

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

**Minnesota Department of Health**

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## Table of Contents

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<b>Executive Summary .....</b>	<b>i</b>
<b>Background Information .....</b>	<b>1</b>
<b>Purpose of Evaluation .....</b>	<b>2</b>
<b>Sample and Methodology .....</b>	<b>2</b>
<b>Summary of Results .....</b>	<b>3</b>
<b>Recommendations .....</b>	<b>7</b>
<b>Next Steps .....</b>	<b>7</b>

### **Appendices**

**Appendix A: Complete Results of the Survey**

**Appendix B: Results of Additional Analyses**



## Executive Summary

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### 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.

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

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### **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%
<b>Total</b>	<b>245</b>	<b>59</b>	<b>24%</b>

### 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.

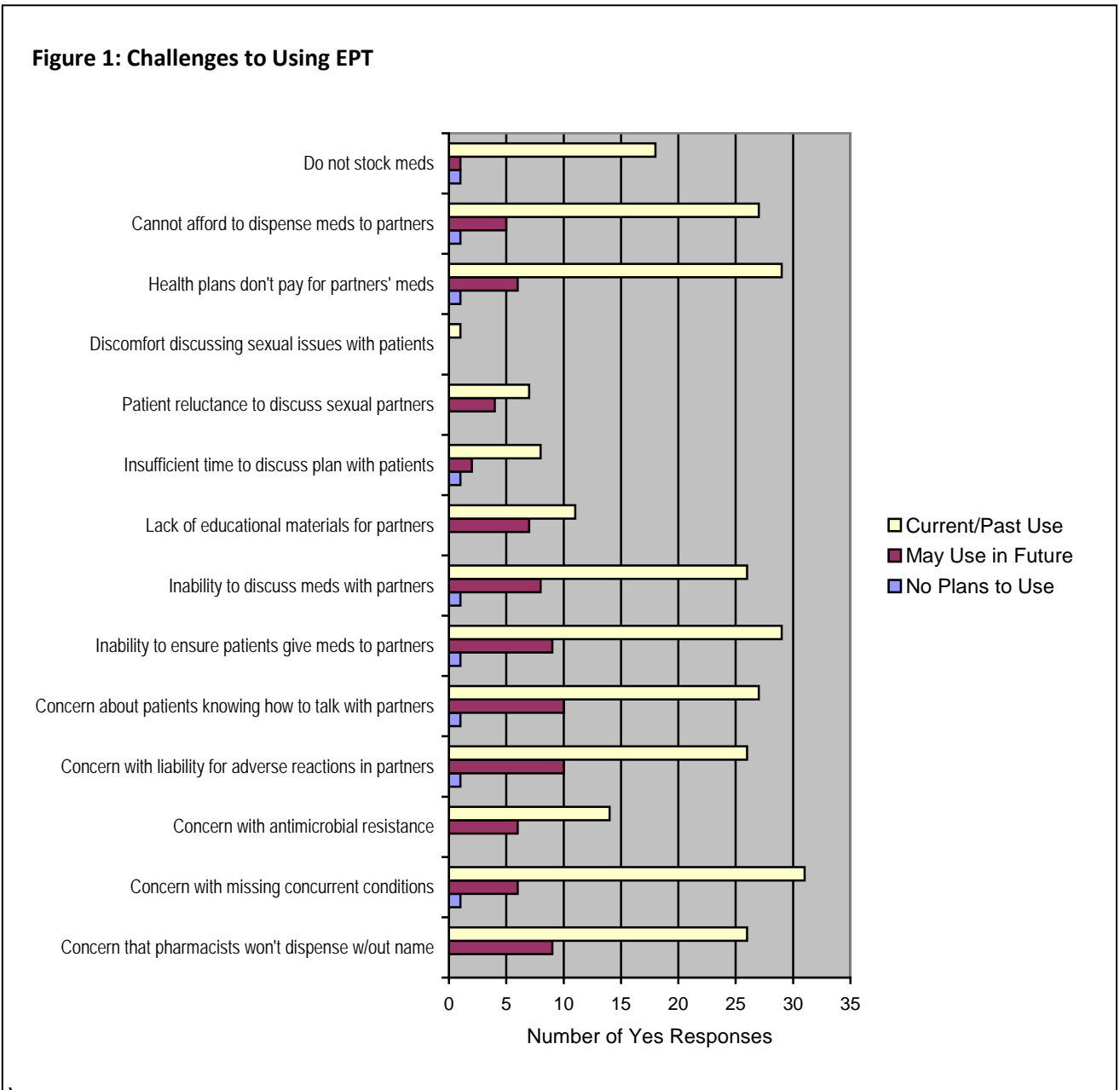
**Table 5: EPT Delivery**

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.

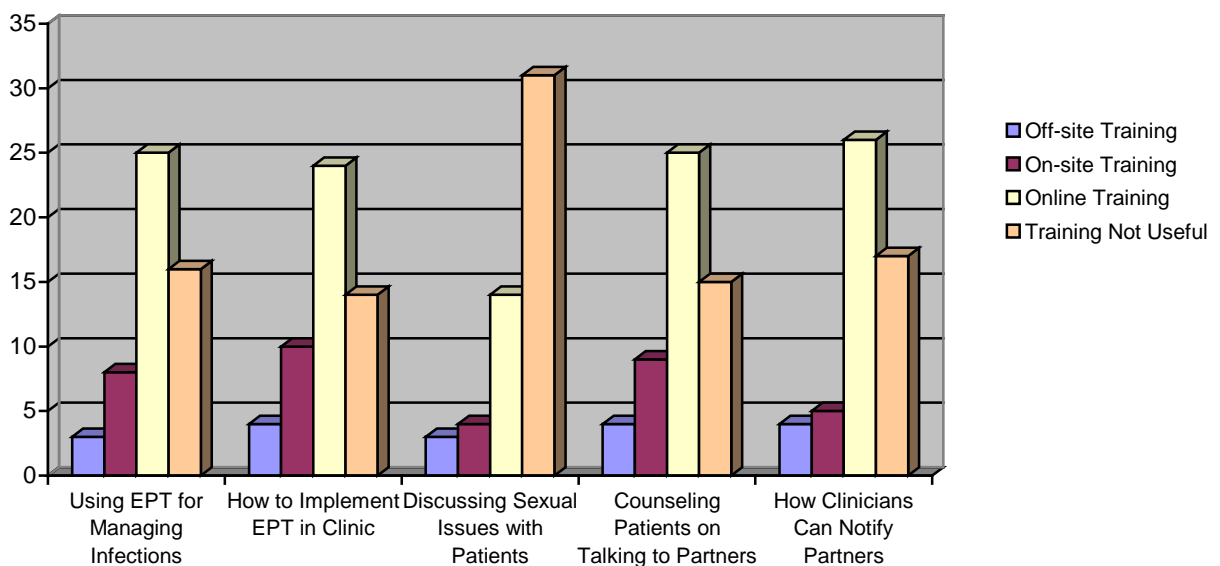
**Table 6: Type of Assistance Identified as Useful (n=53)**

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.

