# Improving Chlamydia Screening among Adolescents in Primary Care eLearning Collaborative (CT eLC)

## Informational Guide

## What is the CT eLC?

The ***Improving Chlamydia Screening among Adolescents in Primary Care*** **eLearning Collaborative** (**CT eLC**) is a seven month "virtual" learning collaborative designed to build expertise among primary care practices in using quality improvement (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.

## Who is eligible?

Primary care practices that serve the general population *(e.g., federally qualified health centers, pediatric practices, community health centers, hospital outpatient clinics, school-based health centers)* and serve at least 20 adolescent patients *(ages 11-24 years*)* per month.

The 2019 – 2020 cohort (cohort 2) will be open to practices in California and Louisiana.

**Note: the exact age range of focus for this project may vary by participating state.*

## Why participate?

This free QI Project is available to primary care practices in participating states. The project has been developed for practices interested in instituting or improving best practices related to: (1) person-centered care for their adolescent patient panel, (2) minor consent and confidentiality protocols, (3) sexual healthcare, and (4) STD/chlamydia screening.

Clinicians and staff from participating practices will be eligible for MOC Part 4, Performance Improvement, and CME/CEU credits from the American Board of Pediatrics, American Board of Family Medicine, and American Academy of Pediatrics.

## Acronym Library

The following acronyms appear throughout the sections of this document and are listed here for reference in alphabetical order:

| | |
|---|---|
| AAP | American Academy of Pediatrics |
| ABFM | American Board of Family Medicine |
| ABP | American Board of Pediatrics |
| ACOG | American College of Obstetricians and Gynecologists |
| CDC | Centers for Disease Control and Prevention |
| CDPH | California Department of Public Health |
| CEU | Continuing Education Unit |
| CME | Continuing Medical Education |
| CSC | Clinical Support Coordinator for a specific state or local area |
| CST | Clinical Support Team for a specific state or local area |
| CT | Chlamydia |
| CT eLC | Improving Chlamydia Screening among Adolescents in Primary Care eLearning Collaborative |
| DSTDP | CDC's Division of STD Prevention |
| eLC | eLearning Collaborative |
| IP | Population Health Improvement Partners |
| MOC | Medical Board Maintenance of Certification credit requirements. For example, *MOC Part 4* requires that physicians meaningfully participate in a medical practice improvement activity/project. |
| NNPTC | National Network of STD/HIV Prevention Training Centers |
| NQIC | NNPTC's National Quality Improvement Center |
| PDSA | Plan-Do-Study-Act, a quality improvement tool for testing new change ideas (also called a PDSA cycle) |
| STD/STI | Sexually Transmitted Disease/Sexually Transmitted Infection |
| STD-PCHD | CDC Division of STD Prevention's cooperative agreement to support STD prevention and control: *PS19-1901 STD Strengthening STD Prevention and Control for Health Departments.* |
| QI | Quality Improvement |
| USPSTF | United States Preventive Services Task Force |

## CT eLC Overview & Goals

Chlamydia infection is the most highly reported infectious disease in the nation, with more than 1.5 million cases reported to CDC from across the U.S. annually. Untreated chlamydia infections in women are associated with upper reproductive tract morbidity, including pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy, and tubal infertility. Because infections with chlamydia are asymptomatic in most people (7 out of 10), routine screening provided within the primary care setting is an essential cornerstone of chlamydia prevention efforts. For example, research has demonstrated that high rates of chlamydia screening among sexually active women can reduce the incidence of PID by as much as 60%. For these reasons, routine annual chlamydia screening of sexually active adolescents and young women age 24 years and under is recommended by CDC, USPSTF, AAP, ACOG, and many other national medical organizations. Annual chlamydia screening is also a HEDIS (Healthcare Effectiveness Data and Information Set) measure, is part of the required measure set reportable for National Committee on Quality Assurance (NCQA) accreditation for Accountable Care Organizations, and is part of both the Centers for Medicare & Medicaid Services' (CMS) Adult and Child Core Sets reported by states to Medicaid and the Children's Health Insurance Program annually.

Despite these recommendations and reporting accountability, 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 are needed to support practices, particularly primary care networks, 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.

