

Public Health Detailing for Syphilis Control in Women in Los Angeles County

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INTRODUCTION

Increases in female syphilis cases have led to a dramatic increase of congenital syphilis in Los Angeles County (LAC). Between 2012 and 2017, female syphilis cases quadrupled from 167 to 714 and congenital syphilis (CS) case

- numbers increased from 6 to 44 in Los Angeles County (LAC).
- In 2017, LAC adopted more rigorous syphilis screening guidelines to include universal third trimester screening and a recommendation to screen all women of reproductive age (15-44 years) for syphilis at least once.
- Health care providers play a critical role in addressing the congenital syphilis epidemic by appropriately screening and treating high risk patients for syphilis.

OBJECTIVE

The LAC Division of HIV and STD Programs (DHSP) implemented a public health detailing campaign to raise provider awareness about the trends in syphilis in women and disseminate key messages around screening, staging and treating syphilis.

METHODS

Syphilis in Women Action Kit was developed with information on syphilis screening, staging and treatment as well as mandatory reporting guidelines, general STD screening and treatment guidelines and information on pre-exposure prophylaxis (PrEP) for HIV prevention.

Public Health Detailing:

- Modeled after pharmaceutical sales approach
- Promoting public health interventions and increasing provider knowledge through brief education visits, commonly referred to as "calls"
- One-on-one interactions with medical providers and staff
- Deliver key messages recommended by health department
- Includes initial and follow-up visits over 8-week period
- Detailing can be done by external contractors, or health department staff

Identifying and Prioritizing Medical Providers

- **PRIORITY I:** Providers who diagnosed a case of syphilis in the mother of a baby born with congenital syphilis
- between January 2014 to December 2017 (n=83)
- PRIORITY II: Providers who diagnosed a case of syphilis in a female of child-bearing age between January 2016-December of 2016 (n=163)
- **PRIORITY III:** Medicaid-funded Comprehensive Perinatal Services Program (CPSP) providers, who offer a range of enhanced services to low income pregnant women (n=269)

Public Health Detailing Implementation

Between May and July 2018, four public health detailers conducted a brief syphilis tutorial and assessment at initial visit and follow-up sessions with medical providers in LAC during an 8-week period.

- 4 detailers/4 territories/assigned approximately 120 providers each
- 4 days of training with DHSP staff and "On Call" manager
- DHSP conducted weekly check-in call with detailers
- Clarified assessment questions
- Answered clinical questions
- Identified "problematic" provider practices
- Shared information such as billing practices and screening guidelines
- DHSP held two in-person meetings with detailers (at the 4-week and 8-week mark)

Standardized Provider Assessment was completed at the beginning of each detailing session which included:

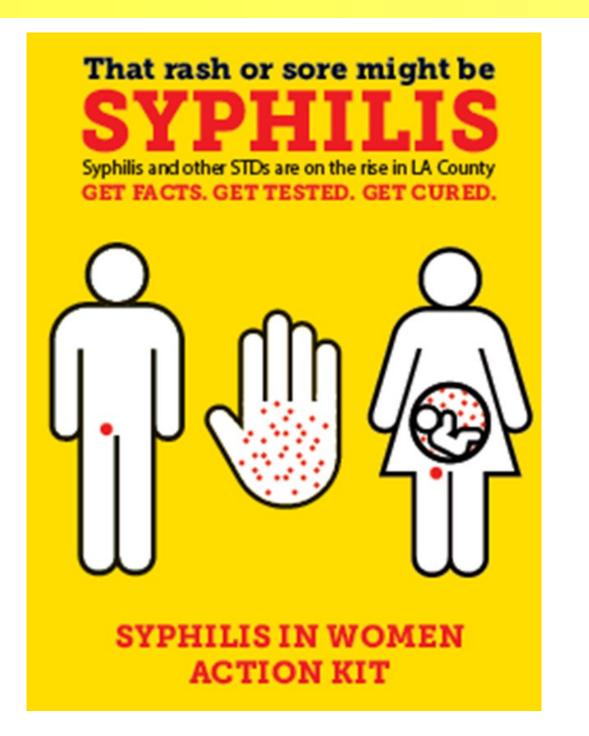
- Demographic information
- Self-reported knowledge of syphilis trends and screening guidelines
- Frequency of taking a sexual history
- Proportion of pregnant patients that receive third trimester screening

Categorized Qualitative Boxes on the back for detailers to fill out post call

Descriptive qualitative and statistical analyses were performed on the assessment data documented by the 4 public health detailers in the "Rep Field Activity Report".