**Figure 2: Training Topics and Format (n=53)**



### 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.

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**Appendix A**  
**Complete Results of the Survey**

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## Respondents' Experience with EPT

Of the 245 clinicians who received an invitation to participate, only 59 completed the survey for an overall response rate of 24 percent.

### 1. What is your clinical profession?

Profession	#	%
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%

### 2. Do you see, test or treat patients for chlamydial infections or gonorrhea?

Response	#	%
Yes	57	97%
No	2	3%
Blank	0	0%
Total	59	100%

### 3. Please select the response that best describes the extent to which you support or do not support the use of EPT. Please also select the response that best describes the overall level of support for EPT of other clinicians in your primary practice setting.

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%

4. Have you reviewed the “Expedited Partner Therapy (EPT) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*: Guidance for Medical Providers in Minnesota” developed by MDH?

Response	#	%
Yes	30	53%
No	27	47%
Blank	0	0%
Total	57	100%

5. If yes, to what extent was the guidance helpful or not helpful to you in:

- a) Understanding the practice of EPT;
- b) Deciding with which patients to promote EPT; and
- c) Integrating EPT into your practice?

Response	Understanding Practice of EPT		Deciding With Which Patients to Promote EPT		Integrating EPT Into Practice	
	#	%	#	%	#	%
Very helpful	17	57%	16	53%	12	40%
Somewhat helpful	13	43%	13	43%	18	60%
Not helpful at all	0	0%	0	0%	0	0%
Blank	0	20%	1	3%	0	0%
Total	30	100%	30	100%	30	100%

6. Please provide any specific recommendations you may have for how we can make the guidance more helpful to you.

- More advertising.
- It was pretty clear but we were already moving toward this practice and I don't think we needed a lot of guidance.
- I was already familiar with information from the CDC re: EPT - you could develop an algorithm, that might help.
- Most of the resistance to EPT is concern about allergies in partner. Is there some way you can educate to allay fears?
- I did the EPT approach before the law came into effect and have not altered my practice.
- The pieces that "weren't helpful" for integration of EPT are really outside of the capabilities of MDH (e.g. coverage for medications). What is really helpful, though, is specific support of MDH - I think this encourages others to consider this practice "standard of care."
- Somehow make it more streamlined to administer the partner treatment. We are unclear about how/where to document partner treatment given. If we call the RX into the pharmacy under our patient name, we then have no record of the actual partner name. Is there insurance fraud doing it this way? What if there is a reaction to the drug and then we have no record of the partner name. Not sure what to recommend here, but it is a concern.
- What to do when a patient has multiple partners.
- How to pay for the EPT meds is problematic.
- I find many at the local medical center just refer partners to us because they will not treat unless the untreated partner is a patient and can be billed. This makes it more difficult because we have not been the one to test or treat the partner who has been tested.

**7. Please select the response that best describes your use of EPT.**

<b>Response</b>	<b>#</b>	<b>%</b>
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%
<b>Total</b>	<b>57</b>	<b>100%</b>

**8. If you have implemented EPT routinely or on a case-by-case basis, please indicate whether or not you have utilized each of the following methods:**

<b>Method of EPT Delivery</b>	<b>Yes</b>		<b>No</b>		<b>Blank</b>		<b>TOTAL</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
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%

**9. Please indicate whether or not you have experienced each of the following challenges to using EPT.**

The following responses were provided by the 42 participants who indicated that they currently use EPT as standard practice or have used EPT in the past and plan to resume using it (see also Figure 1 on page 7 of this appendix for a graphical representation):

Challenges to Using EPT	Yes		No		Blank		TOTAL	
	#	%	#	%	#	%	#	%
Medications for chlamydia and gonorrhea are not stocked in my practice setting	18	43%	21	50%	3	7%	42	100%
My practice cannot afford to dispense medications free-of-charge for partner(s)	27	64%	12	29%	3	7%	42	100%
Patient health plans do not pay for partners' medications	29	69%	9	21%	4	10%	42	100%
I am uncomfortable talking about sexual issues with patients	1	2%	39	93%	2	5%	42	100%
Patient reluctance to discuss their sexual partner(s) with me	7	17%	33	79%	2	5%	42	100%
Insufficient time to discuss specific plans with patients to inform and assure treatment of their partner(s)	8	19%	32	76%	2	5%	42	100%
Lack of educational information that can be provided for partner(s)	11	26%	29	71%	2	5%	42	100%
Inability to discuss medication information directly with partner(s)	26	62%	12	29%	4	10%	42	100%
Inability to ensure that patient is giving medication to partner(s)	29	69%	11	26%	2	5%	42	100%
Concern about whether patients know how to talk to their partners	27	64%	13	31%	2	5%	42	100%
Concern about being liable for adverse medication reactions in partner(s)	26	64%	14	33%	2	5%	42	100%
Concern about promoting antimicrobial resistance	14	33%	26	62%	2	5%	42	100%
Concern about missing concurrent infections or conditions in partner(s)	31	74%	9	21%	2	5%	42	100%
Concern that pharmacists will not dispense medication for partner(s) if their name does not appear on the prescription	26	62%	14	33%	2	5%	42	100%

**10. Please tell us about any successes you have had in using EPT.**

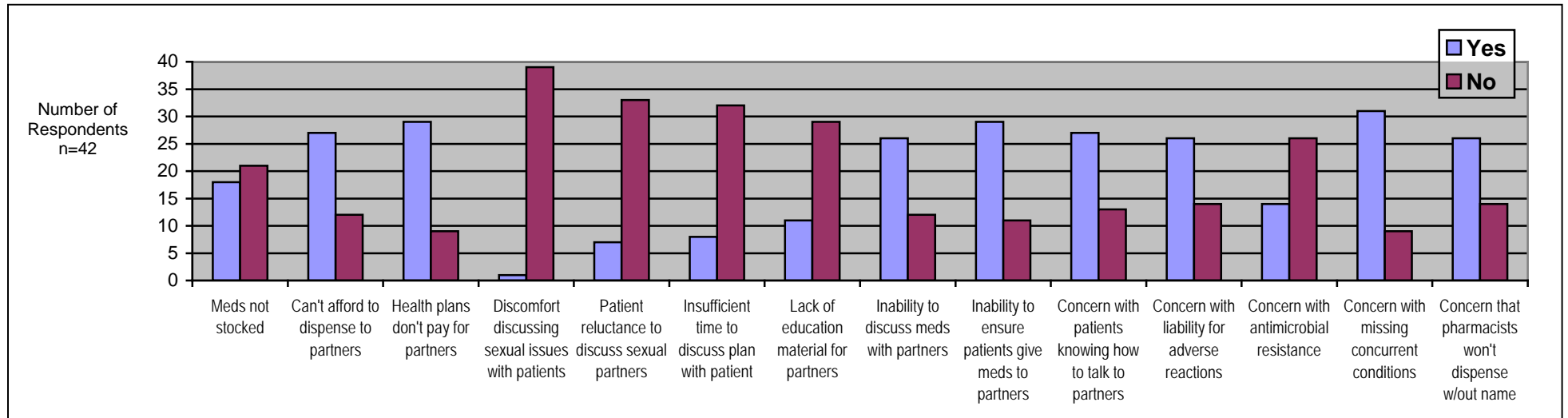
- Most patients are very grateful for being able to treat their partners without a separate visit. Many partners do not have health care coverage and, while they can afford the prescription, they can't afford the extra burden of a physician office visit.
- I have have been prescribing partner Tx for more than 13 years without problems. I will occasionally have a pharmacist be reluctant to dispense refill for partner after I've spoken to them and directed them to MDH EPT site they have agreed to dispense.
- Routinely use this with our public health clinic run by our clinic volunteers and public health nursing.
- I simply write out prescriptions for partners and give them to the pt. I then document this in the electronic health record, though I have no way of knowing if the pt gives the rx to the partner.
- No problems, no concerns. It's easy.
- The most success I have is when I have medication available that I can hand to the index patient to give to their partner...
- Providers in our Women's clinic are regularly using EPT.
- The partner has in all cases has come in and received their medication from us when we have treated partners.

