

Indian Health Service

STI/Syphilis End-the-Syndemic Informatics Response

2024 IHS PARTNERSHIP CONFERENCE AND
DIRECT SERVICE TRIBES NATIONAL MEETING
PHOENIX, ARIZONA
AUGUST 13-15, 2024



Presenters

- CAPT Wil Darwin, PharmD, CDE, NCPS
- CAPT (ret) Tina Tah, MBA, BSN-RN
- Dr. Melissa Wyaco, DNP, MHA, BSN-RN
- Ms. Eugenia Johnson, BSN-RN
- CAPT (ret) Theresa Tsosie-Robledo, MS, RN-BC

Road Map

- Informatics - *Darwin*
 - CDS tools in RPMS-EHR Technologies
 - CDC Epidemiological Data
 - Syphilis
 - Chlamydia
 - Gonorrhea
 - HCV
 - HIV
 - IHS Syphilis Data
- Community Integration and Support Emphasis
 - Access to Care – *Tah*
 - Strategic – *Wyaco*
 - Equity – *Johnson*
 - Partnership – *Tsosie-Robledo*
- Resources

Indian Health Service

Informatics

CAPT WIL DARWIN, PHARMD, CDE, NCPS

ALBUQUERQUE AREA OFFICE

AREA CLINICAL INFORMATICIST



CDC Surveillance Data

- Syphilis rates are trending. From 2021 to 2022, the rate of primary and secondary syphilis increased from 48 to 67 per 100,000 person, representing a 40% increase.
- From 2018 to 2022 the rate among AI/AN increased over 400%, from 16 to 67 per one hundred thousand persons.
- AI/AN continue to have the highest rates and this disparity is widening. Using Whites as the reference group, AI/AN experienced a rate about 2.5 times higher in 2018, a gap that has grown to nearly seven times higher in 2022.
- AI/AN women have the highest rate of syphilis compared to any race.
- The rate among AI/AN females increased 44% from 2021 to 2022. The disparity compared to whites is nearly tenfold. This is of course a driver of congenital syphilis.
- The rate of congenital syphilis from 2018 to 2022 has increased over 500%. Just in 2022 year, it has increased nearly 70%.



CDS tools in RPMS-EHR Technologies

1. Alerts and Reminders
2. Clinical Guidelines
3. Condition-Specific Order Sets
4. Targeted Patient Data Reports and Summaries
5. Documentation Templates
6. Diagnostic Support
7. Contextually Relevant Reference Information
8. Case Management

*CDS = Clinical Decision Support



Efforts and Opportunities - 1

Alerts and Reminders

- Clinical Reminder (RPR) – Annual Screening
- **Residual:** Non RPR Screening Clinical Reminder like GC/C development

Clinical Guidelines

- Syphilis/STI End-the-Syndemic Informatics Response
- CDC Treatment Guidelines
- **Residual:** Ongoing technical support

Condition-Specific Order Sets

- Lab
 - RPR/STI/HIV/Viral Hepatitis testing bundle
 - **Residual:** Ongoing technical support
- Meds
 - RPR/STI/HIV/Viral Hepatitis specific medication order sets on a designated menu
 - **Residual:** Ongoing technical support

Targeted Patient Data Reports and Summaries

- Health Summaries - RPR/STI/HIV/Viral Hepatitis
- **Residual:** Ongoing technical support

Documentation Templates

- TIU Dialogs
- **Residual:**
 - Ongoing technical support
 - Develop specific RPR/STI/HIV/Viral Hepatitis TIU Dialogs

Diagnostic Support

- Lab
 - STI/HIV/Viral hepatitis testing bundle
 - Adoption of "Golden Ticket Testing": On-demand, no-provider/no nurse lab visits for testing initiation
- **Residual:** Ongoing technical support

Efforts and Opportunities - 2

Contextually Relevant Reference Information

- CDC Treatment Guidelines
- IHS EHR-RPMS iCARE Population Management system
- IHS EHR-RPMS CMET Population Management system
- **Residual:**
 - Incorporate training surrounding Care Management group (STI/STD/HepC/HIV) utility for RPR/STI(GC/C)/HIV/Viral Hepatitis
 - Create and consolidate STI/STD; HepC; HIV into one simplified Care Management group

Case Management

- Patient panel – age cohort
- High risk patient panel (Pregnant women; Substance Use Disorder, etc.)
- Contact Tracing
- Outreach/Marketing/Testing Campaign
- **Residual:**
 - Continued IHS EHR-RPMS iCARE & CMET Population Management system training and support
 - Re-evaluate existing or formulate best practice Contact Tracing Standards Operating Document
 - Re-evaluate current Public Relations Marketing materials

Onward – Upward – Forward

- Continuation of the END-THE-SYNDEMIC (ETS) RPMS-EHR CLINICAL INFORMATICS RESPONSE SERIES for ongoing clinical, technical, alignment, optimize, and training support.
- Continuation of a multi-disciplinary team approach to support, adopt, integrate, deploy, and sustain tools.
- Continued IHS Leadership to support initiative and outreach.

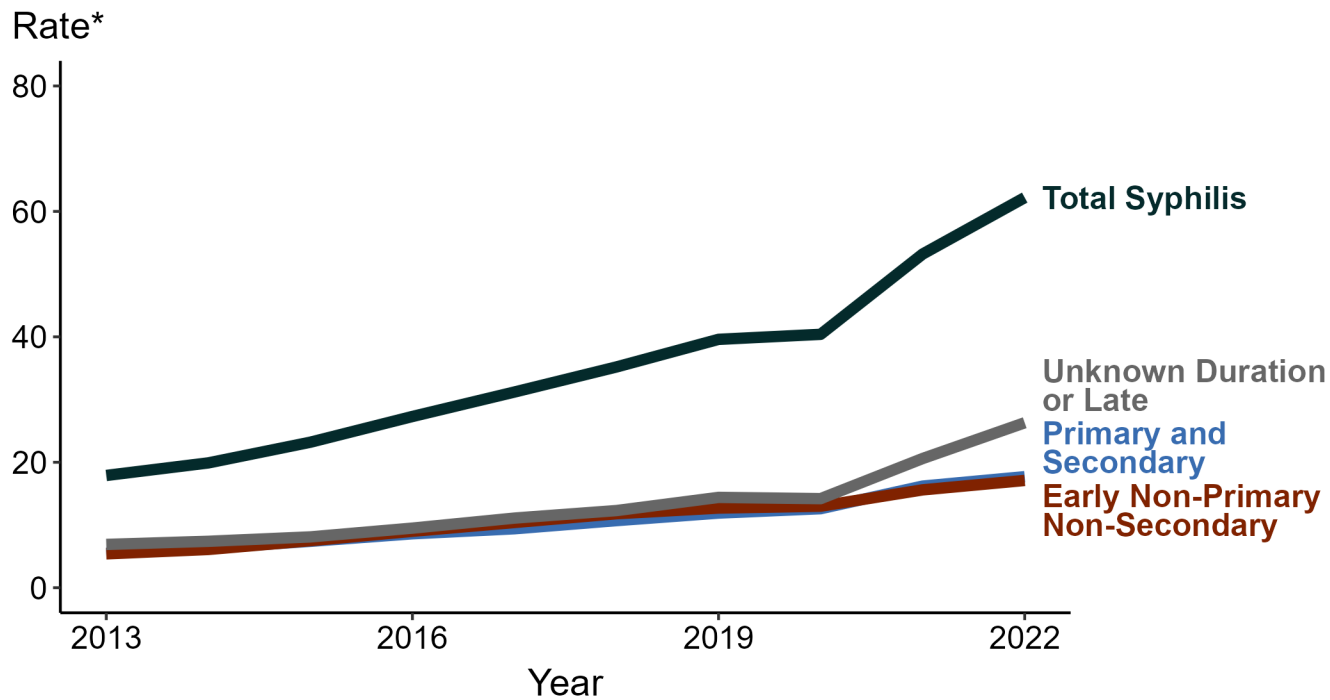


Syphilis: Primary & Secondary

CDC EPIDEMIOLOGICAL DATA



Syphilis — Rates of Reported Cases by Stage of Infection, United States, 2013–2022

