

Maryland 30<sup>th</sup> Annual Reproductive Health Update

**Establishing Standards of Sexual & Reproductive Health Care for Males: Now is the Time**



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**Session Goals**

1. To define sexual/reproductive health (SRH) care for males
2. To describe scope of SRH care for males & organizations that inform evidence-based recommendations for services to deliver
3. To understand outstanding needs for the field to appropriately incorporate male SRH care guidelines into family planning

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**Why important to meet men's SRH needs?**

1. **Males have SRH needs in their own right**
  - Need to address both sides of partner equation
  - Address needs of all males (non-heterosexual & heterosexual)
2. **Improved health outcomes for males' partners** including
  - Direct benefits (↓ infection transmission between partners) &
  - Indirect benefits (shared health practices)
3. **Males are critical partners in family planning**; engaging males in SRH is critical to ensure pregnancies are planned & wanted
4. **Improved males' capacity for parenting & fathering** & thus improved child health outcomes
5. **SRH care as a clinical hook** to address males' other health needs

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## What is male sexual & reproductive health (SRH) care?

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## Sexual/reproductive health\* defined

“A state of physical, mental & social well-being & not merely the absence of disease, dysfunction or infirmity in all matters relating to the reproductive system, its functions & its processes.”

\* 1994 Cairo UN International Conference on Population and Development. [www.unfpa.org/icpd/summary.htm](http://www.unfpa.org/icpd/summary.htm).  
2002 World Health Organization. Defining sexual health: report of a technical consultation on sexual health. Geneva, Switzerland. [www.who.int/reproductivehealth/topics/gender\\_rights/defining\\_sexual\\_health.pdf](http://www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health.pdf)

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## SRH defined cont.

- Requires a positive & respectful approach to sexuality & sexual relationships
- To attain & maintain sexual health, sexual rights of all persons must be respected, protected & fulfilled
- Sexual experiences should be pleasurable & safe & free of coercion, discrimination & violence
- **Men**, along with women, have right to
  - Be informed
  - Have access to
    - Safe, effective, affordable & acceptable family planning methods of choice &
    - Appropriate healthcare services

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## What are goals for male SRHC?

	<u>Child</u>	<u>Teen</u>	<u>Adult</u>
<b>Prevent</b>			
• STIs, including HIV (& control)		+	+
• Unintended pregnancy			+
• Reproductive health cancers	+		
<b>Promote</b>			
• Sexual health & development	+	+	+
• Healthy relationships & behavior			
• Fatherhood		+	+
<b>Reduce</b>			
• Sexual dysfunction, infertility	+	+	+
<b>Increase</b>			
• Lifespan/survival & quality of life	+		+
• Access to clinical services	+		
• Client satisfaction			

WHO, Urban Institute & AGI

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## Men have multiple SRH needs

### National Survey of Adolescent Males Wave 4, 2008-10

- Mean (SD) age=37.20 (1.39) years (range 35-39)

Examined 5 need categories & found

- 16% have **STI risks**
- 40% are in need of **family planning**
- 30% are in need of **preconception health**
- 13% report **sexual problems**
- 7% have **fertility concerns**

**50% have 1 SRH need (1 in 2)**

**25% have 2 or more SRH needs (1 in 4)**

- **1 in 8** have 2 needs
- **1 in 10** have 3 or more needs

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## Men have multiple SRH needs cont.

### Among men with 1 need

- Majority are in need of family planning OR preconception health

### Among men with 2 needs

- Majority are in need of family planning AND have STI risk

### Among men with 3 or more needs

- Majority are in need of family planning, in need of preconception health, AND have STI risk

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## Reasons why males come in for visits

	Child	Teen	Adult
• STIs/HIV		+	+
• Pregnancy			
• Reproductive health cancers			
– To get SRH-related vaccine?	+		
• Sexual health & development		+	+
• Healthy relationships & behavior			
• Fatherhood			
• Sexual problems			+
• Infertility	+		
	+		

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## Do young males want to talk about SRH-related services?

