



End the Syndemic (ETS) Informatics Response Session 11 STI Syphilis Missed Treatment Opportunities

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DOWNLOAD Agenda & Instructional Guides: [Course Materials | Training \(ihsohs.gov\)](https://www.ihsohs.gov/course-materials)



Presented By...

CAPT John Lester, PharmD, MAS – Health Informatics

- Program Coordinator / Health Systems Analyst
- Area Clinical Informatics Consultant
- Phoenix Area Indian Health Service



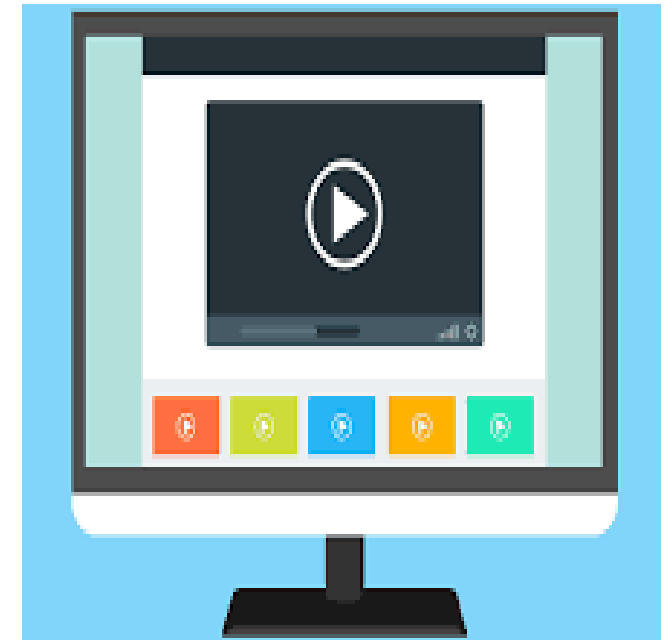
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Course Materials & Recordings

- Recorded training modules and Course Materials can be found at:
- <https://www.ihs.gov/rpms/training/recording-and-material-library/>
- Major Initiative – STI Syndemic Response
- Keyword Search – ETS Informatics Response
- Tags – STI, all Role Based





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 Benzathine Penicillin. (For questions, contact Tina Tah or Melissa Wyaco)

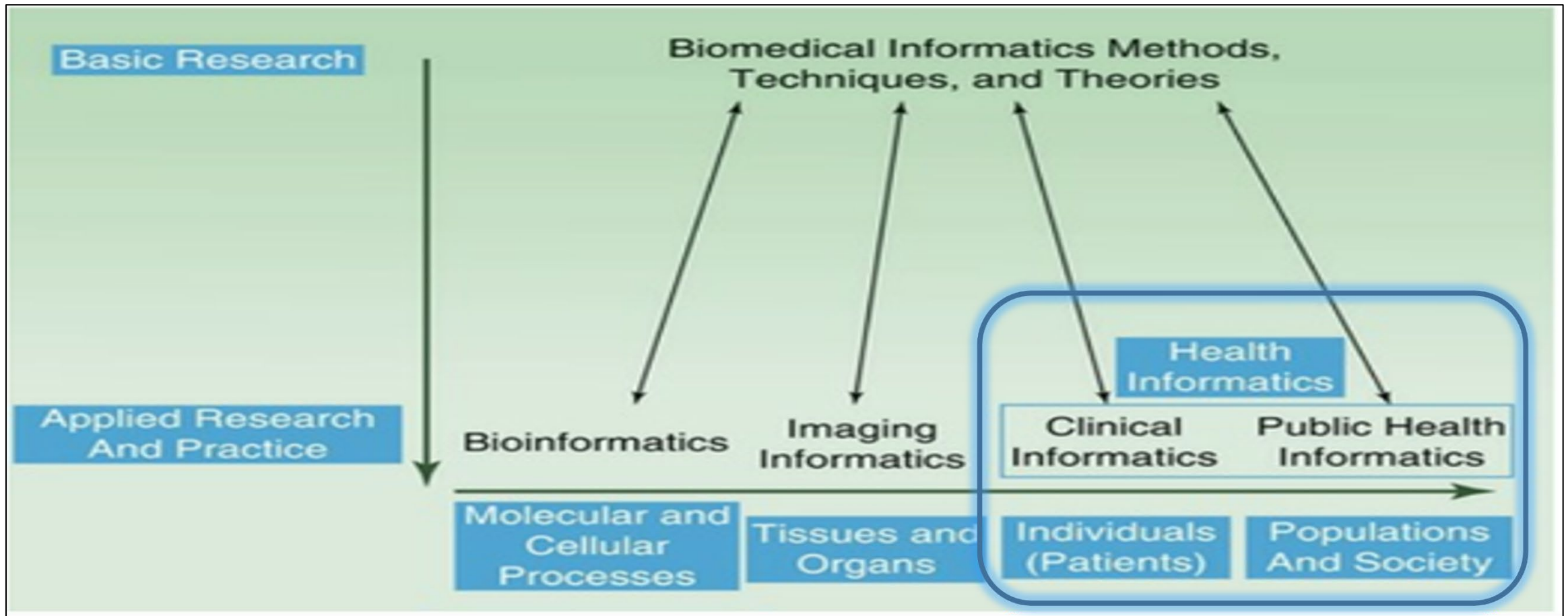
Let's work together to address this serious issue!!

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



STI ETS Informatics Concepts

Clinical & Public Health Informatics





Syphilis Recommendations #1

Annual Syphilis Testing and EHR Reminder

- 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.



