



***Enhancing HIV Care
Preconception Counseling, Including Sexual Health, Community of Practice
(CoP)***

***Learning Session 3:
Moving from Theory to Practice: Implementing Pre-Conception Counseling in Your
Program***

September 20, 2023

**Division of Community HIV/AIDS Programs
HIV/AIDS Bureau (HAB)**

Vision: Healthy Communities, Healthy People



Agenda



Welcome and Poll

Icebreaker

Featured Faculty Speaker – Joanne P. Simone, CPNP-PC, M.S., RN and
Laura Bogert ,M.S.N., RN

PCC Resources and References

Interactive Breakout Sessions (CoP Participants and Partners Only)

Post-training Announcements (CoP Participants and Partners Only)



HIV/AIDS Bureau Vision & Mission

Vision

Optimal HIV/AIDS care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

Welcome & Team Introductions

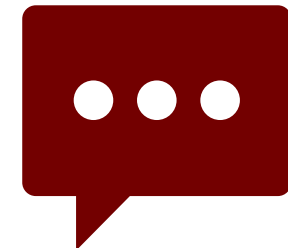
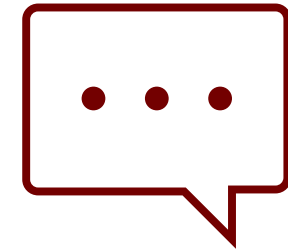
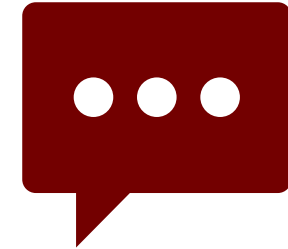
- Ryan White HIV/AIDS Program (RWHAP) Part D CoP Team
- Bizzell CoP Team



Poll

1. Please identify your primary affiliation with the Part D Communities of Practice:

- a) RWHAP Part D Grant Recipient
- b) RWHAP Part C/D Grant Recipient
- c) CoP Participant
- d) Community-based Partner Organization/Agency
- e) Not applicable/Don't Know
- f) Other, please specify



2. Please check all types of RWHAP funding that you receive:

- Part A
- Part B
- Part C
- Part D
- Part F
- Not/Applicable/Don't Know
- Other, please specify

Ice Breaker

My Dream Vacation



Learning Objectives



By the end of this learning session participants will be able to:

- Discuss the steps to implement effective preconception counseling
- Demonstrate how to construct a PCC implementation action plan
- Consider a PCC CQI project and potential application to their organization
- Describe a real-world example of implementation



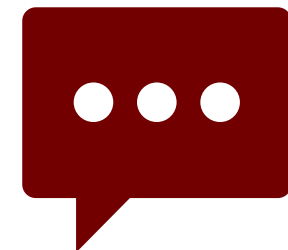
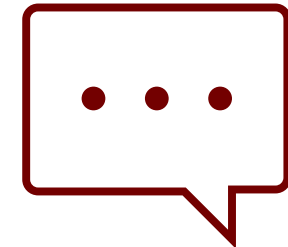
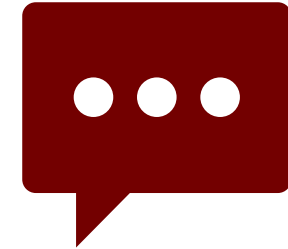
Poll

Who in your clinic is responsible for implementing new clinical practices?

A. Physicians

B. NP

C. Health Educators



Featured Faculty Presenters



Joanne P. Simone, M.S., RN
Educational Specialist
Rutgers University



Laura Bogert, M.S.N., RN
Clinical Coordinator
Rutgers University

What is Implementation?



Moving research findings into practice and policy



“Purposeful and enabling set of activities designed to engage key stakeholders with research evidence to inform decision-making and generate sustained improvement in the quality of healthcare delivery.”