Development of Syphilis in Women Action Kits

- Bi-weekly meetings with Medical Director, Associate Medical Director, Health Educators, Nurse Manager, Epidemiologist
- Revised and discussed in monthly internal CS Workgroup meetings
- Consulted with the STD Branch at the California Department of Public Health (CDPH)
- Original branding & materials shared by Pima County Health Department (Southern Arizona)



Syphilis in Women Action Kit

Section I

How the Department of Public Health can help

- "Got Questions about STDs" wallet card
- Mandatory Reporting
- Reportable Diseases and Conditions
- STD Confidential Morbidity Report
- STD Screening and Treatment Guidelines
- STD FAQ
- LAC DPH STD Clinic Map
- STD Clinical Consultation Network Postcard
- PDPT Clinic Postcard
- PrEP and Women FAQ

Section II

What you can do to help:

- Taking a Sexual History card
- "Dear Colleague" letter with key messages
- Syphilis in Women Update for Healthcare
- Syphilis Webinar
- Syphilis Screening
- Syphilis Staging
- Syphilis Treatment

Syphilis in Women and Congenital Syphilis

Key messages included in the "Dear Colleague" letter from the Director & Associate Medical Director of

btain and complete a Confidential Morbidity Report (CMR) form

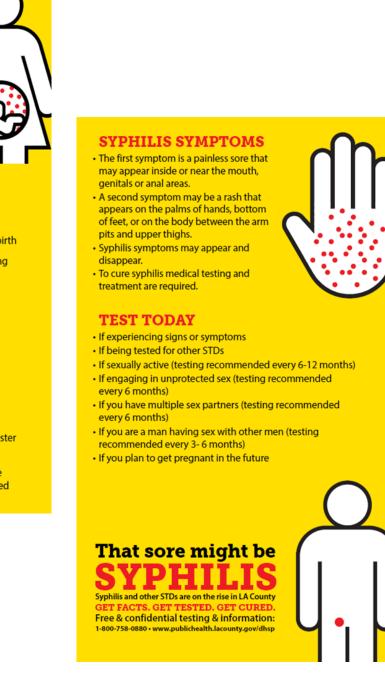
- 1. Take a thorough sexual history.
- 2. Screen all women of child-bearing age.
- 3. Screen all pregnant women for syphilis during the first trimester or at their initial prenatal visit. Re-screen pregnant women for syphilis early in the third trimester (28-32 weeks) and at delivery.
- 4. Stage syphilis correctly in order to treat correctly.
- . Medical providers were encouraged to call the Clinical Nursing & Guidance line (a dedicated help-line for clinicians staffed by DHSP public health nurses).

