GUIDE TO GAY STD CLINIC OPERATIONS

The following is a summary from the workshop, "A Guide to Gay STD Clinic Operations," held at the Fourth National Lesbian/Gay Health Conference in Houston, June 5. The purpose of the workshop, which was chaired by NCGSTDS chairperson Mark Behar, was to generate, discuss and share information, ideas, & exeriences about the important aspects of operating a gay STD clinic efficiently. An outline format is used to allow other information or commentary to be written in. Your feedback, comments, & additions are encouraged to help make the Guide as all-inclusive as possible. Please address your reactions to the NCGSTDS, PO Box 239, Milwaukee, WI 53201, or call 414/277-7671.

I. Why a Gay STD Program?
- Encourages community involvement & responsibility for own health
- Competition with municipal services & private sector, which helps improve all services
- Starting place for gay medical professionals to begin
  - Not all gay physicians (and other health care providers), like heterosexual ones, are good
- Forum for research
- Advantages over municipal clinics, private doctors or clinics
  - Comfort; sensitivity to client needs; efficiency (cost-benefit)
  - Concerned & empathetic volunteer staff
- Disadvantages
  - Not always able to provide comprehensive care (ie, fragmented health care)

II. History & Progression of Gay STD Service Development
- Initially, an unorganized community with interested individuals
  - Need to deal with increasing morbidity, poor mainstream health care
- Gay political-social organizations recognized need to expand into health care
- Umbrella gay social service agencies was the next stage of evolution
  - Counseling, hotline, consciousness raising groups
  - Teen services
  - Housing services
  - Legal aid services
  - Alcoholism & drug abuse
  - Referrals to gay oriented businesses, professionals, etc.
  - Venereal diseases & physical health care (interestingly, the only money generator)
- Gay STD Services were finally created
  - New York (?1969), Los Angeles (1972), Washington, DC (1973), Chicago (1974) Boston (1971), Milwaukee (1974); Tucson, Berkeley, Atlanta, Baltimore, Ann Arbor, Detroit, Philadelphia, Houston, Seattle, Madison (all 1977 or later)
  - Initial services: screening, counseling, referral ("diagnosis oriented")
    - Testing for gonorrhea & syphilis, then referral
    - Outreach services to bars, baths, street celebrations, mobile VD van
  - Treatment ("disease treatment orientation")
    - First, gonorrhea, syphilis, crabs & scabies; then expansion to other STDs
  - Well person/health maintenance ("prevention orientation")
    - The orientation of the 1980s?
- There has been a conspicuous absence of unified lesbian & gay health care programs. In many communities this may be feasible; in others, not.
- There is clearly a need to encourage routine health maintenance in lesbians
  - To include but not limited to breast examination, regular Pap smears, and the diagnosis & treatment of vaginitis
- What next?

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III. Forms & Records
- Medical charts (to include comprehensive medical history/data base)
  - Single sheet or envelope, or folders with multiple forms
  - Confidentiality of medical records & billing
    - Patient's name & ID number or code
    - Kept under double lock when unattended
  - Morbidity & demographic (epidemiology) data
    - For research, quality assurance
  - Code diagnostic entries for easy access & retrievability (computer access is not unattainable--plan for the future!)
    - International Classification of Diseases (ICD-9-CM)
    - International Classification of Health Problems in Primary Care (ICHPPC)

IV. Staff
- One central person who has responsibility, commitment, and authority
- Volunteer vs. salaried; lay vs. professional; part vs. full time
  - Staff with patient contact: screening, clinicians, interviewers, counseling, phlebotomists, etc.
  - Staff without patient contact: clinic manager, medical records, maintenance, equipment & supplies person, etc.
  - Keep track of volunteer's hours worked as "in kind donations of time"--valuable for budget writing, grant applications, etc.
- Training--initial & continuing
  - Recruitment: define scope, responsibilities, qualifications, etc.
  - New staff probationary period
  - Set performance standards for evaluation
  - Consistancy & discipline for rule infractions (eg, violation of medical confidence)
  - Training to include didactic & practical sessions
  - Training to encourage additional training in Red Cross first aid & CPR
- Scheduling--not an easy task
  - Efficiency
  - Rotation to prevent favoritism or burnout vs. teams of same staff members working together on same days (consistancy & order for staff assignments--they learn & do job well together--this is efficient, and also encourages continuity of care)
- Ongoing--esprit de corps, camaraderie
  - Regular staff meetings for policy advisories--democratic process
  - Parties, picnics, other sharing of good times
  - Active participation/liaison with Board of Advisors/Directors (Board of "Direction")
- Circulate organizational chart for staff hierarchy
- Every staff member should have their own "first name" name tag, to be kept at clinic and worn when there
- Assign responsibilities to staff for out-of-clinic inservices (eg, CPR for area bartenders, and others)

