**Category 2 Project Narrative**

**Bell County Public Health District - 088334001.2.1**

**Project Area, Option and Title:** 2.7.1 Implement Evidence-based Health Promotion & Disease Prevention Programs. Implement evidence-based strategies to increase screenings and referral for targeted populations.

**RHP Project Identification Number:** 088334001.2.1

**Performing Provider Name:** Bell County Public Health District

**Performing Provider TPI #:** 088334001

**Project Summary:**

* **Provider Description:** Bell County Public Health District (Health District), is a Local public health district, and provides public health services to the men and women of Bell County and the surrounding area. The Health District provides services in the following programs: Immunizations, Sexually Transmitted Disease (STD) testing and treatment, Family Planning, Pregnancy testing and counseling, Preparedness, Disease Surveillance, Environmental Health, Food Protection, and Women Infant Children (WIC) program. The Health District serves Bell County with a 1060 square mile area and a population of 284,408 (DSHS Health Facts Profile, 2009). The Health District operates two clinics in east and west Bell County in the neighborhoods of the targeted populations.
* **Intervention:** The purpose of this project is to increase the availability of STD testing at Health District clinics. Nurses will provide STD risk reduction counseling utilizing the Centers for Disease Control’s (CDC’s) ABC Method (practice Abstinence, Be faithful with a negative partner, use Condoms). Clinical services will be provided according to Health District STD Testing Policies and Procedures. The Health District plans to increase the times and days that STD testing is offered from ½ day to 4 days per week. Additionally, the Health District will increase the number of clients seen in Health District STD clinics. In this 2.1 project, the focus will be to increase the number of males seen (the 2.2 project focuses on females) In DY2, the Health District established a baseline, and saw 518 **males** who tested for Chlamydia, Gonorrhea, and Syphilis. The Health District estimates that they can see an additional 52 males in DY3, 104 males in DY4, and 155 males in DY5 who test for Chlamydia, Gonorrhea, and Syphilis. (The Category 2.2 project addresses STD services to females in Health District clinics). The Health District plans to monitor clinic numbers and times, and adjust the schedule accordingly.
* **Project Status:** Currently, STD testing and treatment is offered one afternoon per week in each of the Health District clinics. We will expand to four 8 hour work days (Monday through Thursday) to accommodate clients and partners accessing services.
* **Project Need:** CN.1.9: Increase access to testing and treatment of STDs in Bell County. Bell County has some of the highest STD rates in the State of Texas. In 2011, the Chlamydia cases/rate in Bell County was 3,933 cases or 1,325.7 per 1,000, or the highest in Texas. For Gonorrhea, the 2011 cases/rate were 1,075 cases or a rate of 362.4 per 1.000. Again, this rate was also the highest in the State. Syphilis cases in 2010 were 16 with a rate of 5.5; in 2011 there were 5 syphilis cases with a rate of 1.7 (Texas STD Surveillance Report, DSHS, 2011). Statistics for the incidence of all 3 of diseases is similar for 2010. The STD Clinics at the Health District are the only low cost STD testing and treatment clinics in Bell County.
* **Target Population:** One hundred percent of the Health District clients who were provided STD services in FY2011 were uninsured or Medicaid clients. There were 586 clients seen in FY2011 (males and females). At thebeginning of this project, the Health District counted both males and females in its calculations for the QPI data. When the Pass 2 project 088334001.2.2 was added that counts females only, this project should have been changed to count only males (so that the females were not counted twice). By making it clear that males only will be counted in this project, it will be in line with the Pass 2 project that counts only females. Between the 2.1 & 2.2 projects, the males and females accessing services at the Health District will be counted. The target population in this project is MALES (and the target population in 2.2 is females). In DY2, the Health District established a baseline, and saw 518 males who tested for Chlamydia, Gonorrhea, and Syphilis. The Health District estimates that they can see an additional 52 males in DY3, 104 males in DY4, and 155 males in DY5 who test for Chlamydia, Gonorrhea, and Syphilis. (The Category 2.2 project addresses STD services to females in Health District clinics). The Health District will increase the number males who access care by expanding availability of STD services and by providing those services on a walk-in basis, and to reduce the number of Medicaid clients who utilize the Emergency Department for routine STD testing services.
* **Category 1 or 2 Expected Project Benefit for Patients:**The project seeks to increase access to routine STD testing and treatment by increasing the number of days and clinics where testing and treatment is available to clients on a walk-in basis, going from providing services ½ day per week to 4 days per week (see Improvement Milestone 1-7.2). The project will be able to test 52 additional males in DY3, 104 males in DY4, and 155 males in DY5 for Gonorrhea, Chlamydia, and Syphilis. The original project included numbers for both male and female clients; the Health District’s 2.2 project addresses increasing the number of females tested in Bell County Public Health District Clinics, and this 2.1 project will address increasing the number of males tested in Bell County Public Health District Clinics.
* **Category 3 Outcomes** OD-6 Patient Satisfaction IT-6.2.b VSQ-9