End the Syndemic (ETS) STI Reminders Office Hours: [Training | RPMS \(ihs.gov\)](#)

Area: eLearning Class Type: eLearning	Start Date: 02/22/2023 End Date: 02/22/2023 Details: SPECIAL TOPIC: Syphilis STI Reminder. The purpose of the END-THE-SYNDemic (ET...	Class Status: OPEN
More Details		
Manage Class	Manage Roster	Manage Schedule New Schedule

Area: eLearning Class Type: eLearning	Start Date: 01/18/2023 End Date: 01/18/2023 Details: SPECIAL TOPIC: Syphilis STI Reminder Office Hours. The purpose of the END-THE...	Class Status: FINISHED
More Details		
Manage Class	Manage Roster	Manage Schedule New Schedule

- National PXRm Reminder has been released.
- Additional STI Reminder Office Hours will be scheduled
- [RPMS Deployment Request - Service Portal \(servicenowservices.com\)](#)



Syphilis Recommendations #2 STI/HIV/Viral Hepatitis Testing Bundle

- Adopt an STI/HIV/Viral hepatitis testing bundle at all sites to screen broadly
 - Syphilis screening test with reflex RPR and TPPA
 - HIV serology
 - Documentation of consent required
 - Screening for gonorrhea and chlamydia at three sites:
 - Urine, Pharynx, Rectum
 - Screening for hepatitis B and C
 - Pregnancy test



End the Syndemic (ETS) Laboratory Informatics Office Hours [Training | RPMS \(ihs.gov\)](#)

Area: eLearning Class Type: eLearning	Start Date: 01/30/2023 End Date: 01/30/2023 Details: LABORATORY INFORMATICS RESPONSE: Review and discuss laboratory testing on the...	Class Status: OPEN More Details	
Manage Class	Manage Roster	Manage Schedule	New Schedule
Area: eLearning Class Type: eLearning	Start Date: 02/13/2023 End Date: 02/13/2023 Details: LABORATORY INFORMATICS RESPONSE: Review and discuss laboratory testing on the...	Class Status: OPEN More Details	
Manage Class	Manage Schedule	New Schedule	
Area: eLearning Class Type: eLearning	Start Date: 03/15/2023 End Date: 03/15/2023 Details: LABORATORY INFORMATICS RESPONSE: Review and discuss laboratory	Class Status: OPEN More Details	



Syphilis Recommendations #3 Screening and Testing

- Adoption of "Golden Ticket" or "Express Services" Testing: On-demand, no-provider/no nurse lab visits for testing, including the above bundle
- Standardize ways to provide STI screening
- Enhance screening rates by screening outside the hospital/clinic in the community
 - Field testing at Chapter House or equivalent community centers, Health Fairs, community events
 - IWTK (I Want the Kit) self-testing
 - For information, contact Rick Haverkate



Express STI Services

- Indian Country ECHO's Grand Rounds – Express STI Services in Indigenous Communities on February 28th, 2023
- View the session recording, slide set, and additional resources at:
 - <https://www.indiancountryecho.org/resources/express-sti-services-in-indigenous-communities-february-28-2023/>



Syphilis Recommendations #4 Field Treatments by Public Health Nursing

- Field treatments for syphilis by PHNs with Benzathine Penicillin
- Policy, Procedure, & Standing Order Considerations
- Includes guidance for administration and handling allergies
- For questions, contact Tina Tah or Melissa Wyaco



Syphilis Recommendations #5 Antimicrobial Stewardship Program (ASP)

- Treatment approach to syphilis
 - Understanding syphilis lab results
 - Standard treatment
 - Alternative syphilis treatment options for special populations
 - Antimicrobial resistance
- Penicillin Allergy Screening and Testing
- EHR Order Sets
- Integrate Data Tracking into management of syphilis treatment



End-the-Syndemic (ETS) Antimicrobial Stewardship Program (ASP) Office Hours

- [Training | RPMS \(ihs.gov\)](https://www.ihs.gov/rpms/training)

Area: eLearning Class Type: eLearning	Start Date: 05/03/2023 End Date: 05/03/2023 Details: ASP Ordering Menus Creation...	Class Status: OPEN More Details
Area: eLearning Class Type: eLearning	Start Date: 07/05/2023 End Date: 07/05/2023 Details: RPMS Reports to Monitor Treatment...	Class Status: OPEN More Details



Syphilis Recommendations #6 Advanced Practice Pharmacy

Leveraging Pharmacists to Improve Outcomes

- Standing Order Policy and Testing Waiver
- Training and Education
- EHR Templates
- Workflow for Pharmacy Access Points
- Current Active Pharmacy Programs
- Clean-up EHR Patient Allergy/Adverse Reaction Tracking (ART)
List for Penicillin



Syphilis Recommendations #7 Other Considerations for Syphilis Patients

- Offer HIV PrEP to every patient
- Offer Mpox JYNNEOS vaccine PrEP to every patient
- [IHS E3 Vaccine Strategy | 2022 Announcements](#)
 - Every patient at
 - Every encounter should be offered every recommended vaccine when appropriate (see <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>)
 - e.g., Mpox, Hepatitis, HPV, Meningitis



STI-SUD Treatment/Bundle HOPE Recommendations #8 Primary Care Considerations for Intersecting Syndemics