Marketing and Patient Information Materials

Waiting Room Posters





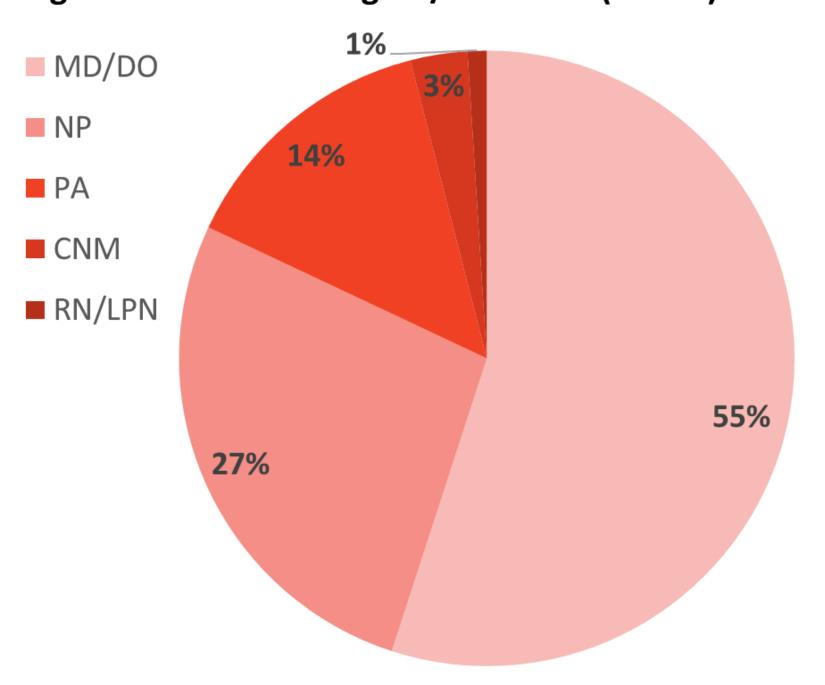


Trifold Wallet Card

RESULTS

Provider Demographics

Figure 1A: Medical Degree/Licensure (n=432)



The majority of providers reported an OB/GYN subspecialty, followed by Family Medicine and then Internal Medicine.

Number of visits in detailing campaign

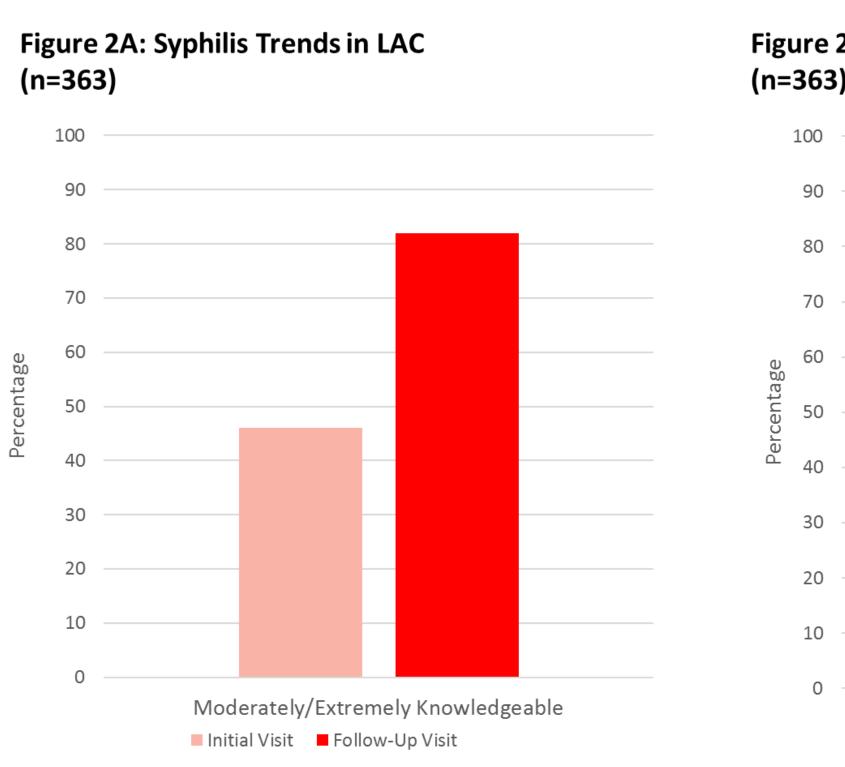
- . 1186 total visits (includes providers and staff)
 - 677 initial visits
 - 509 follow-up
- 795 total visits among providers only
- 432 initial visits
- 363 follow-up