### SRH Topics

1. Decreasing STI risk
2. HPV/genital warts vaccine
3. Using condoms correctly
4. Female birth control methods
5. Emergency contraception
6. Sexual function
7. Making someone pregnant
8. Fatherhood
9. Intimate/romantic partner relationships
10. Testicular cancer
11. Acne

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## Yes, majority of males, regardless of age want to talk about SRH

### 2 city study of males' SRH care preferences

- Age range 15-35

Asked about 11 SRH topics to talk to doctor [see box]

- Majority males (50-86%) want doctor to bring up **10 of 11** topics

- On average, males want doctor to bring up

### SRH Topics

- Majority males (84-98%) willing to talk about **all** topics (want dr to bring up OR want to bring up on own)

1. Decreasing STI risk
2. HPV/genital warts vaccine
3. Using condoms correctly
4. Female birth control methods
5. Emergency contraception
6. Sexual function
7. Making someone pregnant
8. Fatherhood
9. Intimate/romantic partner relationships
10. Testicular cancer
11. Acne

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## Provider role in delivery of male SRH

	<u>Child</u>	<u>Teen</u>	<u>Adult</u>
• STIs/HIV - Risk identification, reduction & care		+	+
• Pregnancy			
– Preconception healthcare			+
– Family planning prevention	+		
• Reproductive health cancers		+	+
– Vaccine delivery	+		
– Diagnostic & treatment/referral			
• Sexual health & development		+	+
– Pubertal/sexual growth & development	+		
– Needs of sexual minorities			
• Healthy relationships & behavior	+		
– Screening for intimate partner violence; historical abuse & referral/counseling			+
• Fatherhood	+		
• Sexual problems		+	+
• Infertility	+		

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## We know few young men report any SRH service receipt

- According to provider & patient report, few sexually active male teens compared to female teens report SRH care receipt \*

	<u>Female</u>	<u>Male</u>
<b>Assess for sexual health</b>	45%	15%
<b>Counsel on STIs, HIV, pregnancy</b>	61%	34%
<b>Assess/counsel on contraception</b>	33%	5%
<b>Counsel on condoms</b>	18%	7%

\* Burstein GR, et al. Pediatrics. 2003; 111:996-1001  
 \* Lafferty WE, et al. AJPH. 2002; 92:1779-83

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## SRH care delivery is influenced by a number of factors

- **Individual patient level**
    - Public health messages that sexually active males should seek care
    - Access to & use of healthcare
  - **Provider level**
    - Gender, specialty, year of graduation
    - Training, self-efficacy in care delivery (comfort taking sexual history)
  - **Clinic setting level**
    - Time, competing demands, financial incentives, compensation
    - Decision-support tools (reminder systems) & access to internal (e.g. health educators) or external (e.g. urology) referral resources
  - **System level (HEDIS measures)**
- No one professional organization informs male SRH care across the lifespan**
- Guidelines alone do not ensure provider compliance\*

\* Solberg L J, et al. Jt Comm J Qual Improv. 2000; 26:171-88

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## The Affordability Care Act (ACA)

### Covered Clinical Preventive Services

#### Children (through age 17)

- Bright Futures (BF) recommendations
  - BF makes recommendations through age 21

#### Adults (18 & older)

- U.S. Preventive Services Task Force (USPSTF) recommendations Graded A or B only

<http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>

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## Organizations that inform clinical service delivery to male adolescents related to SRHC

Bright Futures (American Academy of Pediatrics)	AAP
U.S. Preventive Services Task Force	USPSTF
Advisory Committee on Immunization Practice	ACIP
Centers for Disease Control & Prevention	CDC

#### Other Organizations

American Academy of Nurse Practitioners	AANP
American Association of Family Physicians	AAFP
American Cancer Society	ACS
American College of Physicians/American Society of Internal Medicine	ACP
American College of Preventive Medicine	ACPM
American Heart Association	AHA
American Medical Association, Guidelines for Adol Preventive Services	AMA GAPS
American Urological Association	AUA
Association for Reproductive Health Professionals	ARHP
Healthy People 2020	DHHS
National Association of Pediatric Nurse Practitioners	NAPNAP
Society for Adolescent Health & Medicine	SAHM

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## USPSTF

### Rates evidence quality on 3 levels

#### 1. Quality of evidence for individual study

I	At least one well-conducted RCT
II-1	Controlled trials without randomization
II-2	Well-designed cohort or case-control studies preferably from multiple sites
III-3	Multiple time-series with or without intervention
III	Expert Opinion

