



NATIONAL COALITION FOR SEXUAL HEALTH

Summary of Health Care Action Group Break-Out Session NCSH Fourth Annual Meeting September 9, 2016

Participants

- Carey Roth Bayer – Center of Excellence for Sexual Health, Morehouse School of Medicine (by phone)
- Eileen Beard – American College of Nurse-Midwives
- Gail Bolan – Centers for Disease Control and Prevention
- Elizabeth Carrillo – National Council of La Raza
- Chelsey Connelly – The National Campaign to Prevent Teen and Unplanned Pregnancy
- Alice Gandelman – California HIV/STD Prevention Training Center
- Michael Horberg – Kaiser Permanente, Mid-Atlantic Permanente Research Institute
- Rebekka Horowitz – National Coalition of STD Directors
- Holly Howard – California Department of Public Health
- Alyson Kristensen – Altarum Institute
- Penny Loosier – Centers for Disease Control and Prevention
- Bob MacDonald – Navy and Marine Corps Public Health Center
- Arik Marcell – Johns Hopkins University
- Bianca Palmisano – Intimate Health Consulting
- Lilly Pinto – Nurse Practitioners in Women’s Health
- Jennifer Rogers – Altarum Institute
- Dora Swan – AIDS Institute, New York State Department of Health
- Gretchen Weiss – National Association of County & City Health Officials
- Beverly Whipple – Rutgers University
- Ben Wise – AIDS Institute, New York State Department of Health

This session had three objectives:

- 1) To continue to refine the plan for disseminating and promoting “Sexual Health and Your Patients: A Provider’s Guide”
- 2) To begin to plan for disseminating and promoting the Spanish version of “Take Charge of Your Sexual Health: What you need to know about preventive services”
- 3) To review our original goals and discuss potential future goals and activities

The session started with brief introductions. Alyson then gave an overview of the HCAG’s goals and activities the HCAG has worked on since first starting to meet in 2013.

Summary of Discussion around Objective 1

Alyson started the discussion by walking through the current version of the plan to disseminate and promote the “provider guide.” This version incorporates feedback the HCAG gave on its June call. The

discussion focused primarily on how members can help to support dissemination activities and who had connections to medical associations and other national organizations that reach the target audiences. The group reviewed the organizations listed in Phase 2 of the current plan and suggested adding the U.S. Department of Veterans Affairs, America's Health Insurance Plans (AHIP), American Public Health Association (APHA), American Medical Students Association (AMSA), and National Association of Pediatric Nurse Practitioners (NAPNAP). It was also suggested to try to disseminate to residents, but it was noted that residents lack a national membership association that would expedite dissemination. It was also recommended to market the guide as a tool for residents to meet their quality improvement requirement. Another recommendation was to target champions within the practice, such as Clinical QI Coordinators, in addition to clinicians. Alyson will look into options for disseminating to residents and others in clinical settings. The question was raised about whether CME/CE credits could be obtained if a webinar was held. Lilly Pinto at Nurse Practitioners in Women's Health said they could work with us to grant continuing education credits.

The rest of the discussion of the plan focused on Phases 3 and 4. It was recommended to add American College Health Association to the list of NCSH members in Phase 3. This phase would focus on outreach to members that reach tier 2 providers (i.e., those that are already addressing sexual health in some way but want to improve/refresh their skills). Suggestions for Phase 4 were to add AAP News and American Family Physician to the list of outlets that we may submit articles to for publication. Phase 4 runs concurrently with the other three phases and focuses on reaching providers through journals, websites, or other publications.

Alyson also shared a draft promotional postcard. Specific feedback on the front included (1) making it more evident what the card was promoting, (2) shrinking the photo of the older woman, (3) expanding the photo of the man getting an injection, and (4) putting the link to the guide. Feedback on the postcard's back included (1) increasing the size of the purple box (as well as the font size) that includes the benefits of using the guide, (2) revising the statement of purpose to be shorter and more action-oriented, (3) setting up the redirect from ncshguide.org (the URL for the "Take Charge" microsite) rather than the coalition's URL, which is very long, or using bitly to shorten, and (4) creating a co-brandable version.

Summary of Discussion around Objective 2

To adhere to the timing of the agenda, the discussion moved to Objective 3.

Summary of Discussion around Objective 3

For the remainder of the session, the group discussed the HCAG's goals and potential future activities. The HCAG has made good progress toward its first two goals. These are: (1) To motivate and empower patients to seek recommended sexual health care services, and (2) To encourage providers to discuss sexual health with patients and recommend services. The HCAG has not yet started to address its remaining goal "To encourage national health care influentials (e.g., USPSTF, quality improvement organizations) to put sexual health on their agendas." Alyson asked if this goal was still relevant and supported by the HCAG, and if yes, how we would approach this goal. Or, if there were other goals we should consider. The group thought this remaining goal was still important and shared ideas of potential future activities. Key points from the discussion around are summarized below:

- Sexual health needs to be made a vital sign.

- Some institutions have innovated their EHR for taking a sexual history. Could we translate guidance for institutions to customize their EHR?
- Barriers to sexual health are not addressed in the HCAG's goals.
 - What are the strategies to overcome the barriers? Can we learn anything from the National HIV Prevention Strategy?
 - We could collect resources on best practices to overcome barriers.
 - Barriers for adolescents include confidentiality and billing and coding. Gail Burstein is working on this.
 - Provider comfort and personal biases are also major barriers. We could seek out resources that address confidence and comfort, and then perhaps work with partners to fill in the gaps.
- An early step we could take toward this remaining goal could be to write a letter to ONC from us and possibly others to prioritize a good sexual history.
- The USPSTF is very population-based and very specific, it doesn't address sub-populations other than pregnant women. CDC has talked with the USPSTF about broadening its approach.
- We ought to write up the Take Charge and Provider Guide for the medical literature.
- AHRQ is funding health IT. Is there anything there for us? Could we possibly get CMS innovation funding?
- We should try to get the HIV Prevention Strategy to embrace sexual health.

The HCAG will continue to discuss future activities on its next call, which will be scheduled for later this fall.