

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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SEXUAL HEALTH SERVICES REVIEW: AN UPDATE

Recommendation

It is recommended that Report No. 052-16 re Sexual Health Services Review: An Update be received for information.

Key Points

- Recommendations from Sexual Health Program Review are being implemented.
- Indicators for monitoring have been identified for evaluation.

Background

The Sexual Health Team conducted program reviews in an effort to validate current evidence-informed approaches, identify opportunities to enhance the use of evidence-informed strategies, and increase effectiveness and efficiency of programs and services. The program review was completed June 2015 with a Board of Health report with recommendations December 2015. The next steps included assessing the applicability and transferability of the Sexual Health Promotion review findings and conducting another rapid review to focus on advocacy and supportive environment strategies. The recommendations from the Clinic review are in the process of implementation and evaluation. Attached are three technical reports related to this program review process: Effective Health Promotion Strategies for Middlesex-London Health Unit's Sexual Health Team is attached as [Appendix A](#); Program Review Sexual Health Clinic is attached as [Appendix B](#); and Sexual Health Recommendations is attached as [Appendix C](#). Several service improvements have come out of this work.

Service for Clients without OHIP

As part of the recommendations from the review, the MLHU has developed and implemented standardized physician contracts that outline practice expectations and define billing procedures. The contract also documents the responsibilities of the Medical Director. The new physician contracts allow MLHU to provide services for clients who do not have a health card. This change has had a positive impact on access to services within the clinic, particularly for at-risk groups.

Expanded Birth Control Options

Algorithms for Intrauterine device/Intrauterine system (IUD/IUS), Depo-Provera birth control medical directive and referrals for breast exams have been developed with input from clinic physicians, the manager and staff of sexual health and the medical director. These algorithms allow the staff to provide consistent care, maximize the value of the Public Health Nurse practice to ensure their knowledge and expertise is utilized, and increase services for clients that align with the Ontario Public Health Standards.

Enhanced Supervision Processes

The medical director and student coordinator developed a streamlined documentation and supervision process for health care professional trainees.

Improved Service in Strathroy

The Strathroy office has limited physician clinics. To increase access to sexual health services, a new clinic model has been implemented where nurses provide specific sexual health services under medical directives and refer clients beyond their scope to physicians during physician-led clinics.

Electronic Medical Record (EMR)

The Council of Medical Officers of Health (COMOH) formed an Electronic Medical Record (EMR) Working Group. The working group is exploring and providing recommendations on EMR and data standardization as means of working collaboratively, leveraging strengths, quantifying their value proposition, and enabling a population health perspective.

Customers Report High Satisfaction Rates

Client satisfaction surveys are a component of quality assurance, as reported by the MOHLTC's Sexual Health Clinical Services Guidance Document (Ontario, 2010). The clinic conducted a client satisfaction survey between May and June 2015. Overall, a majority (88%) of the Clinic respondents rated the quality of the services received in both the STI and FP clinics as excellent or very good.

Strengthening Health Promotion

The Sexual Health Promotion (SHP) has begun implementing the findings of the SHP program review. Several capacity building training sessions have been used internally and in the community. This includes "train-the-trainer" activities, and may include peer-to-peer internally, the SHP team is working closely with the Young Adult Team to provide regular sexual health updates to the school nurses that actively target secondary school students. In the community, staff members are actively promoting positive space training for organizations aiming to become more inclusive. Also, more education is being done in post-secondary settings where students are given the knowledge and skills required to be effective at teaching sexual health. Lastly, the SHP team is looking at possible strategies to employ the peer to peer method that was identified as a successful strategy in the program review.

Additional evidence-based strategies that the SHP team has identified for future consideration include: universal bargaining to reduce the cost of condoms; increasing the availability of sexual health services in educational settings; increasing LGBTQ inclusivity in the community; and advocacy around HIV prevention.

Next Steps

The Sexual Health Team will continue to implement the recommendations. Indicators for monitoring have been identified and the evaluation process has begun. This will identify challenges/areas for improvement and assess the overall effectiveness of the implemented recommendations.

This report was prepared by Chris Blain, Health Promoter, and Shaya Dhinsa, Manager, Sexual Health.



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