#### 2. Body of evidence for each key question

#### 3. Quality of overall evidence for an intervention

Good	Consistent results from high quality studies in representative populations
Fair	Sufficient evidence to demonstrate clinically important positive effects on health outcomes, but limited by #, quality or consistency of findings
Poor	Insufficient evidence to demonstrate positive effects on health outcomes due to limited # / power, flaws in design OR lack of important health outcomes

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# USPSTF

## Strength of recommendation & rating

Quality of Overall Evidence of Effectiveness	Level of Certainty Regarding Net Benefit (Benefit Minus Harm)			
	High	Moderate	Low	Negative or Zero
Good	A	B	C	D
Fair	B	B	C	D
Poor	I – Insufficient Evidence			

**A= Service recommended** (Substantial net benefit)  
**B= Service recommended** (Moderate net benefit)  
**C= Recommend against** (Small net benefit) [may consider for individual patient]  
**D= Recommend against** (No net benefit or harm outweighs benefit)  
**I = Insufficient evidence** to assess balance of benefits & harms (Lack of evidence)

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# USPSTF

## Male SRH-related services

Services	USPSTF	
	Teens	Adults
<b>History</b>		
Sexual health assessment		
Intimate partner & sexual violence		
Reproductive life plan		
Alcohol		
Other drug use		
Tobacco use		
Immunizations		
Depression		
<b>Physical Exam</b>		
Height, weight & BMI		
Blood pressure		
External genital/perianal exam		
<b>Lab Testing</b>		
Chlamydia		
Gonorrhea		
Hepatitis C		
Herpes simplex		
Syphilis		
HIV/AIDS		
<b>Key SRH Counseling Topics</b>		
STI/HIV counseling		

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# USPSTF recommendations

## For male SRH-related services

Services	USPSTF	
	Teens	Adults
<b>History</b>		
Sexual health assessment	B	B
Intimate partner & sexual violence		
Reproductive life plan		
Alcohol		B
Other drug use		
Tobacco use		A
Immunizations	ACIP	ACIP
Depression	B	B
<b>Physical Exam</b>		
Height, weight & BMI	B	B
Blood pressure		A
External genital/perianal exam		
<b>Lab Testing</b>		
Chlamydia		
Gonorrhea		
Hepatitis C		
Herpes simplex		
Syphilis	A at risk	A at risk
HIV/AIDS	A at risk	A at risk
<b>Key SRH Counseling Topics</b>		
STI/HIV counseling	B	B at risk

• USPSTF recommends few services related to males' SRH

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## USPSTF recommendations For male SRH-related services

Services	USPSTF	
	Teens	Adults
<b>History</b>		
Sexual health assessment	I	I
Intimate partner & sexual violence	I	I
Reproductive life plan	I	I
Alcohol	I	I
Other drug use	I	I
Tobacco use	I	I
Immunizations		
Depression		
<b>Physical Exam</b>		
Height, weight & BMI		
Blood pressure		
External genital/perianal exam		
<b>Lab Testing</b>		
Chlamydia	I	I
Gonorrhea	I	I
Hepatitis C		I if at risk
Herpes simplex	I if at risk	I if at risk
Syphilis		I if at risk
HIV/AIDS		
<b>Key SRH Counseling Topics</b>		
STI/HIV counseling		I if not at risk

• Many services for males' SRH do not have sufficient evidence

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## USPSTF recommendations For male SRH-related services

Services	USPSTF	
	Teens	Adults
<b>History</b>		
Sexual health assessment	B	B
Intimate partner & sexual violence	I	--
Reproductive life plan	I	B
Alcohol	I	I
Other drug use	I	I
Tobacco use	I	A
Immunizations	ACIP	ACIP
Depression	B	B
<b>Physical Exam</b>		
Height, weight & BMI	B	B
Blood pressure	--	A
External genital/perianal exam	--	--
<b>Lab Testing</b>		
Chlamydia	I	I
Gonorrhea	I	I
Hepatitis C	--	I at risk
Herpes simplex	I at risk	I at risk
Syphilis	A at risk	A at risk
HIV/AIDS	A at risk	A at risk
<b>Key SRH Counseling Topics</b>		
STI/HIV counseling	B	B at risk / I if not

