

Welcome!

Connect to Audio:

When prompted, click the button next to “call me” and enter your direct line

Backup: call the conference line number in the chat.

Mute Yourself:

1. Use the mute button on your phone.

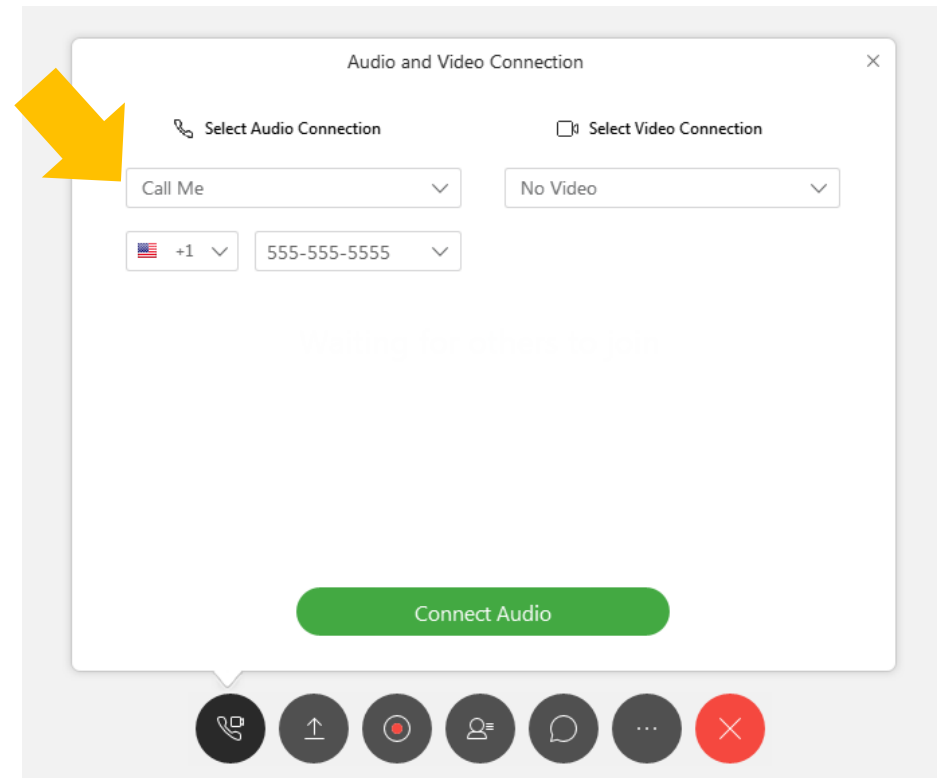
OR

2. Hover over your name in the participant list and click the microphone button so it turns red.



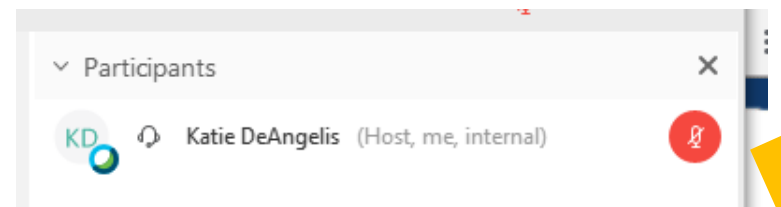
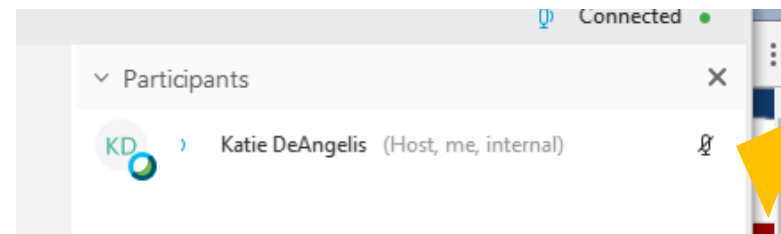
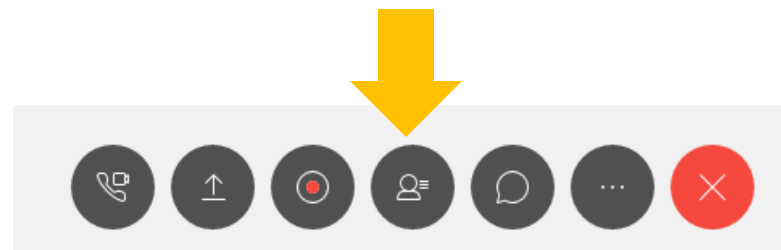
Connect to Audio