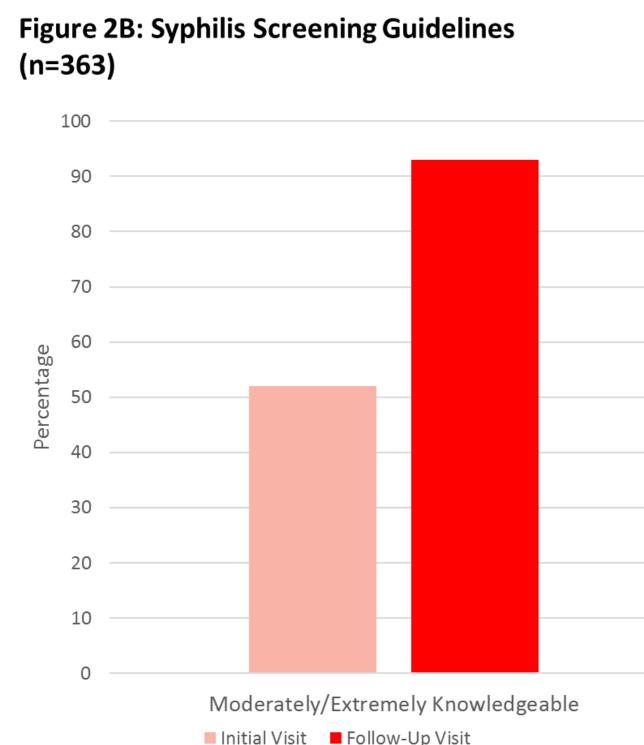
"How are you treating your patients for syphilis?" (n=360)*

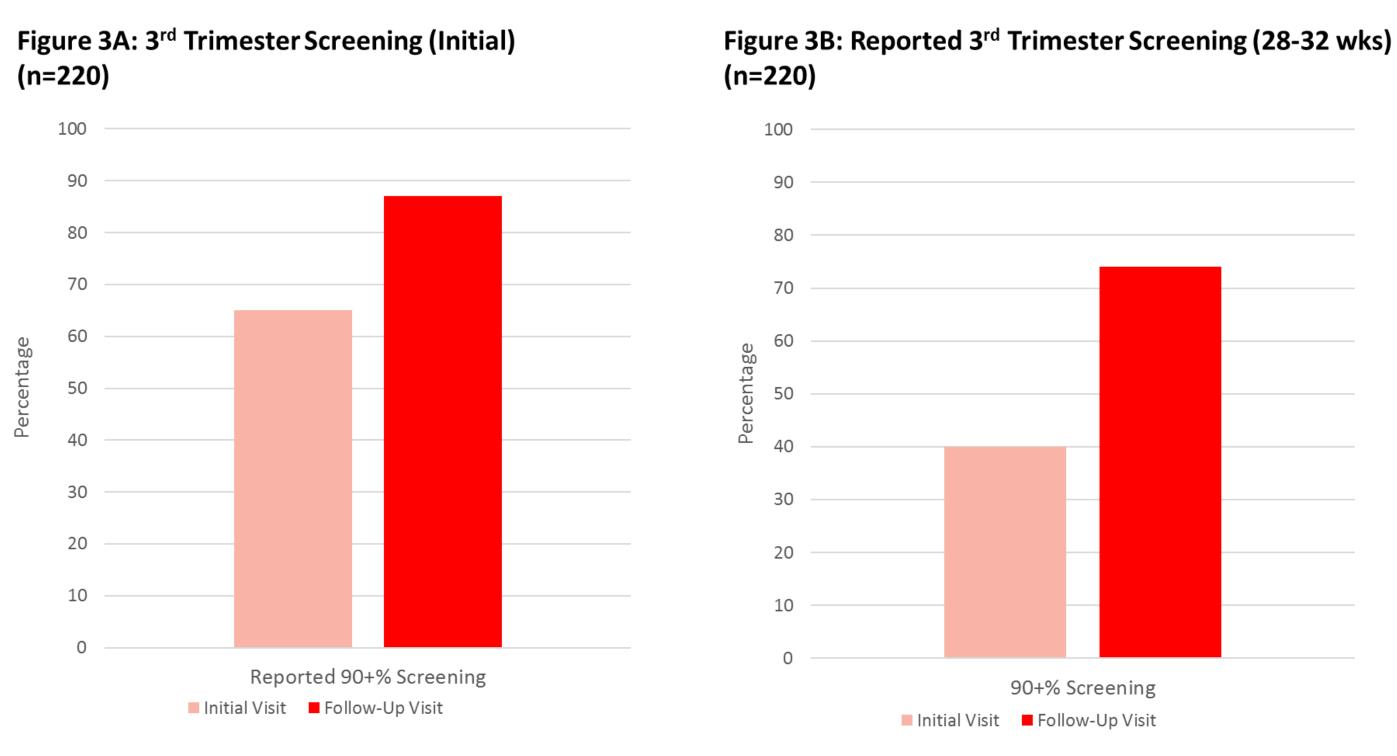
- 46% treated in office/clinic
- 43% referred out
- 47% of providers who referred out reported referring patients to County STD clinics

