New York State Family Planning Program Chlamydia Screening Performance Improvement Collaborative Kickoff

September 18, 2018

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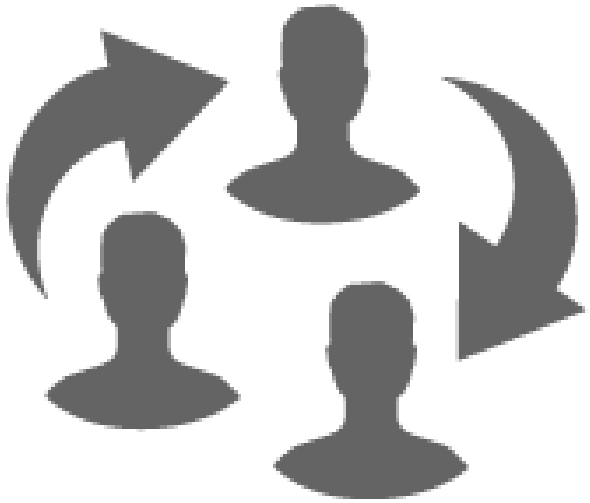
Performance Improvement Collaborative

What do you think of when you hear the term "Performance Improvement Collaborative"?



Learning Collaborative Group Expectations

- Participation and engagement
- Sharing lessons learned, best practices
- Self-advocacy
- Others?

What was most valuable?

"Hearing from other sites what they are doing and how we might be able to use their ideas."
– Collaborative participant

This Performance Improvement Collaborative is to:

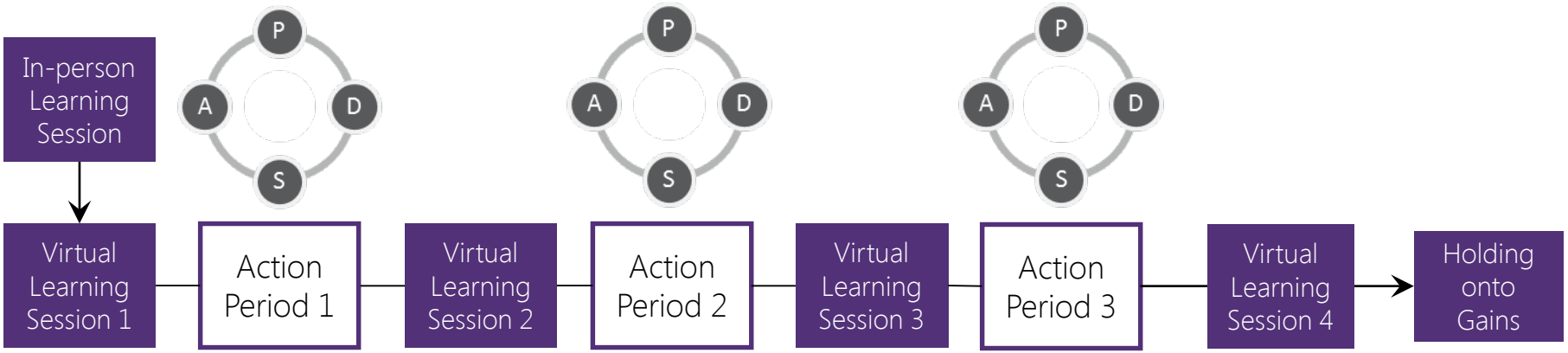
- Support you in the achievement of your chlamydia screening performance goals
- Increase capacity to conduct quality improvement (QI)
- Provide an space to build relationships between peer sites

Meeting Objectives

By the end of today's meeting you will be able to:

- Describe the best practice recommendations as outlined in the *Chlamydia Screening Change Package*
- Describe how the **Model for Improvement** can be used in the family planning setting
- **Develop at least two aim statements** to guide PDSAs in your improvement plan
- **Identify at least two changes to test** through PDSAs based on strategies suggested in the change package and experience of other teams

Breakthrough Series Learning Collaborative Model



Sept. 18, 2018
In-person launch

Oct-Mar
Online sessions

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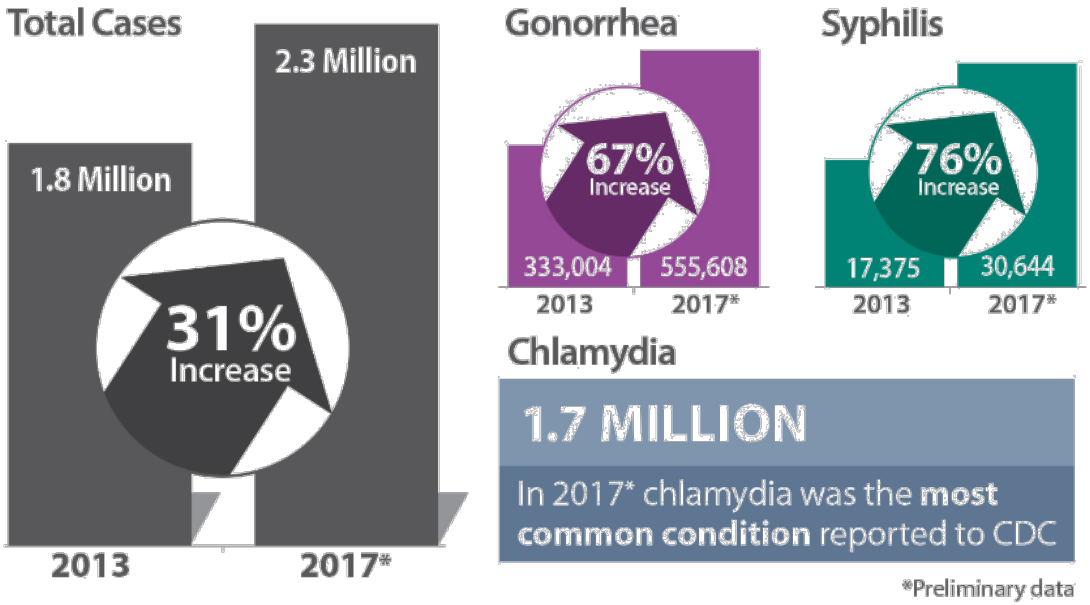
Month	Proposed Content
TODAY	**Getting Started:** QI Action Planning
October	Best Practice 1. **Include chlamydia screening as a part of routine clinical care for women 24 years and younger,** <24 who are at increased risk, and men at increased risk.
November	Best Practice 2. **Use normalizing and opt out language** to explain chlamydia screening.
December	Best Practice 3. **Use the least invasive, high quality, recommended laboratory technologies** for chlamydia screening and timely turnaround.
January	Best Practice 4. **Utilize diverse payment options to reduce cost as a barrier** for the facility and the patient.
February	Optional flexible session (ongoing challenges, issues)
March	**Lessons Learned and Scale Up**

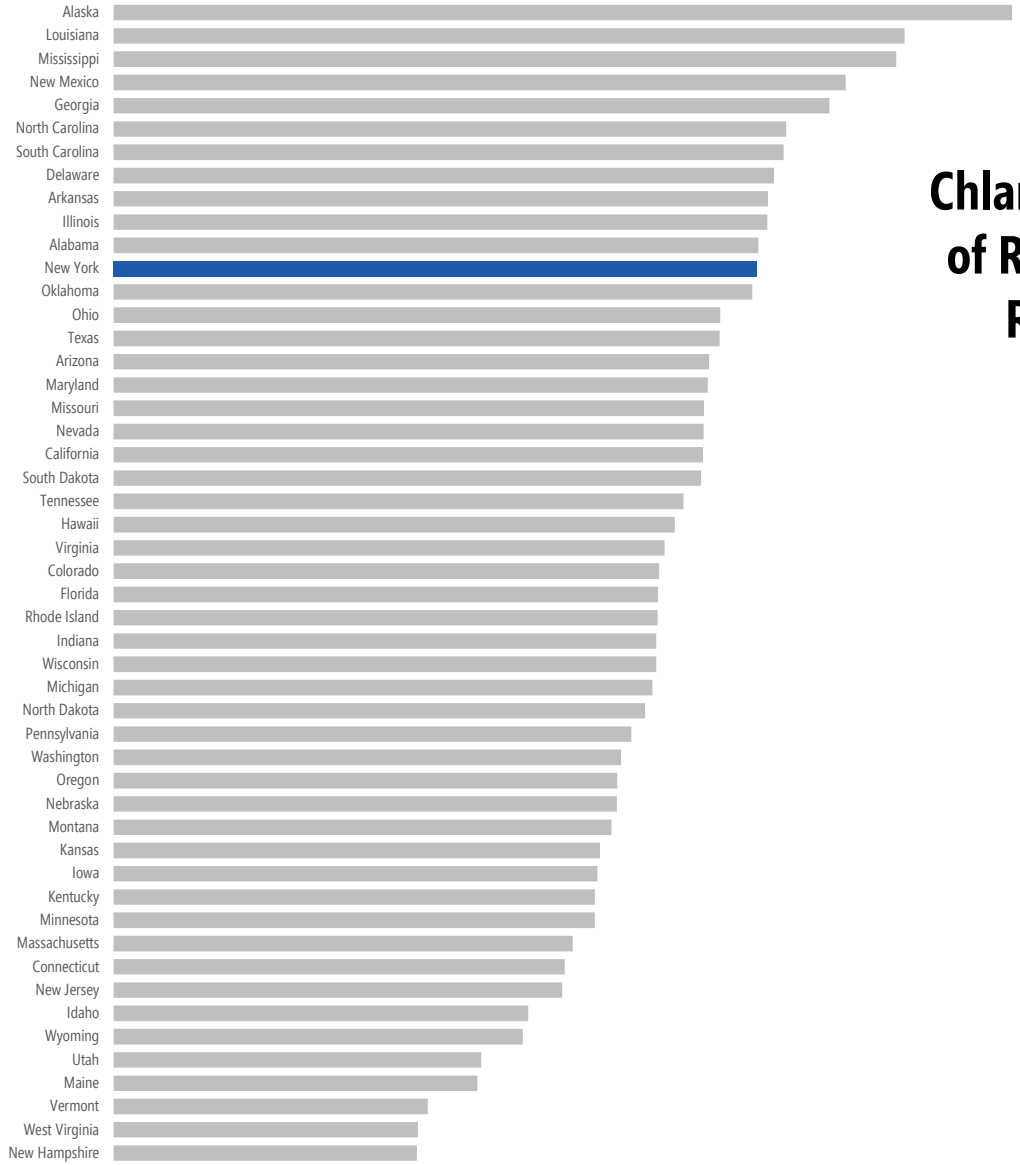
Why Chlamydia Screening?

