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National Health Center Training & Technical Assistance Partners
Clinical Workforce Development
A PROJECT OF
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MOSES/WEITZMAN
Health System

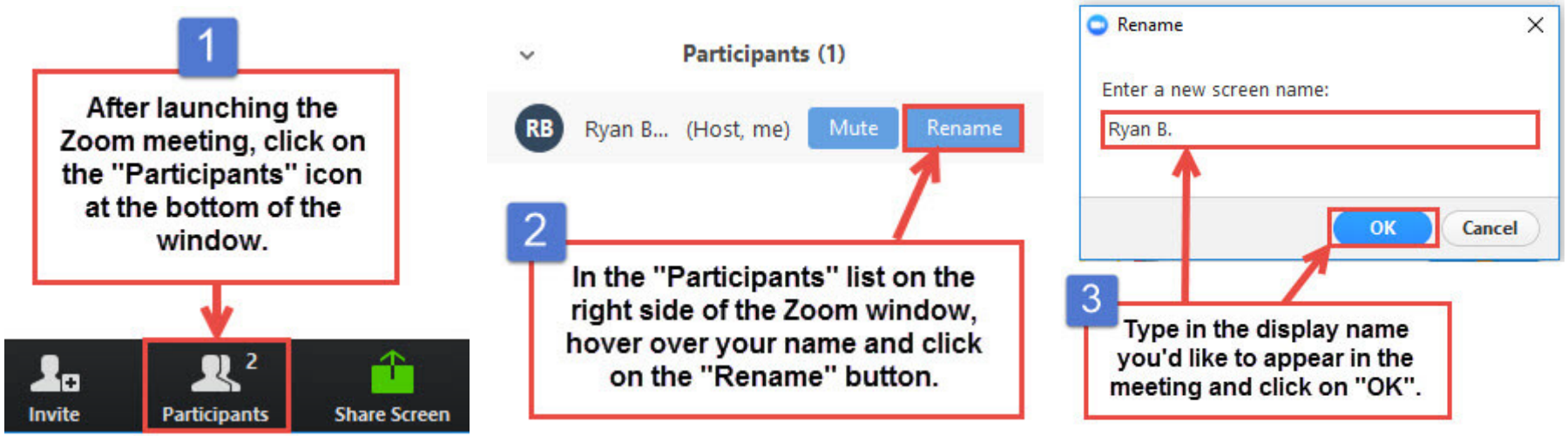
HIV Prevention Learning Collaborative

Session Two: February 26th, 2024

CENTER FOR KEY POPULATIONS

Get the Most Out of Your Zoom Experience

- Please keep yourself on MUTE to avoid background/distracting sounds
- Use the CHAT function or UNMUTE to ask questions or make comments
- Please change your participant name to your full name and organization
  - “Meaghan Angers CHCI”



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Session 2 Agenda

1:00 – 1:05	Welcome
1:05 – 1:40	Overview of Screening Tools
1:40 – 2:05	SOGI Data Collection
2:05 – 2:25	Sexual Risk Assessment
2:25 – 2:30	Q & A and Next Steps

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Learning Collaborative Structure

- Six 90-minute Learning Collaborative video conference sessions
- Bi-weekly calls between coach mentors and practice coach
- Internal team workgroup meetings
- Use the Weitzman Education Platform to access resources and receive CME credit

Learning Session Dates	
Learning Session 1	Monday January 29th
Learning Session 2	Monday February 26th
Learning Session 3	Monday March 25th
Learning Session 4	Monday April 22nd
Learning Session 5	Monday May 20th
Learning Session 6	Monday June 10th

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The Center for Key Populations is the first center of its kind that focuses on key groups who experience health disparities secondary to stigma and discrimination and who belong to communities that have suffered many barriers to healthcare.

The Center brings together healthcare, training, research, and advocacy for:

People who use drugs, the LGB and Transgender populations, the homeless and those experiencing housing instability, the recently incarcerated, and sex workers.

CENTER FOR KEY POPULATIONS

HIV Primary Care

Viral Hepatitis Screening and Treatment

Substance Use Health

Health Care for the Homeless

LGB Health and Gender Affirming Care

Migrant Farmer Health Program

HIV Prevention: Testing, PrEP, and PEP

Sexually Transmitted Infections

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2024 Cohort

Affinia Healthcare	St. Louis, Missouri
Asian American Health Coalition dba HOPE Clinic	Houston, Texas
East Central Oklahoma Family Health Center	Wetumka, Oklahoma
FirstMed Health and Wellness	Las Vegas, Nevada
Hi-Desert Memorial Health Care District	California
International Community Health Services	Seattle, Washington
Jane Pauley Community Health Center	Indianapolis, Indiana
North County Health Project, Inc. DBA TrueCare	San Marcos, Califonia
Promise Healthcare	Champaign, Illinois
The HealthCare Connection, Inc.	Cincinnati, Ohio
WellSpace Health	Sacramento, California

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Hi-Desert Memorial Health Care District / Morongo Basin Healthcare District

FQHC since 2013 with multiple locations serving rural California desert communities offering adult and pediatric medical, chiropractic, phlebotomy, dental, behavioral health, and transportation services

MORONGO BASIN
COMMUNITY HEALTH CENTER
A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT

Our HIV Prevention Team (pictured):

- Malcolm Bryant, CHW
- Gladys Cardenas, CHW
- Dianna Anderson, Community Programs Manager
- Kathy Alkire, Community Outreach/Patient Education RN

Additional Team Members:

- Joe Ruddon, Chief Community Program Officer
- Tina Huff, NP, Chief Clinical Operations Officer
- Dr. Jack Cruikshank, HIV Prevention Physician Champion

Hi-Desert Memorial Health Care District / Morongo Basin Healthcare District

HIV Presentations and Education:

- Community organizations, fairs, and events
- Colleges, Gyms, and Senior Centers
- Shopping and Pregnancy Centers
- Tattoo Parlors and Smoke Shops

Team Distribution:

- Over 4,000 male and female condoms, lube
- Over 800 rapid, at-home HIV test kits

GET TESTED
MORONGO BASIN
A Service of Morongo Basin Healthcare District

Distributing Red Ribbons and HIV test kits on World AIDS Day

Program Goals:

- Improve HIV/ STI assessments to determine risk and ensure testing and screening through EHR
- Increase Provider/Staff knowledge of HIV prevention/care/treatment and patient compliance/adherence strategies
- Develop best practices utilizing latest research and developments for clinical practices
- Develop best practice strategies for outreach to increase population knowledge
- Increase HIV screening compliance to 80%
- Improve PrEP awareness to 60%

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Overview of Screening Tools

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HIV Prevention: Taking a History

- 2 Main Questions:
  - What information do we need to deliver optimal care
  - How do we collect the information
- Same as for all patients.
- Pay specific attention to health disparities.
- Be aware of contexts that increase health risks:
  - Risk factors for smoking, substance use, or engaging in sexual risk behaviors
  - Incidence of trauma/abuse/victimization
- Ask about social support; be aware of possible rejection by family or community of origin, harassment, and discrimination.
- Other social determinants of health (SDOH)

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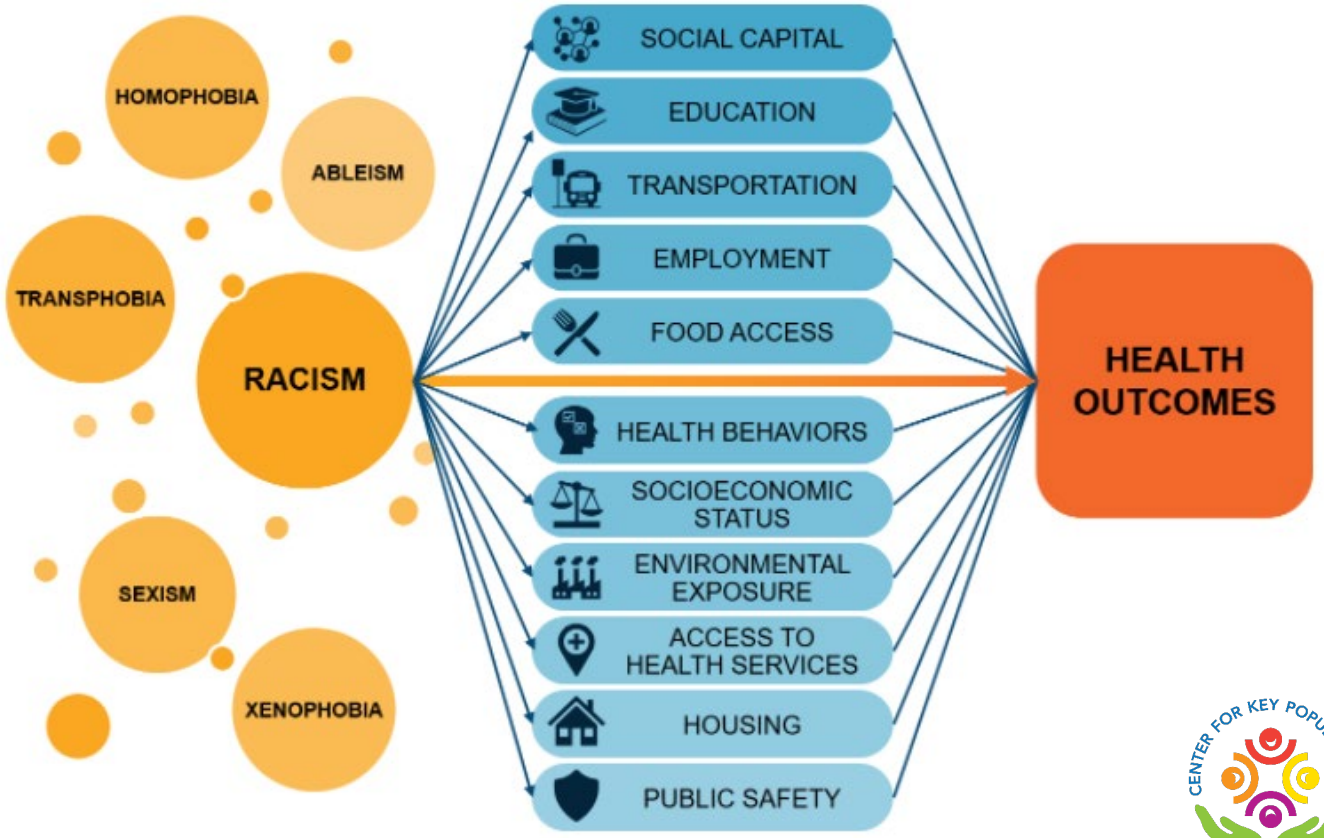
Race and Racism

- Implicit and Explicit bias both in the community and within the healthcare system
- Longstanding history of mistrust, experimentation, unequal care
- Lack of representation in healthcare



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Screening Tools

- Which ones do you want to use?
  - Which ones are being used already?
  - Which ones do you want to or can you add?
- How will they be administered?
  - Digitally?
  - On paper?
  - Orally?
- Who will administer them?
  - Patient
  - Medical assistant
  - Nursing
  - Medical provider
  - Behavioral health provider
  - Front desk staff
- What trainings are needed?
  - Discipline specific?
  - How often?
  - Who will give the trainings?
- What are the workflows to be implemented?
- How are you going to respond to positive screenings?

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Routine Screening

- Can occur prior to Medical or Behavioral Health (BH) provider entering the room completed by front desk, MA, or RN
  - Through portal, check-in kiosks, smart tablets
- Set intervals for conducting screenings and updating information
- Overlap with BH and medical screenings – ex. PHQ-2 and PHQ-9

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SDOH Screening: Gathering SDOH Data Before a Visit

- Address (zip code), phone number, email address
- Language(s)
- Insurance Status
- Guardian/Decision-maker
- Permission to share (social support)

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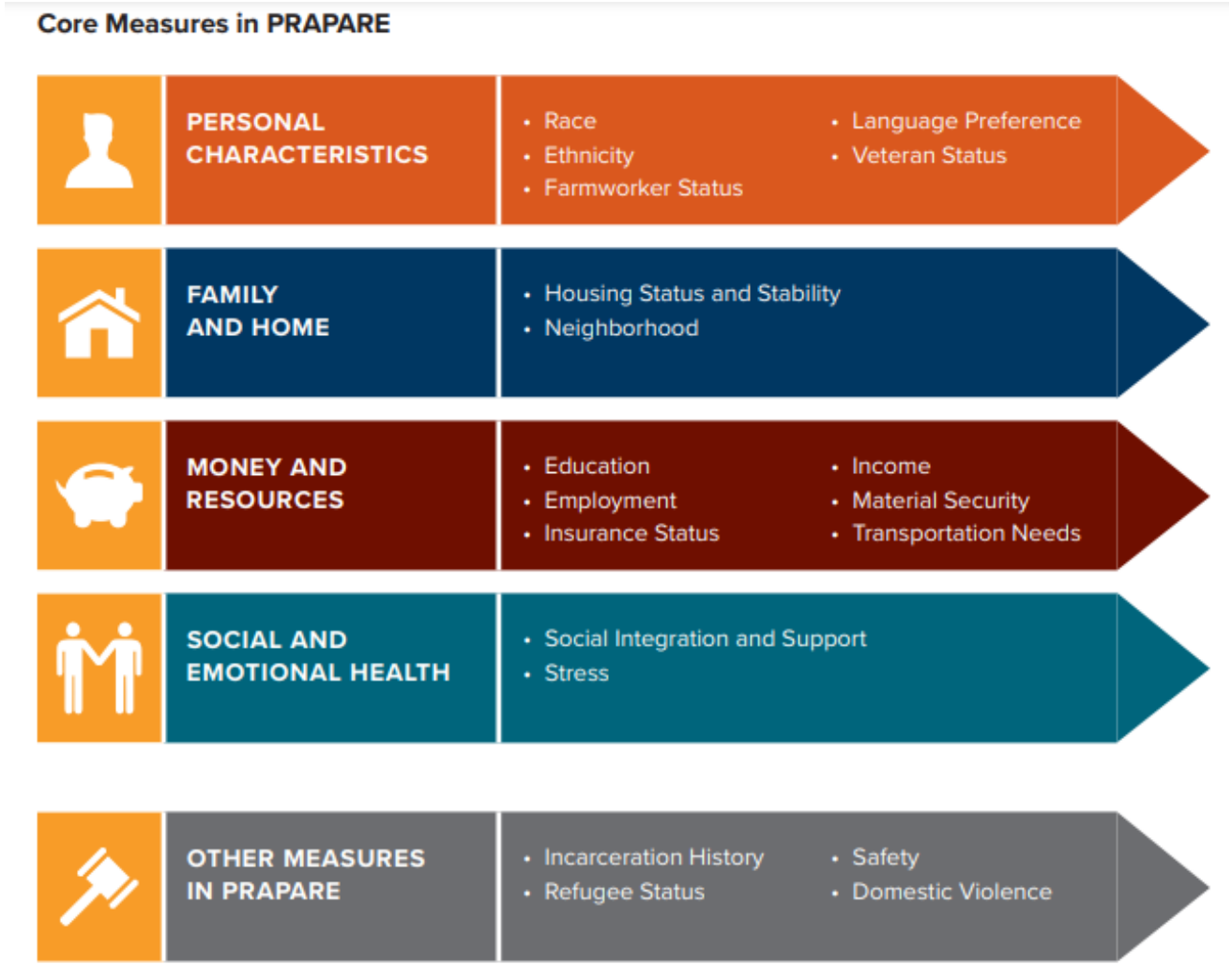
PRAPARE:

