

## Evidence-Based Interventions for Increasing CT/GC Retesting Rates

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## Presenters


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## Objectives

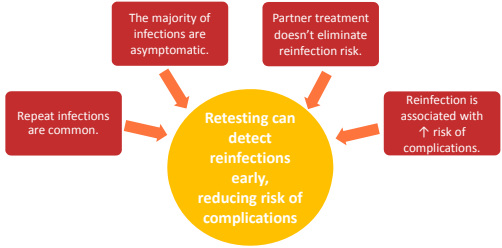

- Identify at least two reasons why proper CT/GC management is a priority for women's health
- Summarize CDC recommendations for CT/GC retesting
- Describe at least two interventions for increasing CT/GC retesting



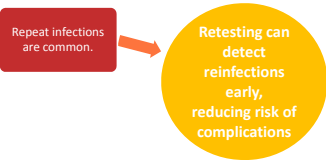

## Why Is Retesting a Priority?



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**Repeat CT/GC infections are common.**

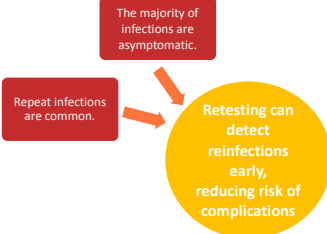

*Repeat Infection with Chlamydia and Gonorrhea Among Females: A Systematic Review of the Literature*



- Overall median reinfected with CT = 13.9%; range of 0 – 32%
- Overall median reinfected with GC = 11.7%; range = 2.6 – 40%
- Peak rates of reinfection at 8-10 months



## Why Is Retesting a Priority?


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**The majority of CT/GC symptoms are asymptomatic.**

**Chlamydia**

- Known as the “silent disease”
- Women—appear within 1-3 weeks after exposure, if symptoms do occur
  - Abnormal vaginal discharge or a burning sensation when urinating
  - Abdominal pain, low back pain, nausea, fever, pain during intercourse, bleeding between menstrual periods, if the infection spreads from the cervix to the fallopian tubes
- Men
  - Penile discharge, burning sensation when urinating, and burning and itching around the opening of the penis

Chlamydia – CDC Fact Sheet, <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm>



## Why Is Retesting a Priority?

The majority of CT/GC symptoms are asymptomatic.

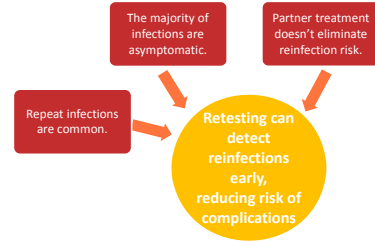
### Gonorrhea

- Women—have no symptoms, in most cases
  - Often mild and mistaken for bladder or vaginal infection
  - Painful or burning sensation when urinating, increased vaginal discharge or bleeding between menstrual periods
- Men—may have no symptoms
  - Burning sensation when urinating, penile discharge that usually appears 1-14 days after infection, and painful or swollen testicles

Gonorrhea – CDC Fact Sheet, <http://www.cdc.gov/std/gonorrhea/STDFact-Gonorrhea.htm>



## Why Is Retesting a Priority?



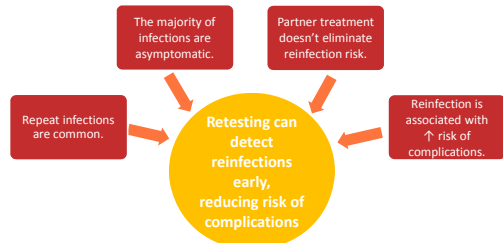
## Why Is Retesting a Priority?

Partner treatment doesn't eliminate reinfection risk.

- Patient not waiting 7 days post treatment to have sex
- Re-exposure to infected sex partners who were not treated after initial infections detected
  - Expedited partner therapy can reduce reinfection with CT/GC.*
- Minority of persistent vs. new infections—antibiotic treatment failure or noncompliance with treatment



## Why Is Retesting a Priority?



## Why Is Retesting a Priority?

Reinfection is associated with an increased risk of reproductive complications.

