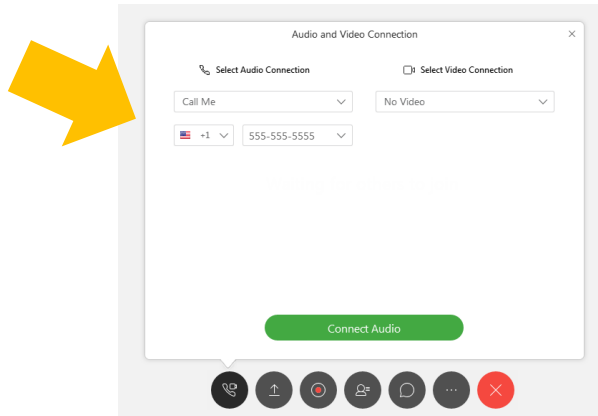


# Welcome!

## 1. 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.

## 2. 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.

# Use Normalizing and Opt-Out Language to Explain Chlamydia Screening

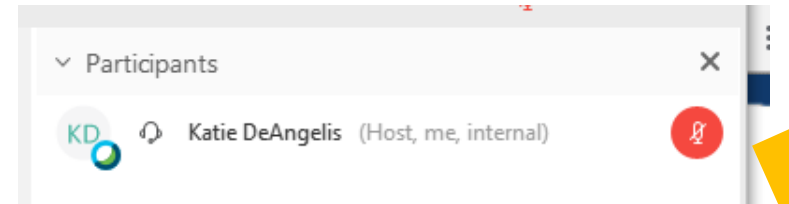
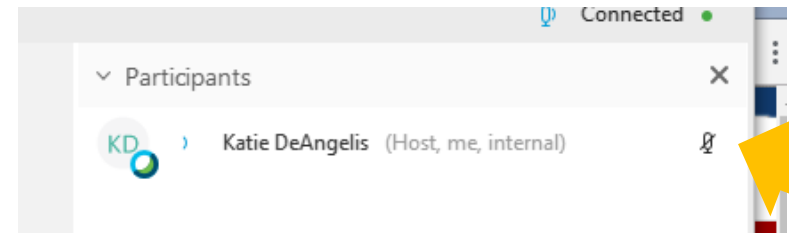
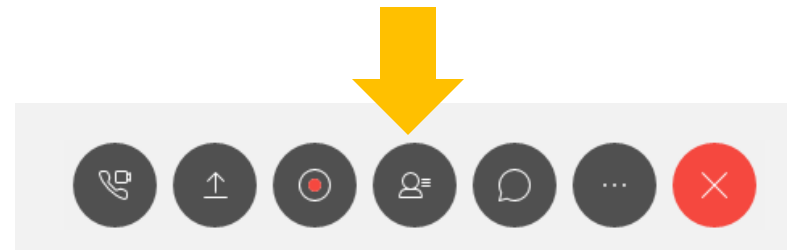
Chlamydia Screening Change Package  
Best Practice 2