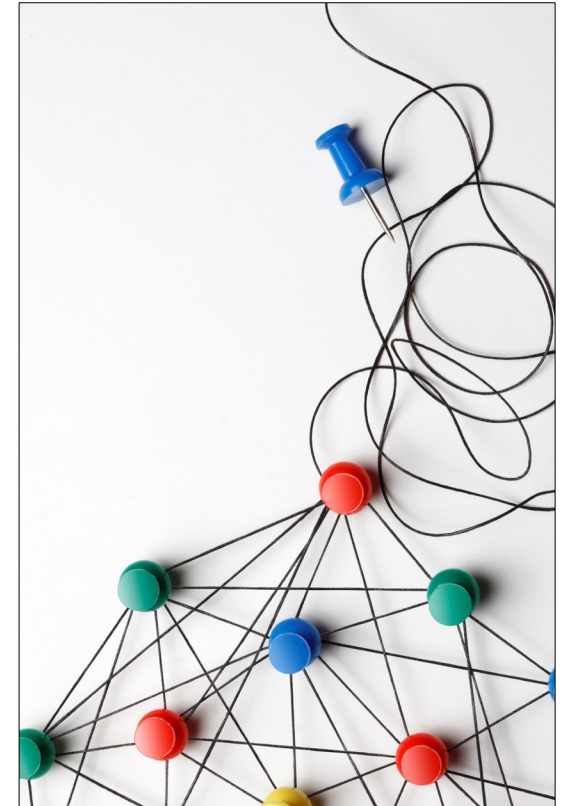
Process of systematically closing the gap between what we know and what we do.

Porritt K, McArthur A, Lockwood C, Munn Z (Editors). JBI Handbook for Evidence Implementation. JBI, 2020. Available from: <https://jbi.global/>

JBI Process Implementation

JBI (formerly known as the Joanna Briggs Institute) is an international evidence-based healthcare research organization that works with 80+ Universities and Hospitals (known as the JBI Collaboration) around the world.

- Identify the practice area
 - Engage change agents
 - Assess context and readiness to change
 - Review practice against evidence-based audit criteria
 - Implement changes to practice
 - Re-assess practice using a follow-up audit
 - Consider sustainability of the project
- Other models include Knowledge-To-Action



Porritt K, McArthur A, Lockwood C, Munn Z (Editors). JBI Handbook for Evidence Implementation. JBI, 2020. <https://jbi.global/>

Preconception Counseling

Facilitating reproductive counseling and family planning discussions for Ryan White HIV/AIDS Program Part D grant recipients.



Implementing PCC in the Clinical Setting



**Identify
Champions**

Build a team

**Engage
stakeholders**



**Assess
Strengths and
Challenges**



**Develop a
Collaborative
Action Plan**



**Follow-up with
Identified Needs for
Implementation**

Education

Resources



**Choose Your
Preferred
Improvement
Cycle Strategy**



**Implement
the Plan**



**Assess, Adjust,
Communicate**

Background Timeline

- 2013 - Champions in RWHAP Parts A, B, & D collaborated to develop and implement a CQI PCC indicator for female clients of reproductive age.
- 2015 – Collaborative strategic planning session held with one Ryan White Part D clinic to improve the implementation of preconception care services.
 - Staff decided on a **universal approach** to PCC in order to improve and streamline implementation of services.
 - Documentation of PCC services in men and women 12 months after the workshop was 85% and 92% at 36 months
- 2021 – CQI indicator expanded to all clients in the project.

Simone, Joanne Phillips; Hoyt, Mary; Bogert, Laura; Storm, Deborah S. A Nurse-Led Initiative to Improve Implementation of HIV Preconception Care Services. *Journal of the Association of Nurses in AIDS Care* 32(1):p 115-126, January-February 2021.



A Universal Approach: Why Ask Everyone?

- **Allows men to ask questions and receive counseling about family building**
- **Partners are important**
 - Only asking women about family planning leaves the partners of men without counseling on ways to protect them and potentially their infants.
 - Asking men about their plans allows for identification of prevention needs and counseling for their partners.
- **It helps**
 - Asking universally could help to improve rates of preconception counseling
- **It's inclusive**
 - Not dependent on gender-identity or sexual orientation

William Rodney Short, Joanne Madeline Simone, Rana Chakraborty, Sarah Finocchario-Kessler. Addressing fertility desires and preconception care needs of men living with HIV: perspectives from HIV providers about addressing the reproductive needs of male patients. 02 Feb 2020.