- When prompted: Select **"call me"** from the drop down
- Enter your direct line in the space for the phone number
- The meeting will call you and join your audio automatically



Muting Your Line

- Click the mute button on your phone OR
- Click the person icon in the menu
- Hover over your name in the attendee list
- Click the microphone icon
- When muted, microphone will appear red
- To unmute, click microphone icon again



Include Chlamydia Screening as a Part of Routine Clinical Preventive Care

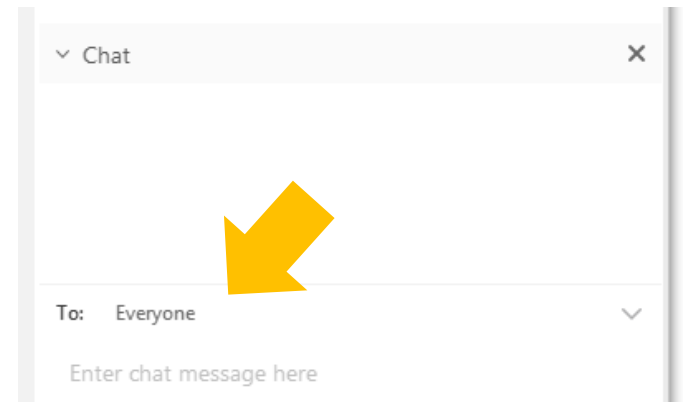
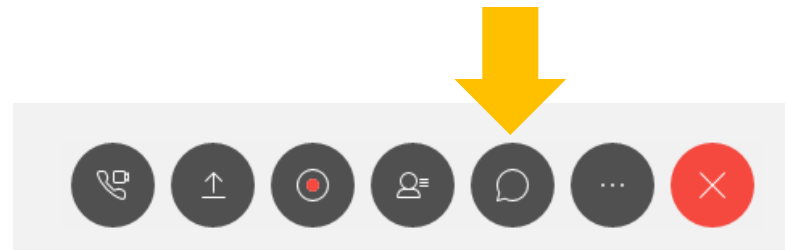
Chlamydia Screening Change Package
Best Practice 1

