VIDEO TRANSCRIPT

DHHS / Health Resources and Services Administration (HRSA)

An Innovative Approach for Improving STI Screening and Treatment Among Those with or Vulnerable to HIV Acquisition

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ANGEL JOHNSON: Hello, and welcome to the Integrating HIV Innovative Practices webinar on replicating innovative HIV care strategies in the Ryan White HIV/AIDS Program. Today's webinar features an intervention focused on an innovative approach to improving STI screening and treatment among those with or vulnerable to HIV acquisition. I'm Angel Johnson with the MayaTech Corporation, and I'm the moderator for this webinar series.

Before we meet our presenter, we're going to do a little housekeeping and do some webinar logistics and the agenda and get a brief overview of the SPNS IHIP project from our project director, Shelly Kowalczyk. So before we hear from our presenter, Shelly will give a brief overview about the SPNS IHIP project. Next, our presenter will talk about the intervention. Following the presentation, we'll take questions. And, finally, I'll give more detail on how to give your feedback on today's presentation. Shelly.

SHELLY KOWALCZYK: Great. Thank you, Angel. Welcome, everyone. Thanks so much for joining today's webinar. The IHIP project is funded through the Ryan White HIV/AIDS program, Part F, Special Projects of National Significance, administered by the HIV/AIDS Bureau's Division of Policy and Data. And the purpose of this project really is to support the coordination, replication, and dissemination of innovative HIV care strategies in the Ryan White HIV/AIDS Program. And we do this through the development and dissemination of implementation, tools, and resources.

The IHIP project aligns with the third component here of the SPNS framework, focusing on, again, developing tools and resources to assist Ryan White and other providers in the replication and integration of innovative strategies into their practice setting. We do coordinate with the Best Practices Compilation to ensure that the tools and resources that IHIP develops can be accessed through the compilation for any of the interventions that we do feature.

So the key support that we provide includes implementation tools and resources. We have easy-to-use implementation guides, fact sheets, video spotlights, and other resources. And they do feature interventions implemented by Ryan White Grant recipients and subrecipients.

We also offer capacity-building technical assistance on featured interventions, such as the one we're doing today, with Eloisa presenting on her intervention to tell us about the components of the intervention, what worked well, what were some challenges, and how they were addressed, and ways in which they were able to sustain the intervention either in full or in part.

And then we also provide support in the development and dissemination of implementation tools and resources. So if you have an intervention or model that you want to capture implementation activities or create other resources to help in implementing those interventions, we can provide that support. We

offer webinars on the topic, but we also can provide individualized technical assistance. So you can reach out to us through ihiphelpdesk@mayatech.com.

At the end of this presentation, I just want to say quickly, we are going to-- we'll have more information about another CBTA webinar coming up next month, and we also have a marketing and dissemination webinar series starting next week. So we will talk more about that at the end of the presentation. Thank you. Angel.

ANGEL JOHNSON: Thank you, Shelly. Please note that the opinions expressed during these presentations are those of the presenter and do not necessarily represent the views of the webinar sponsors and planners. And information presented is not meant to serve as a guideline for patient management. Additionally, our presenter has nothing to disclose and no conflicts of interest.

So now it's time to meet our presenter. Eloisa Lopez has worked with FQHCs for more than eight years. She holds a masters of public health degree from DePaul University. She currently works as a quality coordinator at CareSouth Medical and Dental in the quality department and supports all performance-improvement activities. Eloisa has been working at CareSouth for over three years. Let's now welcome Eloisa.

ELOISA LOPEZ: Hello. Good afternoon, everyone. My name is Eloisa Lopez, and I will be speaking to you about this innovative project that CareSouth participated in with Rutgers University and LSU School of Public Health. I do not have anything to disclaim.

OK, so I just want to talk a little bit about CareSouth. CareSouth was established in 1997. We are a federally qualified health center located in Baton Rouge, Louisiana. We also have several other health centers across the state. And, as an organization, we serve over 15,000 unique patients annually.

We are also a recipient of the Ryan White Program Part C. CareSouth offers primary care, behavioral health services, and other specialties. We are growing, with expanding locations across the state, as well as adding additional specialty services that we might not have today.