THE U.S. IS EXPERIENCING STEEP, SUSTAINED INCREASES IN SEXUALLY TRANSMITTED DISEASES

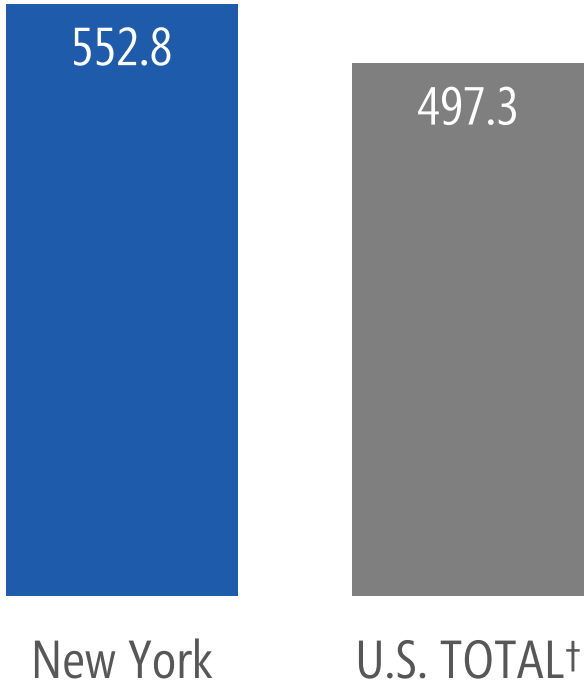
Combined diagnoses of chlamydia, gonorrhea, and syphilis **increased sharply over the past five years**



Source: https://www.cdc.gov/nchhstp/newsroom/2018/2018-std-prevention-conference.html



Chlamydia — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2016 (CDC)



Source: https://www.cdc.gov/std/stats16/tables/2.htm

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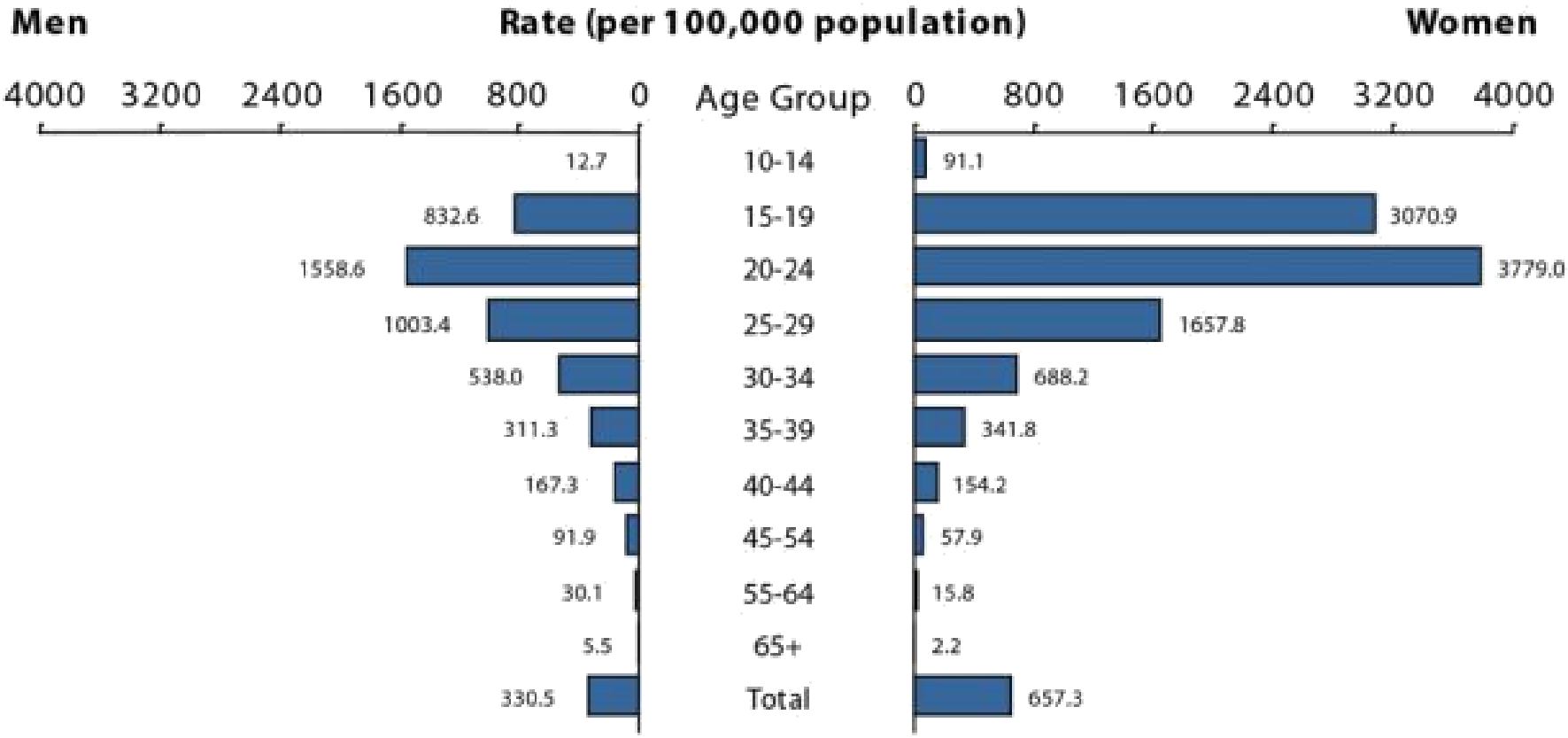
Why Chlamydia Screening?

Chlamydia — Rates of Reported Cases by Age Group and Sex, United States, 2016 (CDC)



Source: https://www.cdc.gov/std/chlamydia/stats.htm

Why Chlamydia Screening?

- You are making a difference!

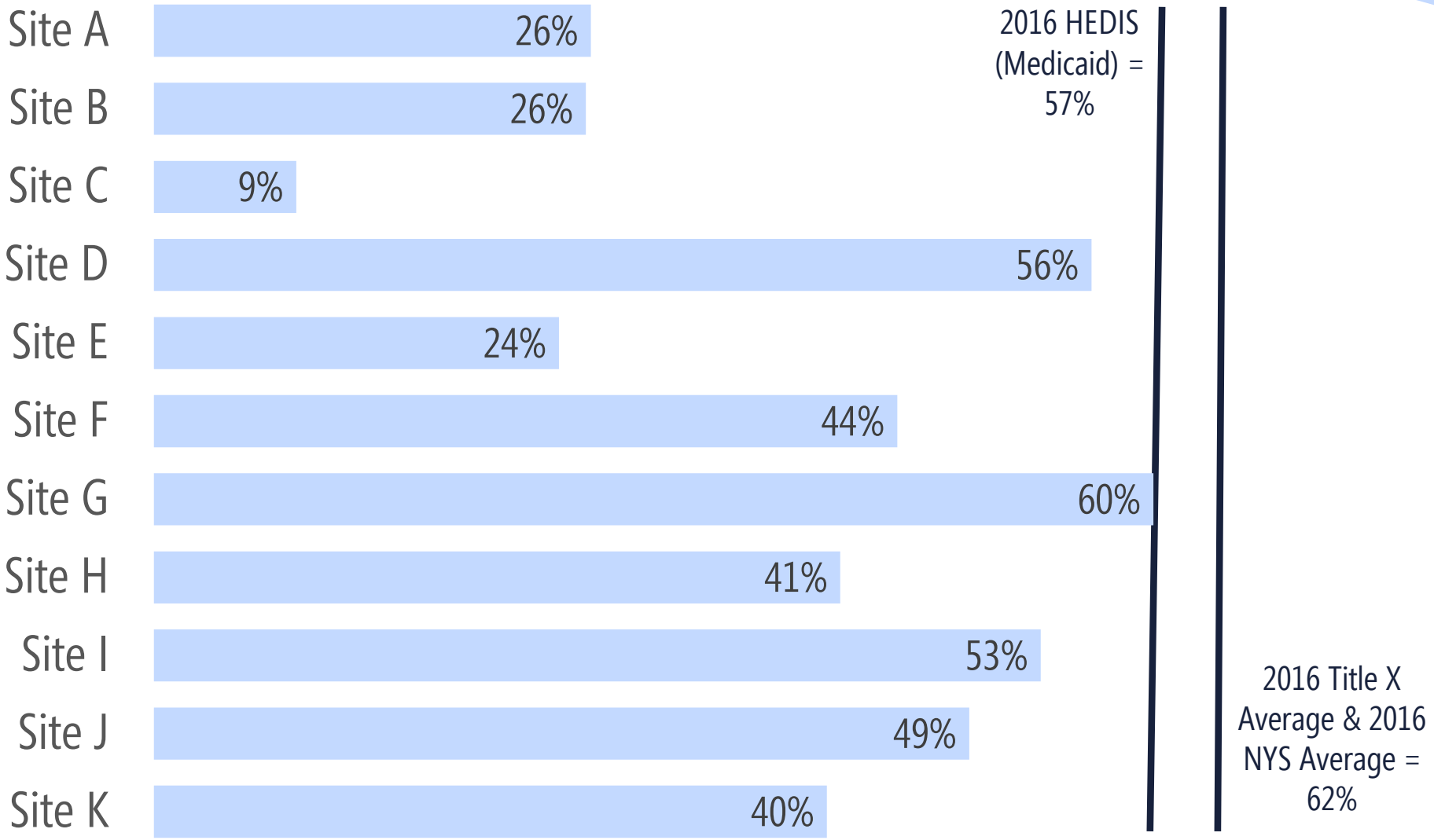
- CT testing in 11 agencies during 2016:[1]
  - 24,783 CT tests females tested
  - 360 CT infections prevented
  - 50 cases of PID prevented
  - 10 women who are still fertile
  - Gross cost savings from CT testing - $136,450

[1]Guttmacher calculator: https://data.guttmacher.org/calculator

Chlamydia Screening Measure

- HEDIS Measure: 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 period.
  - Using data from Ahlers, use age group: 15-24
  - Measurement period = monthly
- Although the HEDIS measure focuses on women 16-24 years of age, improvement activities should address all women and men at risk of chlamydia.

Sexually Active Females 15 to 24 Years of Age (Average Screening May-July, 2018)

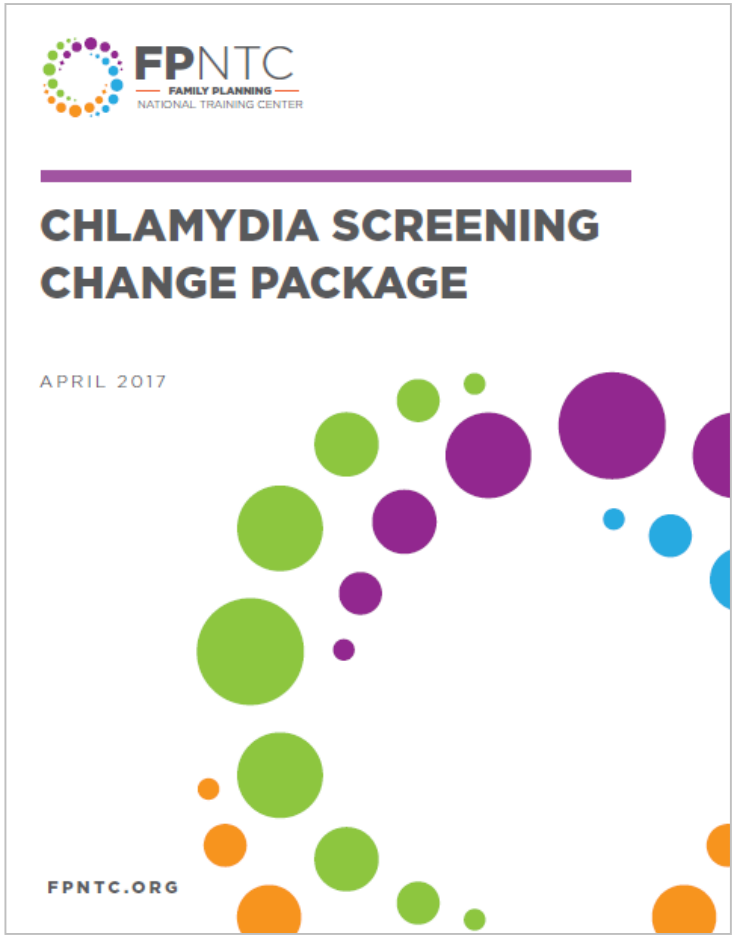


Brainstorm

What barriers does your site face related to chlamydia screening?

