Ryan White HIV/AIDS Part C, Part D and Part F Dental Programs Stakeholder Meeting

Health Resources and Services Administration | HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

April 18, 2024

DCHAP Stakeholder Webinar
April 18, 2024

CAPT Mahyar Mofidi, Director
Division of Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Zoom Platform

Virtual Etiquette

- Mute your line and stop your video during presentations

- Chat to ask questions and make comments during the presentations and discussion

- Start your video when presenting – we will call on you

- Pair your phone with your computer – to reduce bandwidth

HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

Meeting Agenda

- **DCHAP and HAB Updates**

- **FY 2023 Site Visit Findings**

- **Inclusive STI Testing**

- **Lessons Learned and Best Practices for Sexually Transmitted Infection (STI) Screening**

DCHAP Updates

FY 2024 Notices of Funding Opportunity (NOFO)

- **RWHAP Part C Capacity Development (HRSA-24-062)**
  - HRSA is reviewing applications
  - Awards are expected to be released by the September 1 start date

- **RWHAP Part F Dental Reimbursement Program (HRSA-24-060)**
  - Application due date is April 30, 2024, by 11:59 PM ET

- **RWHAP Part D WICY Supplemental (HRSA-24-061)**
  - Application due date is May 13, 2024, by 11:59 PM ET

Part C Early Intervention Services Program NOFO

Existing Geographic Service Areas (HRSA-25-002, HRSA-25-003, HRSA-25-004)

- Release Date: April 16, 2024
- Deadline for all applications is June 17, 2024, in Grants.gov
- The period of performance is three years
- There are three funding announcement numbers included in this announcement each with a different period of performance
- You must apply under the NOFO opportunity number that corresponds to the project period start date for the service area listed in Appendix C
- TA webinar on **Tuesday, April 30 from 2-4pm EST**; slides and recording will be hosted on TargetHIV within 5 business days of presentation

Funding Opportunity Number	Project Start Date	Period of Performance
HRSA 25-002	January 1	January 1, 2025, through December 31, 2027
HRSA 25-003	April 1	April 1, 2025, through March 31, 2028
HRSA 25-004	May 1	May 1, 2025, through April 30, 2028

For More Information on FY 2025 Part C EIS NOFOs

Applicants who need additional information may contact the HRSA contacts listed on the NOFO (HRSA-25-002, HRSA-25-003, HRSA-25-004):

Program Contact Overall program issues and/or technical assistance	Grants Contact Business, administrative, or fiscal issues
Hanna Endale PARTCEIS@hrsa.gov (301) 443-1326	Bria Hailey bhaley@hrsa.gov (301) 443-3778

Upcoming 2024 Stakeholder Webinar Schedule

SAVE THE DATE

HAB's DCHAP Stakeholder Webinars

Day and Date	Time
Thursday, July 18, 2024	2 pm – 3:30 pm ET
Thursday, November 14, 2024	2 pm – 3:30 pm ET

HIV/AIDS Bureau Updates

2024 National Ryan White Conference Updates

- HAB is planning a hybrid conference that will take place on August 20-23, 2024, at the Marriott Marquis in Washington, DC

- Registration opened February 14th. Register at: https://ryanwhiteconference.hrsa.gov/

- Hotel reservations can be booked through the link provided with final registration confirmation

- DCHAP Business Day: August 20, 11 am-1:30 pm ET

- If you have any questions or problems registering, please contact: Registration@ryanwhiteconference.org

2024 National Ryan White Conference Updates (cont.)

- **Exhibitor registration is now open through June 14th. Register at: https://ryanwhiteconference.hrsa.gov/**

- **If you have any questions or problems registering, please contact: Registration@ryanwhiteconference.org**

In-Person Attendance

- **In-person participation from key staff is a requirement.**
- **Key staff may include the Project Director/Coordinator, fiscal staff, clinical staff, and/or data staff.**

Abstract Updates

- **Abstracts are currently under final review.**

- **Submitters will be notified if their abstract was accepted in mid-April.**

# Celebrating 100 Best Practices

The **Ryan White HIV/AIDS Program (RWHAP) Best Practices Compilation** now includes over **100** profiles, highlighting organizations' efforts to improve health and other important outcomes for people with HIV, in both RWHAP-funded and other HIV service delivery settings.

Join us in celebrating this exciting milestone!
- **Search** for approaches that may work for your organization.
- **Share** what works in your organization to improve the lives of your clients.
- **Nominate** innovative programs to help the Compilation grow.
- **Sign up** for the monthly e-newsletter to stay up-to-date on the Compilation.
- **Learn more:** https://targethiv.org/bestpractices

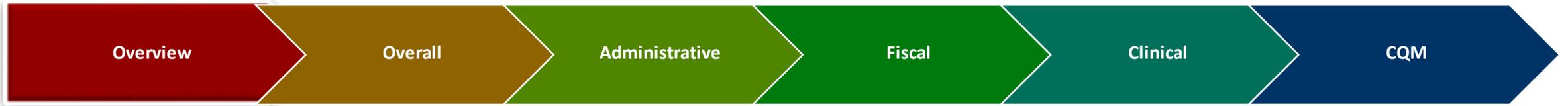# FY 2023 Site Visit Findings
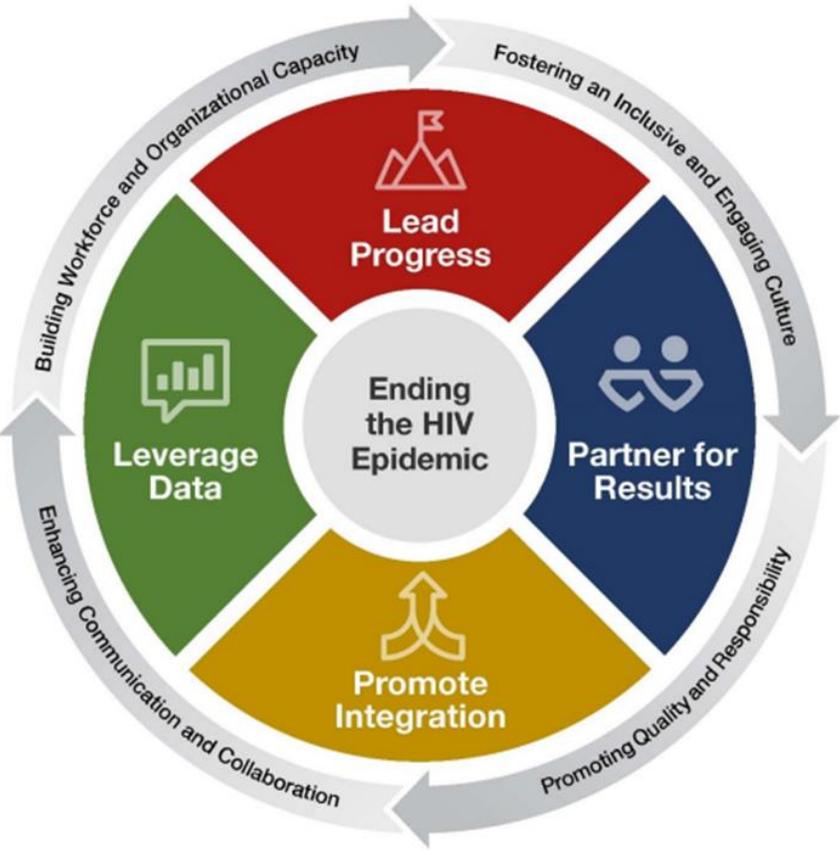
Site Visit Trend Analysis – Overview & Methodology
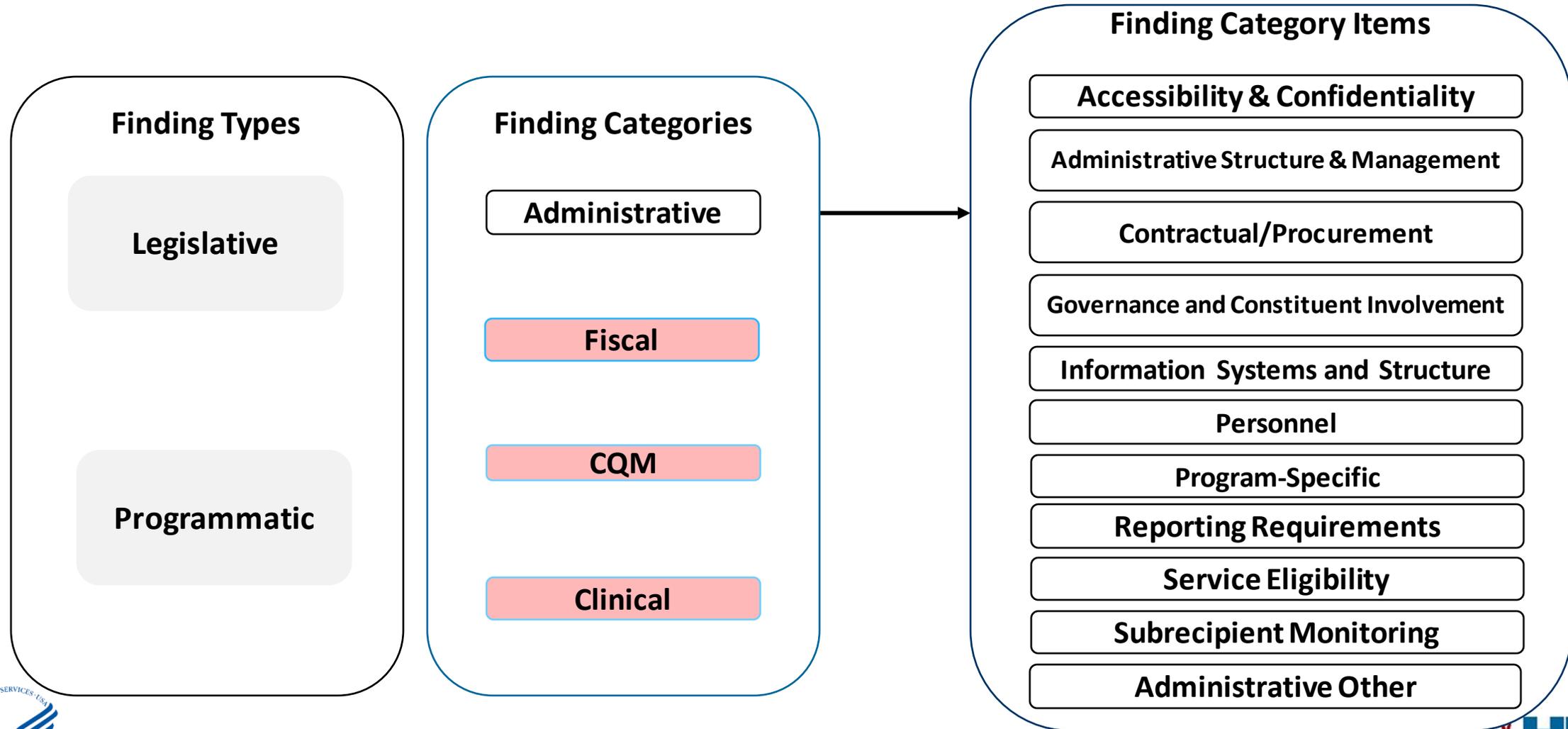## (Administrative and Fiscal Findings)

