Expanding the Role of Retail Health Clinics in Addressing Sexually Transmitted Infections: Selected Findings from a Qualitative Study and Recommendations for the Future

Sexually transmitted infections (STIs) continue to climb, with nearly 20% of Americans affected in 2018, and over half of new infections occurring among youth ages 15-24.[1,2] To address the high burden of STIs, high-quality screening, diagnosis, and treatment services must be widely available and accessible to the public. Retail Health Centers (RHCs)—which are located in high-traffic retail sites, such as pharmacies, food stores and other retail settings—can play a significant role in offering services to patients across the US. In fact, with 3,000 locations in 44 states, over 50% of the US population lives within a ten-minute drive of an RHC.[3]

This document summarizes findings from a project conducted by the Convenient Care Association (CCA), in partnership with Altarum, with funding from the Centers for Disease Control and Prevention (CDC).

STIs can have serious long-term health consequences, including infertility, sterility, pelvic pain, and complications during pregnancy, and can increase susceptibility to other diseases, including HIV. At the same time, many Americans are not getting recommended preventive services that can detect or prevent STIs. Nearly half of all women (42%-49%) were not screened annually for chlamydia in 2019;[4] just over half of teens were up to date on the HPV vaccine in 2019;[5] and only about half (46%) of nonelderly adults have ever been tested for HIV.[6]

RHCs and Their General Role in Health Care

Over the past two decades, RHCs have grown to play a valuable role in health care provision. RHCs offer affordable, accessible, episodic care that often serves as an alternative to visits with traditional primary care providers (PCPs), which often require advanced scheduling and potentially long wait times once in the office. Additionally, RHCs offer an option for those without a medical home. RHCs, frequently located in high-traffic retail sites with adjacent pharmacies, are usually open seven days a week with extended hours. The approximately 3,000 RHC locations are primarily run by large chains (CVS, Walgreens, and Kroger).

[1] Centers for Disease Control and Prevention. (2021). Sexually transmitted infections prevalence, incidence, and cost estimates in the United States. Accessed 3/30/2021 at: CDC.gov/std/statistics/prevalence-incidence-cost-2020.htm
[2] Centers for Disease Control and Prevention. (2021). Sexually Transmitted Disease Surveillance 2019. Accessed 5/18/21 at: https://www.cdc.gov/std/statistics/2019/default.htm
[3] Based on information from the Convenient Care Association, the national trade association of companies and healthcare systems that provide healthcare in retail-based locations.
[4] NCQA, HEDIS Measures, Chlamydia Screening in Women, 2019.
[5] DHHS, MMWR, August 21, 2020/69(33):1109-1116. "National, Regional, State and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years - United States, 2019.
[6] CDC. Behavioral Risk Factor Surveillance System, 2017.

Care in RHCs is provided by licensed, highly trained providers—most often nurse practitioners (NPs) and physician assistants (PAs)—who are qualified to diagnose, treat, and prescribe medications for common medical conditions (in states where applicable), as well as to administer preventive care. RHC providers are supported by electronic health records and are trained to follow evidence-based clinical guidelines, including CDC protocols for STD prevention and treatment. Research has found that the quality of care provided by NPs and PAs is comparable to that of physician-delivered care.[7]

RHCs provide a range of services, with a focus on acute care, although they also provide management of chronic diseases. As RHC locations have continued to expand – from 2,600 clinics in 2018 to 3,000 clinics in 2020 – so have their services. Many RHCs are now evolving to offer one of two models of care: health hubs or virtual care. Health hubs offer expanded services and longer appointment times that mirror those offered by traditional primary care providers. Virtual care offers expanded access and convenience through remotely delivered telehealth.

Since 2018, RHCs have been providing care for about 50 million patients annually.[8] Two-thirds of patients served by RHCs do not have a primary care provider. Young adults and middle-aged adults comprise the largest group of retail health patients. There are many reasons patients choose to seek care at a retail clinic, including inability to get an appointment with their PCP, not having a PCP, cost, and convenience.[9] The majority (~90%) of patient visits are for the following conditions and services: influenza, upper respiratory infections, sinusitis, bronchitis, sore throat, inner ear infections, swimmer's ear, conjunctivitis, urinary tract infections, immunizations, and blood tests.