- Support Harm Reduction Activities
- Safe Syringe Services;
- Naloxone for at-risk
- MOUD (Medications for Opioid Use Disorder)
- Access to condoms and lube
- Pre-exposure prophylaxis order sets
- Post-exposure prophylaxis order sets
- HBV vaccination
- Treat co-addictions ('chemsex' considerations)
- Screening
- SBIRT strategies
 - Additional screening tools needed
 - Training
- HIV, STI, HBV, HCV testing bundles
- Staff Training and expert consultation



iCare - STI Functionality - Care Management

- iCare Care Management Event Tracking CMET Enhancements
 - HIV
 - Syphilis
 - RPR Follow-up
 - RPR Pregnancy Tracking
- Prenatal & HIV Care Management Group
- Under Development – (a) STI/STD Care Management Group, (b) Data Entry, (c) Risk Factors, (d) DTS Clinical Reminder Terminologies, (e) Community Alerts for “Positive Syphilis Lab Results”
- [RPMS Recording and Material Library | Training \(ihs.gov\)](#)
 - Search Major Initiative ->
 - STI Syndemic Response ->
 - Keyword = “iCare”



End the Syndemic (ETS) Informatics Response (1)

Session	Syndemic Response	Date (Tentative)
1	Sexually Transmitted Infections (STI) in Indian Country Overview	November 17, 2022
2	STI and Syphilis Clinical Decision Support (CDS) Reminders	December 1, 2022
3	STI/HIV/Viral Hepatitis Testing Bundle (Ordering Menu & Tests)	December 15, 2022
4	SUD and STI Intersecting Epidemics	January 12, 2023
5	Antimicrobial Stewardship Program (ASP) – Part I	January 26, 2023
6	Field Treatments for Syphilis	February 2, 2023
7	STI End-the-Syndemic (ETS) Committee Planning	February 16, 2023
8	Advanced Practice Pharmacists – Leveraging Pharmacists to Improve Outcomes	March 2, 2023
9	Antimicrobial Stewardship Program (ASP) – Part II	March 16, 2023
	2023 National Combined Councils Virtual Meeting	March 28-30, 2023
10	iCare, Case Management, & Metrics	May 4, 2023
11	Syphilis Missed Treatment Opportunities (Patient Record Flag – CWAD – Clinical Reminders)	June 26, 2023
12	Syphilis Missed Treatment Opportunities – Deployment for Test Sites (Chinle, Kayenta, PIMC, Yakama)	July 5, 2023
13	RPMS Reports to Monitor STI Treatment – Pharmacy PSG Office Hours (Hands-on)	July 5, 2023
14	EHR Tips & Tricks Update – STI End-the-Syndemic (ETS) Informatics Response	July 13, 2023 (Tentative)



National Council of Informatics Clinical Decision Support



End the Syndemic (ETS) Informatics Response NCI - Clinical Decision Support (1)

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 - Oklahoma City Area Office
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- Pavla Frazier, MSN, MBA, MS Biomedical Informatics, RN
 - Clinical Terminologist/Informaticist to Indian Health Service
 - Chickasaw Nation Industries (CNI)
- Melinda Nez, RN
 - Clinical Informatics Specialist
 - Federal Lead-EHR, Reminders, Adverse Reaction
 - IHS Office of Information Technology
- Rick Haverkate, MPH (he/him)
 - National HIV/HCV Consultant
 - Indian Health Service
- CDR Donnie Hodge, PharmD, MS
 - Clinical Informaticist
 - Claremore Indian Hospital



End the Syndemic (ETS) Informatics Response NCI - Clinical Decision Support (2)

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- Heather Kovich, MD
 - Medical Officer/NCI Reminders Subject Matter Expert
 - Northern Navajo Medical Center

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End the Syndemic (ETS) Informatics Response NCI - Clinical Decision Support (3)

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- HIT Modernization
- IHS Office of Information Technology

Melanie Taylor, MD, MPH, AAHIVS

- Medical Epidemiologist
- Centers for Disease Control & Prevention
- Phoenix Indian Medical Center



End the Syndemic (ETS) Informatics Response STI Challenge Considerations

1. HIPAA, Privacy, State, Informed Consent
2. Policy, Protocol, Standing Orders
3. CMS Conditions of Participation (CoP) and authentication of Policy/Protocol/Standing Orders
4. Standardized Informatics Response



End the Syndemic (ETS) Informatics Response Challenge Considerations – Brigg Reilly

1. Missed treatment opportunities for syphilis patient who contacts the system for another POV, mainly the ER as per your 'flag' bullet point below
2. Inability to communicate with patients for care coordination. Phone calls are generally unsuccessful. Messaging via text or social media platforms is much more effective and would greatly reduce our time to treatment and default rates. We hope to find the policy space to allow this for reportable infectious diseases or allow patients to opt-in to this type of messaging. Currently, we have to ask state DoH counterparts to communicate with patients as they do not have the same restrictions. This DoH support does not come close to meeting needs as the staff is located far from Indian Country.



End the Syndemic (ETS) Informatics Response Challenge Considerations – Jessica Leston (1)

- 1. Question:** Are we focusing on Syphilis or all reportable STIs/"syndemic", chlamydia, gonorrhea, syphilis, HIV, and HCV? This is really a question for the whole series. If we do a syphilis-specific ISS now, would we be able to do a comprehensive ISS that touches on all syndemic tools after?

There are really two needs:

- a. Responding to rising syphilis rates NOW, especially as we are seeing
 - congenital syphilis cases and rates continue to rise
- b. Creating a comprehensive informatics package and toolkit to address all STIs/"Syndemic" (we have a lot of this already but in separate silos).



