CITY OF BERKELEY CHLAMYDIA SCREENING IMPROVEMENT PROGRAM

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CITY OF BERKELEY REPRODUCTIVE AND SEXUAL HEALTH CLINICS

- ANN CHANDLER PUBLIC HEALTH CLINIC

■ BERKELEY HIGH SCHOOL HEALTH CENTER

BERKELEY TECHNOLOGY ACADEMY HEALTH CENTER

Public Health Clinic 1,649 RSH visits per year

Population: Un/underinsured adults living in Bay Area

Comprehensive Sexual Health Services

- Birth Control Methods/Pregnancy Testing/EC
- Well woman/Pap smears/Breast exam/Referrals
- Confidential STI Testing, Diagnosis, Treatment
- Community outreach and education

Berkeley High School Health Center 1,150 RSH visits per year

Population: 3,154 students/5 days per week

Comprehensive Sexual Health Services

- Birth Control Methods/Pregnancy Testing/EC
- Confidential STI Testing, Diagnosis, Treatment
- Individual Education, Counseling, Case Management
- Classroom/Campus Outreach and Education

First Aid

Minor Illnesses, Injuries, Chronic Disease support

■ Mental Health

Crisis Drop-In and ongoing Therapy

BTA Health Center 27 RSH visits per year

Population - 49 Students/1 day per week

Sexual Health Services

- Birth Control Methods/Pregnancy Testing/EC
- Confidential STI Testing, Diagnosis, Treatment
- Individual Education, Counseling, Case Management
- Classroom/Campus Outreach and Education

First Aid

Minor Illnesses, Injuries

Mental Health

Crisis Drop-In and ongoing Therapy

PHC Improvement Plan for CT Testing and Re-Testing

- In 2017, Medical Officer initiated an effort to increase CT screening
- Intervention Start Up
 - "Kick Off" Staff Meeting
 - Providers educated re: Annual Screening Protocol
 - Posters placed in Exam Rooms reminding clinicians to screen
 - Protocols established for MA to track EHR Alerts and to make reminder phone calls

PHC CT Testing Protocol

- Annual Testing if client is less than 25 years old
- Additional testing based on sexual risk factors, such as:
 - Symptomatic or History of positive STI
 - New partner/multiple partners
 - Partner has new/multiple partners/positive for STI
 - Incarceration of client or partner
 - Trading sex for money/drugs or sexual contact with a sex worker
 - MSM (conduct extragenital testing when indicated)

PHC Re-Testing Protocol

- Partner Delivered Partner Therapy at time of treatment
- Re-test at 3 month mark
- Schedule Re-Test at time of treatment
- Identify client's preferred mechanism for reminder
- Set up EHR Alert for provider/MA
- Phone call/Letter/Portal text if no show for re-test – contact client every three days up to three times

PHC Lessons Learned

- Comprehensive Staff Training/Buy-in
- Need designated staff to promote re-testing and track re-test completion:
 - Track EHR Alerts
 - Make reminder calls for re-test appointments
 - Make calls to no-shows to reschedule missed appointment

BHS/BTA Health Centers Improvement Plan for CT Testing/Re-testing

- In 2015, Title X Site Visit initiated improvement plan
- Intervention Start Up
 - "Kick Off" Staff Meeting re: improvement plan
 - Providers reviewed Annual Screening Protocol
 - Decision made to conduct retrospective chart review to better understand when/why clients weren't tested

BHS/BTA CT Testing Protocol

- Test every six months if sexually active, regardless of risk factor or reported exposure
- Test every time client reports:
 - Symptoms or STI exposure
 - New partner
 - Partner w/new partner or multiple partners
 - Trading sex for drugs/money
- MSM (conduct extragenital testing when indicated)

BHS/BTA Re-Testing Protocol

- Free medication and PDPT
- Schedule re-test at time of treatment, with permission to call and/or pull from class
- Re-test 4-6 weeks after treatment ensure meds taken, partner treated, waited 7 days for sex
- If no show for re-test appt, call/pull from class
- If partner is student, encourage client to bring partner in for education/testing