October 17, 2018



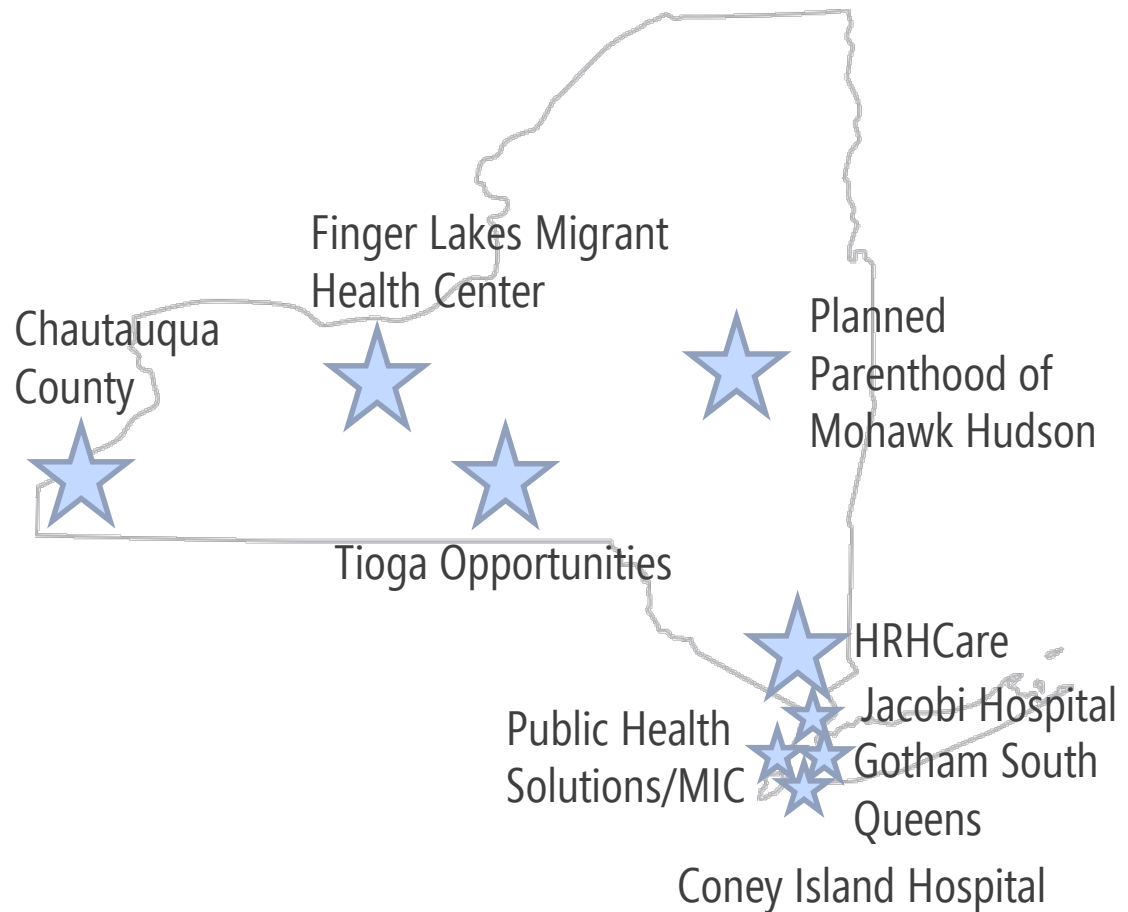
Chat Polls

- To bring up the group chat, click the “message” icon in the menu
- If you do not see the menu, click on the WebEx application and hover your mouse at the bottom of screen
- Type in chat, be sure “to” is set to “Everyone”



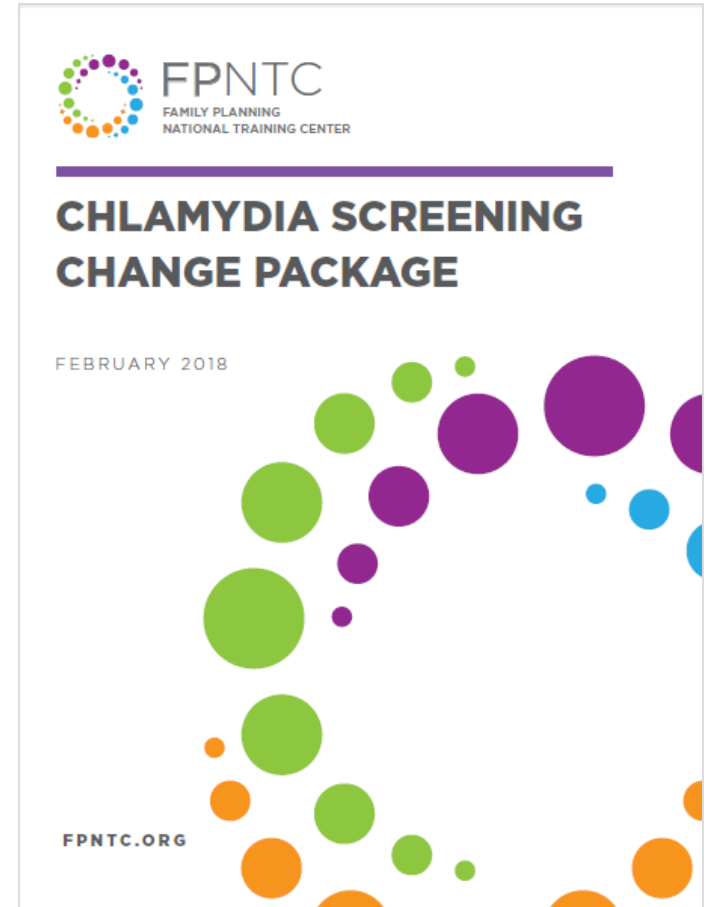
Tell us in the chat....