End the Syndemic (ETS) Informatics Response Challenge Considerations – Jessica Leston (2)

2. Golden Ticket Testing or Express Services

- With rising rates of sexually transmitted infections (STIs) and related healthcare costs, STI and other clinics across the U.S. urgently need to increase testing and treatment, while minimizing the impact on staff and systems. To address these needs, clinics have responded in a variety of innovative ways, including implementing STI express services.
- STI express services refer to triage-based STI testing without a full clinical examination. Research shows that STI express services increase clinic capacity, reduce time to treatment, reduce visit time, and decrease visit cost. Therefore, express services have the potential to increase access and testing while maximizing available resources.



National Council of Informatics Missed Treatment Opportunities Clinical Decision Support (CDS)



National Council of Informatics Clinical Decision Support (NCI-CDS) (1)

- Develop CDS informatics tools to End-the-Syndemic (ETS)
 - Reminders to address Syphilis
 - Missed Treatment Opportunities
 - NCI-Syphilis Opportunity
 - NCI-Public Health Alert



Syphilis Missed Treatment Opportunities

- What is the Best Way to "Flag" in RPMS EHR?
 - Patient Record Flag (PRF)
 - CWAD – Clinical Warning
 - Clinical Reminders



Missed Treatment Opportunities Background “Flagging” Patient Chart – Brigg Reilly

- From 2020-2022, the frequency of positive syphilis tests (not necessarily patients) in I/T/U sites has at least doubled in ten states, increasing by over 700% in four out of ten. In the same time frame, syphilis in <1 year old patients increased by over 800%.
- Our clinical and partner services are losing ground against syphilis nearly everywhere.
- Not following up with a patient with syphilis when they contact the system for another POV is an important missed opportunity.
- Actively managing a panel of syphilis patients to ensure they are directed for syphilis no matter where they contact the system is ideal (GIMC example) but may be more labor intensive than most SUs can handle.
- Is there any other best practice that could serve as a digital or analog flag for syphilis (and other important conditions such as HCV) that would alert medical teams at registration/triage/emergency medicine to ensure proper follow-up while maintaining patient PoV confidentiality?



VA CPRS Manual Category II or Local Flags Syphilis Missed Treatment Opportunities

- Category II flags are local. Each site can create and maintain its own set of local flags that are not transmitted to other sites.
- However, the purpose of Category II flags is similar to Category I—to provide important patient information to healthcare providers.
- For example, a site could create a Patient Record...
Flags Cat II – Diabetes flag or a Category II Infectious Disease flag.
- VHA Directive 2010-053, dated December 3, 2010, titled: Patient Record Flags, VHA advised sites to:
 1. Create and use Patient Record Flags sparingly so that users will notice flags and pay careful attention to them.
 2. Creating many flags for different reasons might lessen the impact of flags and cause staff to miss important information.
 3. Both Category I flags and Category II flags require a progress note to document the reason for placing a flag on the patient's record



Syphilis Missed Treatment Opportunity Reminder “Alarm Clock”

Turns On...

- Active Integrated Problem List (IPL) Problem of Syphilis
- Reactive RPR + Detected Antibody + RPR Titer Resulted

Turns Off ...

- Penicillin G Benzathine Medication Order or Doxycycline Medication order
- Medication Orders must be completed after last RPR Titer



Public Health Alert Note Reminder “Alarm Clock”

Turns On ...

- Progress Note Title (Public Health Alert Syphilis – Active)

Turns Off ...

- Progress Note Title (Public Health Alert Syphilis – Inactive)
- Progress Note Title “Inactive” must come after “Active”
- Clinical Warning Note? Compare and contrast.



Syphilis Missed Opportunities Sample Workflow Clinical Reminders & CWAD -> PRF

- Patient Inclusion – Case Management Function
- Active Syphilis Infection
- CWAD “Clinical Warnings”
 - Note Title = “Public Health Alert Syphilis Active”
- Additional Signer to PRF “Owner”
- Note Title = “Public Health Alert Syphilis Inactive” Documentation (Removal or Edit)
 - CWAD Manual
 - PRF Manual Removal



Syphilis Missed Treatment Opportunity Public Health Alert Poll



Polling Questions (1)

Reminder Report looking over the last 90 days

- Total patients
- Reminder applicable to
- Reminder due on
- Percent applicable
- Percent Due
- Percent not done



Systems Usability Scale (SUS) – Reminder Review

Strongly Agree – Agree – Neutral – Disagree – Strongly Disagree

1. I think that I would like to use this Reminder frequently.
2. I found the Reminder unnecessarily complex.
3. I thought the Reminder was easy to use.
4. I think that I would need the support of a technical person to be able to use this Reminder.
5. I found the various functions in this Reminder was well integrated.
6. I thought there was too much inconsistency in this Reminder.
7. I would imagine that most people would learn to use this Reminder very quickly.
8. I found the Reminder very cumbersome to use.
9. I felt very confident using the Reminder.
10. I needed to learn a lot of things before I could get going with this Reminder.



Future Upgrades RPMS Distributed Terminology System (DTS)

- Collaborative effort with NCI-CDS & RPMS DTS team
- Improves capacity of Reminder system & other reporting tools to identify Syphilis Patients in need of treatment
- Creates a SNOMED Subset for appropriate Syphilis Problems
- DTS Cycle 57 Patch Release July 28, 2023



Lessons Learned

- Multi-Disciplinary Team Collaboration is Paramount
- Communication between teams can be improved & consider more visual aids
- Standardization can make development easier

“He who knows syphilis knows medicine”

said Father of Modern Medicine, Sir William Osler, at the turn of the
20th Century



National Council of Informatics Syphilis Testing



National Council of Informatics Clinical Decision Support (NCI-CDS) (2)

Develop CDS informatics tools to End-the-Syndemic (ETS)