November 28, 2018



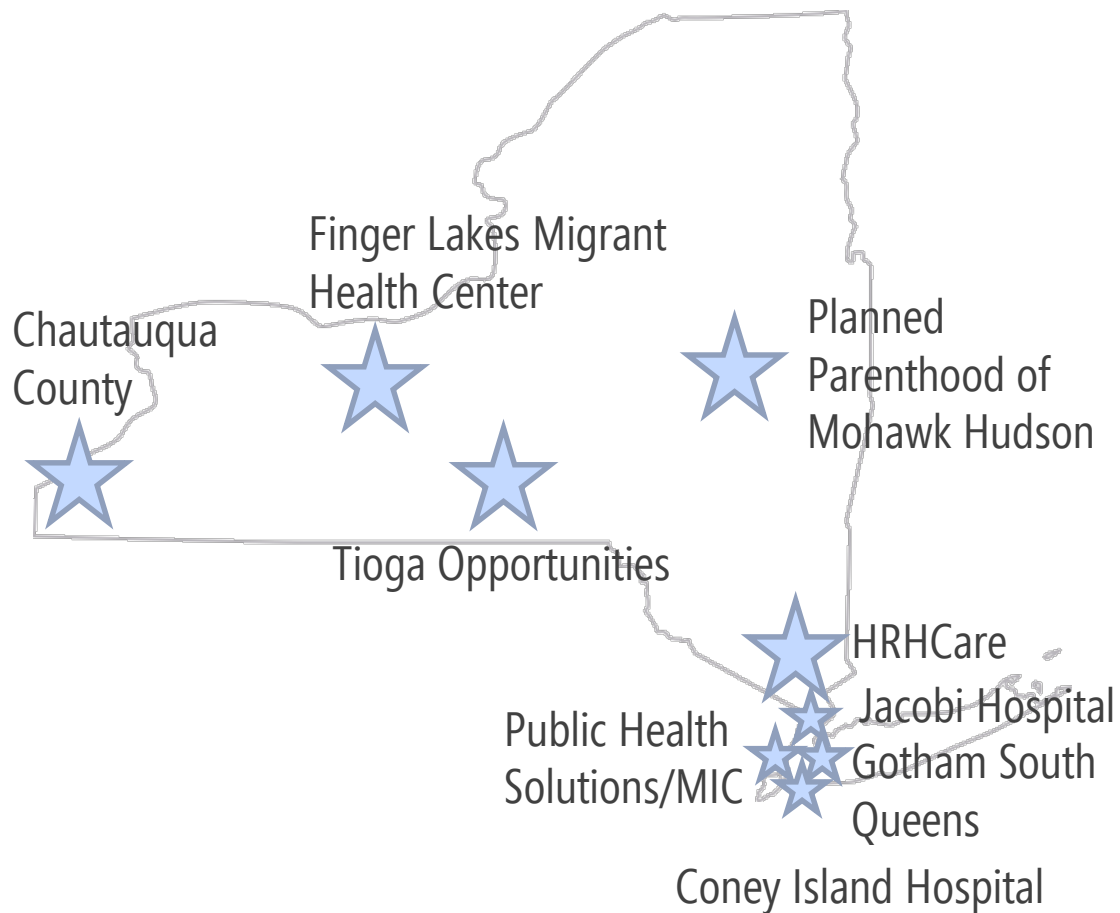
# Muting Your Line

- 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



# Tell us over the phone....

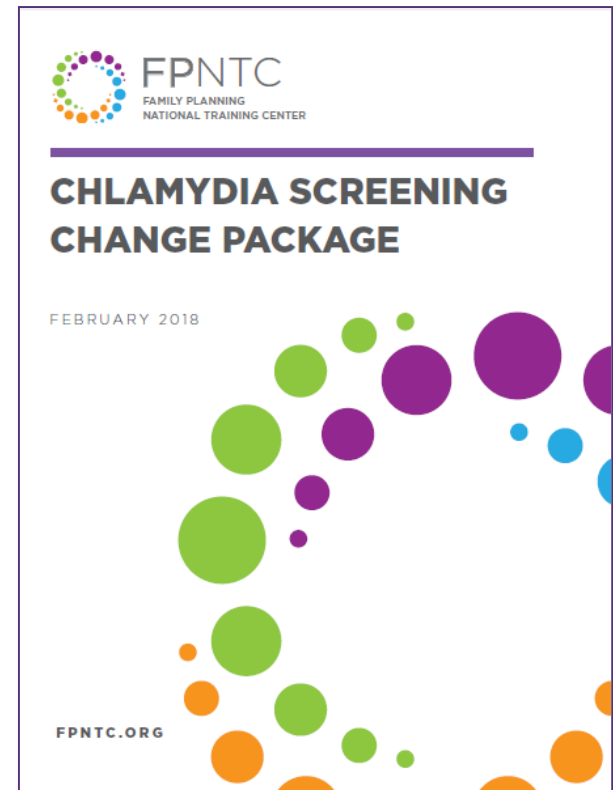
1. Names and roles of people from your team on the call today
2. One action your team has taken since our last meeting



# Introduction to the Chlamydia Screening Change Package

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

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



# Meeting Objectives

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

- Explain the **benefits of using an opt-out approach** to chlamydia screening for sexually active women 24 years and younger
- Describe at least two **examples of opt-out and normalizing language** to promote screening
- Identify at least two strategies to **increase staff comfort** in normalizing language related to screening
- Discuss the need for screening with clients in an **inclusive, culturally competent** way