So I just wanted to talk about this SPNS initiative, as mentioned earlier. We participated in the SPNS initiative comprehensive STI screening and testing interventions among people with or at risk of HIV. So the SPNS initiative was very innovative in terms of basically implementing interventions that may not be in practice today.

The purpose of the SPNS initiative was to implement needs-based training, clinical and nonclinical interventions. There were four interventions in total for this project. The goal of this project was to improve screening, testing, and treatment of common bacterial STIs among people with HIV or at risk for HIV.

This initiative was across the country, with nine health centers participating in this project in three different regions of the country. Each region was selected due to the higher than the national average incidence rates of bacterial STIs.

So the first intervention was a sexual history-taking screening. Basically, this was a screening that was delivered through a device. In this case, it was a tablet. Also, we implemented the extragenital site testing for bacterial STIs.

But we also not only offered that service, but we offered the ability for the patient to do self-swabbing or, if they wanted assistance in swabbing, also, we had available support staff to help a client do any kind of swabbing, whether it meant self-swabbing or not. We also implemented the provider training, and this was a specialized training for providers.

The last intervention we implemented was the sexual and gender minority welcoming measures. We also called it the LGBTQ+ welcoming space indicators. And so I will talk, for this presentation-- at CareSouth, we did implemented all four interventions. But for this presentation, I will only speak on three out of the four interventions.

So for this, the primary focus for this project was specifically looking at HIV positive clients, PrEP clients. Also, we were working with patients who were receiving primary care with us or if they were receiving their specialty care with us. And so, basically, how we implemented this project here at CareSouth was that we targeted medical appointments.

So someone, a client or a patient that was coming in for a medical-related appointment, basically, the medical assistant and I would work together to implement this comprehensive sexual history screening. We used a Audio Computer-Assisted Self-Interview device, also known as an ACASI.

And the device, as mentioned earlier, was a tablet, a normal-sized tablet that anyone can hold in their hand, but also big enough that, where you can read a question or listen to the question. What was innovative about this ACASI tool was that it spoke to the patient. So, basically, the patient, if they had any vision issues, they could rely on the audio component to listen to the question and answer appropriately.

And how we implemented this self-administered sexual history was the time that the patient would wait during the exam room, while they were waiting to see their provider for that day, was that time that we identified as that's when we needed to implement this ACASI tablet. So, basically, I would approach the patient during the exam room before provider came in, provide the patient the ACASI, and that was to be completed.

The second intervention was the extragenital site testing. And that would depend on the patient's response. So at the end of the sexual history-taking, at the end of the ACASI tablet, the great thing about the screening was that it provided recommendations and additional information.

So it would let us know whether the patient-- based on the patient's responses, it would let us know what kind of screening and testing they needed. And it would also let us know what was the preferred method.

For example, if the recommendation was testing pharyngeal swabbing, it would say that it would need-- it would indicate whether the patient said they wanted to do a self-swab, or they wanted assistance with the swabbing. So, either way, we would either give the patient materials for self-swabbing and picture instructions, or we would have support staff that would assist with the pharyngeal or rectal swabbing, depending on the results or recommendations from the screener.

And the last intervention that we implemented was, at CareSouth, we transformed our clinic. So we were shared with us a list of welcoming space indicators. This included a variety of items such as flags, such as posters, messaging, language, social media-- a lot of different options or indicators that we

reviewed that we were able to look at each item-- in this case, 12 items that were recommended to us that we could implement in our clinic to transform our clinic.

And we were able to implement 10 out of the 12 items to transform our health center into a welcoming space. OK, this is our first polling question. If you could please take a second to look at your screen, I will go ahead and read the question. So the first question is, what are the benefits of implementing an ACASI?

An ACASI, again, it's a Audio Computer-Assisted Self-Interview on a device such as a tablet. A, patient autonomy. B, retrieving sensitive information. C, provider assistance, giving that provider that additional support that they may need for those very sensitive questions.

D, patient privacy. A patient with an ACASI-- a patient can complete this comprehensive screening on their own because this ACASI is not only visual but audio, as well. And E, all of the above.

