

Use the Least Invasive, High-Quality Recommended Laboratory Technologies for Chlamydia Screening, with Timely Turnaround

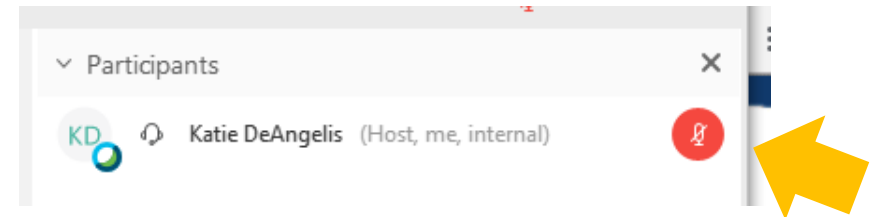
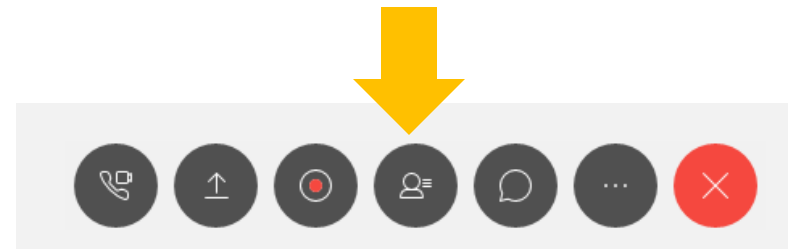
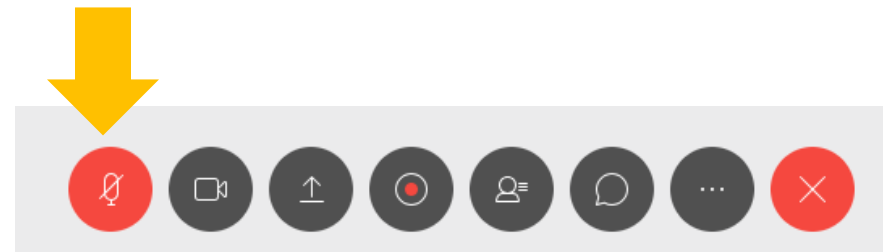
Chlamydia Screening Change Package
Best Practice 3