1. Your name
2. Agency affiliation
3. Who is in the room with you today
4. One action your team has taken since our kickoff meeting



Chlamydia Screening Change Package

1. Include screening as part of routine care
2. Use normalizing and opt-out language
3. Use least invasive, high-quality test
4. Reduce cost as a barrier



Link: <https://www.fpntc.org/resources/chlamydia-screening-change-package>



Change Package Best Practice 1

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



Meeting Objectives

By the end of the session, you should be able to:

- Describe the **rationale** for incorporating chlamydia screening as a routine part of preventive care
- Identify at least two **strategies for using clinic support systems** to systematically screen clients
- Describe at least one way to **use data to increase adherence** to screening recommendations



Rationale for Including Chlamydia Screening as Routine Clinical Care

- Chlamydia is the most commonly reported notifiable disease in the United States and is **usually asymptomatic**.
- If untreated, chlamydia infection can **lead to pelvic inflammatory disease**, a major cause of infertility, ectopic pregnancy, and chronic pelvic pain.
- The highest rates are among **women ages 15–24**.
- **Consistent recommendations:** CDC, US Preventive Services Task Force, HEDIS, and NQF



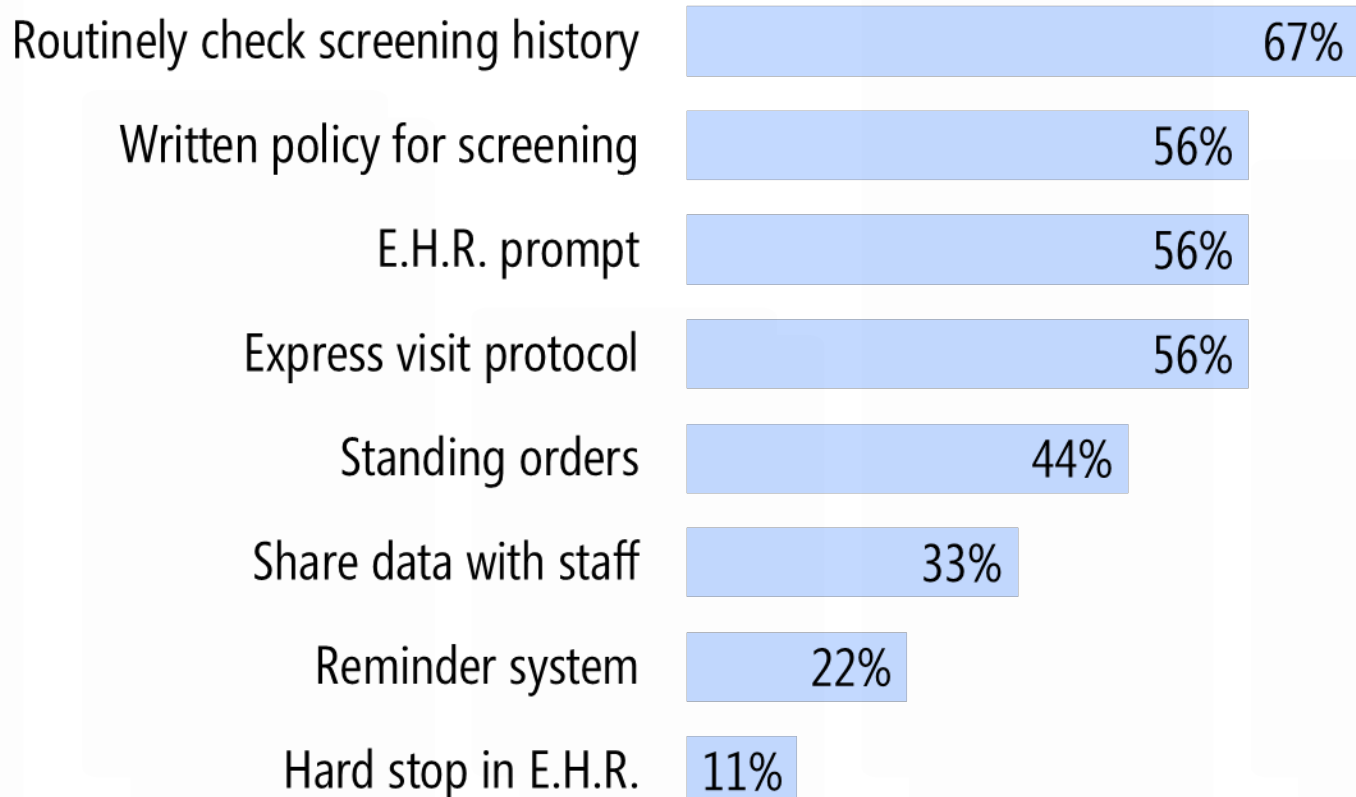
Overview of Strategies

- Have written policies and protocols
- Establish standing orders and a standardized workflow
- Prepare for screening based on the sex and age before the client is seen
- Share screening data with staff and providers



Where are we now?