- Every year, HAB analyzes site visit findings to inform what operational areas are most in need of technical assistance

- The analysis is intended to support the development of training and technical assistance to improve recipient performance and compliance with legislative and programmatic requirements and expectations

- In the following slides we will review the administrative and fiscal areas assessed during a comprehensive site visit

- After a review of summary data for administrative and fiscal we'll then highlight some of most common findings from DCHAP site visits in FY 2023 along with some of HAB's technical assistance efforts including presentations at this year's Ryan White National Conference
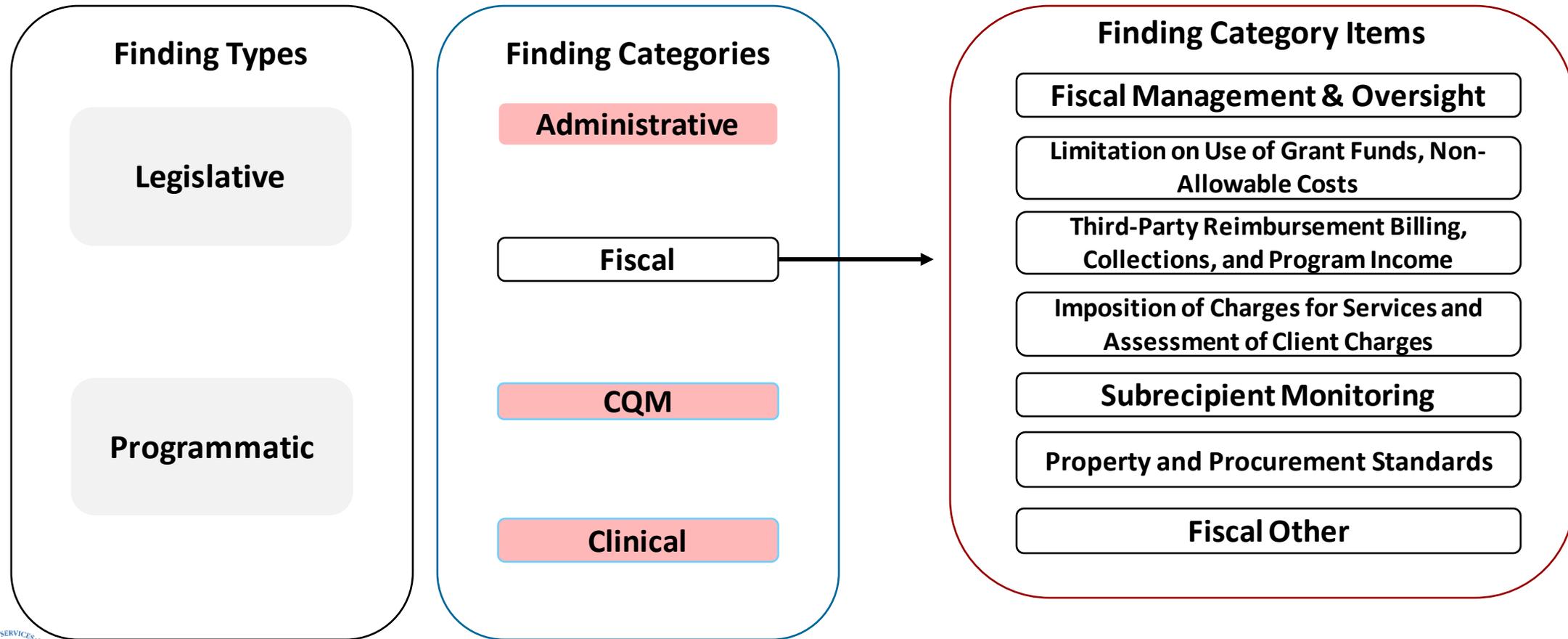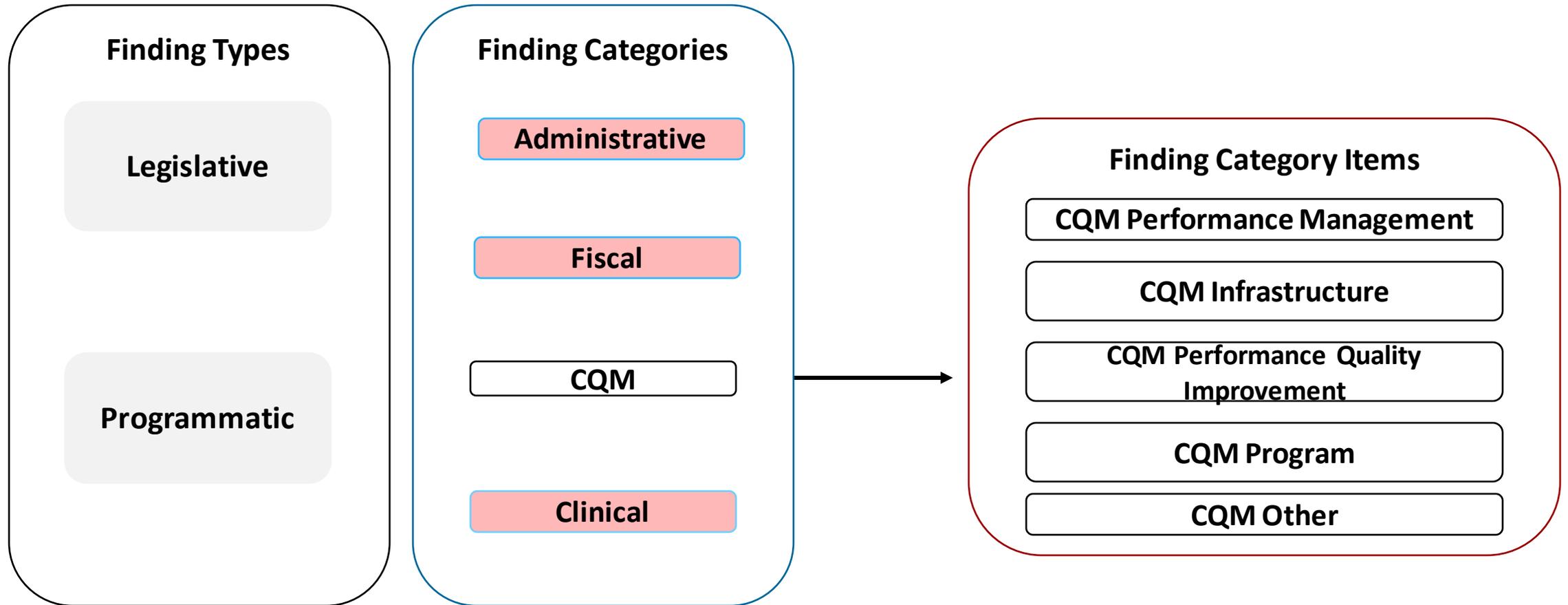
Overview of the Data