December 19, 2018



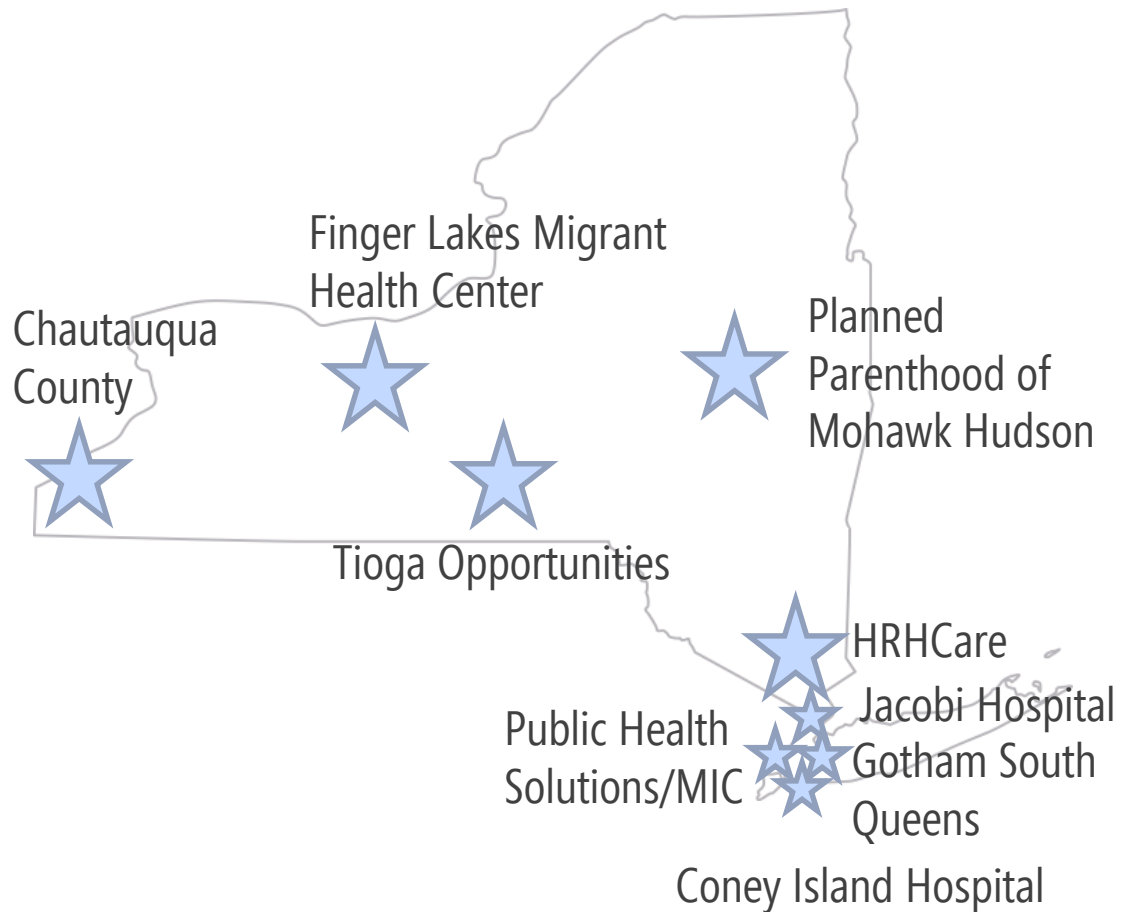
Muting Your Line

- Click the mute button on your phone OR
- Click on the WebEx meeting and hover at the top or bottom of screen until you see a menu
- Click the person icon
- Hover over your name in the attendee list.
- Click the microphone icon.
- When muted, microphone will appear red.
- To unmute, click microphone icon again