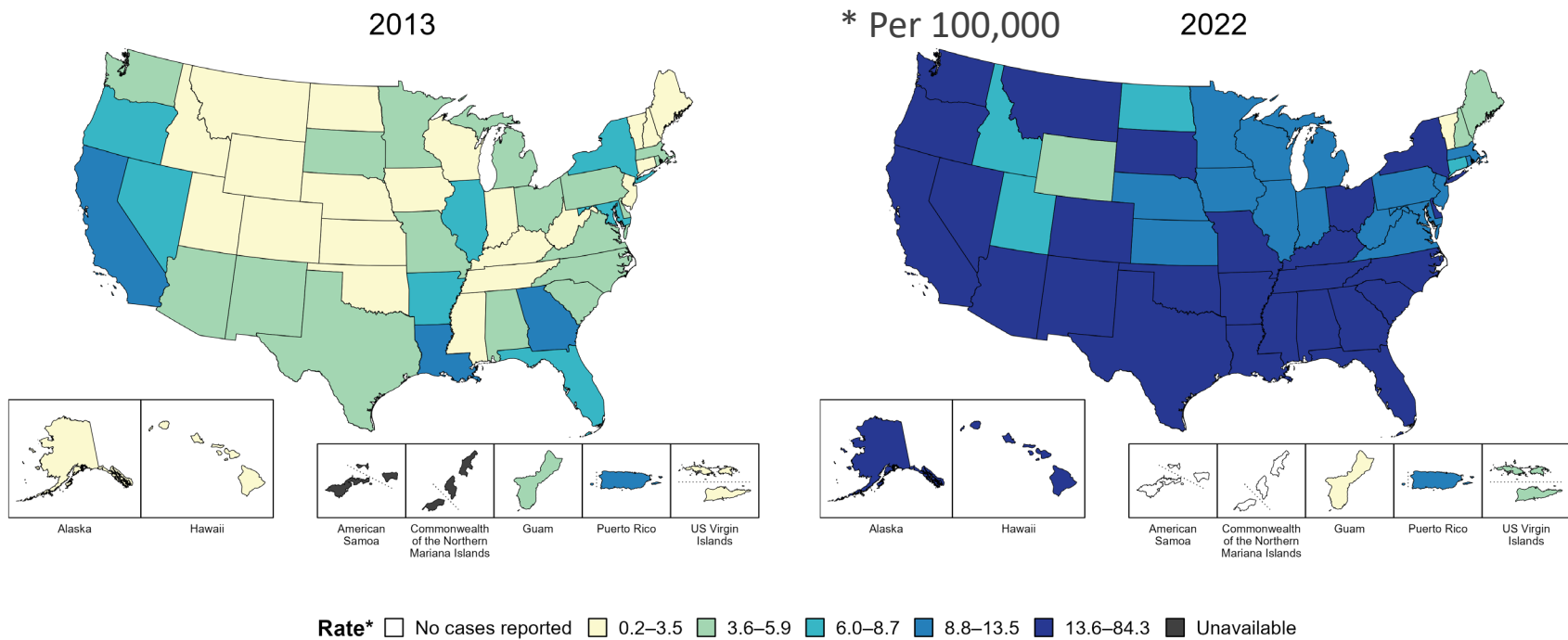


* Per 100,000

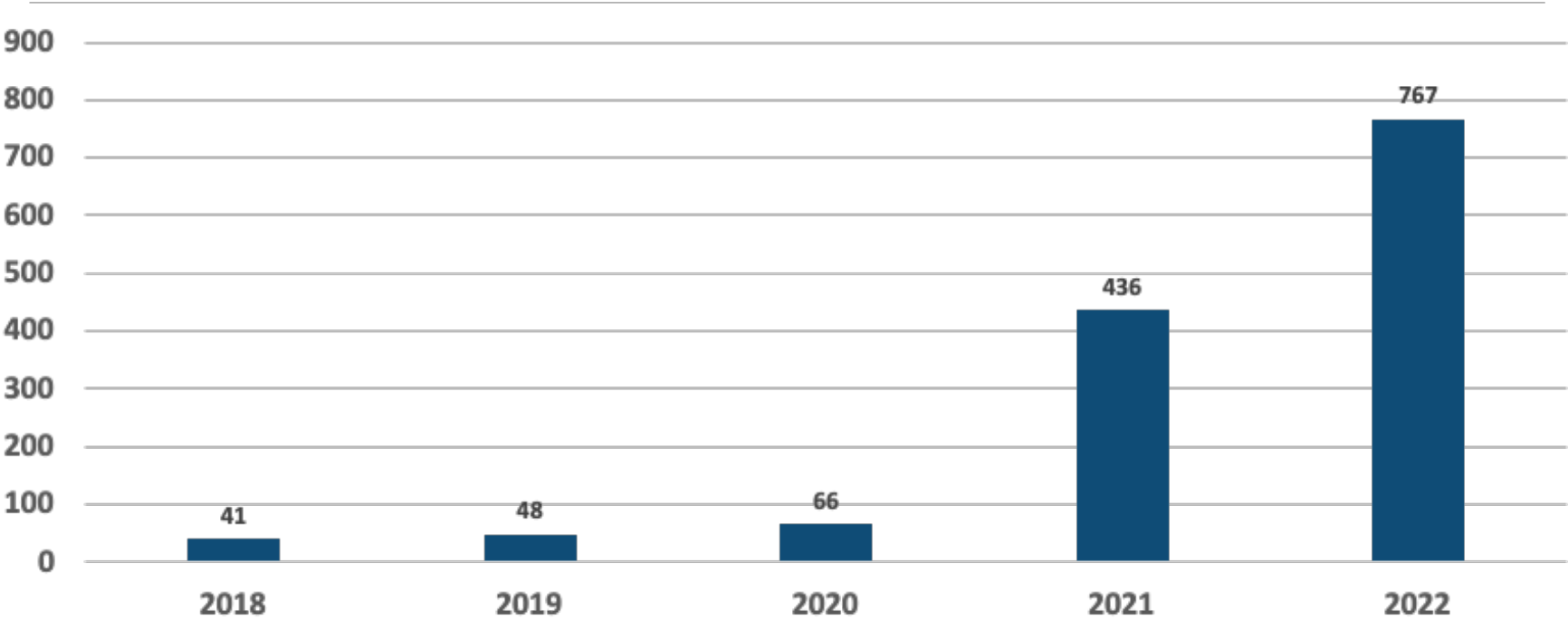
NOTE: Includes all stages of syphilis and congenital syphilis



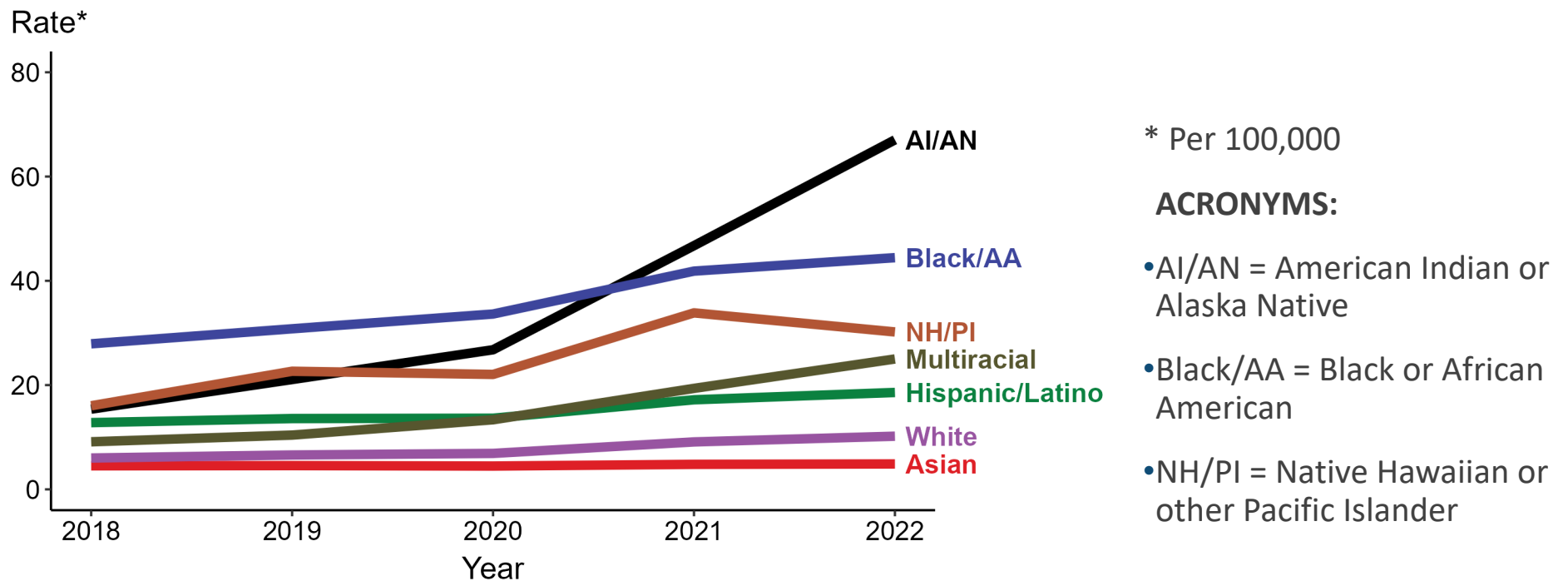
Primary and Secondary Syphilis — Rates of Reported Cases by Jurisdiction, United States and Territories, 2013 and 2022



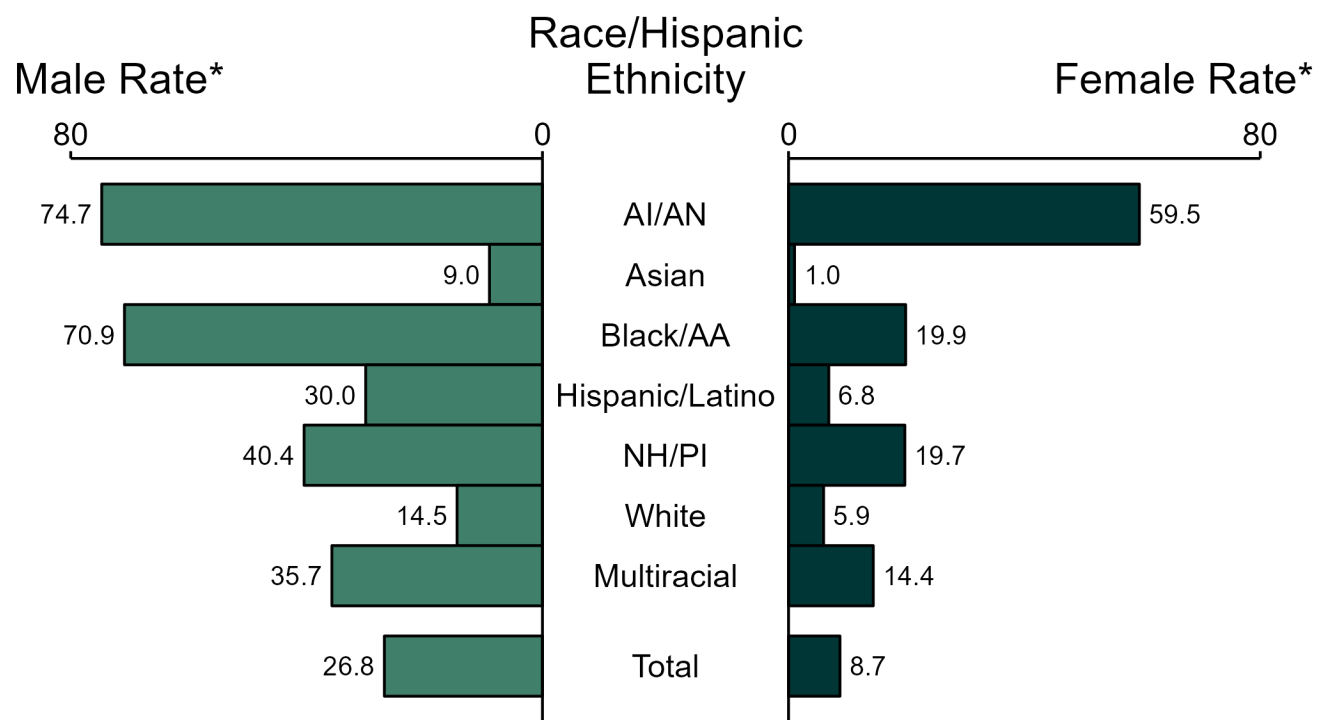
The State of South Dakota example P&S Syphilis Cases, 2018-2022



Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2018–2022



Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2022

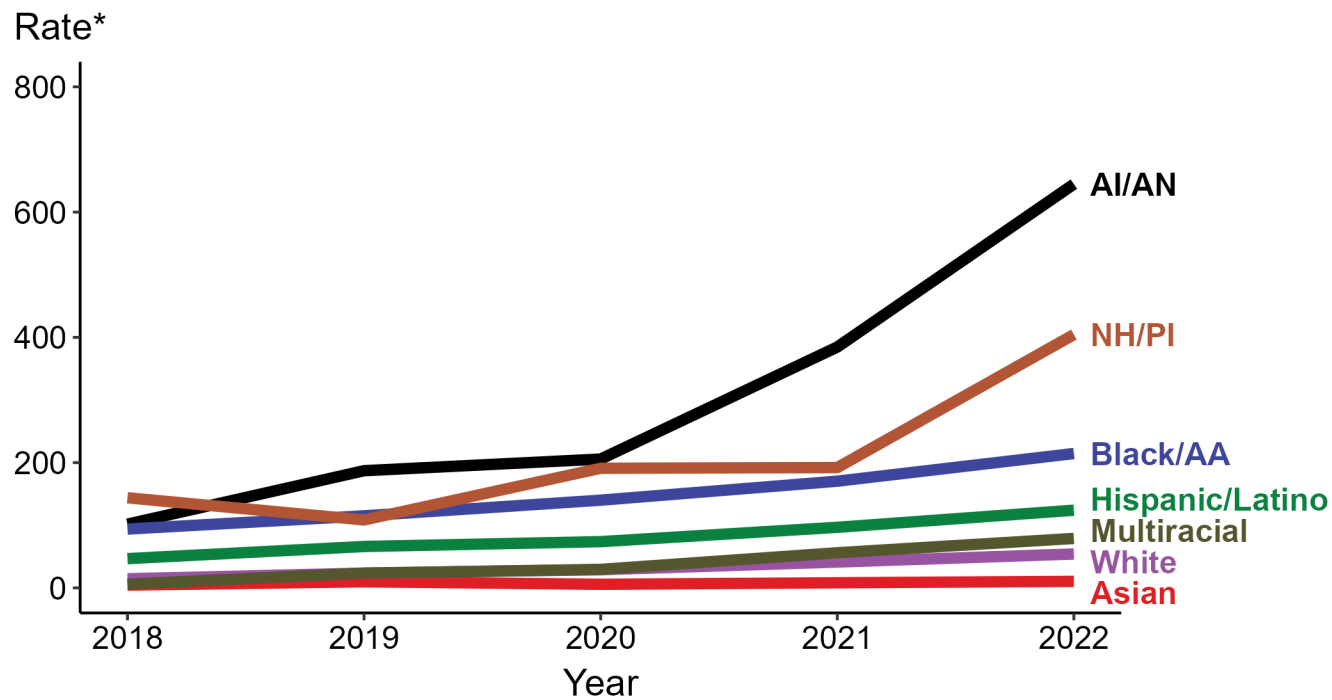
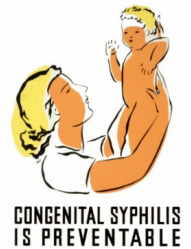


* Per 100,000

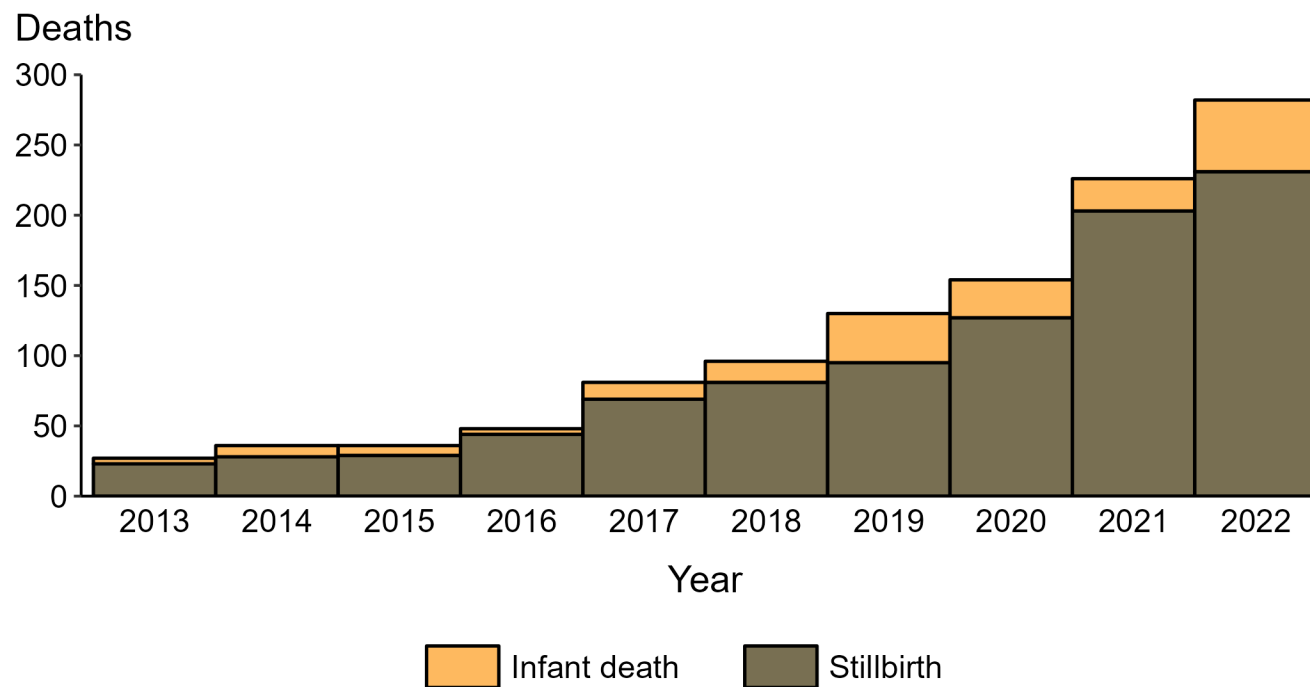
• **NOTE:** Total includes all cases including those with unknown race/Hispanic ethnicity.

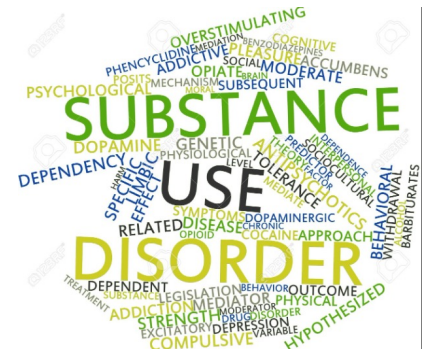


Congenital Syphilis — Rates of Reported Cases by Year of Birth Race/Hispanic Ethnicity of Mother, United States, 2018–2022



Congenital Syphilis — Reported Stillbirths and Infant Deaths, United States, 2013–2022



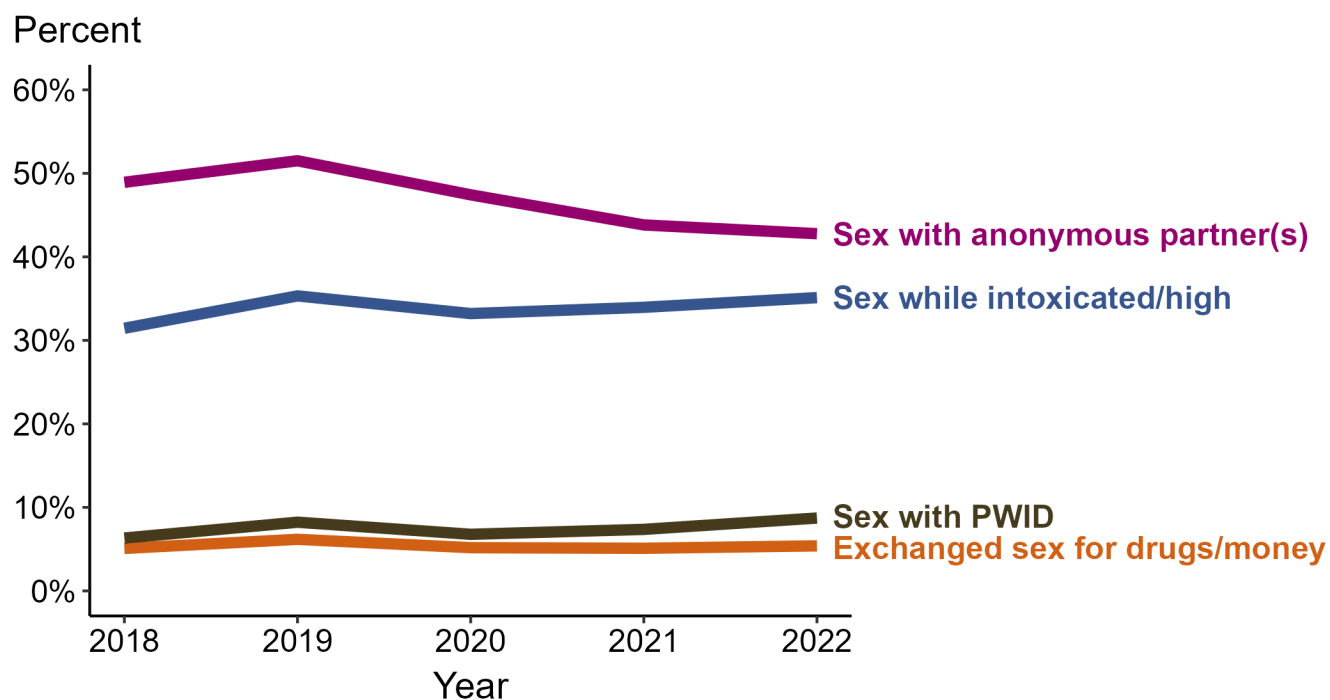


Substance User Disorder (SUD) drivers of Syphilis Epidemic

CDC EPIDEMIOLOGICAL DATA



Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Sexual Behaviors*, United States, 2018–2022