OK, perfect. And, again, there is no right answer here. But, yes, I can see that 91% said E. Yes, these are a few of the benefits that you could expect from implementing a innovative screener like ACASI in your clinical workflow to improve screening and testing for bacterial STIs.

OK, so with any innovative project such as this with four tier interventions that was implemented in a clinical workflow such as any federally qualified health center or any health center today, we did face a couple of challenges for each intervention. But I just wanted to highlight at least one challenge that we faced for each intervention.

So when it came to the ACASI tablet and when to implement it, how much time would it take, who's going to do it, so, basically, one of the challenges that we faced was just developing the strategy and early on was identified that that time that the patient is waiting already to see the provider, that's the time that we were going to get this ACASI done.

That's the time we were going to get this screening done with the patient because it provided basically information for the provider to place any additional orders. So, basically, just developing communication strategies-- in our case, at our health center in our EMR, we were able to use our instant messaging feature in the EMR.

So this allowed me and the medical support staff to communicate about the patient flow, where the patient was at that time. So once they let me know patient is ready in the room, I would go ahead and, in the room, introduce myself to the patient, let them know what the ACASI was about.

With our patient population and the current patient population, not everyone is comfortable with technology. So in the very beginning, we probably did face some hesitation on patients accepting a tablet, accepting a tablet that spoke to them, that asked them very sensitive questions. But, basically, with time, patients were becoming accustomed to seeing me to knowing that I'm going to talk to them about a tablet, that I'm going to talk to them about getting a comprehensive screening done.

A different challenge that I wanted to talk about the extragenital site testing, for some patients, getting a swabbing done-- a pharyngeal swabbing, rectal swabbing done-- that might have been their first time getting that type of testing done for bacterial STIs. For some people, self-swabbing-- that they've never heard of that before. So getting that patient engagement, that comfort with just swabbing in general and then self-swabbing.

So we did provide, for those who were willing to complete a self-swabbing based on their request, we would give them picture instructions. We also saw an uptick in pharyngeal and rectal testing for bacterial STIs. So that was, I would say, a success for that challenge.

And the last challenge, I want to highlight on is just implementing those welcoming space indicators. So we were slightly delayed in transforming our health center during this project. But, at the end of the day, like I mentioned earlier, we were able to implement 10 out of the 12 indicators.

And that was with collaboration with different staff members at different levels at the organization, from leadership to interdepartmental, so just working along with other fellow staff members and just making sure that we were all on the same page. And, also, another success on our end is that we are a private FQHC, so we didn't have as many hurdles as our fellow health center sites that were participating in this same SPNS project with us.

So this is the second polling question. Please take a couple of seconds to look at your screen. The question here is, what are the benefits of completing extragenital site testing? I'm going to read the options. A, screening at all sites of exposure.

B, finding potential positive labs that normally you wouldn't catch with urine samples. Patient autonomy for self-swabbing. D, providing comprehensive treatment, being able to catch those potential positives and providing appropriate treatment, and E, all of the above. And I'll just give it a couple of seconds here.

OK, let's see. So I see that a majority of you selected E, all of the above. Again, there's no correct answer here, but, yes, these are a couple of examples of benefits of completing extragenital site testing-- again, not only being able to test at site of exposure, but catching those positive labs and being able to treat those areas of exposure.

OK, so this project was about over a year of length of implementation of the four interventions. We did gather a lot of information. I'm just going to highlight a couple of our findings, results here.

So, basically, for our patient self-administered sexual history-taking, because a patient was able to complete this screening, this comprehensive screening more than once during a calendar year-- a patient in fact was able to take it every three months. So we did gathered a large number of screenings, but I just wanted to go back a little bit.

So for this project, about half of our HIV clients consented and engaged in this project. So that, I think, was a great turnout. Within a year and a half of implementation here at the health center, we had a total of 419 screenings. And, again, that's because any participant can complete a screening more than once in a calendar year.

And on the ACASI, like mentioned previously, it would give you recommendations of the type of testing that a provider could order based on the responses from the client and participants completing this comprehensive screening. So on the first table, you can see that out of all the screenings that were completed, 41% had received a recommendation of getting a syphilis screening, syphilis testing done.