**11. If you do not currently use EPT but may in the future, please indicate whether or not you expect each of the following to be challenges to using EPT.**

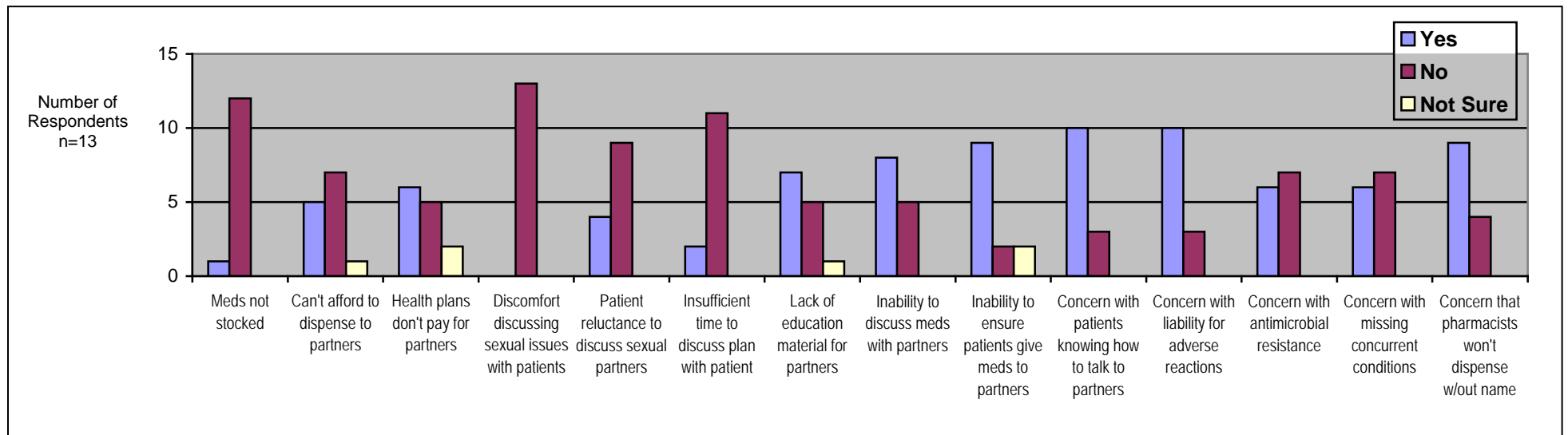
The following responses were provided by the 13 participants who indicated that they do not currently use EPT but plan to in the future or are uncertain whether they will use in the future. There were no blank responses. (See also Figure 2 on the next page.)

Anticipated Challenges to Using EPT	Yes		No		Not Sure		TOTAL	
	#	%	#	%	#	%	#	%
Medications for chlamydia and gonorrhea are not stocked in my practice setting	1	8%	12	92%	0	0%	13	100%
My practice cannot afford to dispense medications free-of-charge for partner(s)	5	39%	7	54%	1	8%	13	100%
Patient health plans do not pay for partners' medications	6	46%	5	39%	2	15%	13	100%
I am uncomfortable talking about sexual issues with patients	0	0%	13	100%	0	0%	13	100%
Patient reluctance to discuss their sexual partner(s) with me	4	31%	9	69%	0	0%	13	100%
Insufficient time to discuss specific plans with patients to inform and assure treatment of their partner(s)	2	15%	11	85%	0	0%	13	100%
Lack of educational information that can be provided for partner(s)	7	54%	5	39%	1	8%	13	100%
Inability to discuss medication information directly with partner(s)	8	62%	5	39%	0	0%	13	100%
Inability to ensure that patient is giving medication to partner(s)	9	70%	2	15%	2	15%	13	100%
Concern about whether patients know how to talk to their partners	10	77%	3	23%	0	0%	13	100%
Concern about being liable for adverse medication reactions in partner(s)	10	77%	3	23%	0	0%	13	100%
Concern about promoting antimicrobial resistance	6	46%	7	54%	0	0%	13	100%
Concern about missing concurrent infections or conditions in partner(s)	6	46%	7	54%	0	0%	13	100%
Concern that pharmacists will not dispense medication for partner(s) if their name does not appear on the prescription	9	69%	4	31%	0	0%	13	100%

**Figure A1: Challenges Experienced by Those Who Currently Use EPT / Have Used EPT in the Past and Plan to Use Again in the Future**



**Figure A2: Anticipated Challenges to Using EPT in the Future**



**2. If you do not plan to use EPT in the future, please indicate whether or not each of the following factors influenced this decision.**

Only 1 respondent said they do not currently use EPT and have no plans to use it in the future. Following are this person’s responses regarding whether each factor listed influenced the decision to not use EPT.

Factors Influencing Decision to Not Use EPT	Response
Medications for chlamydia and gonorrhea are not stocked in my practice setting	Yes
My practice cannot afford to dispense medications free-of-charge for partner(s)	Yes
Patient health plans do not pay for partners’ medications	Yes
I am uncomfortable talking about sexual issues with patients	No
Patient reluctance to discuss their sexual partner(s) with me	No
Insufficient time to discuss specific plans with patients to inform and assure treatment of their partner(s)	Yes
Lack of educational information that can be provided for partner(s)	No
Inability to discuss medication information directly with partner(s)	Yes
Inability to ensure that patient is giving medication to partner(s)	Yes
Concern about whether patients know how to talk to their partners	Yes
Concern about being liable for adverse medication reactions in partner(s)	Yes
Concern about promoting antimicrobial resistance	No
Concern about missing concurrent infections or conditions in partner(s)	Yes
Concern that pharmacists will not dispense medication for partner(s) if their name does not appear on the prescription	Not sure

**13. Please indicate whether or not each of the following types of materials from MDH would be useful to you.**

The following responses were provided by the respondents who said they currently use EPT, plan to use it in the future, or were uncertain whether they would use it in the future:

Type of Materials	Useful		Not Useful		Not Sure		Blank		TOTAL	
	#	%	#	%	#	%	#	%	#	%
EPT info sheets for patients	46	84%	1	2%	6	11%	2	4%	55	100%
EPT info sheets for partners	48	87%	1	2%	4	7%	2	4%	55	100%
EPT orientation DVD for staff	21	38%	16	29%	16	29%	2	4%	55	100%
STD prevention posters	35	64%	8	15%	10	18%	2	4%	55	100%
STD/HIV/Hepatitis risk assessment form	29	53%	10	18%	14	25%	2	4%	55	100%
Information on ways patients can notify partners about exposure and how partners can get help	47	85%	2	4%	4	7%	2	4%	55	100%

**14. Please indicate whether or not each of the following types of assistance from MDH would be useful to you.**

The following responses were provided by the respondents who said they currently use EPT, plan to use it in the future, or were uncertain whether they would use it in the future:

Type of Assistance	Useful		Not Useful		Not Sure		Blank		TOTAL	
	#	%	#	%	#	%	#	%	#	%
Technical assistance on developing EPT protocols/procedures	24	44%	11	20%	18	33%	2	4%	55	100%
Phone consultation on EPT-related questions	26	47%	10	18%	16	29%	3	5%	55	100%

**15. For each of the possible MDH-sponsored trainings listed below, please indicate which training format would be the most beneficial to you. If the training content would not be useful to you, select "Training not useful."**

The following responses were provided by the respondents who said they currently use EPT, plan to use it in the future, or were uncertain whether they would use it in the future:

Type of Training	Off-Site Training		On-Site Training		Online Training		Training Not Useful		Blank		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%
Training on how EPT is used in the management of chlamydia and gonorrhea infections	3	5%	8	15%	25	45%	16	29%	3	5%	55	100%
Training on how to implement EPT in a clinic setting	4	7%	10	18%	24	44%	14	25%	3	5%	55	100%
Training on discussing sexual issues with patients	3	5%	4	7%	14	25%	31	56%	3	5%	55	100%
Training on counseling patients about talking to their partners regarding the need for testing and treatment	4	7%	9	16%	25	45%	15	27%	2	4%	55	100%
Training on how clinicians can notify partners of their exposure and need for testing and treatment	4	7%	5	9%	26	47%	17	31%	3	5%	55	100%

## Additional Questions

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### 16. Please tell us anything you would like us to know about your support of or opposition to EPT:

- Our electronic health record does not make it easy to prescribe to a partner without an office visit. Would be good to work with the most common electronic health record vendors to implement and facilitate the documentation of this therapy.
- What are the medico-legal ramifications of treating sexual partners that are not seen and evaluated by a physician/PA/NP?
- I would like to be assured that there is no possibility of legal action against me for any adverse effect from EPT of which I could not have been reasonably aware at the time of prescribing. I would also like to see a ruling that permits indicating on an Rx that it is for EPT so that pharmacy resistance to dispensing is not encountered.
- I support the use of EPT in some cases. I think that the materials developed by MDH are at a high reading level. We modified those materials to fit our population.
- Fully support EPT. It's easy and simple. I've done it for years. Let's not make it too complicated or intimidating.
- I completely support the use of EPT.
- Possibly on site training at residency programs would be useful.
- I do not feel that limiting this program to heterosexuals only is appropriate.
- I work in a correctional setting for juveniles. Cost containment especially for medications is currently a "very hot topic," therefore I do not see this as feasible for our clients. In addition, a majority of our youth have multiple sexual partners and may only know them by their "street" names.
- We need more information on when it is not us testing and treating the 1st person and then having the partner sent to us for treatment.
- I work in ER. I support EPT.

### 17. Please tell us anything else you think is important for us to know about your experiences with EPT:

- I would like to see Trichomonas Treatment added to EPT
- I'd been trying to do this prior to the legislation, so am grateful it is now "sanctioned."
- Receiving free medications really helped us implement this protocol.
- No concerns. Just do it.
- Call CUHCC (Community University Health Care Center) 612-638-0700 and ask to speak to Susan Haddow, MD, and discuss the possibility of coming in for a Wed noon lecture on EPT Implementation and talking with patients about the importance of getting partners treated. Thank You!
- Multiple partners. Partners they no very little about with regard to allergies, etc.
- For some reason, the day that we needed the suprax, was the day we were out of it. We were uncertain about phoning in a script for someone we had never seen. Having adequate stock that has not expired is the key.

## Information about the Survey Respondents

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### 18. What is the primary focus of your practice?

Response	#	%
OB/Gyn	4	7%
Adolescent Medicine	5	8%
Pediatrics	0	0%
Infectious Disease	1	2%
Internal Medicine	1	2%
Reproductive Health	4	7%
General or Family Practice	19	32%
Primary Care	5	8%
Other, please specify	15	25%
Blank	5	8%
Total	59	100%

#### *Please specify other primary medical specialty:*

- urgent care
- Emergency Medicine
- primary care, womens clinic
- er
- Emergency Medicine
- Primary care women's health (not OB/GYN)
- Emergency Medicine
- emergency medicine
- College Health Center
- hospital medicine
- college health
- Emergency Medicine
- Family planning (fmsp) clinic
- Emergency Medicine

### 19. How many years have you been practicing your medical specialty?

Average number of years: 14.3

Minimum number of years: 1

Maximum number of years: 42

5 people did not respond

**20. Please select the response that best describes your primary practice setting.**

<b>Response</b>	<b>#</b>	<b>%</b>
Private solo practice	0	0%
Private group practice (3 or fewer practitioners)	1	2%
Private group practice (4 or more practitioners)	7	12%
HMO/managed care	2	3%
Community health center	3	5%
Hospital outpatient facility	5	8%
Hospital emergency room	8	14%
Teen clinic	3	5%
STD clinic	1	2%
School-based clinic	2	3%
College/university health clinic	7	12%
Family planning clinic	3	5%
Tribal health center	0	0%
Other, please specify	12	20%
Blank	5	8%
<b>Total</b>	<b>59</b>	<b>100%</b>

***Please specify other primary practice setting:***

- Academic Institution
- Family Medicine residency teaching clinic
- University-based Residency Training Program
- Public Health clinic
- residency clinic
- residency program
- Family medicine residency
- rural clinic
- Family Medicine training clinic
- college health
- Correctional Medicine
- Residency training program

**21. How many clinicians practice in your primary practice setting?**

Average number of clinicians: 18

Minimum number: 1

Maximum number: 92

8 people did not respond

**22. Please provide the zip code in which your primary practice is located:**

Zip Code	#	%	Zip Code	#	%
55101	7	12%	55410	1	2%
55912	6	10%	55414	1	2%
55404	4	7%	55417	1	2%
55407	4	7%	55432	1	2%
55455	4	7%	55454	1	2%
55106	3	5%	55917	1	2%
55411	3	5%	55936	1	2%
55415	2	3%	55987	1	2%
55909	2	3%	56001	1	2%
55056	1	2%	56007	1	2%
55103	1	2%	56072	1	2%
55105	1	2%	56301	1	2%
55123	1	2%	56563	1	2%
55405	1	2%	Blank	6	8%
			Total	59	100%

**23. In the last year, what proportion of your patient population would you estimate were young WOMEN, ages 15 – 24?**

Response	#	%
0 – 20%	12	20%
21 – 40%	17	29%
41 – 60%	12	20%
61 – 80%	7	12%
81 – 100%	6	10%
Don't know	0	0%
Blank	5	8%
Total	59	100%