BHS CHART REVIEW PROCESS

- Reviewed all paper billing forms from previous year to determine who wasn't tested
- Pulled charts to investigate clinical visit
- CHART REVIEW FINDING: MOST CLIENTS NOT TESTED WERE NOT YET SEXUALLY ACTIVE, SO TEST WAS NOT CLINICALLY INDICATED

BHS/BTA QA Process Established

Mechanisms to remove NSA clients from denominator <u>and</u> to ensure appropriate testing took place

- Create Mechanism to <u>Identify</u> NSA Clients
 - Mark "Abstinent" on billing form
 - Mark "Never Sexually Active" in NextGen
- Conduct Monthly Chart Review
 - Identify clients not tested
 - Separate NSA from sexually active clients among those untested
- Share Chart Review results at monthly Med Meeting
- Create F/U plan for clients needing testing

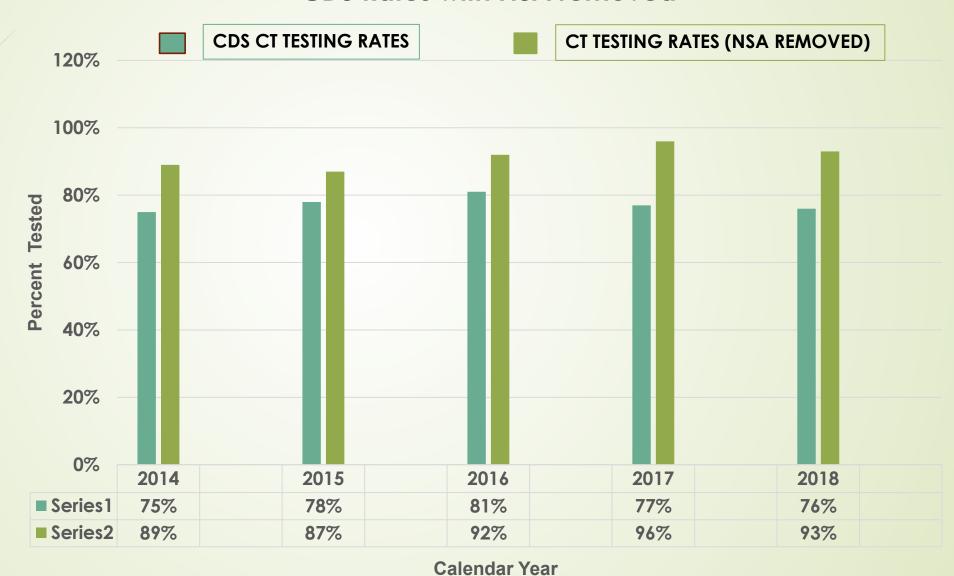
Monthly CT/GC Testing Chart Review

Encounter #	Date of Visit	Urinated : Client within Declined last hr	Tested elsewhere within last 6 manths	Tested at BHSHC within last 6 months, no new partners	Other Reason & Comments:	Attempt #1 to get student back for CT/GC	Attempt #2 to get student back for CT/GC	Attempt #3 to get student back for CT/GC	Outcome:
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CHLAMYDIA TESTING RATES IN BHS HEALTH CENTER

Year	# of Clients	CDS Testing Percent	# of NSA Clients	Testing Percent of eligible clients
2018	393	76%	115	93%
2017	442	77%	115	96%
2016	447	81%	57	92%
2015	553	78%	66	87%
2014	554	75%	94	89%

BHS/BTA CT Testing Rates comparing CDS Rates with NSA removed



BTA Semi-Annual STI Drive

- Offer CT screening to all students
- Conduct STI Drive in Fall/Spring
- Conduct education in classrooms before STI Drive
- Pull students from each class; offer CT testing and incentives
- Take urine and assess for family planning needs
- Schedule F/U appointment for BCM or HIV test as requested
- Treat positives

Overall Lessons Learned City of Berkeley Clinics

- Staff training and buy in
- Mechanisms for tracking testing/missed appointments
- Assertive client reminders and encouragement to return for missed appointments
- Develop a mechanism to track NSA clients
- Instill routine monitoring of clients tested, staff updates and identify who will f/u with clients needing testing
- Different strategies needed for different communities