% of Teams Implementing BP1 Strategies (n=9)



Written Policy and Protocol

Have a written policy and protocol for screening all sexually active women 24 years and younger, for women > 24 who are at increased risk, and men at increased risk.

- Check screening history and include consideration for screening at any visit including pregnancy test visits, EC counseling, walk-ins, and sports physicals



Tell us in the chat....

Do you have a **written policy and protocol** for screening all sexually active women 24 years and younger, for women > 24 who are at increased risk, and men at increased risk?

1. yes
2. no
3. not sure



Standing Orders & Standardized Workflow

- Utilize clinic support systems and reminder systems to support routine chlamydia screening
- Implement site-level protocols to establish a standardized workflow
- Review chlamydia screening history before client arrives
- Clearly outline who is responsible for specific tasks
- Use EHR templates and prompts
- Consider “hard stop” in EHR—“reason for not screening”—for all women 24 and younger



Tell us in the chat....

Do you **check screening history** of patients and assess the need to screen prior to the visit?

1. yes
2. no
3. not sure



Tell us in the chat....

Do you utilize **standing orders** for chlamydia screening?

1. yes
2. no
3. not applicable / not sure



Team-Based Approach to Care

- Utilize trained non-clinician team members to identify screening based on a standard algorithm
- Clinical staff should provide client education that is appropriate to the staff person's level of education



Use Data to Improve Adherence

- Share screening data with staff and providers.
 - Perform data validation checks to ensure that your screening rates are being calculated accurately
 - Share site- and provider-specific screening rates with staff
 - Compare to national averages to determine target screening rate



Tell us in the chat....

Do you share chlamydia screening data with providers?

1. yes
2. no
3. not sure



Service Delivery Approaches to Increase Efficiency

- Capitalize on client wait times by having them complete assessment forms and provide specimens
- Develop a protocol for express visits for routine asymptomatic STD screening
- Consider the use of technology to facilitate sign-in, risk assessment, and clinic flow



Success Story: Pasco County Department of Health, FL

- Baseline: 52% of women < 24 screened
- At baseline, chlamydia screening offered at annual exams
- Recognizing that fewer clients were coming in for annual exams, Pasco County decided to expand screening and offer at pregnancy test-only and nursing-only visits
- Key to implementing this change were educating staff about high chlamydia rates and giving feedback
- After expansion: 78% of women < 24 screened



FPNTC Resources



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Sexually Transmitted Disease Services

These resources support Quality Family Planning Recommendations related to screening for chlamydia, gonorrhea, syphilis, HIV/AIDS, and hepatitis C, as well as providing vaccination for human papillomavirus (HPV) and hepatitis B.