**24. In the last year, what proportion of your patient population would you estimate were young MEN, ages 15 – 24?**

Response	#	%
0 – 20%	34	58%
21 – 40%	13	22%
41 – 60%	4	7%
61 – 80%	0	0%
81 – 100%	1	2%
Don't know	0	0%
Blank	7	12%
Total	59	100%



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**Appendix B**  
**Results of Additional Analyses**

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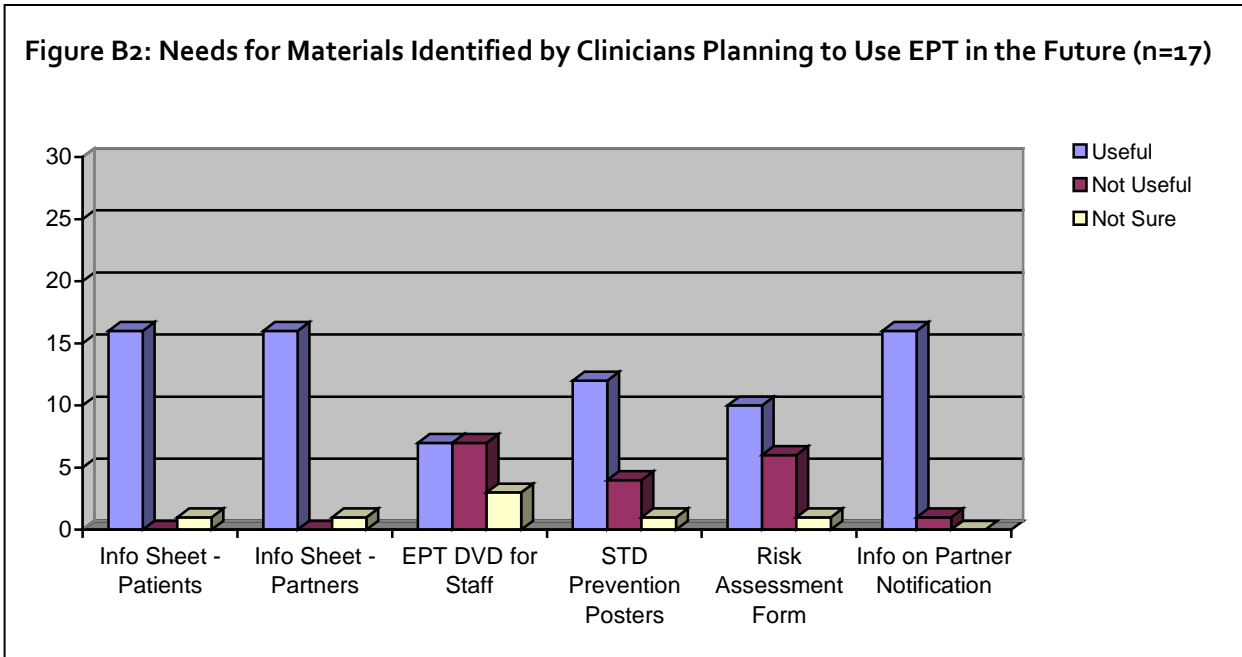
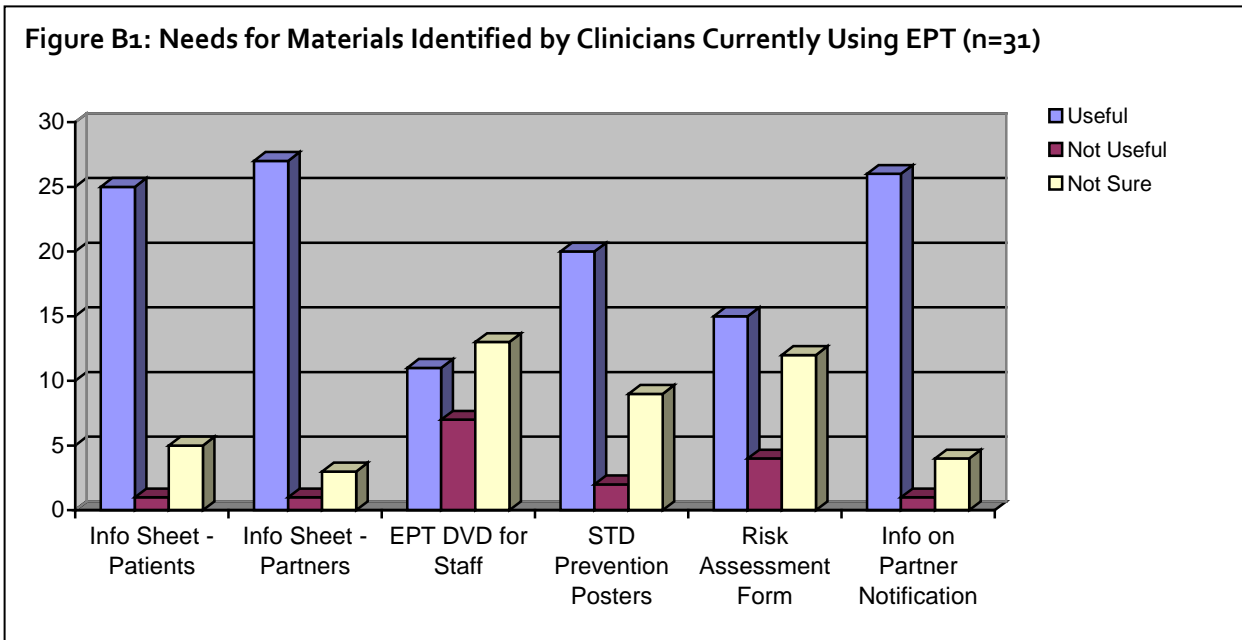


## Results of Additional Analyses

Additional analyses were conducted based on specific questions posed by MDH STD and HIV Section staff. One particular area of interest was the capacity building needs of respondents who currently use EPT and those who plan to use EPT in the future (have used EPT in the past and plan to resume in the future or do not currently use EPT but plan to in the future).

### Need for Materials from MDH

The following figures show that the EPT-related materials identified as most useful are: information sheets for patients, information sheets for partners, and information on how patients can notify their partners of exposure.



