Welcome

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

Informational Webinar for Clinical Practices

June 19, 2019
Recruiting Primary Care Practices in 2 states + 1 county

- California
- Los Angeles County
- Louisiana
The National STD Quality Improvement Center (NQIC)

Our Charge
The NQIC of the National Network of STD Clinical Prevention Training Centers (NNPTC) is funded by CDC to build clinical quality improvement capacity among STD Prevention Training Centers, state and city STD programs, and their clinical partners nationwide in order to improve CDC-recommended STD screening, diagnosis, and treatment.

Our Approach
- Build capacity for partners to utilize Lean + Model for Improvement QI methodologies
- Partner with clinical practices to test + sustain improvements in STD care
- Identify key indicators for measuring improvement in STD clinical care
- Identify successful STD care implementation strategies to promote + disseminate broadly
In partnership with...

- California Department of Public Health
- Los Angeles County Department of Public Health
- Essential Access Health (CA Title X)
- Louisiana Department of Health
- Population Health Improvement Partners
- Centers for Disease Control and Prevention
Informational Webinar Objectives

• Provide an overview of the problem being addressed

• Provide an overview of the project:
  • Aim, key components, intervention methods, + timeline
  • Incentives + requirements for practices, physicians

• Share previous results + successes from Cohort 1

• Describe next steps for applying to the CT eLC Cohort 2

• Q & A
Why chlamydia screening?

Why adolescents?
Many U.S. high-school youth report having had sexual intercourse at least once...

Overall, 40% of high-school students (across 9th – 12th grade) report ever having had sexual intercourse.

Sexually transmitted diseases (STDs) are on the rise across the United States...

**Data Sources:** Louisiana, Centers for Disease Control and Prevention (CDC), STD Surveillance 2017; California + Los Angeles, CA Dept. of Public Health, STD Tables, 2017

### CHLAMYDIA
- **2013:** 1.4 million
- **2017:** 1.7 million
- **Increase:** 20%

### GONORREHA
- **2013:** 333,004
- **2017:** 555,608
- **Increase:** 67%

### PRIMARY + SECONDARY SYPHILIS
- **2013:** 17,375
- **2017:** 30,644
- **Increase:** 76%

From 2013 to 2017...
- **California:** 30% increase
- **Los Angeles Co.:** 26% increase
- **Louisiana:** 21% increase

- **California:** 97% increase
- **Los Angeles Co.:** 100% increase
- **Louisiana:** 39% increase

- **California:** 89% increase
- **Los Angeles Co.:** 80% increase
- **Louisiana:** 61% increase
...And young people are most impacted by these skyrocketing STDs rates

Americans ages 15-24 make up just 27% of the sexually active population but account for 50% of the 20M new STIs in the U.S. each year.

Adolescents face a variety of unique challenges to sexual health

**Social/Institutional**
- Lack of sex ed
- Confidentiality concerns
- Lack of transportation
- Lack of insurance/ $ to pay
- Stigma

**Biological**
- Adolescent cervix
- Lack of immunity from prior infections
- Smaller introitus
- Lack of lubrication (risk of abrasions)

**Cognitive**
- Unable to plan ahead for condoms (concrete thinking)
- Serial monogamy leading to multiple partners
- Unable to judge risk (personal fable)

**Behavioral**
- Age at first intercourse
- Sexual activity with new/older partner
- Multiple sexual partners
- Substance/alcohol use
And low-access to and low provision of preventive health services contribute to adolescent adverse health outcomes

In the United States...

- **53%** of adolescents age 12-21 with Medicaid coverage had an annual well-care visit in 2017
- **44%** of sexually active girls age 15-19 years received reproductive health services
- **22%** of pediatricians report that they use a standardized risk assessment tool with all or some adolescent patients
- **54%** of sexually active girls age 16-20 years with Medicaid coverage were screened for chlamydia in 2017

However, multiple factors are associated with reducing adolescent risk for adverse sexual health outcomes such as STDs and pregnancy...
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- Parent engagement – communication about sex
- Peer support for contraception and condoms
- School connectedness – future success
- Comprehensive sexual health education
- Providers – safe access to services
Improving Chlamydia Screening among Adolescents in Primary Care eLearning Collaborative (CT eLC)

Project Overview
CT eLC Project Overview

**Target Audience:** Primary care practices in California, Louisiana, and Los Angeles County

**Project Goal:** Increase chlamydia screening rates, with an emphasis on adolescent patients, ages 11-24 years*

**Methods:** *(all training and support provided virtually)*
- Best practice clinical trainings on adolescent sexual health + STD care
- Provision of tailored technical assistance (TA) + coaching
- Implementation of best practices using QI methods + tools

*Note: age range may vary by state*
By March 2020, achieve ≥10% improvement within each of the following areas...

As measured via sampled chart abstractions:

- % of adolescents with an assessment of sexual activity documented within past 12 months (Ultimate goal: 90%)
- % of sexually active adolescents screened for chlamydia within past 12 months (Ultimate goal: 80%)

As measured via staff surveys:

- Knowledge, attitudes, practices, confidence of practice staff + providers in adolescent sexual health and chlamydia screening best practices
- Knowledge, confidence of practice staff + providers in using QI methodologies + tools
CT eLC Project Intervention Methods

CT eLC Webinars

- Teach best practices + national recommendations
- Offer ideas for how to implement
- Facilitate peer-to-peer practice discussion/TA

Practice QI Team Action

- Disseminate webinar highlights to all staff
- Brainstorm practice change ideas + solicit ideas from staff
- Implement PDSA cycles to test change ideas
CT eLC Project Intervention Methods