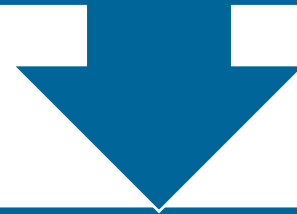
Initial CQI Indicator

PRECONCEPTION CARE (Female Patients Only)

27. Is the patient newly enrolled in care during last six months of the year? Yes No
28. Was the patient pregnant during the past 12 months? Yes No
29. Was her pregnancy intention documented? Yes No
30. Does she desire pregnancy? Yes No Not documented
- 30a. If yes, was she referred for a reproductive health evaluation? Yes No
- 30b. If no, does she have a documented method of contraception? Yes No
- 30c. Is her method of contraception exclusively condoms? Yes No Not documented

Data tool changes in 2021

Expanded criteria with the AIM for prevention of perinatal HIV and global inclusive family planning.



Inclusion criteria:

Females or persons who can become pregnant

– pre-menopausal females with no history of hysterectomy or sterilization.

Males – all age groups, without documented sterility.

Current Data Tool for RWHAP Parts A & B

PRECONCEPTION CARE

28. Is the patient newly enrolled in care during last six months of the year? Yes No

29. Is the patient capable of reproduction? Yes No

(Inclusion criteria pre-menopausal Females with no history of hysterectomy or sterilization, Males – all age groups, without documented sterility.)

30. If yes, was reproductive counseling documented? Yes or No? Yes No

Current Data Tool for RWHAP Part D

Pre-Conception Counseling

Was the patient pregnant during the past 12 months	Y / N	If yes, STOP
Is the patient postmenarchal	Y / N	If yes, STOP
Was the patient's pregnancy intention document	Y / N	If no, STOP
Does she desire pregnancy	Y / N Not documented	
If yes, was she referred for a reproductive health evaluation		Y / N
If no, does she have a documented method of contraception		Y / N
Is her method of contraception exclusively condoms		Y / N Not documented

Pre-Conception Counseling

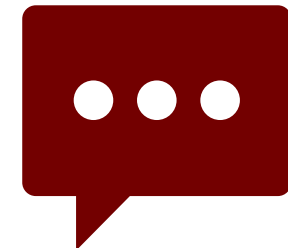
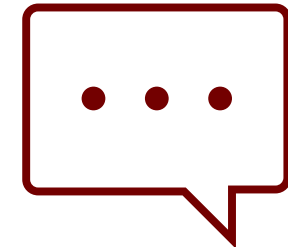
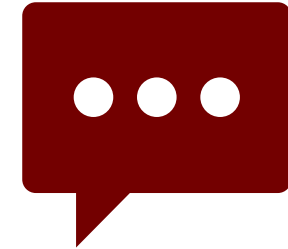
Was the patient's pregnancy intention documented ?	Y / N
Does he desire children?	Y / N / Not Documented
Does he currently use condoms?	Y / N / NA / Not Documented
Does partner use contraceptives?	Y / N / NA / Not Documented



Poll

Which of the following elements are most important for implementing a planned intervention?

- A. Collaborative strategic planning
- B. Staff education
- C. CQI
- D. All of the above



Quality Improvement Initiative

Assessing implementation of pre-conception counseling services at Ryan White HIV/AIDS Program sites in New Jersey



Project Rollout



Introduction at the RWHAP Part B/State Network meeting



Chart review to include data collection of PCC



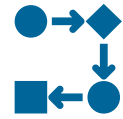
Post chart review meetings and performance improvement projects using the PDSA (Plan – Do – Study – Act) methodology



Identification of need for education



Education provided



Follow-up for small tests of change at a mid-point time, and annual reviews

Implementation Issues

Topic not incorporated in patient care

No HAB measure

Client ages

Staff not comfortable with asking or discussing with clients

Need noted: client initiated, but not provider initiated

Agencies transitioning to new electronic health records (EMR)

Solutions



Provide education sessions:

At network meetings for all grant recipients
During end of year data review trainings
At the clinic level with individualized training



Encourage as part of standard risk reduction discussions as well as during GYN care visits.



