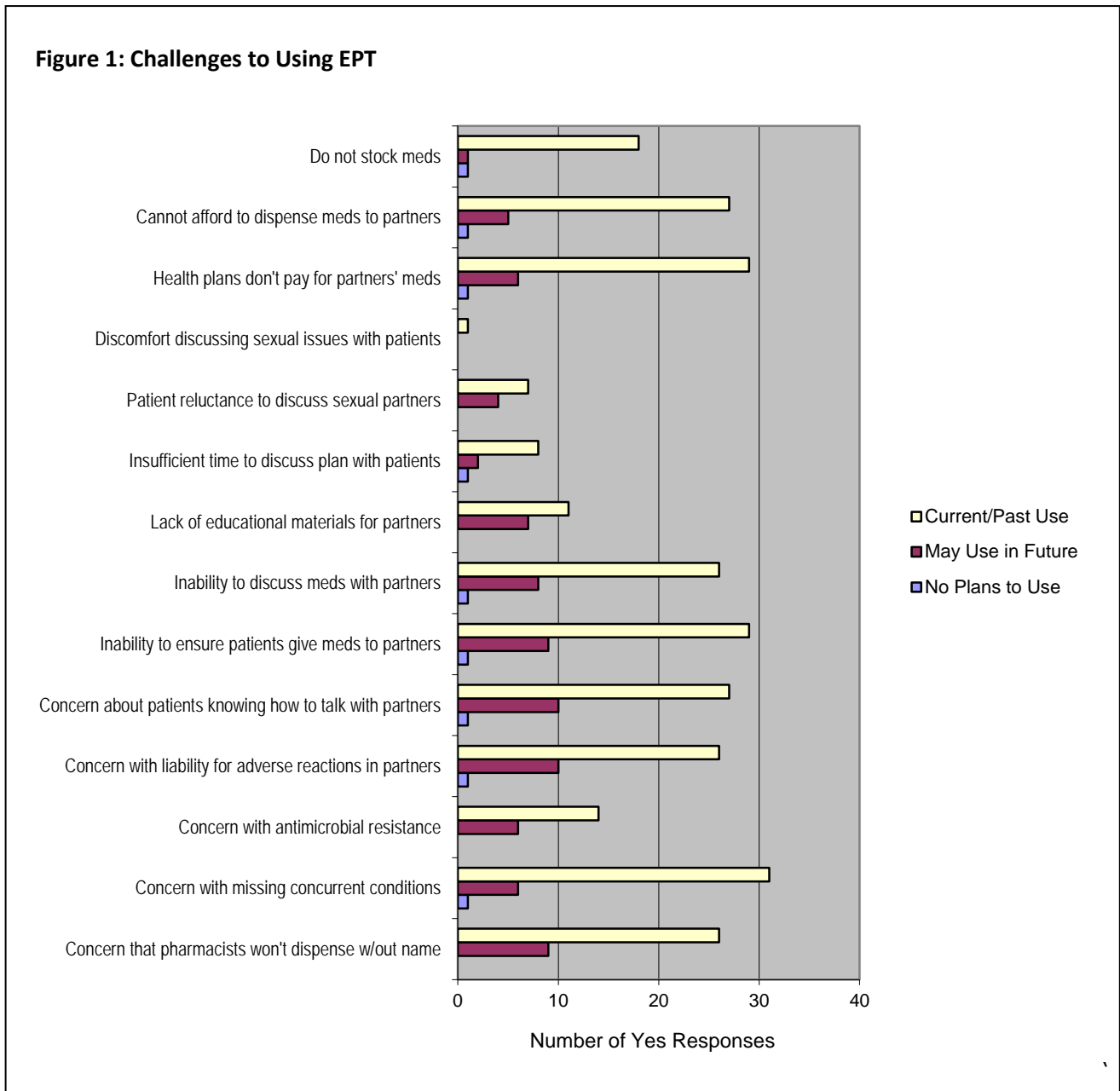
Table 5: EPT Delivery

Method of EPT Delivery	Yes		No		Blank		TOTAL	
	#	%	#	%	#	%	#	%
Provide medication to my patient to deliver to partner(s)	18	43%	22	52%	2	5%	42	100%
Provide prescription to my patient to deliver to partner(s)	33	79%	6	14%	3	7%	42	100%

Actual and Anticipated Challenges to Using EPT

Depending on their response to the question about their use of EPT, respondents were asked to identify whether a list of items had been experienced as challenges to implementing EPT, were anticipated as challenges to using EPT in the future, or were factors that influenced the decision to not use EPT.