Site Visit Reports

Finding Types

Legislative

Programmatic

Finding Categories

Administrative

Fiscal

CQM

Clinical

Finding Category Items

Accessibility & Confidentiality

Administrative Structure & Management

Contractual/Procurement

Governance and Constituent Involvement

Information Systems and Structure

Personnel

Program-Specific

Reporting Requirements

Service Eligibility

Subrecipient Monitoring

Administrative Other

Site Visit Reports

Finding Types

Legislative

Programmatic

Finding Categories

Administrative

Fiscal

CQM

Clinical

Finding Category Items

Fiscal Management & Oversight

Limitation on Use of Grant Funds, Non-Allowable Costs

Third-Party Reimbursement Billing, Collections, and Program Income

Imposition of Charges for Services and Assessment of Client Charges

Subrecipient Monitoring

Property and Procurement Standards

Fiscal Other

Site Visit Reports

Finding Types

Legislative

Programmatic

Finding Categories

Administrative

Fiscal

CQM

Clinical

Finding Category Items

CQM Performance Management

CQM Infrastructure

CQM Performance Quality Improvement

CQM Program

CQM Other

Site Visit Reports

Finding Types

Legislative

Programmatic

Finding Categories

Administrative

Fiscal

CQM

Clinical

Finding Category Items

Provision of Core Medical Services

Care and/or Training Adheres with US DHHS HIV Antiretroviral Guidelines

Medical Record Documentation

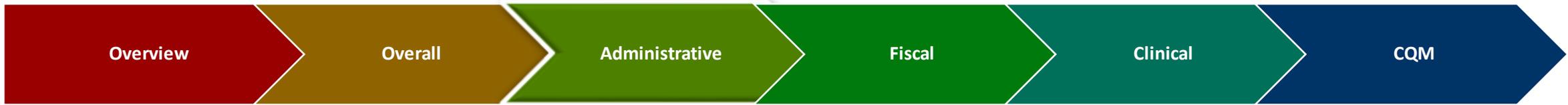Clinical Policies & Procedures

Technical Assistance

Clinical Other

Figure 1. DCHAP FY 2023 Site Visit Finding Category
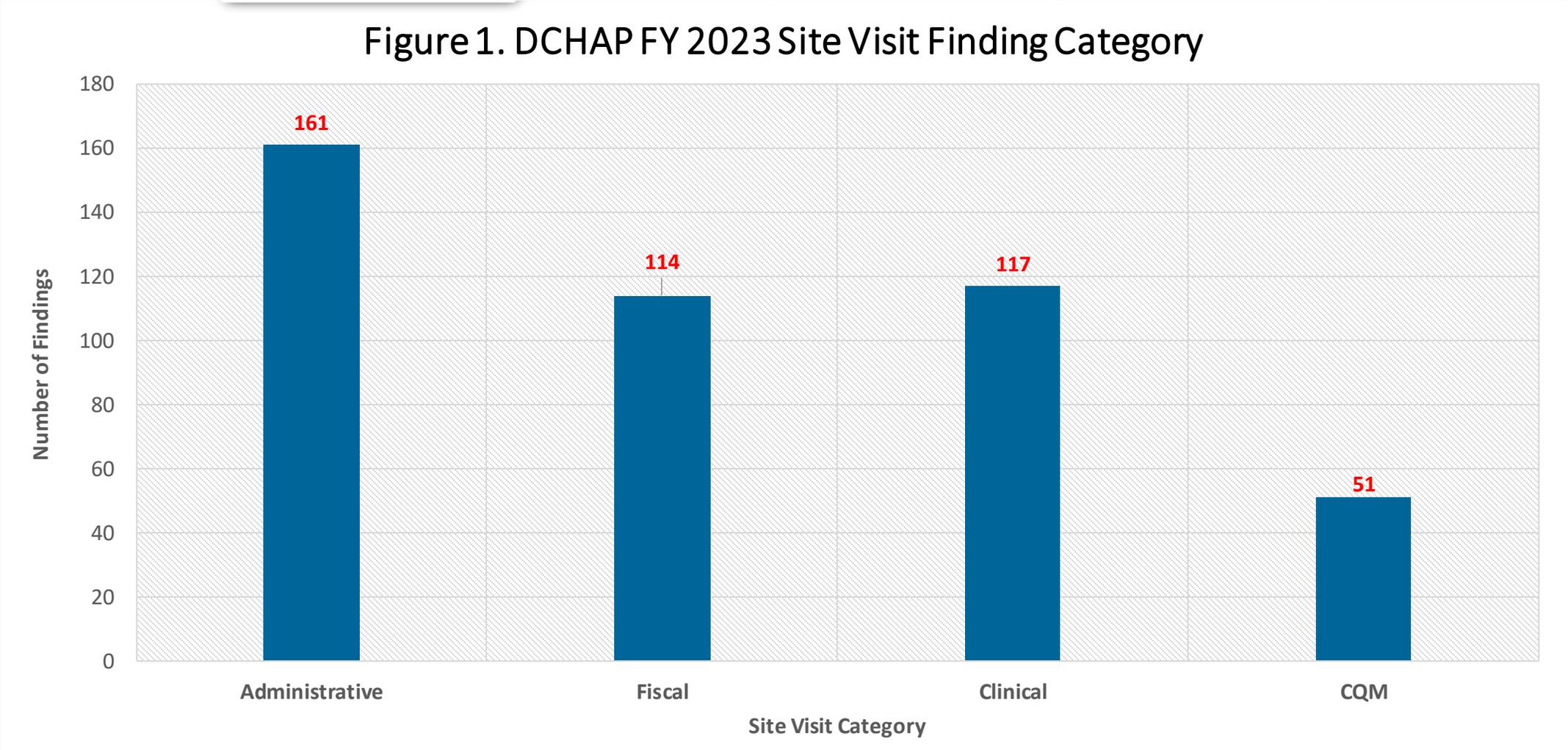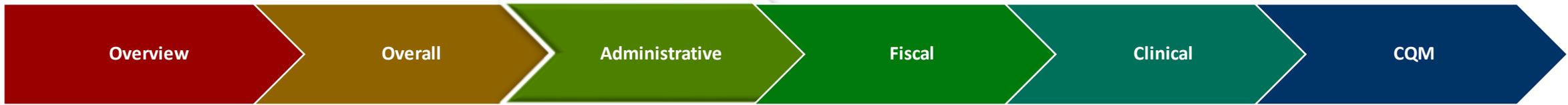
Administrative Findings

DCHAP Administrative Finding Items (FY 2023)	No.	%
Administrative Structure and Management	45	28.0
Service Eligibility	32	19.9
Personnel	18	11.2
Administrative Other	14	8.7
Accessibility and Confidentiality	12	7.5
Governance and Constituent Involvement	9	5.6
Program-Specific	9	5.6
Subrecipient Monitoring	8	5.0
Reporting Requirements	8	5.0
Information Systems and Structure	5	3.1
Contractual/Procurement	1	0.6
TOTAL	**161**	**100.0**

Ryan White HIV/AIDS Program

Administrative Findings & Actions

Table 2. Top 5 Administrative Finding Item Descriptions FY 2023

DCHAP – Parts C, D, F Dental	No.	%
Lack of compliance with the requirement to coordinate with other providers under Title V of the Social Security Act. (Part D only)	14	8.70%
Lack of compliance with the requirement that only eligible clients are served with RWHAP funds.	14	8.70%
Lack of compliance with the completion and documentation of staff training requirements.	9	5.59%
Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement In RWHAP program.	9	5.59%
Lack of compliance with requirements for policies and procedures for after hours coverage.	9	5.59%

HAB Technical Assistance

- **Title V:** Continue to utilize stakeholder calls, Division meetings, and Part D Communities of Practices to provide training and best practices on building Title V collaborations.

- **Service Eligibility**: Continue to provide technical assistance and training to recipients and consultants around establishing and developing policies and procedures for determining RWHAP eligibility in accordance with Policy Clarification Notice 21-02.