Presentation of best practices by sites with successful implementation



Have sites determine goal setting

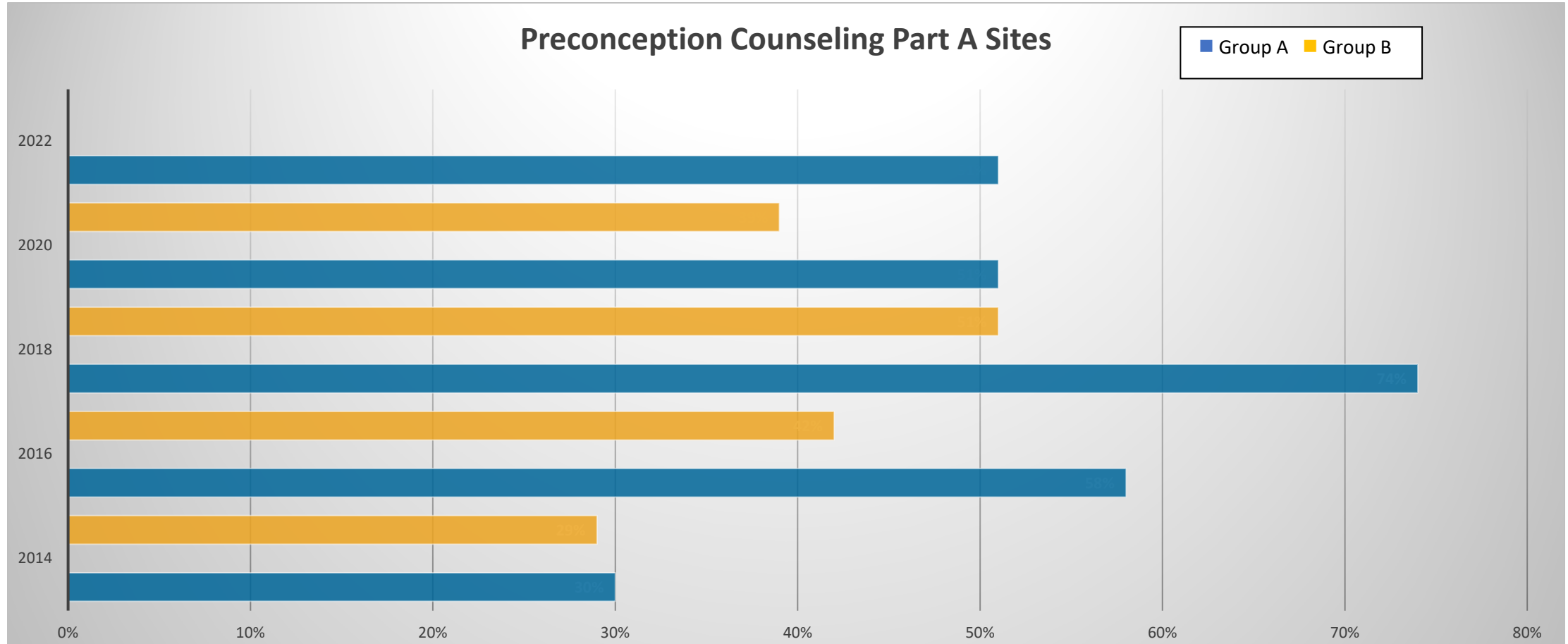
Data

- RWHAP Part A sites – different cohort of agencies are reviewed every other year
- Aggregate data among 6 RWHAP B sites – consistent sites since 2018
- All clients – pilot in 2021-2022
- FY 2023-2024 started to collect and report data outcomes for RWHAP Part B sites.

Rationale is that all RWHAP Part A sites had not received education on expanding the criteria to all clients.