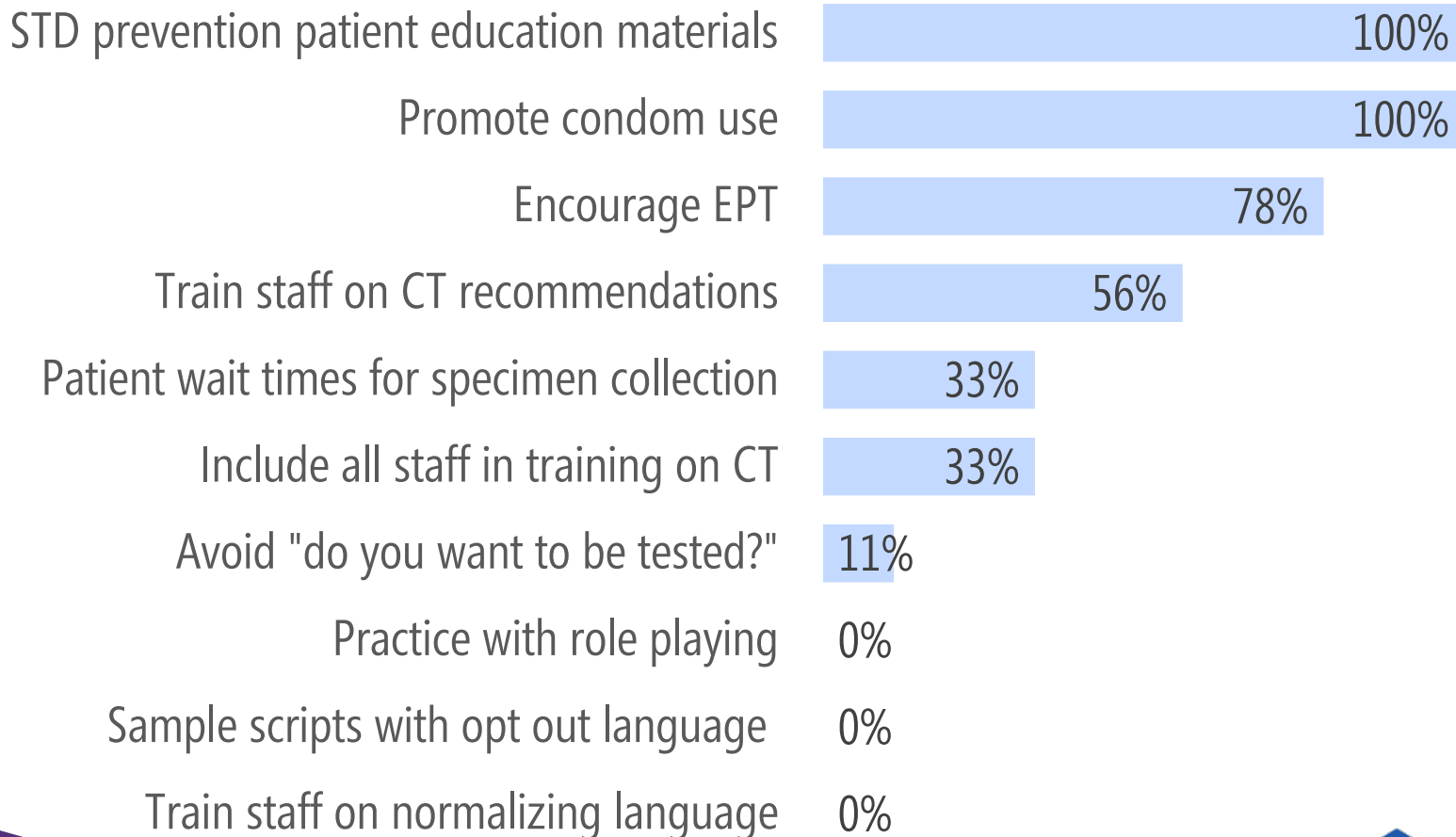
# Overview of Strategies

- Use normalizing language to explain chlamydia screening
- Use opt-out language for females 24 and younger
- Include all staff in training
- Educate clients



# Where are we now?

## % of Teams Implementing BP2 Strategies (n=9)





# CDC & USPSTF Chlamydia Screening Recommendations

- Annual screening for all sexually active women 24 years old and younger
- Women over 24 at increased risk, including those who have:
  - a new sex partner
  - a sex partner with concurrent partners
  - a sex partner who has a sexually transmitted disease
- Consider screening young men in high prevalence clinical settings or in populations with high burden of infection (e.g., MSM)



# Rationale for Using Normalizing and Opt-Out Language

What prevents clients from seeking screening?

- Lack of awareness
- Fear of judgement
- Social stigma of STDs
- Opt-out and normalizing language
  - Destigmatizes
  - Reduces shame
  - Makes clients and staff feel more comfortable



# Language to Avoid

Avoid:

- “Do you want to be screened?”
- “Do you need to be screened?”
- These questions are associated with:
  - Assumption that clients know when they need to be tested
  - High rates of decline



# Normalizing language

- Open-ended:
  - “What do you know about STDs?”
- Normalizing:
  - “We recommend screening much like we recommend immunizations, for clients your age.”
  - “I talk to all of my clients about chlamydia screening. Preventive health is so important.”
  - “We ask everyone if they’ve been screened at every visit.”