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 is partnering with the public health departments in California, Louisiana and in Los Angeles County to launch the CT eLC *Cohort 2*, expanding this successful QI project to primary care practices across these additional areas.

| **The CT eLC QI project aims to:** | **6-month Target** *(March 31, 2020)* | **Long-term Target** |
|---|---|---|
| 1. Increase the percent of sexually active adolescents screened for chlamydia *(within the last 12 months)** <br>**Note: practices may alternatively choose to implement and measure an "opt-out" chlamydia screening protocol that does not consider the patient's sexual activity status.* | Improve by at least 10% from baseline | 80% |
| 2. Increase the percent of adolescent patients who have sexual activity status assessed and documented in their medical record *(within the last 12 months)* | Improve by at least 10% from baseline | 90% |
| 3. Increase the knowledge, practices, and confidence of clinicians and staff in subject matter related to adolescent sexual healthcare and chlamydia screening national recommendations and best practices | Improve by at least 10% from baseline | 90% |
| 4. Increase confidence and knowledge of clinicians and staff in using QI methodologies and tools to implement best practices | Improve by at least 10% from baseline | 90% |

*Source: (1) Hoover KW, Leichliter JS, Torrone EA, Loosier PS, Gift TL, Tao G. Chlamydia screening among females aged 15–21 years—Multiple data sources, United States, 1999–2010. In: Use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States, 1999–2011. MMWR 2014;63(No. Suppl 2).*

## Practice Expectations

Each clinical practice enrolled in the CT eLC is expected to meaningfully participate in this project by performing the following activities:

1. Assembling a practice based QI Team that will meet regularly throughout the duration of the project to review data and implement interventions:

    - A minimum of four unique practice-based QI Team members is required
    - Specific QI Team roles includes: Leadership Champion, Primary Contact, Clinical Champion, Data Lead, and Other Team Members

2. Attending all nine eLC project webinars and developing a system for sharing information and best practices from each webinar back to their practice staff

3. Engaging with the CT eLC Project Support Team via one introductory call and one mid-way milestone call to discuss progress

4. Submitting data:

    - Baseline and post-project key measures
    - Monthly PDSA logs detailing interventions tested (with a minimum of 4 PDSAs tested across the project period)
    - Monthly sample of 20 patient charts (x4 months)
    - Project-related surveys

## Practice QI Team

Selecting the right practice QI Team is important for successful implementation of any QI project. It is easier to embrace change when staff are involved in helping fix the problem. The practice QI Team for the CT eLC will work together to identify and implement strategies using Plan-Do-Study-Act (PDSA) cycles to achieve measurable practice improvements across the project period.

We recommend choosing team members based on their knowledge of and involvement in the processes that will be affected by each practice's efforts to improve chlamydia screening for adolescent patients. Of utmost importance is including QI Team members who work actively at the specific practice site where the project will be implemented, and we highly recommend including 1-2 frontline staff, such as medical assistants and receptionists, as these staff play key roles in ensuring a smooth process across the adolescent visit flow.

If your clinical agency or health plan is interested in spreading the best practices instituted through this project to other practices in your network, inviting a staff representative from the agency or plan level, or from a sister practice site, is also highly encouraged.

The practice QI Team should include between 4-6 members, including the required roles listed below. ***The same person may fulfill up to two required roles, however a minimum of 4 unique team members is required.***

**Leadership Champion** *(required)*

- Serves as the senior management driver behind the project and is responsible for ensuring resources are in place to support the project
- Has influence over the areas affected by the project scope and can be instrumental in removing obstacles if any arise
- Actively engages in the project and assists with reviewing the practice QI Team's progress on a consistent but not necessarily day-to-day basis
- Ensures continuation of new practice protocols after the project ends

## *(Continued)* Practice QI Team

**Primary Contact** *(required)*

- Must be located at the participating practice site
- Responsible for the management of this project
- Serves as a link between the practice's QI Team, the state/project area CT eLC Clinical Support Team, and the practice's senior management
- Participates regularly in QI Team meetings and helps implement new interventions
- Has the authority to allocate the time and resources necessary at the practice level to achieve the team's QI project aim

**Clinician Champion** *(required)*

- Is a credentialed clinician responsible for implementing the clinical protocols affected by the project's scope at the participating practice site
- Serves as a strong voice and is an advocate for assuring quality clinical care, including sexual healthcare, for the practice's adolescent patients
- Plays an active role in the project, including contributing and testing change ideas

