



Health Care Action Group  
Summary of November 24, 2014 Conference Call

**Participants:**

Eileen Beard – American College of Nurse-Midwives  
Caryn Bernstein – National Association of Community Health Centers  
Eli Coleman – University of Minnesota, Program in Human Sexuality  
Caitlin Ellis – National Institute of Health Care Management Foundation  
Jaclyn Fontanella – Partnership for Prevention  
Donna Futterman – Albert Einstein College of Medicine, Adolescent AIDS Program  
Alice Gandelman – National STD/HIV Prevention Training Centers  
Susan Gilbert – Partnership for Prevention  
Michael Horberg  
Alyson Kristensen – Partnership for Prevention  
Penny Loosier – Centers for Disease Control and Prevention  
Bob McDonald – Navy and Marine Corp Public Health Center  
Sharon Rachel – Morehouse Center of Excellence in Sexual Health  
Christine Rodriguez – National Viral Hepatitis Roundtable  
Karen Shea – Planned Parenthood Federation of America  
Chris Thrasher – Morehouse Center of Excellence in Sexual Health  
Beverly Whipple

**Overview of provider guide and review of HCAG session at the NCSH annual meeting**

The call began with Alyson giving a brief overview of the guide for health care providers that the HCAG has been developing. It is intended to be a companion guide to *Take Charge of Your Sexual Health: What you need to know about preventive services*, which was developed last year, audience-tested with the general public and presented at the first annual meeting in 2013. Alyson described the two sections of the new provider guide that have already been developed and discussed by the HCAG, and stated that this call would focus on reviewing a very early draft of the next section that addresses screening tests. None of the previously developed content is considered final and once a complete draft is created, the HCAG will start reviewing the guide comprehensively. Alyson is aiming to have a complete first draft by the next call, which will likely be in February.

Alyson then described the HCAG session at the NCSH annual meeting and shared a few key highlights (a summary of the session was sent out on October 16). The HCAG session began with a big-picture discussion of the provider guide to address issues such as audience, format, and overall purpose. The second half of the session focused specifically on the section of the provider guide that offers standard responses to common patient questions. Key highlights from the big-picture discussion are:

1. **Audience:** The audience should be all primary care providers. We shouldn't tailor the guide to target certain provider levels or specialties over others since all providers can do a better job of addressing sexual health.

2. **Scope:** Consider expanding the guide to become a toolkit that includes resources and materials to help providers implement the information contained within the guide.
3. **Format:** A mix of online and print would reach providers who like hardcopies as well as those who prefer to get their information online.
4. **Goal/Purpose:** There was no clear consensus on the overall goal of this guide. One suggestion was that it serve as a “sexual health primer” or “sexual health 101” that provides the most essential information to help providers communicate with patients about sexual health and deliver sexual health preventive services. The HCAG should determine exactly what it wants this guide to achieve.

We should keep these in mind as we keep moving forward with developing the guide.

### **Discussion of the early draft of “Screening Tests to Order” section**

Next, the group discussed a very early draft of the next section in the provider guide on screening tests. The discussion document used cervical cancer screening as the example and listed the remaining screening tests found in the *Take Charge* guide in alphabetical order. The subsections under each screening test were: Description, Specificity and Sensitivity, Possible Test Results, and CPT Codes. In order to keep this section to a manageable length, the group recommended keeping it simple with minimal description. Table format was preferred over the current narrative format. Several additional tables were recommended: 1) a table of services the U.S. Preventive Services Task Force recommends against and 2) a table of services that shows endorsements from the major medical associations so providers can see that their medical society supports the delivery of a particular service. It was also suggested that the tests be grouped by population (Women of Reproductive Age, MSM, etc) rather than simply listed in alphabetical order so providers could quickly see the tests that are recommended for different patient populations. The group recommended several resources that could be helpful in developing this section, including the American Sexual Health Association’s webpage for healthcare providers on recommended screening tests and vaccines and ACOG’s new coding guide. Alyson will mock-up these tables and send them around by email for review.

### **Discussion of updates to *Take Charge* sexual health guide for consumers**

Alyson let the HCAG know that *Take Charge of Your Sexual Health: What you need to know about preventive services* is being updated to reflect recent changes to the recommendations, ensure the links still work, check for new resources to add to the back, and correct inconsistencies across the guide. Alyson reviewed the major changes being made to the guide and posed a few questions to ensure the group agreed with the changes. The major changes include the following:

#### In the section for Women

1. Revise “STI Screening” to reflect the new USPSTF chlamydia and gonorrhea screening recommendation and make the syphilis screening recommendation for women who are at risk more explicit by creating a separate sentence.
2. Add a new recommendation for “Hepatitis B Screening” under “Cervical Cancer Screening.” We will expand the populations that should be screened to include those born in high prevalence countries and children born in the U.S. to parents born in high prevalence countries. We’ll also correct the statement that hepatitis B has no treatment.
3. Add injection drug users and people who share drug injection equipment as populations who should be screened in “Hepatitis C Screening.”

4. Add those born in high prevalence countries and children born in the U.S. to parents born in high prevalence countries to “Hepatitis B Vaccine.”
5. Revise “Contraception” to specifically mention long-acting reversible contraceptives (LARC) as the most effective reversible methods.
6. Revise “STI Prevention” to include PrEP.

#### In the section for Men

1. Revise “STI Screening” to include extra-genital screening for MSM.
2. Revise “Hepatitis B Screening” to include those born in high prevalence countries and children born in the U.S. to parents born in high prevalence countries. We’ll also correct the statement that hepatitis B has no treatment.
3. Add injection drug users and people who share drug injection equipment as populations who should be screened in “Hepatitis C Screening.”
4. Clarify the ages under “HPV Vaccine”
  - a. All males up to age 21
  - b. MSM and those with compromised immune systems up to age 26.
5. Add those born in high prevalence countries and children born in the U.S. to parents born in high prevalence countries to “Hepatitis B Vaccine.”
6. Revise “STI Prevention” to include PrEP.

If HCAG members have suggestions on other important changes or new resources to add, they can email Alyson at [akristensen@prevent.org](mailto:akristensen@prevent.org) by Monday, December 8.

#### **Communications Action Group Update**

Susan Gilbert provided an overview of current CAG and NCSH communications activities. In November, NCSH launched its social media presence through Twitter and Facebook. We hope that all NCSH members who are active on social media will follow us, and we are happy to promote the resources and work of NCSH members through these channels. To increase national dialogue around sexual health and to promote key messages and resources, NCSH will be creating quarterly social media campaigns for its members. To help ensure that these campaigns are relevant and appealing to our members, we conducted a survey in November to secure feedback on topics and channels of interest.

We are continuing to promote the “Take Charge” guide to leading media outlets/websites, particularly those that reach parents, teens, and African Americans. If CDC approves our carryover request, we also plan to do a cultural and language adaptation of the guide for Hispanic audiences. In support of our content partnership with YourTango, a leading love/relationship website, NCSH authored a story, “Six Facts About Sex Every Smart Girl Should Know,” that was featured on several different locations on this website. Susan thanked the many HCAG members who promoted and tweeted about the article, which she believes increased traffic to the guide’s website. The next CAG call, to be held on December 16<sup>th</sup>, will focus on fully developing the five action steps to achieving good sexual health, reviewing the first quarterly social media campaign, and brainstorming story ideas for ongoing content partnerships.