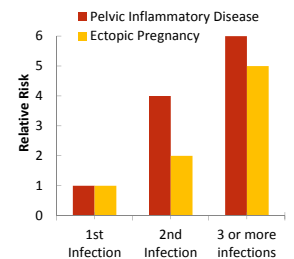
- Ascension of CT/GC into the upper genital tract
- Ectopic pregnancy
- Pelvic inflammatory disease



## Why Is Retesting a Priority?

Relative to 1st infection...

- 2nd infection
  - 4x risk of PID
  - 2x risk of ectopic pregnancy
- 3+ infections
  - 6x risk of PID
  - 5x risk of ectopic pregnancy



Hillis SD, et al. (1997). Am J Obstet Gynecol 176(1 Pt 1): 103-7



## Why Is Retesting a Priority?

Retesting can detect reinfections early, reducing risk of complications



## CDC Recommendations for CT/GC Retesting



Unlike the test-of-cure, which is not recommended, repeat *C. trachomatis* testing of recently infected women or men should be a priority for providers.



Chlamydia-infected women and men should be retested approximately 3 months after treatment.

If retesting at 3 months is not possible, clinicians should retest whenever persons next present for medical care in the 12 months following initial treatment.



Clinicians should advise patients with gonorrhea to be retested 3 months after treatment.

If patients do not seek medical care for retesting in 3 months, providers are encouraged to test these patients whenever they next seek medical care within the following 12 months.



## Poll #2

Do you have a policy that patients with CT/GC should be retested 3 months after treatment?

- Yes, for both patients with CT and GC
- Yes, for patients with CT only
- Yes, for patients with GC only
- No



## Related Studies

- *A Closer Look: Barriers and Opportunities to Improve Chlamydia Retesting Rates* by Goldenkranz and Fine
  - 61% of patients did not return
  - 38% of returned patients not retested by clinics = “missed opportunities”
  - Overall, 76% were not retested
- *Missed Opportunities for Chlamydia Retesting at Limited Service Visits in California FP Clinics* by Howard et al
  - 38% of patients did not return
  - 31% of returned patients not retested by clinics
  - Overall, 57% were not retested



## Identifying Barriers to CT/GC Retesting



## Why are Retesting Rates Low?

How much of the problem is related to:

- Organizational Policies
- Patients
- Clinic Protocols/Systems

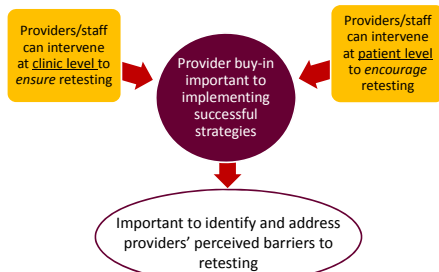


## Assessing Barriers to Retesting

- Provider surveys re: knowledge, attitudes, practices
- Administrative claims data analysis
- Key informant interviews with clinic staff:
  - Review of protocols, policies
  - Review of clinic flow
- Evaluation of paper and electronic medical record and billing systems
- Patient surveys/feedback



## What is the provider’s role in improving retesting rates?



## California Title X Provider Survey (2007): Retesting Knowledge, Attitudes & Practices

### Research Objectives:

- Describe Title X provider knowledge, attitudes, practices, and perceived barriers related to CT retesting
- Describe interventions currently utilized by Title X clinics to ensure patient retesting

Designed by the California Family Planning Council, Inc.; Results analyzed by Ina Park MD, MS, CA STD Control Branch Park IU, et al. (2010) J Womens Health (Larchmt); 19(6):1139-44



**Survey Conclusions:**  
**Title X Provider Retesting Knowledge, Practices**

Majority of providers had good knowledge about retesting recs...  
**Yet,**

Over 50% reported multiple barriers: **73% stated that primary barrier to retesting was patients not returning to clinic**

