Methods

The project on screening men who have sex with men (MSM) for extragenital gonorrhea and chlamydia was inspired by a question of inquiry to improve the care, screening rates, and early identification of sexually transmitted infections (STI) in MSM. The project investigator (PI) met with the Vice President of Operations at the clinical site and requested approval to evaluate current knowledge of providers on screening MSM for extragenital STIs, conduct a literature review to investigate best practice, and to implement a practice change based on findings from the provider survey and literature review. The project aim was to improve screening rates for extragenital gonorrhea and chlamydia in MSM within a primary care setting by using a risk assessment tool to address multiple barriers to screening.

Following approval from the Vice President of Operations, the PI conducted a literature review. Based on findings and evidence, the PI sought Institutional Review Board approval through OSF St. Joseph Medical Center and Southern Illinois University Edwardsville to evaluate current knowledge of providers and screening measures for this at risk patient population. The research project was deemed non-human subject research by both IRBs.

To evaluate current state, the PI surveyed clinicians using the "Clinician Knowledge of Extragenital STI Screening" survey. The "Clinician Knowledge of Extragenital STI Screening" survey was designed by the PI to examine current clinician knowledge on extragenital screening for gonorrhea in MSM and risk factors for transmission, comfort level with assessing a patient's risk status, as well as how frequently they currently offer extragenital screening to their patients. Based on literature review findings and clinician survey results, the PI proposed a practice change for clinicians to use a risk assessment tool to assist in screening and early identification of STIs, especially at extragenital locations, in MSM.

The risk assessment tool was implemented for all preventative visits as well as STI screening visits to identify MSM who would be eligible for extragenital screening. Eligible patients were identified by the medical office assistant (MOA) during the rooming process. Patients were asked two questions as part of the standard rooming process: (1) “Are you currently sexually active or have you been sexually active within the past 6 months?” and (2) “Do you have male partners, female partners, or both?” Male patients answering yes to being sexually active and yes to having male sexual partners were given the form by the MOA prior to leaving the room.

The risk assessment tool was adapted from the “Sexual Risk Assessment and Risk Factors for Sexually Transmitted Diseases” tool currently used by the California Department of Public Health (California Department of Public Health, 2015). The risk assessment tool was titled, “STI Risk Screening Questionnaire for Men Who Have Sex with Men” and was printed on a single sheet of paper for the patient to fill out. To ensure privacy, the form was completed by the patient in the private exam room while waiting to be seen by a clinician.

An accompanying informational sheet was attached on top of the risk assessment tool to explain the need for gathering this information and to reassure the patient regarding confidentiality. The information sheet also informed the patient of the option to wait to discuss the content of the risk assessment tool in person with the clinician or to not complete the written form. This informational sheet was also used as a cover sheet in order to protect patient privacy. Clinicians discussed the results of the risk assessment tool with the patient and, together, determined the need for various screenings. Once the patient verbally consented for screening, the clinician placed the appropriate orders in the electronic medical record (EMR). Specimens were then collected by the clinician and/or ancillary staff using the “Aptima Multitest Swab

Specimen Collection Kit." The patient was educated on when results would be received and instructions for any treatment or follow-up that was needed.

Setting and Stakeholders

The project was conducted at a large Internal Medicine office in Bloomington, Illinois. There were 11 practicing clinicians (3 physicians, 2 physician assistants, and 6 nurse practitioners) who participated in the project. Stakeholders involved in this project included patients, clinicians, nurses, medical office assistants, medical office staff, and laboratory personnel. Prior to process implementation, clinicians were presented with information related to the importance of screening for extragenital infection in MSM in order to reduce transmission and overall disease burden. Clinicians and ancillary staff (including those staff members rooming patients) received instruction on proper use of the risk assessment tool. Finally, clinicians were trained on how to order extragenital screenings within the EMR and how to properly collect the specimens.

Evaluation, Outcomes, and Sustainability

A second survey was conducted post-project implementation in order to evaluate the effectiveness of the project. The same "Clinician Knowledge of Extragenital STI" survey was given to the clinicians who participated. One additional question, "After implementation of the risk assessment screening tool, how likely are you to regularly offer screening for extragenital gonorrhea and chlamydia when appropriate?" was added to better assess the effectiveness of the screening tool as a way to improve extragenital screening rates. The post-implementation survey and data was used to quantitate success of the project and to make inferences about project sustainability.