**Clinical Chats Official Podcast Transcript**

**Title:** Combatting Congenital Syphilis: The Role of DIS

**Speaker:** Ariel Johnson and Michael Carter

**Duration:** 00:28:35

**Katherine Atcheson (**[**00:05**](https://www.rev.com/transcript-editor/shared/3Aoy838fpZVf995XcBpvIrT8tk4vjrkktdGg8qwxPfk43VmgIQh8t3d0Eu4tJ9NAZOXWMlk5RHlV-RZZGNjWsmDPf40?loadFrom=DocumentDeeplink&ts=5.04)**):**

Hello and welcome to Clinical Chats, a podcast for sexual and reproductive health professionals. Clinical Chats, formerly known as the Family Planning Files, is a program from the Clinical Training Center for Sexual and Reproductive Health, or CTCSRH, formerly known as the National Clinical Training Center for Family Planning, or NCTCFP and is funded by the Office of Population Affairs in order to enhance the knowledge of Title X clinicians and other staff. In today's podcast, in response to rising cases of syphilis infections in the US, including congenital syphilis infections, we'll be discussing the role of DIS or disease intervention specialists, also known as contact tracers, their role in communities, and how clinicians can develop and leverage relationships with their own local DIS office in order to address syphilis infections.

**Katherine Atcheson (**[**01:03**](https://www.rev.com/transcript-editor/shared/UDNcuUyYVJ2E73A7d-1ifhmKrbpg961t9wklsSZCQW-oZ3V41S_xW1rTLf-M1-ReftuIDhIwPB_boSHTKQoAF1iPn6s?loadFrom=DocumentDeeplink&ts=63.09)**):**

Our guests today are Ariel Johnson and Michael Carter, both with the Louisiana Department of Health. Ariel is a current disease intervention specialist, a former registered medical assistant, and is also working towards her doctorate in public health. Michael Carter is currently a regional manager of the STD Control Program with over 21 years of experience in contact tracing and STD work. As a former DIS myself, I want to extend a very special welcome to both of you and say we're just so excited to talk with you today. So, to begin with, what exactly is a disease intervention specialist or contact tracer? Do DIS only work with HIV and STIs? Michael, since you are a general manager, would you like to take this question?

**Michael Carter (**[**01:57**](https://www.rev.com/transcript-editor/shared/IM4X7W7rvfQo21lfOlY30hft9fpeb3UCUqkrjDARLyRdwIjlFcr1TlMwcOnzdfyCIfpIQ4LTiJ9pAe1VG3UFCgiy3oE?loadFrom=DocumentDeeplink&ts=117.48)**):**

Sure. A disease intervention specialist is a highly trained public health professional whose job is to curb the spread of sexually transmitted infections via contact tracing and case investigation. There are some reportable infections and for every infection, there's two reports, one from the provider, one from the lab that processes the test. But we get those reports, and we follow up with those patients, reach out to them, phone calls, field visits, we talk to them about the disease for which they're at risk and everyone involved. High risk activities, venues, and other things of that nature.

**Katherine Atcheson (**[**02:31**](https://www.rev.com/transcript-editor/shared/h4rqX7V4JEQWMp3Zos6AIzXc52hbQoW5islwaqOVlbFjsHA4QI-zrHgyYxbCZyqf53Px1cji_35Vwiq4KvUY7DSjdgU?loadFrom=DocumentDeeplink&ts=151.08)**):**

Ariel, do you have anything to add?

**Ariel Johnson (**[**02:33**](https://www.rev.com/transcript-editor/shared/rZPxg4g_h5qE3bcS9vnf0iv5Y9paAO4uSuFVM7NpPtQwP6z1R_BYC73cimhN-NhjymEAF-_fKVlZdWxNKD5MCpnSFOg?loadFrom=DocumentDeeplink&ts=153.33)**):**

No, just to piggyback on what Mr. Mike stated, my day-to-day job is basically to contact the providers, just try to get as much information as possible. What I like to do personally is get the information from the providers and then contact the patient. That way I have a little knowledge base first before speaking with the patient.