• Some male SRH services have not undergone review

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## USPSTF recommendations Male SRH services no longer recommended

Services	USPSTF	
	Teens	Adults
<b>History</b>		
Teaching testicular self-exam (TSE)		D
<b>Physical Exam</b>		
Testicular cancer screen		D
Hernia		??
<b>Lab Testing</b>		
Gonorrhea		D if not at risk
Syphilis		D if not at risk
HIV/AIDS		C if not at risk
Hepatitis B	D	D
Hepatitis C	No mention	D if not at risk
Herpes Simplex Virus (HSV)		D if not at risk
Prostate-specific antigen (PSA)	n/a	D
Urinalysis		No longer recommended
Hemoglobin/hematocrit		No longer recommended

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## Lab screening services for male SRH Evidence is still being accumulated

- Trichomonas
- HPV
- Anal cytology

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## Example USPSTF chlamydia review 2001/2007 evidence for males

Chlamydia Screening Key Questions	Evidence Level	2001 Quality of Evidence
1. Are risk factors useful for selective screening?	III	<b>Poor:</b> Mainly STD clinics, jails; descriptive (n=14)
2. What screening tests should be performed?	II-1	<b>Fair:</b> No large prospective study with low prevalence (n=30)
3. Is treatment effective? Microbiologic cure	I	<b>Good:</b> RCTs for drug effect/compliance
4. Effect on health outcomes	III	<b>For men: Poor</b> (no data) <b>For women: No data</b>
5. Harms of screening	--	Not assessed
6. Harms of treatment	--	Not assessed

[www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)

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## 2006 CDC chlamydia screening recommendations for at risk males

- Specific settings in which to screen males (<25 years of age)
  - Adolescent clinics (including high school clinics)
  - Upon entry to correctional facilities
  - STI clinics
  - National Job Training Program
  - In military <30 years of age with any lifetime sexual experience
  - Communities with high prevalence: Screen males <25 years of age (e.g., emergency rooms)
- Men who have sex with men (MSM)
- Males with chlamydia infection should be re-screened for reinfection at 3 months.

CDC Div STD Prevention. Male Chlamydia Screening Consultation. 2006. [www.cdc.gov/std/chlamydia/archive.htm](http://www.cdc.gov/std/chlamydia/archive.htm)  
[www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment)

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**Example USPSTF chlamydia review  
2001/2007 evidence for males**

Chlamydia Screening Key Questions	Evidence Level	2001 Quality of Evidence	2007 Summary of Evidence
1. Are risk factors useful for selective screening?	III	<b>Poor:</b> Mainly STD clinics, jails; descriptive (n=14)	<b>Poor:</b> based on 2001 review
2. What screening tests should be performed?	II-1	<b>Fair:</b> No large prospective study with low prevalence (n=30)	<b>Fair:</b> based on 2001 review
3. Is treatment effective? Microbiologic cure	I	<b>Good:</b> RCTs for drug effect/compliance	<b>For men:</b> Not reviewed
4. Effect on health outcomes	III	<b>For men: Poor</b> (no data) <b>For women:</b> No data	<b>For men: Poor</b> (no data) <b>For women:</b> Poor (no evidence)
5. Harms of screening	--	Not assessed	<b>Poor</b> (lack of evidence)
6. Harms of treatment	--	Not assessed	Not systematically reviewed

www.uspreventiveservicestaskforce.org

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**Example USPSTF chlamydia review  
2001/2007 evidence for males**

**Chlamydia Screening**

- In 2001, **small benefit** was noted for men to treat asymptomatic infection, since long-term sequelae is rare & effective treatments for symptomatic infections exist  
**Grade: I, Insufficient evidence to recommend for or against routine screening**
  - In 2007, **no new direct evidence** was found that screening & treating asymptomatic infection in men reduces incidence of new infections in women  
**Grade: I persists**
- www.uspreventiveservicestaskforce.org

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**Do clinical experts  
achieve consensus in  
SRH-related services they  
perceive important to  
deliver to teen males?**

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## Experts' generated priorities for male teens SRH needs (N=17)