- Reminder & Reminder Dialog to address Syphilis & improve testing rates



NCI - Syphilis Test Reminder (Alarm Clock)

Turns On Yearly for:

- All patients Aged 13-64

Turns Off if the following is found in the last year:

- Syphilis Screening Test
- STI-Test Education (1 day)
- Historical Syphilis Screening Test (CPT)

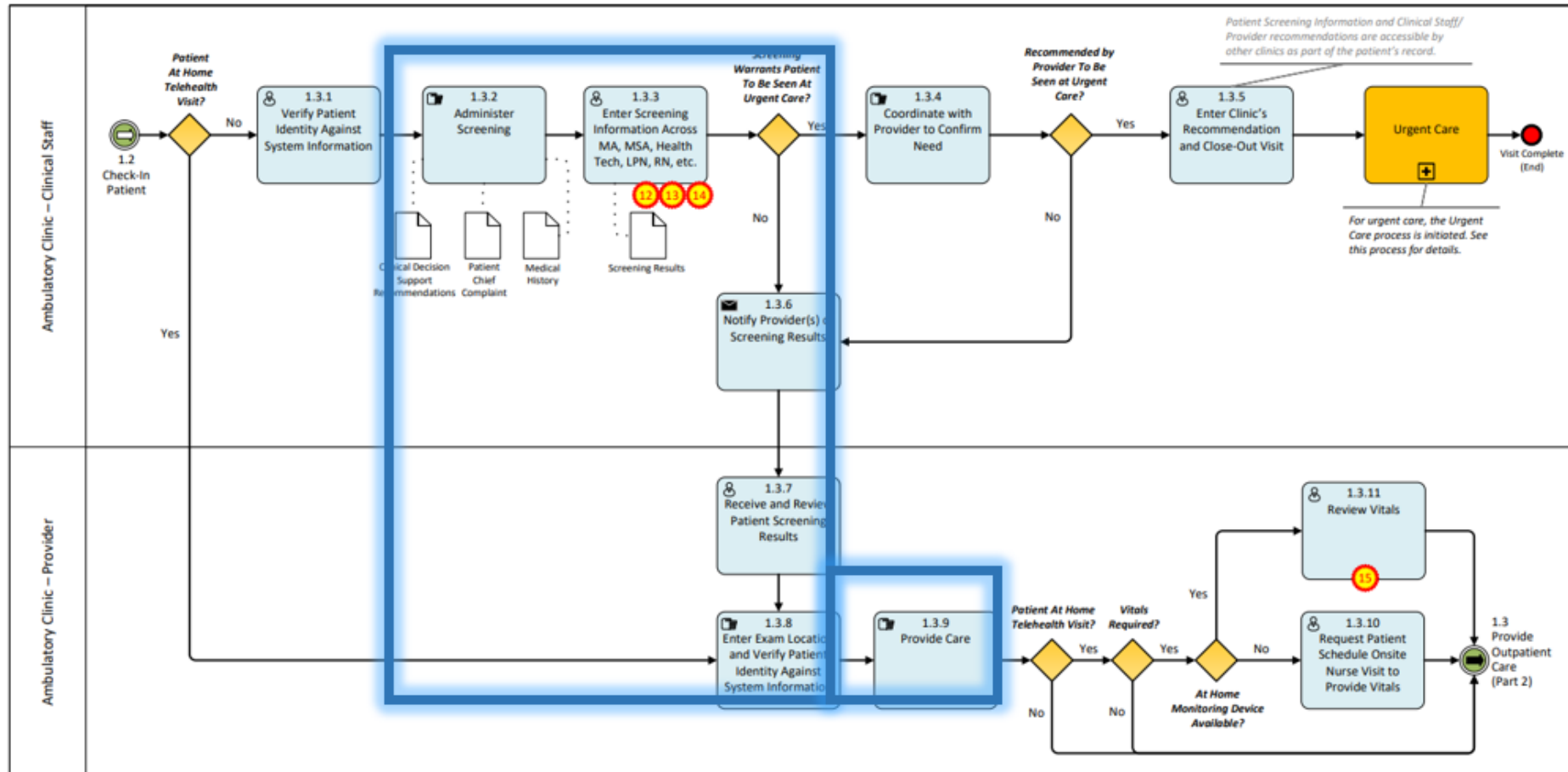


NCI - Syphilis Test Dialog

- Standardizes documentation
- Orders local syphilis test
 - Provider order, policy order*
- Documents Historical syphilis lab testing
- Documents STI-Education
- Promotes authentication

Note: See Standing Policy order documentation for example

Provide Outpatient Care Workflow





Syphilis Reminder Poll



Polling Questions Data Call ...

CDR John Lester, PharmD, MAS – Health Informatics

- Program Coordinator / Health Systems Analyst
- Area Clinical Informatics Consultant
- Phoenix Area Indian Health Service

CDR John Collins, PharmD, BCPS

- Area Clinical Informatics Consultant
- Oklahoma City Area Office



Polling Questions

Reminder Report looking over the last 90 days

- Total patients
- Reminder applicable to
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- Percent applicable
- Percent Due
- Percent not done



End the Syndemic (ETS) Informatics Response Reminders Metrics – John Lester (1)

- Three (3) Month Time-Frame prior to STI Reminder Deployment
- EHR STI Reminders Office Hours
December 1st & 12th, 2022
- Raw not Validated Data
 - ~ 39 Sites Reported
 - ~ 222 Attendees in Attendance
- Preliminary Data
- Self-Reported via “ask” after Office Hours
- Polls during Office Hours