The following figure compares the number of people who identified each item as an actual challenge, an anticipated challenge, or a factor influencing the decision to not use EPT across the categories of respondents who currently use EPT or have used EPT in the past and plan to resume (“Current/Past Use,” n = 42), those who have not used EPT in past but either plan to use it or are uncertain whether they will use it in the future (“May Use in Future,” n = 13), and those who have no plans to use EPT (“No Plans to Use,” n = 1).



Assistance from MDH

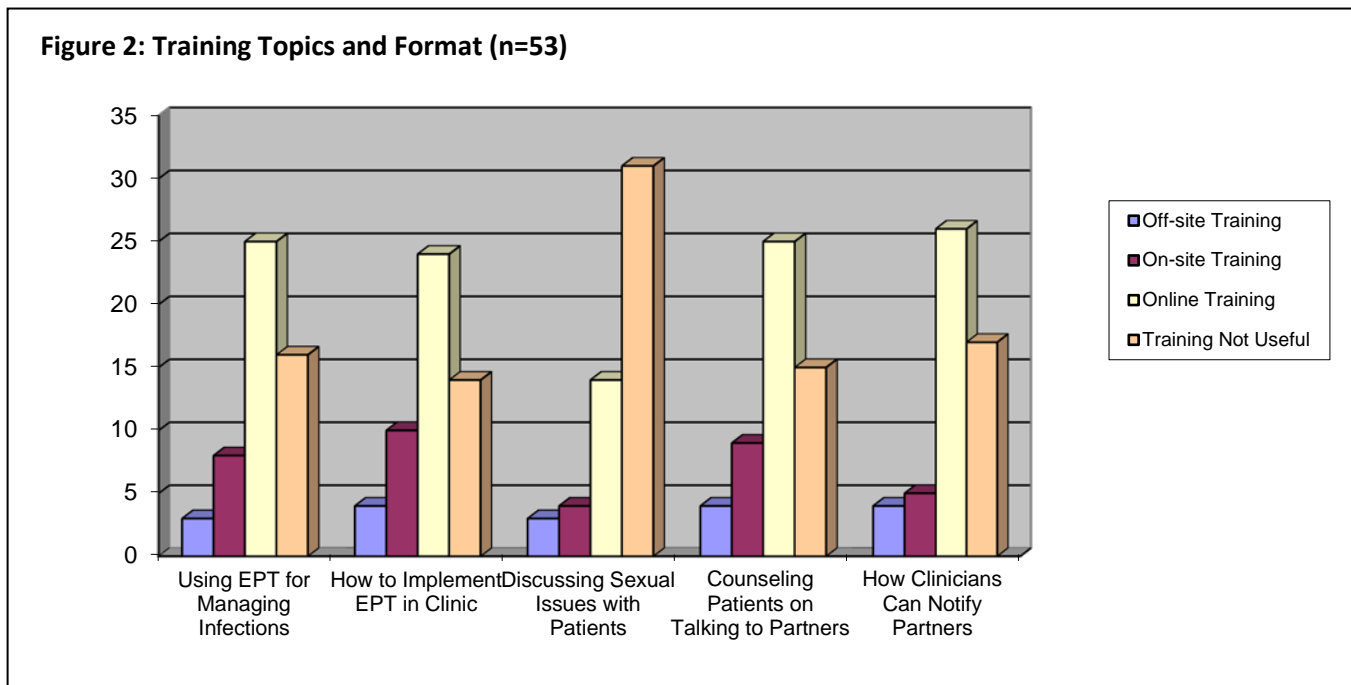
Respondents who currently use EPT, have used EPT in the past and plan to resume, or may use it in the future (n = 55) were asked to identify whether specific types of assistance from MDH would be useful to them. Two participants skipped this question. Of the 53 people who responded, the following table presents the number who stated that each type of assistance would be useful.

Table 6: Type of Assistance Identified as Useful (n=53)

Type of Assistance	#	%
EPT info sheets for patients	46	87%
EPT info sheets for partners	48	91%
EPT orientation DVD for staff	21	40%
STD prevention posters	35	66%
STD/HIV/Hepatitis risk assessment form	29	19%
Information on ways patients can notify partners about exposure and how partners can get help	47	89%
Technical assistance on developing EPT protocols/procedures	24	45%
Phone consultation on EPT-related questions	26	50%

These same respondents were also asked to identify the training format that would be most beneficial for several possible MDH-sponsored trainings. Overall, online trainings were identified as the most beneficial format.

Training on how to discuss sexual issues with patients was identified by the greatest number of people as not being useful. This is no surprise given that only one respondent selected “discomfort talking about sexual issues with patients” as being a real or anticipated challenge to implementing EPT.



Complete Results of the Survey

Complete results of the survey are included in Appendix A.

Recommendations

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 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.