Only 20% stated that retesting was a High-Priority clinical service: **33% reported retesting was a low priority**

Very few clinic-level retesting strategies in place: **Only 17% reported use of chart flags**

**Analysis of Administrative Claims Data from a Large Family Planning Program**

**Research Objectives:**

- To describe, among female CT cases:
  - proportion of patients who returned to clinic (RTC)\*
  - proportion of returning patients who were retested
  - any retesting rate patterns by visit type

\* Time period: 1-6 months (31-180 days) post-treatment

Howard et al. Missed Opportunities for Chlamydia Retesting at Limited Service Visits in California FP Clinics  
 Source: Female CT+ CA Family PACT-Quest clients, 2007-2008

**Analysis Results:**  
**Overall Retesting & Reinfection Rates (N = 90,049)**

3.2% Baseline CT Rate → 43% Retested overall → 14% Re-infected

\* CT+ cohort with confirmed treatment; 1 to 6 months post-treatment; Data during ≤30 days post-treatment excluded.  
 Source: Female CT+ Family PACT-Quest clients, 2007

**Analysis Results:**  
**CT reinfection rates many times higher than baseline positivity rates; high across all age groups**

Age Group	Baseline CT Positivity Rate (%)	CT Reinfection Rate (%)
15-19	6	21
20-25	4	14
26-30	2	10
31-35	2	15
>35	1	10

Source: Family PACT and Quest Diagnostics, female client data (2007)  
 Prepared by: CDPH STD Control

**Analysis Results:**  
**CT reinfection rates high across all racial-ethnic groups**

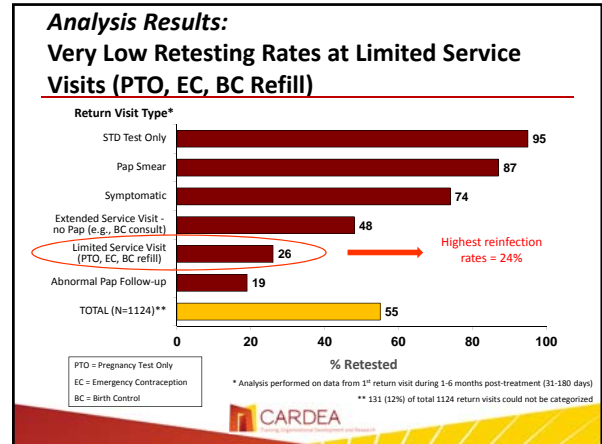
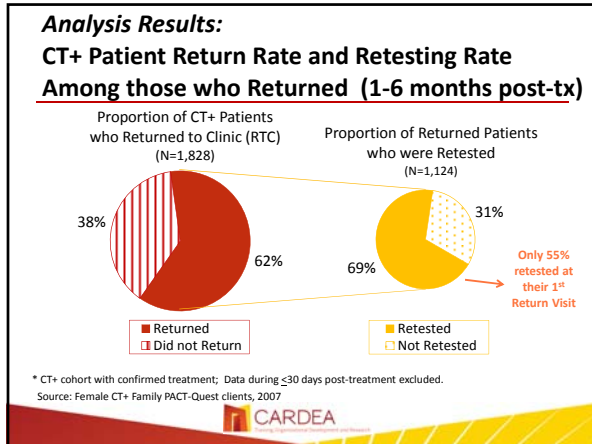
Racial/Ethnic Group	Baseline CT Positivity Rate (%)	CT Reinfection Rate (%)
Asian/PI	4	15
Black	10	15
Hispanic	3	17
White	3	11
Other/Unk	4	8

Source: Family PACT and Quest Diagnostics, female client data (2007)  
 Prepared by: CDPH STD Control

**Analysis Results:**  
**Patient- vs. Clinic-Level Roles in Low Retesting Rates**

What proportion of patients return to clinic during the target retest timeframe (1-6 months post-tx)?