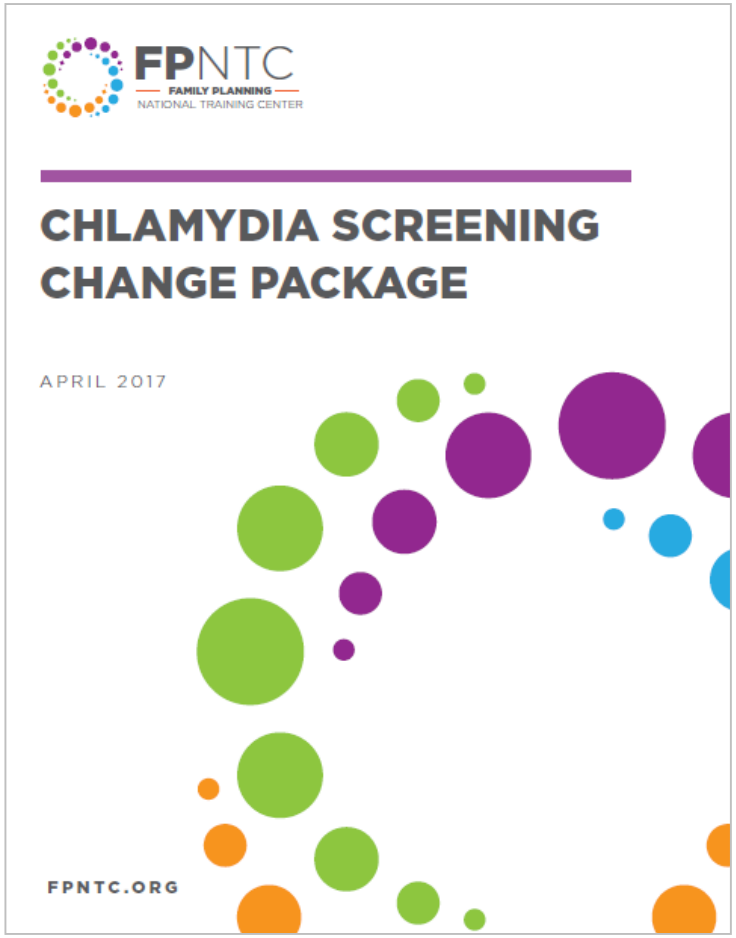
Chlamydia Screening Change Package

- Best practice recommendations
- Rationale
- Strategies
- Suggested evaluation measures
- Tools and resources

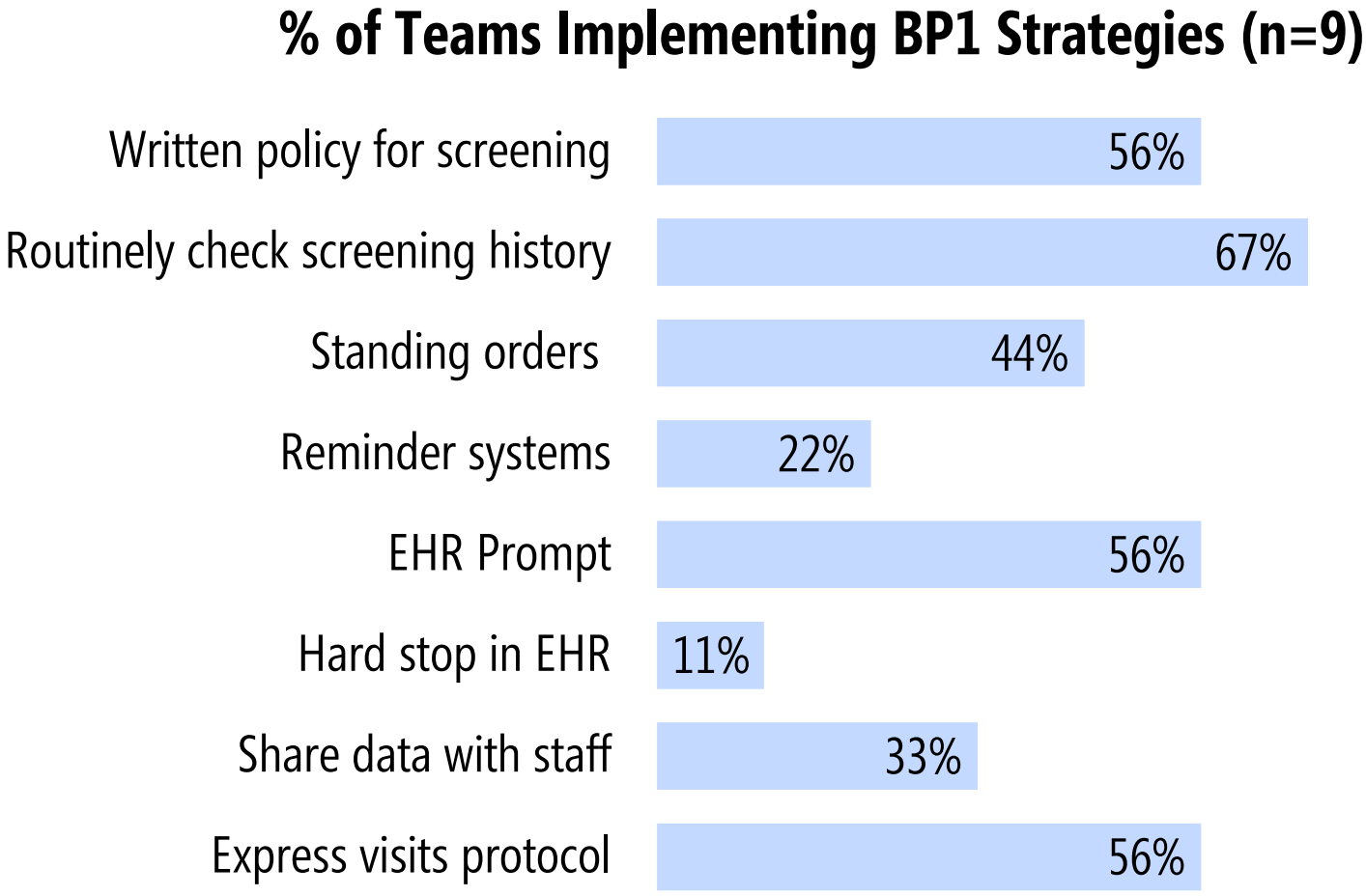


Best Practice #1

Include chlamydia screening as a part of routine clinical preventive care for women 24 years and younger, women >24 who are at risk increased risk , and men at increased risk.

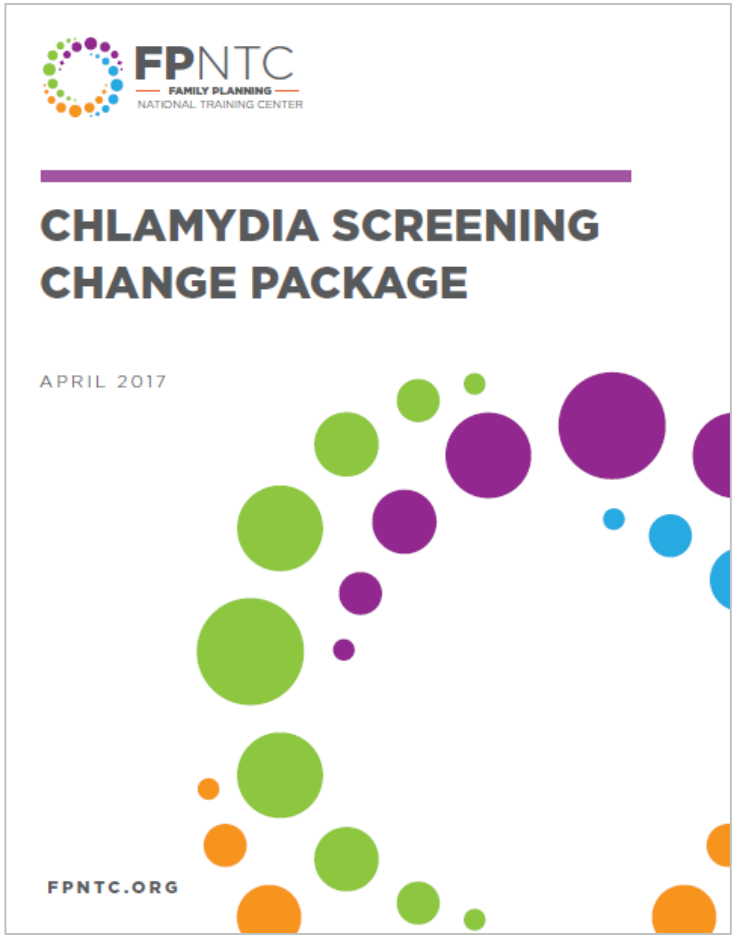


Where are we now?



Best Practice #2

Use normalizing and opt-out language to explain chlamydia screening to all women 24 years and younger, women <24 at increased risk, and men at increased risk