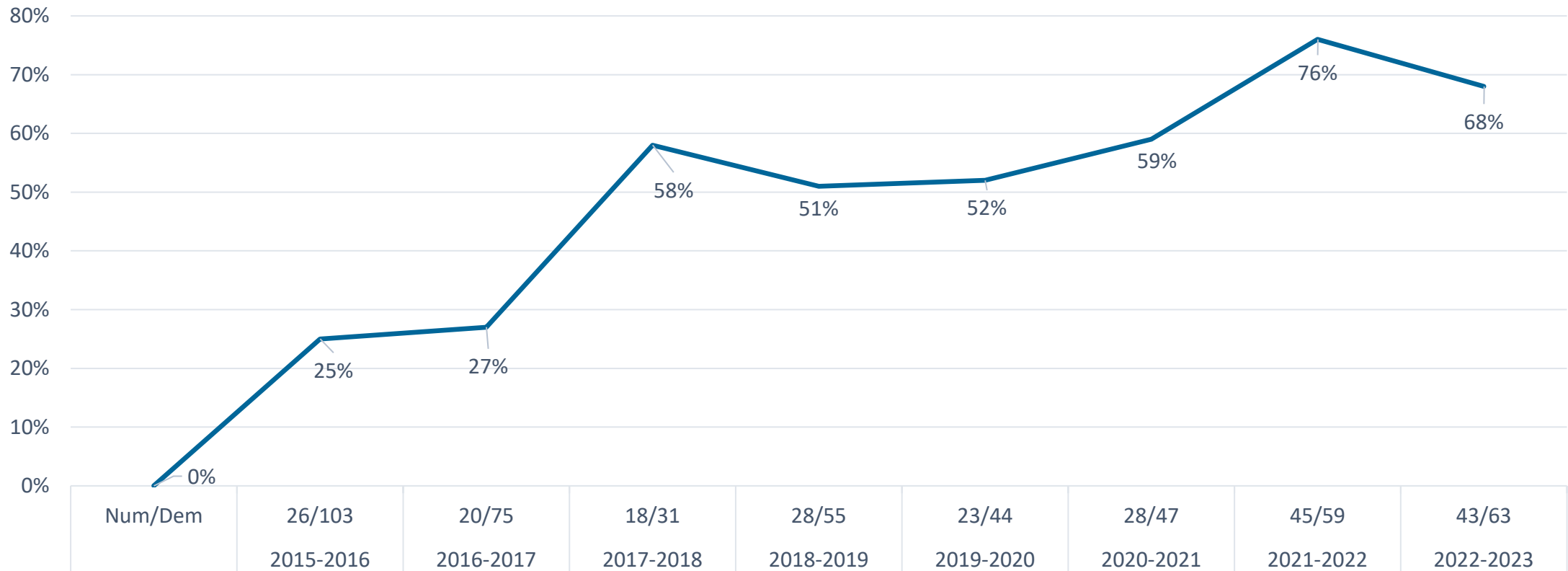


RWHAP Part A Sites (in Two Groups)*



RWHAP Part B Aggregate Data

Part B Preconception Counseling



RWHAP Part B 2023-2024: Aggregate Data from 3 sites

Population Across All Three Sites	Total Number of Patients (Denominator)	Total Number of Patients Receiving Preconception Counseling (Numerator)	Performance Measure Outcome
Females 18-45 years	11	8	8/11 (72.7%)
Males and all other patients	130	60	60/130 (46%)
Total population	141	68	68/141 (48.2%)

PCC performed with female clients vs universal counseling at 3 Part B sites.



RWHAP Part D PCC Baseline vs 2019

Year	Required For	Numerator	Denominator	Percentage
				%
2013	Female clients only	37	109	34%
2019	All	124	208	60%

Source : NJ Department of Health



EMR Smart Phrase

- Inquiry and counseling about contraceptive practices. Counselor regarding:
 - Contraceptives other than condoms
 - Referred to GYN if existing contraceptive methods unsatisfactory
- Patient education about procreative management referred for GYN or Reproductive Specialist, counselor regarding:
 - Viral load Suppression
 - Healthy lifestyle



Challenges:

Smart phrase statements in EMRs

Focus on desire for pregnancy versus reproductive counseling

Process of who will ask – multi-professional approach

Discussion with all clients

Many older clients – is discussion appropriate?

Ongoing quality initiative

Staff changes/reliance on one member of the staff to perform the counseling

Poor documentation of prior and current medical history – hysterectomy, tubal ligation, and current birth control.