What proportion of returning clients are retested?



### Analysis Conclusions: Administrative Claims Data Analysis

**Missed opportunities:**

- Although 62% of clients RTC during target retest timeframe, 1/3<sup>rd</sup> of returning clients were *not retested*

**Very Low retesting rates at limited service visits (e.g., PTO, EC, BC refill)**

**High reinfection rates (14%) among all retested clients:**

- Highest rates (~25%) at limited service visits

\* Family PACT-Quest (2007) female CT+ cohort with confirmed treatment; Data during ≤30 days post-treatment excluded; N = 90,049

### Additional clinical service gaps discovered

**Assessments:** clinic staff interviews; review of existing clinic protocols, systems; observation of clinic flow:

Lack of CT/GC screening or retesting protocols for limited-service visits	Lack of clinic staff knowledge re: dangers of CT/GC reinfection	Insufficient counseling provided to CT+, GC+ patients	Follow-up and counseling gaps for empirically treated patients	Patient ed materials lack updated messages; reading levels too high	Drop-in and fast-track visits for STD testing not always available
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## Interventions for Increasing CT/GC Retesting

### What are feasible and effective Interventions that can be introduced now?

<b>Organization-Level:</b> Lack of policies prioritizing retesting services	<b>Patient-Level:</b> Patients not understanding importance of retesting
Interventions targeted to various levels may be needed to address specific barriers to retesting	
<b>Patient-Level:</b> Patients not returning to clinic	<b>Clinic-Level:</b> Missed opportunities for retesting returning patients

### What are *feasible* and *effective* Interventions that can be introduced now?

**Organization-Level:**  
Lack of policies prioritizing retesting services



### Organization-Level Intervention: Introducing Policies to Prioritize Retesting Services

**Obtain Medical Director/Agency Buy-in**


**Objective:**

Institute retesting as high-priority clinical service

**Intervention:**


Medical Director presentations using own clinic data to demonstrate:

- high reinfection rates
- patient return rates
- missed opportunities for retesting



### What are *feasible* and *effective* Interventions that can be introduced now?


**Patient-Level:**  
Patients not grasping importance of retesting




### Patient-Level Intervention: Increasing Patients' Understanding of Importance of Retesting

**Train All Clinic Staff to Provide Comprehensive Counseling to CT+, GC+ Patients**

Counsel patients at their treatment visit about **why** they need to prioritize retesting



Encourage patients to find a way to **remember** their retest



### Comprehensive Counseling Messages re: CT/GC Reinfection

**Counsel patients at treatment visit about importance of:**

- Partner treatment
- Waiting to have sex after treatment
- Condom use
- Retesting in ~3 months

- Stress **why** repeat testing is important:
  - Reinfection is very common
  - Reinfection is even more dangerous than initial infection
  - Women newly infected with CT and GC rarely have symptoms

*Thus, getting retested can detect new infection, prevent complications*
- Encourage patients to prioritize their retest
  - Ask them **how** they plan to help themselves remember (e.g., they can put a reminder in cell phone calendar before they leave office)



### Patient-Level Intervention: Increasing Patients' Understanding of Importance of Retesting

**Revise/Develop Patient Education Materials**

**Before (sample):**


*Suggestion: Update and Improve CT and GC Patient Fact Sheets:*

- Reinforce newest patient ed messaging re: reinfection, partner treatment, waiting to have sex after tx, condoms, and retesting
- Improve readability/lower literacy level
- Improve user-friendly formatting
- Pilot-test with CT+, GC+ patients

**Many people who get Chlamydia GET IT AGAIN!**  
Get tested again in 3 months!

- Having Chlamydia once will NOT protect you from getting it again.
- Getting another infection with Chlamydia is really common.
- Getting infected with Chlamydia again can cause a lot more harm inside your body.
- Most of the time there are no symptoms when you get Chlamydia again.
- It is really important to come back to get tested again in 3 months.