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

SDOH Specific Screening Tool by the National Association of Community Health Centers (NACHC)



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PRAPARE

In the medical record

Social Determinants

PRAPARE

What is your current housing situation? *I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, or in a park)*

Are you worried about losing your housing? *Yes*

What is the highest level of school that you have finished? *Less than a high school degree*

What is your current work situation? *Unemployed and seeking work*

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply *Food,Utilities,Child care*

Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? *Yes, it has kept me from medical appointments or from getting my medications*

How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings) *Less than once a week*

How stressed are you? Stress is when someone feels tense, nervous, anxious, or cant sleep at night because their mind is troubled *Very much*

In the past year have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility? *Yes*

Are you a refugee? *No*

What country are you from? *United States*

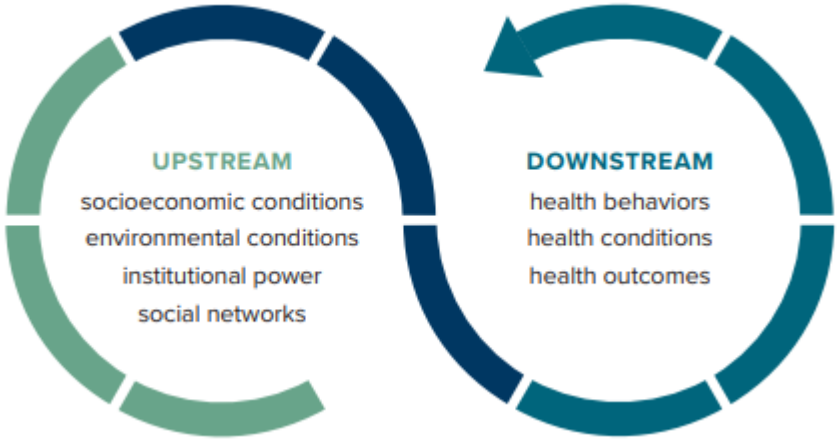
Do you feel physically and emotionally safe where you currently live? *Yes*

In the past year, have you been afraid of your partner or ex-partner? *Yes*

PRAPARE Score: *19*

Enabling Services Provided? *Yes*

Please specify *Transportation to/from Health Center*



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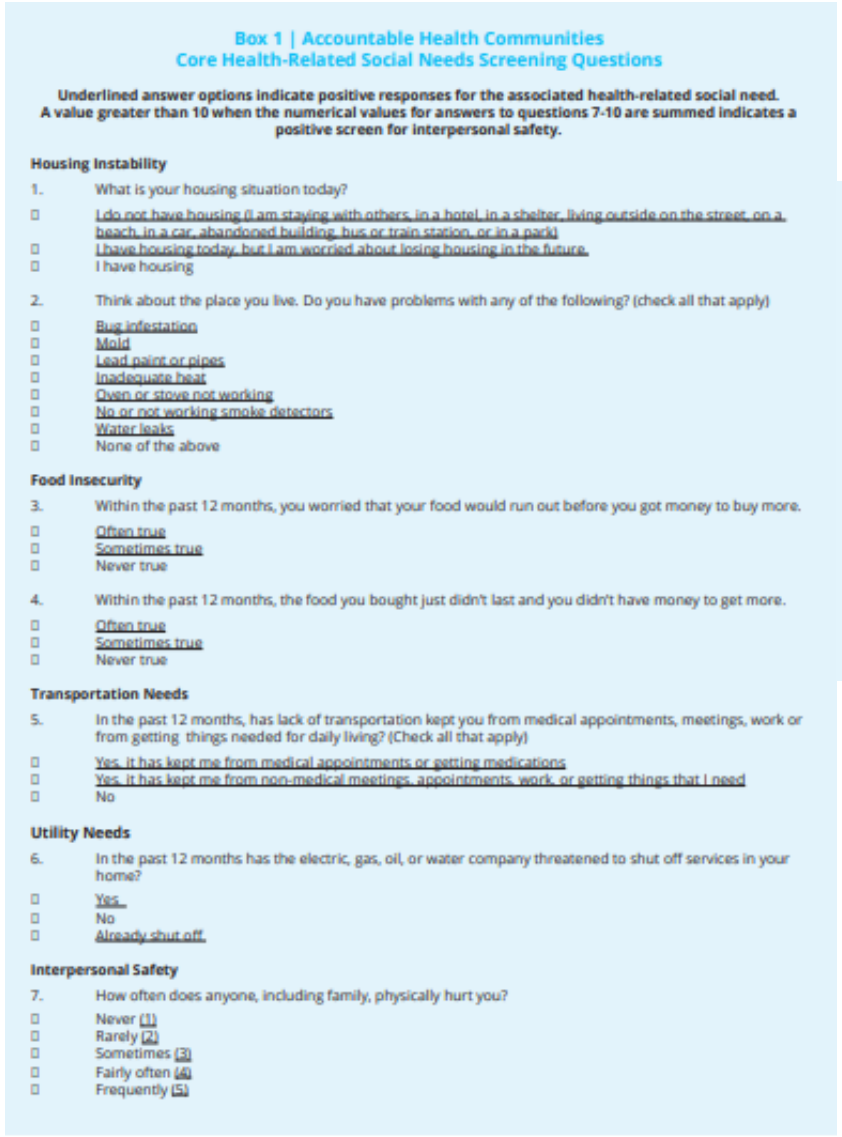
Other SDOH Specific Screening Tools

Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool Developed by the Centers for Medicaid and Medicare Services



Box 1 | Accountable Health Communities
Core Health-Related Social Needs Screening Questions

Underlined answer options indicate positive responses for the associated health-related social need. A value greater than 10 when the numerical values for answers to questions 7-10 are summed indicates a positive screen for interpersonal safety.

Housing Instability

1. What is your housing situation today?

- ☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- ☐ I have housing today, but I am worried about losing housing in the future.
- ☐ I have housing

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)

- ☐ Bug infestation
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Inadequate heat
- ☐ Oven or stove not working
- ☐ No or not working smoke detectors
- ☐ Water leaks
- ☐ None of the above

Food Insecurity

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

Transportation Needs

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (Check all that apply)

- ☐ Yes, it has kept me from medical appointments or getting medications
- ☐ Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
- ☐ No

Utility Needs

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- ☐ Yes
- ☐ No
- ☐ Already shut off

Interpersonal Safety

7. How often does anyone, including family, physically hurt you?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

8. How often does anyone, including family, insult or talk down to you?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

9. How often does anyone, including family, threaten you with harm?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

10. How often does anyone, including family, scream or curse at you?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

SOURCE: The above-noted health-related social need screening items are used with permission from their respective owners.

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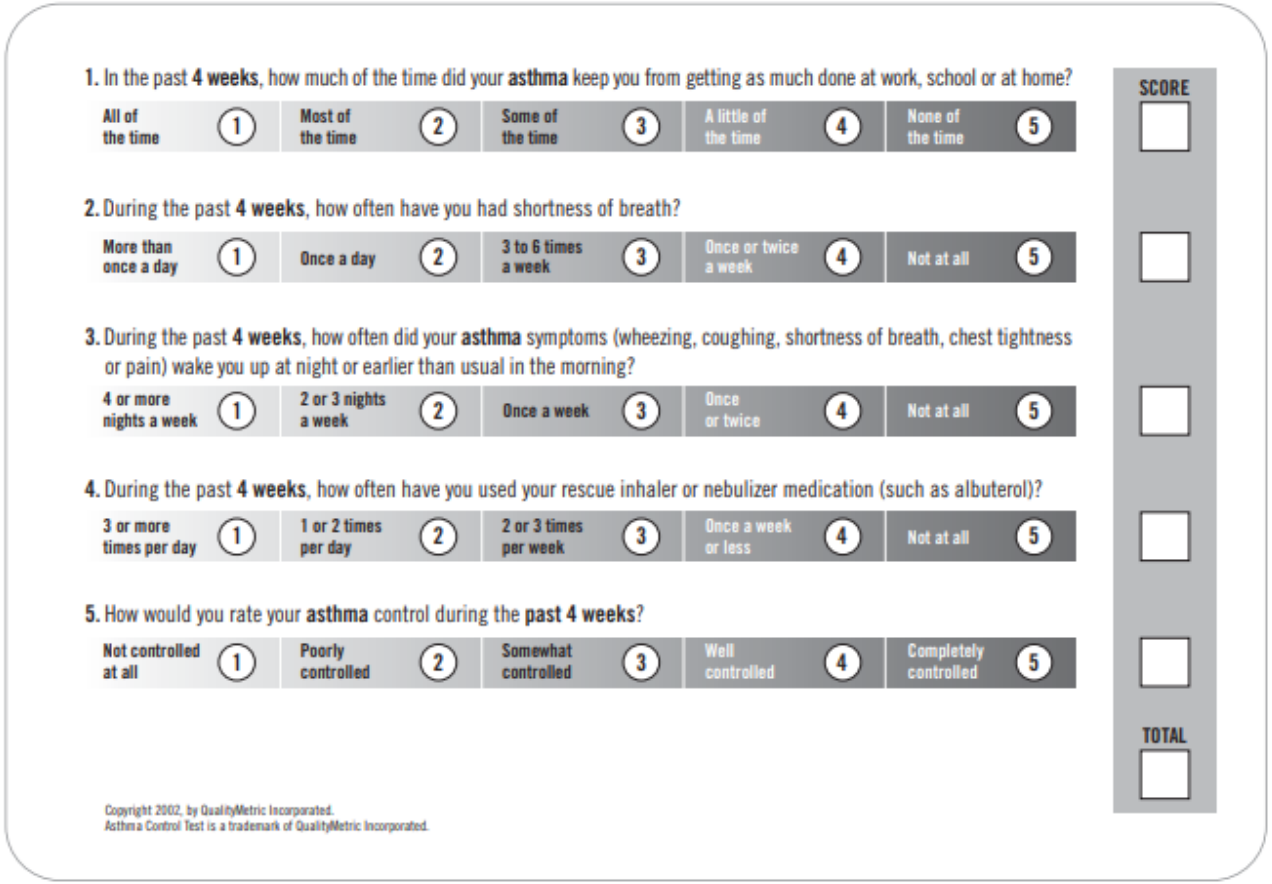
Using Traditional Tools to open up discussion around SDOH

- Consider discussing housing/environment after the Asthma Control Test (ACT)



1. In the past **4 weeks**, how much of the time did your **asthma** keep you from getting as much done at work, school or at home?

All of the time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5

2. During the past **4 weeks**, how often have you had shortness of breath?

More than once a day	1	Once a day	2	3 to 6 times a week	3	Once or twice a week	4	Not at all	5

3. During the past **4 weeks**, how often did your **asthma** symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5

4. During the past **4 weeks**, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times per day	1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week or less	4	Not at all	5

5. How would you rate your **asthma** control during the **past 4 weeks**?

Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5

SCORE

TOTAL

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Key Visits

- Initial Visits/Establishing Care
  - What brought them to the health center, where are they coming from
  - Who do they live with, what does their home look like
  - Family/support
  - Employment, disability
  - “Is there anything else you want to share with me about you or your health”
- Physicals and Well-Child Visits
  - Consistent access to utilities, stable housing, child-care, family structure and support, pets, access to supplementary food/services (WIC, SNAP), neighborhood safety, education at home
  - Don’t forget about the parent
- Complaint-based visits
- Every visit

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Built in EMR Social History Fields

- Language(s) spoken
- How you like to learn (ie, verbal, written, etc)
- Literacy (ie reads well in English, does not read well in Spanish, etc)
- Smoking
- Substance use (specific screenings)
- Sexual History
- SOGI (eCW now has specific tab)
- Housing/Living With
- Marital Status
- Occupation
- Religious Affiliation
- Domestic Violence
- Support System
- Confidential Contact

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SBIRT

Screening, Brief Intervention, Referral to Treatment

- Utilizes AUDIT (Alcohol Use Disorders Identification Test) and DAST (Drug Abuse Screening Test) scores to screen for risk for and current use of substances followed by a brief intervention and referral to treatment if necessary

HPI:

Behavioral Health

Substance Use Screening Questionnaire

Do you sometimes drink alcoholic beverages? *1 or more times*

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? *1 or more times*

AUDIT SCORE: *6*

AUDIT Interpretation: *Severe Risk*

DAST SCORE: *6*

DAST Interpretation: *Severe Risk*

Follow-up care provided based on results below [select all that apply] *Currently enrolled in substance abuse program outside CHC,Given brief intervention by PCP less than 15 minutes*

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AUDIT

https://www.sbirt.care/pdfs/tools/AUDIT.PDF

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for an alcohol problem? ○ Never ○ Currently ○ In the past

I	II	III	IV
0-3	4-9	10-13	14+

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DAST

https://www.sbirt.care/pdfs/tools/DAST.PDF

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Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

Which recreational drugs have you used in the past year? (Check all that apply)

- ☐ methamphetamines (speed, crystal)
- ☐ cocaine
- ☐ cannabis (marijuana, pot)
- ☐ narcotics (heroin, oxycodone, methadone, etc.)
- ☐ inhalants (paint thinner, aerosol, glue)
- ☐ hallucinogens (LSD, mushrooms)
- ☐ tranquilizers (valium)
- ☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse (use) more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes
	0	1

Do you inject drugs? No ☐ Yes ☐

Have you ever been in treatment for a drug problem? No ☐ Yes ☐

I II III IV

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CRAFFT
(Adolescents)

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The CRAFFT+N Interview

To be verbally administered by the clinician

Begin: *"I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."*

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none. ____ # of days
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none. ____ # of days
3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none. ____ # of days
4. Use a **vaping device* containing nicotine or flavors,** or use any **tobacco products†?** Say "0" if none. ____ # of days

**Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

If the patient answered…

"0" for all questions in Part A	"1" or more for Q. 1, 2, or 3	"1" or more for Q. 4
↓	↓	↓
Ask 1st question only in Part B below, then STOP	**Ask all 6 questions in Part B below**	**Ask all 10 questions in Part C on next page**

Part B

		Circle one	
C	Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	**No**	**Yes**
R	Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	**No**	**Yes**
A	Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	**No**	**Yes**
F	Do you ever **FORGET** things you did while using alcohol or drugs?	**No**	**Yes**
F	Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	**No**	**Yes**
T	Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	**No**	**Yes**

Part C

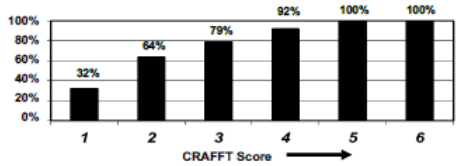
*"The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products.***"*

		Circle one	
1.	Have you ever tried to **QUIT** using, but couldn't?	**Yes**	**No**
2.	Do you vape or use tobacco **NOW** because it is really hard to quit?	**Yes**	**No**
3.	Have you ever felt like you were **ADDICTED** to vaping or tobacco?	**Yes**	**No**
4.	Do you ever have strong **CRAVINGS** to vape or use tobacco?	**Yes**	**No**
5.	Have you ever felt like you really **NEEDED** to vape or use tobacco?	**Yes**	**No**
6.	Is it hard to keep from vaping or using tobacco in **PLACES** where you are not supposed to, like school?	**Yes**	**No**
7.	When you **HAVEN'T** vaped or used tobacco in a while (or when you tried to stop using)…		
a.	did you find it hard to **CONCENTRATE** because you couldn't vape or use tobacco?	**Yes**	**No**
b.	did you feel more **IRRITABLE** because you couldn't vape or use tobacco?	**Yes**	**No**
c.	did you feel a strong **NEED** or urge to vape or use tobacco?	**Yes**	**No**
d.	did you feel **NERVOUS**, restless, or anxious because you couldn't vape or use tobacco?	**Yes**	**No**

