WHAT IS THE CT eLC?

Numerous national organizations and professional bodies, including CDC, the United States Preventive Services Task Force, American Academy of Pediatrics, and American College of Obstetricians and Gynecologists, recommend annual chlamydia screening among sexually active females age 25 years and under. Despite these recommendations, almost two thirds of eligible young female patients in the U.S. are not receiving this important preventive service, with lower rates reported among adolescents.¹ To increase access to adolescent sexual health services, quality improvement (QI) efforts in clinical settings, particularly primary care networks, are needed to support practices in the implementation of related best practice recommendations.

The CT eLC is a seven month “virtual” learning collaborative designed to build expertise among primary care practices in using QI methods to improve adolescent sexual health and STD clinical care best practices. The CT eLC uses webinar-based trainings, tailored subject matter and QI coaching, and peer-to-peer technical assistance (TA) to support clinical practices in improving sexual healthcare, including chlamydia screening, for their adolescent patient panel.

The CT eLC supports primary care practices in measurably increasing the following targeted metrics:

- Annual sexual activity assessment rates among adolescent patients
- Annual chlamydia screening rates among sexually active adolescent patients
- Clinician/staff knowledge of QI methods, adolescents sexual health, and STD clinical care

In 2018, the National Network of STD Clinical Prevention Training Center’s National Quality Improvement Center (NQIC), Population Health Improvement Partners (IP), and California Department of Public Health teamed up to pilot the first CT eLC with an inaugural cohort of eight primary care practices in California.

This Fall 2019, the NQIC and IP are launching the CT eLC Cohort 2 to expand this successful QI project to primary care practices in up to four additional CDC-funded project areas in two additional states. The CT eLC aligns with Strategy 12B of the CDC Division of STD Prevention’s new cooperative agreement PS19-1901 STD Strengthening STD Prevention and Control for Health Departments (STD PCHD), which requires funded health departments to provide education and technical assistance to targeted providers to promote recommended STD screening and treatment among adolescents and young adults.

Each CT eLC-participating state/project area will have a Clinical Support Coordinator/Team (CSC/CST) to serve as liaisons and subject matter experts for practices in their area.

**WHAT IS THE ROLE OF THE CSC/CST?**

CSC/CSTs will serve as subject matter experts for the primary care practices enrolled in the project from their areas and as communication liaisons between their practices and the NQIC CT eLC Leadership Team. Each CSC/CST will recruit 3-5 practices from their state/project area to participate in Cohort 2 of the CT eLC.

*NQIC will lead and facilitate the eLearning Collaborative for the practices*, and will provide professional development training and coaching to the CSCs/CSTs to bolster their expertise in using QI methods and providing clinical practice support for the promotion of adolescent sexual healthcare and chlamydia screening best practices.

*CSCs/CSTs will serve as liaisons and subject matter coaches* for the primary care practices enrolled in the CT eLC from their areas. CSC/CST responsibilities are outlined in more detail on page 3.

Primary Care Practices from each participating state/local area will participate in the CT eLC, attending monthly live webinar trainings, and using QI methods to implement adolescent sexual health and STD clinical care best practices. An overview of practice requirements can be found on the CT eLC webpage: [https://californiaptc.com/eLC](https://californiaptc.com/eLC).

**WHO IS ELIGIBLE TO BE A CSC/CST?**

Public health professionals from STD PCHD-funded health departments and NNPTC PTCs are encouraged to apply to serve as CSC/CSTs for their state/project areas. *Applicants may designate more than one person to fulfill the CSC role – creating a Clinical Support Team*. Applicants from health departments and regional STD-HIV Prevention Training Centers are encouraged to partner together to serve as a CST for a particular high-priority state/local project area.

**WHY SERVE AS A CSC/CST?**

This free opportunity provides CSC/CSTs with professional development and training in QI methods and clinical support to improve adolescent sexual health care in their jurisdiction, which aligns with Strategy 12B of the CDC STD-PCHD cooperative agreement.

**WHAT IS THE PROJECT TIMELINE?**

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>late Apr. – Aug. 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 2</td>
<td>Sept. 2019 - Mar. 2020</td>
</tr>
</tbody>
</table>

- **Phase 1** | **late Apr. – Aug. 2019** | CSC/CST orientation, training + practice recruitment
- **Phase 2** | **Sept. 2019 – Mar. 2020** | Active CT eLC Cohort 2 QI project period
WHAT ARE THE RESPONSIBILITIES OF THE CSC/CST?

With support from the NQIC, during Phase 1 (late Apr. – Aug. 2019) each CSC/CST will:

- Receive an orientation from NQIC on the CT eLC curriculum, data systems, practice requirements, and tools to plan for eLC implementation in their project areas
- Receive training on using QI methods and providing subject-matter coaching to clinical practices
- Lead recruitment efforts for practices in their area by: (1) promoting the CT eLC to local healthcare stakeholders, (2) reviewing practice applications, and (3) selecting 3-5 practices for eLC participation

*Expected CSC/CST time commitment for Phase 1: 18 hours total (8 for training + 10 for recruitment)*

With support from the NQIC, during Phase 2 (Sept. 2019 – Mar. 2020) each CSC/CST will:

- Serve as the primary communications point-person for eLC enrolled practices in their project area, including: (1) liaising between practice QI Teams and the NQIC eLC Leadership Team, (2) disseminating project information, and (3) triaging clinical practice questions
- Schedule and help facilitate two project touch-point calls with each of their enrolled practices: (1) an introductory call and (2) a mid-project milestone call
- Monitor practice and individual participant progress towards achieving Medical Board Maintenance of Certification (MOC) and Performance Improvement Continuing Medical Education (CME) credits
- Ensure accuracy and timeliness of data submissions, including: (1) answering questions from practices, (2) sending reminders about upcoming data deadlines, and (3) clarifying data errors
- Draft tailored coaching notes for each practice, based on data submitted, as part of monthly progress reports

*Expected time commitment for Phase 2: 6-12 hours per month*

I’M INTERESTED IN BECOMING A CSC/CST, WHAT DO I DO?

Attend the CSC informational webinar on Feb. 12, 2019, from 12–1 pm PST/3-4 pm EST:

- Call-In Information: 1-800-832-0736, Access Code: 7067005
- A recording link for the webinar will be available after Feb. 12 at: [https://californiaptc.com/eLC](https://californiaptc.com/eLC)

Complete an Online Application

- Applications will be released mid-February 2019
- Applications must be submitted by March 5, 2019
- Applicants will be notified about participation acceptance by March 22, 2019

Submit Questions

- Email the NQIC eLC Leadership Team anytime at STDQI@cdph.ca.gov