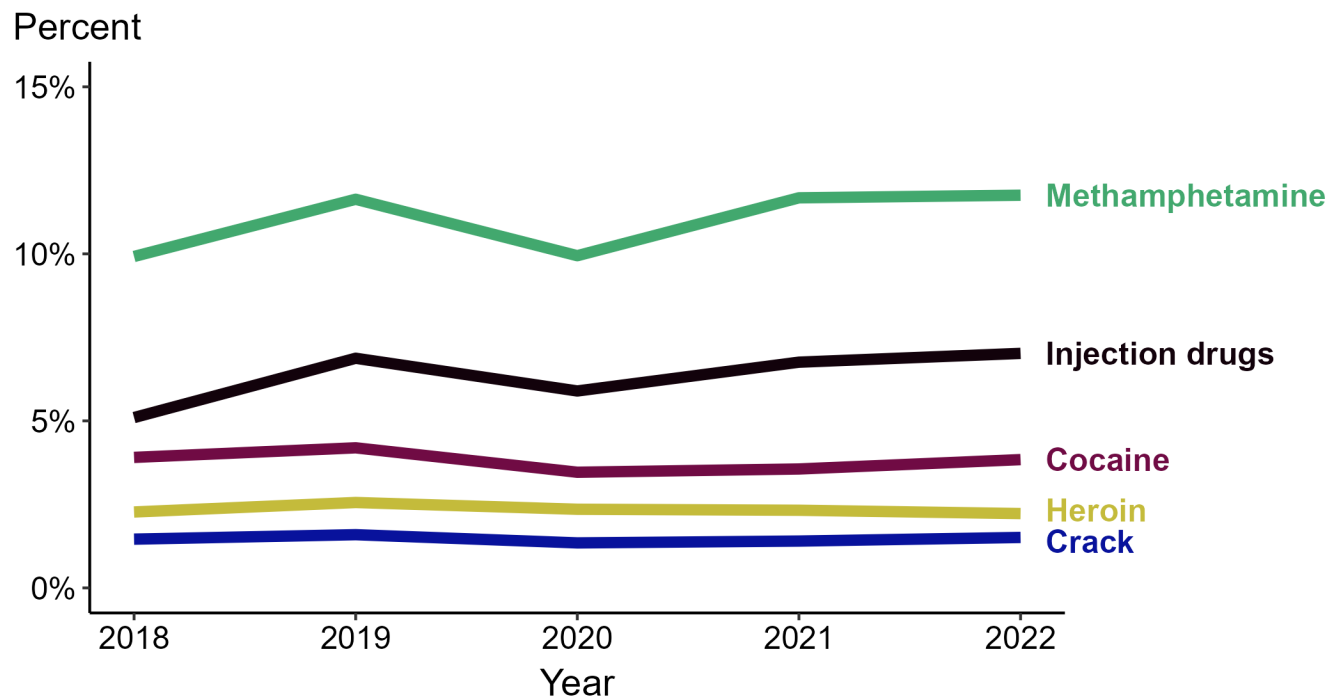


* Proportion reporting sex with PWID, sex with anonymous partners, sex while intoxicated/high on drugs, or exchanging drugs or money for sex within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

• **ACRONYMS:**

PWID = Person Who Injects Drugs

Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Substance Use Behaviors*, United States, 2018–2022



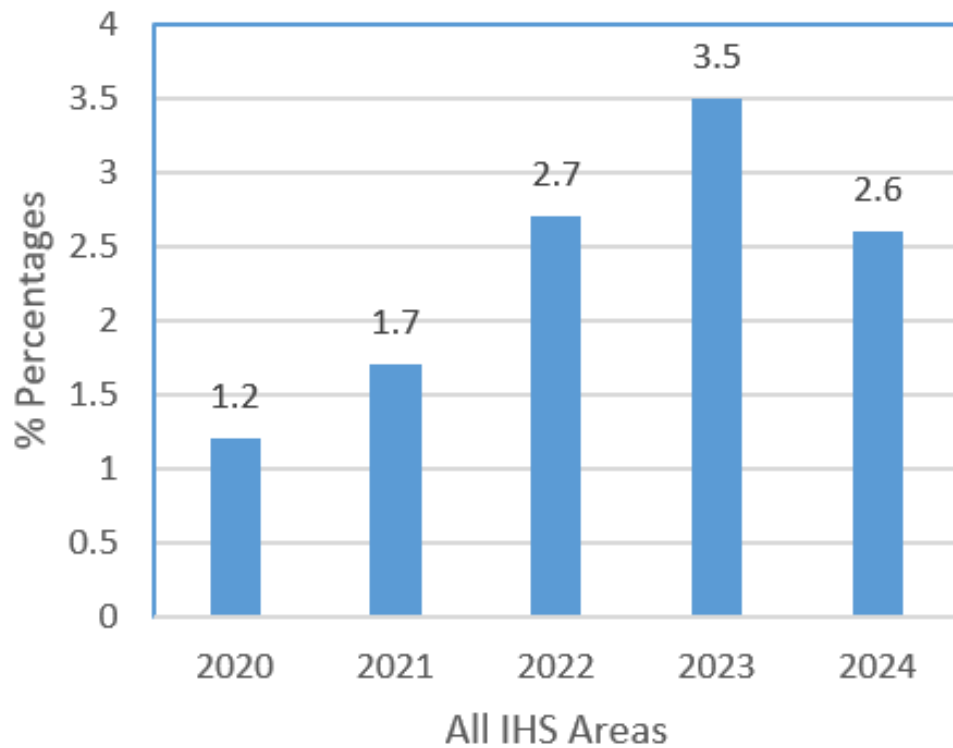
* Proportion reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).



IHS Syphilis Data (2020 – 2023)

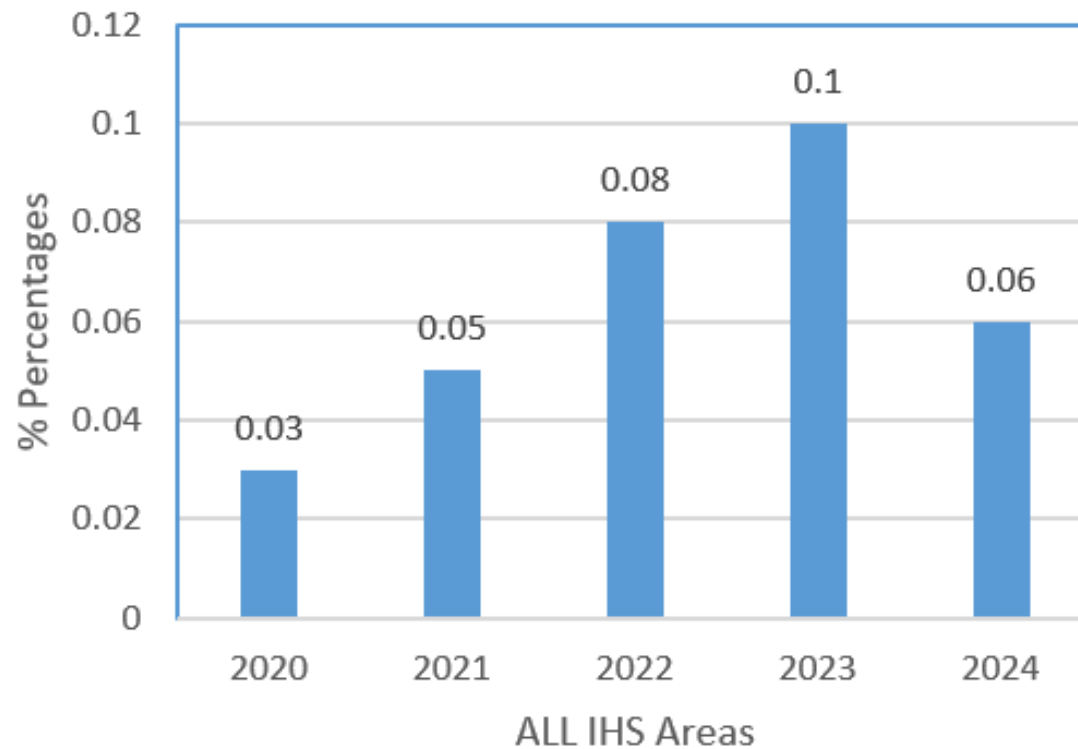


Syphilis Infection Rate per 1,000 Patients

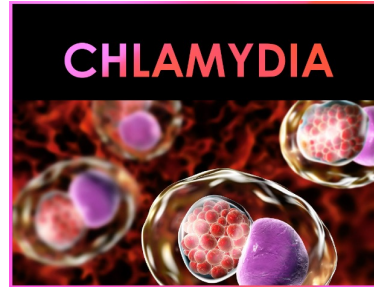


■ Based on data sent to IHS-NDW for May 2024, all FY 2024 is year to date.

Congenital Syphilis Infection Rate per 1,000 Patients



Based on data sent to IHS-NDW for May 2024, all FY 2024 is year to date.

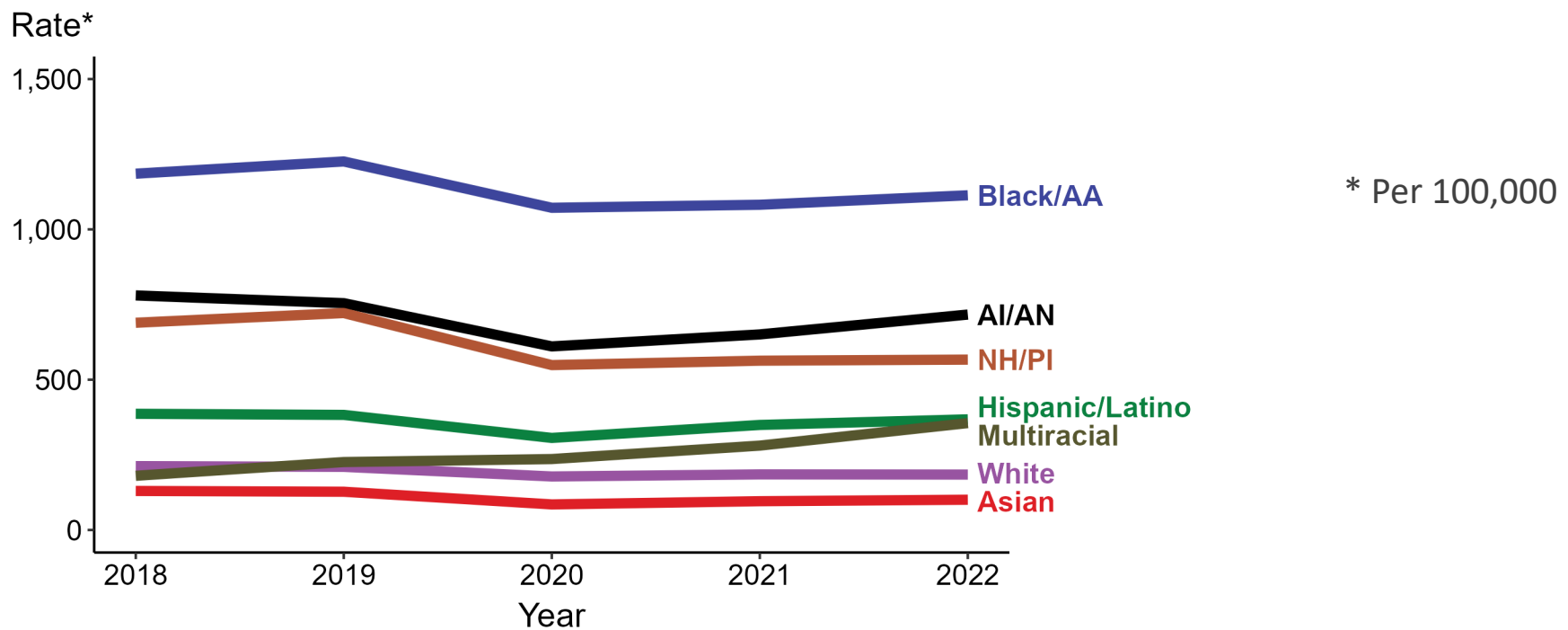


Other STIs (Chlamydia; Gonorrhea)