One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. →

CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

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CRAFFT
(Adolescents)

CRAFFT

During the PAST 12 MONTHS, did you drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.) *Yes*

During the PAST 12 MONTHS, did you smoke any marijuana or hashish? *Yes*

During the PAST 12 MONTHS, did you use anything else to get high? ("anything else" includes illegal drugs, over-the-counter and prescription drugs, and things that you sniff or "huff") *No*

Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? *Yes*

Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? *No*

Do you ever use alcohol or drugs while you are by yourself, or ALONE? *No*

Do you ever FORGET things you did while using alcohol or drugs? *No*

Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? *No*

Have you ever gotten into TROUBLE while you were using alcohol or drugs? *Yes*

Did the patient need any additional assistance? *Yes*

Was a brief intervention done in the office? *Yes*

Was a referral to the school suggested *Yes*

Was the referral made? *Yes*

Was an outside referral to a drug treatment program suggested? *Yes*

CENTER FOR KEY POPULATIONS

MOSES/WEITZMAN Health System

Intimate Partner Violence Screening

- HITS – Hurt, Insult, Threaten, Scream

Over the last 12 months, how often did your partner:	Never 1	Rarely 2	Sometimes 3	Fairly Often 4	Frequently 5
Physically **HURT** you					
INSULT you or talk down to you					
THREATEN you with physical harm					
SCREAM or curse at you					

CENTER FOR KEY POPULATIONS

Adverse Childhood Events

MOSES/WEITZMAN Health System

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
   No___If Yes, enter 1___
2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
   No___If Yes, enter 1___
3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
   No___If Yes, enter 1___
4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
   No___If Yes, enter 1___
5. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   No___If Yes, enter 1___
6. Were your parents ever separated or divorced?
   No___If Yes, enter 1___
7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   No___If Yes, enter 1___
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
   No___If Yes, enter 1___
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   No___If Yes, enter 1___
10. Did a household member go to prison?
    No___If Yes, enter 1___

Now add up your "Yes" answers: _ This is your ACE Score

CENTER FOR KEY POPULATIONS

MOSES/WEITZMAN Health System

Beyond Screenings – How to have difficult conversations

- Who did you bring with you today or who came with you today?
  - Ask for accompanying person to briefly leave the room for time alone
- Have you ever had to trade sex for money, drugs, or housing?
- Tell me about your typical day/what does a typical day look like to you?
- Food insecurity: Do you have trouble accessing food or are there days when you aren't sure where or how you'll obtain your next meal

CENTER FOR KEY POPULATIONS

MOSES/WEITZMAN Health System

Use of Data and Measurement-Based Care in Behavioral Health

Informal screening tool

- Behavioral health intake

Hx of Present Illness
- History of present illness is Not asked.
- Family's/Client's understanding of illness Not asked.
- Setting in which symptoms occur Not asked.
- What aggravates the symptoms Not asked.
- Severity of symptoms Not asked.
- Life events occuring at the time of symptoms Not asked.
- Reason for referral Not asked.

Behavioral Health Tx
- Currently in Tx Not asked.
- Past BH Tx Not asked.
- Name of previous therapist Not asked.
- Previous therapist: ROI obained Not asked.
- Lifetime Psychiatric Hospitalizations
  - hospitalization *0*
- PCP name and address CHC based.
- Date of last physical
  - Date of last physical *Not asked*

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MOSES/WEITZMAN Health System

Substance Abuse

Has anyone, including you, ever thought you had a problem wi Not Asked.

Have there been any negative consequences from your use of a Not asked.

Problems with Alcohol and/or Drugs Not asked.

Six months prior to admission, alcohol / drug problem

alcohol/drug in past six months *Not asked*

Detox symptoms present today Not asked.

Past alcohol and / or drug abuse history Not asked.

Addictive Behavior

Problem Gambling _, Not asked.

Gambling: during the past 12 months, have you become restles _, Not asked.

During the past 12 months, have you tried to keep your famil _, Not asked.

During the past 12 months, did you have such financial troub _, Not asked.

If yes to any of the gambling questions, was referral given _, Not asked.

Legal Involvement

Legal History

: *Not asked*

Pending Charges

: *Not asked*

Current Probation/Parole

Personal History

Natural Support System/Community Involvement Not asked.

Strengths Not asked.

Residency in the United States

Residency *Not Asked*

Living arrangements

living arrangements *Not asked*

Marital Status Not asked.

Employment Not asked.

Education Not asked.

Family make up Not asked.

Risk factors present Not asked.

Nutritional Assessment Not asked.

If concerns noted re: nutrition, referral to Registered Diet Not asked.

Preferred language _.

Preferred method of learning Not asked.

CENTER FOR KEY POPULATIONS

MOSES/WEITZMAN Health System

Use of Data and Measurement-Based Care in Behavioral Health

Formal screening tools/measures

- PHQ-9
- GAD-7
- CSSRS (suicide severity assessment)
- MDQ (mood disorder assessment)
- DSM-V Cross Cutting Measures
- ACES

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MOSES/WEITZMAN Health System

Anxiety Screening

GAD-7 (2018 Edition)

Feeling nervous, anxious, or on edge *Several days*
Not being able to stop or control worrying *Several days*
Worrying too much about different things *Several days*
Trouble relaxing *More than half the days*
Being so restless that it is hard to sit still *Nearly every day*
Becoming easily annoyed or irritable *Several days*
Feeling afraid as if something awful might happen *Several days*
If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people? *Very difficult*
Total GAD-7 Score *10*
Interpretation of Total *(10 to 14) Moderate*

ACE Survey

Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? OR act in a way that made you afraid that you might be physically hurt? *
Did a parent or other adult in the household often Push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured? *
Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? OR Try to or actually have oral, anal, or vaginal sex with you? *
ACE Total: *
Did you often feel that no one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other? *
Do you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? *
Were your parents ever separated or divorced? *
Was your mother or stepmother: often pushed, grabbed, slapped or had something thrown at her? OR Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR ever repeatedly hit over at least a few minutes or threatened with a gun or knife? *
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? *
Was a household member depressed or mentally ill or did a household member attempt suicide? *
Did a household member go to prison? *
Is this an area you would like to address in treatment? *

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Health System

SOGI Data Collection

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MOSES/WEITZMAN Health System

CKP Quality Improvement Team: Choosing the Initiative

- Why Choose Sexual Orientation and Gender Identity (SO/GI) Collection?
  - CKP team passionate about initiative
  - SO/GI Collection met many of the criteria required to have a successful outcome
    - SO/GI part of the Uniform Data System (UDS) required by HRSA.
    - CHC senior leadership buy-in and support.
    - Grant funding
    - Strategic partnership (CDC/NACHC/Fenway/CHC collaboration)
    - Agency-wide initiative

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CKP QI Team: Preliminary Decisions

- Who should be involved as part of the Quality Improvement initiative:
  - CKP Directors
  - Medical providers
  - Medical Assistants
  - Nursing
  - IT/Data/EHR (Coach)
  - Case manager
  - PrEP navigator
  - Outreach worker
  - Front desk staff (when needed)

MOSES/WEITZMAN Health System

CKP QI Team: Decisions to Work Through

- ✓ When during the patient visit process can SO/GI be collected?
- ✓ Who will collect it?
- ✓ How will it be collected?
- ✓ Where will the information be documented in the health records and what will it look like?
- ✓ What type of training is needed and who will require it?

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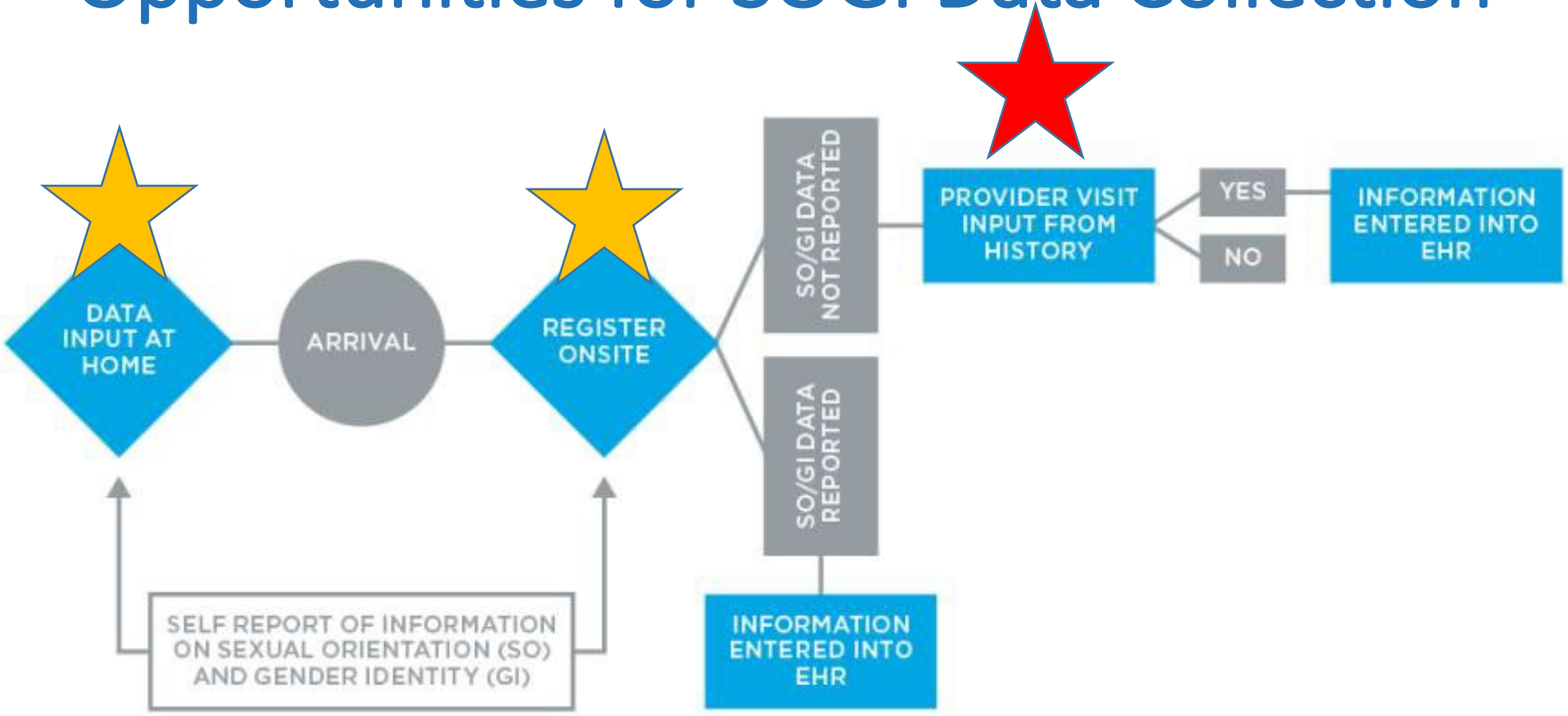
Opportunities for SOGI Data Collection



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SO/GI Initiative at CHC

- Opted to collect information at medical visit.
- Created structured data fields in the EHR under Social History for SO/GI.
- PDSAs done by CKP team, nursing, behavioral health, then expand to more medical providers and pediatrician through QI/Clinical Microsystem.
- Trainings
  - On LGBTQ cultural humility
    - At Grand Rounds and at All Staff meetings
  - On SO/GI collection
    - To the various specific disciplines involved, e.g. providers, MAs, RNs, front desk staff, access to care
  - Follow up trainings where required.
- Agency-wide kick off date: September 1, 2016
- Patient Portal access to SO/GI questionnaire set up as well.

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MOSES/WEITZMAN Health System

SO/GI Collection Process

- SO/GI information will appear on the Planned Care Dashboard, as a one time ever collection:
  - ❑ if all components missing
  - ❑ if sexual orientation, gender identity, or sex at birth is missing
  - ❑ if patient has chosen a gender identity different from sex at birth and preferred name and pronoun are missing

ALERTS	Last Date	Due Date	Value	Notes
Needs Flu Vaccine 2016-2017				
DM Retinopathy	4/14/2015	4/14/2016		
Body Mass Index	5/16/2016		34.41	Needs Education
HIV Screen Needed				Once,13-64 yrs old
SBIRT	Never Done			Yearly, 18+ yrs old
SOGI	Never Done			

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MOSES/WEITZMAN Health System

SO/GI Collection Process

- Information will be collected through a questionnaire and entered in Social History in the EHR, eClinicalWorks (eCW).
- Preferred name and pronouns to use for patients will automatically be pulled to Practice and Phone Management Systems (NOVO /Centricity) so all staff can address patients correctly.

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MOSES/WEITZMAN Health System

Key Steps in Collecting SO/GI: Medical Assistants

- The purpose is to collect sexual orientation and gender identity (SOGI) information on all patients 13 years + coming in for a medical visit
- The MA checks the planned care dashboard during their huddle.
- If the patient requires any SOGI component, the MA prepares the SOGI questionnaire to give to the patient.
- When the patient presents for the visit, the MA rooms the patient and hands the SOGI questionnaire to the patient.
- The MA will inform the patient that CHC is collecting this information on all patients as a standard of care and that the provider will review the questionnaire with them.
- Any questions they may have about the questionnaire can be discussed with the provider if needed.

CENTER FOR KEY POPULATIONS

Community Health Center, Inc.

Name/MR#:_____DOB: _____

Date:_____

SOGI Screening Questionnaire Form

Thank you for completing this form. We ask about sexual orientation and gender identity so that we can provide you with patient-centered, confidential, and respectful care.

Do you think of yourself as:

- ☐ Straight or heterosexual
- ☐ Lesbian, gay, or homosexual
- ☐ Bisexual
- ☐ Other:_____
- ☐ Questioning
- ☐ Don't know
- ☐ Choose not to disclose

Do you think of yourself as:

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Trans Man/Female to Male (FTM)
- ☐ Transgender Female/Trans Woman/Male to Female (MTF)
- ☐ Genderqueer (neither exclusively male nor female)
- ☐ Additional gender category/Other, please specify:_____
- ☐ Questioning
- ☐ Don't know
- ☐ Choose not to disclose

What sex were you assigned at birth on your original birth certificate?

- ☐ Male
- ☐ Female
- ☐ Decline to answer

Pronouns to use. Specify:

- ☐ He/Him
- ☐ She/Her
- ☐ They/Them
- ☐ Other:_____

Preferred Name:_____

Community Health Center, Inc.

Name/MR#:_____DOB: _____

Date:_____

SOGI Screening Questionnaire Form

Gracias por completar este formulario. Preguntamos sobre orientación sexual e identidad de género para poder proveerle como paciente una atención centrada, confidencial y con respeto a su cuidado.

Como usted se considera:

- ☐ Heterosexual (Straight)
- ☐ Homosexual, Lesbiana, Gay
- ☐ Bisexual
- ☐ Otro: _____
- ☐ Cuestionando
- ☐ No Se
- ☐ Prefiero no contestar

Como usted se considera:

- ☐ Hombre
- ☐ Mujer
- ☐ Hombre transgenero /Hombre-Trans/ Mujer a Hombre
- ☐ Mujer Transgenero /Mujer-Trans/ Hombre a mujer
- ☐ De genero no comformista (genderqueer)/Ni exclusivamente hombre o mujer
- ☐ Categoria adicional de genero / Otro, por favor especifique:_____
- ☐ Cuestionando
- ☐ No se
- ☐ Prefiero no contestar

Qué sexo le asignaron al nacer en su certificado de nacimiento original?