Fiscal Findings

DCHAP Fiscal Finding Items (FY 2023)	No.	%
Fiscal Management and Oversight	35	30.7
Imposition of Charges for Services and Assessment of Client Charges	26	22.8
Third-Party Reimbursement Billing, Collections, and Program Income	23	20.2
Limitation on Use of Grant Funds, Non-Allowable Costs	15	13.2
Subrecipient Monitoring	10	8.8
Fiscal Other	3	2.6
Property and Procurement Standards	2	1.8
TOTAL	114	100.0

Ryan White HIV/AIDS Program

Fiscal Findings & Actions

Table 3. Top 5 Fiscal Finding Item Descriptions FY 2023		
DCHAP – Parts C, D, F Dental	**No.**	**%**
Lack of compliance with requirement to ensure appropriate billing, tracking, reporting, and expenditure/use of program income.	22	19.30%
Lack of compliance with MOE requirement.	17	14.91%
Lack of implementation and/or policy and procedure for imposition of charges (sliding fee scale or nominal fee).	11	9.65%
Lack of compliance with RWHAP cap on charges requirement.	10	8.77%
Lack of compliance with the legislative distribution of funds requirements (e.g., 10% admin, 75/25% Core Medical/Support Service, 50% EIS, 5% CQM).	8	7.02%

HAB Technical Assistance

- **Program Income:** RIT Site Visits
- **MOE Requirement**: DCHAP provided a refresher on MOE during its October 2023 stakeholder call. DCHAP will continue to provide technical assistance to Part C recipients and project officers around complying with the MOE requirement.
- **Imposition of Charges:** HAB will incorporate training content on imposition of charges to relevant fiscal and administrative sessions at NRWC. HAB understands that the requirement can be an administrative burden to implement and can be challenging for recipients to follow this requirement due to its potential impact on client adherence and satisfaction.
- **Fiscal TA:** Fiscal institute is being developed for the 2024 NRWC

DCHAP Clinical Site Visit Findings

Clinical Data Collection and Tracking

- DCHAP Nurse Consultants (NC) complete review of all site visit reports and chart review tools.

- During the review, the NC extract findings from the site visit report narrative and log them onto the DCHAP clinical SV findings tracking sheet.

- In FY 2022 the Clinical Review Team began tracking the number of grant recipients with findings in the following clinical performance measures:

  - Preconception counseling*

  - Cervical cancer screening*

  - Pregnancy testing prior to or upon ART modification*

  - Title V collaboration (coordinating systems)

*All finding related to clinical performance measures map to the category of: Care and/or Training adheres with US DHHS Guidelines: Lack of compliance with the requirement to demonstrate documentation or system to track Care and/or Training to adhere to US DHHS Clinical guidelines.

Clinical Data Collection and Tracking continued

- In FY 2023 the following **additional** clinical performance measures were added to the DCHAP site visit findings spreadsheet:
  - Syphilis screening, including number of positives
  - Provision of Core Medical Services
  - **Clinical Quality Management**
  - Substance Use Disorder Screening
  - Mental Health Screening

- **For FY 2024, we have added the following additional site visit findings to our tracking sheet:**
  - Medical record documentation
  - Clinical policies and procedures

Top Five FY 2023 Clinical Site Visit Findings

	Finding Category Item	Finding Description	Total Number of Findings
1	**Care and/or Training adheres with US DHHS Guidelines**	• Lack of compliance with the requirement to have documentation of integration and coordination with other services. • Lack of compliance with the requirement to have documentation of ART history of mother of infected infant in medical record. • Lack of compliance with the requirement to demonstrate documentation or system to track Care and/or Training to adhere to U.S. DHHS Clinical guidelines.	45
2	**Provision of Core Medical Services**	• Lack of compliance with the requirement to provide Core Medical Services onsite or by MOU or contract.	25
3	**Clinical Quality Management: CQM Infrastructure**	• Lack of compliance with the requirement to have an appropriate infrastructure (Leadership, CQM Committee, Dedicated Staffing, Dedicated Resources, QM Plan, Consumer Involvement, Stakeholder Involvement, Evaluation of CQM Program).	20

Top Five FY 2023 Clinical Site Visit Findings - continued

	Finding Category Item	Finding Description	Total Number of Findings
4	**Clinical Policies and Procedures**	Lack of compliance with the requirement to demonstrate documentation of RWHAP Clinical policies and procedures.	15
4	**Medical Record Documentation**	Lack of compliance with the requirement to demonstrate documentation of HIV CTR services (i.e., provision, confidentiality, informed consent etc.) per state counseling, testing, and referral (CTR) guidelines.	15
5	**CQM Program: Quality Improvement**	Lack of compliance with the requirement to implement QI in an organized, systematic way.	10

DCHAP Efforts to Address Clinical & Programmatic Site Visit Findings

- **Part D WICY Basic Training**
  - General overview of Part D Program and Legislative Requirements
  - Comprehensive Coordinated System of Care Program Requirements
  - CQM Program Requirements: Two-Part Training Series

- **RWHAP Virtual Part D Symposium**
  - Family planning and sexual health
  - Caring for pregnant people with HIV
  - Caring for priority populations with HIV
  - Coordinating Systems of Care

- **Part D Community of Practice on Preconception Counseling & Sexual Health**
  - Preconception counseling including sexual health (2023-2024)
    - ✓ Routine provision of PCC
    - ✓ Practice transformation
    - ✓ EMR/E.H.R. integration
  - Trauma informed care and behavioral health (2024-2025)
  - Youth transitioning from youth services to adult care (2025-2026)

DCHAP Efforts to Address Clinical & Programmatic Training Needs

- **DCHAP Quarterly Stakeholder Webinars (2024)**
  - Inclusive STI screening
- **DCHAP Quarterly Stakeholder Webinars (2023)**
  - **October:** Integrating Behavioral Health in HIV Primary Care and Treatment: Stories from the Field.
  - **July:** Recruiting and Retaining Staff; Strategies for Building & Sustaining the HIV Workforce and Strengthening Organizational Capacity.
  - **April:** Infant feeding for individuals with HIV in the United States and Building Collaborative Partnerships to optimize care and treatment for communities with HIV: Best Practices, and Lessons Learned Presentations.

Level I Technical Assistance

Sexual Health and STI Screenings

- **Guidance for protocols and policies for STIs:** Table of Contents - STI Treatment Guidelines (cdc.gov)
- A Guide to Taking a Sexual History (cdc.gov)

Reproductive and Sexual Health Measures

- Pregnancy testing prior to initiation or modification o[...] Women with HIV | NIH
- Preconception/pre-pregnancy counseling guidelines a[...] (hiv.gov)
- Cervical cancer screening guidelines accessible via: H[...] NIH (hiv.gov)

Clinical Depression Measures

- Screening for clinical depression and follow-up plan. [...] and guidelines accessible via: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/adolescent-adult-measures.pdf and Preventive Care and Screening: Screening for Depression and Follow-Up Plan | eCQI Resource Center (healthit.gov)

CQM Resources

- Clinical Quality Management Policy Clarification Notice 15-02
- CQM Plan Checklist/Template
- How to Review a CQM Plan
- Developing, Reviewing, or Revising Your CQM Plan
- NQC-Part-C-and-D-Organizational-Assessment-Tool.pdf (in.gov): This assessment tool identifies all the important elements associated with a sustainable CQM program.

Establishing MOU's

Appendix B: Sample Memorandum of Agreement

Level I Technical Assistance-continued

Resource Reference Sheet for Level I Technical Assistance

The following are resources that can be provided to grant recipients who receive findings in the specified areas.

Program-Wide Clinical Protocols.

