Charter

Improving Capacity to Reduce Sexually Transmitted Infections in Adolescents: A Quality Improvement Learning Collaborative (I CaRe QI)

Problem Statement

By providing confidential, culturally sensitive and non-judgmental care and services, pediatricians can play an important role in promoting adolescent reproductive and sexual health. Results of the most recent National Youth Risk Behavior Survey indicate that many young people engage in sexual behaviors that put them at risk for HIV, pregnancy and sexually transmitted infections (STIs). Adolescents and young adults often fail to seek care due to privacy concerns.

*Chlamydia trachomatis* (CT) is the most frequently reported communicable disease in the United States. According to the Centers for Disease Control and Prevention (CDC), over 1.5 million cases were reported in 2016 but incidence is estimated to be over 2.8 million. CT disproportionately affects adolescents and young adults; approximately 1 in 20 sexually active females, aged 14-24 are infected with CT. Most infections are asymptomatic and if left untreated, can cause significant sequelae including pelvic inflammatory disease, ectopic pregnancy, chronic pelvic pain, and infertility. Obtaining a sexual health history risk assessment is essential to help clinicians ascertain CT risk and provide appropriate sexual and reproductive health-related education, counseling, and information. CT screening is essential to identify untreated infections and prevent adverse consequences. Annual CT screening of all sexually-active females under 25 years is recommended by the US Preventive Services Task Force, federal agencies, and professional organizations including the American Academy of Pediatrics (AAP). The National Committee for Quality Assurance (NCQA) estimates adherence to CT screening recommendations based on commercial and Medicaid health plans’ administrative data review and reports that in 2015, less than 50% of eligible females were screened for CT. Although evidence is insufficient to recommend routine chlamydia screening in all sexually active adolescent and young adult males because of feasibility, efficacy, and cost-effectiveness, CDC recommends that providers consider chlamydia screening for sexually active young men seen in clinical settings with a high prevalence of chlamydia, such as adolescent primary care clinics, especially in areas with high chlamydia morbidity.

Purpose and Structure

AAP, with support from CDC’s Division of Adolescent and School Health, are working together to improve the provision of adolescent health services. The Improving Capacity to Reduce Sexually Transmitted Infections (STIs) in Adolescents: A Quality Improvement Learning Collaborative (I CaRe QI) is one component of this work.

The goals of I CaRe QI are to use quality improvement methods to assist pediatric practices in increasing the proportion of adolescents and young adults asked a confidential, comprehensive, sexual health history risk assessment and increasing the proportion of sexually active patients appropriately screened for CT. Quality improvement (QI) Leadership Teams from up to 15 pediatric primary care practices will
work collaboratively, supported by expert faculty with clinical and quality improvement expertise, to test and implement changes to improve sexual health history screening and chlamydia testing among adolescents and young adults. The Collaborative will utilize a modified version of the Institute for Healthcare Improvement’s Breakthrough Series™ (BTS) model, and the evidence-based Model for Improvement1. Originally developed in 1995, the BTS was designed to close the gap between “what we know and what we do”. BTS Collaboratives typically include multi-role teams focusing collaboratively on a single topic for 6–8 months, gathering and studying the latest scientific information available on improving specific clinical or operational areas, and learning effective means to put that knowledge into practice.

The I CaRe QI Learning Collaborative will serve as a pilot and learnings will inform the development of future efforts to improve adolescent sexual and reproductive health.

I CaRe QI Learning Collaborative Expectations

Participating pediatric practice teams

- Identify a practice QI Leadership Team of 3-4 members. Each team will be led by a pediatrician champion. Additional members will depend on the structure of the participating practice but could include other clinicians (eg, Nurse Practitioner, Physician Assistant), nursing staff, and/or office staff.
- Perform pre-work activities to prepare for Learning Sessions.
- Participate in 2 virtual Learning Sessions.
- Participate in 2 monthly Action Period webinars with other pediatric practice teams and Collaborative faculty.
- Select and test changes to improve practice rates of sexual health history taking and chlamydia screening, with an emphasis on confidentiality and provision of appropriate anticipatory guidance, and share results with Collaborative faculty and other practice teams.
- Use the AAP’s Quality Improvement Data Aggregator (QIDA) data system to enter chart review data monthly to track progress toward aims. Share data with other Collaborative practice teams and faculty.
- Participate in the Collaborative listserv.

Collaborative faculty and staff

- Support learning and application of the Model for Improvement.
- Provide participants with a set of change concepts and implementation resources.
- Provide expertise and coaching for Learning Sessions and webinars.
- Provide mechanisms to keep teams connected to the faculty and to other teams.

---