- ☐ Hombre
- ☐ Mujer
- ☐ Prefiero no contestar

Qué pronombres usa?

- ☐ El
- ☐ Ella
- ☐ Ellos/Ellas
- ☐ Otro:_____

Nombre con el que prefiere ser llamado?_____

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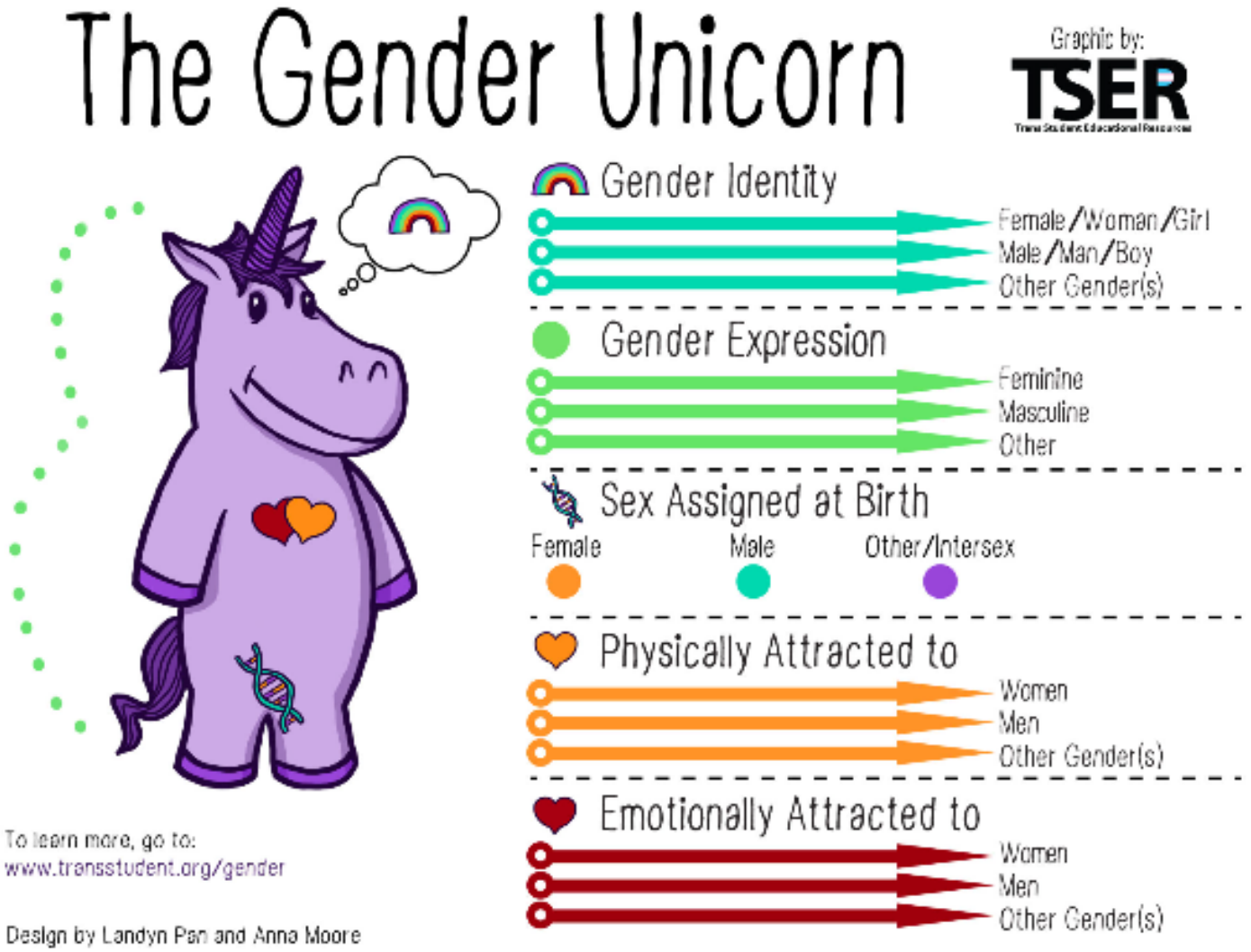
SOGI Screening



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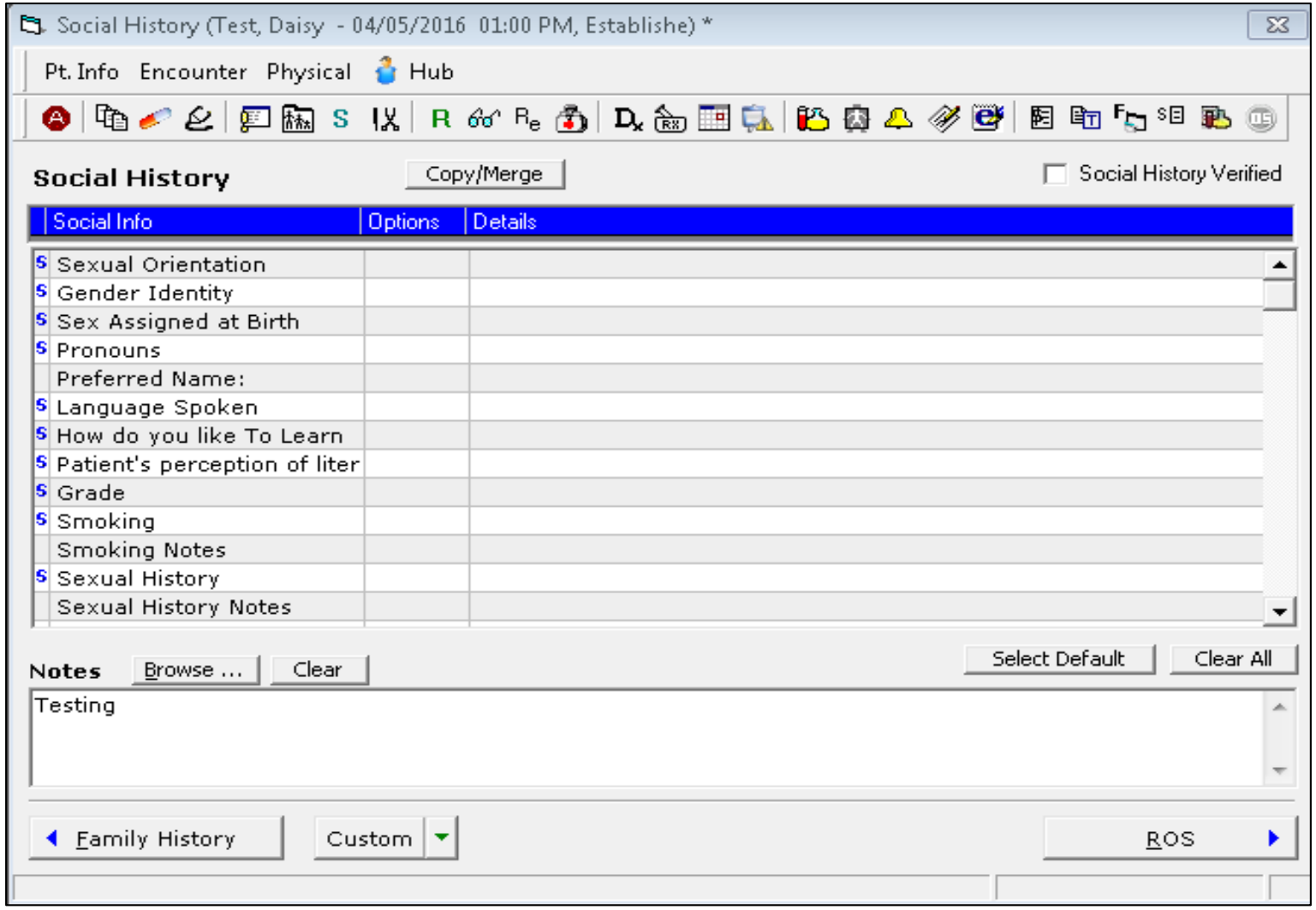
SO/GI Information in Social History



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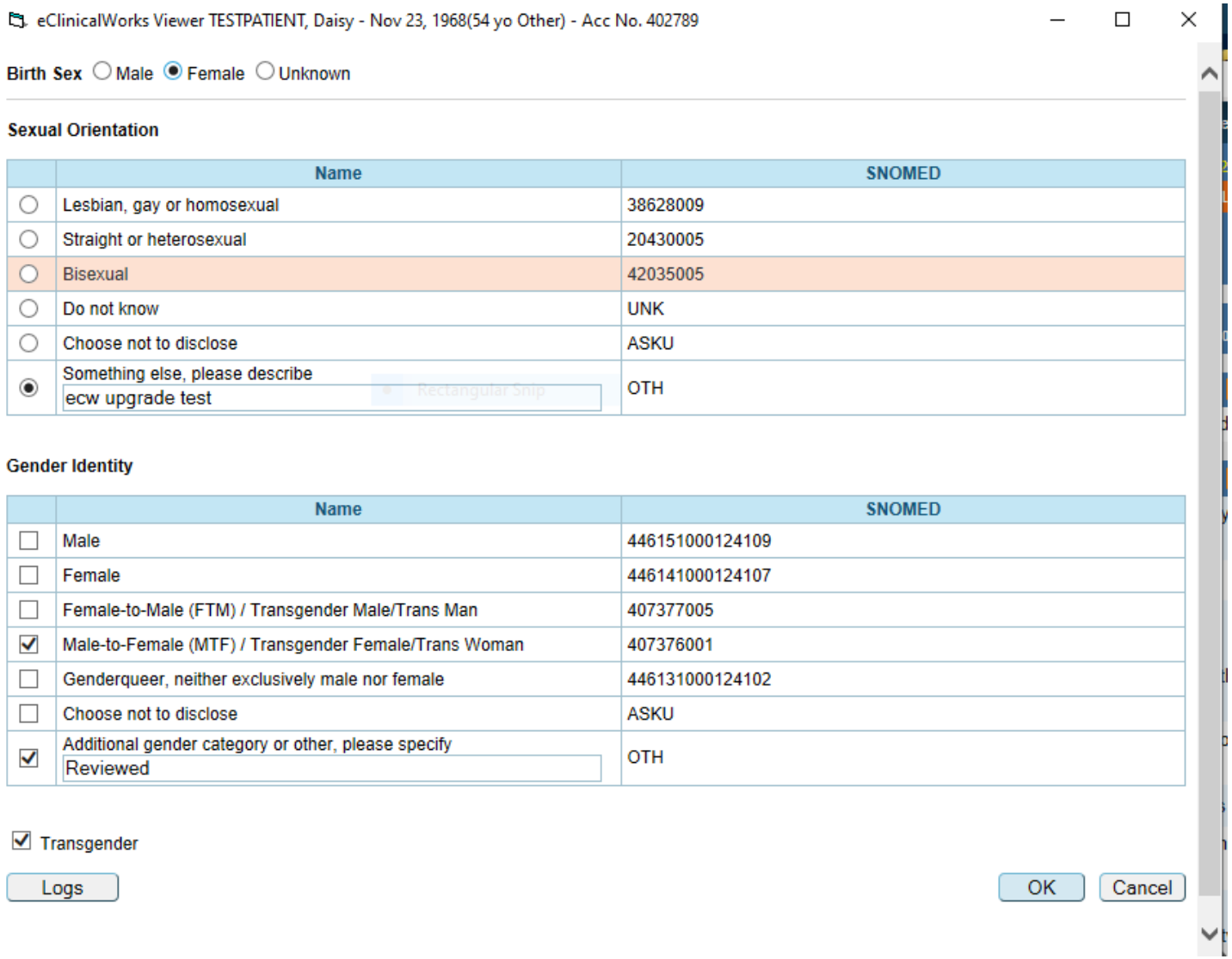
The SO/GI Box in Patient Information