Example of an 8 session, 20 hour training program offered by the Gay Men's Health Collective, Berkeley, Spring, 1982:

Session 1 (2 hours)--Introduction
- History, Philosophy of care, Goals & objectives of the Collective (30 minutes)
- Overview of training to review shcedule of classes, skills learned and the role of the volunteer "medic," and commitment (15 minutes)
- Gay men and STDs--Rates & reasons, Role of rectal sex, and Sexual Lifestyle Audit (review of risk factors, etc.) (60 minutes)
- Tour of facility (15 minutes)

Session 2 (2 hours)--Gonorrhea & Non-gonococcal Urethritis
- Gonorrhea (40 minutes)
- NGU/NSU (20 minutes)
- Gram staining (lecture & demonstration) (15 minutes)
- Culturing procedures (practicum) (45 minutes)

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Session 3 (3 hours)
The Physical Man
Anatomy & physiology (45 minutes)
Selfexamination techniques (lecture & demonstration) (30 minutes)
Genital & rectal examination (demonstration & practicum) (90 minutes)
Session 4 (3 hours)
Venipuncture (lecture-demonstration-practicum) (180 minutes)
Session 5 (2 hours)
Syphilis & Herpes Simplex
Syphilis & lab tests for diagnosis (50 minutes)
Herpes simplex (70 minutes)
Session 6 (3 hours)
Gay Identified STDs
Parasites/enteric illnesses (60 minutes)
Hepatitis (60 minutes)
Acquired Immune Deficiency Syndrome & Opportunistic Infections (60 minutes)
Session 7 (2 hours)
Communications & Counseling Skills
The Chart--interviewing technique & vital information (20 minutes)
Communication Skills--to relax clients, to facilitate information exchange, to inspire confidence in testing process, and to discuss medical ethics (20 minutes)
Problem situations--fear, guilt & misconceptions; relationship hassles; contacts; straight & difficult clients; knowing our limitations & referrals (60 minutes)
Referrals--to another medic, MD, another clinic, or to outside sources (20 minutes)
Session 8 (3 hours)
Skin Problems & Chart Games
Skin Problems--Venereal warts, ectoparasites (crabs, scabies), miscellaneous rashes (molluscum contagiosum, jock itch, folliculitis) (15 minutes)
Chart Games--Preliminary diagnosis from medical records (practicum) (60 minutes)
Graduation

(For additional information, contact the Gay Men's Health Collective, Berkeley Free Clinic, 2339 Durant Avenue, Berkeley, CA 94704, 415/548-2570)

V. Client & Community Education
Brochures vs. single sheets as patient education aids (single sheets are best if folded in thirds for easy pocketing)
Prevention--"Guidelines & Recommendations for Healthful Gay Sexual Activity
Posters for bars & businesses
Newspaper ads & articles on health care
Lobbying libraries to obtain decent materials on gay health
Lectures & group discussions to gay & nongay audiences, especially on college campuses & at medical schools. (Make sure to indicate that "I'm waiving my usual $150 fee" (if so desired). Do not speak without compensation--honorarium, travel, per diem, free meal, etc., at least worth the equivalent of your lost wages & expenses. Don't be a sucker! Big name speakers rarely give free lectures.)
Every gay clinic should maintain a gay health & medical library, catelogued and monitored to discourage books disappearing.
Gay radio talk shows
Gay cable TV

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VI. Supplies & Equipment

Procurement Officer to maintain lists of supplies & equipment, furniture, etc. needed, and to supervise their acquisition through neighborhood rummage sales, governmental auctions & sales, contacting hospitals for surplus, or medical suppliers for donations or discount rates. Wealthy philanthropists may also be approached.

Expendible (consumable)

Medical supplies--blood tubes, needles, MTM culture plates & candle jars, Q-tips, calgiswabs or innoculating loops, bandaids, syringes, alcohol, tourniquets, cotton balls, medicines (penicillin, tetracycline, ampicillin, probenecid, podophyllin, anaphylaxis equipment, etc.), lubricating jelly, disposable anoscopes & vaginal speculums, exam table paper, gram staining reagents, etc.

Office supplies--postage, paper, envelopes, clip boards, pens, etc.

Nonexpendible

Medical supplies--microscope, examination tables, refrigerator, incubator, RPR rotator, etc.