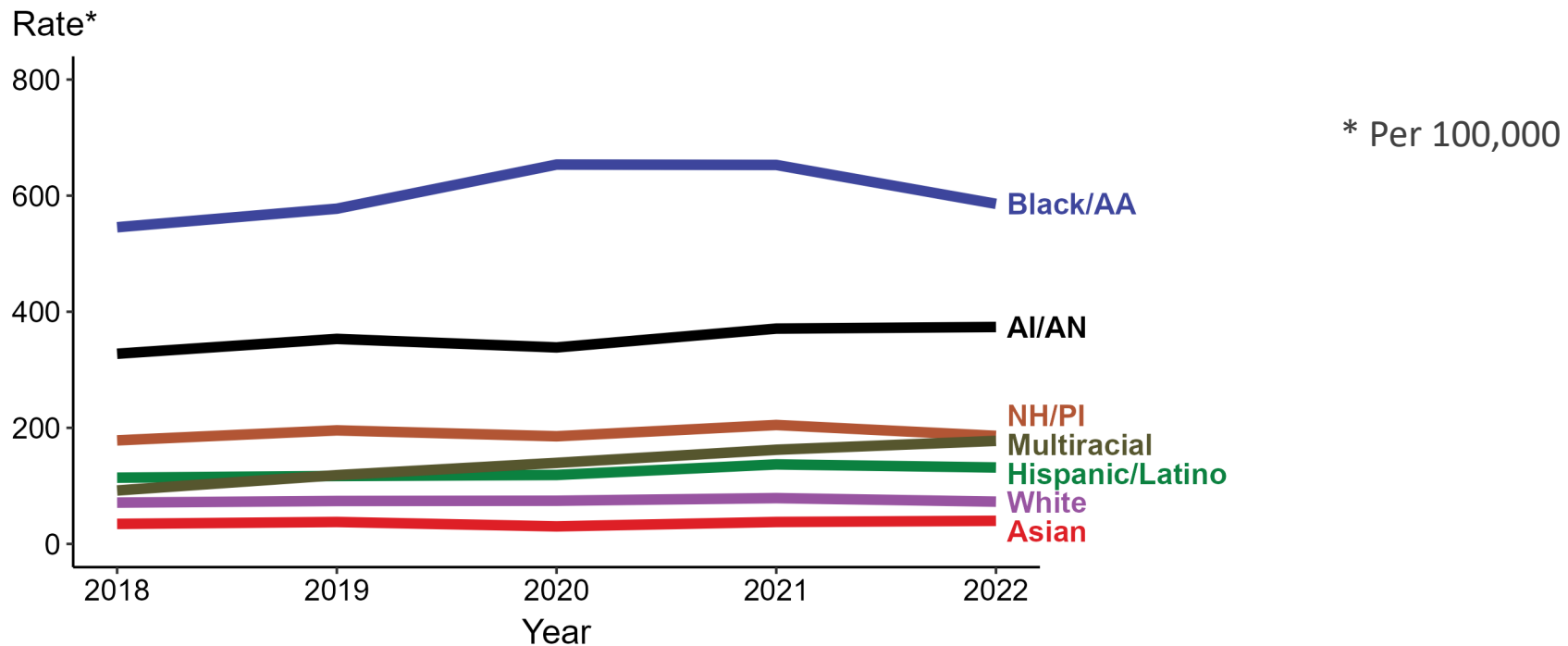
CDC EPIDEMIOLOGICAL DATA



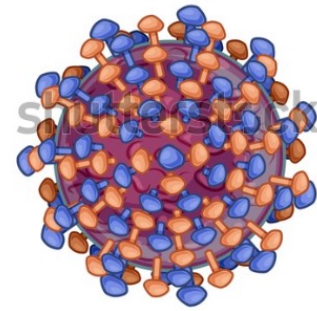
Chlamydia — Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2018–2022



Gonorrhea — Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2018–2022



HEPATITIS C



Hepatitis-C (HCV)

CDC EPIDEMIOLOGICAL DATA



Number and Rate of newly reported cases of Chronic HCV by demographic characteristics – United States, 2023

Rates per 100,000 population

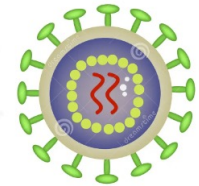
Race/Ethnicity	Number	Rate
American Indian/Alaska Native	1,834	104.8
Asian/Pacific Islander	740	6.5
Black/African American	9,938	30.6
White	47,269	31.3
Hispanic	4,112	13.1
Other	4,702	n/a

HCV-Related Death Rates (per 100,000) 2018-2022

Race/Ethnicity	2018	2019	2020	2021	2022
White, non-Hispanic	3.36	3.08	3.18	2.98	2.72
American Indian/Alaska Native, non-Hispanic	9.21	8.55	10.64	9.99	9.08



HIV



Human Immunodeficiency Virus

Human Immunodeficiency Virus (HIV)

CDC EPIDEMIOLOGICAL DATA

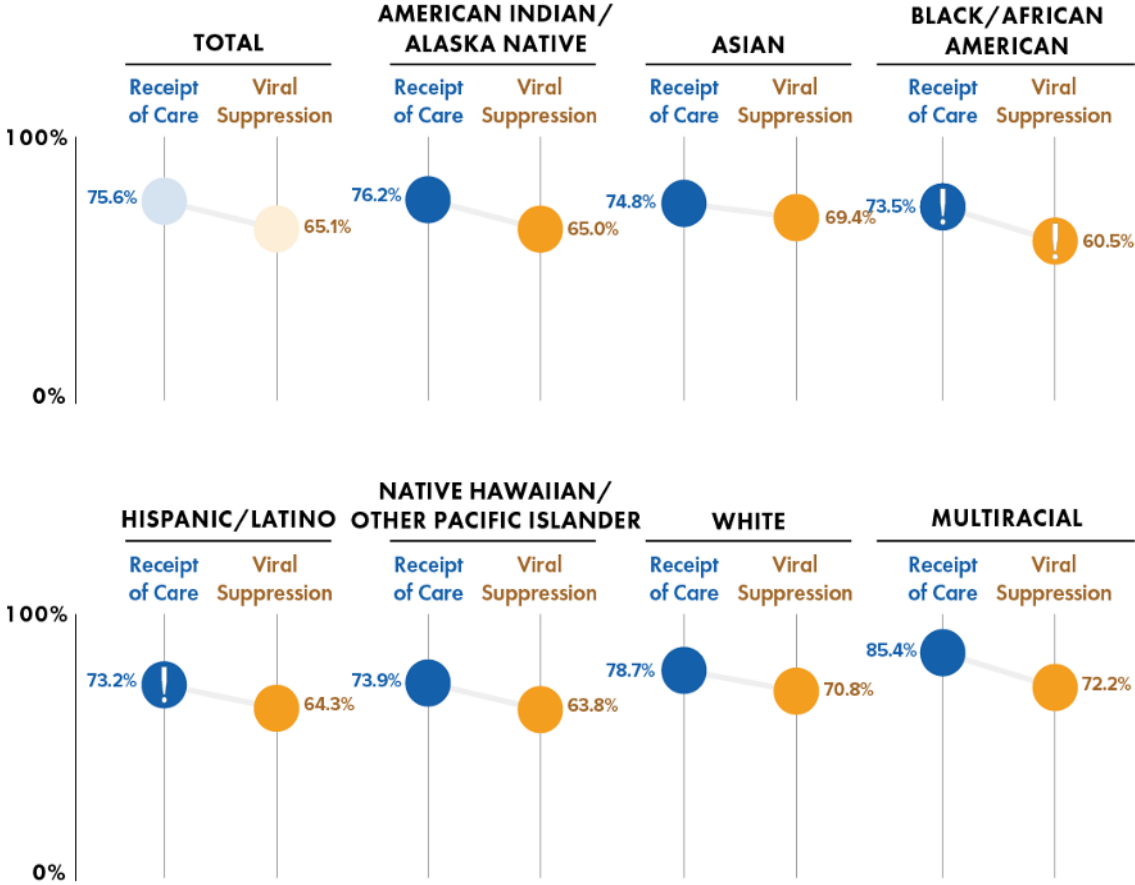


Estimated HIV Incidence, Rate Per 100,000, 2019-2022

	2019	2020	2021	2022
American Indian/Alaska Native	10.8	11.5	8.7	9.8
Asian	2.9	2.8	2.5	2.2
Black/African American	41.5	39.3	37.4	34.1
Hispanic/Latino	21.7	20.7	19.9	20.7
White	5.1	5.0	4.7	4.4
Multiracial	28.5	24.0	20.1	21.6



Figure 9. Receipt of HIV medical care and viral suppression during 2022 among persons aged ≥13 years living with diagnosed HIV, by race/ethnicity—48 states and the District of Columbia



Indian Health Service



Community Integration and Support Emphasis



Presenters

- CAPT (ret) Tina Tah, MBA, BSN-RN
- Dr. Melissa Wyaco, DNP, MHA, BSN-RN
- Eugenia Johnson, BSN-RN
- CAPT (ret) Theresa Tsosie-Robledo, MS, RN-BC



Indian Health Service

Access to Care

IHS PHN NURSE CONSULTANT – HQ
TINA TAH, MBA, BSN-RN



Public Health Nursing Program

Indian Health Service

Goal : To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people

IHS has established clear, well-defined, long-term goals that are consistent with the agency's mission and will increase performance and improve quality health care across the agency.

IHS Strategic Plan Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.

IHS Strategic Plan Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

IHS Strategic Plan Goal 3: To strengthen IHS program management and operations.

Indian Health Service

- **IHS Mission:** to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level
- **IHS Vision:** healthy communities and quality health care systems through strong partnerships and culturally responsive practices

Strategic goal: The PHN Program aligns with the IHS to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people



Increase access to quality health care services

- **The PHNs are BSN prepared RNs**
- **An extension and support transitioning of care into the community**
- **PHN Home visits and follow up referrals:**
 - Prenatal, infants, and pediatrics
 - High risk families and infants
 - Elders
 - Targeted follow up: Decreasing hospital readmissions
- **Wellness and primary, secondary, and tertiary prevention**
 - Health education, health screening, chronic care disease care & care coordination
 - Immunization clinics within and outside facilities
 - Community screening and education
 - Community centers, wellness centers, vendor sites, schools, correctional facilities, health fairs, chapter houses, & villages
 - Communicable disease surveillance and follow up
 - Case management and coordination of health and social services at local, county, state levels

PHN Program

PHN focus on wellness and primary, secondary, and tertiary prevention

- Population-based services: health education, health screening, chronic care disease care & care coordination, immunization clinics within and outside facilities, & community screening and education.
- Communicable disease surveillance and follow up.
- Case management and coordination of health services.

