Caravanning with Community Partners to Provide LTBI Care:  
Statewide TB Meeting  
March 13, 2019

Disclosures

- None.
Objective

- To share successful strategies used by the CDPH STD program to engage California healthcare stakeholders in population health-related quality improvement efforts.

“Knowing is not enough; we must apply. Willing is not enough; we must do.”
—Goethe

Epigraph to the 2012 IOM 2012 CDC/HRSA-commissioned report:
“Primary Care and Public Health: Exploring Integration to Improve Population Health”
Our Strategies for Engaging Healthcare in Population Health-related QI

- Target Efforts for Greatest Impact
- Showcase Local STD Data + Quality Metrics
- Leverage Partners: Resources, Expertise, Influence
- Leverage Systems: Policies, Technologies, Automation
- Develop Implementation Tools + Resources
- Conduct Public Health Detailing
- Leverage Clinician QI Requirements: MOC Part 4
- Facilitate Practice-Level QI Projects
- Future: Leverage Health Plan QI Requirements

Case Study: Gonorrhea (GC) Treatment Adherence Program Intervention

Rationale

- Adherence to recommended GC treatment (tx) guidelines is essential given increasing morbidity + fear of emerging antibiotic resistance
- Treatment monitoring in our state surveillance system indicated significant need for improvement in provider (1) tx adherence + (2) data reporting:
  - Overall CPA GC tx adherence = 70%
  - Targeted large LHJ GC tx adherence = 50%
Case Study: Gonorrhea (GC) Treatment Adherence Program Intervention

Targeting for Greatest Impact: LHJ Selection

- In 2014, three LHJs (intervention group) were prioritized based on:
  - GC morbidity (>1,000 GC cases)
  - Geographic representation
  - Low GC treatment data completeness
  - Low GC treatment adherence
- Three similar (in morbidity + geography), non-intervention LHJs were identified for comparison

Case Study: Gonorrhea Treatment Adherence Program Intervention

Intervention: Public Health Detailing - Provider Contact

- STDCB developed public health detailing plan, materials; provided TA, training, funding to 3 intervention LHJs;
- In 2015, intervention LHJs contacted high-volume provider offices via public health detailing visits, phone calls, and/or faxes
- Provided education, TA, materials
- A total of 93 provider offices were visited/ contacted
Case Study: Gonorrhea (GC) Treatment Adherence Program Intervention

Results: Data completion, pre (2013) vs. post (2016)

While GC data completion increased for both groups, the magnitude of improvement in the intervention group was much higher:

- Intervention: 29% to 52%
- Non-Intervention: 40% to 48%

Results: Treatment adherence, pre (2013) vs. post (2016)

While GC treatment adherence increased for both groups, the magnitude of improvement in the intervention group was much higher:

- Intervention: 52% to 84%
- Non-Intervention: 66% to 72%
Case Study: Gonorrhea (GC) Treatment Adherence Program Intervention Dissemination: Key Findings shared with local stakeholders

- Summary of intervention + results shared with stakeholders (e.g., program management, California LHJs, etc.)


Case study: Chlamydia (CT) Screening QI Project

Rationale

- CT screening rates are low in primary care (PC) settings, especially among adolescent patients
- Access to quality sexual health services for adolescents in PC settings is limited
- Engaging PC in public health QI priorities has been challenging:
  - Traditional QI methods are time-intensive
  - PC clinical settings are busy with many competing priorities
- Rapid-QI methods have been used with success in other settings

**Question:** Can rapid-QI successfully engage PC settings in improving CT screening and access to sexual health service for adolescents?
**Case Study: Chlamydia Screening QI Project**

**Targeting our efforts: Primary Care, Medi-Cal**

Post-ACA: More Californians are enrolling in Medi-Cal, and more Medi-Cal patients are being served by primary care health centers.*

*California Primary Care Association (CPCA), 2017
State Community Health Center Profile

The number of STD clinics in CA has declined over the past decade.

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**Case Study: Chlamydia Screening QI Project**

**Targeting our efforts: Fresno County**

In 2014, females age 15-19:
- 2nd highest chlamydia rate
- 7th highest teen birth rate
- 5th highest repeat teen births

Large population: ~1 million
- 6th highest # of chlamydia cases
- Low-income, low-resourced, medically underserved
- Many areas designated by HRSA as MUA
- Few Title X/family planning practices
Case study: Chlamydia Screening QI Project
Showcasing Local Data*: Chlamydia cases among youth in Fresno County, by census tract

*Not showing actual data

Case study: Chlamydia Screening QI Project
Showcasing Local Data*: Many FQHCs in Fresno County are located in the heart of the areas with the highest morbidity of chlamydia among youth...