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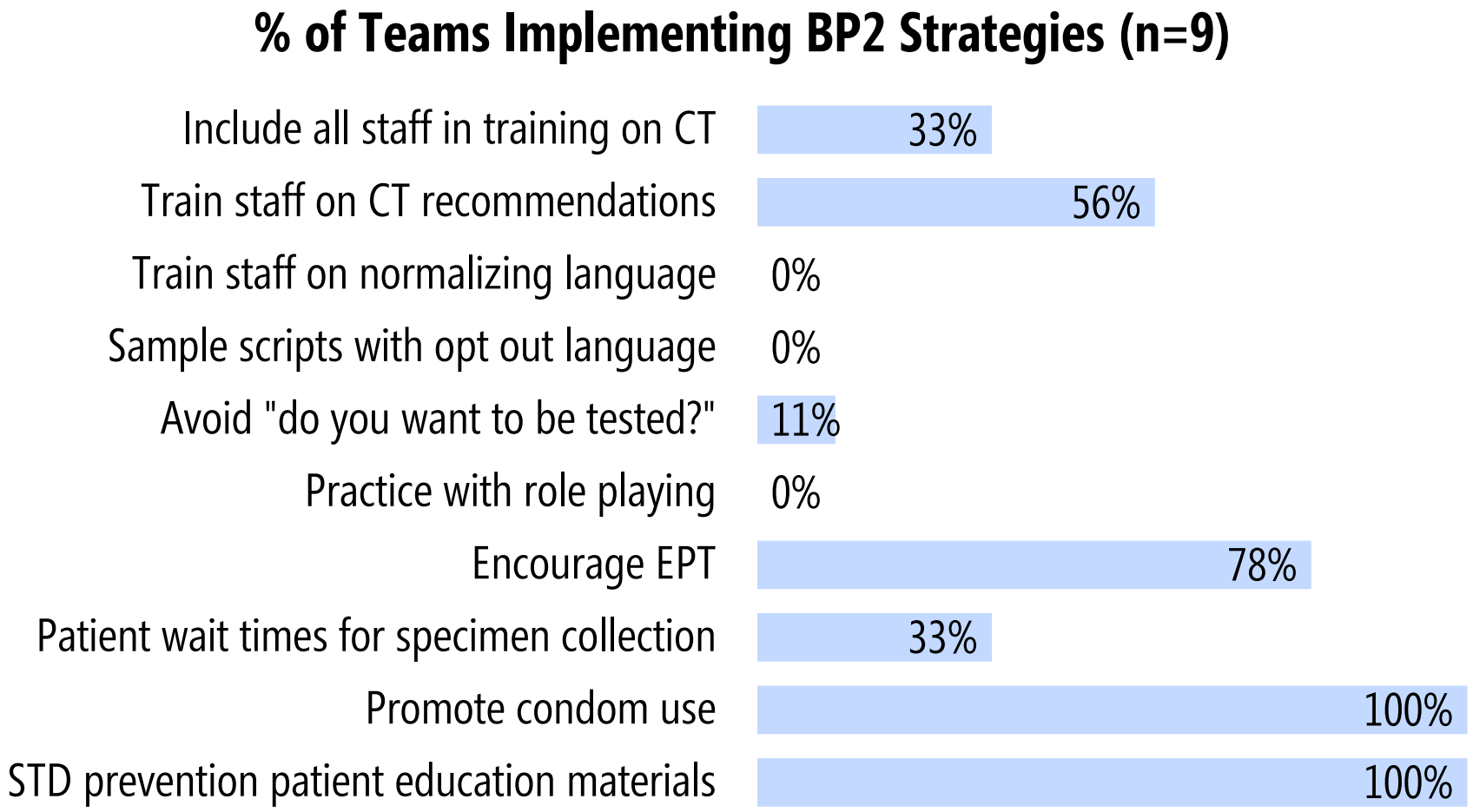
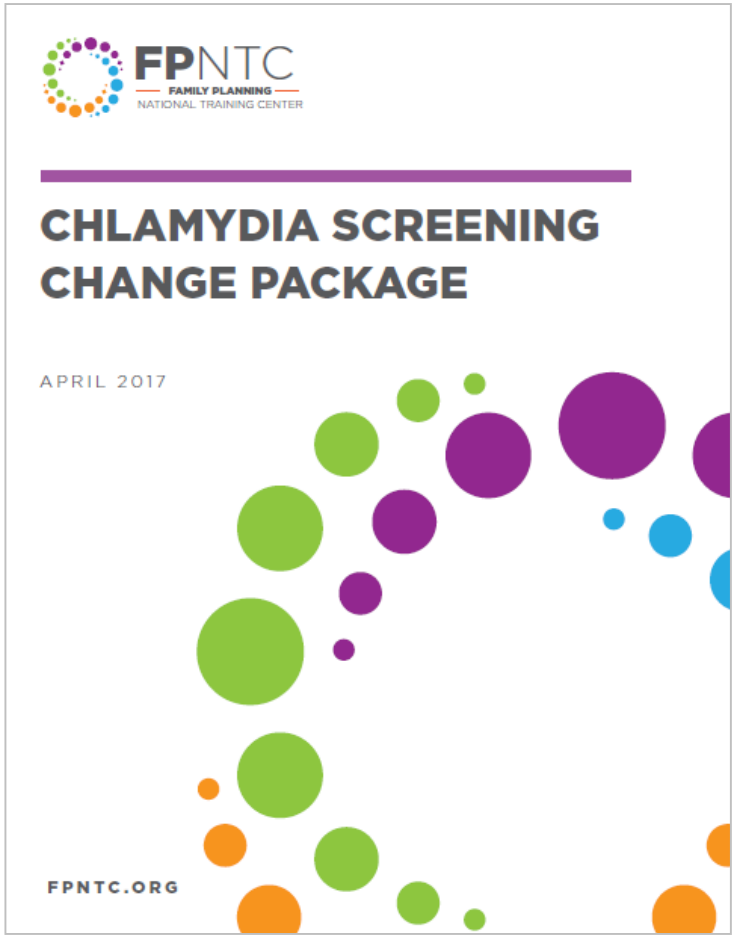


Best Practice #3

Use the least invasive, high quality, recommended laboratory technologies available for chlamydia screening with timely turnaround.



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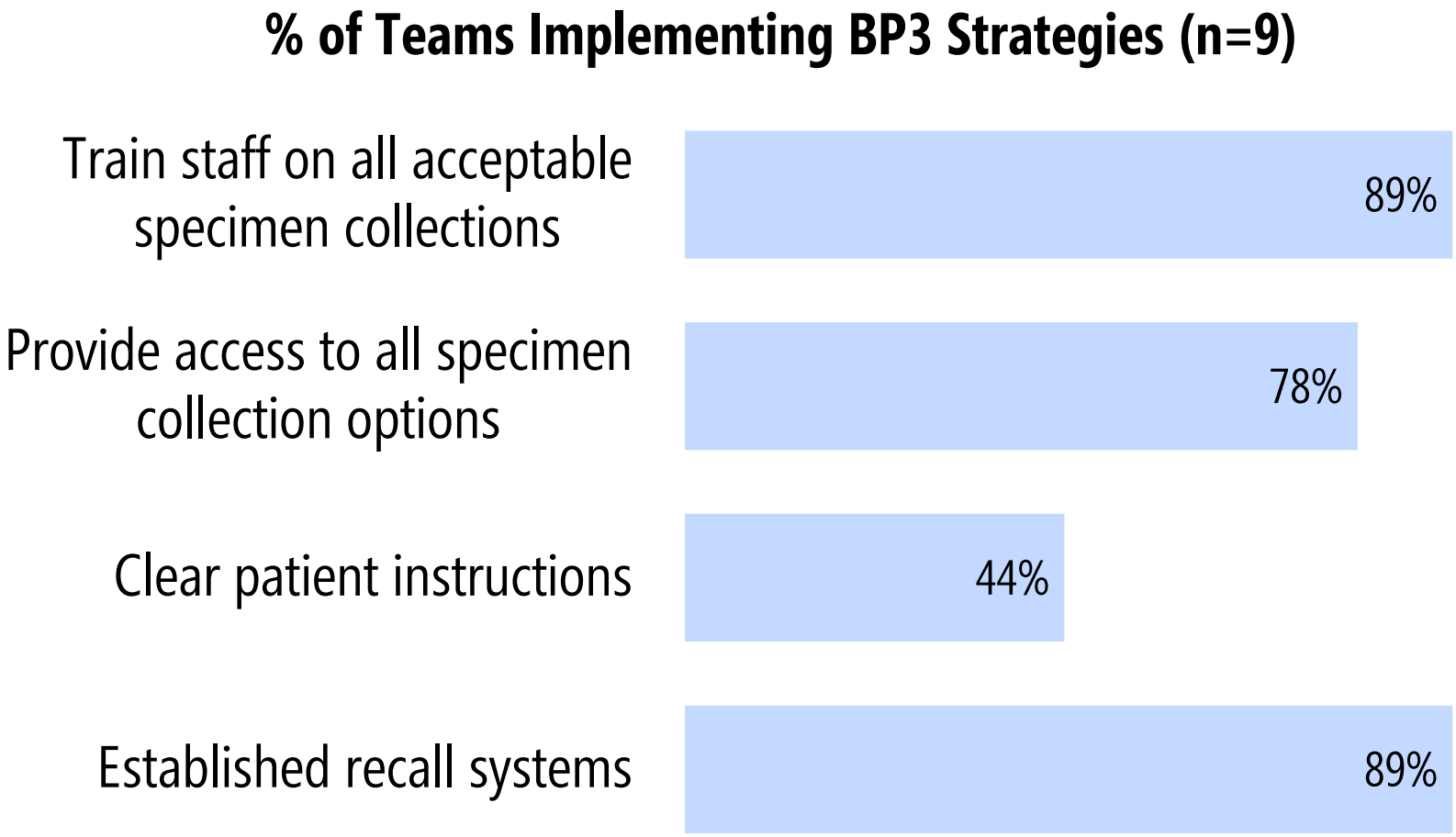
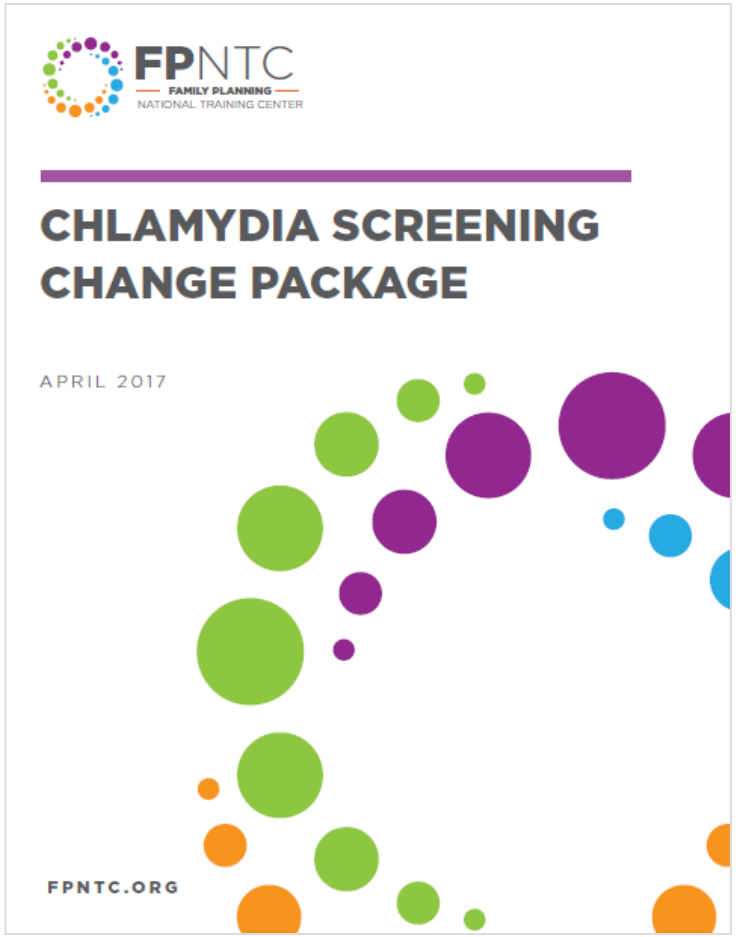
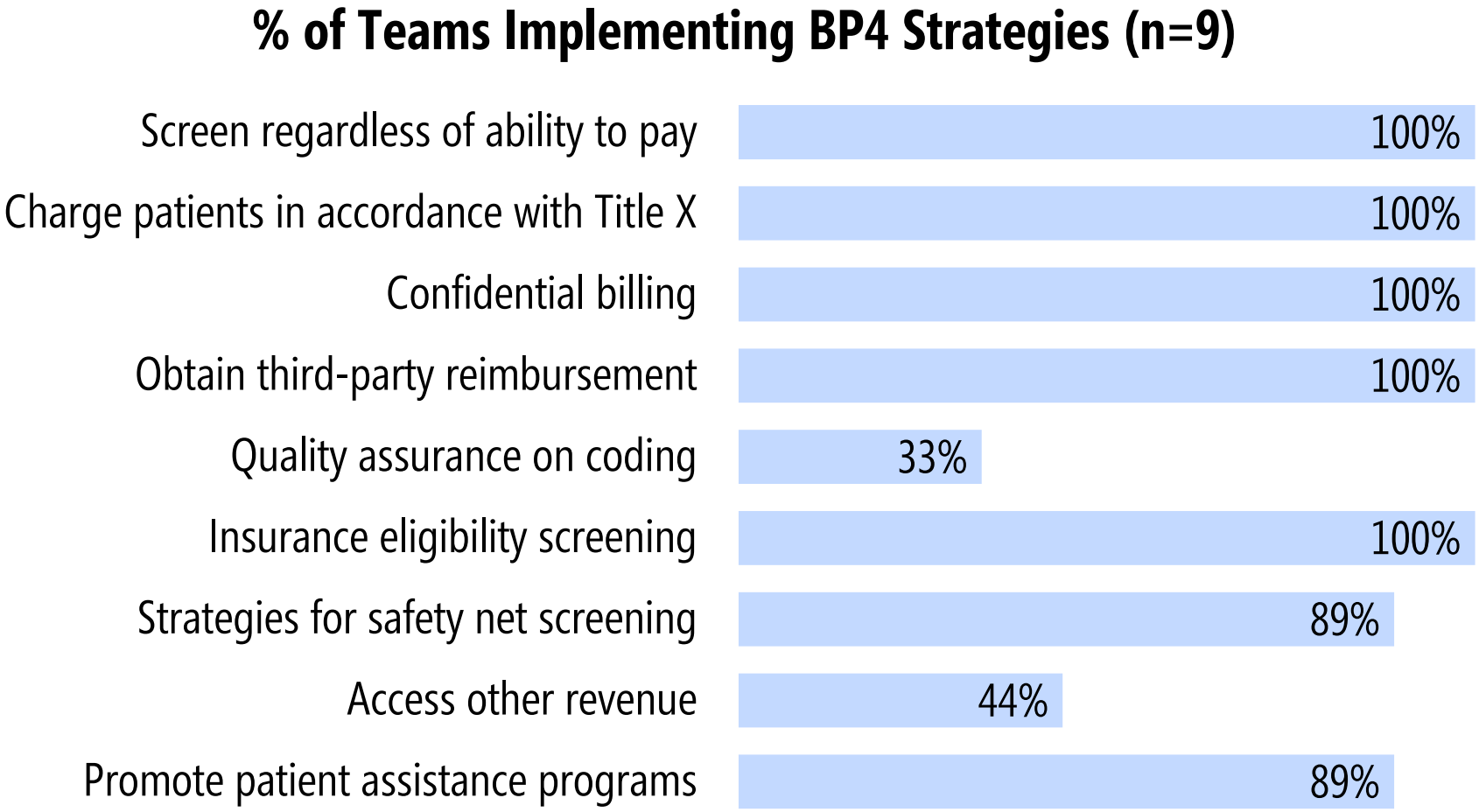