**After (sample):**






**Patient-Level Intervention:**  
**Increasing Patients' Understanding of Importance of Retesting**

**Revise/Develop Patient Education Materials**

**Suggestion:**  
 Retesting information cards can be given to patients to take home at treatment visit.

Sample designs - front of card:




Sample messaging inside card:

*Why should I get retested?*

- It is very common for women with chlamydia or gonorrhea to get infected again soon after their first infection.
- Getting another infection may cause more damage inside you than the first.
- This damage can make it so that you can't have babies later and make it painful to have sex.
- For most women, there are no symptoms and so you may not know that anything is wrong.

Back of card with space to add target retest month:



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**What are feasible and effective Interventions that can be introduced now?**

**Patient-Level:**  
 Patients not returning to clinic

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**Abundant Research Supporting Effectiveness of Clinical Reminders**

**Patient reminders demonstrated effective at increasing:**

- Clinic attendance/ appointment compliance
- CT screening
- CT treatment
- CT retesting
  - via self-addressed postcards
  - via text message

- An overview of interventions to improve compliance with appointment keeping for medical services. Macharia WM, et al. (1992). JAMA 267(13): 1813-7
- The use of text messaging to improve attendance in primary care: a randomized controlled trial. Leong KC, et al. (2006). Fam Pract 23(6): 699-705.
- Computer Reminders for Chlamydia Screening in General Practice. Walker J, et al. (2010). Sex Transm Dis.
- Texting decreases the time to treatment for genital CT infection. Menon-Johansson A. S., et al. (2006) Sex Transm Infect. 82(1): 49-51
- The elephant never forgets: piloting a chlamydia and gonorrhea retesting reminder postcard in an STD clinic setting. Paneth-Pollak R, et al. (2010) Sex Transm Dis; 37(6):365-8.
- SMS reminders improve re-screening in women and heterosexual men with chlamydia infection at Sydney Sexual Health Centre: a before-and-after study. Guy R, et al. Sex Transm Infect. (2012)

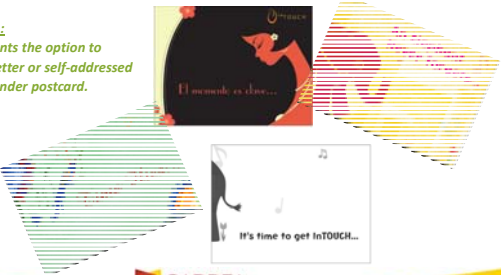
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**Patient-Level Intervention:**  
**Increasing Number of Patients who Return to Clinic**

**Offer Patient Retest Reminder Options**

**Suggestion:**  
 Offer patients the option to receive a letter or self-addressed retest reminder postcard.

Sample designs - discrete reminders



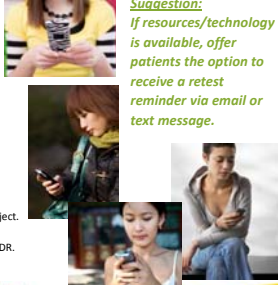
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**Patient-Level Intervention:**  
**Increasing Number of Patients who Return to Clinic**

**Offer Patient Retest Reminder Options**

- Over 90% of all teens/young adults use the Internet
- 85% of teens/young adults engage in electronic communication: text messaging, emailing, instant messaging, or posting comments to websites
- Clinical reminders via text message acceptable to STD clinic patients

**Suggestion:**  
 If resources/technology is available, offer patients the option to receive a retest reminder via email or text message.



Lenhart AM, et al. (2007) Pew Internet and American Life Project. Can you hear me now? The suitability of text messaging to contact STD clinic patients. Richardson, DB, et al. (2007) ISSTD. Seattle, WA. July 29-August 1, 2007. Abstract O-017.