PHN Productivity

The FY 2021 target for the PHN Program measure was 330,000 encounters. The final FY 2021 result of 428,476 patient encounters exceeded the target by 98,476 encounters, a 29 percent increase. The PHN impact during the COVID-19 pandemic is reflected in the top ten PHN patient encounters addressing communicable disease and surveillance (communicable disease, surveillance, contact tracing, testing, patient monitoring, and vaccination activities).

PHN Program productivity measure

The PHN Program measure:

The total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families and community groups.

Measure	Year and Most Recent Result/ Target for Recent Result (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/- FY 2021 Target
23 Public Health Nursing: Total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families, and community groups. (Outcome)	FY 2020: 391,738 Target: 381,314 (Target Exceeded)	330,000	411,325	+81,325

Indian Health Service Public Health Nursing measure

PHN measure to report PHN
productivity.

- **PHN MEASURE:**

- The PHN Program's measure: Total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families and community groups.
- The FY 2021 target for the PHN Program measure was 330,000 encounters. The final FY 2021 result of 428,476 patient encounters exceeded the target by 98,476 encounters, a 29 percent increase. The PHN impact during the COVID-19 pandemic is reflected in the top ten patient encounters addressing communicable disease and surveillance.
- in FY 2020 the pandemic crisis impacted the PHN workload with testing, patient monitoring and vaccine planning activities. The end result has been an increase in the number of PHN activities being reported in regards to services provided to address the COVID-19 crisis.

PHN Program

- **DHHS measurement for the agency**

- The PHN program supports this measure and reports the total number of public health activities captured by the PHN data mart.
- **Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services, while addressing social determinants of health.**

- **PHN data mart** – PHN workload reports to aid sites in tracking PHN data as it is received and loaded in the National Data Warehouse.



Indian Health Service Public Health Nursing measure

Community integration and support
emphasis

- **Community integration and support emphasis**
 - Communicable disease prevention. To support a community population nurse visiting program to serve the patient and family in the home/ community in collaboration with community programs (CHR and other resources).
 - Health Promotion/disease prevention. The PHN program supports screening and strategies for partnerships, and collaborations that result in improved health outcomes over the long term.
 - Expand equitable access to comprehensive, community-based, innovative, and culturally competent healthcare services. The PHN program meets the diverse healthcare needs of the AI/AN population by removing barriers to access to advance health equity and reduce disparities.

Public Health Nursing Program

- PHN Sexually Transmitted Infection (STI) field testing and treatment
 - Supports the IHS Chief Medical Officer's emphasis on addressing the STI surge

- **PHN Field screening and treatment for STI:**
 - 2022 Grant/Cooperative Agreement: PHN Case Management: Reducing STIs
 - 2023 PHN Virtual Conference focus on STI treatment (~190 participants)
 - On-Demand PHN Conference modules available until September 30, 2023
 - PHN Program awards for PHN STI Case management projects –
 - Chinle, Yakama, and Rosebud PHN Programs
 - Funding: \$150,000 per year for 5 years
 - Gallup Indian Medical Center (GIMC) PHN pilot test, field screening with ChemBio
 - GIMC PHN site visit – Sept 6-7, 2023 to share best practices
 - 30 participants from Phoenix, Billings, Great Plains, Albuquerque, Navajo, and Oklahoma

PHN Program Milestones – HQ OQ

AIMI Charter and PDSA for PHNs to support quality and implementation of new activity.

PHN-Administration of Penicillin for Syphilis Treatment Aimi Charter TEMPLATE Charter Plan								
Predicted Project Success Rating (MUSIQ) 96.7 => Project could be successful, but possible contextual barriers		Sponsors: Team:						
What are we trying to accomplish?	How will we know that a change is an improvement?	What changes can we make that will result in improvement?						
Brief Description (What/Why) Redesign - Training (online) for Public Health Nurses (PHNs) competencies on syphilis disease management and on administration of intramuscular penicillin (PNC) injections for patient diagnosed with syphilis in order to decrease the incidence of syphilis on patients identified as positive for syphilis and have not received treatment with penicillin in the Navajo Area Office Decrease mortality rate of newborns related to congenital syphilis in the Navajo Area Current Situation - The data demonstrate increase on the incidence of syphilis (outbreak) in the Navajo Area - In the IHS only 1 of 4 PHN program is administering PNC injections for patients diagnosed with syphilis. - Patient have multiple barriers to obtain the PNC injection - Chinle Service Unit is already administering PNC injections for	Outcome <ul style="list-style-type: none"> Increase number of patients identified has testing positive for syphilis but have not contacted and provided treatment. Process <ul style="list-style-type: none"> Increase # of patients who initially refused syphilis treatment to and who later agreed to allow the PHN administered the PNC intramuscular injection Increase # of PHNs administering the PNC injections Increase # of PHNs complete syphilis training Increase # of PHNs complete the IM injections training Increase # of PHNs completed the anaphylaxis training Increase % of PHNs completing accurate documentation 	<table border="1"> <thead> <tr> <th>PDSA Cycle</th> <th>Change Concepts To Use</th> <th>Goals Impacted</th> </tr> </thead> <tbody> <tr> <td>Implement Provide training for PHNs on the disease management of syphilis and to safely administer intramuscular (IM) injection of penicillin (PNC) and use of Epinephrine auto injector. (# 1)</td> <td>31, 36, 37</td> <td> 1. Increase # of phns administering the pnc injections 2. Increase # of patients who initially refused syphilis treatment to and who later agreed to allow the phn administered the pnc intramuscular injection 3. Increase % of phns completing accurate documentation </td> </tr> </tbody> </table> <p>Change Concept Descriptions 31. Conduct training, 36. Emphasize natural and logical consequences, 37. Develop alliances/cooperative relationships</p>	PDSA Cycle	Change Concepts To Use	Goals Impacted	Implement Provide training for PHNs on the disease management of syphilis and to safely administer intramuscular (IM) injection of penicillin (PNC) and use of Epinephrine auto injector. (# 1)	31, 36, 37	1. Increase # of phns administering the pnc injections 2. Increase # of patients who initially refused syphilis treatment to and who later agreed to allow the phn administered the pnc intramuscular injection 3. Increase % of phns completing accurate documentation
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Indian Health Service Strategic

IHS PHN PROGRAM – NAVAJO AREA

DR. MELISSA WYACO, DNP, MHA, BSN-RN



Syphilis implementation Strategies

- Navajo Area Home Treatment Policy
- Buy-in IHS Headquarter
- Performance Improvement Charter & PDSA
- Listening session for IHS Federal Public Health Nursing Programs
 - Barriers/challenges
- PHN Case Management Program
- Point of Care Testing
 - ChemBio Test Kit
 - Syphilis Health Check

PHN Program

PHN focus on wellness and primary, secondary, and tertiary prevention

- Population-based services: health education, health screening, chronic care disease care & care coordination, immunization clinics within and outside facilities, & community screening and education.
- Communicable disease surveillance and follow up.
- Case management and coordination of health services.

IHS Chief Medical Officer Directive – October 25, 2022

Good afternoon colleagues,

Unfortunately, there is a surge in syphilis cases in Indian Country. After conferring with the IHS Infectious Disease Consultant, it is imperative that definitive action be taken to address STIs at all sites across the agency. Therefore, the following should be done at each service unit and community-based testing coordinated with your community health teams and public health nursing.

Annual syphilis testing for persons aged 13-64 to eliminate syphilis transmission by early case recognition. An annual EHR reminder should be turned on at all sites to facilitate testing for two years or until incidence rates decrease locally to baseline.

Adoption of an STI/HIV/Viral hepatitis testing bundle at all sites to screen broadly:

Syphilis screening test with reflex RPR and TPPA

HIV serology (with documentation of consent if required in the local state jurisdiction)

Screening for gonorrhea and chlamydia at three sites: Urine, Pharynx, Rectum

Screening for hepatitis B and C

Pregnancy test

Adoption of "Golden Ticket Testing": On-demand, no-provider/no nurse lab visits for testing, including the above bundle

Enhance screening rates by screening out the hospital/clinic in the community

- Field testing at Chapter House or equivalent community centers, Health Fairs, community events

- Utilization of IWTK (I want the kit) self-testing (For information, contact Rick Haverkate)

Field treatments for syphilis by PHNs with PCN-G. (For questions, contact Tina Tah or Melissa Wyaco)

Let's work together to address this serious issue!!

L. Christensen MD MBA MSJ FACS, Chief Medical Officer, Indian Health Service



End the Syndemic (ETS) – Field Treatment

IHS-HQ Division of Nursing/PHN & Office of Quality - Division of Innovation and Improvement

- CAPT (Ret) Tina Tah, HQ Nurse Consultant, Public Health Nursing
- Mr. Benjamin Feliciano, Nurse Consultant - Improvement Advisor

IHS-Navajo Area Office

- Dr. Melissa Wyaco, Navajo Area Nurse Consultant
- Jonathan Iralu, MD MACP, FIDSA, Indian Health Service Chief Clinical Consultant for Infectious Diseases

IHS-Navajo-Chinle Comprehensive Health Care Facility and Public Health Nursing Program

- Mr. Alex Daniels, Director, PHN
- Elizabeth Glaser, PHN, PhD, Public Health Nurse, STI case manager
- Dr. Alean Frawley, DO- Acting Director, Division of Public Health
- Shari Postman, RN, Public Health Nurse, Gallup Indian Medical Center