Best Practice #4

Utilize diverse payment options to reduce cost as a barrier for the patient and the facility.



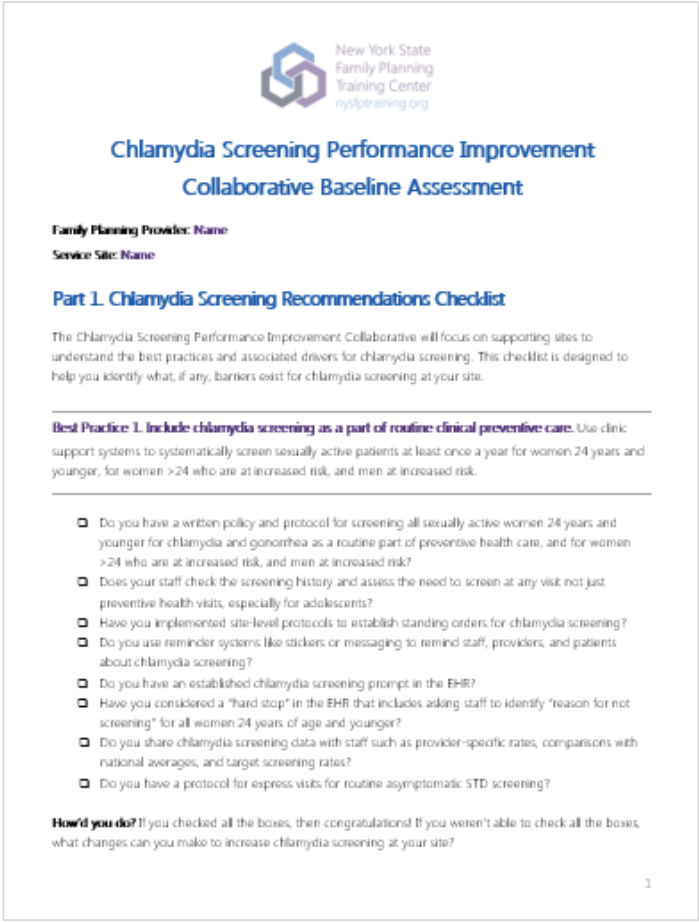
Where are we now?



Prioritization Activity

You've listed some barriers and completed the Access Checklist (baseline assessment)…

Now what will move the needle at your service site?



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Chlamydia Screening Performance Improvement Collaborative Baseline Assessment

Family Planning Provider: Name

Service Site: Name

Part 1. Chlamydia Screening Recommendations Checklist

The Chlamydia Screening Performance Improvement Collaborative will focus on supporting sites to understand the best practices and associated drivers for chlamydia screening. This checklist is designed to help you identify what, if any, barriers exist for chlamydia screening at your site.

Best Practice 1. Include chlamydia screening as a part of routine clinical preventive care. Use clinic support systems to systematically screen sexually active patients at least once a year for women 24 years and younger, for women >24 who are at increased risk, and men at increased risk.

- ☐ Do you have a written policy and protocol for screening all sexually active women 24 years and younger for chlamydia and gonorrhea as a routine part of preventive health care, and for women >24 who are at increased risk, and men at increased risk?
- ☐ Does your staff check the screening history and assess the need to screen at any visit not just preventive health visits, especially for adolescents?
- ☐ Have you implemented site-level protocols to establish standing orders for chlamydia screening?
- ☐ Do you use reminder systems like stickers or messaging to remind staff, providers, and patients about chlamydia screening?
- ☐ Do you have an established chlamydia screening prompt in the EHR?
- ☐ Have you considered a "hard stop" in the EHR that includes asking staff to identify "reason for not screening" for all women 24 years of age and younger?
- ☐ Do you share chlamydia screening data with staff such as provider-specific rates, comparisons with national averages, and target screening rates?
- ☐ Do you have a protocol for express visits for routine asymptomatic STD screening?

How'd you do? If you checked all the boxes, then congratulations! If you weren't able to check all the boxes, what changes can you make to increase chlamydia screening at your site?

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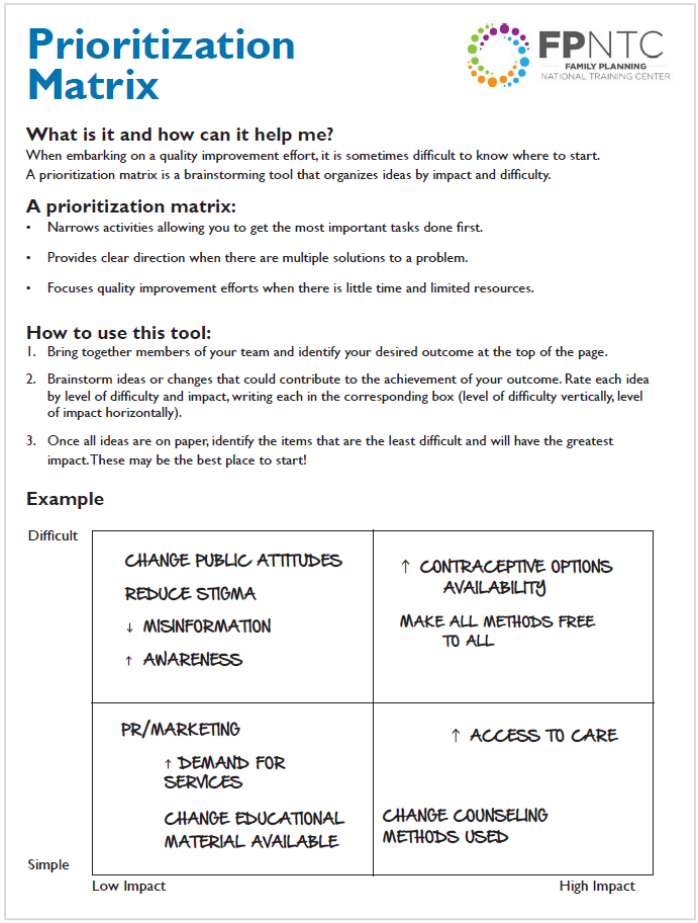
Prioritization Activity

- Brainstorm ideas that should contribute to the achievement of your outcome: increased CT screening. **Plot these on the Prioritization Matrix.**
- Now, choose a few (2-3) things that are high impact, low effort to start with. Write each idea on a sticky note.



Prioritization Matrix

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What is it and how can it help me?

When embarking on a quality improvement effort, it is sometimes difficult to know where to start. A prioritization matrix is a brainstorming tool that organizes ideas by impact and difficulty.

A prioritization matrix:

- Narrows activities allowing you to get the most important tasks done first.
- Provides clear direction when there are multiple solutions to a problem.
- Focuses quality improvement efforts when there is little time and limited resources.

How to use this tool:

1. Bring together members of your team and identify your desired outcome at the top of the page.
2. Brainstorm ideas or changes that could contribute to the achievement of your outcome. Rate each idea by level of difficulty and impact, writing each in the corresponding box (level of difficulty vertically, level of impact horizontally).
3. Once all ideas are on paper, identify the items that are the least difficult and will have the greatest impact. These may be the best place to start!

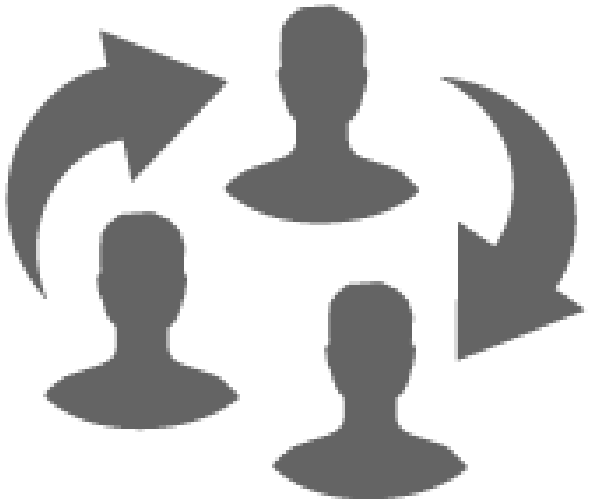
Example

Difficulty \ Impact	Low Impact	High Impact
Difficult	CHANGE PUBLIC ATTITUDES REDUCE STIGMA ↓ MISINFORMATION ↑ AWARENESS	↑ CONTRACEPTIVE OPTIONS AVAILABILITY MAKE ALL METHODS FREE TO ALL
Simple	PR/MARKETING ↑ DEMAND FOR SERVICES CHANGE EDUCATIONAL MATERIAL AVAILABLE	↑ ACCESS TO CARE CHANGE COUNSELING METHODS USED

Cross-Team Sharing of Ideas

Questions to discuss:

- What is a challenge you want to address?
- What is a change idea you are considering?
- What concerns do you have about this idea?
- What is something you've tried before? How did it work?



Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

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Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Prioritization Matrix can help you figure out where to start and organize your ideas by impact and difficulty

Model for Improvement

What are we trying to accomplish?

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Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

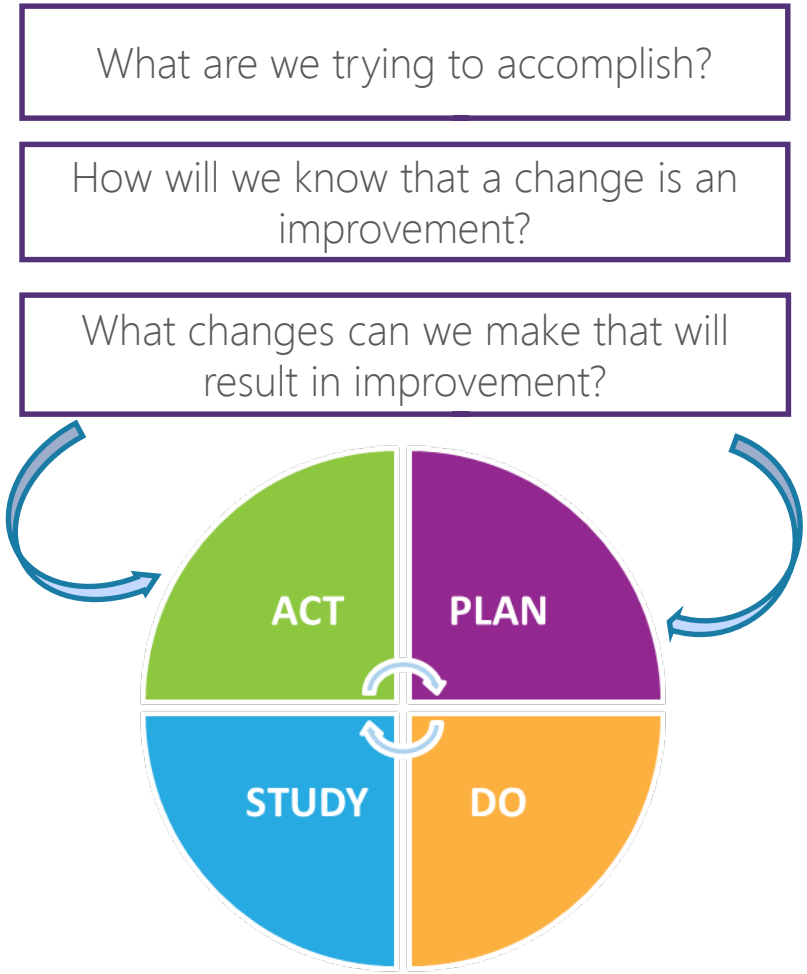
What changes can we make that will result in improvement?

Data-informed processes can help you:

- Identify root cause
- Identify a change
- Select a change

Testing the Change

- PLAN to test your change.
- DO try carrying out the change.
- STUDY the test to see if it worked.
- ACT based on your measured results.



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PLAN: What's happening now?

- ✓ Clarify your objective
  - Determine the change you want to test.
- ✓ Predict your outcome
  - What do you think will happen? Will it help?
- ✓ Identify steps you need to take
  - What data do you need to show change? Who? What? When? How?

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DO: Let's try it

- ✓ Carry out the plan
- ✓ Document Observations
- ✓ Begin Analysis

STUDY: Did it work?

- ✓ Analyze qualitative & quantitative data
- ✓ Compare data against predictions
- ✓ Summarize lessons learned

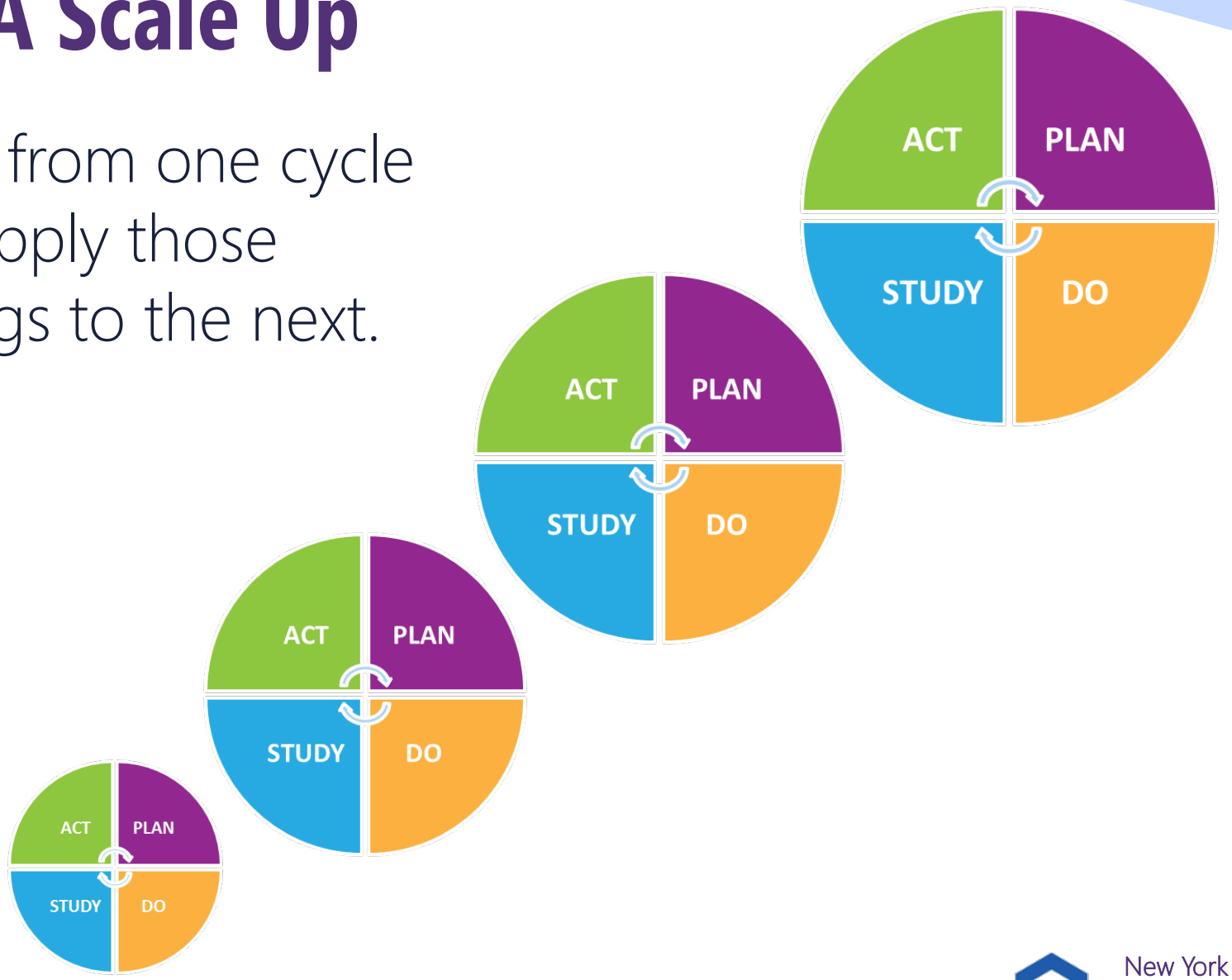
ACT: Decide what to do

Decide if you will:

- ✓ Adopt
- ✓ Abandon
- ✓ Adapt

PDSA Scale Up

Learn from one cycle and apply those findings to the next.



How Will You Know Change is an Improvement?

BEST PRACTICES	PLAN					DO	STUDY	ACT
	Aim Statement	Tasks	Who	When	Measures			
	What do you want to accomplish? By when? (May be the same as or a subset of Step)	*What tasks need to be accomplished to reach this Aim?*	*Who will complete the Tasks?*	*Task will be done by what date?*	*How will you know you have been successful?*	*What progress has been made? What is happening as you make progress?*	*What do the measures show? What are your observations?*	*What are your next steps?*
Best Practice 1. Include chlamydia screening as a part of routine clinical preventive care for women 24 years and younger, women >24 who are at risk increased risk , and men at increased risk.								
Best Practice 2. Use normalizing and opt-out language to explain chlamydia screening to all women 24 years and younger, women <24 at increased risk, and men at increased risk.								
Best Practice 3. Use the least invasive, high quality, recommended laboratory technologies available for chlamydia screening with timely turnaround.								
Best Practice 4. Utilize diverse payment options to reduce cost as a barrier for the patient and the facility.								

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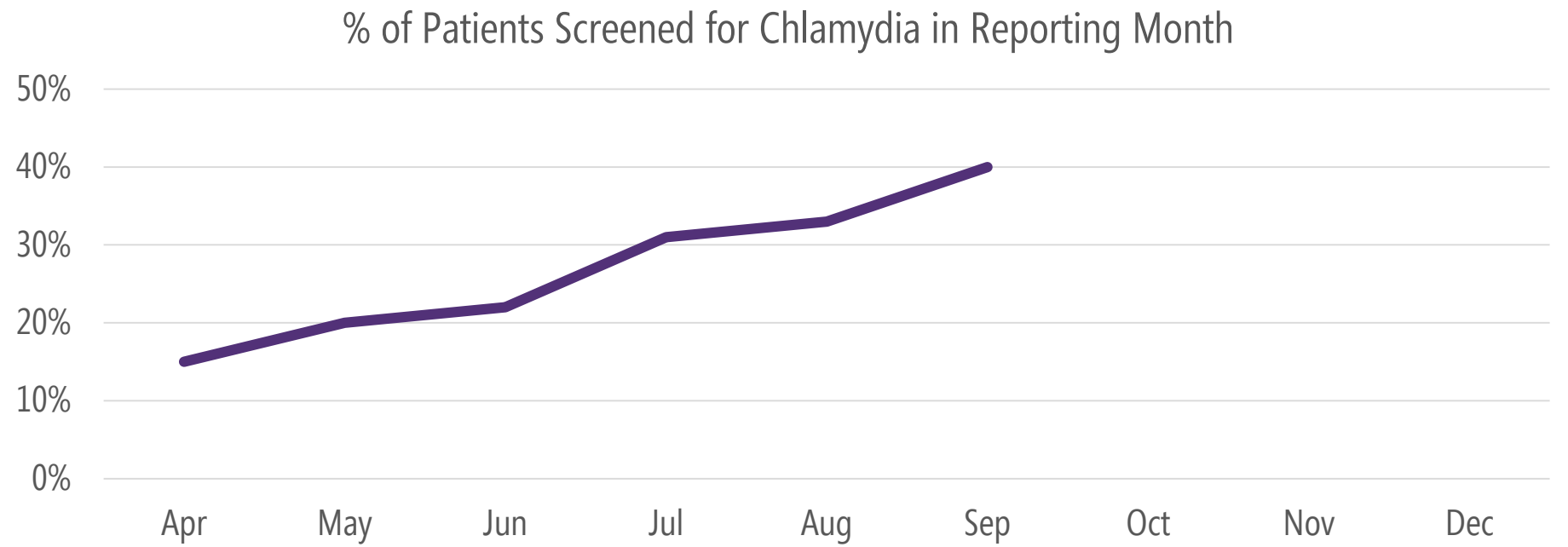
How Will You Know Change is an Improvement?