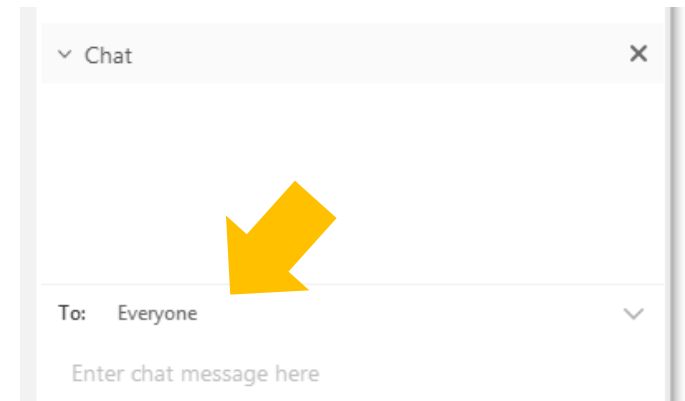
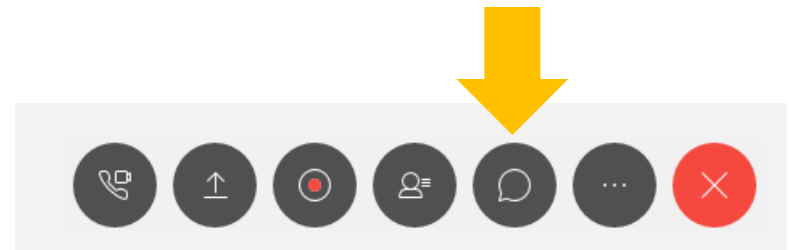
# Opt-out Language

- “I **recommend** a test for chlamydia and gonorrhea to all my clients under 25.”
- “Chlamydia often has no symptoms. While you’re here today we should screen you, **if that’s okay with you**, and unless you’ve been screened recently.”
- “Untreated chlamydia can lead to infertility or the inability to have children. The test is quick and easy. **If it’s okay with you, let’s go ahead and get you tested today.**”



# 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....

Have you started to use normalizing and opt-out language with your clients?

Type in your response in the chat...

Yes

No

Not sure



# What if Client Declines?

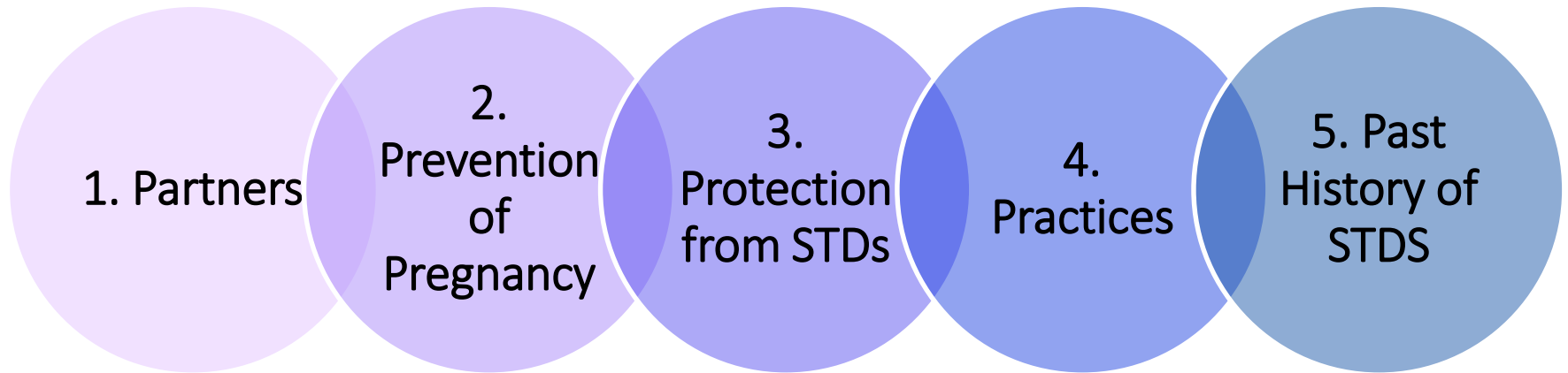
- Clients may decline because:
  - Not sexually active
  - Do not perceive themselves at risk (e.g., monogamy or using barrier protection)
  - Believe they were tested recently
- Inform, and provide client-centered care
- Accept clients' decisions about their bodies, health, and testing. Tell them you will ask about screening at every visit, and if they change their minds, you will be there.





# Risk Assessment and the Five Ps

- CDC's list of considerations (the Five Ps):



Link: <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

# 1. Partners

“Do you have sex with men, women, or both?”