Note: Improper Reminder Configuration Affects Data Numbers

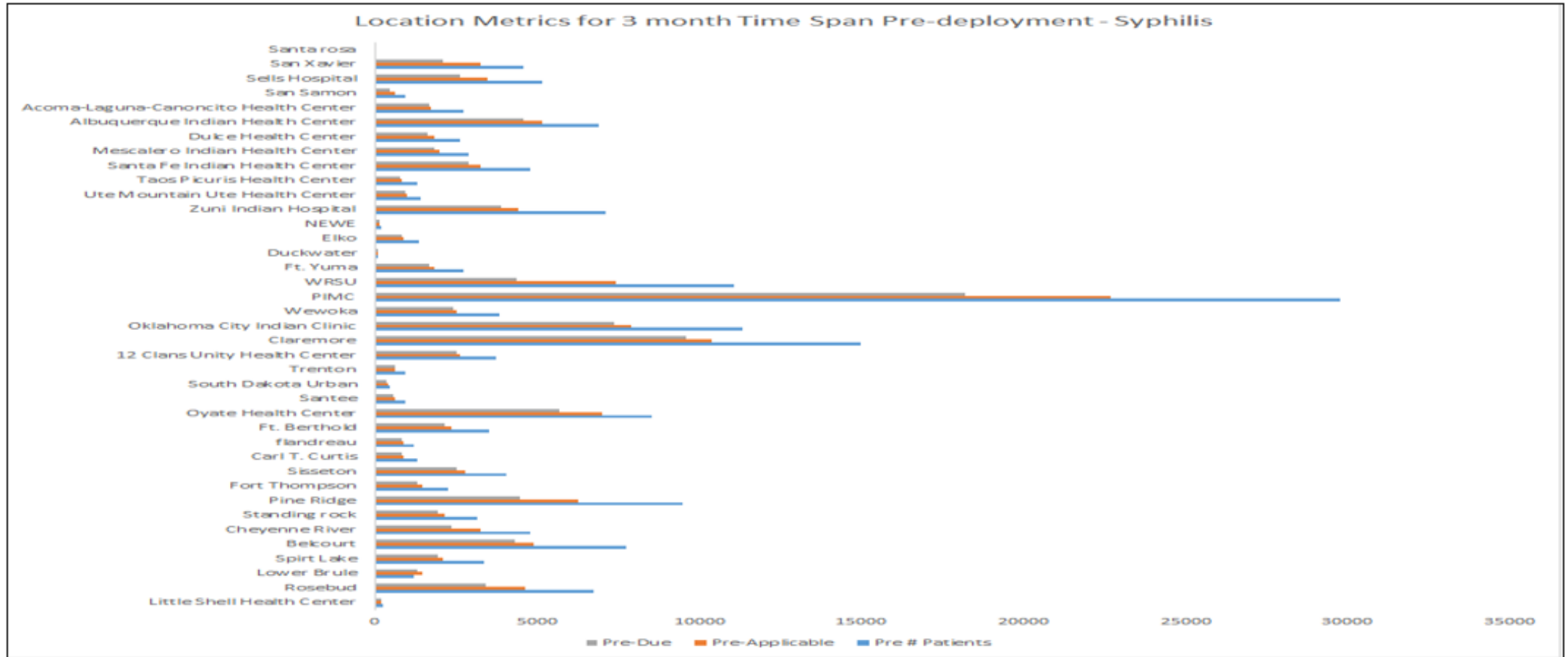


End the Syndemic (ETS) Informatics Response Reminders Metrics – John Lester (2)

Area	Location	Pre # Patients	Pre-Applicable	Pre-Due	Pre-%Applicable	Pre-%Due	Pre-%Done
BIL	Little Shell Health Center	248	180	180	73	100	0
GPA	Rosebud	6731	4612	3388	69	74	26
GPA	Lower Brule	1188	1479	1284	66	87	13
GPA	Spirt Lake	3354	2092	1947	63	94	6
GPA	Belcourt	7762	4894	4301	64	88	12
GPA	Cheyenne River	4788	3257	2342	69	72	28
GPA	Standing rock	3121	2168	1919	70	89	11
GPA	Pine Ridge	9481	6262	4472	67	72	28
GPA	Fort Thompson	2268	1479	1284	66	87	13
GPA	Sisseton	4040	2778	2492	69	90	10
GPA	Carl T. Curtis	1284	872	827	68	95	5
GPA	flandreau	1191	867	805	73	93	7
GPA	Ft. Berthold	3534	2362	2163	67	92	8
GPA	Oyate Health Center	8513	6999	5696	83	82	18
GPA	Santee	935	601	564	65	94	6
GPA	South Dakota Urban	474	391	325	83	84	16
GPA	Trenton	939	615	595	66	97	3
GPA	12 Clans Unity Health Center	3741	2620	2490	71	96	4
OKC	Claremore	14988	10376	9604	70	93	7
OKC	Oklahoma City Indian Clinic	11341	7915	7379	70	94	6
OKC	Wewoka	3824	2526	2416	67	96	4
PHX	PIMC	29742	22676	18180	77	81	19
PHX	WRSU	11052	7417	4386	68	60	40
PHX	Ft. Yuma	2703	1800	1689	67	94	6
PHX	Duckwater	105	63	63	60	100	0
PHX	Elko	1328	876	798	66	92	8
PHX	NEWE	169	119	118	71	100	0
ABQ	Zuni Indian Hospital	7096	4409	3873	63	88	12
ABQ	Ute Mountain Ute Health Center	1408	986	935	71	95	5
ABQ	Taos Picuris Health Center	1293	838	774	65	93	7
ABQ	Santa Fe Indian Health Center	4803	3237	2885	68	90	10
ABQ	Mescalero Indian Health Center	2890	1994	1847	69	93	7
ABQ	Dulce Health Center	2602	1814	1629	70	90	10
ABQ	Albuquerque Indian Health Center	6878	5143	4570	75	89	11
ABQ	Acoma-Laguna-Canoncito Health Center	2722	1715	1665	64	98	2
TUC	San Samon	945	612	457	65	75	25
TUC	Sells Hospital	5157	3447	2591	67	76	24
TUC	San Xavier	4548	3226	2081	71	65	35
TUC	Santa rosa	9	5	3	56	60	40

