Let's Talk About the Vicious Cycle of Annual 3 Site STI Screening for MSM

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- Jefferson Health EIP initiated a Quality Improvement Project to improve the rates of MSM gonorrhea (rectal swab) screening in the Fall of 2021.
- Beginning rate as of September, 2021 was 31.70%
- Root cause analysis identifies the main causes as provider did not offer rectal swab
- As a result, a survey was generated on surveymonkey.com and sent to the providers in the practice



Provider Survey

- Question 1 How long have you been providing HIV care?
- Question 2 On a scale of 1-10, how important do you feel rectal screening for gonorrhea is for your MSM patients?
- Question 3 What is your rational for not ordering the gonorrhea rectal swab test?



Provider Survey (continued)

- Question 4 What challenges do you experience ordering the rectal gonorrhea swab test?
- Question 5 What resources can help you to order/screen more patients?

MSM Gonorrhea Screening – Action Steps



Barriers	Provider did not order test	Lack of reminders for test
Implementation Strategy	ACASI screening	RN MCM Reminder and reminder on huddle sheet
Strategy Specification: What?	A computerized self-interview of sexual health questions	Reminder
Strategy Specification: Who?	Patients	RN MCM
Strategy Specification: When/How often?	Every visit	Every visit
Strategy Specification: Timeline	Implementation in August/September	Now
Rationale for how strategy will overcome barrier(s)	Computer assisted self-interviews for STI risk assessment have been associated with identifying high risk behaviors more commonly	Reminders to provider about swabs may increase frequency

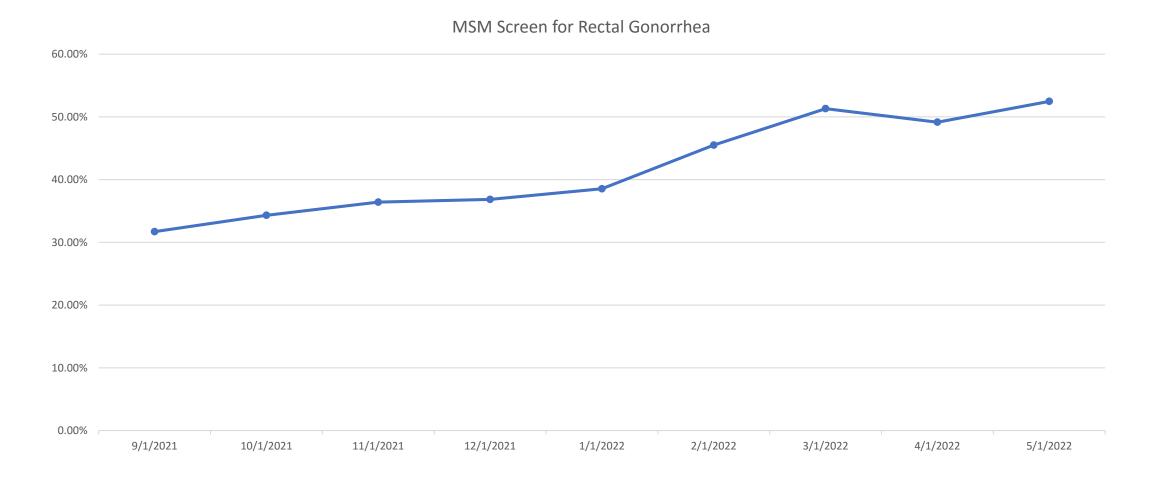
MSM Gonorrhea Screening – Action Steps 2



Barriers	Provider vs. Patient Swabbing	Materials and labels for swab samples
Implementation Strategy	ACASI screening	Make sure MA's keep exam rooms stocked
Strategy Specification: What?	Self-interview asks patients if they prefer to self- collect swabs or have staff collect it	MAs will ensure that exam room supplies are kept stocked
Strategy Specification: Who?	Patients and staff	MAs
Strategy Specification: When/How often?	Every visit	Every visit
Strategy Specification: Timeline	Implementation in August/September	Now
Rational for how strategy will overcome barrier(s)	Increasing patient self-collection of swabs saves time for providers and results are non-inferior to provider collected specimens	Readily available swab materials (swab, test tube, labels) will increase the number of swabs ordered and completed.

MSM Gonorrhea Screening QIP Results







Thank you

Any Questions?

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References



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