- Do not make assumptions about the client’s sexual partners, practices, orientation, or sexual partners.
- People read provider bias and can perceive judgement based on body language, vocabulary, tests ordered, etc.



## 2. Prevention of Pregnancy

“Do you want to have (more) children some day?”

- When might that be?
- How important is it to you to prevent pregnancy (until then)?

### Shared decision making

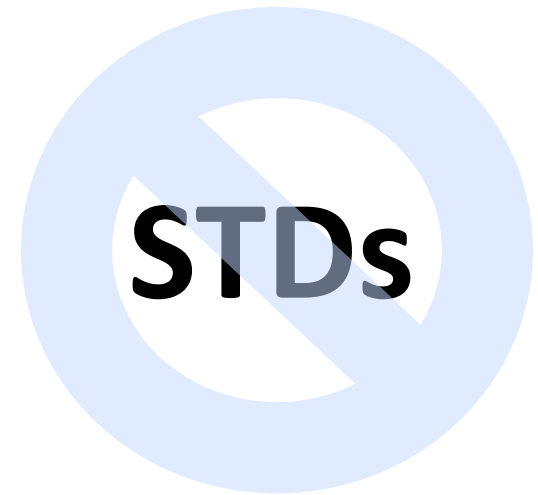
- **Client** expertise:
  - What is important to you in a method?
- **Provider** expertise:
  - Contraindications, efficacy, side effects profile, and medical considerations



# 3. Protection from STDs

“What do you do to protect yourself from sexually transmitted diseases, including HIV?”

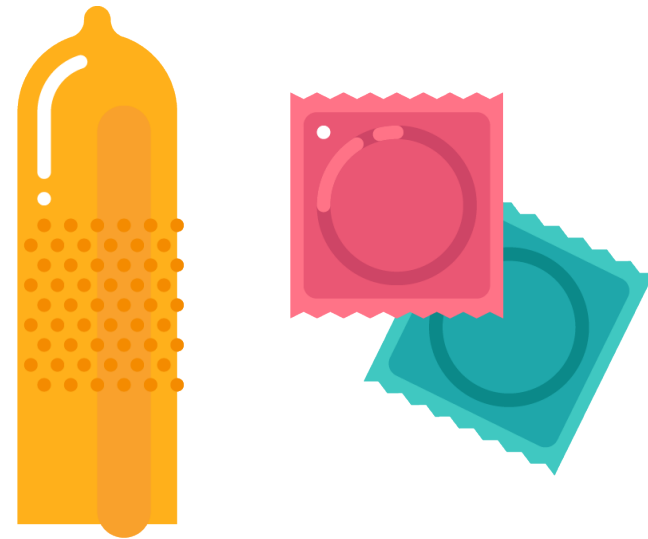
- Open-ended approach allows for different avenues of discussion:
  - Condom use
  - Different protection with different partners
  - Client self-perception of risk
  - Perception of partner’s risk



# 4. Practices

“Do you use condoms: always, never, or sometimes?”

- If “never...”
  - “Tell me more—why don’t you use condoms?”
- If “sometimes...”
  - “In what situations, or with whom, do you not use condoms?”
- “What might help you to increase your use?”



# 5. Past History of STDs

“Have you ever had an STD?”

“Have any of your partners had an STD?”

- If yes:
  - “Do you know what the infection was and when was it?”
  - Often clients don’t remember the name of the STD, but remember or can describe the treatment, what it looked or felt like.



# Include All Staff in Training

- Include all staff in training about chlamydia and the use of normalizing and opt-out language
  - Front desk, support staff, nurses, and providers
- Provide plenty of opportunities for role playing
  - Staff discomfort = client discomfort
- Training should also include:
  - Prevalence and nature of infection, potential sequelae, specimen collection, how to treat, etc.



# Training Resources

- National Network of STD/HIV Prevention Training Centers - National STD Curriculum
  - STD Modules: <https://www.std.uw.edu/>
  - Chlamydia module: <https://www.std.uw.edu/custom/self-study/chlamydia>
  - For non-clinicians (\$10)  
[http://registration.californiaptc.com/online\\_course\\_info.html?id=10](http://registration.californiaptc.com/online_course_info.html?id=10)
  - New York: <https://www.nycptc.org/>
- STD 101 in a Box | Ready-to-Use Presentations
  - <https://www.cdc.gov/std/training/std101/home.htm>