*Not showing actual data
**Case study: Chlamydia Screening QI Project**

**Showcasing Local Data: FQHC ABC’s Health Centers**

<table>
<thead>
<tr>
<th>Health Center</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Middle School Health Center</td>
<td></td>
</tr>
<tr>
<td>Main ST Community Health Center</td>
<td></td>
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<tr>
<td>XYZ Community Health Center</td>
<td></td>
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<tr>
<td>West Community Health Center</td>
<td></td>
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<tr>
<td>East Community Health Center</td>
<td></td>
</tr>
<tr>
<td>RST Community Health Center</td>
<td></td>
</tr>
<tr>
<td>MNO Medical Center &amp; County Mobile Unit</td>
<td></td>
</tr>
<tr>
<td>PQR Community Health Center</td>
<td></td>
</tr>
<tr>
<td>Local Medical Center</td>
<td></td>
</tr>
<tr>
<td>North Community Health Center</td>
<td></td>
</tr>
<tr>
<td>South Community Health Center</td>
<td></td>
</tr>
</tbody>
</table>

*Not showing actual data*

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**Case study: CT Screening QI Project - CRMC**

**Targeting efforts for greatest impact**

- **Fresno Community Regional Medical Center (CRMC):** largest safety-net hospital system serving the Central Valley
  - Hosts UCSF Fresno’s Medical Education Program
    - 40% of residents stay to practice in the Central Valley
  - **Children’s Health Center:** CRMC’s pediatric outpatient clinic
    - >60 clinicians + staff
    - 6,350 patients/20,000 visits annually
      - 54% of patients aged 11-20 years
    - 96.5% of visits funded by Medi-Cal
Case Study: Chlamydia Screening QI Project

Leveraging partners: Clinical Quality Improvement Events

- Partnering with Prevention Training Centers for clinical training expertise
- Partnering with health plans, member organizations to co-brand provider education events
Case study: Chlamydia Screening QI Project

Intervention: 1-week onsite Rapid-QI “Kaizen” event

- “Lean” rapid-QI methodology prioritizes reduction of process inefficiencies
- 5-day onsite QI event (“Kaizen”)
- Whole-team, systems-based approach
- No incentive funding to clinic (small $ for eval data)
- QI expert facilitator + CDPH support team
- Offered American Board of Pediatrics Maintenance of Certification (MOC)-Part 4 credit + CMEs
The Lean Rapid-QI “Kaizen” Event

<table>
<thead>
<tr>
<th>Day 1 (1/2 day)</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic QI Team kick-off meeting</td>
<td>Clinical best practices training</td>
<td>Use Impact Matrix to prioritize ideas for testing</td>
<td>QI Team huddles to discuss results</td>
<td>Use rapid-PDSA cycles to test ideas</td>
</tr>
<tr>
<td>Observe patient flow</td>
<td>Visually map clinic flow: Identify gaps, brainstorm potential solutions</td>
<td></td>
<td>Use rapid-PDSA cycles to test ideas</td>
<td>QI Team huddles to discuss results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use rapid-PDSA cycles to test ideas</td>
<td>QI Team huddles to discuss results</td>
<td>QI Team Report Back to clinic</td>
</tr>
</tbody>
</table>

Case study: Chlamydia Screening QI Project
Clinical Resource Development for Practical Implementation of Best Practices

Registration Reminder

Don't forget the teen forms
1. Give to teens age 12-21.
2. Scan in stops chart.
3. Label “Teen questionnaire.”
4. Give paper form to MA.

Registration form

Patient Letter

Parent Letter

Exam Room Poster
Case study: Chlamydia Screening QI Project

**Sustaining the change:** Best practice training guides, protocol summaries, sample scripts

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### Sexual Activity Documentation

- **What is it?**
  - Consistent documentation of sexual activity for a comprehensive, confidential record for the client
- **Why is it important for the clinic?**
  - Ensures accurate and consistent documentation of sexual health care for adolescents who need these services
  - Ensures that a patient’s sexual health information is confidentially protected from opening examiner access, as necessary

### Sexual Health Care

- **Why do you do it?**
  - Ensures access to comprehensive care for patients who have engaged in sexual activity
- **What do you do?**
  - Documentation within the patient notes to track and assess the adolescent’s sexual activity
- **What are the steps?**
  - Staying current and sharing information with the adolescent in a non-judgmental manner
- **Other details:**
  - Use the adolescent’s language and ask open-ended questions
  - Avoid judgment and provide simple, clear information

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### Case study: Chlamydia (CT) Screening QI Project

**Results:** significant improvements in CT screening rates among adolescents (12-19 years), 3 months & 6 months post-QI onsite week

**Source:** Fresno Community Regional Medical Center ACC Pediatric Clinic, Sept 2015; well-check visits

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![Case study: Chlamydia (CT) Screening QI Project - Results](chart.png)

- **Baseline (n=53)**
  - 28% CT screen within past 12 months
  - 15% CT screen on visit date

- **Short-Term (n=43)**
  - 58% CT screen within past 12 months
  - 51% CT screen on visit date

- **Long-Term (n=22)**
  - 73% CT screen within past 12 months
  - 64% CT screen on visit date

161% increase*
327% increase*

* = p-value <0.05
**Case study: Chlamydia Screening QI Project**

Balancing Measure Results: avg length (in minutes) of well-check visits among adolescents (age 12-19) before, during, and after onsite event

