

Syphilis Elimination Effort

Audience Profile: Health Care Providers

The health care providers segment includes state and local health department staff, such as health educators and outreach workers, private and public medical practitioners (including ER physicians and nurses), STD clinic practitioners, and representatives from professional medical organizations.

General Segment Overview

Medical Practitioners

According to a representative sampling of 7,000 American Medical Association members, the average age of physicians is 45.8, with most practicing an average of 17.4 years. Of the sample, most are white (76.8 percent), followed by Asian American (13.4 percent), Hispanic (4.9 percent), and African American (4.2 percent). Most of the physicians have private practices (87.7 percent). This sampling of physicians spends approximately 42.7 hours/week in direct patient care, with an average of 97.1 patients a week. A majority of the physicians (25.2 percent) work in communities with populations larger than 250,000. Most of the patients seeking medical attention from these providers pay their health costs through an HMO/PPO/MC (37.7 percent).¹

The medical practitioners we interviewed represented both private practice and public clinic settings, and they primarily worked in communities larger than 250,000. We did not gather information on their patient payment practices, but expect that most pay through an HMO, PPO or MC.

Those who work in the public sector may work in health department clinics or in emergency rooms of public hospitals. These physicians have very limited resources and staff to handle time-intensive administrative issues resulting from patient care. Public health physicians often see patients who have no insurance and who use the ER as their main source of health care service.

Health Department STD Programs and Clinics

A majority of state and local health departments have long-lasting relationships with CBOs and providers (e.g., drug treatment, schools, physicians, hospitals, health care organizations, health educators and outreach workers) to provide STD screening and treatment services to their constituents.

According to the results of our research on the administrative and programmatic practices of STD clinics across the country, most STD screening clinics are open five days a week, usually between the hours of 8 a.m. and 4:30 p.m., with approximately 60 – 100 patients seen each day. Patients typically are seen on a “rolling” basis. The number of professional staff on board varies depending on funding and relationships with local health/medical institutions (e.g., universities). On average, physicians see patients of the same sex, and the number of patients each physician sees varies depending on the number of clinicians and nurses in the office.

Knowledge, Attitudes and Beliefs Regarding Syphilis

¹ Janet S. St. Lawrence, CDC; Daniel E. Montano, Battelle; Danuta Kasprzyk, Battelle; *STD Diagnostic, Treatment, Notification, and Partner Management Practices in the US*.

Our formative research revealed that health care providers ranked syphilis “somewhat high” in importance, as compared to policy makers and community representatives. Consequences of the disease and its seriousness were noted as reasons for the higher ranking. Physicians who treat men having sex with men (MSM) are more likely to perceive syphilis as an important health issue affecting their patient population than physicians whose patients are considered to be low-risk and have not been tested or treated for syphilis often or recently. Health care providers who gave syphilis a lower ranking in regards to the severity of the disease specifically pointed to epidemiological data to justify their reasoning. (The numbers of those infected with syphilis are much smaller than those infected with other diseases.) Overall, health care providers were knowledgeable about the symptoms and treatments of the disease and its relation to HIV/AIDS. Those interviewed also believe many colleagues do not view syphilis as an important public health issue.

Barriers

Most of the health care providers we interviewed believed a general lack of awareness of syphilis as an important public health issue by both the health care provider and patient (including their lack of interest in testing) is a barrier to syphilis education and screening. (Among the many health issues health care providers consider a priority, syphilis in general may not be one of them.) A lack of administrative resources to deal with the paperwork burden, especially in smaller medical settings and public hospitals, affects tracking and reporting cases. In addition, the lack of a syphilis vaccine discourages some health care providers from supporting a syphilis elimination plan. Many are confused about the term “syphilis elimination.” They are not clear about the distinction between eradication of a disease vs. elimination.

Framing the Syphilis Elimination Message

Education efforts targeted to both the public and professional communities should increase awareness about syphilis, clarify the meaning of elimination, and provide reasons why elimination, per se, is an achievable and worthwhile goal. Serious and fact-filled messages, emphasizing the consequences of syphilis, data on local syphilis prevalence, and relevance of syphilis to one’s practice are key to increasing health care provider awareness on syphilis. Additionally they wanted simple, easy-to-follow diagnostic protocols, treatment guidelines, and forms to help them in diagnosing and treating syphilis.

Health care providers, and physicians in particular, prefer a medical authority like the U.S. Surgeon General as a spokesperson. CDC and other professional organizations also are viewed as credible sources of information.

Methods of Communication and Media Channels

Health care providers prefer short and concise information about syphilis from authoritative sources. Professional meetings, such as the American Academy of Family Physicians, the American Medical Association, the National Medical Association, and the National Black Nurses Association serve as great opportunities to disseminate information to this target group. Professional literature, such as the *American Journal of Public Health* and the *Journal of the American Medical Association* are the common sources of information for health care providers. Additionally, health care providers prefer Internet or hard copy communications, either in the mail or an electronic newsletter.