**Data Lead** *(required)*

- Responsible for submitting all project data requests, which include clinical patient data and practice surveys
- Can come from any staffing level *(e.g., front desk/receptionists, medical assistants, clinicians, check-out staff, practice manager, nurse manager, etc.)*
- Must have access to the necessary information within medical charts to report on required variables
- Will be the only person at the practice who will receive data entry links

**Other Team Members** *(at least one is required, more are recommended)*

- Other team members should represent a diverse selection of staff that include "front-line" staff at the participating practice site whose daily work occurs in an area that is the focus of the improvement or whose job duties otherwise support adolescent patient visits *(e.g., front desk/receptionists, medical assistants, clinicians, check-out staff, practice manager, nurse manager, etc.)*
- Team Members should have an understanding of the project and the effects of proposed changes as a result of the project, and should have the desire to drive the project on a daily basis

## Webinar Dates

All webinars will be recorded and links to recordings will be posted to the CT eLC cohort webpage for future viewing. All live webinars will occur on Tuesdays from 11:00am-12:15 pm PT/ 1:00-2:15pm CT/ 2:00-3:15pm ET.

| Webinar Topic | Date |
|---|---|
| Project Kickoff | September 4, 2019 |
| Data Orientation* | September 11, 2019 |
| Quality Improvement 101 | September 25, 2019 |
| Establishing a Welcoming Environment for Adolescent Patients | October 9, 2019 |
| Chlamydia Screening and Treatment Guidelines | November 6, 2019 |
| Assessing Sexual Activity among Adolescent Patients | December 4, 2019 |
| Implementing Policies/Protocols for Confidentiality | January 8, 2020 |
| Spread and Sustainability (Optional) | February 5, 2020 |
| Project Review and Wrap Up | March 18, 2020 |

*Only the Data Lead must attend the Data Orientation Webinar. Other team members are welcome to join, but not required.

## Project Data Requirements

All project data will be submitted electronically. Practices must submit all data by the stated deadlines in order to maintain active status in the project. If there is any concern about a delay in submission, please contact your state/local CT eLC Project Support Team.

| Measure | Description | Frequency | Required |
|---|---|---|---|
| Chlamydia screening *(outcome measure)* | Proportion of sexually active* adolescent patients ages 11-24 years** who had a chlamydia screen on the visit date or anytime within the previous 12 months. | Pre/Post AND 20 monthly chart abstractions x 4 months | Yes |
| Sexual assessment and documentation *(outcome measure)* | Proportion of adolescent patients ages 11-24 years**, seen for any visit type, who had a sexual activity assessment documented in their medical record on the visit date or anytime within the previous 12 months. | Pre/Post AND 20 monthly chart abstractions x 4 months | Yes |
| Staff knowledge, attitudes, practices, and project impact *(balancing measure)* | Are staff more knowledgeable and comfortable with adolescent sexual health topics by the end of the project? Does the time/effort required to implement these QI interventions benefit staff in their ability to provide quality sexual healthcare and chlamydia screening to adolescent patients. | Pre/Post | Yes |
| Practice inventory *(process measure)* | What current practice-level protocols related to sexual activity assessment/documentation, chlamydia screening of sexually active adolescent patients, confidentiality of care, and ensuring a welcoming environment for adolescent patients are in place? How have these changed by the end of the eLC QI project? | Pre/Post | Yes |
| PDSA tracking *(process measure)* | What current practice-level protocols related to sexual activity assessment/documentation, chlamydia screening of sexually active adolescent patients, confidentiality of care, and ensuring a welcoming environment for adolescent patients are in place? How have these changed by the end of the eLC QI project? | Monthly x 4 months | Yes |
| Patient visit length *(balancing measure)* | Does the time and effort required to implement systems interventions impact the amount of time an adolescent patient is on site? | Pre/Post | Optional |

For the complete description of the data components, please refer to the eLC Data Guidebook (resource coming soon).