	%
1. Hormonal contraception needs	100
2. Mental health & substance abuse	100
3. Male anatomy & function	94
4. Sexual basics	94
5. Responsibilities in relationships	94
6. Sexual health & communication	88
7. Condom basics	88
8. Cultural expectations of what it means to be a man	82
9. STIs/HIV	82
10. Sexuality & emergence of a sexual identity	77
11. Healthy communication with parents/peers	65
12. Appropriate/inappropriate physical & sexual contact	53
13. Genital issues/concerns not related to STIs/HIV	47
14. Future planning	47
15. Access to pornography	41
16. Female anatomy & function	35
17. Issues related to fertility	39
18. Male body image & cultural/media expectations	29
19. Confidentiality	18

**Bold: 15 of 19 are clinically-related services**

**Majority mention 13 services**

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## Results: male teen SRH services to deliver as part of routine visit

SRH Services for Male Adolescents	Agree to screen/assess as part of	
	40 min routine visit	15 min routine visit
	%	
Pubertal growth & development	94	
Genital abnormalities not including STIs/HIV	82	
Sexual identity/orientation	100	
Sexual basics	65	
Sexual health	47	
STI/HIV risk reduction including testing	100	
Male-focused pregnancy prevention methods	100	
Female-focused pregnancy prevention methods	59	
Relationships with sexual partner	94	
Relationships with parents, peers	82	
Substance abuse/mental health	100	
Physical & sexual abuse	100	
Transition to adulthood (e.g., school & work)	71	

• When time not limited, majority agree to deliver **10 of 13** SRH services to males

Marcell AV et al. Journal of Adol Health. In press. (Online First: 12/05/11)

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## Results: male teen SRH services to deliver as part of routine visit cont.

SRH Services for Male Adolescents	Agree to screen/assess as part of	
	40 min routine visit	15 min routine visit
	%	%
Pubertal growth & development	94	94
Genital abnormalities not including STIs/HIV	82	77
Sexual identity/orientation	100	59
Sexual basics	65	29
Sexual health	47	6
STI/HIV risk reduction including testing	100	100
Male-focused pregnancy prevention methods	100	71
Female-focused pregnancy prevention methods	59	29
Relationships with sexual partner	94	29
Relationships with parents, peers	82	65
Substance abuse/mental health	100	94
Physical & sexual abuse	100	71
Transition to adulthood (e.g., school & work)	71	47

• When time is more limited, majority agree to deliver **6 of 13** SRH services to males

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## Study findings

- **Experts agree on SRH services to deliver to male adolescents as part of a routine visits**
  - With number of recommended services varying based on time available for visit
- **Use of expert review, although on lower end of evidence ladder**
  - Can be useful in context when evidence in published literature is lacking &
  - Potentially inform clinical services to deliver to males as part of SRHC

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## Male Training Center (MTC) on Family Planning & Reproductive Health

- Since 2010, leading updates related to men's health for the nation's Title X Clinical Guidelines
- In collaboration with the Office of Family Planning, CDC & experts in the field
- Goal:** Describe scope & minimum standards of SRHC for males using an evidence-informed approach
- Rely on evidence-based recommendations whenever possible
  - Examine professional organizations for recommendations across the lifespan (including the CDC, AUA)
  - Engage experts in male health to inform process

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## Needs for the field of family planning & male SRH

- **Disseminate guidelines & train clinicians/staff**
  - Clinicians; health counselors/educators; managers/administrative staff & other staff
  - Graduate & post-graduate training (medical, nursing school; residency programs; health educators)
- **Develop approaches to educate target population**
- **Develop tools to support clinical practice**
  - Screener & clinical exam documentation forms (paper/electronic)
  - Checklists for services to deliver
  - Billing & coding for reimbursement
  - Referral resources
- **Develop quality measures to deliver male SRH services**
- **Address research gaps in male SRH care delivery**

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## Summary

- Men have substantial SRH needs in their own right
- Clinical services are not currently organized to deliver quality SRH services to men
- Even with new male SRH guidance, we have substantial work to do
- In the context of the ACA & focus on closing the gaps in clinical preventive services for women (2011 IOM report),
  - **NOW IS THE TIME TO ADDRESS MEN'S SEXUAL/REPRODUCTIVE HEALTH NEEDS**

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## Clinical Preventive Services for Women: Closing the Gaps

- Goal to identify gaps for women's preventive healthcare services for coverage under the ACA
- 6 of 8 recommendations relate to SRH services:
  - **Rec 5.3** Annual **STI** counseling for all sexually active women
  - **Rec 5.4** Annual **HIV** counseling/screening for sexually active women
  - **Rec 5.5** Full range FDA-approved **contraceptive methods, sterilization procedures**, & patient education & counseling for all women with reproductive capacity
  - **Rec 5.7** **Interpersonal & domestic violence** screening & counseling
  - **Rec 5.8** At least 1 annual **well-woman preventive care** visit for adult women to obtain recommended preventive services including SRH-related services

IOM. National Academy Press. 2011.