- **Average # of Minutes Per Visit**
  - **Baseline**
  - **During Onsite**
  - **After Onsite**

No change to visit length before vs. after onsite

**Case study: Chlamydia Screening QI Project**

Results: improved **knowledge, behavior, and comfort/confidence** among providers + staff with adolescent sexual health best practices

- **Knowledge (6 questions)**: 35.5% increase, $P$-value < 0.0001
- **Behavior (3 questions)**: 24.5% increase, $P$-value = 0.03
- **Comfort/Confidence (7 questions)**: 46.4% increase, $P$-value < 0.0001

- Pre-Event Survey (n = 51)
- Follow-up Survey (n = 54)
Case study: Chlamydia Screening QI Project
Staff Satisfaction Results: Most staff thought the clinic protocol changes from the Kaizen improved clinic’s care for adolescent patients…

![Bar chart showing staff satisfaction results](chart1.png)

...while either improving their efficiency or not affecting their workload

![Bar chart showing staff satisfaction results](chart2.png)
Case study: Chlamydia Screening QI Project

Dissemination: Spreading the word

Covered by local public radio
CDC included as one of their STD Prevention Online Success Stories
Finalist: Let's Get Healthy California Innovation Health Challenge 2017

Next:
Taking what we’ve learned
Scaling up
Spreading impact
**New Directions:**
virtual (e-) Learning Collaborative

-Chlamydia Screening for Adolescent Patients
-eLearning Collaborative | Quality Improvement (QI) Project

**Achieve measurable practice improvement in:**
- Sexual activity assessment + confidential medical record documentation
- Chlamydia screening rates among sexually active adolescents
- Staff knowledge of QI methods + STD clinical best practices

JOIN US: Increase knowledge, enhance coaching, and peer-to-peer support to improve QI methods to improve adolescent and STD clinical care in your practice.

**WHAT**
- The National Quality Improvement Center (NQIC), California Department of Public Health (CDPH), and Population Health Improvement Partners are collaborating on a 15-month, practical, virtual (e-) learning collaborative focused on improving chlamydia screening rates with an emphasis on adolescent patients.

**WHERE**
- September 2020 - March 2021 (incubation period)
- March 2021 - December 2021 (implementation period)

**WHO**
- Primary care practices serving a general patient population that includes adolescents ages 12 to 18 years (± 1 year) are invited to participate. Practices must be willing to provide access to medical records, maintain a quality improvement process, and implement new practices.

**WHY**
- This unique opportunity has been developed for practices interested in improving or instituting best practices related to chlamydia screening and treatment for their adolescent patient panel. It is confidentiality designed to enhance patient care and practice improvement.

*This project is approved for 15 MOC Part 4 credits from the American Board of Pediatrics (ABP) and 15 MOC Part 4 credits from the American Board of Family Medicine (ABFM) that can be used to earn credit in pursuit of Maintenance of Certification Part 4 (MOC Part 4) credit.

**NOW ACCEPTING APPLICATIONS:**

**Incentives**
**FREE** Credits for eLC Participants

- In partnership with:
  - The American Academy of Pediatrics (AAP)
  - The American Board of Family Medicine (ABFM)

- Maintenance of Certification Part 4
- Program Improvement CMEs
Targeting:
The 8 CT eLC Practice Sites in CA

- Located in 8 local health jurisdictions across CA
  - = the 2018-19 eLC practice sites (map)
- Variety of practice types: private pediatric practices, FQHCs, community health centers, school-based health centers
- 2 sites train medical residents
- All sites provide care to >40 adolescents/month
- Staff sizes ranging from 11 to 50+

New Directions: NQIC Resource Library

- Editable tools + sample resources to support implementation of STD clinical best practices
- Searchable by topic and resource type
- Currently aligned to support the CDPH-NQIC eLearning Collaborative’s adolescent sexual health priorities
- Will be built out to support other priority STD clinical care topics

URL: https://californiaptc.com/qi-resources/
Adolescent Preventive Health Initiative (APHI)

CDPH cross-program coordination + collaboration:
Supporting CDPH-wide strategic priorities, including Let’s Get Healthy CA Goals 1, 4, 5, 6; Portrait of a Promise Health Equity goals; and embodying the Public Health 2035 vision

Quality improvement support:
Providing subject matter expertise, TA, clinical training

Whole-person approach:
Incorporating comprehensive services; adolescent-centered

Whole-systems approach:
Facilitating linkages and coordination between healthcare, schools, CBOs

Health equity lens:
Targeting Medi-Cal plans, provider groups, high-need geographic areas, disease rates, healthcare disparities

Data-driven + evidence-based:
Aligned with American Academy of Pediatrics Bright Futures best practices, HEDIS and CMS quality metrics, CDC and OAH best practices

Prevention through clinical services + health promotion:
Reflects range of approaches taken by our programs to achieve primary, secondary, tertiary prevention goals.

New Directions:
Statewide, Cross-Program, Integrated QI Collaborative

“Knowing is not enough; we must apply. Willing is not enough; we must do.”
- Goethe

Thank you!

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