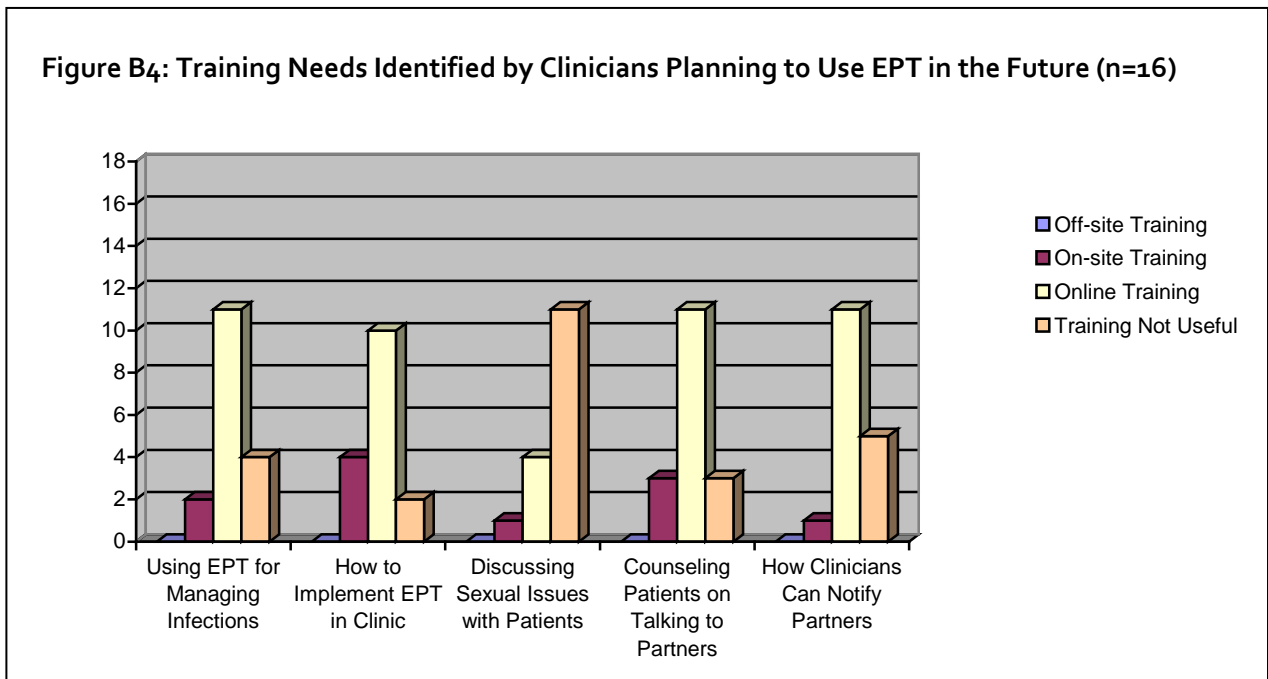
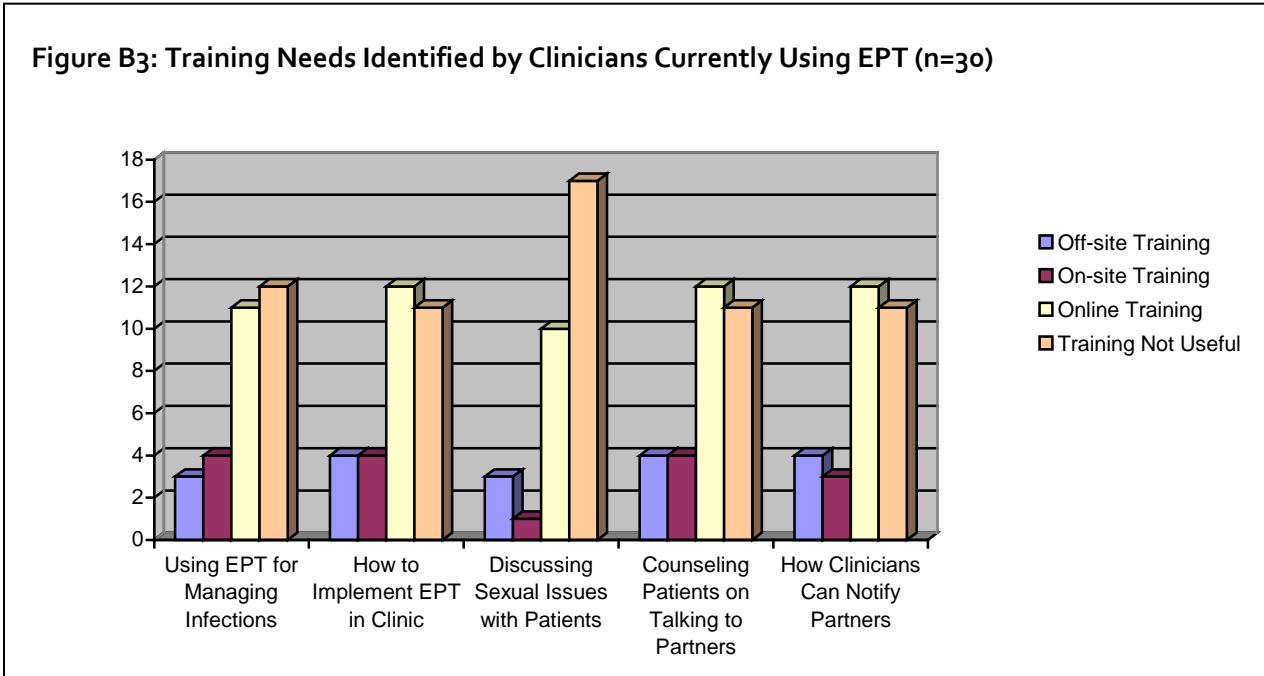
### Need for Technical Assistance from MDH

The following table shows the need for technical assistance from MDH identified by respondents currently using EPT and those who plan to use it in the future.

<b>Table B1: Need for Technical Assistance from MDH</b>						
<b>Type of Assistance</b>	<b>Useful</b>		<b>Not Useful</b>		<b>Not Sure</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
<b>Clinicians Currently Using EPT (n=31)</b>						
Technical assistance on developing EPT protocols/procedures	14	42%	7	21%	10	30%
Phone consultation on EPT-related questions	10	30%	8	24%	13	40%
<b>Clinicians Planning to Use EPT in the Future (n=17)</b>						
Technical assistance on developing EPT protocols/procedures	8	47%	4	24%	5	29%
Phone consultation on EPT-related questions	13	76%	2	12%	2	12%

### Need for Training from MDH

The following figures show the need for MDH-sponsored training identified by respondents currently using EPT and those who plan to use it in the future. Online training was identified as the preferred format. Clinicians currently using EPT were more likely to identify the training topics as not being useful. Training on how to discuss sexual issues with patients was identified as the least useful topic.



