



Health Care Action Group
Summary of March 2, 2015 Conference Call

Participants:

Caryn Bernstein – National Association of Community Health Centers
Caitlin Ellis – National Institute for Health Care Management Foundation
Jaclyn Fontanella – Partnership for Prevention
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
Lilly Pinto – Nurse Practitioners in Women’s Health
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
Jan Towers – American Association of Nurse Practitioners

Review of revised testing section

Alyson briefly reminded participants that the HCAG is developing a guide for health care providers to help them address the sexual health of their patients. This guide thus far has the following sections: Three sexual health screening questions providers should ask all their patients (with brief scripts and a table of follow up questions), responses to common patient questions about various sexual health topics, information on screening tests, and a listing of sexual health resources for health care providers. On the last call, the HCAG reviewed an early draft of the testing section. In February, Alyson emailed a revised version of the testing section to the HCAG and incorporated most of the comments she received.

Participants on the call reviewed the most recent version of the testing section and addressed remaining questions. Most of these questions pertained to Table 2, which summarizes recommended screening tests by categories of patients (adolescents, adult women, etc). Under the table, footnotes indicate significant risk factors and populations within the categories that should be screened. The questions discussed were as follows:

- Do we need to include comprehensive lists of risk factors for each screening test?
Some reviewers of the testing section recommended listing all the possible risk factors for the different screening tests. To avoid making the footnotes overly long, Alyson referred to “those at increased risk” since providers ought to know who should be screened. The group thought more detailed information about risk factors was not necessary. It was noted that a disclaimer was added directly under Table 2 that states that the footnotes summarize risk factors and major populations at risk and that the actual guideline should be referenced for more complete

information. It was recommended that we link to the main website of the U.S. Preventive Services Task Force and not the individual web pages for each service.

- How do we note all the caveats and exceptions that apply to each test?

The group thought all possible caveats and exceptions cannot be included in the footnotes. This section is not going to teach providers everything they need to know about screening. Providers should refer to the actual guideline for detailed information about the screening. This guide should not duplicate what already exists.

- How do we link to resources from tables so that it is apparent to the reader?

Currently the table contains hyperlinks to outside resources, which are in blue. The group thought there were not many other options for a print document. An online format offers more ways to link to resources.

It was also recommended that we link to only two resources per table. For Table 3, each screening test could refer to two resources except for syphilis screening. This screening is the most complicated of those included in the table and providers often have questions about this service. The group thought three resources can be referenced, one of which should be for interpreting syphilis test results.

- Is there other information pertaining to testing that we ought to include?

Those on the call did not think any additional testing information was needed.

Review of complete first draft

The group then reviewed the complete first draft of the guide. Alyson compiled the sections into one document, drafted front material (a “What’s in this Guide” box and brief rationale), and revised the sections to incorporate prior feedback and remove obvious redundancies. This portion of the call focused on identifying potential gaps, a few of which were listed in the agenda along with discussion questions.

- ACA coverage of services

The group thought it best to avoid including insurance coverage. Coverage can vary depending on the individual health plan, and public insurance programs have their own rules about coverage. This is a complicated topic that would be difficult to generalize and address succinctly.

- Behavioral counseling to prevent STIs

The group first discussed what is meant by “behavioral counseling.” It was explained that the U.S. Preventive Services Task Force recommends intensive behavioral counseling of 30 minutes or more for all sexually active adolescents and adults at increased risk of STIs. This counseling teaches people new skills (e.g., using a condom, improving communication) to reduce their sexual risk. The guide touches on this topic only in the section that includes the top screening questions for adolescents. Given that a practicing provider is unlikely to be able to offer 30 minutes or more of counseling, the group recommended including brief risk reduction messages. It was also recommended that Alyson look into which providers are eligible for reimbursement. The guide could include a referral to another type of provider, such as a health educator, if reimbursement is possible.

- Transgender and LGB patients

The question was raised about whether additional information is needed within the narrative for providing care to transgender patients, and possibly also lesbian, gay and bisexual patients. The participants thought adequate information was already given on the unique needs of LGBT patients through the columns in Tables 1 and 2. The narrative should address core content that applies to all patients. The resources section will include a category for LGBT so providers needing more specific information on caring for those populations will have resources to refer to.

- Guidelines

This question was mostly addressed when discussing the testing section, but participants reiterated that this guide should not duplicate the information contained within current guidelines. The guide will link to guidelines so providers can access that information.

Discussion of gathering provider feedback on the draft guide

Alyson and Susan Gilbert then discussed with participants potential ways in which providers could review the guide and offer constructive feedback. Although it was originally conceived that this feedback would be collected through focus groups, stricter federal regulations have mostly eliminated this as an option. Instead, Alyson and Susan are considering alternative formats, including holding one or more consultations with providers. Other options that were suggested were piloting the guide in small practices and holding focus groups over the phone (as the National Chlamydia Coalition recently did). Participants on the call thought a formatted Word document was probably adequate for gathering feedback and NCSH staff does not need to spend resources on expensive graphic design since the content is likely to change after audience-testing. Providers that should be recruited to provide feedback were those in internal medicine, family medicine, and pediatrics, including nurse midwives. Alyson and Susan will draft a methodology and come back to the HCAG for suggestions on specific questions to ask.

Communications Action Group Update

Susan Gilbert updated the group on recent activities of the Communications Action Group (CAG). The CAG, along with Ogilvy Public Relations, continues to lead proactive and reactive media outreach to promote sexual health stories. Stories have been placed in CaféMom and the first quarterly edition of Ladies Home Journal. CAG member, Amber Madison, wrote an article that will be published in the Atlantic that discusses how many online platforms have policies that censor or limit credible sexual health content, which can impede access to health promotion information (note: this article was released on March 4th along with a petition Amber created). The CAG is also developing a national media strategy to promote the Take Charge sexual health guide to African Americans and Susan has been interviewing experts to serve as spokespeople. The CAG has also started a new initiative to flesh out the five action steps to good sexual health to motivate and equip people to improve their sexual health. Each action step will include benefits to taking the step, practical tips and guidance, and links to resources. Three brainstorming calls were held in February to begin to think through developing this content and gain insight from CAG members on pertinent information to include. Once content is developed it will be pre-tested with the public and made available online.