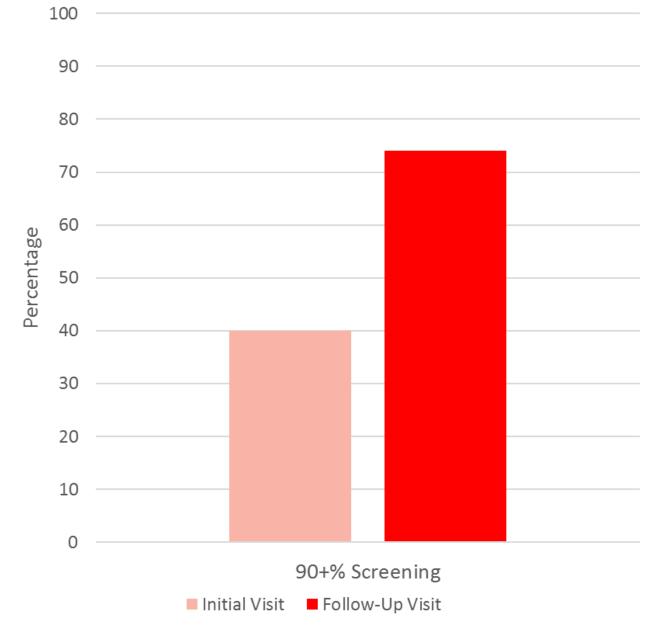
*Treatment Questions were added to assessment in the 2nd week of the project

Evaluation Results from Initial and Follow-Up Visits









Interest in adopting one or more key messages included in the "Dear Colleague" letter (n=363)

Follow-up

- 6% willing to listen/review kit
- 3% willing to use patient education materials
- 16% interested in key recommendations

34% adopted at least 1 recommendation

- 41% intended to adopt recommendations
- 5% interested in key recommendations

2% willing to listen/review kit

14% intended to adopt recommendations

1% willing to use patient education materials

78% adopted at least 1 recommendation

CONCLUSIONS

- . Public Health Detailing was successful in that it increased knowledge of syphilis trends and screening guidelines.
- . It also resulted in an increase in the number of providers screening pregnant women for syphilis early in the third trimester between 28 and 32 weeks and exposed providers who were following an outdated American College of Obstetricians and Gynecologists (ACOG) recommendation of screening for syphilis at 35 weeks of pregnancy.
- Less than half of providers reported in-clinic/in-office treatment of syphilis which must be increased given the importance of timely treatment of syphilis.
- . Providers welcomed the technical assistance and resources regarding screening and mandatory reporting.
- . Providers reported being uncertain regarding billing and reimbursement for the costs of screening and treating syphilis under California's version of Medicaid (MediCal) and Family Planning, Access, Care and Treatment (Family PACT) programs. MediCal and Family PACT billing and reimbursement questions will be addressed in subsequent public health detailing campaigns.
- Issues with Bicillin access related to both cost and reimbursement were confirmed and will be addressed in subsequent public health detailing campaigns.
- Public Health Detailing is a promising tool to change provider practice as part of a syphilis prevention and control strategy.

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