**National Coalition for Sexual Health Meeting**
**Health Care Action Group Session**
**September 22, 2014**

## Participants

- Lucy Baglin - National Coalition of STD Directors
- Eileen Beard - American College of Nurse-Midwives
- Gail Bolan - Centers for Disease Control and Prevention
- Eli Coleman - Program in Human Sexuality, University of Minnesota Medical School
- Tracy Cox - National Sexual Violence Resource Center
- Susan DeLisle - Partnership for Prevention
- Jennifer Driver - The National Campaign to Prevent Teen and Unplanned Pregnancy
- Jennifer Grove - National Sexual Violence Resource Center
- Kate Heyer - National Association of County & City Health Officials
- Michael Horberg - Kaiser Permanente, Mid-Atlantic Permanente Research Institute
- Sherani Jagroep - Physicians for Reproductive Health
- Paula Jayne - Centers for Disease Control and Prevention
- Alyson Kristensen - Partnership for Prevention
- Bob MacDonald - Navy and Marine Corps Public Health Center
- Lilly Pinto - Nurse Practitioners in Women's Health
- Sharon Rachel - Morehouse Center of Excellence in Sexual Health
- Christine Rodriguez - National Viral Hepatitis Roundtable
- Raul Romaguera - Centers for Disease Control and Prevention
- Ksenia Shepelev - Partnership for Prevention
- Rebecca Terrell - CHOICES. Memphis Center for Reproductive Health
- Ben Wise - AIDS Institute, New York State Department of Health

The session had two primary objectives:

(1) To flesh out the new guide for health care providers and discuss key topics, including main purpose, length, format, primary audience, and framing.

(2) To continue work on the "Standard Responses to Consumer Questions" section of this new guide.

The discussion started with a brief review of the HCAG's goals and activities, and then moved to the new provider guide. HCAG participants reviewed the "Top 3 Questions All Providers Should Ask Their Patients" section to familiarize themselves with previously developed content, as well as a draft outline of the guide. Much of the early discussion focused on this particular section.

## Summary of Discussion around Objective 1

*"Big Picture" Issues*

The HCAG thought the main audience of this new guide was primary care providers at all levels of practice (physicians, nurses, nurse practitioners, etc). The group noted that although some provider

specialties are worse at taking sexual histories than others (pediatricians in particular), all providers would benefit from the information in the guide. There was some discussion about adapting the guide for dentists and mental health professionals because they address areas related to sexual health, such as oral cancer, substance abuse, and sexual violence.

A question was raised about whether to separate the content for various age groups into sections or leave interspersed in the current sections. The group felt it would be repetitive if there were distinct sections for different age groups as much of the information applies regardless of age.

The HCAG thought it would be beneficial to develop some tools in addition to the guide. Several members described the popularity of various tools they provide their members. "Cheat sheets" were one option and would eliminate repetition, as well help in pitching and publicizing the guide to provider audiences. Members also noted that many resources already exist and the new guide should link to them. There was overall support for creating more of a sexual health toolkit than just a stand-alone document.

Participants discussed creating a mix of print materials and online resources. Some providers like referring to a hard copy document while others prefer to go online. They also recommended holding webinars to promote the guide and partnering with large provider organizations to help with dissemination.

There was no clear consensus on the guide's primary purpose. It could be used as a Sexual Health primer (e.g., Sexual Health 101) but there was recognition that some providers may be addressing sexual health better than others. The possibility of offering tiered information (e.g., basic, intermediate, advanced) was raised. Overall, participants agreed that the guide should be prescriptive and directive, as providers want to know what to do.

*Discussion of the "Top 3 Questions" section*

The HCAG discussed the value of the "Top 3 Questions" section and potential additional questions in aiding a health care provider to take a sexual history. Other issues discussed were:

- Provider comfort-level in taking a sexual history. There was some concern over those providers who are unfamiliar/uncomfortable with patients or who have not taken a complete sexual history
- Concern that the current questions for adults focus too heavily on sexual risk rather than on wellness.

A suggestion was made to organize the questions by when they will occur in provision of care, otherwise they may be difficult to include in the conversation. Another suggestion was to add a box for those providers who already have relationships with existing patients but don't ask about sexual health. The box would contain general information, questions, and suggestions on how to address sexual health. Providers who don't yet have a relationship with a patient should be instructed on how to address sexual health in an appropriate manner.

The group also discussed how these questions fit into EMR systems. By the end of 2016, most offices will have adopted an EMR system, making it worthwhile to work with EMR developers to add these questions.

## Summary of Discussion around Objective 2

The group then discussed the next section in the provider guide titled "Responding to Your Patients' Questions." This section takes the questions from pages 12-13 in the *Take Charge* sexual health guide for consumers and provides either standard responses for a question or offers a strategy for helping the provider answer if the question is specific to a patient or situation.

### *"Responding to Your Patients' Questions" section (page 1)*

The questions on this page related to screening and testing and sexually transmitted infections. Some questions can have standard responses, while others are situational and a standard response cannot be provided. For those that are situational, a chart of key information could help providers tailor their responses.

Under the header Screening and Testing, the group noted that it is also important for the provider to know the limitations of different tests, rates of false positives/false negatives, etc. Providers should also explain what tests they are and are not doing and why, as well as address the social aspect of STD testing (e.g., what a negative result means, provide appropriate risk reduction counseling).

### *"Responding to Your Patients' Questions" section (page 2)*

<u>Discussion of #3 ("Should my partner get tested too?")</u>

The group decided that this question has too many factors that prevent it from having a scripted response. Whether the partner gets tested depends on the STI, the gender of the partner, and the timing after exposure. It is also important to encourage the patient and the partner to get sexual health services, not only screenings, and to encourage regular testing.

<u>Discussion of #4 ("Are there any vaccines I should get to protect myself from STIs?")</u>

A question was raised about how to address anti-vaccine parents without sounding judgmental. The CDC encourages health care providers to recommend the HPV vaccine so the scripted response mirrors the CDC's language and starts with "I recommend all my adolescent patients receive the HPV vaccine." The group felt it was important to state that recommendation. There was a suggestion to soften the tone of the scripted response for a young adult. It currently includes the phrase "let's get you caught up" but it was recommended to reframe that so as not to blame the parents. It was also recommended that the hepatitis B vaccine be offered to young adults whose parents are immigrants.

<u>Discussion of #5 ("How can I protect myself from getting STIs?")</u>

The group felt that abstinence and mutual monogamy should be included in the scripted response, as well as hepatitis A and B vaccines. There was some discussion about creating a separate box for PrEP and some mention of including post-PrEP. Right now that information is listed as a Note. It was also suggested that we link to resources to help providers address drug use.