## Training Needs by Profession

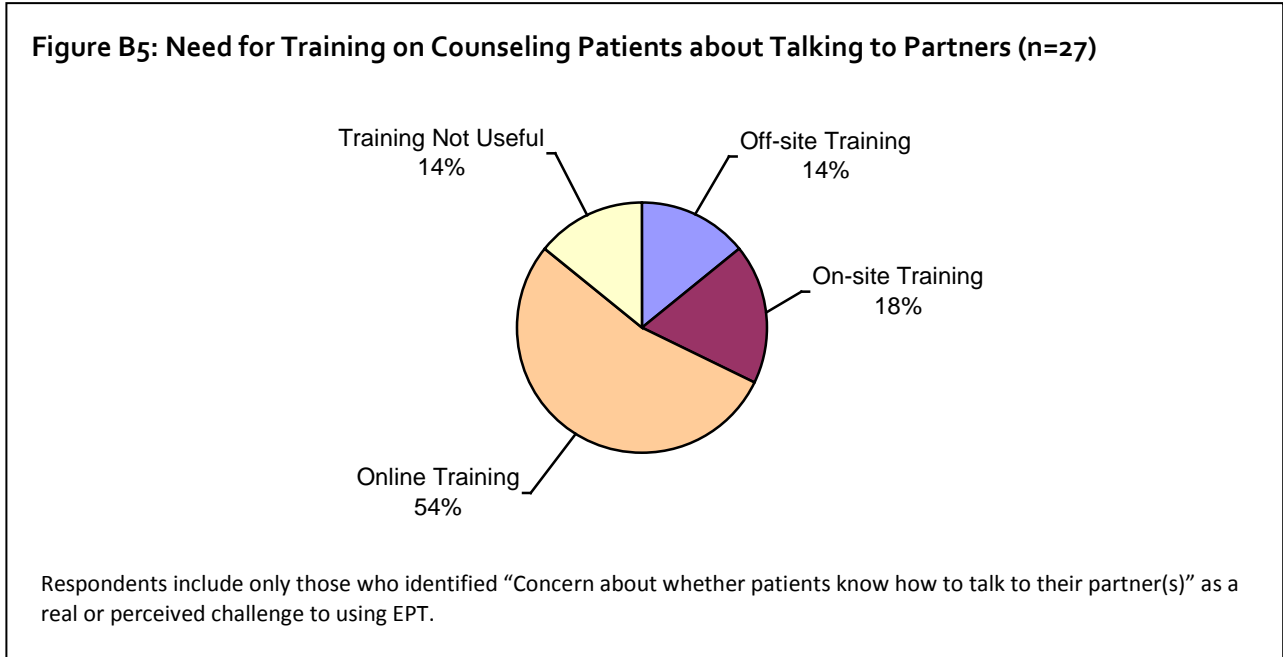
MDH staff were also interested in looking at training needs by respondents' profession. The results include all respondents who treat patients for chlamydia or gonorrhea AND who currently use EPT or may use EPT in the future (have used EPT in the past and plan to resume in the future, do not currently use EPT but plan to in the future, or do not currently use EPT and unsure whether will use in the future).

**Table B2: Training Needs by Profession**

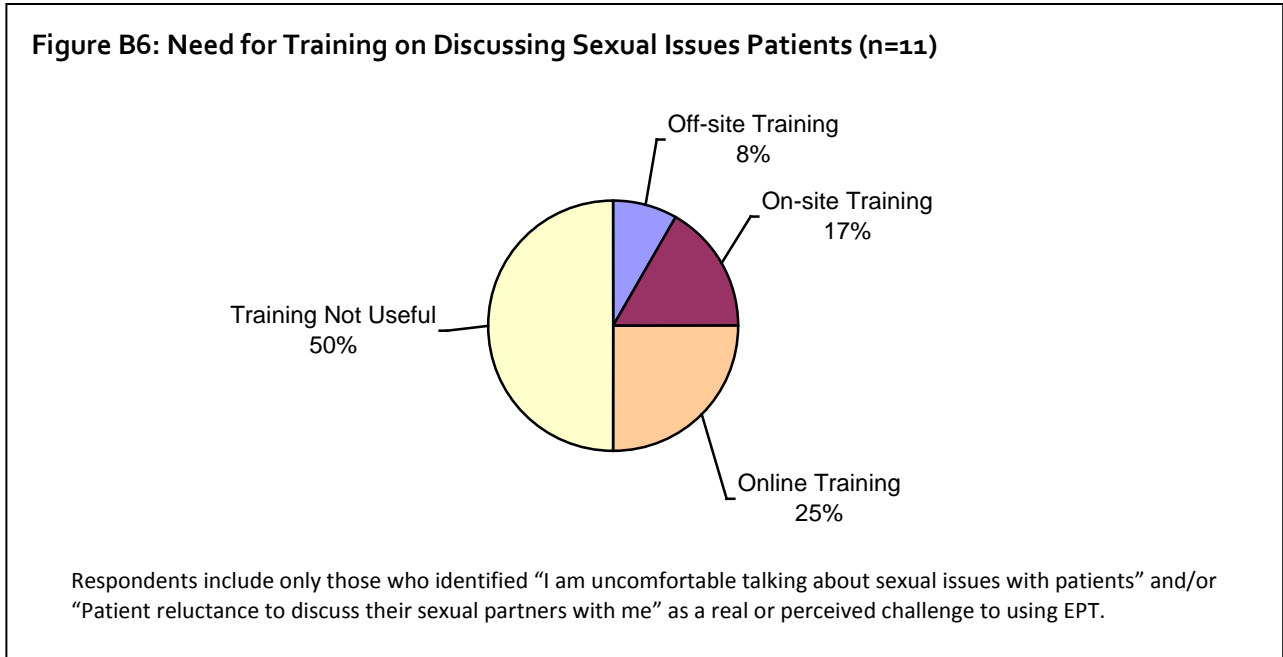
Training Topic and Format	Nurse (n=5)		Adv Practice Nurse (n=8)		Physician Assistant (n=3)		Physician (n=38)	
	#	%	#	%	#	%	#	%
<b>How EPT is used in the management of chlamydia and gonorrhea</b>								
Off-site training	1	20%	1	13%	0	0%	1	3%
On-site training	1	20%	2	25%	0	0%	5	13%
Online training	3	60%	2	25%	3	100%	16	42%
Training not useful	0	0%	3	38%	0	0%	13	34%
Blank	0	0%	0	0%	0	0%	3	8%
<b>How to implement EPT in a clinic setting</b>								
Off-site training	0	0%	1	13%	0	0%	2	5%
On-site training	1	20%	2	25%	0	0%	7	18%
Online training	3	60%	2	25%	3	100%	16	42%
Training not useful	1	20%	3	38%	0	0%	10	26%
Blank	0	0%	0	0%	0	0%	3	8%
<b>Discussing sexual issues with patients</b>								
Off-site training	0	0%	1	13%	0	0%	2	5%
On-site training	1	20%	1	13%	0	0%	2	5%
Online training	2	40%	1	13%	2	67%	9	24%
Training not useful	2	40%	5	63%	1	33%	22	58%
Blank	0	0%	0	0%	0	0%	3	8%
<b>Counseling patients about talking to their partners regarding the need for testing and treatment</b>								
Off-site training	1	20%	1	13%	0	0%	2	5%
On-site training	2	40%	1	13%	0	0%	6	16%
Online training	1	20%	2	25%	3	100%	18	47%
Training not useful	1	20%	4	50%	0	0%	10	26%
Blank	0	0%	0	0%	0	0%	2	5%
<b>How clinicians can notify partners of their exposure and need for testing and treatment</b>								
Off-site training	0	0%	1	13%	0	0%	2	5%
On-site training	0	0%	1	13%	0	0%	4	11%
Online training	2	40%	2	24%	1	33%	21	55%
Training not useful	3	60%	4	50%	1	33%	9	24%
Blank	0	0%	0	0%	1	33%	2	5%

### Challenges and Training Needs

There were 27 respondents who identified “Concern about whether patients know how to talk to their partner(s)” as a real or anticipated challenge to using EPT. The following figure illustrates their responses regarding the need for training on counseling patients about talking to their partners regarding the need for testing and treatment.