Guidance for protocols and policies on all Opp Guidelines: Adult and Adolescent Opportunistic Clinicalinfo.HIV.gov

Guidance for protocols and policies for all for Health Professionals | CDC

Guidance for protocols and policies for Hepati (hiv.gov)

Guidance for protocols and policies for Hepatitis C: Hepatitis C Virus | NIH (hiv.gov)

Guidance for protocols and policies for TB: Tuberculosis: Clinical Policies and Program Manual | National Prevention Information Network | Connecting public health professionals with trusted information and each other (cdc.gov)

Resource for grant recipients needing guidance for no-show or did not keep appointment policy: No-Show Policies that Won't Scare Off Patients - Solutionreach

Finding: Lack of compliance with the requirement to demonstrate documentation for linkage to care procedures for people with newly diagnosed HIV. (L)

Resource: Adherence to the Continuum of Care | NIH (hiv.gov)

Questions
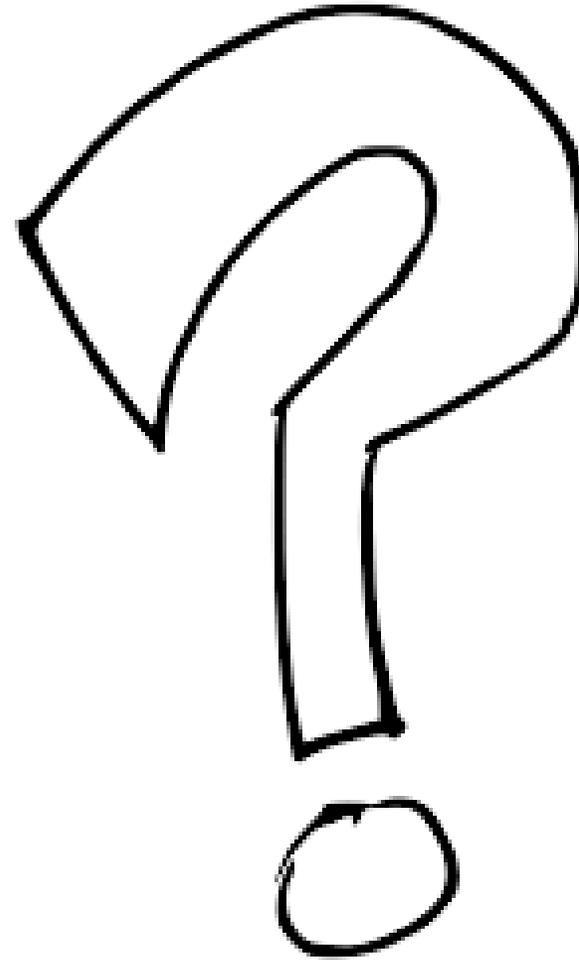
Inclusive STI Screenings

Best practices in comprehensive sexual health history taking and STI screenings

Inclusive & Comprehensive STI Screenings

- Inclusive STI screening means that all persons, regardless of their sexual orientation, gender identity, or age are offered comprehensive STI testing according to their sexual behaviors.

- A sexual health history should be taken part of a routine health screening.

- A comprehensive sexual health history:
  - Provides an opportunity to learn more about an individual' sexual behaviors, partners, and can be used to determine which, if any, STI screenings are warranted.
  - Allows for shared decision making between the patient and their provider on what STI screenings or preventive measures are appropriate for them.
  - Provides an opportunity to discuss pregnancy intentions.

Thank You!

Lessons Learned and Best Practices for Sexually Transmitted Infection (STI) Screening
by an Early Intervention Clinic

April Buscher, MD, MPH

Chief of HIV Services

Lincoln Community Health Center

LINCOLN
COMMUNITY HEALTH CENTER
"Your link to quality health care"

Lincoln Community Health Center Early Intervention Clinic

- Located in Durham, North Carolina
- Funded by Ryan White Parts B (with Wake County) and Part C
- 419 patients currently (all clients, not only Part C)
- 3 Providers
- 3 Nurses
- 2 Case Managers
- 1 Behavioral Health Provider
- 1 Care Bridge Counselor

Objectives

- Explain how to take a sexual history

- Examine how a Community Advisory Board (CAB) can play a crucial role and provide input on a clinic's quality measures

- Describe prompts for obtaining a sexual history in an electronic medical record

- Describe order sets to enable clinicians to easily order tests for sexually transmitted infections
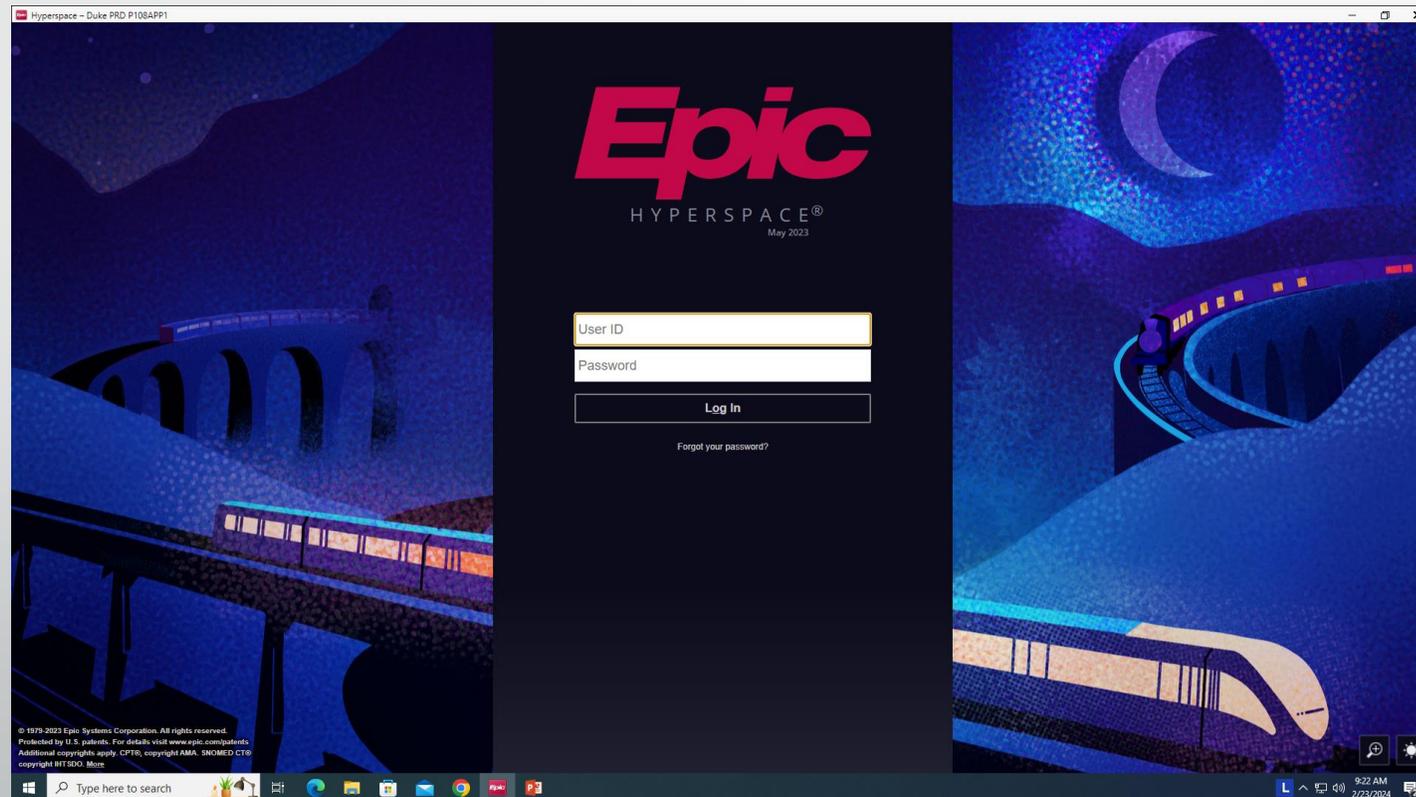
Sexual History

- At every patient visit, we ask if the patient has had sex since their last visit with us

- Ask the 5 P's: **p**artners, **p**ractices (top, bottom, oral, all three (versatile), **p**rotection, **p**ast history of STI's (usually by chart review and template), **p**regnancy intention

Community Advisory Board (CAB) Input

- On March 4, 2022, our CAB voted to reintroduce annual Syphilis Screening into our clinical quality measures due to higher rates of syphilis in the community and potential consequences to patients and public health of untreated syphilis

- It was then added to our clinical quality measures on April 1, 2022

Prompts for Obtaining a Sexual History in an Electronic Medical Record

- Implemented in April 2023

54

Prompts for Providers to Obtain a Sexual History

Patient adherence:			
☐ 100%	☐ _____%	☐ Missed one dose	☐ Missed more than one dose of ART Adherence counseled
Safer sex discussed:	{yes no:20984}		

Has the patient had sex since their last visit? {RCP yes/no/na:23860}
Please clarify what type of sex the patient has had to guide testing/counseling

@RESUFAST(TPALLID)@
@RESUFAST(LABRPR)@
@RESUFAST(RAPIDPLASMAR)@

@LASTRPR6@
@LASTRAPIDPLASMAR@

Last GC screening:
Pharyngeal @RESUFAST(CHLAMDNA)@ @RESUFAST(NGDNA)@
Rectal @RESUFAST(CHLAMDNA)@ @RESUFAST(NGDNA)@
Urine @RESUFAST(CHLAMDNA)@ @RESUFAST(NGDNA)@

❑ If patient has a uterus and ovaries and is of childbearing age, was contraception discussed? {RCP yes/no/na:23860}