RHCs and Their Role in STI and Sexual Health Care

Most STI conditions can be diagnosed and treated in a retail health setting; however, fewer than 10% of patient visits in RHCs are reported to be for symptomatic STI conditions. Yet, large RHCs have reported that the number of their patients with STIs has more than doubled since 2012, largely due to an overall increase in retail health service utilization.

The vast majority of RHCs in the US can provide comprehensive STI evaluation and treatment, as well as additional sexual and reproductive health services such as contraception, HPV vaccines, and pregnancy care. In fact, 97% of RHCs provide evaluation for a wide range of STIs, including bacterial vaginosis, chlamydia, gonorrhea, hepatitis, herpes, HIV/AIDS, human papilloma virus (HPV) pelvic inflammatory disease (PID), syphilis, trichomoniasis, and other conditions such as chancroid and scabies. In addition to evaluation, many (though not all) RHCs can provide care and treatment, 3-site STI testing, and evaluation and treatment for partners who have a positive STI result. All major RHC chains adhere to CDC protocols and procedures for training providers, testing, and treatment for STIs.

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[7] Mundinger, Mary. "Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians," JAMA, 2000.
[8] 2020 Retail Health Capacity Report: STIs in the US. Nate A. Bronstein, COO, CCA.
[9] Wang MC, Ryan G, McGlynn EA, & Mehotra, A. (2010). Why do patients seek care at retail clinics and what alternatives did they consider. Am J Med Qual, 25(2): 128-134.

Most STI conditions can be fully evaluated and treated within the retail health setting; however, sometimes they will be referred out for bloodwork and/or treatment. All RHC providers are trained to review the results of urine and blood tests to determine whether a patient has an STI, and to provide treatment. A standardized charting system within RHCs requires providers to follow-up with patients who have received a requisition for bloodwork. For conditions such as Hepatitis B/C, syphilis, and HIV, patients diagnosed at an RHC may be referred out to other providers for treatment. Pregnant patients who require STI treatment are also referred to other healthcare providers. However, most patients who require STI services can be treated within the retail health setting.

Summary of CCA 2020 Retail Health Capacity Project: STIs in the U.S.

In a series of virtual focus groups conducted with 27 RHC providers, clinical managers, and administrative leadership, CCA explored the role, capabilities, barriers to and benefits of STI screening and treatment in RHCs. Participants also completed a brief survey that asked seven yes/no questions about respondents' beliefs and experiences pertaining to STI services in RHCs.

All three respondent types believe that retail health can play a larger role in serving the sexual health needs of their communities. Respondents also consistently expressed great confidence in retail health's ability to treat STIs and felt that providers were adequately trained to interpret clinical diagnostic findings and to provide treatment to patients. In addition, respondents consistently reported that when patients initiate discussions about STIs, RHC providers are comfortable conducting STI screenings and taking their sexual history.

Both leadership and practice managers referenced the utilization of supporting CDC tools and guidelines for diagnosis and treatment of STIs. Respondents also consistently noted that RHC electronic health record/electronic medical record (EHR/EMR) systems are specifically designed to include questions for sexual history-taking.

But while respondents representing leadership tended to point out that sexual history questions are expected to be consistently included in a patient visit, providers and practice managers frequently reported that few providers regularly and proactively *ask* these questions of asymptomatic patients. Reasons cited for this include discomfort asking about and discussing sexual health, the perception that sexual health is not relevant to a patient's current health concerns, the EMR questions are optional, and the lack of oversight and accountability in the review process. This finding mirrors that of research conducted with non-retail health care providers. In a narrative review of sexual history-taking in clinical settings, low-adherence to CDC STD Guidelines to obtain sexual histories was consistently found across ten different research studies.[10]

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[10] Brookmeyer KA., Coor A., Kachur RE, Beltran O, Reno HE, & Dittus PJ. (Ahead of print). Sexual history taking in clinical settings: A narrative review. Sexually Transmitted Diseases. DOI: 10.1097/OLQ.0000000000001319

Survey Findings

Results of the survey completed by all focus group participants are summarized in Figure 1 below. There was total agreement across provider types for the items "*Retail Health plays a large role in supporting the sexual health of a community*" and "*Providers are adequately trained for STI screening and sexual history taking*".