- **CT eLC Webinars**
  - Teach best practices + national recommendations
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4 core categories of best practice interventions critical to improving adolescent chlamydia screening rates

- Welcoming Environment
- Chlamydia Screening
- Sexual Activity Assessment
- Minor Consent & Confidentiality
4 best practice clinical trainings among 9 total CT eLC project webinars

- Project Kick-Off
- Data Orientation
- QI 101
- Welcoming Environment
- Chlamydia Screening
- Sexual Activity Assessment
- Minor Consent & Confidentiality
- Sustainability + Spread
- Project Wrap-Up

- September
- October
- November
- December
- January
- February
- March
Each practice is asked to identify their own QI Team of 4-6 clinicians + staff to drive project implementation.
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State/County Clinical Support Teams: Provide Coaching + Technical Assistance
Practice Participation Incentives
FREE Credits for CT eLC Participants

In partnership with:

- The American Academy of Pediatrics (AAP)
- The American Board of Family Medicine (ABFM)

- 25 MOC Part 4 points (American Board of Pediatrics)
- 20 Performance Improvement* credits (ABFM)
  * Previously called MC-FP
- 20 Performance Improvement CMEs/CEUs (AAP)
Practice Requirements: Certification of Completion

Webinars
• Attendance of a QI Team member on all 9 webinars
• Share summary of webinar highlights back to all practice staff + clinicians

Calls
• Engage with QI coaches on 1 introductory call + 1 mid-project milestone call

Data
• Pre/Post: submit patient data metrics
• Pre/Post: complete all eLC project surveys
• Monthly (x 4 months): sample 20 patient charts + submit aggregate patient data metrics

PDSAs
• Use PDSA cycles to implement changes across the best practice categories
• Monthly (x 4 months): submit PDSA logs detailing interventions tested (minimum: 4 PDSAs)
Description of Project Data Requirements

- **Patient Data Metrics**
  - Annual sexual activity assessment *(pre-/post-project + 4 monthly samples)*
  - Annual chlamydia screening *(pre-/post-project + 4 monthly samples)*

- **Project Surveys**
  - Practice Inventory *(pre-/post-project)*
  - All-Staff Survey *(pre-/post-project)*
  - PDSA Tracking Logs *(4 monthly submissions)*

*Please Note: No protected health information will be required for this project.*
Individual Clinician/Staff Requirements for MOC-4, PI, CME/CEU credits

All Practice Requirements listed previously must be met
- Plus -

Individual MOC/CME Physician + Staff must:

• Attend these 6 project webinars:
  • Project Kick-Off
  • All 4 clinical best practices trainings
  • Project Review & Wrap-Up
    o Attendance on the QI Methods 101 and Sustainability & Spread webinars is recommended but not required
• Meaningfully participate in the project, including planning or implementing at least 1 PDSA
• Complete Pre- + Post-Project All-Staff Surveys

Note: Live webinars participation is strongly encouraged, however watching recordings is an option if completed by the end of the following month.
The CT eLC - Cohort 1

The California Pilot

Sept 2018-Mar 2019
The CT eLC Cohort 1 California Pilot: 7 Practice Sites

- Located in 6 local health jurisdictions across CA
- Variety of practice types: private pediatric group practices, FQHCs, community health centers, school-based health centers
- 2 sites trained medical residents
- All sites provided care to >40 adolescents/month
- Wide range of experience with QI methods
Results from the CA Pilot Cohort

Annual Sexual Activity Assessment + Documentation

- Baseline Sexual Activity: 46%
- Post Sexual Activity: 39%

Goal = 90%

Annual Chlamydia (CT) Screening

- Baseline: 81%
- Post-Project: 96%

Goal = 80%
Results from the CA Pilot Cohort

Staff STD Knowledge, QI Knowledge, and Comfort/Confidence and Behaviors related to adolescent sexual health

- **Behavior (▲ 4%)**
  - Pre-Survey (n=108): 57%
  - Post-Survey (n=98): 69%

- **Comfort + Confidence (▲ 20%)**
  - Pre-Survey (n=108): 66%
  - Post-Survey (n=98): 76%

- **QI Topic Knowledge (▲ 41%)**
  - Pre-Survey (n=108): 49%
  - Post-Survey (n=98): 69%

- **STD Knowledge (▲ 14%)**
  - Pre-Survey (n=108): 69%
  - Post-Survey (n=98): 83%
From the participants of Cohort 1...

7 out of 7 [100%] practices would recommend the CT eLC to other practices.

"It was an excellent learning opportunity and held our practice accountable for implementing meaningful changes within the clinic to optimize patient care."

"The positive changes as a result of practical implementation of all the changes made every month during the QI project were easily noticeable."

"I learned things I needed and improved my care in chlamydia screening. We were able to look at the practices we have and find issues and improvement."
The CT eLC - Cohort 2

Expansion
CT eLC Cohort-2: Recruiting Practices in California + Louisiana + Los Angeles County
The CT eLC Application Process
The Application is now Open!

http://bit.ly/CTeLCAplication

A PDF of the online application is also available for printing at this link
Application Overview - Online submissions due July 26:

- Practice demographics
- Estimated chlamydia screening rate among adolescent patients
- Short description of why your practice is applying to the project
- List of QI team members
**Important Dates**

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- **July 26**: Online submission deadline for applications
- **August 6**: Applicants notified about participation acceptance
- **September 4**: Launch of CT eLC
“Knowing is not enough; we must apply. Willing is not enough; we must do.”
—Goethe

Epigraph to the 2012 IOM 2012 CDC/HRSA-commissioned report:
“Primary Care and Public Health: Exploring Integration to Improve Population Health”
Questions?
Thank you

Connect with us: stdqi@cdph.ca.gov