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## Minimum Standards of Male SRH Care Implications for Training

	Clinician	Health Counselor/ Educator	Manager/ Administrator	Other Clinic Staff
<b>General Knowledge</b>				
Male SRH specific services	+	+	+	+
<b>Skills</b>				
Clinical knowledge/exam	+			
Screening assessment	+	+		
Patient treatment/management	+			
Counseling	+	+		
<b>Resources/Tools</b>				
Referral	+	+	+	
Materials/tool needs	+	+	+	

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## Example: Referral Resources

- **Endocrine** Abnormal pubertal development
- **Mental health** Depression, abuse
- **Substance abuse treatment programs**
  - Substance abuse
- **Nutrition** Obesity, etc.
- **Cardiology** High blood pressure
- **Urology** Hypospadias, torsion, circumcision,
- **Fertility** Fertility concerns
- **Educational resources**
- **Work force development**
- **Health insurance**

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## Example: Material/Tool Needs

### Tools

- Screening questionnaires (paper/pencil, web-based, kiosk, etc.)
- Tanner staging tools (e.g. Orchidometer)
- Documentation forms
- Male SRH service check list

### Materials

- Blood pressure cuffs
- Weight scale, Height measurement
- STI testing materials (e.g. urine-based CT/GC testing; rapid HIV testing) & laboratory connection
- Vaccine supply
- Patient education materials

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## Steps Involved In Evidence-Based Medicine (EBM)

- Systematically **review, appraise & use clinical research** findings to aid delivery of optimum clinical care to patients
- Examine **strength & weight** of scientific evidence on clinical practice & **cost-effectiveness** when allocating resources
- Integrate appraisal with **clinical expertise & patient values** to apply results in clinical practice

Rosenberg W et al. BMJ. 1995; 310:1122-26  
Straus SE, et al. CMAJ. 2000; 163:837-841

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## Evidence-Based Medicine Misperceptions

- Promotes cookbook approach to medicine
- Cost-cutting
- Denigrates clinical expertise
- Ignores patients' values & preferences
- Ivory-tower concept
- Limited to clinical research
- Leads to therapeutic nihilism in absence of evidence from randomized trials

Straus SE, et al. CMAJ. 2000; 163:837-841

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## Evidence-Based Medicine Limitations

### Universal to Practice of Medicine

- Shortage of coherent, consistent scientific evidence
- Difficult to apply evidence to care of individual patients
- Barriers to practice of high-quality medicine

### Unique to Practice of EBM

- Need to develop new skills in literature search, critical appraisal & ability to translate research into practice
- Limited time & resources
- Lack of evidence that EBM “works” in real world setting

Straus SE, et al. CMAJ. 2000; 163:837-841

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## USPSTF Example Behavioral counseling to prevent STIs

### Define question

including

defining **PICOS**:

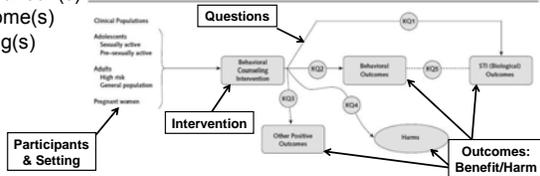
- Participants
- Intervention(s)
- Comparison(s)
- Outcome(s)
- Setting(s)

Annals of Internal Medicine | CLINICAL GUIDELINES

### Behavioral Counseling to Prevent Sexually Transmitted Infections: A Systematic Review for the U.S. Preventive Services Task Force

Jennifer S. Lin, MD, MCR, Evelyn Whitlock, MD, MPH, Elizabeth O'Connor, PhD, and Victor Barss, BA

Figure 2. Analytic framework.




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