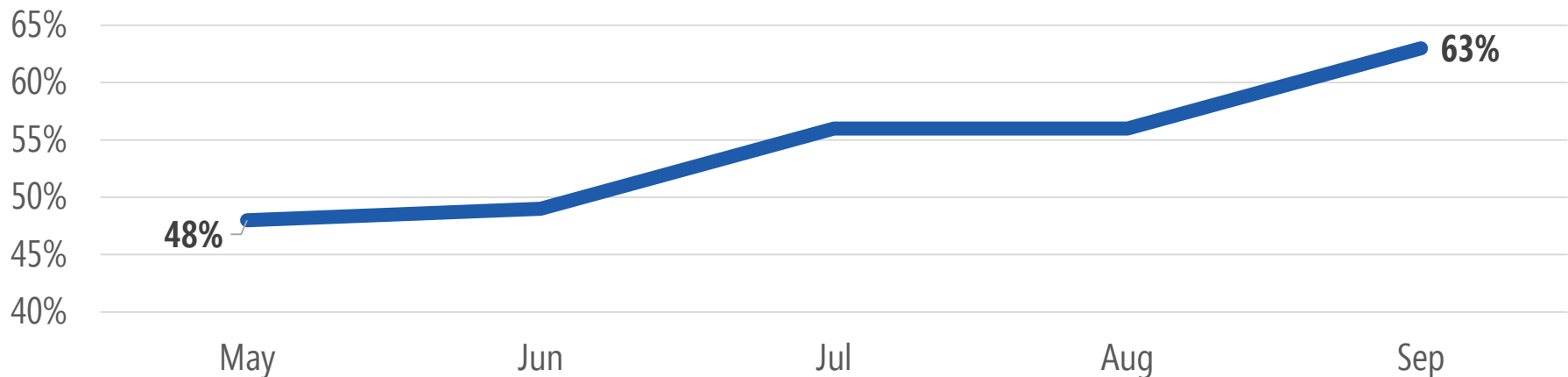
## Chlamydia Screening Performance Improvement Collaborative Monthly Improvement Plan

BEST PRACTICE	PLAN					DO	STUDY	ACT
	Aim Statement	Tasks	Who	When	Measures			
	What do you want to accomplish? Ify when? (Maybe the same 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.	Intake staff will pull in STI order sets for all birth control visits and new patient pregnancy tests 75% of the time by 11/30/18.	Inform intake staff & clinicians (including sub).	Sarah NC & Ashley S	9/30/2018	Chart Audits	1.) Staffing notified of process change 9/28/18. 2.) change to be implemented 10/01/18.	Staff report that they feel like patients are testing more but we will not know until we see October data.	
	Share chlm testing data with all center staff.	1. Sarah will email data to staff at time of monthly submission to CLIC. 2.Sarah will add CHM learning collaborative as on going item to be discussed at monthly team meetings.	Sar will run data, Sarah will email data to team.	9/30/18 11/30/18 01/31/18	10/31/18 11/31/18 1/31/18	1. Email to staff. 2. Team meeting minutes.	1.Data is being shared with staff.	Staff have responded positively to having access to the data.
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.	Develop opt out language for clinic staff to use by 10/15/18.	Schedule meeting w/Director of Specialty Training to develop opt out language with appropriate literacy level.	CLIC Team & Sue W.	10/15/2018	We will have our materials	1.)Spoke with Sue W.. She is on board with helping to develop language. 2.) Team met and agreed on opt out language. "Is that OK with you?"		
	Train clinic staff on opt out language by 11/04/18	Laminate copies of language	Sarah NC	10/15/2018	Materials on hand	Materials completed.		
		Schedule Training	Sarah NC	10/15/2018	Calendar invite	Calendar invite sent. Schedule for 11/1/18		
		Complete Training	Ashley S	11/1/2018	Sign-In Sheet			
Best Practice 3. Use the least invasive, high quality, recommended laboratory technologies available for chlamydia screening with timely turnaround.	Make self-collected vaginal swabs available to patients, who do not need a vaginal exam, by 12/31/18.	Train staff on current MS&G's that already allow for self-collected vaginal swabs.	Ashley S	11/15/2018	Sign-In Sheet			
		Train staff on how to document self-collected swabs on lab requisitions in EHR	Ashley S	11/15/2018	Sign-In Sheet			
		Find or create clear patient instructions on vaginal self-collection.	CLIC Team & Sue W.	11/30/2018	Instructional materials will be placed in patient bathroom and exam rooms.			
Best Practice 4. Utilize diverse payment options to reduce cost as a barrier for the patient and the facility.	Discuss possible payment option and programs with Fiscal Dept.	Set up meeting with fiscal dept.	Sarah	12/15/2018	Calendar invite			

