

# AMPLIFY

## STI Point-of Care Testing in Urgent Care Innovation, Efficiency, and ROI

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# Speakers



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# Financial Disclosures

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- Ronak Shah
  - Roche Diagnostics (ended, 2025)
    - Participant on medical advisory committee
- Emma Caygill
  - No disclosures

# Learning Objectives

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- Demonstrate the impact of STI mPOC testing in urgent care
  - Clinical
    - Patient and clinician satisfaction
    - Antibiotic stewardship
  - Operational
    - Turnaround time
    - Value proposition (CPT codes, revenue to UC rather than ref lab)
- Discuss solutions for integrating STI mPOC testing into urgent care settings
  - Workload versus Workflow analysis
  - Staff education and adoption strategy
  - Continuous performance monitoring

# Background

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- STI concerns compose 1-6% of urgent care visits in centers seeing 36-55+ patients per day<sup>1</sup>
- Gonorrhea, chlamydia, and syphilis cases have increased by 13% from 2014-2024 compared to the prior decade<sup>2</sup>
- Affordability, availability of medical care, and transportation are cited barriers to STI testing and treatment
- A substantial percentage of patients are lost to follow up for treatment or testing for cure<sup>3</sup>

# Case Study

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- Check-In
- Rooming
- Clinician Evaluation
- Discharge
  
- Sendouts
- Results Management
- Follow Up

# Urgent Care Challenges

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- Time
- Antibiotic overuse
- Cost
- Clinician hesitation
- Mandatory reporting

# Molecular Point of Care (mPOC) for STIs

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- LFA, NAAT options
- Collection of vaginal swab or first void urine sample
- All genders
- Single or Multiple targets (NG, CT, TV, MG among others)
  - Some platforms also have BV and CA
- CLIA-waived
- CPT codes approved by most payors
- 20-90 minute turnaround time<sup>4</sup>
- Limitation in age, anatomic targets, and ability to detect resistant strains

# Clinical Benefits

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- Antibiotic stewardship
  - Patients awaiting reference lab testing are nearly 3 times more likely to receive unnecessary antibiotic treatment<sup>5</sup>
- Public health impact
- Patient experience
  - Same day treatment
  - Peace of mind
- Clinician experience
  - Case closure on same day

# Financial Benefits

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- CPT 87801 reimburses approximately \$70.20 (CMS, 2025)
  - *Infectious agent detection via amplified probe technique (nucleic acid, DNA or RNA) for multiple organisms*
- No reference lab or hospital billing fees
- Revenue flows directly to urgent care

# Business Considerations

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- Consider creating standing order protocols
- Link the CPT code to ordering on the electronic medical record (EMR)
- Consider self-pay options for patients
- Check with current vendors for additional CLIA-waived product offerings
- Verify state reporting policies through EMR
- Consider patient population, local public health data, and volumes of patients.

# Implementation

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- Workload

- Identify testing volumes
  - Inventory needed on hand
  - Storage space and requirements
- Align testing protocols
  - Exposure based collection
  - Symptomatic collection
  - Prior hx of STI with similar symptoms

- Workflow

- Evaluate TAT for test
- Consider timing and initiate testing during rooming (self-swab protocols)
- Physical location of testing instruments in UC clinic
- Avoid bottlenecking
- Results interfacing and test build

# Education of Staff

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- STI diagnostic testing is increasingly covered, but preventive screening may vary
- Educate clinicians on best practices for billing and coding
- Equip staff to address patient concerns by highlighting the accuracy and reliability of molecular (gold standard) diagnostics.
- Create workflow based on center volumes, staffing workstations and throughput expectations
  - Location-based placement within the clinic itself to optimize workflow.

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# References

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