Implementation of Expanded Syphilis Screening Protocols in California Family Planning Clinics
Key Findings

The Need

Over the last several years, California has experienced a steep increase in syphilis among females and congenital syphilis (CS). In fact, CA had the second highest number of CS cases in the US and the sixth highest CS case rate in 2020. [1]

From 2012 – 2019, female syphilis cases increased over

⬆ 750%

and congenital syphilis cases increased over

⬆ 1200%. [2]

CS can cause severe neonatal abnormalities, preterm birth, still birth & neonatal death.[3] Of additional concern, syphilis & HIV co-infection are common, and syphilis can increase HIV transmissibility.[4]

CS is a potentially devastating condition, which is highly preventable via detection and timely treatment of syphilis during pregnancy, paired with prevention of reinfection.[1]

1. *2020 STD Surveillance Report. CDC, 2020.*
2. *Sexually Transmitted Diseases Data | 2019 STD Surveillance Report. CA Chlamydia Surveillance Data, by Gender and Age. CDPH, 2018.*
3. *Congenital Syphilis CDC Fact Sheet. CDC, 2021.*
4. *HIV Infection: Detection, Counseling, & Referral. CDC, 2021.*

About the Project

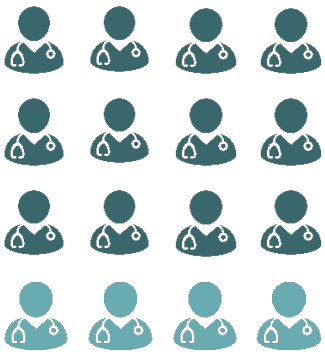
In response to rising rates of sexually transmitted infections, Planned Parenthood Northern California (PPNorCal) Family Planning Clinics implemented expanded screening protocols in Fall 2018 which included HIV, chlamydia, gonorrhea, and syphilis (Core-4) co-screening for any patient with a positive pregnancy test & HIV and syphilis co-screening for all patients.

Objectives

Interview objectives included learning about:

1. Implementation barriers & facilitators
2. Impact of COVID-19 on implementation
3. Lessons learned

Participation + Methodology



Twelve clinical & **four leadership** staff interviews were conducted.

Recruitment prioritized **three** clinics in counties with notable increases in syphilis morbidity.

Thematic analysis was conducted to identify primary & secondary themes.

Unanswered questions in which the interviewee was not queried due to time constraints, or the question was not applicable (e.g., interviewee was not employed at time of roll out) were excluded from the analysis of that question.

Results

Implementation Barriers & Facilitators

Five themes pertaining to protocol implementation facilitators & barriers emerged:

- **Patient Education & Communication**
- **Workflow**
- **Staff Education & Communication**
- **Patient Willingness**
- **Visit Complexity at Pregnancy Diagnosis**

Among staff, patient related factors were most commonly noted. **Patient education & communication** was the most commonly reported facilitator, while **patient willingness** was the most commonly reported barrier. Among leadership, aspects of staff related factors – **staff education and communication** and **workflow** – were more often reported as both facilitators and barriers, highlighting the differing perspectives of these two groups.

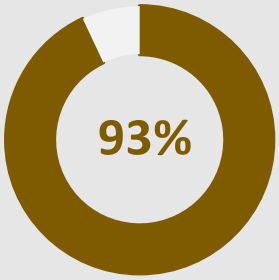
Consistency (N=12)

Overall, interviewees felt that **protocols were implemented consistently**, particularly for HIV & syphilis co-screening.

67% reported consistent HIV & syphilis co-screening.

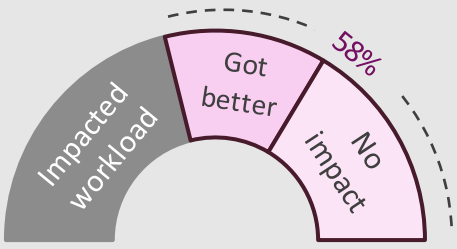
50% reported consistent Core-4 screening.

Effectiveness (N=14)



reported that the protocol changes **effectively increased syphilis screening and diagnosis**

Workload (N=12)

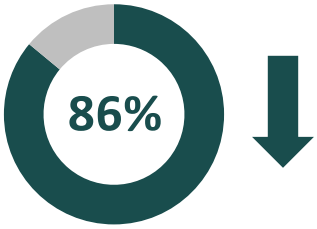


While some interviewees felt that the protocols impacted their workload, the majority reported that the protocols either **had no impact on workload** or that **impacts improved over time**.

Quality of Care (N=12)

100% reported that the protocols had a **positive impact** on **patient care**.

COVID-19 Related Impacts (N=15)



reported **less screening** overall during the COVID-19 pandemic.

Two thirds reported that screening **improved** over the course of the COVID-19 pandemic.

Shorter visit time & reduced access to STI testing were commonly reported COVID-related impacts.

Lessons Learned & Implementation Considerations

Health center leadership & staff highlighted key lessons learned & implementation considerations:

Patient Education & Communication	▪ Routine, **opt out screening** may **normalize** screening & **reduce stigma.** ▪ Education about **current syphilis rates**, **congenital syphilis outcomes**, & **benefits of screening** may address patient knowledge gaps & increase willingness to receive STI screening.
Workflow	▪ Anticipation of **workflow adjustments** *(e.g., stocking supplies in exam rooms)* & assessing patient deterrents to *phlebotomy (e.g., fear of needles)* at the beginning of the visit may help ensure efficient service delivery. ▪ Some interviewees suggested that protocol implementation became more consistent during the COVID-19 pandemic. **Lower patient volumes** may support adherence to protocols & protocols may become more routinized with time, despite clinical changes that may occur. ▪ Workload increases may occur with potential improvement over time. All interviewees reported **positive impacts on the quality of patient care** which **may outweigh these operational considerations**.
Staff Education & Communication	▪ **Diverse staff perspectives** may offer a more comprehensive understanding of how to best prepare for protocol implementation & preclude avoidable barriers. ▪ **Staff reminders**, **clinician champions**, developing **scripts**, & providing **progress reports** may help ensure consistent implementation. ▪ Assessment of staff **phlebotomy training** may help ensure staff comfort & confidence. ▪ Education about **complex STI outcomes** & **benefits of screening** may help garner staff buy-in.
Patient Willingness	▪ Patient willingness may decline with **patient hesitancy to receive blood draws** & when **STI screening is not the patients' presenting concern**. ▪ **Patient time constraints** may be a barrier to screening although the **convenience** of doing both tests at once may positively impact a patient's willingness to receive screening.
Visit Complexity at Pregnancy Diagnosis	▪ At times, it may be challenging to add STI testing to an **already complex pregnancy visit**.

Helpful Tools + Resources for Implementation

Formal Staff Training & Resources
Training documents, staff/patient resources, scripts, presentations, games

Informal Staff Training & Resources
Clinician support, staff discussions, teamwork

Electronic Medical Record Reminders

Progress Reports with Goals & Benchmarks

In Summary

- HIV & syphilis co-screening for all patients & Core-4 co-screening for pregnant patients may be effective strategies to **increase screening** & **STI case identification**, resulting in **positive impacts on patient care.**
- Consideration of **patient & staff education/communication, patient willingness, & workflow may lend to successful implementation** of such protocols in family planning clinics.

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