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**Patient-Level Intervention:**  
**Increasing Number of Patients who Return to Clinic**

**Counsel Patients to Return for Retesting in < 3 Months**

If patient population very unlikely to return for a follow-up appointment in 3 months, consider counseling patients to return for retest appointment earlier than 3 months, e.g., 6 weeks.

Increasing Chlamydia and Gonorrhea Retesting Rates in a Student Health Center (SHC) Using a Quality Improvement Approach. Burstein G, et al. CDC National STD Prevention Conference 2012; Minneapolis, MN. Abstract #P84


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**Patient-Level Intervention:**  
Home-based Self-collected Vaginal Swab (SVS)  
Testing to Increase Patient Retesting Rates

**Offer Patients Option to Retest at Home and Mail-In SVS Specimen**

**Self-Collected Vaginal Swabs:**

- Excellent test performance
- Acceptable to clients
- FDA cleared using nucleic acid amplification tests if collected in clinical setting
- Home-based collection and postal transport an option if lab completes verification testing



**Suggestion:**  
If resources available, offer patients option to use a SVS home test kit and mail in their retest specimen directly to the lab.


CDC. MMWR October 18, 2002 / Vol. 51 / No. RR-15  
Hobbs MM, et al. (2008) Sex Transm Dis. 35(1):8-13.  
Interventions to Increase Rescreening for Repeat Chlamydia Infection. Guy et al Sex Transm Dis. 2012 Feb;39(2):136-46.  
Use of Home-Obtained Vaginal Swabs to Facilitate Rescreening for Chlamydia trachomatis Infections. Xu et al. Obstet Gynecol. 2011 Aug;118(2 Pt 1):231-9

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**Patient-Level Intervention:**  
Home-based Self-collected Vaginal Swab (SVS)  
Testing to Increase Patient Retesting Rates

**Additional Resources on Vaginal Swab Testing**

**Webinar**  
*Vaginal Swabs: Performance, Patient Preference and Applications*  
[http://cardeaservices.org/training/webinars/web\\_vs\\_pppa.html](http://cardeaservices.org/training/webinars/web_vs_pppa.html)



**Vaginal Swabs Toolkit**  
Cover Letter  
[http://cardeaservices.org/projects/documents/Provider-Toolkit\\_Cover-Letter.doc](http://cardeaservices.org/projects/documents/Provider-Toolkit_Cover-Letter.doc)  
Toolkit  
[http://cardeaservices.org/projects/documents/Complete-Vaginal-Swabs-Toolkit\\_AK.IDWA.pdf](http://cardeaservices.org/projects/documents/Complete-Vaginal-Swabs-Toolkit_AK.IDWA.pdf)

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**What are feasible and effective Interventions that can be introduced now?**

**Clinic-Level:**  
Missed opportunities for retesting returning patients

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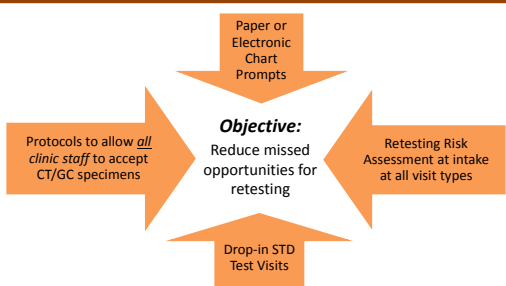
**Clinic-Level Interventions:**  
Reducing Missed Opportunities for Retesting Patients who Return to Clinic

To maximize likelihood of patient getting retested, 2 approaches in the clinic should be used:

1. Counsel patient to return in ~3 months for a retest
2. Create systems-level protocols to ensure that clinic staff test "opportunistically" whenever patient next returns to clinic for *any reason* > 4 weeks post-treatment

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**Clinic-Level Interventions:**  
Reducing Missed Opportunities for Retesting Patients who Return to Clinic