There were 11 respondents who identified “I am uncomfortable talking about sexual issues with patients” and/or “Patient reluctance to discuss their sexual partners with me” as real or anticipated challenges to using EPT. The following figure illustrates their responses regarding the need for training on discussing sexual issues with patients.



## Characteristics of Emergency Room Clinicians

MDH staff were interested in knowing whether the eight clinicians who work in emergency room settings use EPT, where their emergency rooms are located, and the proportion of young patients served in their emergency rooms.

**Table B3: Characteristics of Emergency Room Clinicians (n=8)**

	<b>Use of EPT</b>	<b>Provide Meds</b>	<b>Provide Prescription</b>	<b>Zip Code</b>	<b>% of Female Patients, Ages 15-24</b>	<b>% of Male Patients, Ages 15-24</b>
1	Currently use EPT as standard practice	No	Yes	55101	0 - 20%	0 - 20%
2	Currently use EPT as standard practice	Yes	Yes	55101	21 - 40%	0 - 20%
3	Do not currently use EPT but plan to in the future	N/A	N/A	55101	21 - 40%	0 - 20%
4	Do not currently use EPT but plan to in the future	N/A	N/A	55101	21 - 40%	21 - 40%
5	Do not currently use EPT and unsure about future	N/A	N/A	55101	41 - 60%	21 - 40%
6	Do not currently use EPT and unsure about future	N/A	N/A	55101	21 - 40%	21 - 40%
7	Do not currently use EPT and unsure about future	N/A	N/A	55106	0 - 20%	0 - 20%
8	Do not currently use EPT and unsure about future	N/A	N/A	55912	21 - 40%	21 - 40%

## Characteristics by Zip Code and Clinical Setting

The following table indicates respondents' support for and use of EPT by zip code and clinical setting:

Zip Code	#	Setting	#	Support for EPT by Respondent	#	Support for EPT by Other Clinicians	#	Use of EPT	#
55101	7	Hospital emergency room	6	Fully support	4	Fully support	2	Do not currently use but plan to in future	2
						Not enough info	1	Currently use as standard practice	1
						Blank	1	Do not currently use but plan to in future	1
		Somewhat support	2	Somewhat support	1	Currently use as standard practice	1		
				Blank	1	Do not currently use and unsure about future	1		
		STD clinic	1	Somewhat support	1	Somewhat support	1	Currently use as standard practice	1
55912	6	Hospital outpatient facility	2	Do not support	1	Not enough info	1	Do not currently use and no plans to	1
						Not enough info	1	Currently use as standard practice	1
		HMO/managed care	1	Fully support	1	Somewhat support	1	Currently use as standard practice	1
		Hospital emergency room	1	Not enough info	1	Blank	1	Do not currently use but plan to in future	1
		Private group practice (4+)	1	Somewhat support	1	Not enough info	1	Used in past and plan to resume	1
		Teen clinic	1	Fully support	1	Somewhat support	1	Currently use as standard practice	1
55404	4	Teen clinic	2	Fully support	2	Fully support	2	Currently use as standard practice	2
		Community health center	1	Fully support	1	Fully support	1	Do not currently use but plan to in future	1
		Residency program	1	Fully support	1	Not enough info	1	Used in past and plan to resume	1
55407	4	Residency program	3	Fully support	3	Fully support	1	Currently use as standard practice	1
						Somewhat support	1	Used in past and plan to resume	1
						Blank	1	Currently use as standard practice	1
		Private group practice (4+)	1	Fully support	1	Fully support	1	Currently use as standard practice	1
55455	4	College/university health clinic	4	Fully support	3	Fully support	1	Currently use as standard practice	1
						Somewhat support	2	Currently use as standard practice	2
				Somewhat support	1	Somewhat support	1	Currently use as standard practice	1
55106	3	Hospital emergency room	1	Somewhat support	1	Not enough info	1	Do not currently use and unsure about future	1
		School-based clinic	1	Somewhat support	1	Somewhat support	1	Currently use as standard practice	1
		Residency program	1	Fully support	1	Fully support	1	Currently use as standard practice	1

**Table B4: Support for and Use of EPT by Zip Code and Clinical Setting**

Zip Code	#	Setting	#	Support for EPT by Respondent	#	Support for EPT by Other Clinicians	#	Use of EPT	#
55411	3	Residency program	2	Fully support	2	Fully support	1	Currently use as standard practice	1
						Somewhat support	1	Used in past and plan to resume	1
		Private group practice (4+)	1	Fully support	1	Fully support	1	Currently use as standard practice	1
55415	2	Correctional medicine	1	Somewhat support	1	Somewhat support	1	Do not currently use and unsure about future	1
		Public health clinic	1	Fully support	1	Blank	1	Currently use as standard practice	1
55909	2	Private group practice (≤3)	1	Fully support	1	Fully support	1	Currently use as standard practice	1
		Rural clinic	1	Somewhat support	1	Blank	1	Currently use as standard practice	1
55056	1	Family planning clinic	1	Fully support	1	Fully support	1	Currently use as standard practice	1
55103	1	Private group practice (4+)	1	Somewhat support	1	Somewhat support	1	Do not currently use but plan to in future	1
55105	1	College/university health clinic	1	Fully support	1	Fully support	1	Currently use as standard practice	1
55123	1	HMO/managed care	1	Somewhat support	1	Somewhat support	1	Currently use as standard practice	1
55405	1	Community health center	1	Somewhat support	1	Somewhat support	1	Currently use as standard practice	1
55410	1	Community health center	1	Somewhat support	1	Somewhat support	1	Currently use as standard practice	1
55414	1	School-based clinic	1	Fully support	1	Fully support	1	Used in past and plan to resume	1
55417	1	Family planning clinic	1	Somewhat support	1	Somewhat support	1	Currently use as standard practice	1
55432	1	Private group practice (4+)	1	Not enough info	1	Not enough info	1	Do not currently use but plan to in future	1
55454	1	Academic institution	1	Fully support	1	Fully support	1	Currently use as standard practice	1
55917	1	Hospital outpatient facility	1	Fully support	1	Blank	1	Currently use as standard practice	1
55936	1	Private group practice (4+)	1	Not enough info	1	Blank	1	Do not currently use and unsure about future	1
55987	1	Family planning clinic	1	Fully support	1	Fully support	1	Do not currently use but plan to in future	1
56001	1	College/university health clinic	1	Fully support	1	Fully support	1	Used in past and plan to resume	1
56007	1	Hospital outpatient facility	1	Fully support	1	Somewhat support	1	Currently use as standard practice	1
56072	1	Private group practice (4+)	1	Fully support	1	Blank	1	Used in past and plan to resume	1
56301	1	College/university health clinic	1	Fully support	1	Fully support	1	Currently use as standard practice	1
56563	1	College/university health clinic	1	Somewhat support	1	Somewhat support	1	Do not currently use and unsure about future	1
Blank	6	Blank	5	Blank	2	Blank	2	Blank	2
				Fully support	2	Blank	2	Currently use as standard practice	2
				Somewhat support	1	Somewhat support	1	Blank	1
		Hospital outpatient facility	1	Fully support	1	Blank	1	Currently use as standard practice	1