Introduction and Directions

Introduction

This survey was developed by the DHMH Center for Sexually Transmitted Infection Prevention (CSTIP) to periodically assess sexually transmitted infection (STI) program capacity and sustainability at the local level. This survey is intended for all local STI programs, including those programs that contract out STI clinical services and those programs with combined STI and Family Planning programs.

Results of the survey will assist CSTIP in assessing your program needs, monitoring your program capacity and changes over time, and will assist CSTIP in its program planning. Additionally, the results from this survey will assist CSTIP in advocating for your needs at the national and state level whenever possible.

Aggregate level results of this survey will be disseminated to all local STI programs.

Directions:

Please fill out every question to the best of your ability. Please consult with your colleagues as needed to complete the survey; however, only submit one survey via Survey Monkey per local health department (LHD). Please complete this survey by December 19, 2014.

If you have any questions regarding this survey, please contact Sandra Matus at sandra.matus@maryland.gov.

We appreciate you taking the time to complete this survey!

Program Operations

*1. Does your LHD contract out STI clinical services to local providers?

- Yes
- No

If YES, please list contractual agency or agencies

*2. What, if any, overlap is there between your STI and Family Planning programs? (check all that apply)

- [ ] The same clinician(s) sees STI and Family Planning patients
- [ ] STI and Family Planning patients can be seen on any day clinic is open
- [ ] The same supervisor manages both the STI and Family Planning programs
- [ ] There is no overlap between our STI and Family Planning programs
- [ ] Other (please specify)

*3. Do you consider your STI and Family Planning programs to be combined or integrated?

- Yes
- No

If YES, when were the programs integrated?

*4. How many STI clinic sites does your LHD have?

*5. How many days and hours a week are STI clinical services available at the STI clinic (s) in your jurisdiction? (Note: if more than one clinic, provide aggregate data)

of days per week

# of hours per week

*6. Can patients seeking STI clinical services be seen outside of regular clinic days/hours?

- Yes
- No

***7. Do you have a special youth clinic or specific clinic hours for youth seeking STI clinical services?**

- ○ Yes
- ○ No

***8. Do any of your STI clinic sites offer expedited/fast-track visits?**

- ○ Yes
- ○ No

***9. What types of visits are available? (check all that apply)**

- ☐ Appointment
- ☐ Walk-in
- ☐ Same day appointments

***10. Are STI clinical services limited to residents in your jurisdiction?**

- ○ Yes
- ○ No

11. (Optional) Would you like to provide any additional information or context about your answers to the questions in this section?

Client Demographics

For questions 11-14, please provide the total number of unduplicated patients who received STI clinical services in State Fiscal Year (SFY) 2014 (July 1, 2013 through June 30, 2014).

*12. Total number of unduplicated patients in SFY 2014 by race/ethnicity.

Hispanic	
Non-Hispanic White	
Non-Hispanic Black	
Other	
Not available, please describe why these data are not available to you	

*13. Total number of unduplicated patients in SFY 2014 by gender.

Male	
Female	
Transgender	
Transgender male to female	
Transgender female to male	
Not available, please describe why these data are not available to you	

*14. Total number of unduplicated patients in SFY 2014 by age.

Younger than 16	
16-20	
21-24	
25-44	
>44	
Not available, please describe why these data are not available to you	

*15. Total number of unduplicated patients in SFY 2014 by payer type.

Public insurance (Medicare, Medicaid, or combination of both)	
Private Insurance	
Uninsured	
Insured, but clients self-pay	
Not available, please describe why these data are not available to you	

16. (Optional) Would you like to provide any additional information or context about your answers to the questions in this section?

Health Records and Billing

***17. Are you currently using an Electronic Medical Record (EMR) or Electronic Health Record (EHR) system in your STI clinic?**

- ○ Yes
- ○ No
- ○ N/A because we contract out STI clinical services

***18. Which of the following reports, if any, are you able to produce from your EMR/EHR or any other electronic data system? (check all that apply)**

- ☐ Patient demographics (e.g. age, sex, race/ethnicity)
- ☐ Sexual behavior
- ☐ Number of clinic visitis
- ☐ Number of unduplicated patients
- ☐ Reports with customized criteria
- ☐ No, I cannot run reports from EMR/EHR or Practice Management System
- ☐ Don't know
- ☐ Other

Please specify other types of reports

***19. Does your STI program currently bill for third-party reimbursement?**

- ○ Yes
- ○ No
- ○ N/A because we contract out STI clinical services
- ○ Don't Know

Health Records and Billing

***20. What was the approximate start date that your program began billing? Provide Month/Year.**

***21. Is your third-party billing done in-house?**

- Yes
- No

Health Records and Billing

***22. Does your program plan to initiate billing for third party reimbursement?**

- No
- Don't Know

Yes, approximate start date. Provide Month/Year

23. (Optional) Would you like to provide any additional information or context about your answers to the questions in this section?

STI Program Capacity

***24. Please indicate whether local funds supporting your STI program increased, decreased, or remained the same from SFY 2014 to SFY 2015.**

- ○ There are no local funds for STI
- ○ Increased
- ○ Decreased
- ○ Remained the same
- ○ Don't know

STI Program Capacity

***25. Please estimate the percentage increase or decrease.**

Estimated % increase:

Estimated % decrease:

26. During SFY 2014, please indicate the changes that occurred in the number of FTEs for each job classification. (Note: please include only permanent increases or decreases in FTEs. If a position is vacant, please note in vacancies column).