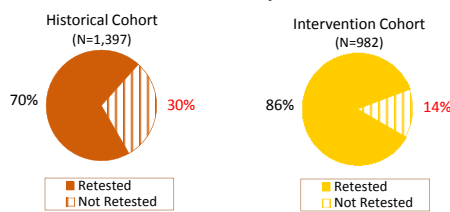


**Objective:**  
Reduce missed opportunities for retesting

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**Research Supporting Effectiveness of Electronic Pop-Up Reminders for Clinic Staff**

**Results:** Missed opportunities for retesting patients who returned to clinic reduced by 58%




Cohort	Retested (%)	Not Retested (%)
Historical Cohort (N=1,397)	70%	30%
Intervention Cohort (N=982)	86%	14%

"The Power of the Pop-up": How One Simple Clinic Systems-Level Intervention Increased Chlamydia/Gonorrhea Retesting Rates. Howard H, et al. CDC National STD Prevention Conference 2012; Minneapolis, MN. Abstract #03.4


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**Clinic-Level Interventions:**  
**Reducing Missed Opportunities for Retesting Patients who Return to Clinic**


**Add medical record chart prompts to inform front office staff at intake when a presenting patient is due for retesting**



Paper-based medical records:  
 e.g., brightly-colored laminated cards inserted into patient charts



Electronic medical records:  
 "Pop-up" reminders linked to patient records scheduled via electronic medical or billing systems




**Clinic-Level Interventions:**  
**Reducing Missed Opportunities for Retesting Patients who Return to Clinic**

**Institute Standing Orders to allow any level of clinic staff to collect test specimens**

- Standing orders can allow medical assistants to collect test specimens from patients at low-risk and limited service visits that normally don't involve clinician interaction

**Allow Drop-In (no appointment) visits for STD testing**

- Drop-In and/or Express ("fast-track" – no waiting) visit options for STD testing expands access to care for asymptomatic patients




**Clinic-Level Interventions:**  
**Reducing Missed Opportunities for Retesting Patients who Return to Clinic**

**Assess CT/GC Risk and need for Retesting for All Female Patients at All Visit Types**

*Suggestion: Laminated Risk Assessment Pocket Cards can be provided to staff and/or affixed to intake computers*

<p><b>CT/GC Risk Assessment: ASK All Women, All Ages, All Visits</b></p> <p><b>STD HISTORY, Ask:</b>                  "Have you had an STD, like chlamydia or gonorrhea, in the past year?"</p> <p>If Yes → Determine if retesting is due</p> <p><b>LAST TEST DATE, Ask:</b>                  "Do you know when you were last tested for chlamydia and gonorrhea?"</p> <p><b>MULTIPLE PARTNERS, Ask:</b>                  "How many people have you had sex with since that last test (or "within the past 1 year", whichever is more recent)?"</p> <p>If none → No screen needed                  If = 1 → Screen if it's a new partner (within past 3 months)                  If &gt; 1 → Screen</p> <p><b>PARTNERS OTHER PARTNER(S), Ask:</b>                  "Do you think it is possible that a person you had sex with in the last year had sex with someone else during that same time?"</p> <p>If they suspect it's possible → Screen</p>
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**Assuring Quality of Interventions:**  
**Assessing and Addressing Operational Barriers**