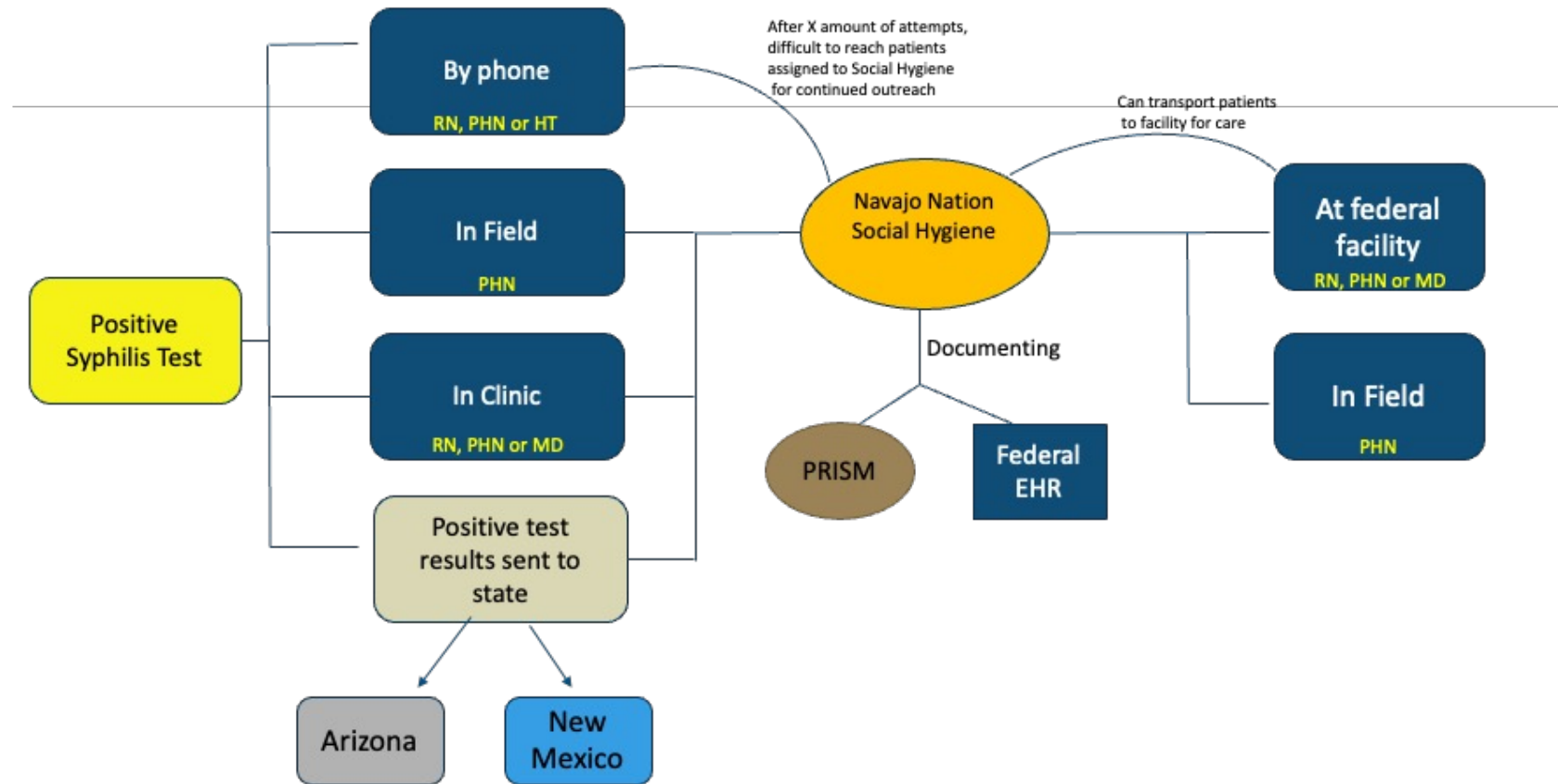


Testing

Result Notification

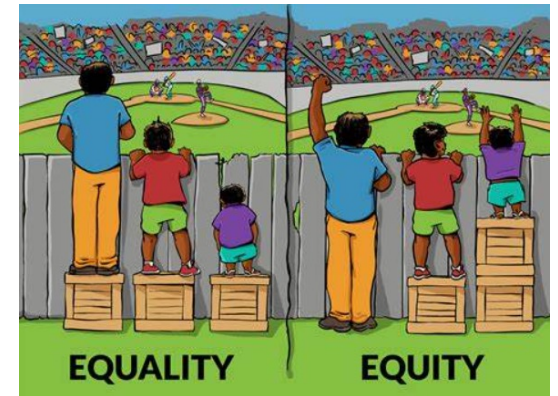
Investigation

Link to Care



Indian Health Service

Equity



IHS - NAVAJO - NNMC PHN STI TASKFORCE
EUGENIA JOHNSON, BSN, RN



Northern Navajo Medical Center - PHN Task Force

Eugenia Johnson - Lead STI PHN

Candace Deal - Co-Lead STI PHN

Dr. Ann Vaughn, MD - STI MD

Dolores Gruber – PHN HT

- Our team handles all STI cases that come through as referrals for public health nursing for NNMC and sometimes through IHS Dzilth'na'oodli' Health Center.



NNMC PHN STI PROCESS

- We follow the Navajo area wide policy and procedure for syphilis home treatment policy dated 7/19/22; as well as utilizing the standing orders for nurses STD protocol syphilis.
- Our PHN syphilis list consists of 267 cases fully treated for syphilis.
- Chart review. Call patient. Contact tracing. Any questions ask Dr. Vaughn.
- Perform home visits/work visits for those that were not contacted. Bring ChemBio in case you need to do contact tracing for partners.
- Offer PCN-G treatment at home if having any transportation difficulty. Meet anywhere option.
- At home treatment and hospital, complete STI labs (full bundle STI testing including HIV, Hep-C, gonorrhea, chlamydia, trichomonas, HCG if female).
- If patient requests hospital visit instead, inform patient of clinic hours, after hours in ER and if the weekend-go to ER or infusion clinic for PCN-G injection.
- Complete treatment and attempt to do a 6 month, 1 year, and 2 year follow up for repeat labs.



STREET MED MENTALITY

- Locate the patient.
- Meet the patient anywhere.
- Bring rapid ChemBio and test. If reactive for RPR or HIV complete STI blood draw/urine collection. We have pre-made STI bundle labs ready to go.
- Health techs trained in phlebotomy and are able to perform ChemBio and blood draw/urine collection.
- Keep ChemBio at temperature range.
- Ask dr. Vaughn for STI full bundle lab orders or Dr. Percy, Dr. Atwell.
- Perform contact tracing with the patient, obtain phone numbers, location of home for partners. Attempt to locate if time allows and perform ChemBio testing.
- Link patients to resources needed for assistance such as housing, food donations, detox facilities, care at the hospital, link back with providers.



LABS WITH OTHER POSITIVE STI's

- If there are other positive STI's, treat for all.
- Obtain orders for Ceftriaxone IM injection, Doxycycline, Azithromycin, Metronidazole, & Tinadazole medications.
- If needed, complete another HCG again.
- Treat all at once if possible.
- Perform medication drop offs with education.
- Provide condoms.



TIPS FOR EXPANDING CASELOAD

- Contact tracing with the patient anywhere.
- Ask it to put up an ID flag for the patient and their partner(s).
- Check face sheet and ask family members for contact info.
- Contact department of health to identify anymore contact information for the patient and/or partner(s).
- Check upcoming appointments in EHR to locate patient.
- Contact street medicine docs and RNs for help.
- Refill condoms and distribute express STI testing at convenience stores in our Service Unit.



GUIDELINES FOR CASE MANAGEMENT SERVICES FOR HIGH RISK GROUPS

- Consult with providers.
- Determine if patient meets criteria for Doxy-PEP or HIV-PrEP.
- Test more frequently every 3 months for high risk groups.



DATA SOURCES THAT ARE USEFUL

- Ask it to put an ID flag for testing and treatment for patient(s) that meet that criteria.
- Complete chart review on EHR, check upcoming appointments, check recent visits, check labs, check face sheet.
- Consult with your local department of health for further information.
- Consult with street medicine providers/RNs if this exists in your area.
- Check detention center apps and Facebook pages.
- Talk with your local chapter house officials/workers to find out location of home and family relatives.



TECHNIQUES USED FOR COMPLETING TREATMENT

- Education regarding the effects of not being fully treated.
- Free condoms.
- Incentives that were provided by the area office of \$10 gift cards.
- Meeting the patient anywhere in your service unit to finish treatment.
- Provide Doxycycline for patients that is outside of the Service Unit Area.
- Consult with department of health or jail facilities.
- Find out if you can meet your patient when they get off work.
- Work with the Navajo Nation social hygiene tech – Kayla Mason.



STI Outreach

- Local health fairs – Women health fair event in May 2024.
- Word of mouth by PHNs. Spread the news for home visit testing.
- Just Move It events during the summer.
- Always during the ‘Sih Hasin Street Medicine’ rounds every Tuesday and Wednesday.



Indian Health Service Partnership



IHS PHN STI COOPERATIVE AGREEMENT
THERESA TSOSIE-ROBLEDO MS, RN-BC





INDIAN HEALTH SERVICE CMO UPDATE - FEBRUARY 15, 2024

DEAR TRIBAL LEADER AND URBAN INDIAN ORGANIZATION LEADER:

- SYPHILIS RATES CONTINUE TO RISE AMONG OUR SERVICE POPULATION.
- RECENT IHS DATA SHOWS THAT SYPHILIS SCREENING IN IHS FACILITIES HAS INCREASED BY 98 PERCENT FROM 2022 TO 2023, REPRESENTING A SYPHILIS SCREENING COVERAGE RATE OF 9.4 PERCENT OF THE ELIGIBLE IHS USER POPULATION.
- RECOMMENDATIONS CAN HELP FURTHER INCREASE THE LEVELS OF SYPHILIS SCREENING, TREATMENT, AND FOLLOW-UP CARE IN IHS, TRIBAL, AND URBAN INDIAN (I/T/U).

STI FEDERAL IMPLEMENTATION PLAN 2021–2025

APPENDIX B: INDICATORS AND TARGETS

Objective 4.2: Expand culturally competent and linguistically appropriate STI prevention, care, and treatment services in communities disproportionately impacted by STIs

Strategy 4.2.1 Train providers, including primary care, specialty, and nontraditional providers, to deliver high-quality, culturally and linguistically appropriate, nondiscriminatory, nonjudgmental, compassionate, and comprehensive sexual health services to populations disproportionately impacted by STIs.

Action Step	Timeframe	Federal Partners	Indicators
Fund, through cooperative agreements, tribal and urban PHN programs to mitigate the prevalence of STI among AI/AN communities through a PHN case management model.	2022-2025	IHS	2, 4, 5, 10

[STI Federal Implementation Plan 2021-2025 \(hhs.gov\)](https://www.hhs.gov/sti-federal-implementation-plan-2021-2025)

STI Plan Core Indicators

Table B1. STI Plan Core Indicators

	Measure	Baseline ^a	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Data Source ^b
1	Increase the percentage of adolescents aged 13–17 years who receive the routinely recommended doses of HPV vaccine												
	Percentage	51	57	63	69	75	<u>80</u>	81	82	83	84	<u>85</u>	NIS-Teen
2	Reduce P&S syphilis rate ^c												
	Rate/100,000	13.6	13.5	13.4	13.3	13.3	<u>13.2</u>	13.0	12.8	12.6	12.4	<u>12.2</u>	NNDSS
3	Reduce congenital syphilis rate ^c												
	Rate/100,000	67.7	66.0	64.3	62.3	60.3	<u>57.6</u>	54.2	50.1	45.4	40.0	<u>33.9</u>	NNDSS
4	Reduce gonorrhea rate ^c												
	Rate/100,000	221.9	220.8	219.7	218.4	217.1	<u>215.3</u>	213.1	210.4	207.3	203.7	<u>199.7</u>	NNDSS
5	Increase chlamydia screening in sexually active females aged 16–24 years												
	Percentage	58.8	59.7	60.6	62.2	64.1	<u>66.4</u>	68.0	71.1	73.3	75.0	<u>76.5</u>	HEDIS
6	Reduce PID in females aged 15–24 years ^c												
	Rate/100,000	171.6	169.9	168.2	166.1	164.0	<u>161.3</u>	157.9	153.8	149.0	143.5	<u>137.3</u>	HCUP NEDS
7	Increase condom use at last sexual intercourse among sexually active high school students ^c												
	Percentage	51.3	51.6	51.8	52.3	52.9	<u>53.5</u>	54.2	54.9	55.5	56.0	<u>56.5</u>	YRBSS