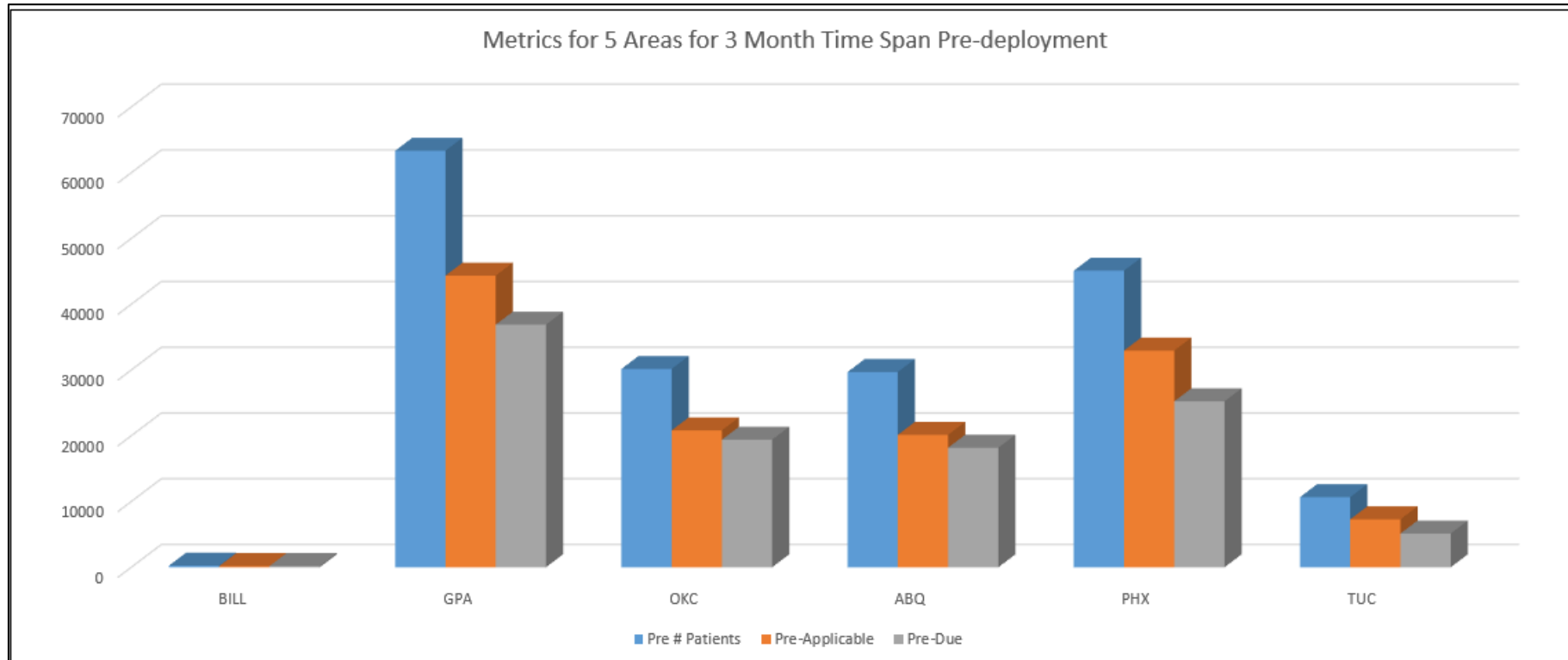


End the Syndemic (ETS) Informatics Response Reminders Metrics – John Lester (3)