Sexually Transmitted Disease Services Resources 36 Resources

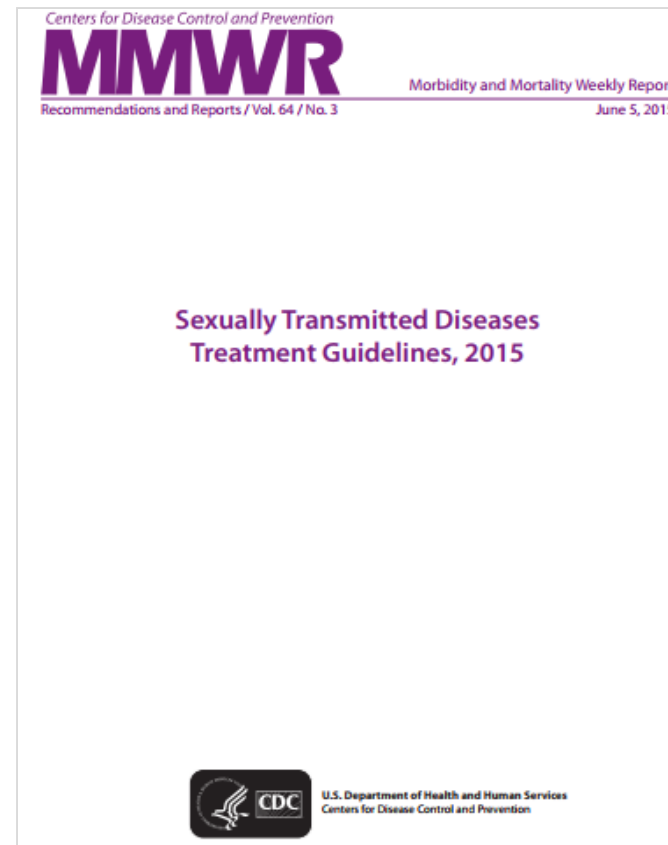
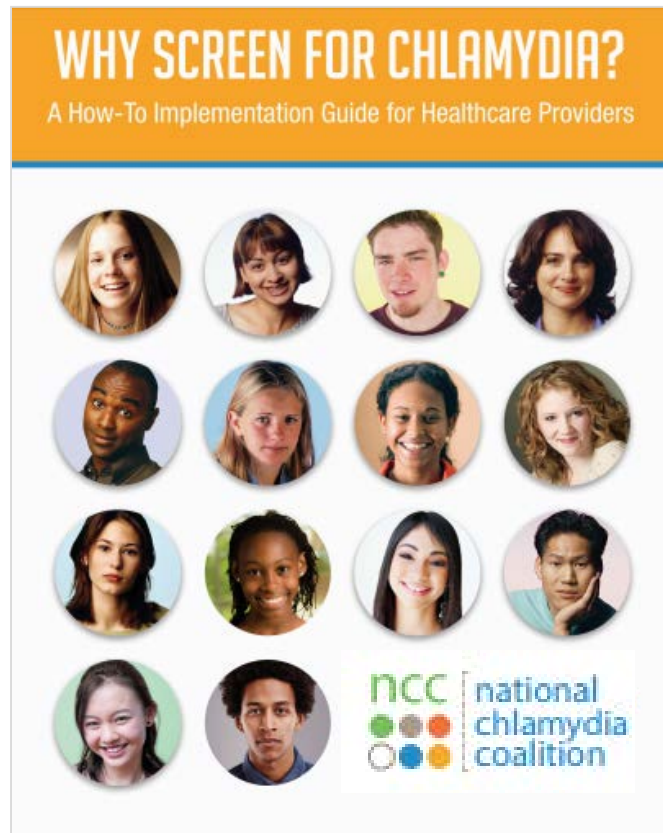
Format / Type: Purpose: Intended Audience: CE Credits Offered?: [View All](#)

<p>Featured Resource ★ Save</p> <p>Last Reviewed: 2019-04</p> <p>Chlamydia Screening Change Package</p> <p>Go to Resource</p> <p>Toolkit/Guide More tags</p>	<p>Featured Resource ★ Save</p> <p>Last Reviewed: 2017-10</p> <p>Clinical Pathway for Family Planning Services Chart</p> <p>Go to Resource</p> <p>Job Aid More tags</p>	<p>Featured Resource ★ Save</p> <p>Last Reviewed: 2017-10</p> <p>Family Planning Basics eLearning</p> <p>Go to Resource</p> <p>eLearning 2.00 hr More tags</p>
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Link: <https://www.fpntc.org/training-packages/sexually-transmitted-disease-services>



Recommendations, Guidelines, and Tools



Link: <https://www.fpntc.org/training-packages/sexually-transmitted-disease-services>

What other questions do you have?

What other issues would you like to discuss?



nysfptraining.org > Training and Events



New York State Family
Planning Training Center

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Performance Improvement Collaborative

Chlamydia Screening Performance Improvement Collaborative

[Overview and Guidance Documents](#)



[Session 1: Introduction to Chlamydia Screening Performance Improvement Collaborative \(09/18/2018, in person\)](#)



[Session 2: Best Practice 1: Include chlamydia screening as a part of routine clinical preventive care \(10/17/2018 9:00-10:15am, virtual\)](#)



Monthly Progress Reports

- Thank you for submitting your progress reports!
- How did the monthly progress report go?
 - Chat in on a scale of 1-5
 - 1=painless and easy!
 - 5=very painful!
- Next report due October 31st
 - Includes data through September



Thank you!

Contact:

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