Improving Sexual Healthcare among Men who have Sex with Men (MSM): The Power of Performance Indicators

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ISSUE

- Chlamydia and gonorrhea are two commonly diagnosed sexually transmitted infections (STIs) among men who have sex with men (MSM), and are considered co-factors for HIV transmission and acquisition.
- For MSM at highest risk of HIV, the CDC recommends 3-site (urethral, rectal, and pharyngeal) STI screening every 6 to 12 months.
- However, performance on 3-site screening is not consistent across providers, resulting in less than optimal care for this vulnerable population.

SETTING

- The New York City Department of Health and Mental Hygiene (NYC DOHMH) funded Sexual and Behavioral Health (SBH) programs at 6 clinical facilities
- SBH programs provide holistic, co-located services to uninsured/underinsured HIV-negative MSM and other populations at risk, with the ultimate goal of preventing new HIV infections
- NYC DOHMH uses data submitted by the SBH programs to track key indicators of programmatic success and regularly provides reports to the funded programs to support data-driven technical assistance.

PROJECT

- Project Goal: Increase 3-site STI screening for all MSM SBH clients through data-driven technical assistance
- Project Timeline:
  - November 2013: Performance indicators were introduced to SBH program administrators
  - June 2014: First biannual progress reports were provided to each SBH program
- Project Activities:
  - Included aggregate (all SBH facilities) and facility-specific results for 3-site screening indicators were included (Figure 2)
  - February 2015: Began monthly quality assurance reports and monthly technical assistance calls
  - Development ofInfrastructure and year-to-date progress on 3-site STI screening indicators (Table 1)
  - Calls included a discussion of the DOHMH Project Officers (POs) and program administrators, sought to identify barriers to 3-site STI screening, and potential solutions.

RESULTS

- Figure 3. Example of 3- Site STI Screening Indicators from Biannual Progress Report, Sexual and Behavioral Health Programs

- Table 2. Characteristics of MSM Clients Enrolled in Sexual and Behavioral Health Programs, October 2013- December 2014

- Table 3. Example of 3-Site STI Screening Indicators on Monthly Quality Assurance Report, Sexual and Behavioral Health Programs

- Figure 4. Comparison of STI Screenings among MSM That Have 3 Site Screens and Each at Site: Quarter 4 (Q4) 2013 and Q4 2014

- Figure 5. Screening Services

- Figure 6. Total STI Screen Positivity Overall and by Site

LESSONS LEARNED

- Routine reporting on clinical indicators was an important tool for tracking adherence on key clinical priorities for MSM.
- Provisions of indicators data facilitated data-driven TA, promoting supportive sexual and behavioral health programs for populations at high risk for HIV acquisition and transmission.
- Emphasis on performance for these contracted programs can serve to improve practice among providers more generally.
- Continuous communication between Project Officers and programs enhance program improvement.

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