Percent improvement over baseline of patient satisfaction scores.

The VSQ-9 was developed for use in the Medical Outcomes Study and focuses specifically on satisfaction with a visit to a physician or other health care provider. The VSQ-9 survey measures patient satisfaction with access to care (questions 1 to 4); direct interaction with the physician (questions 5 to 8); and, the visit overall (question 9).

* **Core Component: A (CQI)** The Health District is committed to continuous quality improvement and learning

related to this project. The Health District will conduct quality improvement as a core component for the project using the following methods: The Health District has a Quality Assurance Plan in place and conducts the following QA activities on a regular basis by designated staff: monthly chart audits in all clinics with corrections made; annual Exposure Control Clinic assessment, annual building and Fire Equipment inspections, twice a year Fire Drills, annual evaluations on all staff, annual emergency response drills, annual client satisfaction surveys, annual staff development needs assessment, verification of licensed personnel as needed, CPR training, and quarterly QA meetings. At the quarterly QA meetings, staff discuss: problems encountered with staff performance, documentation, clinic flow, patient issues, or any area of the project where improvements are needed. The QA Committee provides recommendations for improvement in all areas of the project. The Director is responsible for ensuring designated staff in each clinic carry out the recommendations of the QA committee to improve the overall project. In addition, we will participate in regional learning collaborative which share information such as challenges, lessons learned and considerations for safety net populations.

**Project Description:**

*Increase access to Sexually Transmitted Disease Testing*

The purpose of this project is to increase the availability of Sexually Transmitted Disease (STD) testing at Health District clinics. The Health District plans to increase the times and days that STD testing is offered (from ½ day to 4 days per week). Currently, the STD clinics is one afternoon per week, and the Health District is considering expanding to four 8 hour work days (Monday through Thursday) to accommodate males accessing services in the afternoons. The Health District provided STD services to 586 clients in FY2011. In DY2, the Health District established a baseline of clients seen, and saw 518 males who tested for Chlamydia, Gonorrhea, and Syphilis. The Health District estimates that they can see an additional 52 males in DY3, 104 males in DY4, and 155 males in DY5 who test for Chlamydia, Gonorrhea, and Syphilis. (The Category 2.2 project addresses STD services to females in Health District clinics). It is the hope, by expanding STD service hours the Health District can increase the number of clients tested and decrease the Gonorrhea, Chlamydia, and Syphilis rates in Bell County, which are some of the highest rates in the state. (The Category 2, Pass 2 Project # 088334001.2.2 addresses increasing the number of females tested in Bell County Public Health District Clinics, and this 2.1 project will concentrate on males.)

Nurses will provide STD risk reduction counseling utilizing the Centers for Disease Control’s (CDC’s) ABC Method (practice Abstinence, Be faithful with a negative partner, use Condoms). Clinical services will be provided according to Health District STD Testing Policies and Procedures. The Health District nursing staff has 5-10 years of experience in conducting risk assessment and risk reduction STD counseling and testing. They will provide one-on-one, individualized counseling for each STD client, to include counseling regarding the need for medication compliance, medication education, partner treatment, abstinence until partner treated, and importance of future safe sex practices. Staff will provide each client with written educational materials, as well as condoms. Nursing staff will treat symptomatic clients at the time of testing, and will encourage abstinence until partners are treated, if positive. Clients with positive results are notified regardless if they were treated at testing, so that counseling can occur with regard to abstinence and partner treatment. Clients whose partners refuse to be treated will be offered Expedited Partner Therapy (EPT) according to established procedures.