❑ If a patient is starting ART or changing ART and the patient has a uterus and ovaries and is of childbearing age, is a pregnancy test being ordered? {RCP yes/no/na:23860}

Order Sets for STI Testing
in Persons with Male Organs

Procedure Panel:

- Chlamydia Trachomatis and Neisseria Gonorrhea, DNA Amp-pharyngeal

- Chlamydia Trachomatis and Neisseria Gonorrhea, DNA Amp-rectal

- Chlamydia Trachomatis and Neisseria Gonorrhea, DNA Amp-urine

- Syphilis Screen- Treponema Pallidum AB with Reflex to RPR or RPR (Response to Therapy Only)- SENDOUT LAPCORP

Order Sets for STI Testing
in Persons with Female Organs

Procedure Panel

- Chlamydia Trachomatis and Neisseria Gonorrhea, DNA Amp-pharyngeal

- Chlamydia Trachomatis and Neisseria Gonorrhea, DNA Amp-vaginal

- Chlamydia Trachomatis and Neisseria Gonorrhea, DNA Amp-rectal

- Wet Prep Panel

- Syphilis Screen- Treponema Pallidum AB with Reflex to RPR or RPR (Response to Therapy Only)- SENDOUT LAPCORP

- HCG Urine Qualitative, Pregnancy Test

Data Collection and Management by Lincoln Community Health Center Early Intervention Clinic

1. Data is collected from CAREWare and EPIC   (our Electronic Medical Record)

2. Data is collected a minimum of Quarterly, but we can access CAREWare reports on demand since we can run our own reports.
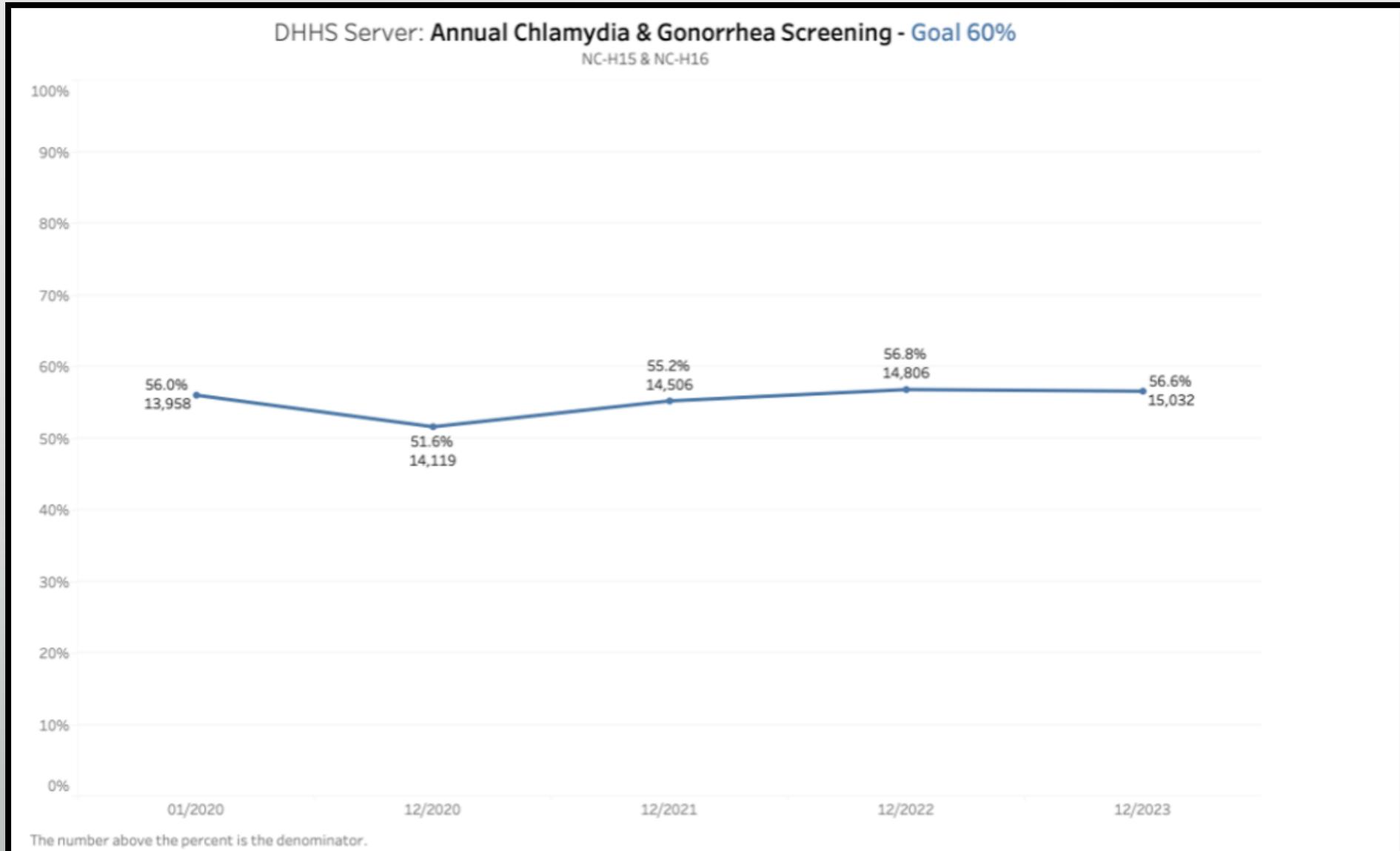
Data Collection and Management by Lincoln Community Health Center Early Intervention Clinic (continued)

3. Staffing that is utilized for obtaining Quality Reports are as follows:
     a) Nurse Manager
     b) Data Manager (CAREWare Reports) Special Populations
     c) Duke Analyst for reports out of EPIC Entire Clinic
    reports
     d) Nurse Informatics
     e) CAREWare Program Coordinator available for consult
     f) Wake County Administrator Region 6 available for consult

4. Analyzed by the Nurse Manager and Chief of HIV Services and reviewed with Early Intervention Clinic team, Community Advisory Board and the Lincoln Community Health Center Board

Impact on Clinical Quality Measures

DHHS Server: **Annual Chlamydia & Gonorrhea Screening** - Goal 60%
NC-H15 & NC-H16

- 56.0% 13,958 (01/2020)
- 51.6% 14,119 (12/2020)
- 55.2% 14,506 (12/2021)
- 56.8% 14,806 (12/2022)
- 56.6% 15,032 (12/2023)

The number above the percent is the denominator.

Lincoln Community Health Center Early Intervention Clinic Gonorrhea/Chlamydia Screening based on Risk Assessment

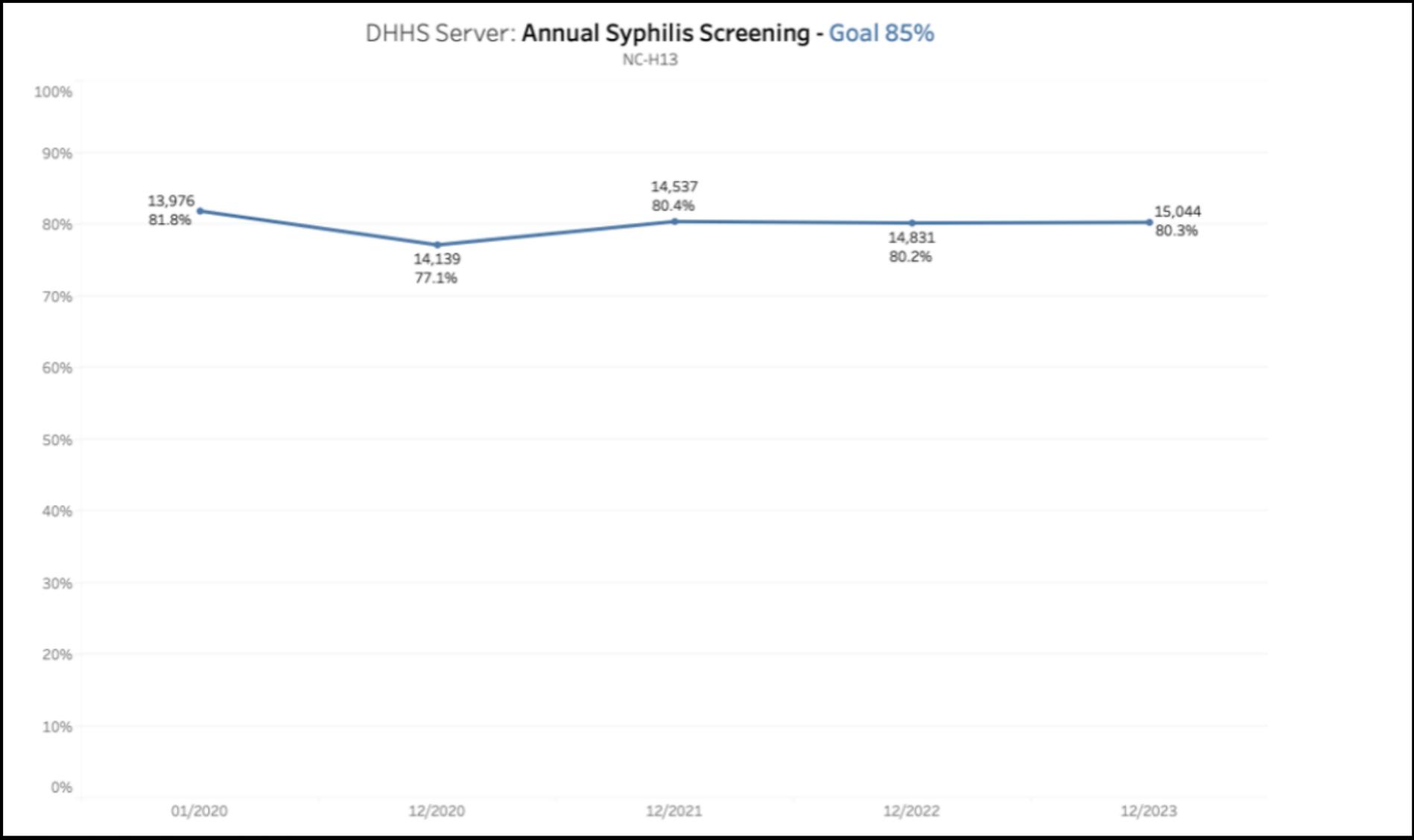| Measure	Q1 4/1/2022- 3/31/2023	Q2 7/1/2022- 6/30/2023	Q3 10/1/2022- 9/30/2023	Q4 1/1/2023- 12/31/2023
GC Screening	253/499 (50.70%)	206/460 (44.78%)	200/429 (46.62%)	201/422 (47.63%)