Table B.2. STI Plan Disparities Indicators

	Measure	Baseline ^a	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
8	Reduce P&S syphilis rate among MSM											
	Cases/100,000	461.2	457.7	454.3	450.1	446.0	<u>440.4</u>	433.5	425.2	415.5	404.5	<u>392.0</u>
9	Reduce congenital syphilis rate among African Americans/Blacks											
	Rate/100,000	167.5	162.9	158.3	152.8	147.3	<u>139.9</u>	130.7	199.6	106.7	92.0	<u>75.4</u>
10	Reduce congenital syphilis rate among AI/ANs											
	Rate/100,000	207.6	201.9	196.2	189.3	182.5	<u>173.3</u>	161.9	148.2	132.2	113.9	<u>93.4</u>
11	Reduce congenital syphilis rate in the West											
	Rate/100,000	89.7	87.2	84.7	81.8	78.8	<u>74.9</u>	69.9	64.0	57.1	49.2	<u>40.3</u>
12	Reduce gonorrhea rate among African Americans/Blacks											
	Rate/100,000	632.9	628.2	623.5	617.8	612.1	<u>604.5</u>	595.0	583.6	570.3	555.1	<u>538.0</u>
13	Reduce gonorrhea rate in the South											
	Rate/100,000	211.3	209.6	207.9	205.8	203.7	<u>201.0</u>	197.5	193.4	188.5	183.0	<u>179.6</u>
14	Increase condom use at last sexual intercourse among sexually active MSM high school students											
	Percentage	53.8	53.8	54.2	54.9	55.8	<u>56.9</u>	58.0	59.1	60.0	60.8	<u>61.9</u>

IHS PHN STI Case Management Cooperative Agreement

- Goal: To mitigate the prevalence of STIs within Indian Country through a case management model that utilizes the PHN as a case manager.
 - Period of Performance: 5 years
 - Funding Amount: \$150,000.00 per year
 - Initial award: 9/30/2022
- PHN Grant Coordinator available to provide technical assistance

The 7 grant awards are:

- Central Oklahoma American Indian Health Council, Inc.
- Great Plains Tribal Leaders Health Board
- Tuba City Regional Health Care Corporation
- American Indian Health Service of Chicago, Inc.
- United American Indian Involvement, Inc.
- Sokaogon Chippewa Community, and
- Rosebud Sioux Tribe



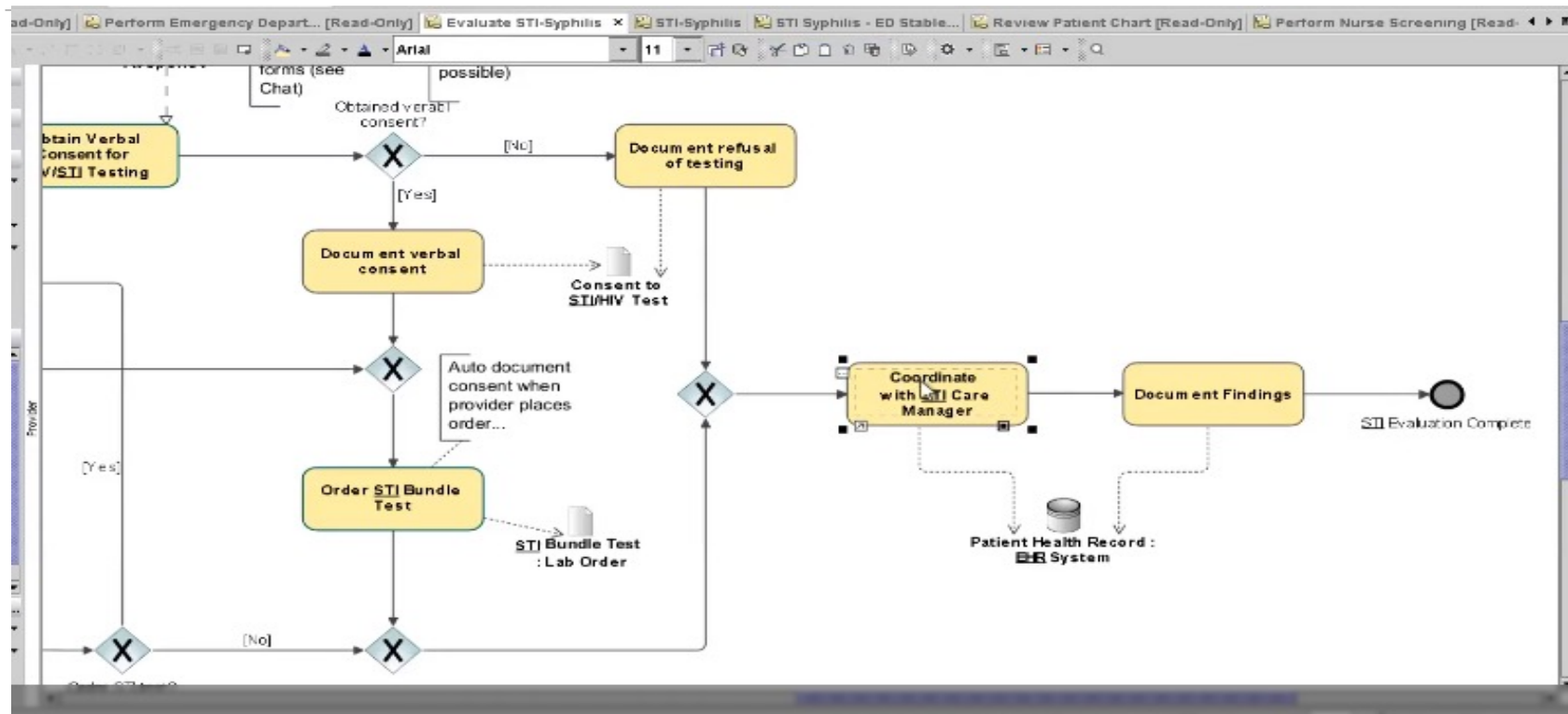
Cooperative Agreement for Public Health Nursing Case Management 5 year performance period FY23-FY27



GRANT	COOPERATIVE AGREEMENT
Transfer money or property to a recipient	Transfer money or property to a recipient
To support or stimulate a public purpose	To support or stimulate a public purpose
No substantial programmatic involvement	Substantial programmatic involvement

Workflow of STI Screening

PHN input: IHS-OIT Workflow Research Alignment Plan (WRAP) Session



Year 1 & Year 2 Findings

- Maintaining a full-time PHN can be challenging.
- PHN incentivized billing for PHN interventions needs uniformity.
- FY 2024: All IHS PHN STI Cooperative Agreement recipients will implement a case management program to include admission and discharge criteria of at risk population, caseload size, and appropriate health care standards. The case management process will be in a policy format.
- Regional STI rates impacts regional workload and clinic engagement.
- Collective performance metric for all sites needed.
- Data Sharing: Limited and/or no access to surveillance data = limited/delayed local response to care/care coordination.



Year 3 and Beyond

Continue to implement Best Practices:

- Leverage technology to strengthen and expand existing surveillance infrastructure and methods for more real-time data sharing between public health entities and tribal/urban health organizations.
- Field Injection of Penicillin-G by PHNs to be the standard of care for difficult-to-treat patients who are not engaged in care. This includes pregnant patients with syphilis.
- Implement strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others.

References

- CDC Sexually Transmitted Disease Surveillance 2022 report: <https://www.cdc.gov/std/statistics/2020/default.htm>
- Centers for Disease Control and Prevention (2023). [U.S. Syphilis Cases in Newborns Continue to Increase: A 10-Times Increase Over a Decade | NCHHSTP Newsroom | CDC](#)
- [Federal Register :: Public Health Nursing Case Management: Reducing Sexually Transmitted Infections](#)
- IHS National STD Program: <https://www.ihs.gov/Epi/std/>
- National Center for HIV, Viral Hepatitis, STD, and TB Prevention CDC Division of STD prevention
- [STI Federal Implementation Plan 2021-2025 \(hhs.gov\)](#)

References

Center for Disease Control (CDC):

- CDC Laboratory Recommendations for Syphilis Testing, US, 2024: <https://www.cdc.gov/mmwr/volumes/73/rr/rr7301a1.htm>
- CDC STD Treatment Guidelines: <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>
- Primary and Secondary Syphilis: <https://www.cdc.gov/std/treatment-guidelines/p-and-s-syphilis.htm>
- Latent Syphilis: <https://www.cdc.gov/std/treatment-guidelines/latent-syphilis.htm>
- Syphilis During Pregnancy: <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>
- Neuro-, Ocular, Oto- Syphilis: <https://www.cdc.gov/std/treatment-guidelines/neurosyphilis.htm>
- Tertiary Syphilis: <https://www.cdc.gov/std/treatment-guidelines/tertiary-syphilis.htm>
- CDC 2022 STI Surveillance Reports: <https://www.cdc.gov/std/statistics/2022/default.htm>
- CDC Syphilis Surveillance Supplements: <https://www.cdc.gov/std/statistics/syphilis-supplement/default.htm>

References

IHS STI/Syphilis resources:

- IHS National STI Initiative: <https://www.ihs.gov/sti/ihsnationalstiinitiative/>
- IHS Syphilis website: <https://www.ihs.gov/sti/syphilis/>
- IHS STI/Syphilis Clinical Information: <https://www.ihs.gov/sti/syphilis/clinicalinformation/>

References

iCare Resources:

- IHS RPMS Clinical Applications website: iCare User Manuals
<https://www.ihs.gov/rpms/applications/clinical/>
- IHS RPMS Recording & Material Library: RPMS Applications > iCare Management System (BQI)
Series <https://www.ihs.gov/rpms/training/recording-and-material-library/>
- IHS RPMS Training website: iCare Office Hours (held once a month)
<https://www.ihs.gov/rpms/training/upcoming-classes/>

Panelist

- CAPT Wil Darwin, PharmD, CDE, NCPS
- Ms. Kathy Ray, RN, CNM
- CAPT (ret) Tina Tah, MBA, BSN-RN
- Dr. Melissa Wyaco, DNP, MHA, BSN-RN
- Ms. Eugenia Johnson, BSN-RN
- CAPT (ret) Theresa Tsosie-Robledo, MS, RN-BC
- Ms. Melinda Nez, BSN-RN
- CAPT Cynthia Gunderson, PharmD

Questions – Comments



Thank you