Clients who test positive for Gonorrhea and/or Chlamydia are strongly encouraged to return to the clinic in three months for a retest due to the possibility of re-infection with an untreated partner or a new infection from a new partner. Clients who test positive for syphilis are staged and treated appropriately, and will have blood redraws to retest and ensure treatment effectiveness. Partner elicitation for positive syphilis clients is done by the Texas Department of State Health Services (DSHS) Disease Intervention Specialists. Clinic staff keeps records of positive clients and send reminders of need for retest or redraws. Client numbers are kept by clinic clerical staff for completion of reports.

Community Educators provide information in the community on the expansion of services in the hopes of getting the word out about extended hours, which will happen by increasing the hours that STD testing and treatment is available. It is the expectation that with increased utilization of Health District STD clinics that there will be less use of the local Emergency Departments (ED) for routine STD testing and treatment. In 2011, the Chlamydia cases / rate in Bell County were 3,933 cases, with a rate of 1,325.7 (compared to 2010 - 4,007 cases, rate of 1,375.2). The Chlamydia rates are the highest in the state in Bell County for 2010 & 2011. For Gonorrhea, the 2011 cases / rate were 1,075 cases, with a rate of 362.4 (compared to 2010 - 1,181 cases, rate of 405.3). These rates were also the highest in the State for 2010 & 2011 (Texas STD Surveillance Report, DSHS, 2011).

**Goals and Relationship to Regional Goals:**

**Project Goals:**

For the past several years, Bell County has had some of the highest STD rates in Texas. The Health District would like to see the case numbers and rates come down for Gonorrhea, Chlamydia, and Syphilis in Bell County. The Health District would also like to see clients in Bell County utilize the clinics in Killeen and Temple instead of the ED for routine STD testing.

**This Project meets the following Regional Goals:**

* Improving access to timely, high quality care for residents, including those with multiple needs; and
* Reducing inappropriate utilization of services.

**Challenges:**

Possible challenges are clients reporting inability to pay for services. Staff will work with clients on a payment plan if they report they cannot pay, and they are symptomatic. The Health District recently began accepting credit and debit cards, which may help clients pay. The Health District has changed the way clients are assessed fees for STD clinic. Client fees are based on family size and income instead of a flat fee. This will enable more clients to be seen, and eliminate a financial barrier to care. Another challenge is partners refusing to get treated. Extensive education is provided on the importance of partner treatment. The expanded hours will allow partners more opportunity for treatment. For those partners who refuse to come in (or go to their provider) for treatment, EPT will be provided. EPT is done only in cases where the client’s partner refuses to get treated, and the client is at high risk for re-infection. Strict procedures are followed for EPT, since medications are provided to one person for another. Another challenge is that Fort Hood, the largest military base in the world, is located in Bell County. There is a constant influx of soldiers returning from a war campaign and they often bring STD’s home with them. This may affect the expected reductions in STD case numbers and rates, since the population base will have grown.

**5-Year Expected Outcome for Provider and Patients:**

It is expected in the first five years of the project that the number of clients accessing services will increase by 30%. In addition, STD rates in Bell County will be reduced. With the Gonorrhea and Chlamydia rates in Bell County being the highest in Texas, the Health District expects to reduce the number of cases of Gonorrhea, Chlamydia, and Syphilis. However, the Health Department needs time to understand how our intervention will impact rates. Targets will be determined in DY3.

**Starting Point/Baseline:**

Bell County Public Health District saw 586 Gonorrhea clients, 586 Chlamydia clients, and 500 Syphilis clients in FY 2011 (BCPHD clinic records). Bell County STD case numbers 2011: Chlamydia 3933, Gonorrhea 1075. Bell County STD case rates: Chlamydia 1,325.7, Gonorrhea 362.4 (DSHS Texas 2011 STD Surveillance Report, cases reported from January 1 to December 31, 2011. The report is available at <http://www.dshs.state.tx.us/hivstd/reports/default.shtm>).