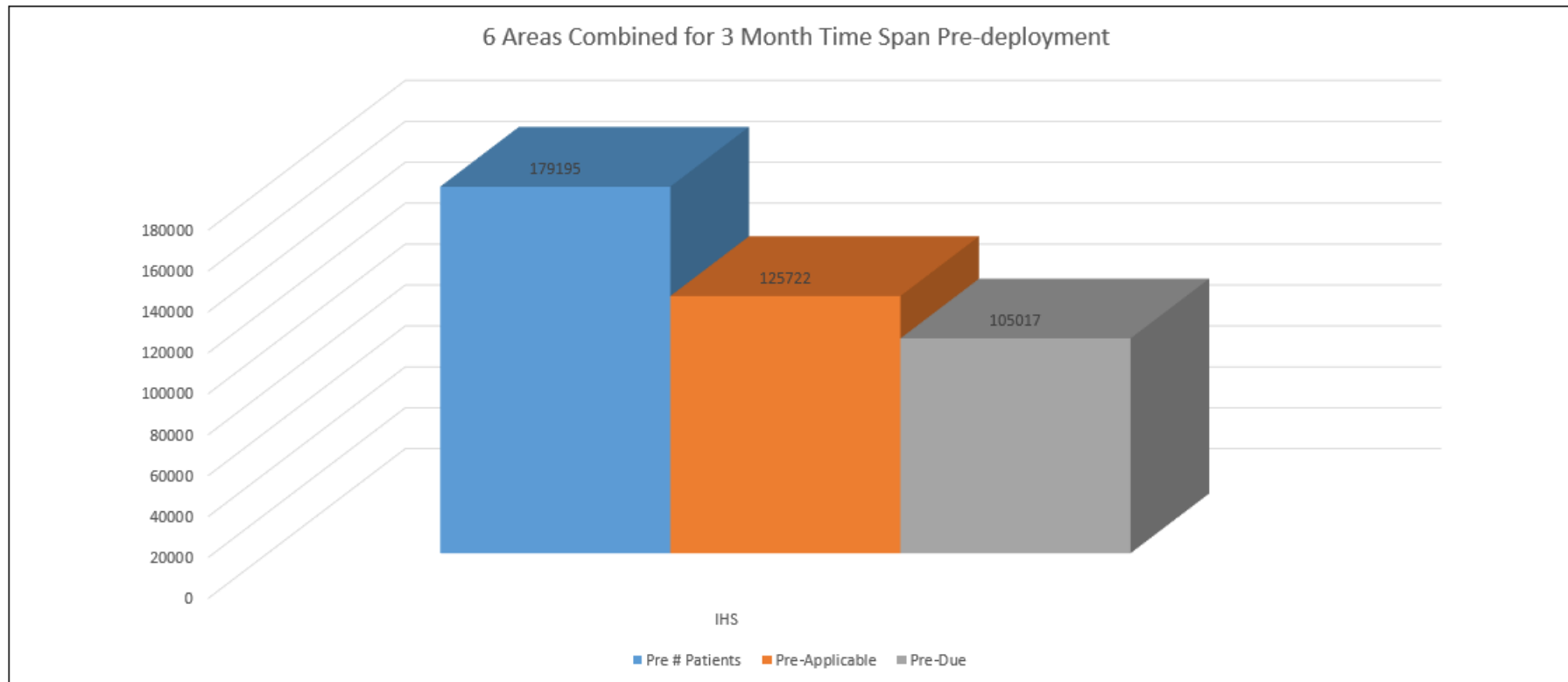


End the Syndemic (ETS) Informatics Response Reminders Metrics – John Lester (4)





End the Syndemic (ETS) Informatics Response Reminders Metrics – John Lester (5)





End the Syndemic (ETS) Informatics Response Reminders Metrics – John Lester (6)

For all Indian Health Facilities reporting averages

- 69% of patient visits at a facility qualify for Syphilis Testing
- 87% of those patient visits need to get Syphilis Testing
- 13% of those patient visits have received Syphilis Testing



End the Syndemic (ETS) Informatics Response Reminder Metrics – John Lester (7)

Improvement in testing with Syphilis Test Reminder ...

- Phoenix Area = 82%
- Great Plains Area = 23%



STI End-the-Syndemic (ETS) Informatics Response
Subject Matter Expert Contributors



Biographical Sketch – Rick Haverkate

Rick Haverkate, MPH (he/him)

National HIV/HCV

Indian Health Service

- Rick is an enrolled member of the Sault Ste. Marie Tribe of Chippewa Indians. His 33-year public health career has been focused entirely on Indigenous peoples of North America, including his current six-year position as the National HIV/AIDS Program Director for the Indian Health Service.



Biographical Sketch – Jonathon Iralu

Jonathan Iralu, MD, MACP, FIDSA

Infectious Disease Consultant – Indian Health Service

Gallup Indian Medical Center

- Dr. Iralu is the Indian Health Service Chief Clinical Consultant for Infectious Diseases. He has a special interest in HIV, tuberculosis and sexually transmitted disease care in rural communities. His research has focused on undifferentiated febrile illness in the American Southwest and on rural HIV care delivery. He has worked at Gallup Indian Medical Center since 1994 and is an instructor at Harvard Medical School and Senior Physician at Brigham and Women's Hospital Division of Global Health Equity in Boston, Massachusetts and a Clinical Professor on the volunteer faculty in the Infectious Disease Division at University of New Mexico School of Medicine.



Biographical Sketch – Jessica Leston

Jessica Leston, MPH

Clinical Programs Director

Northwest Portland Area Indian Health Board (NPAIHB)

- Jessica Leston, MPH is the Clinical Programs Director the Northwest Portland Area Indian Health Board (NPAIHB) where she focuses on systems and policy change. She began her public health career working at the Alaska Native Tribal Health Consortium in 2004 as the Program Manager for the STD Program within the HIV/STD Prevention Center at the Alaska Native Tribal Health Consortium in Anchorage.



Biographical Sketch – Brigg Reilly

Brigg Reilly, MPH

IHS National HIV/HCV Program Advisor

Northwest Portland Area Indian Health Board (NPAIHB)

- Brigg Reilly has worked with the IHS National HIV/HCV Program for over ten years, primarily on expanding screening and treatment options. He is now works under the umbrella of the Northwest Portland Area Indian Health Board as an advisor the National Program. Prior to IHS, he worked for several years with Doctors without Borders.



Biographical Sketch – Melanie Taylor

Melanie Taylor, MD, MPH

Medical Epidemiologist

Centers for Disease Control and Prevention

Phoenix Indian Medical Center

- Dr. Melanie Taylor is a CDC Medical Officer, Medical Epidemiologist, and Infectious Disease Specialist assigned to the Maricopa County Department of Public Health HIV/STD Program and the Phoenix Indian Medical Center (PIMC). Melanie received her medical degree from Emory University and her MPH from the University of Washington. Prior to CDC and IHS Melanie worked for the World Health Organization (WHO) and has published multiple journal articles.