27% was getting a urine sample done. And 26% was pharyngeal swabbing, and 16% was rectal swabbing. In regards to the extragenital site testing, we received a lot of testing-- we completed a lot of testing

during that time frame. But majority of our testing was urine samples. 80% of those testing done was a urine sample. 13% were pharyngeal swabbing, and then 7% were rectal swabbing.

Among all of our tests, especially for pharyngeal swabbing and rectal swabbing, we did find positives among those collected. So during this time frame, we collected 68 rectal swabbing and with the positivity rate of 10%. And for pharyngeal swabbing, we collected 140 samples, and our positivity rate for that was 6%.

And then for urine, we collected 855 samples, with only just 2%. So you can see right there that even though we collected a lot of urine, it was only really 2% positive, and as compared to our rectal swabbing, out of 68, 10% were positive. So that just kind of shows you the impact of the benefits of swabbing rectal and pharyngeal.

The last outcome I wanted to highlight was, again, out of those 10 out of 12 indicators we were able to implement, some of them were displaying flags. So we were able to display a pride flag and a transgender flag. Also, at our health center, the one specifically in Baton Rouge, we were able to change all of our restroom labels, including staff restroom labels, to gender-neutral labels.

And, also, we started engaging our organization, social media accounts, such as Facebook. And right there, you can see an example of our Facebook page, social media page, and how we started using our own social media to publish sexual and gender minority awareness.

So for sustainability here at CareSouth, we ended up purchasing more tablets with the ACASI software. We were able to just copy that software and add it to the additional tablets that were purchased here at for the health center.

For the patient self-collection extragenital site testing, we offer that type of testing here at this health center, which, in this area where we are located, not a lot of health centers in this area offer that extragenital site testing, and we do. And we still offer the patients the ability to do self-swabbing or swabbing with assistance with medical support staff.

And for our welcoming space indicators, till this day, we still have our beautiful flags that are still in display. This is just a picture of where they have been placed. It's in the hallway that the patient normally would have to walk by in order to get to the exam room.

So this is just one area, but we also implemented sexual and gender minority posters all over the health center, including in our dental department. And so our health center has truly transformed ever since we implemented this project.

Lessons learned-- this project was four interventions, and each intervention included a lot of work, and collaboration, and communication to make it happen and work well. So, basically, for the sexual history-taking screening, recommendations, lessons learned would be looking at your current clinical workflow, looking at your clinic and being able to identify what would work best for you, whether you want to make available that comprehensive screener before your visit, during your visit, after your visit.

You have to identify what works for your clinic. And then being able to create an effective communication strategy to make sure that the implementation goes well. And just having your staff members being able to identify who are at high risk, who may be at high risk, who might benefit from this comprehensive screener.

For the swabbing extragenital site testing, self-swabbing, work with your laboratory services to see if they offer this type of testing done because I know, in this area, I think we're one of a handful of centers that provide this service. And, also, just making sure that you have available picture instructions or if you have staff or identify any other methods, like demonstration, as well, that would help with this practice in your health center.

And last but not least, for the welcoming space indicators, we were slightly delayed, but once we got we got the ball going-- as a private FQHCs, we don't have as many hurdles as maybe state departments or departments with a lengthy chain of command. But, for us, we were able to implement that.

Anything can be implemented. We were lucky enough to implement 10 out of the 12 recommendations, but other health centers in the same project didn't have the capability to implement everything because of restrictions or whatever. So anything, small or big-- for us, we were able to display flags. But, for other clinics, it might be having the little mini flags on your desk, inside your coffee cup.

Whatever you can do to promote the sexual and gender minority awareness at your health center is, I think, more than enough. This is a couple of links to the SPNS project. The overview were all nine clinical sites and who they were, what were their results. The second link where it says "addressing STIs," that's actually a toolkit that will help you and your health center if you want to implement any or all of these interventions. There's available toolkit. That's a second link right there.