Medical journals--British Journal of VD, Journal of STDs, Journal of the American Public Health Association, New England Journal of Medicine, Annals of Internal Medicine, Homosexual Health Reports, The Helper, The Official Newsletter of the NCGSTDS, etc.

Other supplies--from government surplus programs: typewriter, waiting room furniture (chairs, tables, lamps, radio), file cabinets, mimeograph/ditto/photocopy machine, pamphlet & magazine rack, soda & other refreshment machines.

VII. Public Relations

"No one is an island"

To insure your clinic's survival, you have to convince the community (gay & straight) that your clinic's services are indispensible!

Media--Ads, articles or reports on health

Handouts & brochures

Outreach services--bars, baths, street celebrations, mobile VD van

Affiliations with area academic institutions

Undergraduate & graduate

Medical school & physician assistant training programs

Nursing schools

Public health programs

Affiliations with public & private sector

Municipal, state, federal (including the CDC) health agencies

Private hospitals, clinics, physicians

Affiliations with the gay community

Social service organizations & agencies

Other groups (religious, social, political, special interest, cultural, motorcycle, business, bar guilds, sporting, etc.)

VIII. Funding--Income Sources & Anticipated Expenses

Income Sources (keep in auditable form)--We must take responsibility for funding that will insure our continued survival. We can't blame Congress or "Reaganomics" (would it accomplish anything positive?). If the services we provide are valued by our community, they won't allow us to fail due to financial considerations. Fundraising takes time. Auxillary body or committee is best suited for this.

Client fees (fixed, sliding scale, or donations), bartering, swap services for volunteering, allow VISA/MASTERCHARGE

Community fundraisers--benefits, auctions, dances, athletic events, bake sales, car washes, cooking contests, hair cut-a-thons, musical reviews, etc.

Direct grants/ccoperative agreements form government or private sources--money, services, medications, supplies, office space (lease for $1/year as tax write-off)

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Matching grants
Self-sufficiency of clinic encouraged
Gay business--bars are not big supporters unless they receive direct benefit; baths, bookstores, restaurants, etc.
Gay philanthropists--money, expertise, "in kind donations" (eg, computer time, typesetting services)
Friends of the Clinic program, for those who wish to donate money regularly
Straight business--Merck, Sharp & Dohme Pharmaceuticals, Levi Straus, Pepsi-Cola (these companies have already donated funds to gay causes)
Income tax write-offs (501(c)(3) status)
"Launder" your donations through a tax exempt group if you aren't exempt yet; Contact the National Gay Health Education Foundation, if you can't find a local group)
Funding sources are limited only by your imagination
$1 cover at bars; aluminum can recycling; soda machine in clinic waiting area

Expenses (keep in auditable form)
Day-to-day operations--equipment, supplies, medicines, license fees, insurance, utilities, phone, etc.
Payroll--low overhead with many volunteers, however it's best to have a full time salaried administrator
Travel expenses--local & out-of-town; gay health conventions & meetings, etc.

IX. Insurance
Malpractice for professional liability--a state by state dilemma (each state is different); usually very costly
Personal liability, property damage, fidelity insurance
Worker's compensation

X. Physical Plant & Patient Flow

Building
Must conform to municipal building & occupancy codes
Rent vs. own?
Storefront, church, apartment building, etc?
Parking available? Near public transit?
Location near the community served?
Client confidentiality & privateness assured by the floor plan?
Utilities--heat/air-conditioning or fan, electricity, gas, water
Telephone--multiple lines or "call waiting" so patients calling in won't get an annoying busy signal
Telephone answering machine
Ongoing repairs, remodeling, & maintenance
Floor plan conducive to patient flow?

Patient Flow
Efficiency model--1 staff for each patient (patient gets all services from 1 staff)
Team model--Several staff for each patient

XI. Trouble Shooting & Problems
Keep goals in sight, clearly defined so you can identify progress: low cost high quality gay health care (no empire building!)
Use system of checks & balances (staff, administrators, Board of Advisors)
Personalities, politics, power, possessiveness ("It's my clinic!")--the 4 Ps
Board of Advisors (Board of "Direction" rather than "Directors")
Differences in opinion or strategies may result in staff divisiveness

Staff communication, with democratic decision making
"Closet" staff (hard to reach people for scheduling & training); "In-ies & Out-ies"
Staff burnout, overextension, doing everything yourself

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Responsibilities
- Openning clinic on time
- Being & acting professional at all times (to foster patient confidence & acceptance of care you're offering)
- Scheduling
- Appease the angry patient even if they're wrong, especially if they're right, in a quiet, professional manner
- Music offers the perception of decreased waiting time