The biggest discrepancies across provider types pertain to beliefs about prioritizing and training. Only 16% of providers feel that STI testing is a top priority in the retail health setting, whereas more than three-quarters of leadership responded "yes" to this item. Similarly, less than 60% of providers agreed that they are adequately trained for STI screening and sexual history-taking, whereas 100% of respondents in leadership positions feel training is adequate.

Figure 1: Survey Results – Percentage of Respondents who Selected "Yes"

Survey Item	Providers (n=12)	Practice Managers & Regional Directors (n=6)	Leadership (n=9)
	"Yes"	"Yes"	"Yes"
Retail Health plays a large role in supporting the sexual health of a community	100%	100%	100%
STI testing is a priority in the retail health setting	75%	83%	100%
STI testing is a *top* priority in the retail health setting**	16%	50%	77%
STI testing and treatment is adequately advertised to our patients	83%	50%	88%
Providers are adequately trained to test and treat STIs	100%	100%	100%
Providers are adequately trained for STI screening and sexual history taking	58%	66%	100%
COVID-19 has had a major impact on STI screenings and treatment in retail health	91%	100%	100%

***All respondents noted that currently, the top priority is COVID-19. Follow-up in subsequent focus groups found that STI testing and treatment still tends to fall lower than other more commonly seen conditions in retail health.*

Due to the small sample size, statistical significance cannot be determined, nor can the findings be generalized broadly. However, they help ground the qualitative findings obtained in the focus groups and provide insight into variations across respondent types that may be important to consider when creating strategies for improvements.

Barriers and Challenges to Delivering STI Services in RHCs

The findings of CCA's study identified several interwoven challenges and barriers to conducting STI screening and providing treatment in RHCs. These themes emerged in discussions across the four focus groups. They are summarized in Figure 2 below.

Figure 2: Barriers and Challenges to STI Service Delivery in RHCs

Cost of Care
Cost—specifically patients being unable to afford blood tests or STI treatment—was consistently noted as either the biggest, or one of the biggest barriers across all respondent types. Several respondents noted that STI-related services are frequently not paid for because patients ask that they not be billed through insurance, due to confidentiality concerns.
Lack of patient comfort and confidentiality concerns
Focus group respondents reported that patients are often embarrassed or afraid to discuss their sexual health, noting that this is particularly true for younger patients covered by their parents' insurance who are concerned about confidentiality. Respondents also reported that often patients do not want information about STI care to be public or to be shared with partners or family members.
Age Restrictions
Age restrictions vary by state, but most RHCs offer screening and treatment to patients who are 18 years and over. Some states require parental oversight for proactive STI screenings. This can be a significant deterrent to teens seeking care in RHCs.
Insufficient advertising by RHCs
All major chains list STI services on their websites, but our focus groups reported that they do not have dedicated advertising or marketing campaigns relating to STI services. Some respondents noted that a handful of specific clinics located in STI "hotspots" (such as near cruise ship ports and college towns) have focused advertising on their STI and sexual health services. However, all focus group respondents agreed that no major promotion of STI testing and treatment services had occurred on a significant scale. Respondents suggested that this may be due to STI and sexual health services yielding relatively low revenue, since these services often go unpaid.
Lack of referrals/promotion by federal/state/local health departments
Respondents who represent RHC leadership noted there are too few partnerships with and referrals from health departments to promote STI services in RHC settings.
Discomfort with sexual history-taking & reactive vs. proactive care by HCPs
Providers and practice managers discussed a significant level of discomfort in proactively asking sexual health questions, noting a higher level of confidence in having these conversations when they are initiated by patients. This is supported by the survey results which suggest that while there is adequate training to

test for and treat STIs, many providers feel insufficiently trained to conduct screenings and take sexual histories, particularly when discussions about STIs and sexual health are not initiated by patients.