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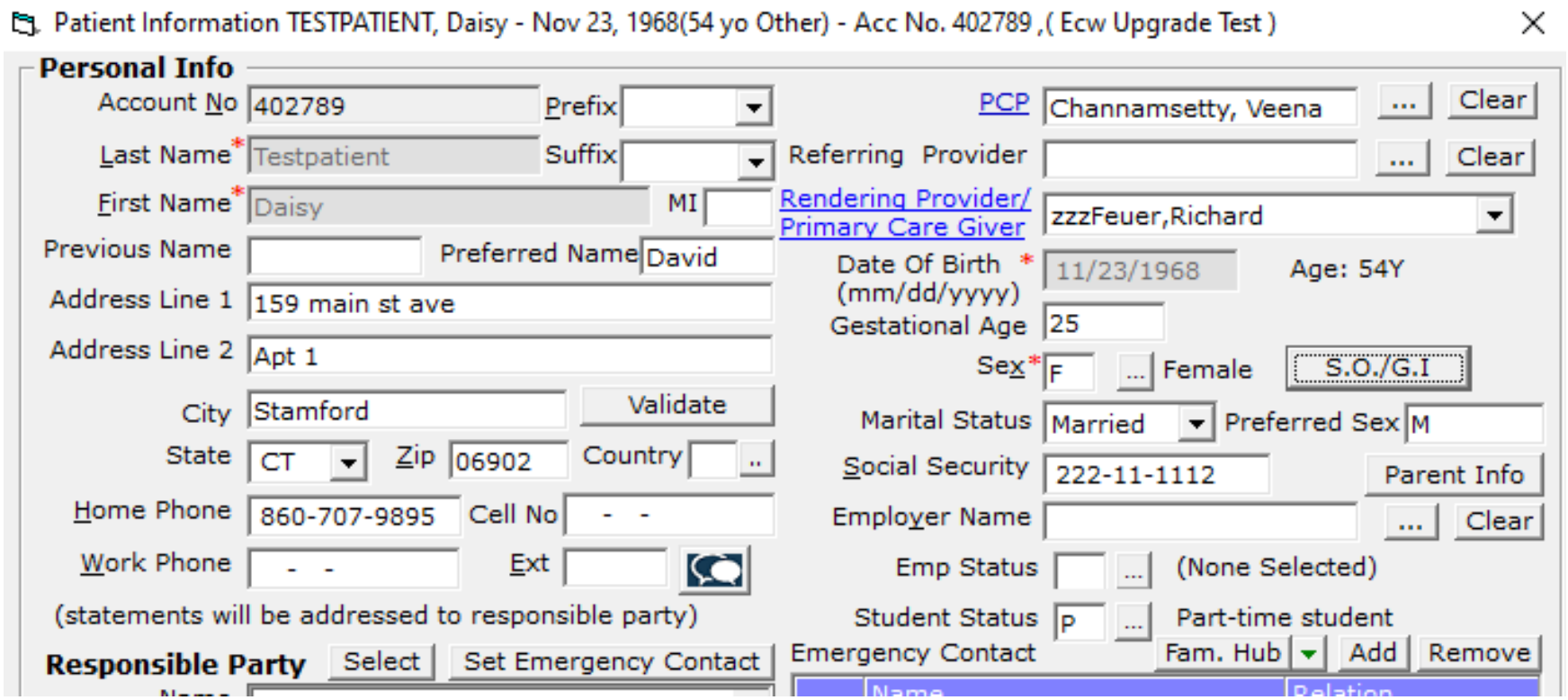
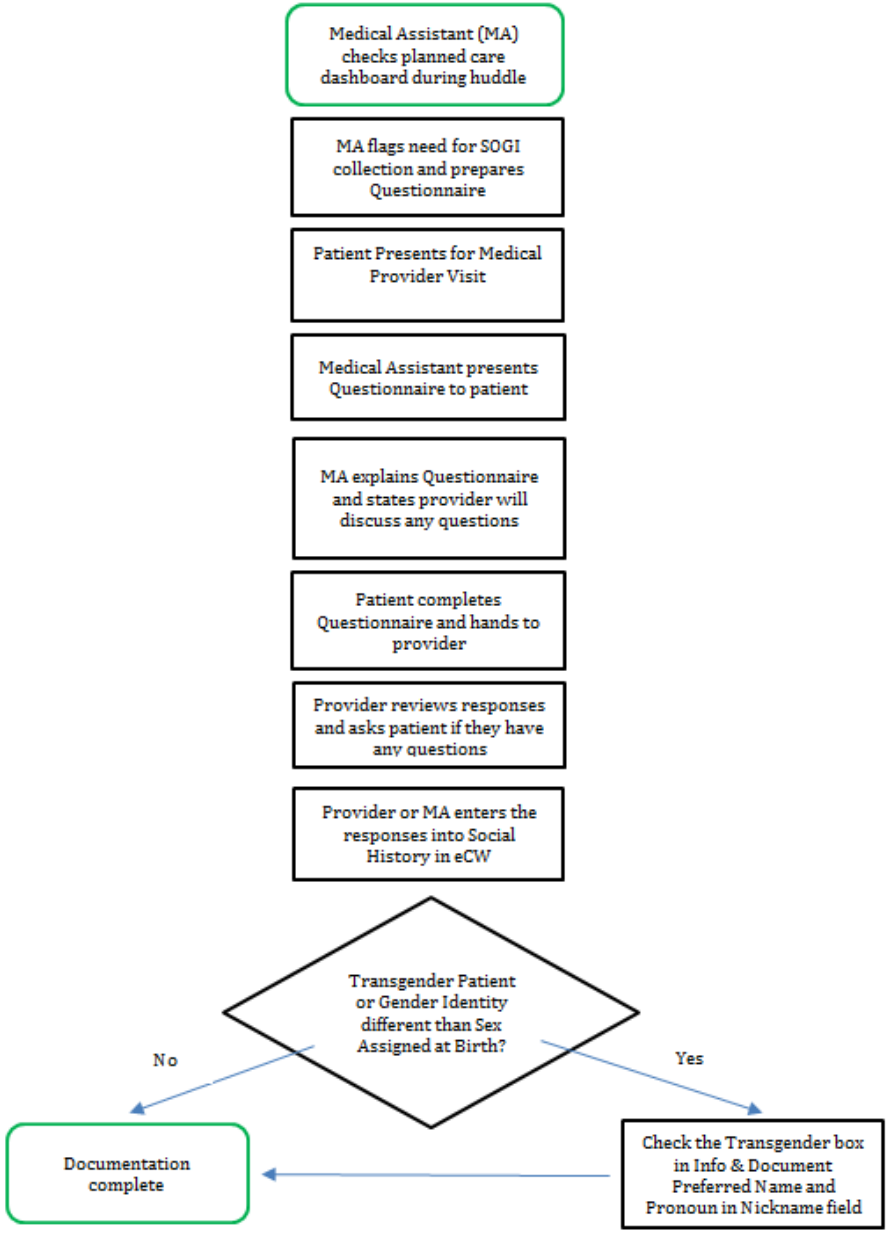
Preferred Name and Pronouns



SO/GI Playbook: Medical Assistants



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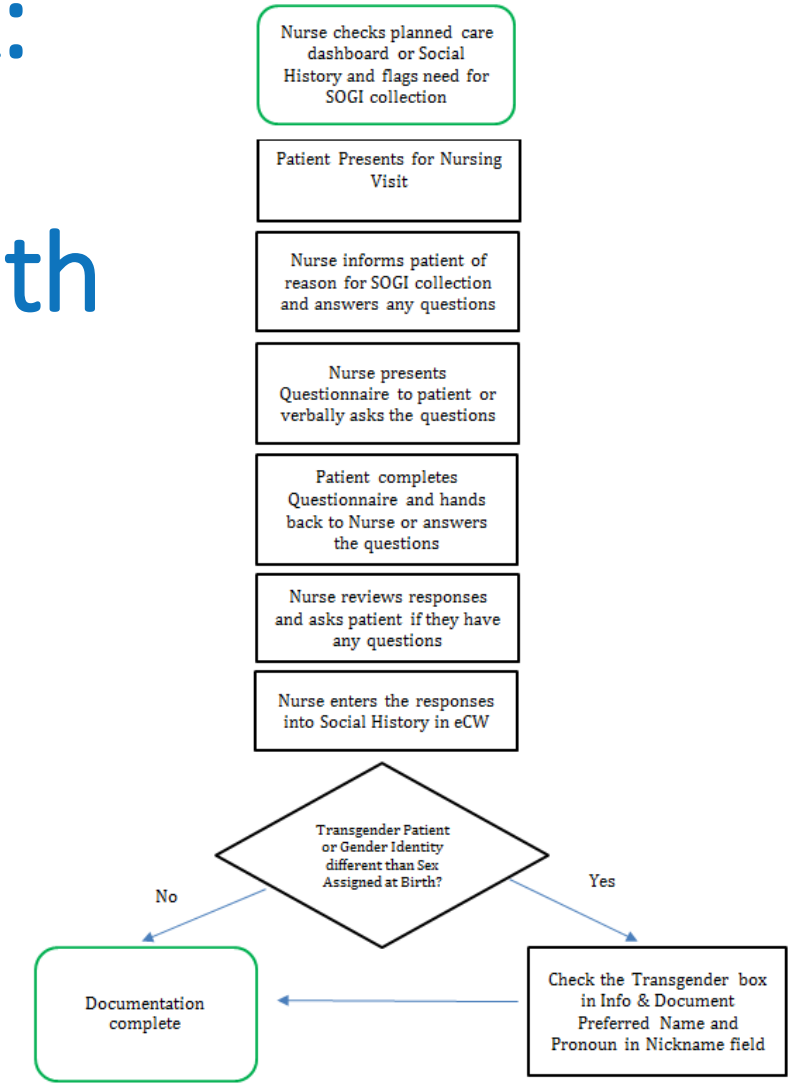
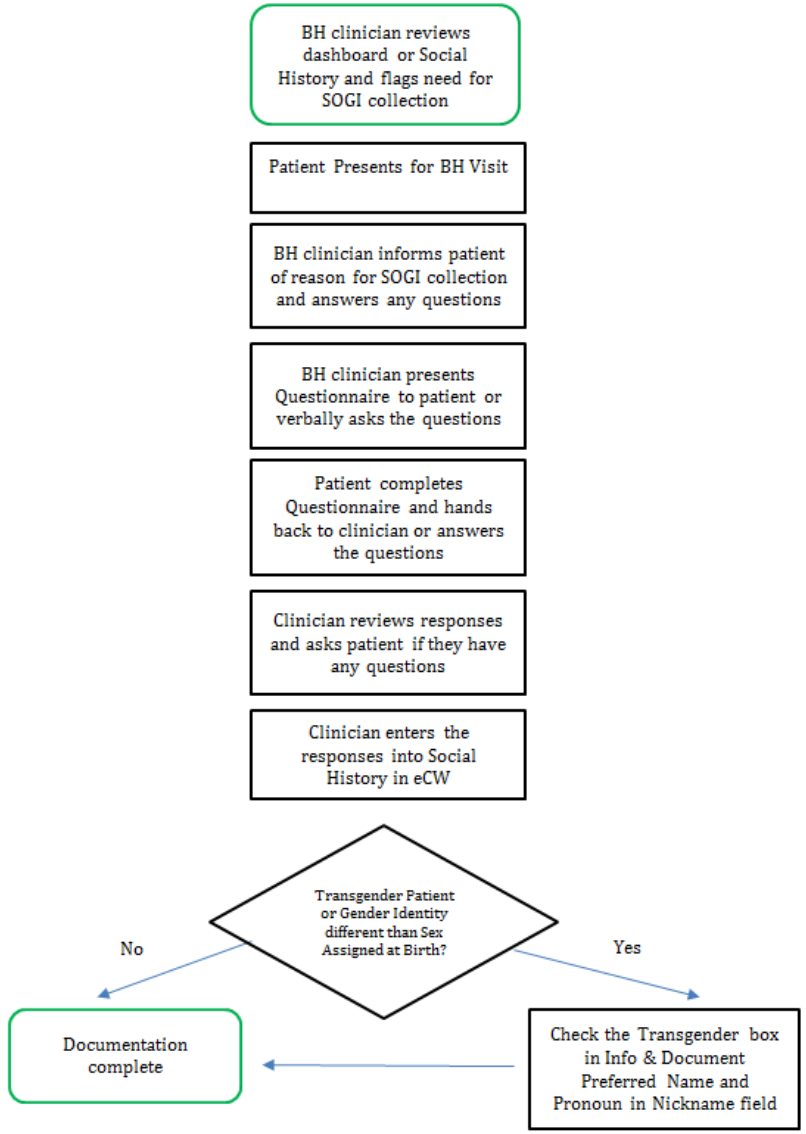
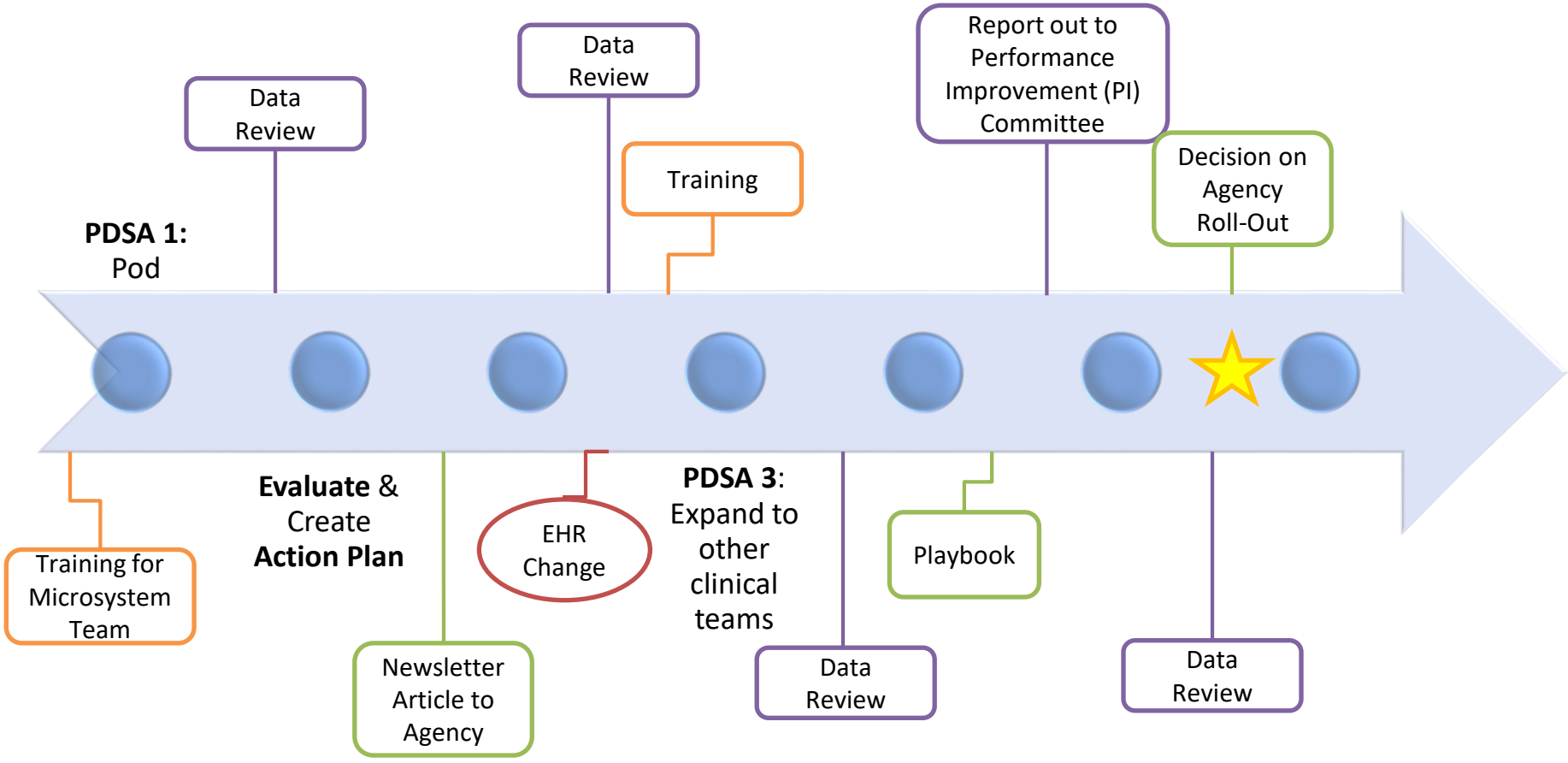
SO/GI Playbook: Nursing and Behavioral Health





MOSES/WEITZMAN Health System

Timeline for Rollout



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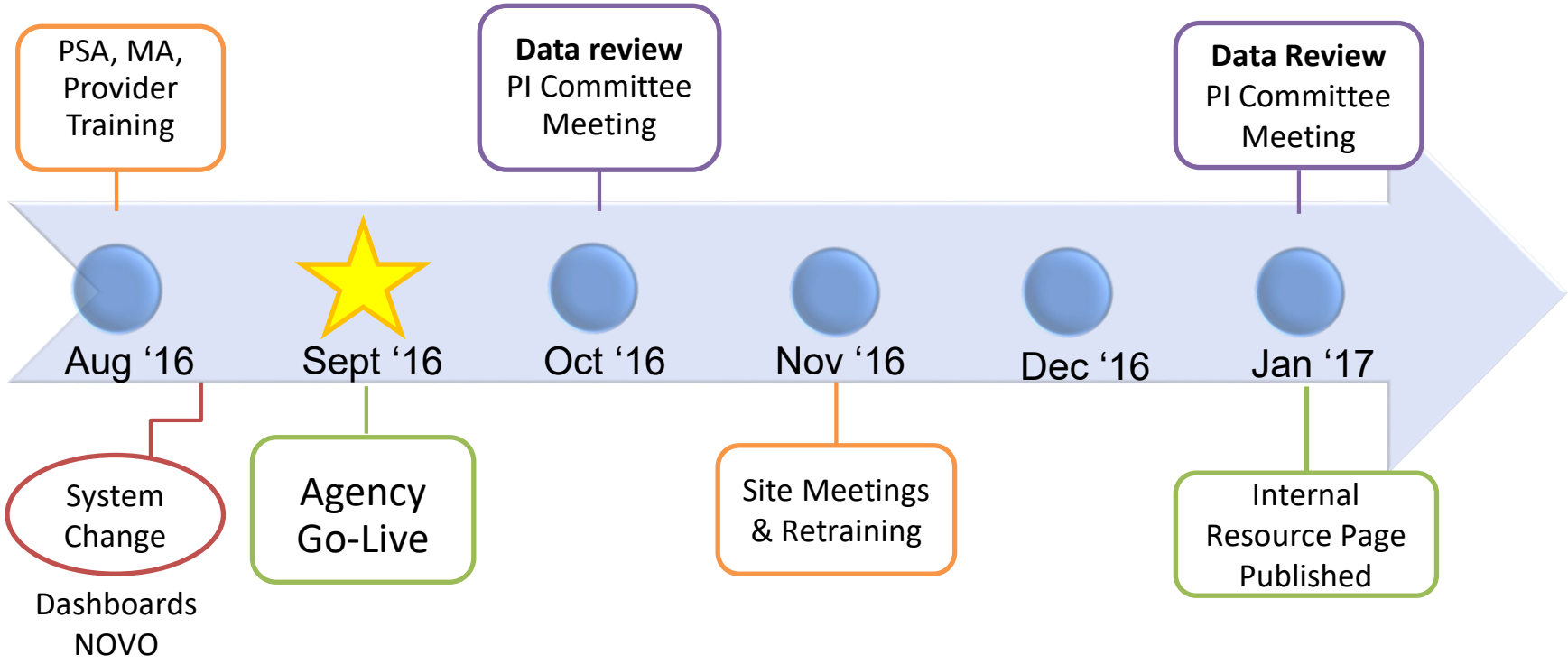
Timeline for Rollout