# PPMH – Improvement Plan & Data

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.	Develop opt out language for clinic staff to use by 10/15/18.	Schedule meeting w/Director of Specialty Training to develop opt out language with appropriate literacy level.	CELC Team & Sue W.	10/15/2018	We will have our materials	1)Spoke with Sue W. She is on board with helping to develop language. 2.) Team met and agreed on opt out language. "Is that OK with you?"
	Train clinic staff on opt out language by 11/01/18	Laminate copies of language	Sarah NC	10/15/2018	Materials on hand	Materials completed.
		Schedule Training	Sarah NC	10/15/2018	Calendar Invite	Calendar invite sent. Schedule for 11/1/18
		Complete Training	Ashley S	11/1/2018	Sign-in Sheet	

Percentage Tested Current Month



# PPMH Opt-out Language

Sarah Nicholson Clark  
Ashley Stewart  
Colleen Shaw  
Kathleen Bryan

# Action plan: best practice 2

BEST PRACTICES	PLAN					DO
	Aim Statement	Tasks	Who	When	Measures	
	<i>What do you want to accomplish? By when? (May be the same as or a subset of Step)</i>	<i>What tasks need to be accomplished to reach this Aim?</i>	<i>Who will complete the Tasks?</i>	<i>Task will be done by what date?</i>	<i>How will you know you have been successful?</i>	<i>What progress has been made? What is happening as you make progress?</i>
<b>Best Practice 2. Use normalizing and opt-out language to explain chlamydia screening to all women 24 years and younger, women &lt;24 at increased risk, and men at increased risk.</b>	Develop opt-out language for clinic staff to use by 10/15/18.	Schedule meeting w/Director of Specialty Training to develop opt-out language with appropriate literacy level.	CELC Team & Sue W.	10/15/2018	We will have our materials	1)Spoke with Sue W. She is on board with helping to develop language. 2.) Team met and agreed on opt-out language. "Is that OK with you?"
	Train clinic staff on opt-out language by 11/01/18	Laminate copies of language	Sarah NC	10/15/2018	Materials on hand	Materials completed.
		Schedule Training	Sarah NC	10/15/2018	Calendar Invite	Calendar invite sent. Schedule for 11/1/18
		Complete Training	Ashley S	11/1/2018	Sign-in Sheet	Completed 11/1/18

# Development of opt-out language script + tools

- Develop opt-out language, while still empowering our patients to make their own medical decisions
- Simple language that can be applied to a variety of circumstances
- Normalizing language
- Maintain appropriate literacy levels



# “Is that OK with you?”

---

- “ We encourage all of our patients to get chlamydia and gonorrhea screening, we can use the urine sample that you already gave us. Is it OK with you if we send that out?”
- “I see that you are due for your pap smear today. We encourage all of our patients to get chlamydia and gonorrhea testing. The clinician can collect a sample when she does your exam. Is that OK with you?”

# Staff training:

- Review language
- Review tools
- Practice, practice, practice

# Implementation so far:



Start date  
11/1/18



Data available  
12/05/18



Staff response  
has been very  
positive about  
the language



Anecdotally, staff  
report that they  
feel like more  
patients are  
testing



# Next steps:

- Opt-out language for vaginal self swabs
- Affiliate-wide rollout

# Questions?

# Client Education

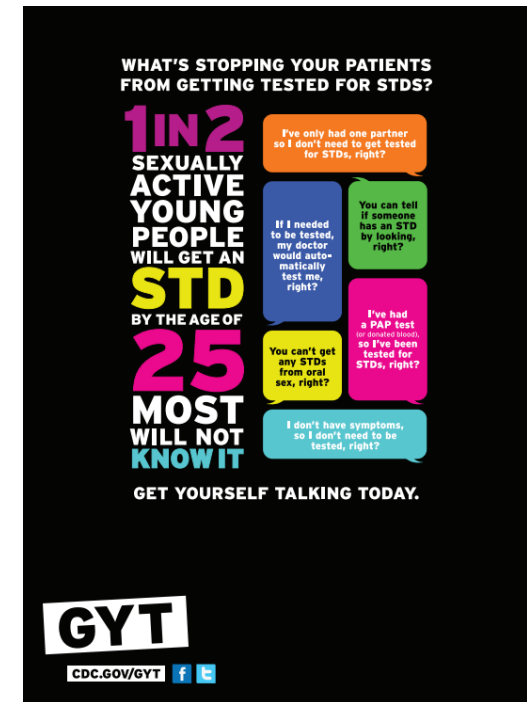
- Use messaging that has been tested in the target population
- Combine chlamydia screening messaging with other preventive health services, such as vaccines
- Offer and promote condoms as a dual method of protection

Reminder: Don't forget to put materials through your Information and Education Committee process