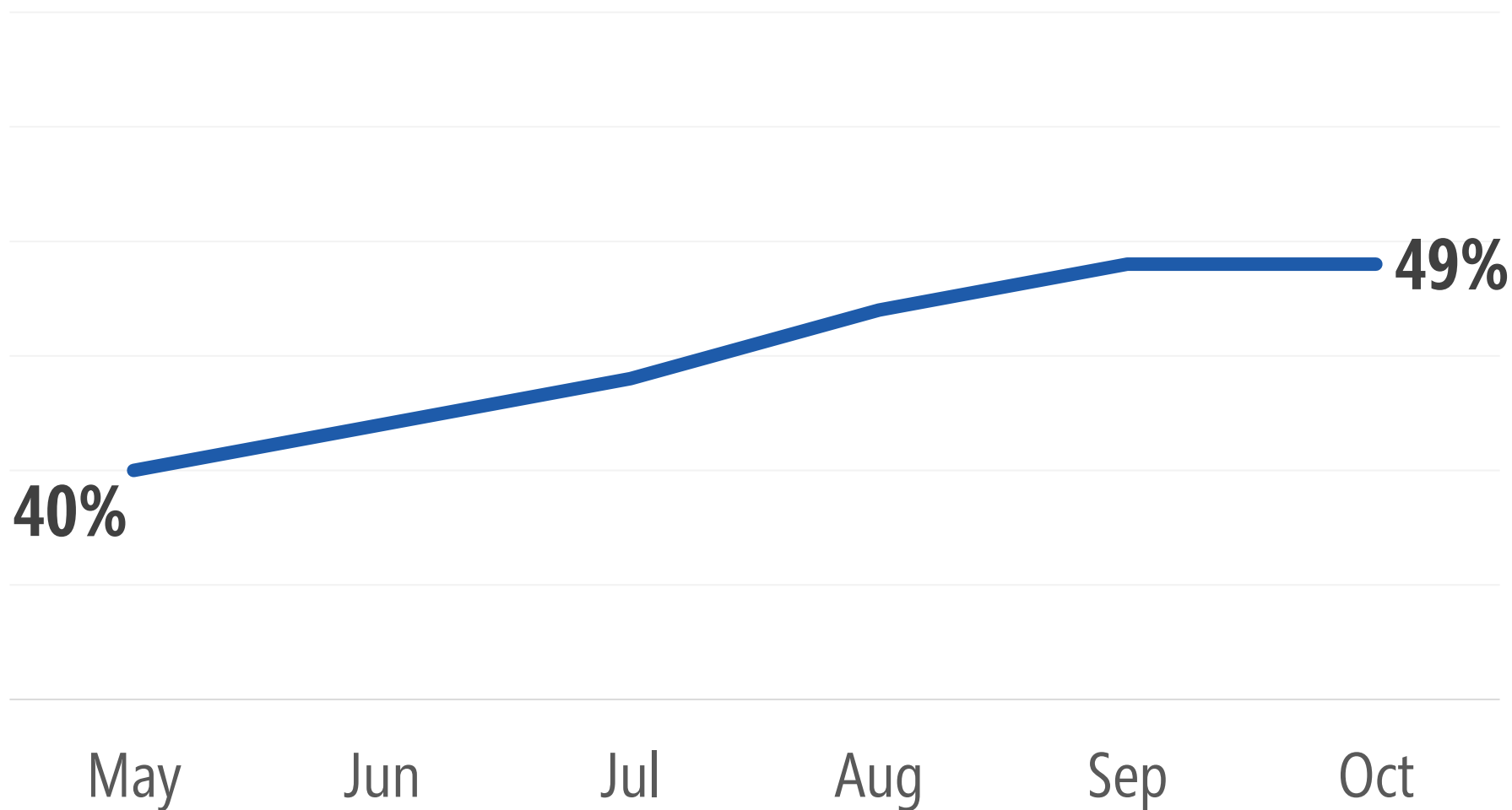


Tell us over the phone....

1. Names and roles of people from your team on the call today
2. What specimen collection options do you have available?



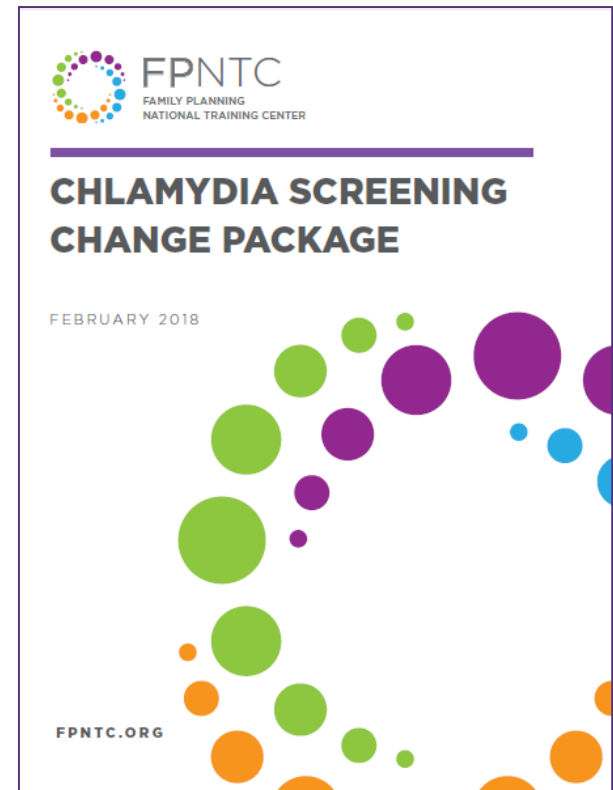
Percent Tested Current Month (avg.)



Best Practice 3 of 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

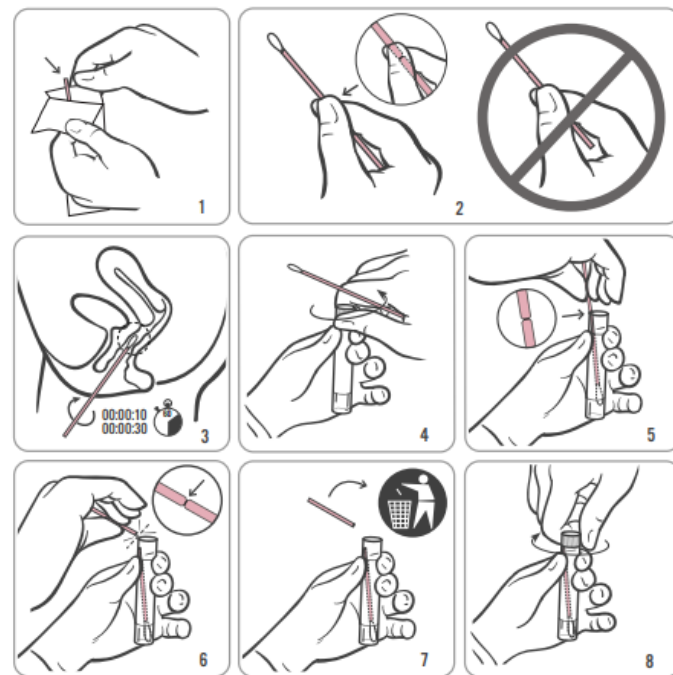
By the end of today, you should be able to:

- Describe the current recommended laboratory technologies for chlamydia screening (for women and men)
- Identify at least two options for specimen collection for women
- Identify at least two strategies for streamlining the specimen collection process at your health center



Overview of Strategies

- Make client-collected screening options available
- Establish routine clinic flow processes and systems for routine screening
- Procure lab services with timely turnaround
- Establish recall systems to retest clients three months after treatment of a positive result





Jennifer Kawatu, RN, MPH

Evidence

- Shafer et al.—Proportion of positives identified by specimen type for *C. trachomatis* were:
 - Endocervix 65%
 - Urine 72%
 - Vagina 81%
- Schacter et al.—Among CT+ women NAAT sensitivity:
 - Endocervix 91%
 - Urine 80%
 - Vagina 93%



Specimen Collection Using NAATs

- CDC STD Treatment Guidelines, 2015:
- C. trachomatis urogenital infection can be diagnosed in women by:
 - Testing first-catch urine
 - Collecting swab specimens from the endocervix or vagina
- A self- or clinician-collected vaginal swab is the recommended sample type
- An endocervical swab is acceptable
- A first-catch urine specimen is acceptable

Link: <https://www.cdc.gov/std/tg2015/>



New York State
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Extragenital Screening

(Kent, Chaw, Wong 2003)

- A 2003 study that assessed NAATs for CT/GC infections in multiple anatomic sites in MSM in STD Clinic used BD ProbeTec NAAT test
- More than half (53%) of *C. trachomatis* and 64% of *N. gonorrhoeae* infections were at nonurethral sites and would have been missed if the traditional approach to screening

Kent CK, Chaw JK, Wong W, et al. Prevalence of rectal, urethral, and pharyngeal chlamydia and gonorrhea detected in 2 clinical settings among men who have sex with men: San Francisco, California, 2003. Clin Infect Dis 2005;41:67–74.



Extragenital Screening (cont.)

- No recommendations for routine extragenital screening in women because studies have focused on genitourinary screening, but rectal and oropharyngeal infections are not uncommon. Routine oropharyngeal screening is not recommended.
- Infections are common in extragenital sites in certain populations, such as MSM.
 - Routine annual screening of extragenital sites in MSM is recommended because extragenital infections are common in MSM, and most infections are asymptomatic



Screening men

- Although evidence is insufficient to recommend routine screening for *C. trachomatis* in sexually active young men because of several factors (e.g., feasibility, efficacy, and cost-effectiveness), the screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) or in populations with high burden of infection (e.g., MSM).

Source: <https://www.cdc.gov/std/tg2015/chlamydia.htm>



Establish Clinic Flow Processes and Systems

- Develop a protocol for the collection of a self-collected specimen from clients for express visits
- Use all accepted options for specimen collection—including urine and self-collected vaginal swab
- Provide clear instructions on how to collect a vaginal or urine sample properly
- Assess efficiency of clinic systems and identify opportunities for improvement




Instructions for Client

- “We can test from a swab you put in your vagina yourself or we can test from urine. The vaginal swab is preferred because it seems to be a bit more accurate than urine testing.”
- “To do the test, put the cotton end of this swab 2-3 inches into your vagina and swish it around for about 30 seconds, making sure it hits the walls of your vagina. Then put the cotton end of the swab into the tube.”