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MOSES/WEITZMAN Health System

Agency-wide 6-Month SO/GI Collection Rates

Sept, 2016 - March, 2017	Patient Age Group			
	18 years+		13-17 years	
SOGI Status	Count	Percent	Count	Percent
Full Profile Complete	30359	78.6%	4356	54.2%
Profile Started, Not Complete	971	2.5%	197	2.4%
Total Patients with at least Partial SOGI Profile	31330	81.1%	4553	56.6%

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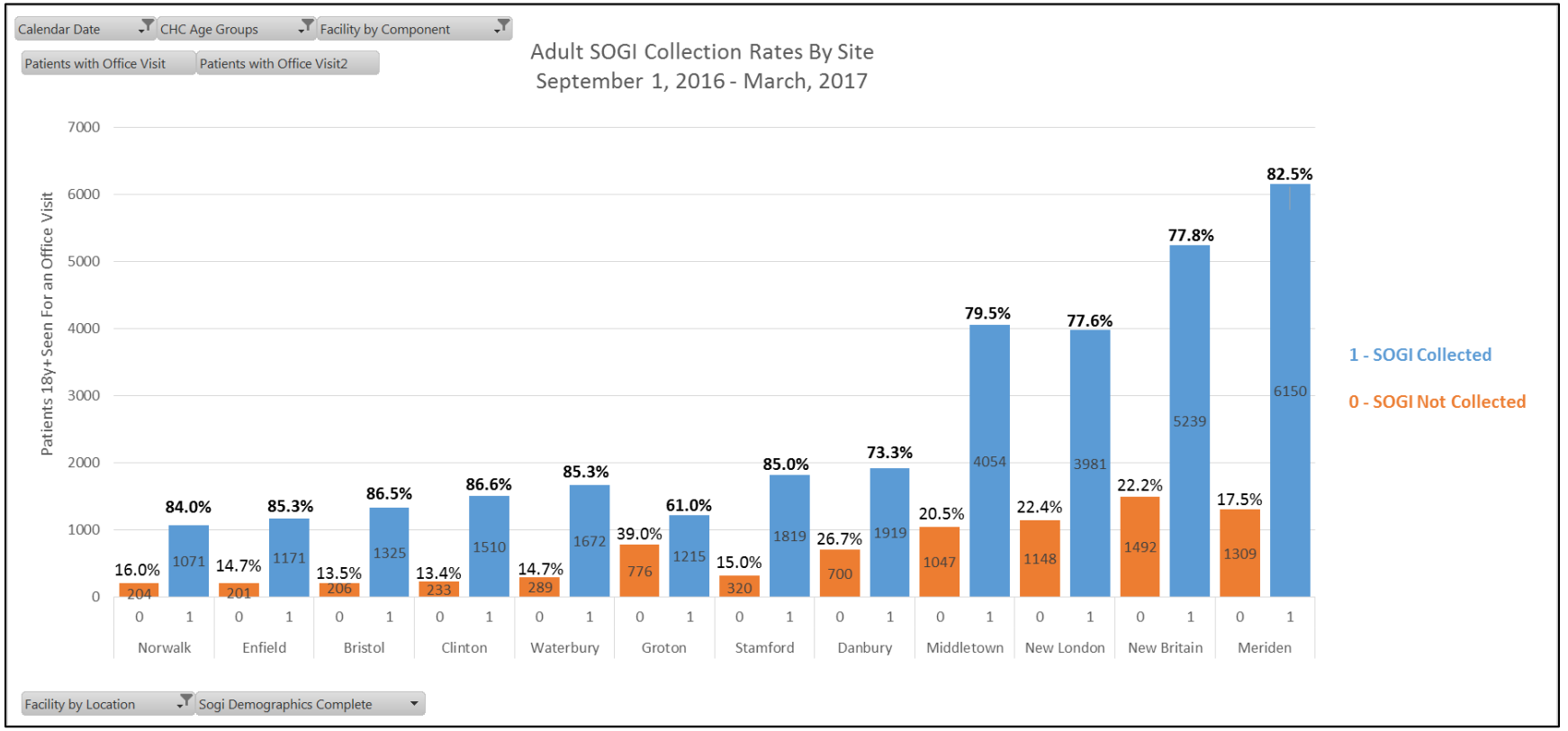
MOSES/WEITZMAN Health System

SO/GI Collection Rates by Site



CENTER FOR KEY POPULATIONS

MOSES/WEITZMAN Health System

Sexual Orientation Summary by Age Group

ADULTS 18+

Sexual Orientation - Adults		
Calendar Date	All Dates	
CHC Age Groups	18+	
Facility by Component	Medical	
Encounter Type	Office Visit	
Clinical Event	SOGI	
Row Labels	Patients with Office Visit	% Pts Screened
Straight or heterosexual	30983	92.43%
Choose not to disclose	658	1.96%
Unreported	489	1.46%
Bisexual	503	1.50%
Lesbian or gay or homosexual	672	2.00%
Other:	116	0.35%
Don't know	80	0.24%
Questioning	20	0.06%
Grand Total	**33521**	**100.00%**
Total Same Sex Attraction	**1175**	**3.51%**
NON Heterosexual	**1391**	**4.15%**

ADOLESCENTS 13-17

Sexual Orientation - 13-17y		
Calendar Date	All Dates	
CHC Age Groups	13-17 Years	
Facility by Component	Medical	
Encounter Type	Office Visit	
Clinical Event	SOGI	
Row Labels	Patients with Office Visit	% Pts Screened
Straight or heterosexual	4331	87.71%
Unreported	124	2.51%
Choose not to disclose	83	1.68%
Bisexual	180	3.65%
Lesbian or gay or homosexual	98	1.98%
Don't know	56	1.13%
Other:	42	0.85%
Questioning	24	0.49%
Grand Total	**4938**	**100.00%**
Total Same Sex Attraction	**278**	**5.63%**
NON Heterosexual	**400**	**8.10%**

NON Heterosexual includes Other, Don’t Know and Questioning.

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MOSES/WEITZMAN Health System

Transgender Population by Age Group

Adults (18+)		
Transgender Subcategory	**No. of Patients**	**% of Pts with SOGI Data Recorded**
Male (w/ female assigned @ birth)	104	0.33%
Female (w/ male assigned @ birth)	123	0.39%
Transmen	37	0.12%
Transwomen	28	0.09%
Genderqueer	13	0.04%
Other gender	11	0.04%
Transgender Total	**316**	**1.01%**
Pts with SOGI Data Recorded	*31330*	
Questioning & Don't Know	15	0.05%
Choose not to disclose	290	0.93%

Adolescents (13-17)		
Transgender Subcategory	**No. of Patients**	**% of Pts with SOGI Data Recorded**
Male (w/ female assigned @ birth)	7	0.22%
Female (w/ male assigned @ birth)	4	0.13%
Transmen	9	0.28%
Transwomen	1	0.03%
Genderqueer	7	0.22%
Other gender	4	0.13%
Transgender Total	**32**	**1.01%**
Pts with SOGI Data Recorded	*3168*	
Questioning & Don't Know	6	0.19%
Choose not to disclose	16	0.51%

CENTER FOR KEY POPULATIONS

Staff Reaction to SO/GI Standardization

- "We have heard so much about what was going on in [another CHC] site and were wondering when this would get around to us."
  ~MA in Enfield
- "I have a daughter who is transgender and I asked her about the training we received and the process we are using. She was very interested in how we would be using the data collected and not just the fact that we collected it. I would like to know more about our long-term goals."
  ~ RD in NB
- "Everything gets put on the MA's to do but this is something that feels right to do as an agency. When I heard what the patient response was in the first sites I couldn't wait for it to move to our site."
  ~ MA in New London

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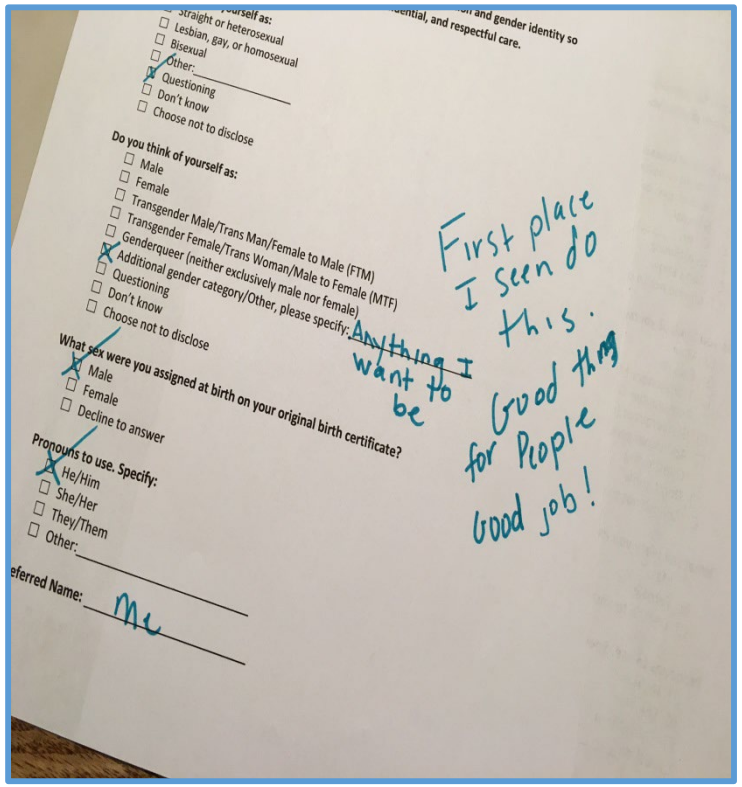
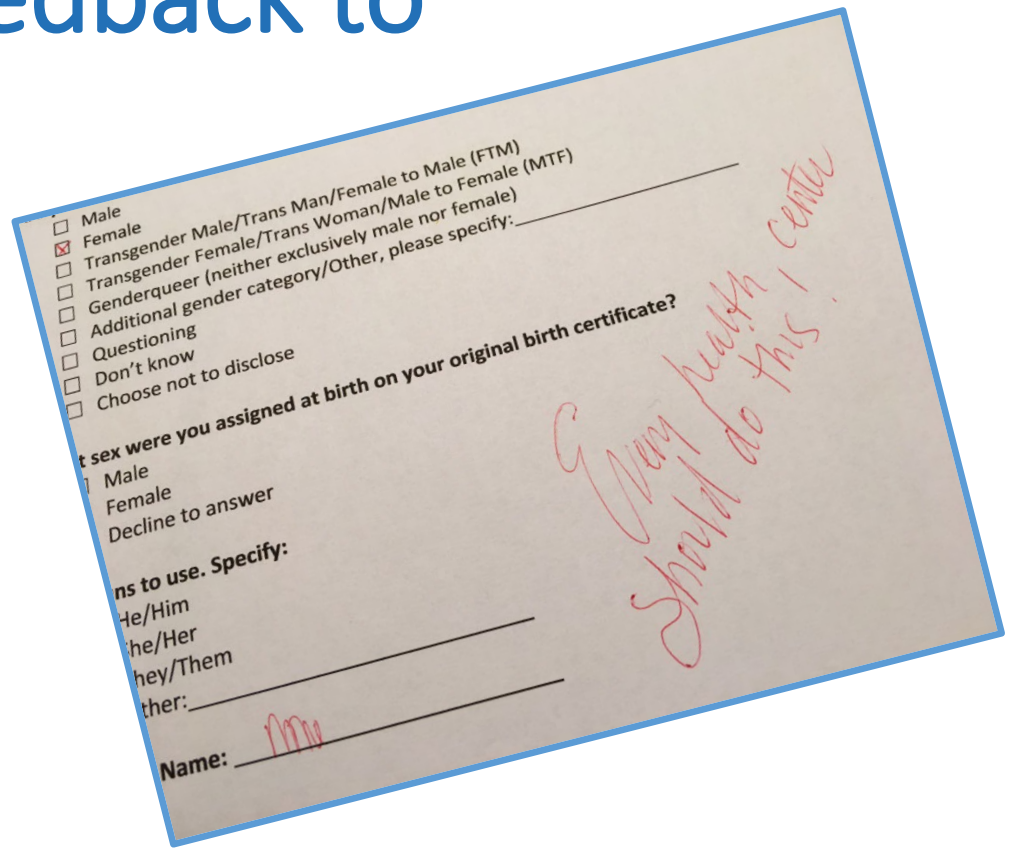
Use positive patient feedback to sustain momentum!





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Implementation Climate

Facilitators

- ✓ Agency with progressive values
- ✓ Leadership buy – in and support
- ✓ Well-trained, willing, enthusiastic staff
- ✓ Large patient population willing to give feedback and input
- ✓ Pieces for agency-wide implementation already in place
  - ✓ Screening workflows
  - ✓ Planned care dashboard
  - ✓ Staff meetings/trainings
  - ✓ QI/PDSA/SDSA culture

Barriers

- ✓ Some patients less receptive to SOGI data collection
- ✓ Competition with multiple other standards/clinical expectations
- ✓ Limitations of EHR
- ✓ Practice management database and EHR are different
- ✓ Large agency with multiple sites with centralized phone systems
- ✓ Staff turnover

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MOSES/WEITZMAN Health System

Implementation: Compatibility of Intervention with Workflow

Facilitators

- ✓ Medical assistants able to administer SOGI data forms during routine interaction prior to OV
- ✓ Planned care dashboard available
- ✓ Patient portal available and SOGI able to be collected through portal

Barriers

- ✓ Providers have limited time available to enter SOGI data into EHR
- ✓ SOGI collection input by MA not completely in line with busy workflow
- ✓ Limited number of patients access and use patient portal.
- ✓ SOGI collection at registration very difficult

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Lessons Learned

- Standardization is on-going and the process requires continuous attention.
- Prioritize a true change in agency culture not just process.
- Find and lead with your site champions.
- Facilitate collaborations with internal departments early in the process (i.e.: data, business intelligence).
- Be prepared for the “hoops” you need to jump through to get to an agency wide initiative – committee presentations, BOD approval.
- Patient feedback can invigorate enthusiasm in staff.
- Collaboration with other community agencies is essential.