In DY2, the Health District established a baseline of clients seen, and saw 518 males who tested for Chlamydia, Gonorrhea, and Syphilis. The Health District estimates that they can see an additional 52 males in DY3, 104 males in DY4, and 155 males in DY5 who test for Chlamydia, Gonorrhea, and Syphilis. (The Category 2.2 project addresses STD services to females in Health District clinics).

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.1 – Limited access to primary care
* Specific Community Need: CN.1.9 – Increase access to testing and treatment of sexually transmitted diseases in Bell County

This project addresses the high Chlamydia and Gonorrhea rates in Bell County for the latest statistic year available 2011. Bell County has the highest Chlamydia and Gonorrhea case rates in the entire state in 2011. Bell County also has the 6th highest Gonorrhea case number and 7th highest Chlamydia numbers in the state in 2011. Bell County has one of the highest Chlamydia infection rates in the State (DSHS, Texas 2011 STD Surveillance Report).

This project was selected in an effort to decrease the high STD rates in Bell County. Bell County is ranked 16th by population (latest census figures from 2010 from US Census Bureau, updated February 2012), but is 6th and 7th in number of STD rates, and first in numbers of cases of Gonorrhea and Chlamydia. The consistently high numbers and rates of STD infections in Bell County could be due to the close proximity of Fort Hood Army base, the largest military base in the world. Clients, who are often active duty military, frequently utilize the STD services in Bell County clinics to avoid having this information in their military record. The large number of military clients adds to the transient nature of Bell County, which can also contribute to the spread of STDs and the high STD numbers. With the expansion of availability of STD services, the Health Department’s goal is to reach and test/treat this population of clients.

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:** The Health District receives funds from the U.S. Department of Health and Human Services through state agencies; however, these funds will not be used in this project.

**Relationship to Other Projects:**

In Pass 2, the Health District will focus on a project (#088334001.2.2)on the need for more STD testing of females of child-bearing age, to find and treat asymptomatic Gonorrhea and Chlamydia infections. According to the CDC, the number of reported cases of Chlamydia and Gonorrhea is lower than the estimated total number because infected people are often unaware of, and do not seek treatment for, their infections and because screening for chlamydia is still not routine in many clinical settings (CDC, 2012). Undetected and/or untreated Chlamydia infections are one of the leading causes of sterility, ectopic pregnancy, poor pregnancy outcomes, neonatal infection and chronic pain (DSHS, Infertility Prevention Project, 2012).

**Relationship to Other Performing Provider’s Projects and Plan for Learning Collaborative:**

Central Counties Services (CCS) is proposing a project (#081771001.2.2)to increase testing of STD’s in their clinics, as they feel their clients may not go to the Health District to access these services. CCS believes, by nature of many of their clients’ disease processes, they cannot or will not seek out testing and treatment, especially if they are asymptomatic. CCS will provide STD education, testing, and treatment on site in their clinics to decrease STD infections among their target population. The Health District will work with CCS to assist them to reach their goals in their project. CCS and the Health District are also working on a project (#081771001.2.1) to assist CCS clients that are suffering the side-effects of prolonged use of psychotropic medications. Williamson County & City Health District, south of Bell County, is proposing a broader primary care project (#126936702.1.1),but it will also increase availability of STD testing in their county.

The Health District is committed to improvement of services and broad-level delivery system transformation. The Health District has an excellent working relationship with the providers in RHP 8, and is willing to participate in learning collaboratives to share successes, challenges, and lessons learned in order to better serve our target population and meet our community needs. Sharing this information at least on a yearly basis will allow providers to strengthen their partnerships and to continue providing services efficiently so there is maximum positive impact on the healthcare delivery system in RHP 8.

**Project Valuation:**

The cost of the project takes into consideration the salaries and fringe benefits of the nursing staff performing services, indirect costs for administrative staff overseeing the project, and for advertising costs to increase awareness of the project. The funds for the project are for salaries and fringe benefits only, as testing supplies, lab tests, and medications are provided at no cost to the Health District.