Instructions: Update data in the "Data Tracking" Tab of this spreadsheet to have this run chart automatically populate.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Percentage Tested Current Month	15%	20%	22%	31%	33%	40%						



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Data Collection & Tracking Tool

NYS Family Planning Program Chlamydia Screening Performance Improvement Collaborative
Data Collection and Calculation Tool

Agency/Site Name:

Instructions: Each month, enter only the '# Tested YTD' and '# Served YTD' for females aged 15-24 based on their first visit of the year. Remaining values will be calculated automatically
'# Tested YTD' should not be greater than '# Served YTD'; neither should be smaller than their corresponding entries in any previous months.
EXCEPTION: since January 2019 starts a new calendar year, # Tested YTD and # Served YTD will be smaller than those reported in January

	Visit Month											
Unduplicated Clients	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
# Tested YTD												
# Served YTD												
Percentage Tested YTD												
# Tested Current Month												
# Served Current Month												
Percentage Tested Current Month												

Instructions for Using Clinic Visit Record (CVR) Data to Obtain Monthly Percentages of Unduplicated Female Clients, Aged 15-24, Who Were Tested for Chlamydia

Unduplicated client counts of females, aged 15-24, who were *newly* tested for Chlamydia each month are readily available based on Clinic Visit Record (CVR) data summarized in the "Build A Report" function on the Ahlers website. Obtaining this information will require several simple steps to isolate the number of clients *newly* tested and served in any given month from those tested and served in any of the previous months of the year. Baseline data for this project will begin with clients *newly* served and tested in May 2018, and will require the following:

- First, you will need to capture and record the total unduplicated clients *served* for the year to date (YTD) for April 2018, and aggregate across smaller age groups.
- Second, you will need to capture and record the total of unduplicated clients *tested* for the year to date (YTD) for April 2018, and aggregate across smaller age groups.
- Next, you will need to follow the same two steps above for **May 2018** and then for each subsequent **month of interest for the duration of the project in 2018**. To obtain the YTD running total for each of the months January through March of 2019, you will need to enter the first day of the new year, i.e., 1/1/2019 for the "From Date," which will in effect restart the YTD running totals of unduplicated clients tested and served.
- Once you have these unduplicated YTD totals, you will need to subtract the YTD *served* and *tested* running totals for each month (beginning with April 2018) from the corresponding running totals for the subsequent **month of interest** (beginning with May 2018).
- The remaining numbers reflect the clients ***uniquely* served and tested** during the **month of interest**, and can be used to calculate the percentage tested for that month.

*** Note: an Excel table is provided for your convenience to use as a data collection and calculation tool. ***

Following are explicit instructions for obtaining this information:

1. Go to the Ahlers website (http://ahlerssoftware.com/).
2. Click on client login (in the middle of the page).
3. Enter your User ID and Password, and then click "Log In". Select "Build A Report" from the available remote services listed on the left-hand side of the page (it is the second option from the top).

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Instructions for using CVR Data to Obtain Monthly Percentages

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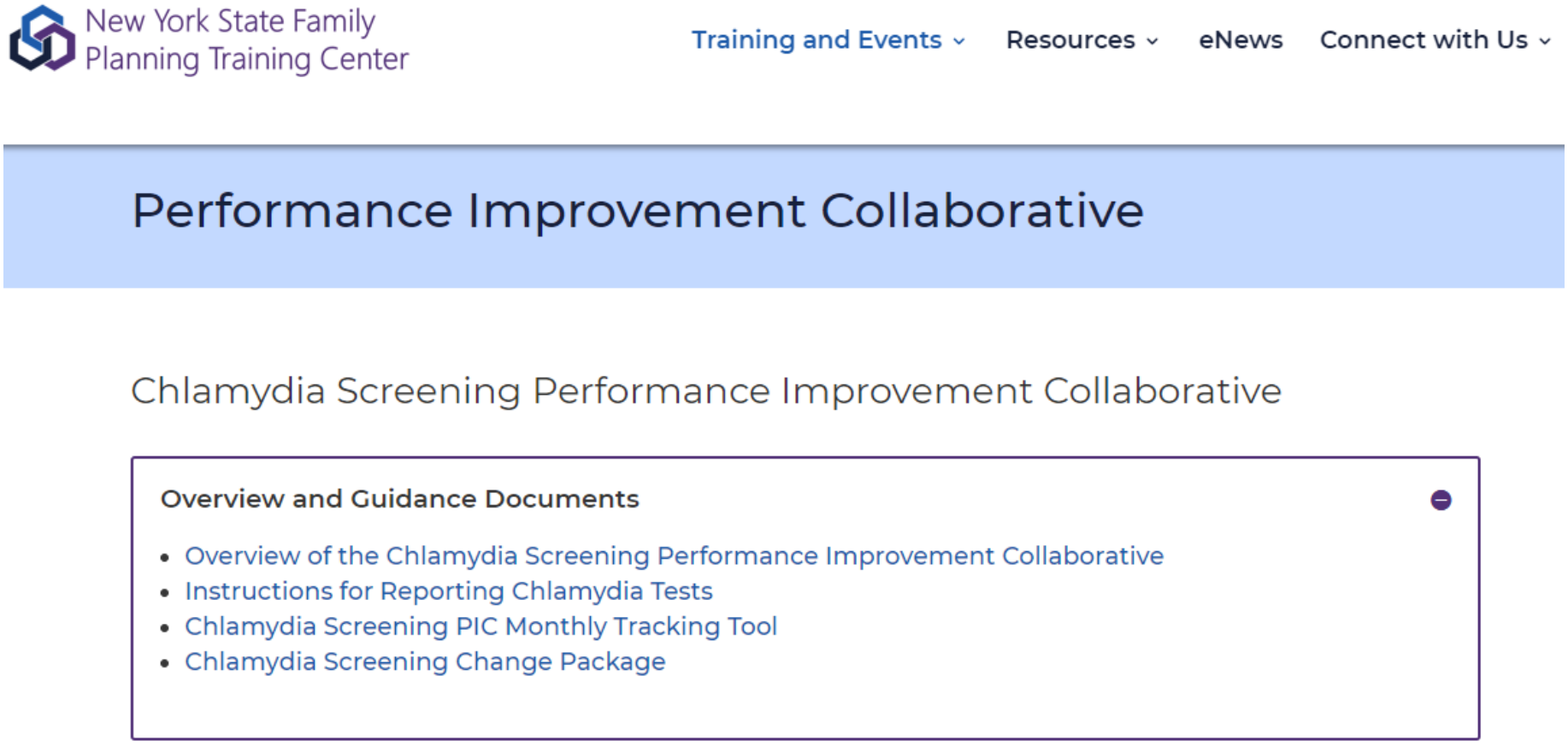
PIC Webpage: nysfptraining.org



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What Do You Want to Accomplish?

- Performance Goal
  - Big picture goal for performance measures
  - E.g., Increase % of women 15-24 years of age who were identified as sexually active and who had at least one test for chlamydia in the reporting month from 50% to 60%
- Aim Statements
  - Smaller interim goals to help you define if your planned activities are successful – to track movement towards your performance goal

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Goal Setting

- Aim for a benchmark:
  - 2016 Title X Average = 61.5%
  - 2016 New York State Average = 62.2%
  - 2016 HEDIS (Medicaid) = 57.3%
- Set a percentage increase e.g.,
  - 50% improvement over baseline
  - Increase of 20 percentage points

Performance Goals

- Review your baseline data and think about what performance goal makes sense for you.
- Write it on your improvement plan.

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Performance Goal
% of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia in the reporting month	50%	54%	60%								

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Model for Improvement

An aim statement:

- ✓ Helps create a shared vision
- ✓ Defines the scope of your quality improvement
- ✓ Defines what you are working towards
- ✓ Is a commitment to achieve improvement
- ✓ Has a definite timeline
- ✓ Has quantified goals

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Aim Statement

By December 1, 2018, increase the percentage of patients whose providers use "opt out" chlamydia screening language from 0% to 50%.

Aim Statement

By when?

By December 1, 2018, increase the percentage of patients whose providers use "opt out" chlamydia screening language from 0% to 50%.

Aim Statement

What?

By December 1, 2018, increase the percentage of patients whose providers use "opt out" chlamydia screening language from 0% to 50%.

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Aim Statement

By December 1, 2018, increase the percentage of patients whose providers use "opt out" chlamydia screening language from 0% to 50%.

By how much?

Model for Improvement

TIPS: Be Specific

- Control: Is this something you have control over?
- Time: Can the aim be achieved in the time specified?
- Resources: Are there sufficient resources?
- Team: Who needs to be involved for success?
- Alignment: Is your aim aligned with the organization's mission and goals?

Develop an Aim Statement

Aim Statement

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What is it and how can it help me?

An aim statement summarizes the goal of your quality improvement effort. Specifically, it defines what do you hope to achieve; your target population; how you will measure your success; and the time needed.

An aim statement

- Helps create a shared visions
- Defines the scope
- Defines what you are working toward
- Is a commitment to achieve improvement
- Has a definite timeline
- Has quantified goals

How to use this tool:

1. Assemble a team of staff to participate in the quality improvement effort. Work together to answer the following questions:

Component	Text
What?	
For whom?	
How much?	
By when?	

2. Combine the elements above into a complete aim statement:

Aim Statement:

Example: Increase the percentage by [redacted] who receive [redacted] language script from 25% to 50% by December, 2018.

Checklist

- ☐ **Control:** Is this something you have control over?
- ☐ **Time:** Can the aim be achieved in the time specified
- ☐ **Resources:** Are there sufficient resources
- ☐ **Team:** Who needs to be involved for success
- ☐ **Alignment:** Is your aim aligned with the organization's mission and goals?

BEST PRACTICES	Aim Statement
	What do you want to accomplish? By when? (May be the same as or a subset of Step)
Best Practice 1. Include chlamydia screening as a part of routine clinical preventive care for women 24 years and younger, women >24 who are at risk increased risk, and men at increased risk.	
Best Practice 2. Use normalizing and opt-out language to explain chlamydia screening to all women 24 years and younger, women <24 at increased risk, and men at increased risk.	
Best Practice 3. Use the least invasive, high quality, recommended laboratory technologies available for chlamydia screening with timely turnaround.	
Best Practice 4. Utilize diverse payment options to reduce cost as a barrier for the patient and the facility.	

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BEST PRACTICES	PLAN				
	Aim Statement	**Tasks**	**Who**	**When**	**Measures**
	What do you want to accomplish? By when? (May be the same as or a subset of Step)	*What tasks need to be accomplished to reach this Aim?*	*Who will complete the Tasks?*	*Task will be done by what date?*	*How will you know you have been successful?*
Best Practice 1. Include chlamydia screening as a part of routine clinical preventive care for women 24 years and younger, women >24 who are at risk increased risk , and men at increased risk.					
Best Practice 2. Use normalizing and opt-out language to explain chlamydia screening to all women 24 years and younger, women <24 at increased risk, and men at increased risk.					

Poster Session

- Each group to create a poster:
  - What do you want to accomplish?
  - How will you know a change is an improvement?
  - What changes can you make that will result in improvement?
- Be creative! We strongly support pictures, charts, graphs…

Next Steps and Wrap-Up

- How will you bring back this action planning process to the rest of your team?
- Thinking about your aim statements and barriers discussed today, do you have everyone you need on the team?
  - Front desk, billing/finance, clinical staff
- Do you have a regular meeting time for team to move action plan forward?