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MOSES/WEITZMAN Health System

Lessons Learned

- Training to all levels of staff is arduous but necessary in standardization – remember to include administration, IT, billing, finance, facilities.
- Communication to the correct individuals is a key to success.
- Recognition of key staff (especially those with increased work load) is essential.
- Trainings, monitoring, and evaluation must be ongoing.
- Leadership buy-in can make or break an initiative.
- Assign a key point of contact for questions, concerns and suggestions.
- Highlight successes often!

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Health System

Sexual Risk Assessment

CENTER FOR KEY POPULATIONS

MOSES/WEITZMAN Health System

Sexual Health Assessment

- May come up as part of a visit.
  - During related patient complaints; when taking social hx, past medical hx, reproductive hx
- May be performed as part of routine screening.
  - By provider or other trained clinical team member; on paper; on computer or smart screen; through patient portal

Bottom Line

Sexual health assessment should be done on every patient and should be performed regularly.

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How to Broach the Subject

- Let patients know:
  - you take a sexual history from all patients.
  - it is important for emotional and physical health.
  - it is confidential.
  - you take it regularly because sexual behaviors/STI exposures/sexual function/pregnancy desires and concerns all can change over time.

Bottom Line

Ask permission to proceed.

"I would like to ask you some questions about your sexual health. Is that OK with you?"

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How to Approach a Sexual Health Assessment

- Be sensitive and open.
- Be aware of your body language and facial expressions.
- Don't let your beliefs interfere with providing best care.
- Avoid leading questions.
  - "You always use condoms, right?"
  - "You only sleep with your husband, right?"
- Avoid terms like 'promiscuous' or 'sleep around'.

Bottom Line

Avoid being judgmental.

Practice questions out loud and with others.

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How to Approach a Sexual Health Assessment

- Sexual orientation does not always determine sexual behaviors.
  - How a person identifies and who they have sex with do not always align.
  - These can change over time.
- Use gender neutral terms until you know the gender of the partner(s).
- Sexual behavior should not be stereotyped.
  - Many elderly people are sexually active.
  - Heterosexual couples do have open relationships.
  - Gay couples do decide to be monogamous.
  - Some gay men don't like to give oral sex or receive anal sex.

Bottom Line

Make no assumptions.

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Goals of Sexual Health Assessment

- Does patient require STI screening?
- What parts do we need to screen?
- Does patient require STI treatment?
- Is sexual functioning as desired?
- Does patient require STD/HIV prevention and/or family planning?

Bottom Line

Promote healthy sex lives.
Empower with knowledge and choice.
Protect through prevention, screening, and treatment.

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The 5 P's of Sexual Health Assessment

- Partners
- Practices
- Past history of STDs
- Protection from STDs
- Pregnancy plans

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I. Partners

- Have you been sexually active in past year?
- How many partners do you have currently? In past year? (1 or more than 1)
- Do you have sex with men, women, transmen, transwomen, other?
- Do/did your partner(s) have other partners?

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II. Practices

- Have you (or your partners) had sex with someone you did not know or just met?
- Have you (or your partners) had sex under the influence of drugs or alcohol?
- Have you (or you partners) received or given money/shelter/drugs for sex?
- Do you have concerns about your sex life?
  - Sexual function, desire, satisfaction, orientation, identity

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III. Past History of STDs

- Have you had or been exposed to:
  - GC
  - Chlamydia
  - Herpes (oral/genital)
  - Warts (HPV)
  - Syphilis
  - Trichomonas
  - Hepatitis B
  - Hepatitis A
  - HIV
- When? Treated? Recurrence of symptoms?

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STD Symptoms

- Genital itching/burning
- Anal itching/burning
- Genital discharge/pus/drip
- Anal discharge/pus/drip
- Sore throat
- Rash
- Genital/anal sores
- Genital/anal pain

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IV. Protection from STDs Education

- Explain difference between HIV and STD prevention, e.g. PrEP, condoms.
- Unlikely to get HIV from oral sex but you can get STDs, e.g. GC, chlamydia
- Sharing sex toys without condoms can give you STDs.
- Condoms greatly reduce risk of STDs but still possible to get through areas not covered by condom.
- Hepatitis A/B and HPV vaccinations available.

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Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act*

Type of Exposure	Risk per 10,000 Exposures
Parenteral	
Blood Transfusion	9,250
Needle-Sharing During Injection Drug Use	63
Percutaneous (Needle-Stick)	23
Sexual	
Receptive Anal Intercourse	138
Insertive Anal Intercourse	11
Receptive Penile-Vaginal Intercourse	8
Insertive Penile-Vaginal Intercourse	4
Receptive Oral Intercourse	Low
Insertive Oral Intercourse	Low
Other^	
Biting	Negligible
Spitting	Negligible
Throwing Body Fluids (Including Semen or Saliva)	Negligible
Sharing Sex Toys	Negligible

* Factors that may increase the risk of HIV transmission include sexually transmitted diseases, acute and late-stage HIV infection, and high viral load. Factors that may decrease the risk include condom use, male circumcision, antiretroviral treatment, and pre-exposure prophylaxis. None of these factors are accounted for in the estimates presented in the table.

^ HIV transmission through these exposure routes is technically possible but unlikely and not well documented.

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Condom Use Protection Against HIV

- Consistent condom use with usual rates of breakage and slippage protects about 80% (with range: 35 to 94%)
  - Estimates mainly based on heterosexual couples.
  - Very few studies in MSM or with anal sex.

Holmes KK, Levine R, Weaver M. Effectiveness of condoms in preventing sexually transmitted infections. Bull World Health Organ. 2004 Jun;82(6):454-61. PMID: 15356939; PMCID: PMC2622864.

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V. Pregnancy Plans

- Do you have plans or desires to have (more) children?
  - Do you have concerns around pregnancy?
  - What are you doing to prevent pregnancy?
  - Do you want information on birth control?
  - Do you have questions about fertility options?

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6 Essential Sexual Health Questions: To Determine STD Screening/Treatment

- Have you ever had any type of sex ?
  - Oral, Vaginal, Anal?
- When was the last time?
- Are partners men, women, transmen, transwomen? How many (1 or more than 1)?
- Do you use condoms/PrEP? Always, sometimes, never?
- Any symptoms?
- Were you exposed to any STDs that you know?