Sample Instructions

Vaginal Self-Swab Collection Instructions

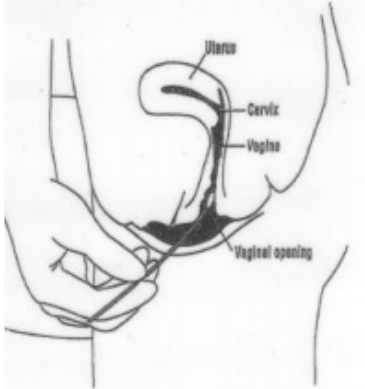


Step 1.
Open kit and remove tube and package with orange writing. Remove the swab from the package. Do not touch the tip of the swab.




Step 3.
Remove cap from test tube. Place swab in test tube. Make sure the tip of the swab reaches the bottom of the tube. Do not puncture the foil cap.

Break swab shaft at the score mark.



Step 2.
Put the tip of the small swab about 2 inches into the opening of your vagina and make two small, slow circles with the tip.

Make sure the swab touches the sides of your vagina. Take the swab out of your vagina.



Step 4.
Put cap back tightly on test tube to prevent any leaking. Try not to splash the liquid out the tube.

Step 5.
Discard wrappers. **Wash your hands.** Return the tube to the health worker.

<http://www.sfcityclinic.org/providers/>



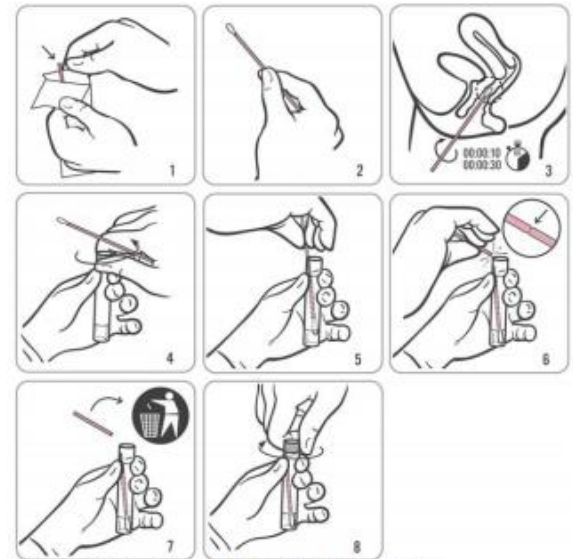
Client Education Resources

- [Instructions for Self-Collected Vaginal Swabs](#) (NC Public Health)
- [STD/STI Patient Education](#) (available in English and Spanish)

Self-Collected Vaginal Swabs for Gonorrhea and Chlamydia

Women who do not need a pelvic exam as part of their clinic evaluation may be screened for chlamydia and gonorrhea by providing a self-collected vaginal swab.

Your healthcare provider should give you instructions and make sure you understand what to do before you start. This page explains the procedure.

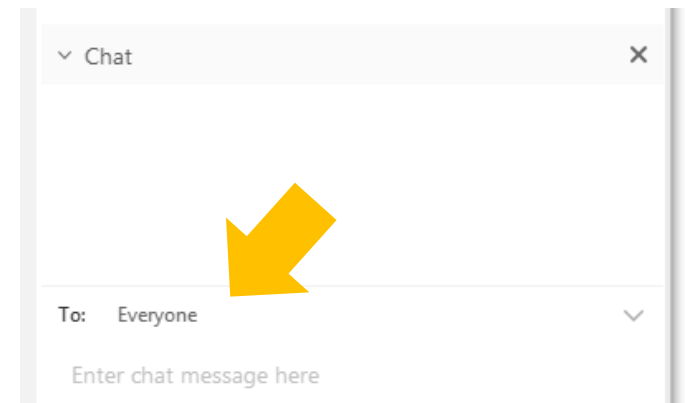
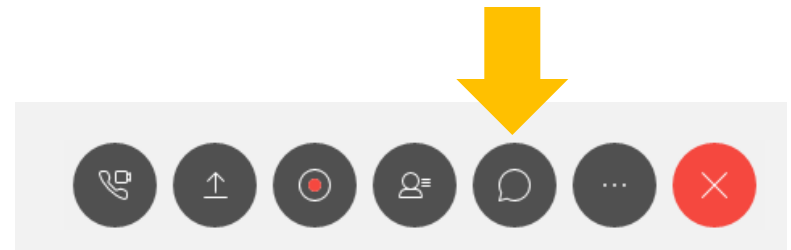


(Illustrations courtesy of Gen-Probe Incorporated, San Diego CA)

NC Sexually Transmitted Diseases Public Health Public Health Program Manual /Laborator
Self-Collected Swabs
April 2011
Page 1 of 1

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....