And I just want to mention the last link is basically further details about the intervention that I just spoke about. That's the link there. That's the fourth link. And that is our contact information. We have Dionne Bell-- she's our director of the Ryan White Clinical Services here at CareSouth-- and me, Eloisa, the quality coordinator here at CareSouth.

ANGEL JOHNSON: Thank you very much, Eloisa, for that presentation. We really appreciate that. And so now we're going to give our viewers an opportunity to ask any questions you may have for our presenter. If you have a question, you may use the chat or Q&A feature or use the raise the hand feature to speak directly with Eloisa.

And then we had a question about, do they-- and I'm assuming they mean patients-- need a private location to implement the ACASI?

ELOISA LOPEZ: When we implemented this project, we wanted to do it in the exam room because the tablet talks to you. So if the patient was uncomfortable having the question read to them, we wanted to give them into the exam room. You don't have to, but we did just to give the patient privacy.

ANGEL JOHNSON: OK. And then how do the ACASI screening numbers compare to testing numbers prior to ACASI implementation?

ELOISA LOPEZ: I would say that for urine sample, we didn't see any significant change. But for the pharyngeal and rectal swabbing, that dramatically increased. We did do pharyngeal and rectal swabbing prior to the project, but the numbers skyrocketed when we were implementing this.

ANGEL JOHNSON: So are there any other questions from anyone else for Eloisa?

SHELLY KOWALCZYK: Angel, this is Shelly. I actually, Eloisa, was curious. Because of the complexity of this intervention, about how long did it take you before you were able to actually implement it, get started after figuring out the workflow and everything else?

ELOISA LOPEZ: Right. So the implementation itself was a year and six months. But it took us a couple of months prior in the planning phase to screen, to assess our current capacity and stuff. So it did take-- the project itself was, like, three years, but the actual implementation was a year and a half. We still had time at the end just for any last-minute data cleaning and dissemination plans and stuff like that.

SHELLY KOWALCZYK: Thank you.

ANGEL JOHNSON: Is there a link-- if there is a link that someone wanted, we could probably put it in the chat. There were four links on that slide.

ELOISA LOPEZ: Yes. Also on TargetHIV, if you just go to the search bar and type in "comprehensive STI screening and testing," you should be able to pull up that web page for this specific SPNS project.

ANGEL JOHNSON: I hope that's helpful to you, Tessa. Let us know. And so Gianna said, I saw that the results were for participants from April 2020 to August 2021. Is this project still ongoing?

ELOISA LOPEZ: So, technically, the SPNS project did close out in 2022. That was when the dissemination was concluding. So this project is no longer active. But we still have-- we have still sustained the self-swabbing, the ACASI tablets.

ANGEL JOHNSON: OK, thank you. So we would love to hear what you think about this webinar series and the presentation and presenters. So please use the link that is being provided for your feedback. This will be placed in the chat so that you can copy it and have access to it.

So later this month, we will begin a new three-part webinar series which will cover the life cycle of marketing and promoting an intervention from recruitment through dissemination of results. We're excited to share the latest methods and strategies to care and dissemination implementation tools and resources to supplement the uptake and replication of innovation HIV interventions like yours by other organizations.

A briefing packet with additional information about this webinar series and links to webinar registration can be found also in the chat box. And then to stay connected, here are some links for questions, ihiphelpdesk@mayatech.com.

And if you want more information about resources and tools, then join the IHIP listserv. Or you can go to targethiv.org/ihip. Are there any other questions? OK, Eloisa, I'll give you an opportunity to say any one last thing that you want to share.

ELOISA LOPEZ: The last thing is that TargetHIV has results-- like, further details from our health center, but also results from the other eight clinical sites that also participated in this project. So if you were just interested in knowing more, you can definitely visit TargetHIV.

ANGEL JOHNSON: OK. And thank you for attending this webinar. The last webinar in this series will be October 29 at 2:00 PM, featuring a trauma-informed approach for integrating HIV primary care and

behavioral health. And additional information about that webinar is forthcoming, and we hope to see you all at that time. So thank you for joining us, and enjoy the rest of your day.

ELOISA LOPEZ: Thank you.

ANGEL JOHNSON: Thank you.