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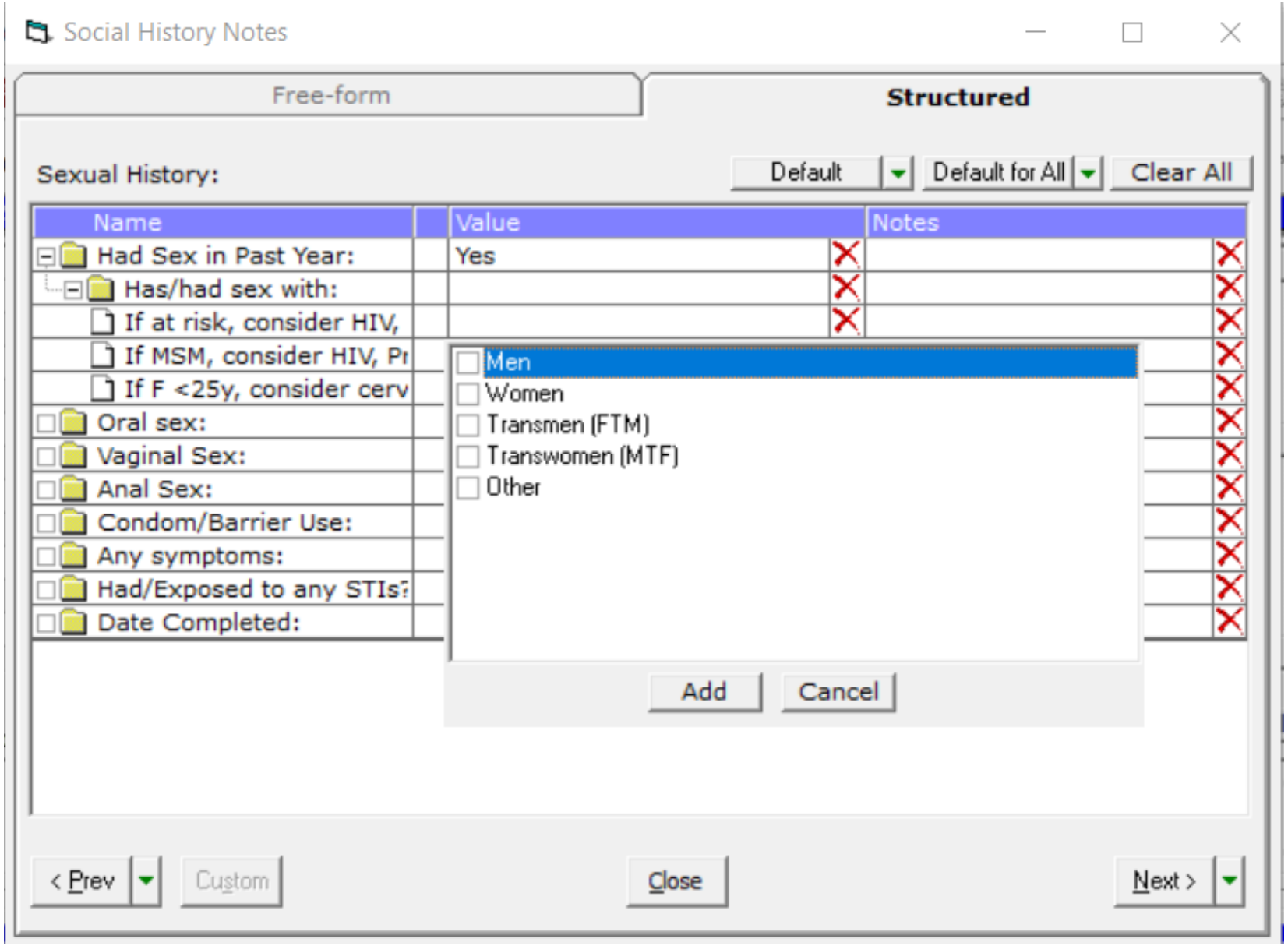
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Structured
Sexual History:
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Default for All
Clear All
Name
Value
Notes
Had Sex in Past Year:
Yes
Has/had sex with:
If at risk, consider HIV,
If MSM, consider HIV, Pr
If F <25y, consider cerv
Oral sex:
Vaginal Sex:
Anal Sex:
Condom/Barrier Use:
Any symptoms:
Had/Exposed to any STIs?
Date Completed:
Men
Women
Transmen (FTM)
Transwomen (MTF)
Other
Add
Cancel
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Custom
Close
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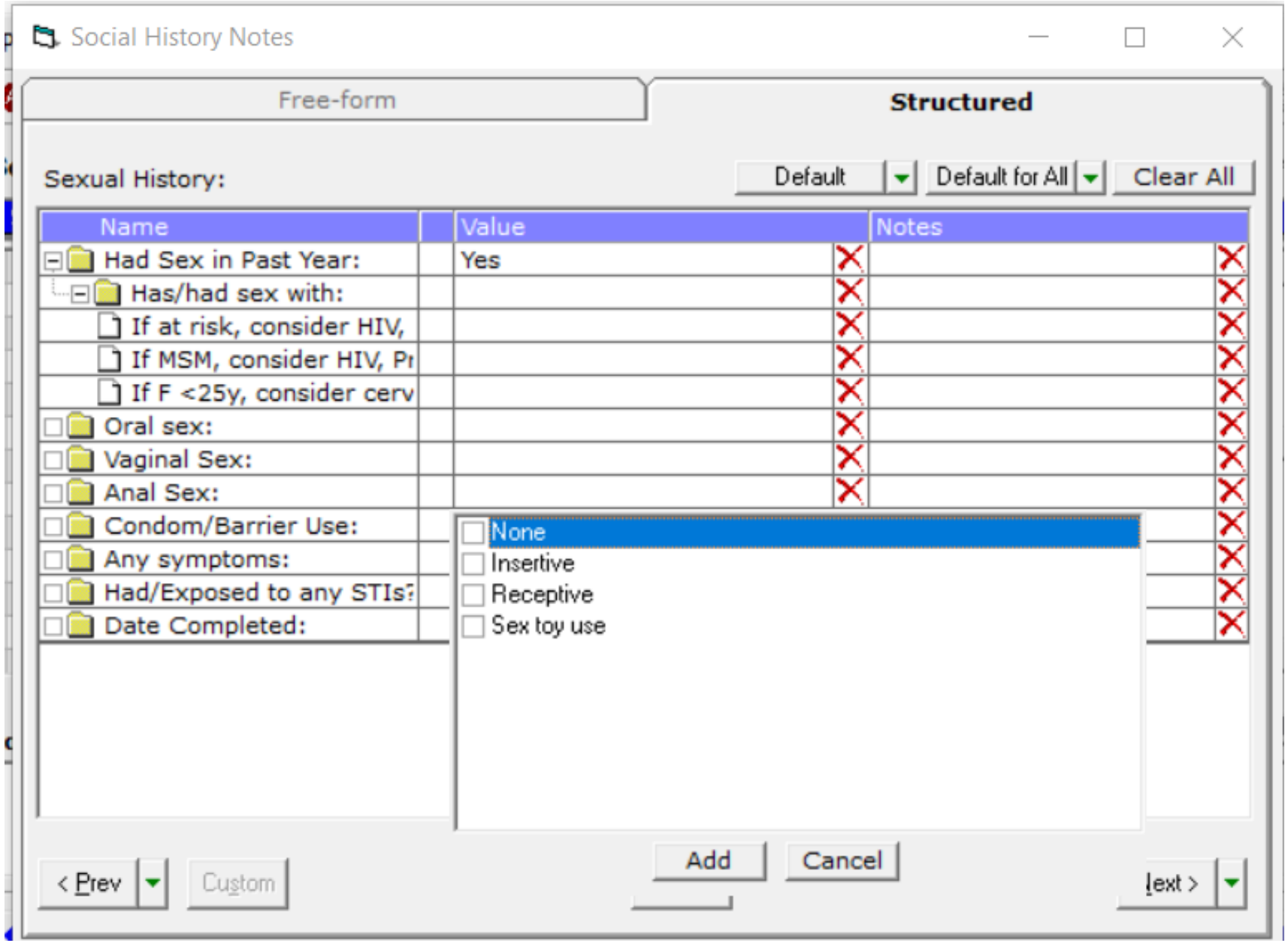
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If F <25y, consider cerv
Oral sex:
Vaginal Sex:
Anal Sex:
Condom/Barrier Use:
Any symptoms:
Had/Exposed to any STIs?
Date Completed:
None
Insertive
Receptive
Sex toy use
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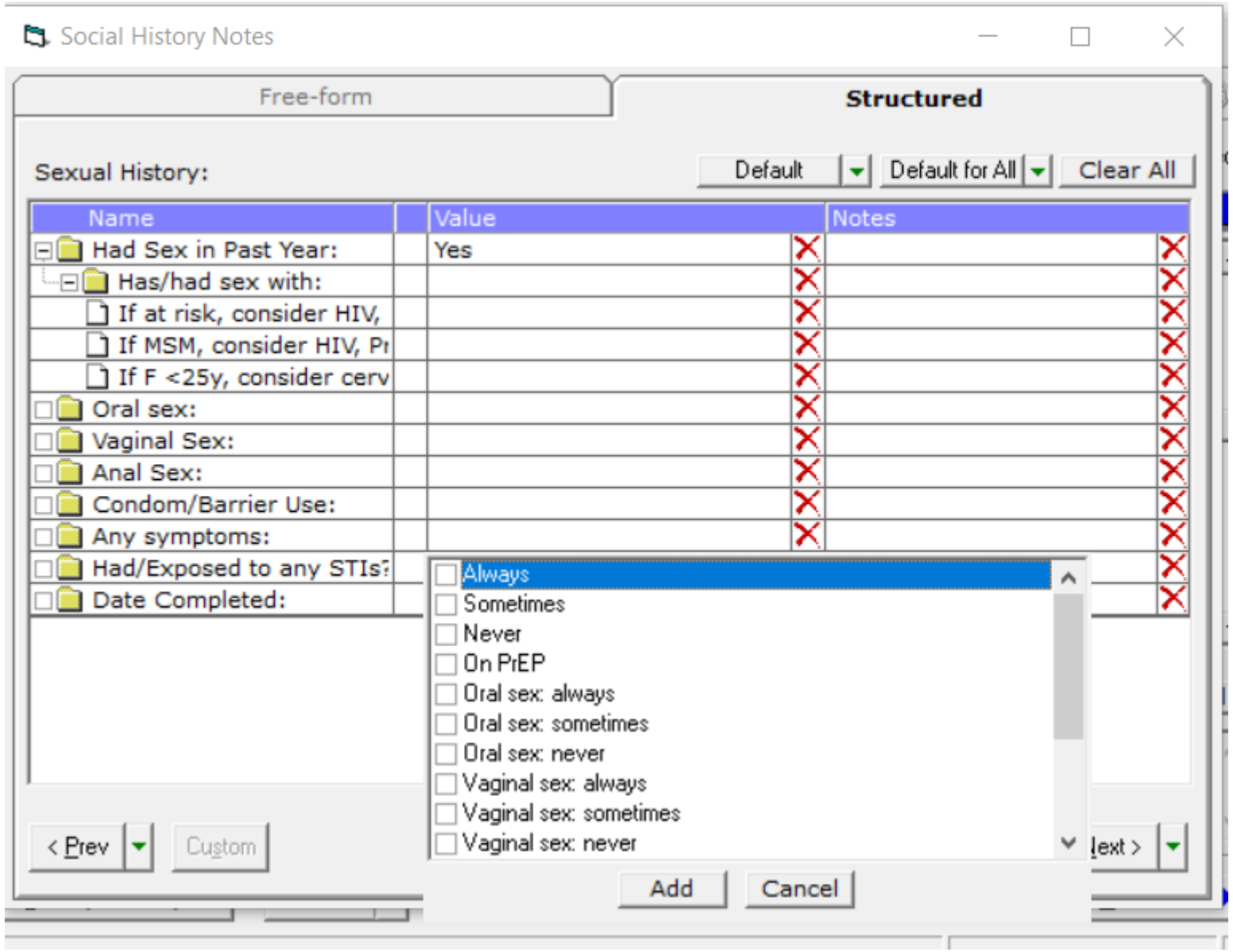
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If F <25y, consider cerv
Oral sex:
Vaginal Sex:
Anal Sex:
Condom/Barrier Use:
Any symptoms:
Had/Exposed to any STIs?
Date Completed:
Always
Sometimes
Never
On PrEP
Oral sex: always
Oral sex: sometimes
Oral sex: never
Vaginal sex: always
Vaginal sex: sometimes
Vaginal sex: never
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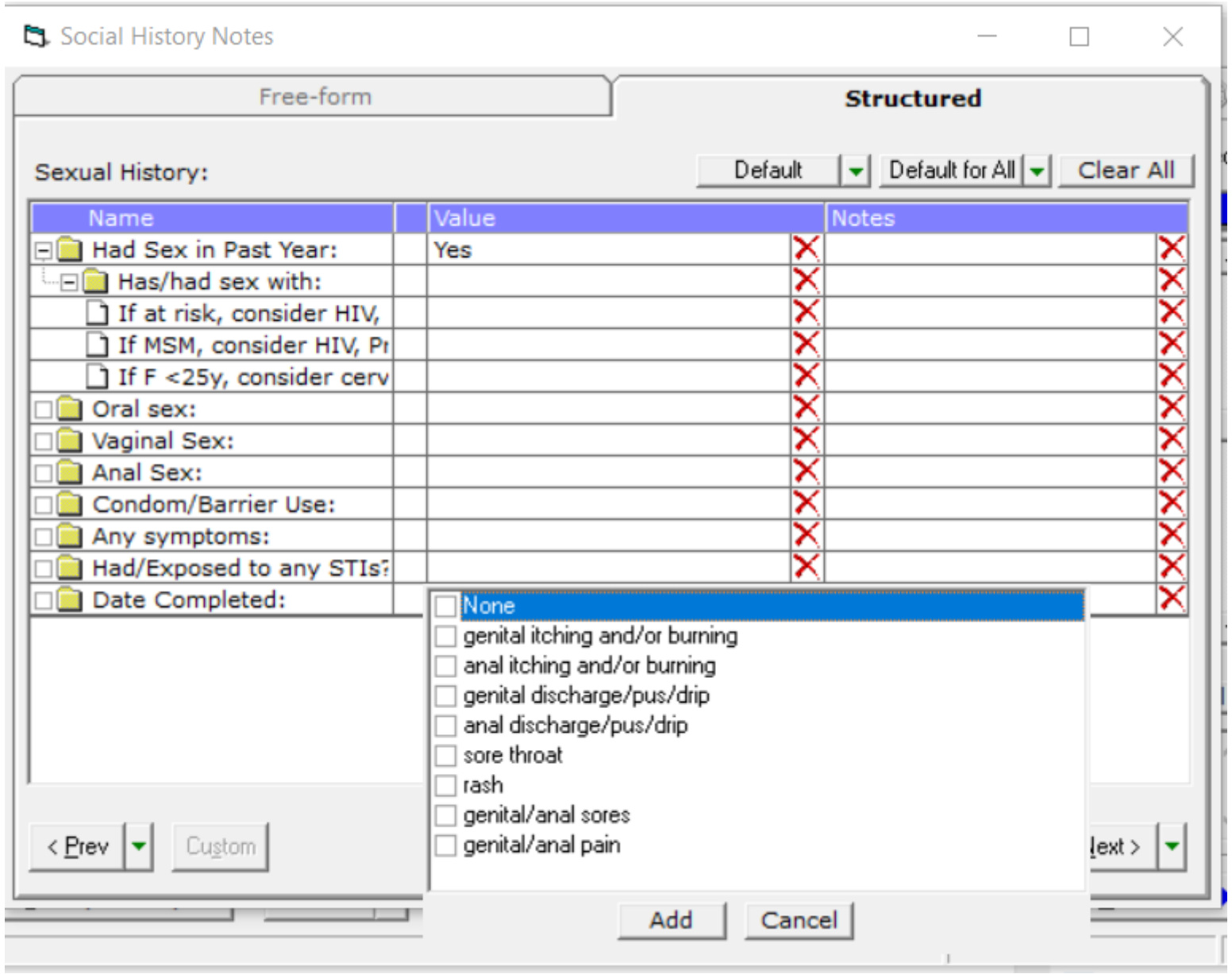
Next >
Add
Cancel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If F <25y, consider cerv
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Vaginal Sex:
Anal Sex:
Condom/Barrier Use:
Any symptoms:
Had/Exposed to any STIs?
Date Completed:
None
genital itching and/or burning
anal itching and/or burning
genital discharge/pus/drip
anal discharge/pus/drip
sore throat
rash
genital/anal sores
genital/anal pain
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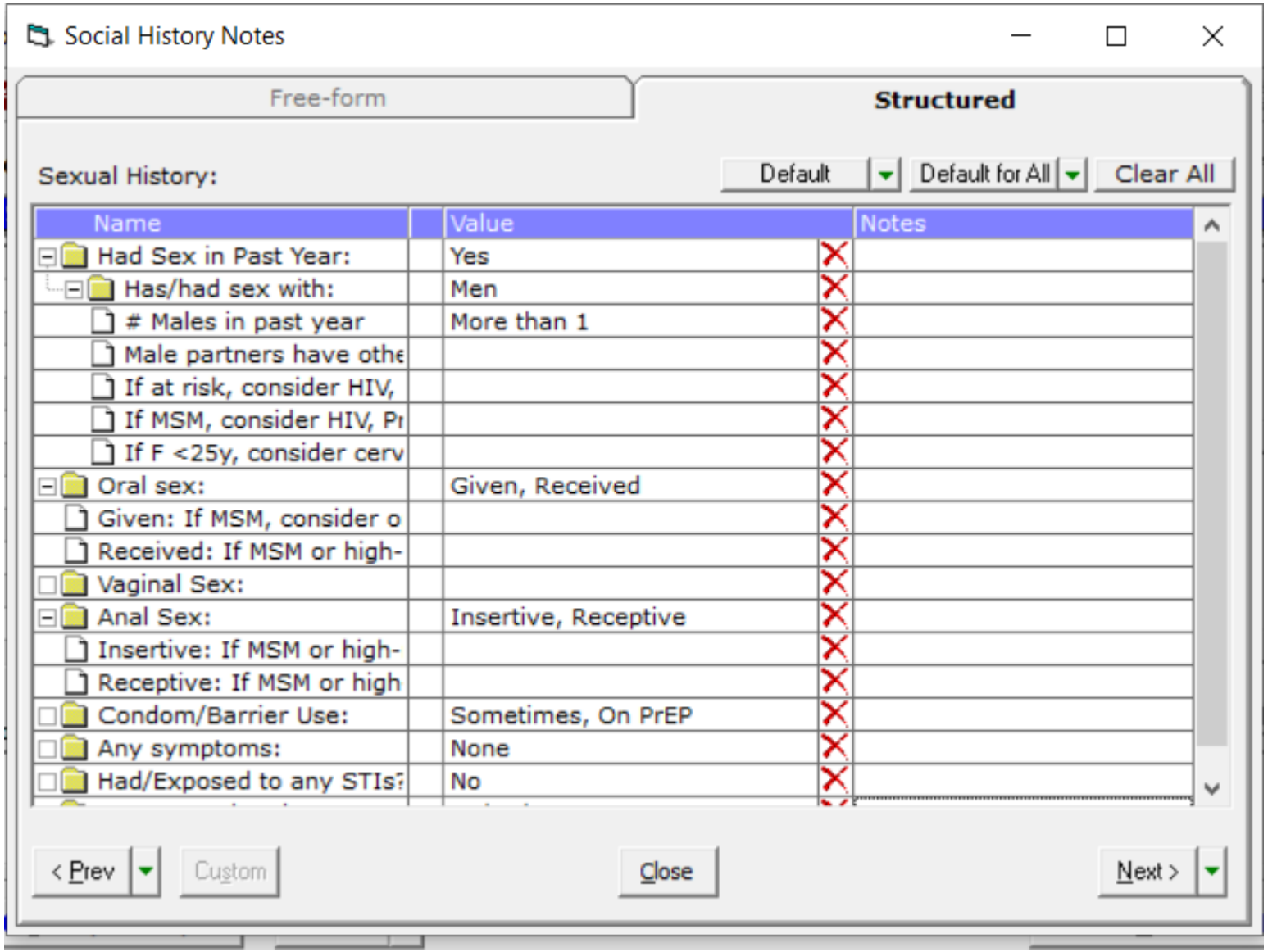
Add
Cancel

Example of Sexual Health Assessment



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Questions?

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Next Steps

Agenda items for your meetings during this action period

- Conduct internal team meetings and discuss how you will use the data from the SOGI and Sexual Risk Assessment tools in your electronic health record

Assignments

- Set up process for collecting Sexual Orientation and Gender Identity (SOGI) (i.e. questionnaire, template in EHR, etc.)
- Set up process for collecting Sexual Risk Assessment and STI Testing (i.e. portal, iPad, template in EHR, etc.)

CME and Resource Page

Access Code: HIV2024

https://education.weitzmaninstitute.org/content/nttap-hiv-prevention-learning-collaborative-2024

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REMINDER: Complete evaluation in the poll!

Upcoming Coach Calls: Monday March 4th & March 18th

Next Learning Session is **Monday March 25th!**

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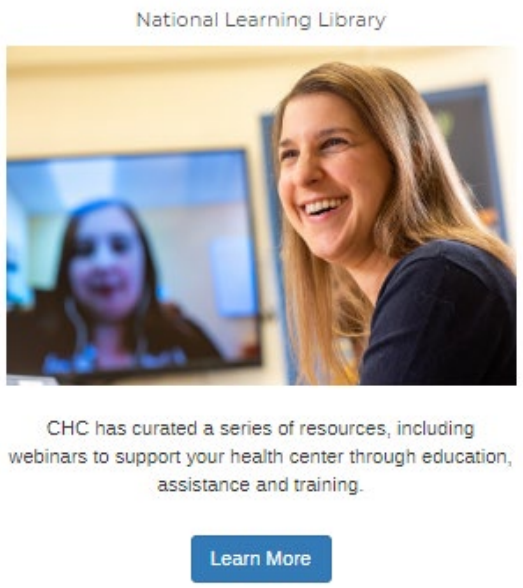
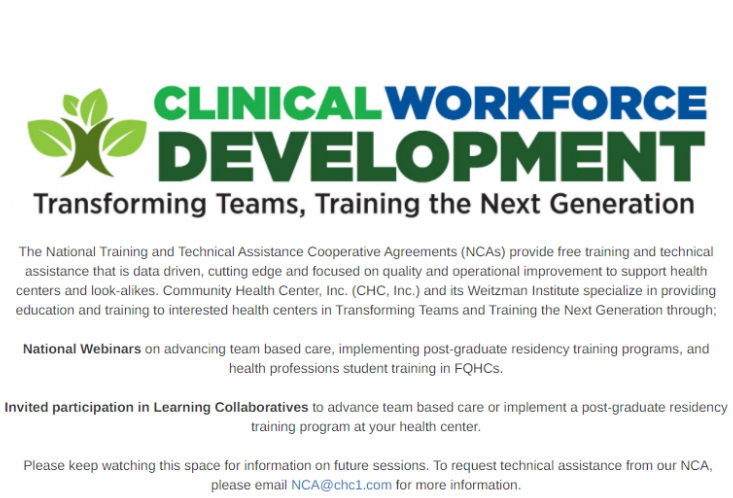
Explore more resources!

National Learning Library:
Resources for Clinical Workforce Development

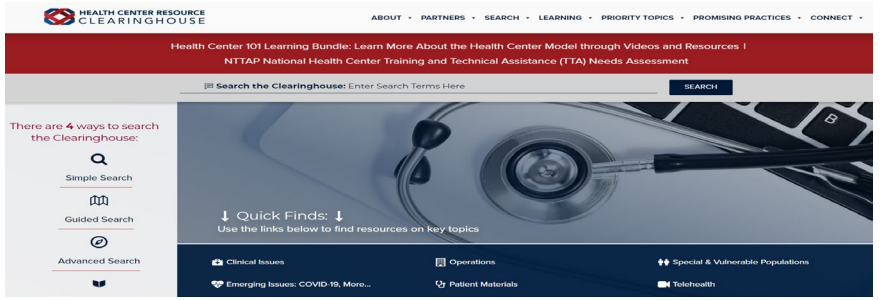




https://www.weitzmaninstitute.org/ncaresources

Health Center Resource Clearinghouse

HEALTH CENTER RESOURCE CLEARINGHOUSE



https://www.healthcenterinfo.org/