What percentage of screened patients are screened with:

- A. Urine
- B. Provider-collected swab
- C. Self-collected vaginal swab



Success Story:

Nevada Health Centers

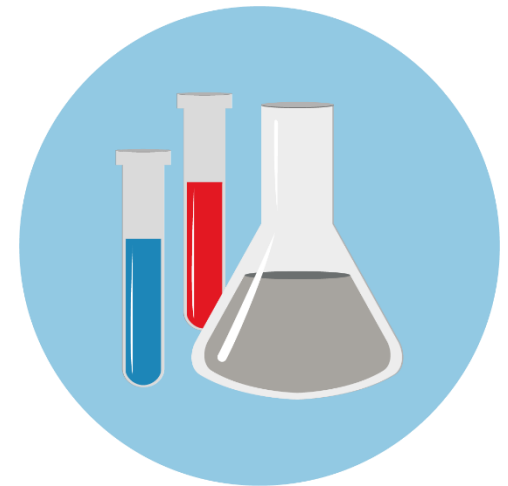
- Introduced vaginal swabs for chlamydia screening
- Adjusted the workflow and addressed implementation challenges
- Secured buy-in from the Chief Medical Officer, and rolled out new process at an all-staff meeting
- Staff and clients highly satisfied

“We used to have women in the waiting room just waiting until they had to pee. Now, with vaginal swabs, either the provider does it during the exam, or they can do it themselves no matter what—and they’re much happier about that. No more waiting.”



Procure Lab Services with Timely Turnaround

- Labs should be able to process vaginal, urine, and liquid-based cytology specimens with nucleic acid amplification tests (NAATS)
 - Transport to lab within 1-2 days
 - Provide timely turnaround within 2-3 days of specimen receipt



Client Notification and Treatment

- Contact client with a positive chlamydia test within 24 hours of receiving results
- Counsel client on importance of:
 - abstaining from sex for 7 days after finishing meds
 - safer sex practices
 - partner notification and treatment
 - returning for retest in 3 months

Link: <https://www.cdc.gov/std/treatment/2010/std-treatment-2010-rr5912.pdf>



Partner Notification and Treatment

- Concurrent client/partner treatment
- Provider Referral
- Health Department partner notification
- Expedited partner therapy (EPT)



Link: <https://www.cdc.gov/std/ept/>



EPT in NY State

- EPT is permissible for CT in NY State
- 1 g Aizthromycin to sexual partner(s) of a person with chlamydia
- Not recommended for MSM

NYS DOH <https://www.health.ny.gov/diseases/communicable/std/ept/>



Repeat Test After Three Months

- Instruct women with a diagnosis should to return three months after treatment for repeat testing
- Include recommendations for partner treatment and retesting at three months in client education materials and counseling
- Counsel clients about high risk of reinfection and potential sequelae



Establish Recall Systems

- Create a follow-up system for clients with previous positive results (e.g.):
- Make 3-month advance appointments
- Provide appointment cards
- Offer mail reminders to clients
- Ask clients to add reminders in their calendars before leaving the clinic
- Follow up with clients who do not return for a retest when recommended
- Add more or higher alert prompts to client charts



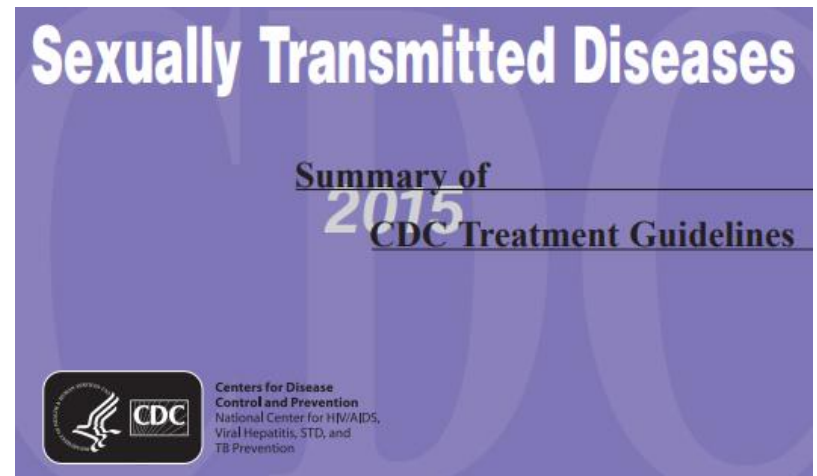
Establish Recall Systems (cont.)

