

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

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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

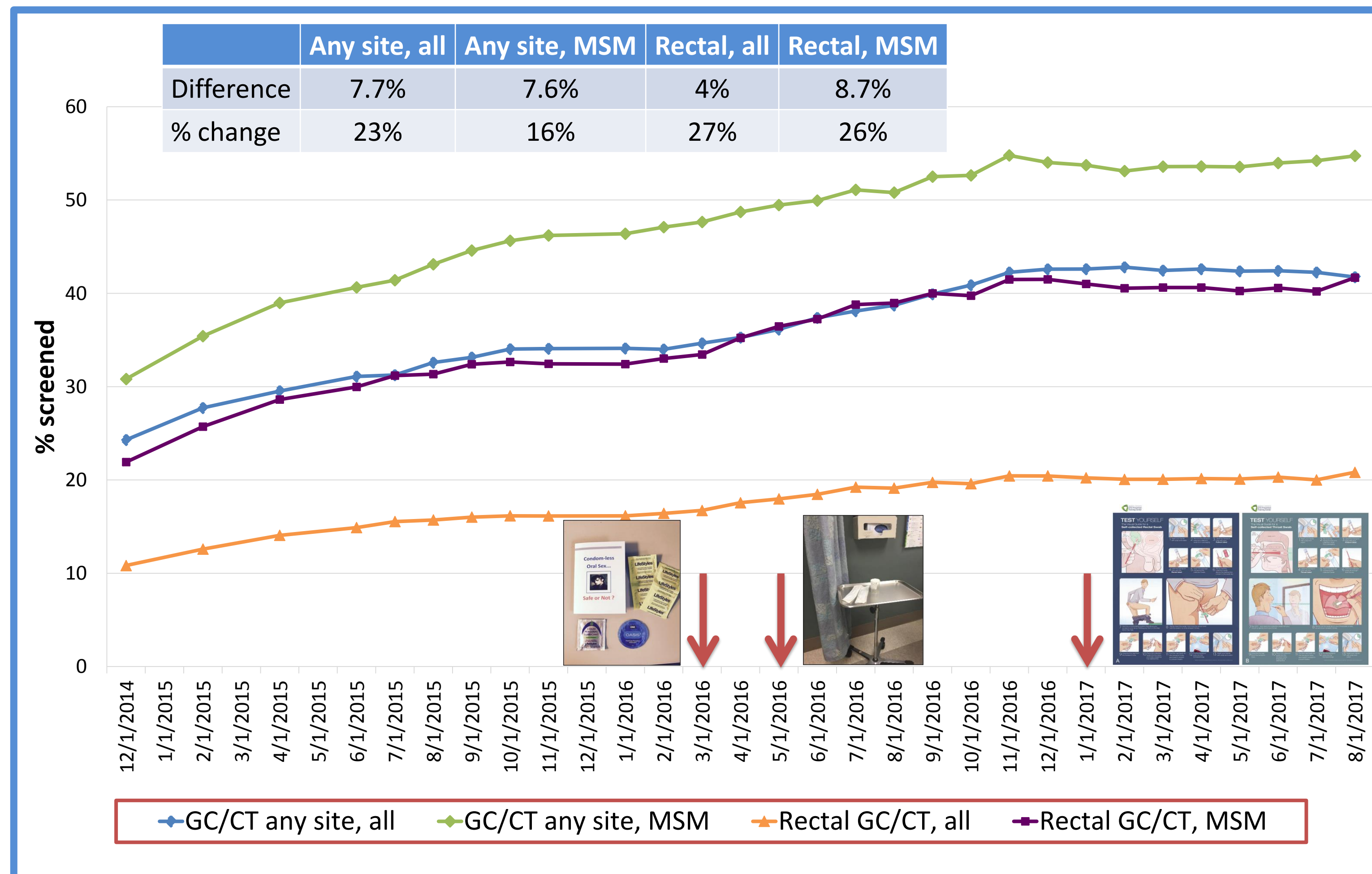


Figure 1. GC/CT screening rates by site and patient population.