XII. Procedures & Protocols, Services Offered
- Regularly updated "Manual of Operations/Standard Operating Procedures" for easy referral to by staff
- Chain of command for efficient problem resolution
- Sexually Transmitted Diseases
  - Gonorrhea--controversy about routine trisite gonorrhea culturing for gay men. Overall, testing should be appropriate to patient's sexual activities & requests, with cost-benefit considerations in mind. Specifically, about:
    - GC-urethral--questionable incidence of urethral GC in asymptomatic gay men; first voided morning urine ("first squirt") brought in immediately may replace routine calgiswab/innoculating loop for culturing or gram staining
    - GC-oropharyngeal--evidence that it is self-limiting, and that it does not desseminate, and that it is difficult to transmit
    - GC-rectal--gay patient's never having rectal intercourse or manipulations need never have a rectal culture; anoscopy is recommended but there is controversy about greater positivity using anoscope.
  - Syphilis, crabs & scabies, venereal warts (anoscopy required), herpes, hepatitis B, A, non-A non-B, enterics (amebiasis, giardiasis, shigellosis, campylobacter), nongonococcal urethritis & proctitis, Acquire Immune Deficiency Syndrome (Kaposi's sarcoma, pneumocystis carinii pneumonia, other opportunistic infections), chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, etc.
  - Vaginitis in lesbians
- Non-STDs
  - Hypertension, alcoholism & drug abuse, tobacco/cigarette use, mental wellness, health maintenance, gynecological care for lesbians

XIII. Quality Assurance
- Must keep statistics for:
  - Periodic Self evaluation
  - Funding
  - Research (efficacy of treatment, etc.)
- Periodic Client Questionnaires
  - May request other gay agency to write & collect data to determine client needs and perceptions of services offered
- Chart (medical record) audit
- Annual report to include:
  - Morbidity in gonorrhea, syphilis
  - Progress toward stated objectives for each program
  - Specific highlights or problems
  - New goals & direction
  - Details about volunteer time ("in kind") donations & its market value
  - Acknowledgements to staff & community
  - Other
- Consult with "Guidelines for a Quality Assurance System for Public Health STD Clinics" developed & published by the Centers for Disease Control. Revised copy tentatively available from the CDC in limited quantities in the fall, 1982.

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XIV. Planning & Development, Future Changes
Creative Thinking & Brainstorming
In most cities, there are only a few individuals in our lifetime that will be able to offer a uniquely satisfying and valuable constructive feedback and creative challenge to our ideas, therefore:
Use group process!
Attend local and national gay health conventions.
Seize the time, for the time is now!
Remember how police harassment at bars & baths, or Anita Bryant's rhetoric brought the community together?
Use the hepatitis B and Acquired Immune Deficiency Syndrome to help unify the community and strengthen your clinic's position in the community.
The Acquired Immune Deficiency Syndrome is bringing many gay physicians, researchers & other health professionals out of the closet. They feel a need to help the community. Help them feel wanted & needed!

XV. National Networking
Overall good local gay media
Very poor national communications network & media
Gay Press Association is in its infancy
The Advocate is very selective in what is published, and is East & West Coast oriented (hard as it is to believe, not all gay people live in these two areas)
National Gay Task Force has a media committee
Many "national" gay organizations aren't aware of what's going on in other cities
Utilize national organizations for idea sharing
National Gay Task Force
National Gay Health Coalition
National Gay Health Education Foundation
National Coalition of Gay STD Services
Gay Public Health Workers Caucus of the American Public Health Association
Many more

XVI. Research
Enhances your clinic's stature in the community
Research ideas limited only by your imagination & resources
Efficacy of diagnosis & treatment
Hepatitis, warts, herpes, nongonococcal proctitis, etc.
Strategies in epidemiology
Educational interventions
Many clinics have been approached to do research by groups from the outside (medical school & university staffs, eg), requesting to use clinic facilities & clientele. All clinics are urged to be responsible for reviewing that scientific protocol, making sure that it is a good protocol, that patients won't be jeopardized, and that the clinic maintains absolute control over how that information is used or published later. It is recommended that someone from the clinic staff be the co-principle investigator (deciding whose name in what order on the published paper beforehand). Gay clinics want control over that research so that the gay community will no longer be exploited by laureate seeking researchers. Fledgling clinics without large reserves of money may be more easily swayed to participate in such research, therefore A NATIONAL POLICY INVOLVING RESEARCH WITH GAY STD SERVICES IS REQUIRED.

XVII. Other