# Ways to Get the Message Out

- Include information on your agency's website
- Put up signs in public places and restrooms
- Consider using multimedia such as videos in the waiting room
- Consider national campaigns such as "Get Yourself Tested"



# Resources

- [Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers](#) (Source: National Chlamydia Coalition)
- [Get Yourself Tested Campaign](#) (Source: CDC)
- [STD Education Handout in English and Spanish](#) (Source: NCTCFP)
- [Taking a Sexual History](#) (Source: FPNTC)



# Success Story:

## *Missouri Family Health Council/Butler County Health Department*

- **Scenario:** Butler County HD conducted analysis designed to inform quality improvement effort to increase chlamydia screening in women 24 and younger
- **Key finding:** Butler County HD staff were not using normalizing and opt-out language
- **Response:** Trained clinic staff on use of normalizing and opt-out language
- **Results:** Chlamydia screening rate increased from 26% to 62%



**What other  
questions do  
you have?**

**What other issues  
would you like to  
discuss?**



# [nysfptraining.org](https://nysfptraining.org) > Training and Events



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## Performance Improvement Collaborative

### Chlamydia Screening Performance Improvement Collaborative

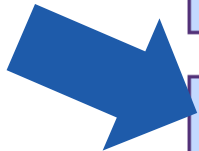
Overview and Guidance Documents



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!
- Next report due November 30
  - Includes data through October

 **New York State Family Planning Training Center**  
nysfptraining.org

**Chlamydia Screening Performance Improvement Collaborative Monthly Improvement Plan**

Family Planning Provider: **Hannel Handwood Motiwah Hudson Johnson**  
Service Site: **Johnson**

BEST PRACTICES	PLAN					DO	STUDY	ACT
	Aim Statement	Tasks	Who	When	Measures	What progress has been made? What's happening as you make progress?	What do the measures show? What are your observations?	What are your next steps?
<b>Best Practice 1. Include chlamydia screening as a part of routine clinical preventive care for women 25 years and younger, women 18-24 who are at risk, increased risk, and men at increased risk.</b>	Include staff will pull in ST order sets for all birth control visits and new patient pregnancy tests 75% of the time by 11/30/18.	Inform intake staff & clinicians (including subs).	Janet NC & Ashley S	10/02/2018	Chart audits	11 Staffing verified of process change 10/25/18. 11 change to be implemented 10/25/18.	Staff report that they feel like patients are testing more but we will not know until we see <b>audits data</b> .	
	Share clinic testing data with all center staff.	1. Janet will email data to staff on date of monthly submission to CHC. 2. Janet will add clinical learning collaborative as an going item to be discussed at monthly team meetings.	Janet NC	10/16/18 11/02/18 11/16/18 12/02/18	10/16/18 11/02/18 11/16/18 12/02/18	1. Email to staff. 2. Team meeting minutes.	1. Data is being shared with staff.	Staff have requested possibly to having access to the data.
<b>Best Practice 2. Use counseling and opt-out language to include chlamydia screening to all women 25 years and younger, women 18-24 at increased risk, and men at increased risk.</b>	Develop opt out language for clinic staff to use by 10/15/18.	Schedule meeting w/ director of specialty training to develop opt out language with appropriate history level.	CHC Team & Sue W.	10/15/2018	We will have our materials	1. Update with Sue W. She is an board with helping to develop language. Team met and agreed on opt out language. "Is that OK with you?"		
	Train clinic staff on opt out language by 11/01/18	1. Distribute copies of language	Janet NC	10/15/2018	Materials on hand	Materials completed.		
		Schedule Training	Janet NC	10/15/2018	Calendar invite	Calendar invite sent, schedule for 11/1/18		
		Complete Training	Ashley S	11/1/2018	Sign-in Sheet			
<b>Best Practice 3. Use the best testing, high quality, recommended laboratory techniques available for chlamydia screening with timely turnaround.</b>	Make self collected vaginal swabs available to patients, who do not need a vaginal exam, by 11/15/18.	Train staff on how to document self-collected swabs in lab requisitions in EMR	Ashley S	11/15/2018	Sign-in Sheet			
	Post or create clear patient instructions on vaginal self-collection.	Post or create clear patient instructions on vaginal self-collection.	CHC Team & Sue W.	11/02/2018	Instructional materials will be placed in patient bathroom and exam rooms.			
<b>Best Practice 4. Utilize shared payment options to reduce cost as a barrier for the patient and the facility.</b>	Set up meeting with fiscal dept.		Janet	11/15/2018	Calendar invite			

# Thank you!

**Next session:  
December 19<sup>th</sup> – Specimen Collection**

Contact:

[nysfptraining@jsi.com](mailto:nysfptraining@jsi.com)