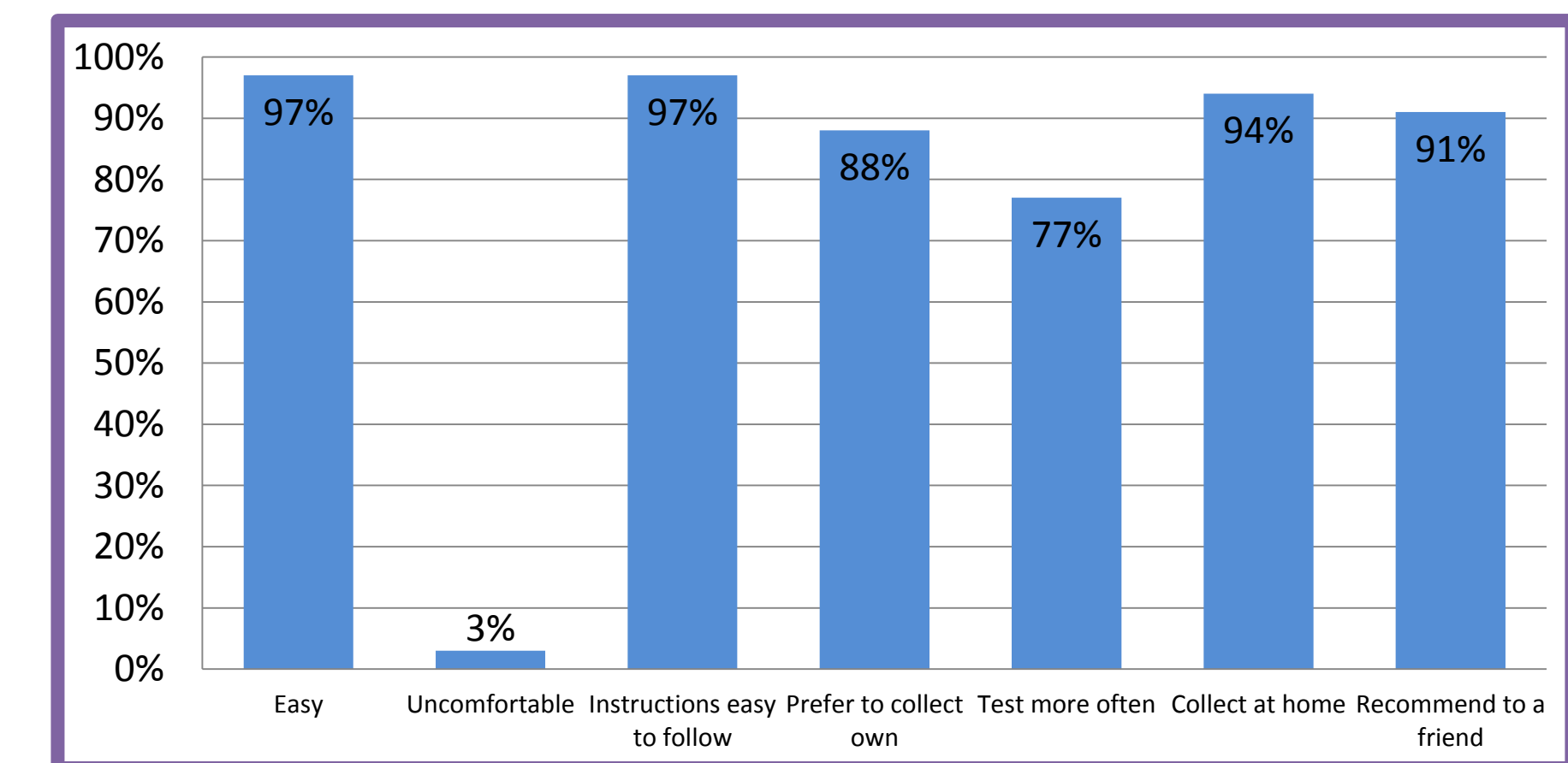


Figure 2. Acceptability of self-screening program.

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.

1. Sex Transm Dis. 37(12):771-776, 2010; 2. Sex Transm Dis. 42(4):171-179, 2015; 3. MMWR. 58(26):716-719, 2009; 4. Sex Transm Dis. 42(5):233-239, 2015; 5. Sex Transm Dis. 47(4):902-907, 2009; 6. Sex Transm Dis. 42(10):590-594, 2015.