Engaging Our Community Advisory Board (CAB)

- Our Nurse Manager regularly attends our CAB meetings and shares Clinical Quality Improvement reports and insights from the North Carolina Regional Quality Council (NC RQC) meetings.

- Syphilis was discussed during both a staff meeting and a subsequent CAB meeting, prompted by NC RQC's focus on improving syphilis rates in North Carolina.

- A suggestion to add annual syphilis screening was promptly voted on during the meeting, and the nurse manager brought it back to her quality team, who unanimously agreed to add it to our Quality Measures.

Methods for Achieving Clinic Goals for Syphilis Screening

- Goal for our clinic was to surpass 86% for annual syphilis screening.

- Suggested to test clients at the beginning of each year, regardless of sexual history, but more often depending on history.

- Nurse Manager ran reports on each provider about screening percentage and gave individual provider reports.

- Also implemented EHR prompts for testing.

Annual Syphilis Screening

Lincoln Community Health Center Early Intervention Clinic Annual Syphilis Screening

Measure	Q1 4/1/2022- 3/31/2023	Q2 7/1/2022- 6/30/2023	Q3 10/1/2022- 9/30/2023	Q4 1/1/2023- 12/31/2023
Annual Syphilis Screening	374/492 (76.01%)	363/450 (80.66%)	368/416 (88.46%)	367/409 (89.73%)

Lincoln Community Health Center Early Intervention Clinic Syphilis Trends

Measure	Q1 1/1/2022- 12/31/2022	Q2 4/1/2022- 3/31/2023	Q3 7/1/2022- 6/30/2023	Q4 10/1/2023- 9/30/2023
Positive Syphilis in African-Americans	96/120 (80.0%)	88/115 (76.5%)	90/115 (78.3%)	87/117 (74.4%)
Positive Syphilis in MSM	92/120 (76.7%)	87/115 (75.7%)	86/115 (74.8%)	84/117 (71.8%)

Tips on Modifying Electronic Health Record (EHR) Prompts

- Involve others at your institution who know a lot about modifying the Electronic Health Record (EHR) (e.g., Super users, Nursing Informatics)

- Discuss with your team what prompts could be changed and what would work best for them

- Try different prompts out during clinic visits and troubleshoot/change as needed

Lessons Learned in Modifying Electronic Health Record (EHR) Prompts

- As our EHR is under the umbrella of a larger health system, realizing some aspects may or may not be able to be changed.

- Reeducating providers on using the new prompts or note templates is important.

- Realize there may be continued trial and error to determine what works best in clinic and provider workflow.

Thank You

- Our patients

- Our providers

- Our clinical staff

- Lincoln Community Health Center Leadership

- HRSA/Ryan White HIV/AIDS Program

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Translucent

"Inclusive STI Testing"

Larry Zayas Rivera

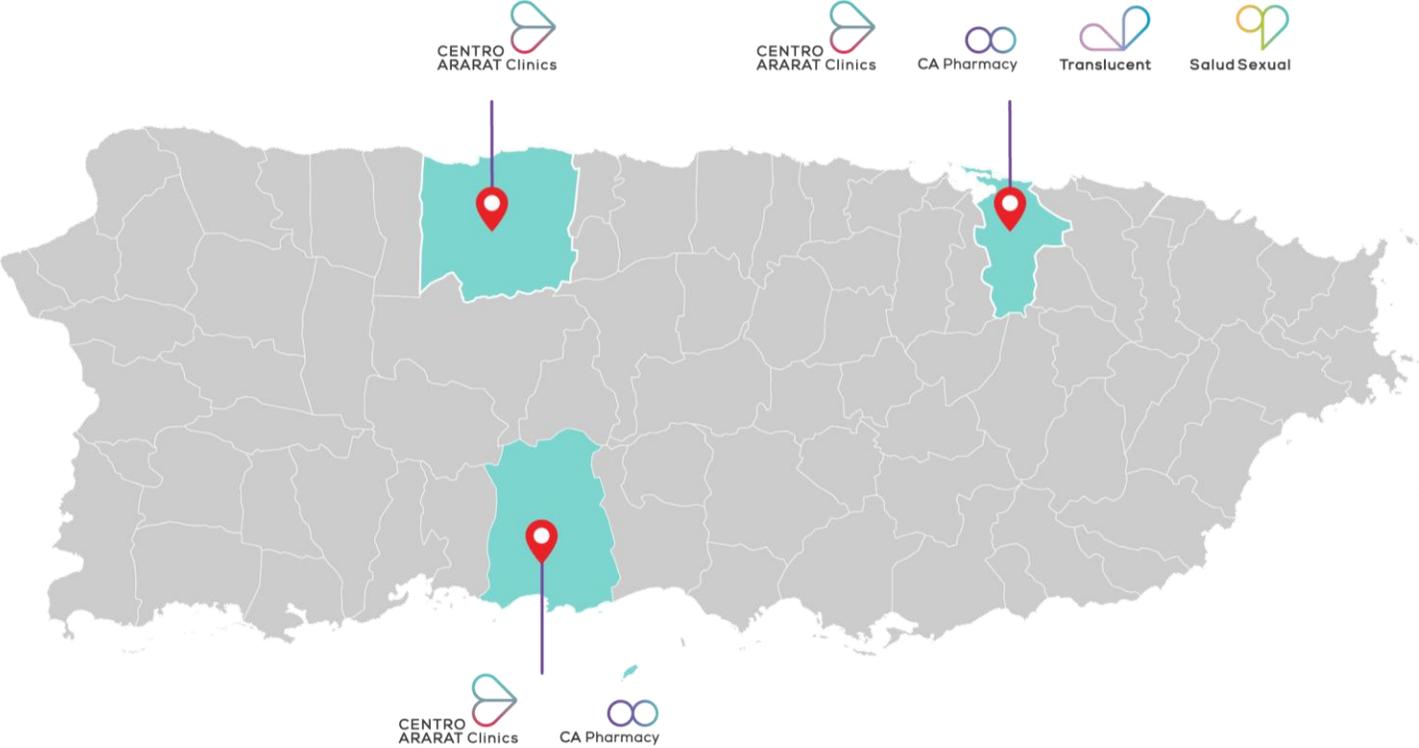*Project Manager at Proyecto Translucent*

April 18, 2024

Learning Objectives

A   **Defining the term "gender inclusive"**

B   **Approaches for providing education STI and Testing**

C   **Best practices for STI testing**

Our Locations

Centro Ararat has **five clinics** and **two pharmacies**, located in the towns of **Ponce**, **San Juan** and **Arecibo**.