*Practices may alternatively choose to implement and measure an “opt-out” chlamydia screening protocol that does not consider the patient’s sexual activity status

**The exact age ranges may be adjusted in consultation with each practice’s state/local CT eLC Project Support Team, for example to align with an individual state’s minor consent and confidentiality laws

## Medical Board Maintenance of Certification (MOC) Part 4 and CME/CEU Credit Requirements

This initiative offers participants from each practice free credit for meaningful participation. Types of credit include:

- 25 MOC Part 4 points from the American Board of Pediatrics (physicians)
- 20 Performance Improvement credits (previously called MOC) from the American Board of Family Medicine (physicians)
- 20 Performance Improvement Continuing Medical Education (CME) credits/Continuing Education Units (CEU)

In order to qualify for MOC Part 4, Performance Improvement, and/or CME/CEU credit for this project, **participants must perform individual requirements, in addition to the practice requirements.**

To receive credit, the following requirements must be met:

| Practice Participation Requirements | Individual Participation Requirements |
|---|---|
| 1. Attendance of at least 1 practice QI Team member on each of the following 9 project webinars (participation on the live webinars is strongly encouraged, however watching the webinar recordings is also an option):<br>• Project Kick-Off<br>• Data Orientation*<br>• Quality Improvement Methods 101<br>• 4 clinical best practice trainings: Welcoming Environment, Chlamydia Screening, Assessing Sexual Activity, Confidentiality<br>• Sustainability & Spread<br>• Project Review & Wrap-Up<br>2. Dissemination of information and best practices from each CT eLC webinar back to all practice clinicians and staff.<br>3. Engagement with the CT eLC Project Support Team via 1 introductory call and 1 mid-way milestone call to discuss progress.<br>4. Submission of pre- and post-project data metrics and project surveys.<br>5. Sample review of 20 patient charts monthly and submission of aggregate data (x4 months).<br>6. Implementation of at least 4 PDSA across the project period to test project-related practice changes, with monthly submission of PDSA logs summarizing results (x4 months). | **1. Important: All practice requirements listed to the left must be met in order for practice individuals to be eligible for credits.**<br>2. Attendance on 6 of the project webinars – specifically: the Project Kick-Off, the 4 clinical best practices trainings, and the Project Review & Wrap-Up. Attendance on the QI Methods and Sustainability & Spread webinars is recommended but not required.<br>Note: Participation on the live webinars is strongly encouraged, however watching webinar recordings is also an option. **Participants choosing to view the recorded version of a webinar must do so by the end of the month following its live recording to receive credit (e.g., the October 9 webinar recording must be viewed by November 30.**<br>3. Meaningful participation in the QI project, including planning and/or implementing at least 1 PDSA.<br>4. Completion of the pre- and post-project All-Staff Surveys. |

*Only the Data Lead must attend the Data Orientation Webinar. Other team members are welcome to join, but not required

## Practice Application Information

Eligibility criteria for this project include the following:

- **Practice Type**: it is required that a site be a primary care practice serving the general population
- **Practice Location**: practices eligible for participation in Cohort 2 must be located in California (any area of the state, including Los Angeles County and excluding San Francisco) or Louisiana
- **Adolescent Patients**: practices must see at least 20 adolescent patients, ages 11-24 years, on average per month

Priority may be given to practices demonstrating some or all of the following criteria:

- High chlamydia morbidity among adolescents based on local surveillance data
- Low chlamydia screening performance
- Residency training program
- Number of physicians applying for MOC Part 4 or Performance Improvement credit
- Robust QI Team proposal

**Practice Application Instructions:**

- Ensure your practice meets the eligibility and project requirements
- Complete an online application on or before July 26, 2019 – http://bit.ly/CTeLCApplication

Acceptance decisions will be communicated to practices by August 6, 2019.

## NQIC CT eLC Project Support Team

| | |
|---|---|
| **Holly Howard**, MPH | Program Director, STD Faculty and Coach<br>*National Quality Improvement Center & California Department of Public Health, STD Control Branch* |
| **Amanda Cornett**, MPH | QI Lead Coach<br>*Population Health Improvement Partners (IP)* |
| **Ellen Ehlers**, MSW | QI Training and Programs Coordinator<br>*National Quality Improvement Center* |
| **Laura Kovaleski**, MPH | Evaluation Lead & STD/Adolescent Sexual Health Subject Matter Expert<br>*National Quality Improvement Center & California Department of Public Health, STD Control Branch* |
| **Jennifer Harmon**, MPH | Data Coach and Evaluator<br>*National Quality Improvement Center & California Department of Public Health, STD Control Branch* |
| **Meredith Carroll** | Program Support Coordinator & QI Coach<br>*Population Health Improvement Partners (IP)* |
| **Melissa Reyna**, MPH | Clinical Support Coordinator<br>*California Department of Public Health, STD Control Branch* |
| ***Contact Information***: stdqi@cdph.ca.gov | |