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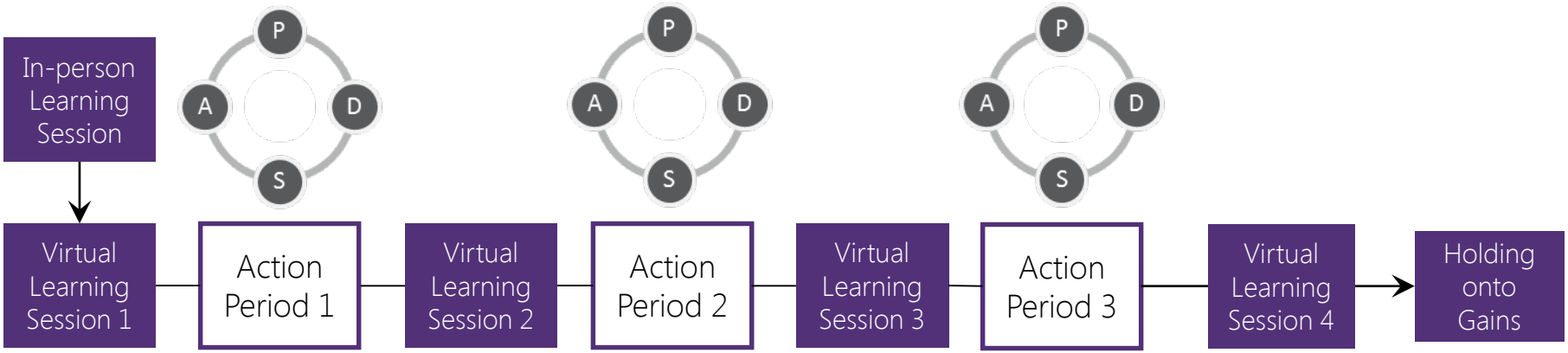
Breakthrough Series Learning Collaborations Model



Sept 18, 2018
In-person launch

Oct-March
Online sessions

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Month	Proposed Content
TODAY	Getting Started: QI Action Planning
October 17th 1-2:30 ET	Best Practice 1. **Include chlamydia screening as a part of routine clinical care for women 24 years and younger,** <24 who are at increased risk, and men at increased risk.
November (new date)	Best Practice 2. Use normalizing and opt out language to explain chlamydia screening.
December	Best Practice 3. Use the least invasive, high quality, recommended laboratory technologies for chlamydia screening and timely turnaround.
January	Best Practice 4. Utilize diverse payment options to reduce cost as a barrier for the facility and the patient.
February	Flexible session (topic TBD)
March	Lessons Learned and Scale Up

What We Expect from You

- Consistent participation on the learning sessions
- Monthly submissions
  - Site-level chlamydia screening data
  - Updated improvement plan

What was most valuable?

"Hearing from other sites what they are doing and how we might be able to use their ideas."
– Collaborative participant

How Will You Know Change is an Improvement?

BEST PRACTICES	PLAN					DO	STUDY	ACT
	Aim Statement	Tasks	Who	When	Measures			
	What do you want to accomplish? By when? (May be the same as or a subset of Step)	*What tasks need to be accomplished to reach this Aim?*	*Who will complete the Tasks?*	*Task will be done by what date?*	*How will you know you have been successful?*	*What progress has been made? What is happening as you make progress?*	*What do the measures show? What are your observations?*	*What are your next steps?*
Best Practice 1. Include chlamydia screening as a part of routine clinical preventive care for women 24 years and younger, women >24 who are at risk increased risk , and men at increased risk.								
Best Practice 2. Use normalizing and opt-out language to explain chlamydia screening to all women 24 years and younger, women <24 at increased risk, and men at increased risk.								
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Best Practice 4. Utilize diverse payment options to reduce cost as a barrier for the patient and the facility.								

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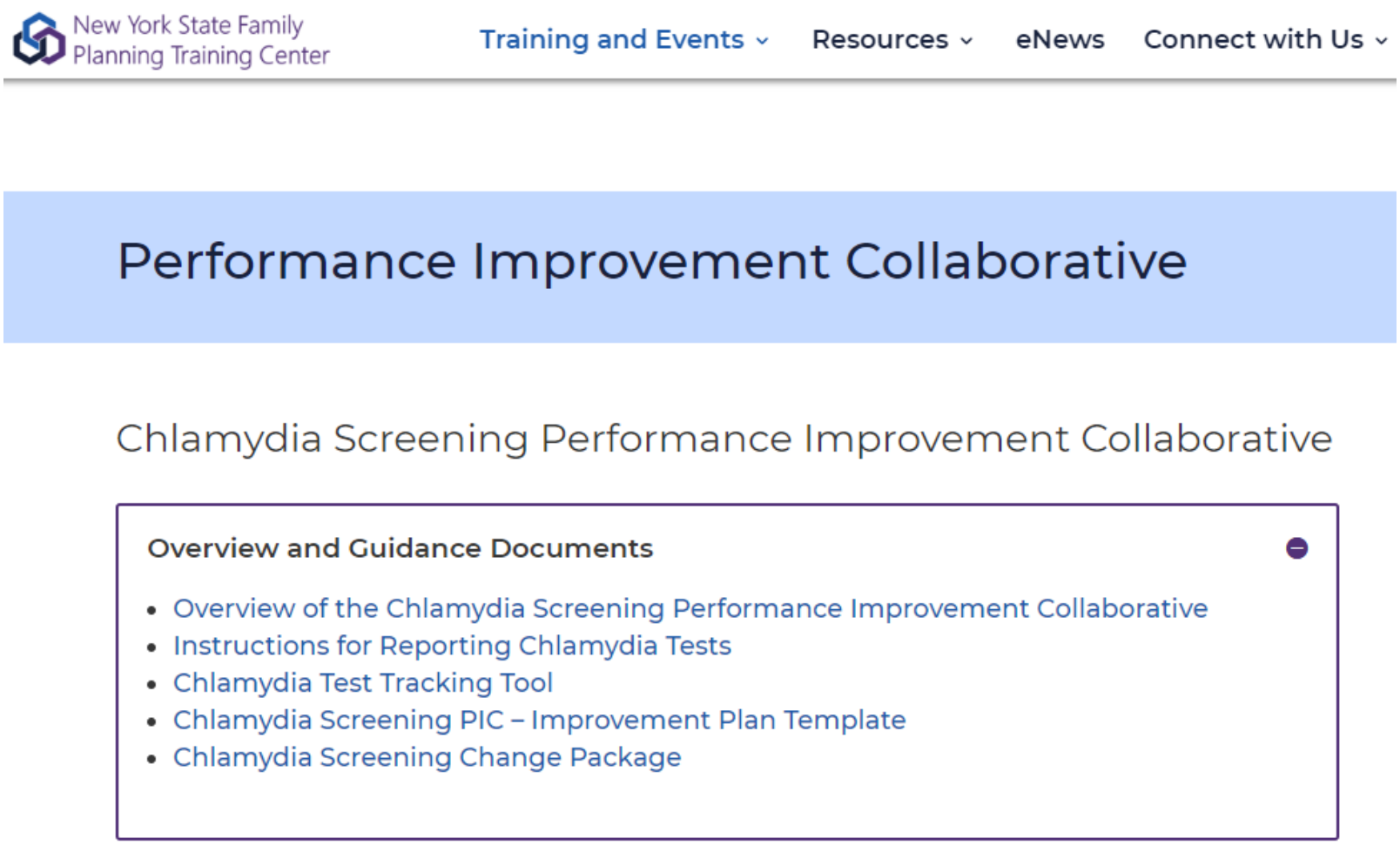
Between Now and Then



QI e-Learning Course

- Introduction to QI for Family Planning
- QI Methodologies: Using the Model for Improvement
- Data-Driven QI
- Implementing Sustainable QI
- Building a Culture of Quality for Family Planning

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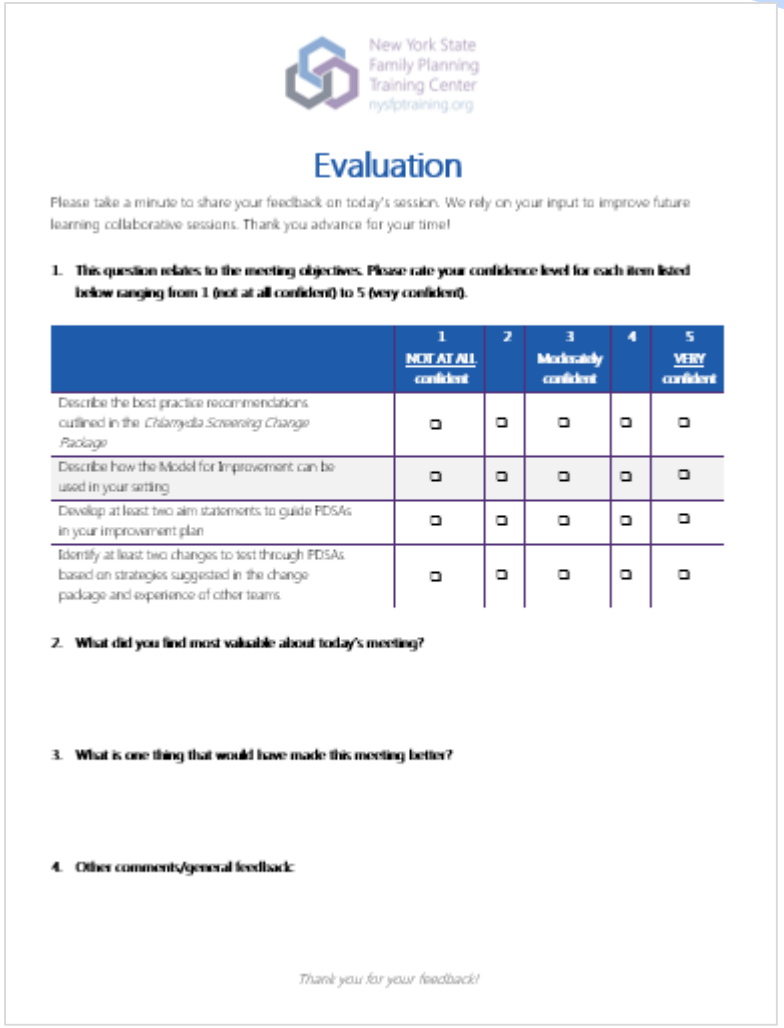
Reflection

What is the first thing you'll do when you return to your workplace?

Please complete the evaluation before you leave!



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Evaluation

Please take a minute to share your feedback on today's session. We rely on your input to improve future learning collaborative sessions. Thank you advance for your time!

1. **This question relates to the meeting objectives. Please rate your confidence level for each item listed below ranging from 1 (not at all confident) to 5 (very confident).**

	1 NOT AT ALL confident	2	3 Moderately confident	4	5 VERY confident
Describe the best practice recommendations outlined in the *Chlamydia Screening Change Package*	☐	☐	☐	☐	☐
Describe how the Model for Improvement can be used in your setting	☐	☐	☐	☐	☐
Develop at least two aim statements to guide PDSAs in your improvement plan	☐	☐	☐	☐	☐
Identify at least two changes to test through PDSAs based on strategies suggested in the change package and experience of other teams	☐	☐	☐	☐	☐

2. **What did you find most valuable about today's meeting?**

3. **What is one thing that would have made this meeting better?**

4. **Other comments/general feedback:**

Thank you for your feedback!

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