+700
Patients
RWHAP-C

General Services

RWHAP-A | **RWHAP-C** | **Not-Funded by RWHAP**

HIV Rapid Test	PrEP	Primary Care	Internal Medicine	Infectious Diseases	Psychology
Nutrition	Pharmacy	Nursing	Case Management	Lab Services	STI Testing
Vaccines	Family Care	Hormone Treatment	Buprenorphine Treatment	Health Certificates	Research

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Translucent

Translucent Clinic and Project

A gender inclusive primary health care facility offering specialized services to the transgender and non-binary individuals, including hormonal treatment, nutrition, mental health and case management services.

San Juan, Puerto Rico

Defining the term "gender inclusive"

"Gender" is as a perceived assumption that we make about a person based on their biological sex or external appearance.

Gender binary is the idea that there are only two possible genders — male and female.

People who are gender non-conforming, or genderqueer, don't identify with these constructed norms of masculine and feminine.

Acknowledging gender diversity allows you to provide inclusive screenings STIs, and to provide "inclusive interventions," thus engaging and expected positive outcomes may be easier to achieve.

Approaches for
providing education on STI and Testing

Having being exposed to these topics through educational

efforts serve as an ice breaker for patients during their initial

Social Media	**Workshops**	**One-on-one**
Over 6,000 Followers	*Groups of 20*	*1 Patient*

Social Media

Social media allows us to engage and inform our patients about our services, fostering a deeper understanding of why STI testing is so important.

Tailoring resources to meet the language needs of patients ensure effective communication, understanding, and access to healthcare services, promoting better health outcomes and patient satisfaction.

Workshops

The involvement of peer leaders can significantly enhance the learning process, as peers often relate to each other's challenges and successes more effectively.

Topics for workshops are typically chosen based on the interests, needs, and feedback of the participants, ensuring relevance and maximizing engagement in the learning experience.

Core Topics:

Wellness	Transition	Mental Health	Sexual Health & HIV

*Pre, Post and Satisfaction tests are conducted at each workshop.*

One-on-one Intervention

Having tools such as social media and workshops prior to one-on-one interactions enables participants to familiarize themselves with relevant information, making individual sessions more productive and focused on addressing specific needs.

These preparatory resources also facilitate a deeper level of understanding and engagement, allowing for more meaningful and personalized interactions.

Educational intersections

One-on-one

Workshops

Social Media

Community
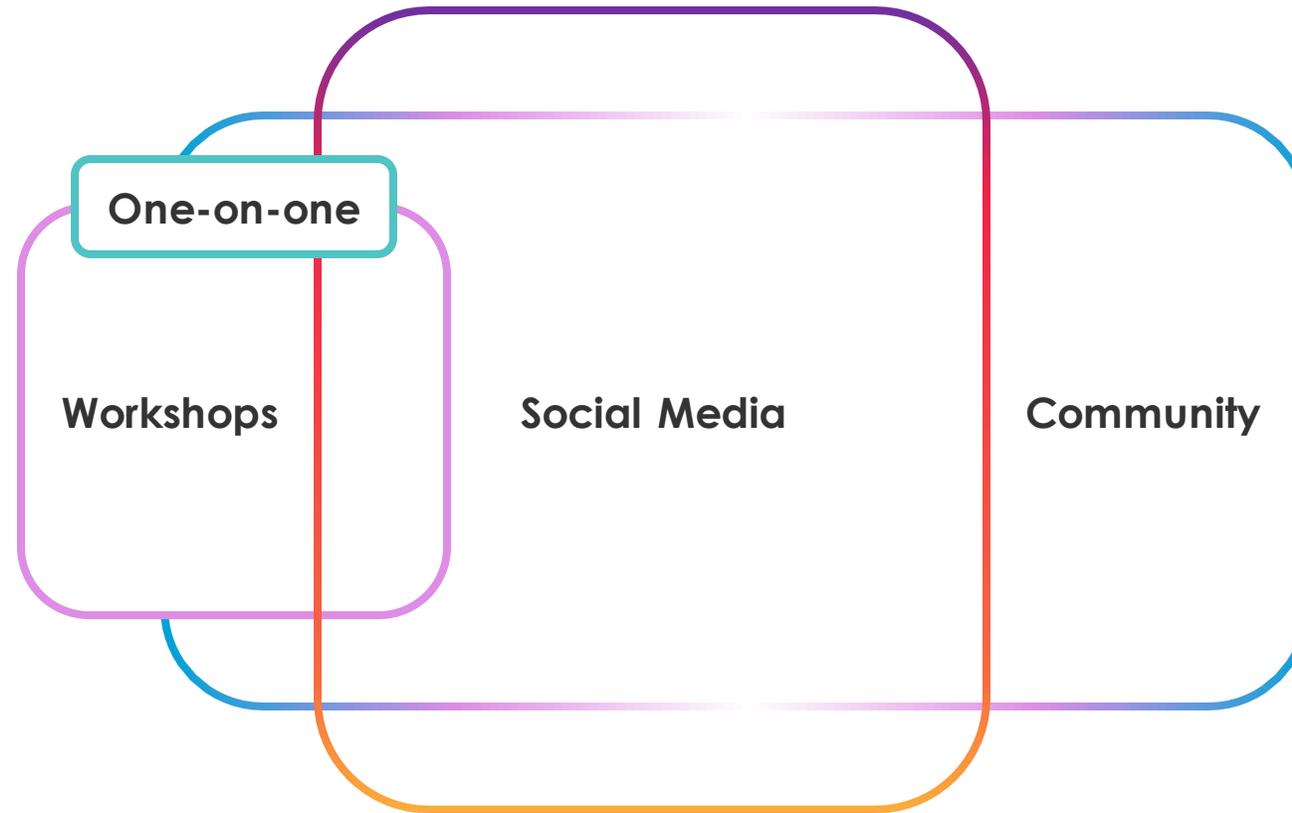
Best practices for STI testing

Address the topic of testing as "Sexual Health Practices" vs. testing for STI.

Discuss 3 site testing: throat, rectum & genitals.

Discuss treatment options and risk reduction strategies.

Discuss knowledge of patient of STI and further enhance their knowledge.

Impact of these interventions

Better understanding of Sexual Health and need for STI testing.

Promote healthier sexual practices and reduce the prevalence of STI's.

New information enables individuals to access accurate and comprehensive information, seek site specific testing and treatment, and break the cycle of misinformation.

Challenges

The lack of information by healthcare professionals, laboratories and patients.

Myths surrounding sexual health.

Sexual Health is not a topic individuals feel comfortable talking about.

Health Insurance coverage for STI testing.

Lessons learned

A **Sexual health conversations must be part of a *routine* check-up.**

B **Use simple language easy to understand.**

C **Encourage participants to share knowledge gained with personal contacts.**

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Monday - **Friday**

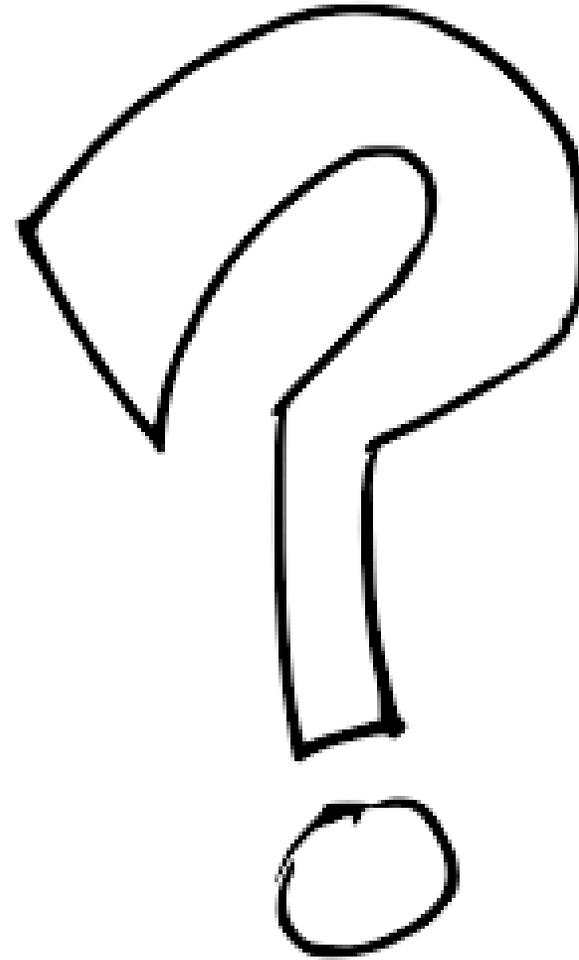**9:00am** - **6:00pm**

AQUÍ POR
TU SALUD

CENTRO ARARAT Clinics   CA Pharmacy   Translucent   Salud Sexual

Questions

Contact Information

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