Lessons Learned



Motivation of sites



Benefits of asking



Knowing your strengths and developing a network of accessible referrals



Collaborative approach



Staying current on the recommendations

PDSA Example

Performance Measure PMC:	Start Date	Procedure	Staff	Outcome	PDSA Assessment Date
Cervical Screenings: (30.4%)	January 2017	Review of clients due for pap smears. If due, bring into clinic. If screenings already completed, obtain records and document in medical record.	<ul style="list-style-type: none"> MCM Staff Advanced Practice Nurse Clinic Director 	Increase in cervical screenings and documentation in medical record. A sample of all female clients will be reviewed.	June 2017
Preconception Counseling (0.00%)	January 2017	Assess female clients aged 18-45 for intention for pregnancy	Advanced Practice Nurse	Discussion and intention documented in medical record for all female clients aged 18-45. A sample of all female clients will be reviewed.	June 2017

Initial chart review denominator was 4 clients (0/4 = 0.00%).



PDSA Follow-up

Performance Measure PMC:	Start Date	Procedure	Staff	Outcome	PDSA Assessment Date
Preconception Counseling (0/4) 0.00%	January 2017	Assess female clients aged 18-45 for intention for pregnancy	APN	Discussion and intention documented in medical record for all female clients aged 18-45. <i>A sample of all female clients will be reviewed.</i>	June 2017 PDSA 25%

NOTE: Full year chart review results: By October 2017, PCC was up to 50% (1/2). Total number of charts reviewed was 45.



Multi-professional approach

Problem/Need	Desired Outcome/Goal	Intervention	Service Provider/Person Responsible	Measure of Success
Risk Reduction Family Planning <input type="checkbox"/> Heterosexual <input type="checkbox"/> MSM/Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Other: _____	To follow safe sex guidelines and practices 100% of the time. To understand risks and treatment options.	To adhere to safe sexual practices by using condoms 100% of the time.	Patient <input type="checkbox"/> Sexually active with _____ <input type="checkbox"/> Condom use _____ <input type="checkbox"/> Not sexually active currently <input type="checkbox"/> Award of condom use a protective barrier <input type="checkbox"/> Partner of PrEP <input type="checkbox"/> Preconception counseling <input type="checkbox"/> Not planning pregnancy <input type="checkbox"/> To discuss with ID medical provider Most recent pap smear, if applicable: _____	<u>Self Report</u> No STD infection/re-infection See SW epic note

Resources

TargetHIV

- <https://targethiv.org/library/topics/clinical-quality-management>

American Society for Quality

- <https://asq.org/quality-resources/seven-basic-quality-tools>

Institute for Healthcare Improvement

- <https://www.ihl.org/resources/Pages/Tools/default.aspx>



Questions?



Interactive Breakout Sessions – 20 minutes

Discussion Prompts:

- When you review the themes of the Preconception Implementation Action Plan, what thematic areas do you most need to change to be able to implement preconception counseling?
- What is a realistic next step your program can take to begin implementing and improving your PCC practices?



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Group Report Back

Please provide a 90-second summary of the key points discussed in your group.



Participant Evaluation & Upcoming Events



- Learning Session #4 –
December 20, 2023



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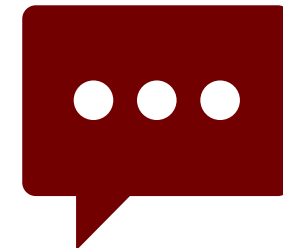
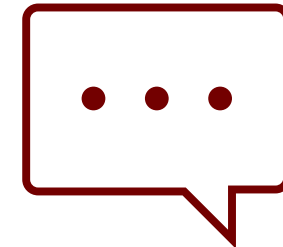
Learning Session 3 - Satisfaction Poll

How satisfied were you with the information presented in this Learning Session?

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Dissatisfied
- Very Dissatisfied

I expect to use the information presented during this Learning Session to enhance the care provided to women, infants, children, and youth served by our organization.

- Strongly Agree
- Agree
- Somewhat Agree
- Disagree
- Strongly Disagree



CoP Learning Sessions and Action Periods (tentative dates)

- **October through November 2023** – Action Period #2 (PDSA specific activities, data collection and analysis)
- **December 20, 2023** – **Learning Session #4** – Peer-to-Peer report out/combined summary session
- **January 2024** – Action Period #3 (PDSA specific activities, data collection and analysis)
- **February 21, 2024** – **Learning Session #5** - Final Presentations from each CoP Core Team

Leadership Check-in Calls with the Bizzell Team will be scheduled and occur monthly.

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www.HRSA.gov



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See you in the next session on **December 20, 2023!**

