



Overview of the New York State Family Planning Program Chlamydia Screening Performance Improvement Collaborative

Background

An expectation of New York State Family Planning Program (FPP) providers is to screen for chlamydia in accordance with best practice recommendations. The [CDC recommends](#) screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection. The endorsed Healthcare Effectiveness Data and Information Set (HEDIS) quality measure is:

The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

The CDC also recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection. While the focus of the HEDIS measure is on chlamydia screening, it is worth noting that the tests for gonorrhea and chlamydia are combined.

In the New York State Family Planning Program, 62% of clients 15-24 were screened for chlamydia in 2016, however there is wide variation across providers (range 6%-93%).

The New York State Family Planning Training Center, in collaboration with New York State Department of Health (NYSDOH), is convening a Chlamydia Screening Performance Improvement Collaborative, consisting of a group of 10-12 FPP providers who will work together on improving performance on this measure.

For the purpose of the Chlamydia Screening Performance Improvement Collaborative, FPP providers will examine existing data from FPAR reports or other sources. To align with FPAR age categories, participating teams may examine the following measure for performance improvement purposes: *the percentage of women 15-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.*

Purpose

The goals of the Chlamydia Screening Performance Improvement Collaborative are to:

- Support FPP providers to improve on the chlamydia screening performance measure;
- Increase understanding of and ability to operationalize four best practices for chlamydia screening among participating providers; and
- Increase the capacity of participating providers to conduct quality improvement (QI) at their site.

To achieve these goals, Chlamydia Screening Performance Improvement Collaborative participants will:

- Share improvement strategies, challenges, and successes with peers at one face-to-face and several virtual meeting opportunities;
- Hear evidence and rationale for best practices associated with improving chlamydia screening;
- Collect and use performance measurement data for QI; and
- Have the opportunity to receive one-on-one support from New York State Family Planning Training Center on this topic.

The New York State Family Planning Training Center will provide participating Performance Improvement Teams with knowledge and skills needed to get started on QI around the chlamydia screening measure. Collaborative learning sessions will introduce QI concepts, best practices for chlamydia screening, improving performance on the performance measures, and new approaches to making improvements. Throughout the Performance Improvement Collaborative, teams will implement individual site Improvement Plans by conducting Plan-Do-Study-Act (PDSA) cycles of change. Face-to-face and online learning opportunities will be designed to foster sharing among participants, allowing teams to discuss new approaches, challenges, and successes.

Who Should Apply

FPP providers are invited to apply. Agencies with multiple sites should choose one site to be the main participating site, although replication of changes across sites is strongly encouraged. Applicant sites should assemble a team that includes those responsible for clinic management/ administration and provision and oversight of clinical care. Teams should:

- Have access to a computer in order to input and analyze data and to participate in monthly online learning sessions;
- Have the authority to mobilize staff to implement a QI plan, including PDSA cycles;
- Be available for and committed to attending one in-person meeting (September 18) and monthly online learning sessions (see [description below](#))

Performance Improvement Collaborative Overview

The New York State Family Planning Training Center will guide each Performance Improvement Team through an improvement, measurement, action planning, and evaluation process that allows participants to learn and apply new skills in both face-to-face and online learning environments. The Chlamydia Screening Performance Improvement Collaborative was designed based on the Institute for Healthcare Improvement's [Breakthrough Series](#). It will consist of learning sessions (in-person and virtual) and action periods taking place over a seven-month period (September 2018 through March 2019). This is described further below.

Learning Sessions: The majority of the Performance Improvement Collaborative will be held **online**. The New York State Family Planning Training Center will facilitate six 90-minute monthly learning sessions focused on the best practices in the [Chlamydia Screening Change Package](#). These sessions may include speakers on the topic, a discussion of common barriers (including financial, cultural, and structural), and PDSAs conducted by participating teams. The New York State Family Planning Training Center will host one **in-person session** to introduce the Chlamydia Screening Change Package, and to encourage participants to meet each other and foster collaboration in the virtual meetings.

Expected time commitment:

- In-person session: 1 day (September)
- Virtual sessions (WebEx meeting): 90 minutes/month October 2018 through March 2019 (see [dates below](#)).

Action Periods: In between learning sessions, Performance Improvement teams will be expected to implement their **improvement plans** including meeting as a QI team, conducting PDSA cycles, and tracking evaluation measures. The intention is that the PDSA cycles will start as small tests and over time be developed into scaled up changes at the site or even grantee level. During these action periods the New York State Family Planning Training Center will provide coaching and TA to participating teams.

Expected time commitment:

- Team meetings and learning session participation: 2-4 hours/month
- Implementing improvement plan activities: 2-8 hours/month
- Data collection and reporting: 1-2 hours/months
 - Teams will be expected to obtain and submit data monthly. *See accompanying documents "Instructions for Reporting Chlamydia Tests" and "NYSFPP Unduplicated Chlamydia Test Tracking Tool."*

Schedule of Learning Sessions

The schedule below is a DRAFT outline of the Performance Improvement Collaborative learning sessions. We intend to seek participant input on the format and content of the learning sessions at the first in-person meeting. Thus, this outline should be considered flexible.

Month	Activity
Tuesday September 18 (in person, location TBD)	Introduction to Chlamydia Screening Performance Improvement Collaborative <ul style="list-style-type: none"> • Overview of QI process and initial readiness assessment • Chlamydia Screening Change Package overview • Introduction to Improvement Plan • Action planning for initial PDSA cycles
Wednesday October 10 1-2:30pm (virtual)	Best Practice 1: Include chlamydia screening as a part of routine clinical preventive care for women 24 and younger. Use clinic support systems to systematically screen sexually active patients at least once a year based on age, sex or risk.
Wednesday November 7 1-2:30pm (virtual)	Best Practice 2: Use normalizing and opt-out language to explain chlamydia screening to all women 24 years and younger, women >24 who are at increased risk, and men at increased risk. Use sample scripts and staff role plays to help standardize the conversation.
Late Nov/ Early Dec (virtual)	One-on-one technical assistance calls with each team to: <ul style="list-style-type: none"> • Review Improvement Plans • Discuss status of implementation of strategies and challenges • Identify success stories to share on future sessions
Wednesday December 12 1-2:30pm (virtual)	Best Practice 3: Use the least invasive, high quality recommended laboratory technologies for chlamydia screening, with timely turnaround. Make all optimal urogenital specimen types available, including self-collected vaginal swabs for women.
Wednesday January 16 1-2:30pm (virtual)	Best Practice 4: Utilize diverse payment options to reduce cost as a barrier for the facility and the patient. Utilize 340B Drug Pricing Program and inform patients about self-pay, sliding fee schedules, and insurance enrollment options.
Wednesday February 13 1-2:30pm (virtual)	Optional flexible session: Ongoing challenges and issues identified during the collaborative.
Wednesday March 13 1-2:30pm (virtual)	Wrap up and final presentations: Teams will present results and discuss next steps for sustaining improvements.

Application Process

Interested teams should complete the brief application via [this link](#) by 11:59pm ET on **August 20th, 2018**. New York State Family Planning Training Center staff and NYSDOH will review applications and notify all applicants of the outcome of their application by August 24th, 2018. Please email nysfptraining@jsi.com with questions about the application or collaborative.

Applications must be submitted through this link:

https://www.surveymonkey.com/r/NYSFPTC_chlamydiacollaborative