**QA Check List (sample)**

**Quality Assurance Visit Check List**


- ☐ Repeat chart prompt legacies in place (e.g., auto pop-up alerts via EHR or eBilling system)
  - Set-up:
    - ✓ Who enters these: \_\_\_\_\_
    - ✓ What triggers these to be entered and when: \_\_\_\_\_
    - ✓ What date is entered (e.g., "CT/GC Repeat Due After (add 1 month to TL date)"): \_\_\_\_\_
    - ✓ Have you discovered any gaps/holes in this safety net since roll-out? (e.g., patients who are not treated immediately – do they fall off follow-up radar? How are presumptively treated patients' legacies different?) If Yes, how do you close these gaps? \_\_\_\_\_
  - What response is triggered:
    - ✓ Who sees the chart prompts, when a retest patient first presents to clinic? (e.g., front staff): \_\_\_\_\_
    - ✓ How do these staff then inform other (back) staff that retest is due (e.g., paper clip small flag on visit chart and they check to colored folder)? \_\_\_\_\_
    - ✓ How are these staff kept accountable to consistently taking this action, or what back-up system is in place to double-check that the necessary steps occur? \_\_\_\_\_
    - ✓ When clinic staff (back staff) meets with potential retest patient, how do they confirm what follow-up is needed (e.g., check the home/evaluated follow-up pages on EHR)? \_\_\_\_\_
  - Removal:
    - ✓ Who removes prompts and unchecks (y) info once patient is retested? \_\_\_\_\_
    - ✓ What is the system to inform the clinic staff that a patient has been successfully retested? \_\_\_\_\_
- ☐ All female patients are assessed for need for retesting at all visit types
  - ✓ How does the clinic ensure all female patients are given this assessment regardless of visit type (STDs, GC visits, deep whits, etc)? \_\_\_\_\_
- ☐ STD follow-up letter that is sent to patients who cannot be reached by phone includes counseling messages re: need for partner treatment and retesting
- ☐ Presumptively treated patients receive counseling messages re: confirmation risk and importance of partner treatment and retesting either at time of presumptive treatment and/or during follow-up call confirming positive test results.



**Poll #3**


Do you currently have any of the following in place to assist with retesting patients? (choose all that apply)

- Paper chart flags or electronic pop-ups
- Standing orders for non-clinicians
- CT/GC testing integrated into non-routine visits
- Drop-in visit option
- Fast-track (or "express") STD testing option
- Retesting reminders



**Resources**

- California Department of Public Health STD Control Branch  
<http://std.ca.gov>
- Link to Guidelines for Retesting: Best Practices for Prevention and Early Detection of Reinfections  
<http://www.cdph.ca.gov/programs/std/Documents/Best-Practices-for-Prevention-and-Early-Detection-of-Repeat-CT-and-GC.pdf>
- California STD/HIV Prevention Training Center (CA PTC)  
<http://www.stdhivtraining.org/>



**Resources:** [www.InTOUCH4Health.org](http://www.InTOUCH4Health.org)



**Resources**

State and national guidelines are available to assist clinicians in providing high quality screening, treatment, and partner management for at-risk patients.

**Screening Guidelines**

- California STD Screening Recommendations - 2010
- California STD Screening Recommendations - 2010
- California Screening Guidelines for Women of Family Planning & Primary Care Settings
- California Screening Guidelines for STD Screening in Pregnancy

**Partner Management Guidelines**

- California STD Treatment Guidelines for Adults and Adolescents (2 page Summary)
- 2010 Summary (November 2010)

**Patient Education Materials**

- Basic Practices for the Prevention and Early Detection of Human Papillomavirus and Cervical Cancer: Evidence-Based Treatment and Partner Referral Strategies for Implementation in California Health Care Settings

**Patient Education Materials**

- Changeable Post Sheet for Test Results (English)
- Changeable Post Sheet for Test Results (Spanish)
- Screening Post Sheet for Test Results (English)
- Screening Post Sheet for Test Results (Spanish)

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**Resources**

- **InTOUCH Clinic Resources**  
<http://intouch4health.org/clinicresources.php>
  - Links to templates for customizable CT and GC patient fact sheets
  - Links to screening, treatment, and partner management guidelines.
- **Coming soon:**
  - Link to Ordering Reminder Message Postcards and Flip Cards
  - Link to printable CT/GC Risk Assessment Tool
- **For \*\*California providers only\*\* who wish to utilize the InTOUCH4Health automated text/email retest reminder system, please send your request to [info@intouch4health.org](mailto:info@intouch4health.org).**

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