In addition, while STI treatment is prioritized in retail health settings, practice managers noted that proactively initiating conversations around sexual health does not appear to be; in other words, clinics are effectively testing for and treating STIs once patients request services, but because providers are not held accountable for how often and how well they proactively conduct screenings, the underlying message might be that routine screening and sexual history taking are not a priority.

Recommendations and Considerations for the Future

The CCA study yielded a wealth of insights into the sexual health and STI-related services offered by RHCs. Below we describe some of the key issues that, if addressed, could help overcome existing barriers and increase patient access to high-quality, low-cost STI and sexual health care in RHCs.

1. *Train and educate providers to increase comfort, skill, and prioritization of proactive screening and sexual history-taking.*

RHCs could play a much bigger role in reducing STI burden and transmission if they prioritized screening and sexual history-taking for a considerably higher percentage of patients. Training programs should focus on increasing providers' understanding of the importance of initiating sexual health discussions consistently. They should also incorporate practical case studies that demonstrate the many opportunities to introduce conversations about STIs and sexual health into routine office visits. Training materials, including practical tools and job aids to seamlessly integrate into practice, as well as workshops to build self-efficacy and skills, could make a significant impact.

2. *Increase oversight to include reviews for sexual history-taking.*

CCA study findings indicate that providers are not consistently reviewed for sexual history-taking. Training practice managers to elevate the importance of this practice would incentivize providers to consistently include sexual history questions when screening patients in clinical practice.

3. *Prioritize and increase direct RHC advertising campaigns for STI testing and treatment services.*

Most patients appear to learn about retail health availability for STI treatment and screening through "word of mouth" or a listing on retail health operator websites. RHC investment in advertising and promotion of their high-quality STI and sexual health services could yield a considerable increase in the public's understanding of the care available to them. To better understand patient perceptions, barriers, and needs and to help craft messages that will be of greatest appeal, qualitative research with the public would be extremely valuable.

4. Implement policies and protocols that will increase the ability of RHCs to offer consistent and low-cost care.

These policies could address:

- *Practice authority:* While issues pertaining to restricted practice authority extend beyond STI screening and treatment, there could be a notable impact on STI services provided by RHCs if more states supported variations of full practice authority. Full practice authority permits providers to perform all relevant duties and responsibilities as outlined in their licensure.
- *Age restrictions*: Age restrictions limit the number and age of patients proactively seeking care. In many states, younger patients need parental consent to receive care, which is an automatic deterrence for some. Policies designed to ease or create exceptions to strict requirements for providing care and reporting back to parents of patients under 18 could have a dramatic impact on screening and treatment for STIs in a population with some of the highest STI prevalence rates.
- *STI reporting*: Capacity and efficiency could also be improved if STI reporting were significantly more streamlined. Protocols currently in place in a handful of states have reporting standards that are significantly less complicated. Working with these states to establish a set of criteria and protocols that could be applied in other states could have a significant impact.
- *Additional policy recommendations* include expansion of the 340B program to more RHCs (a drug price control program that allows qualifying healthcare organizations to purchase outpatient drugs at discounted prices), and greater collaboration with state health departments to share data and information, and to increase referrals.

Conclusion

Retail health clinics—with approximately 3,000 locations nationwide and expanding—are in a unique position to help meet the sexual health care needs of their communities, and they are committed to doing so. RHCs have become a go-to healthcare option for many services, such as flu and COVID-19 vaccines. Yet, when it comes to STI testing, diagnosis, and treatment, and other sexual health services, RHCs are significantly under-utilized. By increasing public awareness, delivering training and technical assistance to providers so they proactively perform screening and provide services, and implementing policy and protocol changes to offer consistent and low-cost care (e.g., reducing age restrictions, and increasing practice authority), we can reach more people, and improve and simplify access and availability. Given the serious toll that STIs can take on the public's health, providing access to high quality, convenient, and affordable care is essential. RHCs—with their ubiquitous names, convenient locations, and wide variety of services—make it easier to normalize and even de-stigmatize these services.

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