Improving extra-genital GC/CT screening among HIV-positive patients at the University of North Carolina Infectious Diseases Clinic

Tim W. Menza, MD, PhD; Anita Holt, RN; Trealve Hankins, CMA; Ellen McAngus, MSW; Amy Durr Heine, MSN, FNP; Claire Farel, MD, MPH from the University of North Carolina, Chapel Hill

BACKGROUND

• Low screening rates for extra-genital GC/CT among HIV-positive patients across HIV clinics in the U.S. [1,2]
• Urogenital testing misses 70-80% of extra-genital infections in MSM and 15-30% of extra-genital infections in women [3,4]
• Barriers to screening: provider time, priorities and comfort with sexual history/exam, patient reluctance/comfort with testing [5,6]

OBJECTIVE

• Increase overall and extra-genital GC/CT screening rates by 10%

STRATEGY

• Three PDSA cycles:
  • 3/2016, nursing-based counseling on STI risk
  • 5/2016, display of GC/CT screening supplies on Mayo stands
  • 1/2017, extra-genital self-screening, acceptability survey (n=40).

RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Any site, all</th>
<th>Any site, MSM</th>
<th>Rectal, all</th>
<th>Rectal, MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference</td>
<td>7.7%</td>
<td>7.6%</td>
<td>4%</td>
<td>8.7%</td>
</tr>
<tr>
<td>% change</td>
<td>23%</td>
<td>16%</td>
<td>27%</td>
<td>26%</td>
</tr>
</tbody>
</table>

CONCLUSIONS

• GC/CT screening increased over 3 PDSA cycles in the context of multi-disciplinary task force.
• Self-screening sustained increases from PDSA cycles 1 and 2.
• Express clinic-based self-collection or home-based self-collection may be acceptable interventions to further increase GC/CT screening rates.

Figure 1. GC/CT screening rates by site and patient population.

Figure 2. Acceptability of self-screening program.


CONTACT

Tim W. Menza, MD, PhD
Fenway Health
142 Berkeley Street
Boston, MA 02116
tmenza@fenwayhealth.org