- Consider providing clients with alternative retesting options that do not require a visit, such as:
 - Offer the option for clients to mail in self-collected specimens
 - Offer the option to use online, downloadable lab slips for testing at local lab sites
 - Multiple options are available through private companies that charge a fee



Staff Training Resources

- [2015 STD Treatment Guidelines](#) (CDC)
 - 2015 STD Treatment Guidelines App
 - Pocket Guide
 - Wall Chart
 - Overview Webinar
- NYC STD/HIV Prevention Training Center



**What other
questions do
you have?**

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



Next Session:

January 23rd – Utilizing Diverse Payment Options to Reduce Cost as a Barrier

What financial barriers do patients encounter?

What challenges do you face in obtaining reimbursement?



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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 January 4th
 - Includes data through November

 **New York State Family Planning Training Center**
Family Planning Provider: **Hannah Hershfield, MPA, MEd, Hudson Johnson**
Service Site: **Chlamydia Screening Performance Improvement Collaborative Monthly Improvement Plan**

BEST PRACTICES	PLAN					DO	STUDY	ACT
	Aim Statement	Tasks	Who	When	Measures	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 25 years and younger, women 25+ who are at risk increased risk, and men at increased risk.	What do you want to accomplish? By when? (May be the same as or a subset of Aim)	What tasks need to be accomplished to meet this aim?	Who will complete the task?	When will the task be done?	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?
	Include staff will pull in 11 order sets for all birth control visits and new patient pregnancy tests 75% of the time by 11/15/18.	Inform include staff & clinicians (including subs).	Sarah NC & Aubrey S	10/15/18	Chart audits	11 staff notified of process change 10/15/18. 11 change to be implemented 10/15/18.	11 staff notified of process change 10/15/18. 11 change to be implemented 10/15/18.	11 staff notified of process change 10/15/18. 11 change to be implemented 10/15/18.
	Share this testing data with all center staff.	1. Sarah will email data to staff on date of monthly submission to CLIC. 2. Sarah will send out training collaboration as on going item to be discussed at monthly team meetings.	Sarah NC	10/15/18	10/15/18	10/15/18	10/15/18	10/15/18
	Develop opt out language for clinic staff use by 10/15/18.	Schedule meeting w/ Director of Specialty Training to develop opt out language with appropriate privacy laws.	CLIC Team & Sue W.	10/15/18	10/15/18	10/15/18	10/15/18	10/15/18
Best Practice 2. Use counseling and opt-out language to ensure chlamydia screening to all women 25 years and younger, women 25+ at increased risk, and men at increased risk.		Optimize copies of language	Sarah NC	10/15/18	10/15/18	10/15/18	10/15/18	10/15/18
	Train clinic staff on opt out language by 11/15/18	Schedule Training	Sarah NC	10/15/18	10/15/18	10/15/18	10/15/18	10/15/18
		Complete Training	Aubrey S	11/15/18	Sign-in Sheet	11/15/18	11/15/18	11/15/18
Best Practice 3. Use the best testing, high quality, recommended laboratory techniques available for chlamydia screening with timely turnaround.	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	Aubrey S	11/15/18	Sign-in Sheet	11/15/18	11/15/18	11/15/18
	Post or create clear patient instructions on vaginal self-collection.	CLIC Team & Sue W.	11/15/18	11/15/18	11/15/18	11/15/18	11/15/18	11/15/18
Best Practice 4. Utilize shared payment options to reduce cost as a barrier for the patient and the facility.	Discuss possible payment option and progress with fiscal dept.	Set up meeting with fiscal dept.	Sarah	11/15/18	Calendar invite	11/15/18	11/15/18	11/15/18

The background of the slide is a dark blue or purple color, decorated with numerous out-of-focus red circles of varying sizes, creating a bokeh effect that resembles holiday lights.

HAPPY
Holidays

Contact:
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