	No Change in FTEs	Decrease in FTEs	Increase in FTEs	Current Vacancies in FTEs	Don't know or N/A
MD					
Nurse Practitioner/Physician Assistant					
Nurse					
Medical Assistant					
Clerical Staff					
Program Manager					
Non-managerial administrative staff					
Disease Investigation Specialist (DIS)					
Community health outreach worker					
Health educator					

Other, please specify.

27. How have staffing changes affected your STI program capacity?

28. (Optional) Would you like to provide any additional information or context about your answers to the questions in this section?

STI Clinical Services

***29. Were any of your clinical STI or Family Planning services discontinued in SFY 2014 (July 1, 2013 through June 31, 2014)?**

- Yes
- No

If yes, please specify.

***30. For each of the following services, please indicate if the service is available at your STI clinic(s) or contractual provider, or if you refer patients to another program within you health department (HD) or to a non-health department provider with whom you have no contract.**

	Available at STI clinic or contractual provider	Refer to another program within HD	Refer to FQHC or CHC	Refer to private provider	We would like to refer but don't know where to send patients	Service not provided, patients not referred out	Don't Know
HPV testing							
HPV vaccine							
Hepatitis A vaccine							
Hepatitis B vaccine							
Hepatitis C testing							
HIV medical care							
HIV case management							
High Intensity Behavioral Counseling							

HD = Health Department
FQHC = Federally Qualified Health Center
CHC = Community Health Clinic

***31. Please indicate how often the following types of providers refer patients to you.**

	At least once per month	Less than once per month	Never
Hospitals			
Private providers			
CHC or FQHC			
Other			

Please specify

32. Please indicate the top three services for which you most frequently get referrals.

- ☐ STI testing
- ☐ HIV testing
- ☐ Partner Services
- ☐ Family Planning
- ☐ Rocephin (Ceftriaxone) injection
- ☐ Bicillin injection
- ☐ Other (please specify)

***33. Please indicate which of the following STI screening activities are currently funded or staffed by your program. Funding may be from any fund source (i.e. local, DHMH core public health, DHMD STI categorical, other grants, etc.). Check all that apply.**

	Chlamydia	Gonorrhea	Hepatitis C	HIV	Syphilis	Don't know	N/A
Jails	☐	☐	☐	☐	☐	☐	☐
Commercial sex venues	☐	☐	☐	☐	☐	☐	☐
Mobile vans	☐	☐	☐	☐	☐	☐	☐
Community organizations	☐	☐	☐	☐	☐	☐	☐
High schools	☐	☐	☐	☐	☐	☐	☐
Colleges or Universities	☐	☐	☐	☐	☐	☐	☐

Other (please specify)

***34. Does your STI program offer routine HIV screening to all patients?**

- ○ Yes
- ○ No

STI Clinical Services

***35. Under what circumstances does your STI program provide HIV testing? (select all that apply)**

- ☐ When patient reports risk or exposure
- ☐ When patient is pregnant
- ☐ When requested by patient
- ☐ When diagnosed with primary or secondary syphliis
- ☐ When diagnosed with latent syphilis
- ☐ When identified as a partner/contact through Partner Services
- ☐ In selected gonorrhea cases (e.g. MSM, youth)
- ☐ In all gonorrhea cases
- ☐ When HIV symptoms are present

Other (please specify)

36. (Optional) Would you like to provide any additional information or context about your answers to the questions in this section?

Provider Relations and Outreach

***37. Do your STI program staff (including DIS) visit clinical providers in your jurisdiction to promote health department services, provide public health updates, or provide other STI information?**

- ○ Yes
- ○ No
- ○ Don't Know

***38. What types of health providers did your program visit in the last 12 months to promote health department services, provide public health updates, or provide other STI information? (check all that apply)**

	Yes	No	Don't know
Private Practices	○	○	○
HIV care providers	○	○	○
FQHCs or CHCs	○	○	○
School-based clinics/wellness centers	○	○	○
Emergency departments or urgent care	○	○	○
Other	○	○	○

Please specify

Provider Relations and Outreach

39. Who within your program visited these providers in the last 12 months?

- DIS
- Nurses
- Case Managers
- Other Staff (please specify)

***40. Aside from in-person visits to providers in your community, does your STI program have a mechanism in place for distributing STI-related information or alerts to providers in your community?**

- Yes
- No
- Don't Know

Provider Relations and Outreach

***41. Please indicate the mechanism(s) you use to distribute STI-related information or alerts to providers in your community? :**

- ☐ Mail
- ☐ Fax
- ☐ Email
- ☐ Other (please specify)

42. (Optional) Would you like to provide any additional information or context about your answers to the questions in this section?

Program Developments, Barriers, and Needs

43. What do you see as recent or upcoming positive developments for your STI program?

44. What do you see as recent or upcoming barriers to providing STI services in the future?

45. Please describe any upcoming programmatic, structural, or technological changes planned for your STI program.

46. Do you have any comments about what the DHMH Center for STI Prevention (CSTIP) could do to help you accomplish your programmatic goals?

47. What, if any, training or technical assistance needs do you have?

Contact Information

***48. We may have follow-up questions to clarify some of your responses. Please provide us with your contact information. Thank you!**

Name:	
Health Department:	
Email Address:	
Phone Number:	