**Katherine Atcheson (**[**02:50**](https://www.rev.com/transcript-editor/shared/EdeoVSGjQ0EHB3fdDD4m8JyR_NHyuof9-OtPqmf1Q6viYpngZFK_QPi3D3N4eqV0IjxOZnAC9AcCrT_N-_4aADhbY9I?loadFrom=DocumentDeeplink&ts=170.67)**):**

I know from experience there is no average day for a DIS, but what does an average day for a disease intervention specialist look like? Ariel, would you like to start?

**Ariel Johnson (**[**03:03**](https://www.rev.com/transcript-editor/shared/44izY0oG0-ohxOV0cz_FnCsCTnUlfWypiqAbtNnpiSeCz6XHPmzsiltFCmoIzkWOf-otQu73QaEvgo5giDHDQw3oEgg?loadFrom=DocumentDeeplink&ts=183.48)**):**

Yes. So, an average day can range from a very easy day to a very hard day. You never know what you're going to get. So basically, personally what I like to do is gather my information first, try to just, like I mentioned, contact the providers, get some information from them, maybe the nurse, if possible, infection control nurses at different organizations. Also, you're not going to always get a patient over the phone. Sometimes you have to mail out letters, knock on doors, several doors, and then just try to get in contact with them to hold the interview. In some cases, we may not have to hold the interview, but you have to ask certain questions. Just get a little demographic information from the patient, social information, kind of build a rapport with them and get them comfortable first. And then what we like to do is get into sexual health because of course we're human, nobody wants to jump into a sexual conversation first and then trust that we're going to be okay with their information.

**Ariel Johnson (**[**03:58**](https://www.rev.com/transcript-editor/shared/5mg8Fxly9u0Hj1Q1CyI--2DYKv26t1zG1Kao2L0nZaU1ygYgEOnBes0cKOb5MpAKLh5jgDMJl7I1FJUcnIV8A54cdtU?loadFrom=DocumentDeeplink&ts=238.23)**):**

So of course, basically an average day for a DIS, it could be easy and run into someone saying, "Hey, I don't want to participate in this. I'm good. I was treated by the provider. I'm just going to speak with my healthcare provider." And then you have people who are also open to talking with you and just getting more information. And then, of course, when you do get comfortable with the patient, the patients get comfortable with you, you open the door for contact tracing. And that's our main goal, to make sure we get them to understand the disease information, how to prevent the disease, how to protect yourself in the future, and also make sure that their partners are tested and treated.

**Katherine Atcheson (**[**04:31**](https://www.rev.com/transcript-editor/shared/9u_uWDBwNXJl5sBrUga5fg8Gr2Dwe6MmEMd57slXw-E23uk1f4poZNhS-3S7qK6JA9cQQYLQnAAZrLhW5xo6IWAfI18?loadFrom=DocumentDeeplink&ts=271.8)**):**

And Michael, what about for you? What does your day look like?

**Michael Carter (**[**04:35**](https://www.rev.com/transcript-editor/shared/WP4CLYdgTkOSiNxwvZ8xB-t-kERN4uEPrYh4fuzbahH6L2ol31zEwnm5gXbpVjjejAQzxUHXacxi3C5Bl5X-FRNzJaw?loadFrom=DocumentDeeplink&ts=275.34)**):**

A typical day for a DIS is that most days aren't typical. You may have your whole day outlined and you can have one patient or one interview or one scenario that comes up that changes your whole day. And that's one of the things I like. It is my love hate relationship that I've had for many years with the position. There's so many challenges and you never know what your day is going to detail and be involved with. So, a typical day for me as a manager or supervisor is to always be closing, to close as many records as possible that have been submitted from the DIS that are actually doing the field investigations, review their work so that if there are any avenues that I think they could pursue to further along the investigation and provide that feedback. And if not, just tell them, go, "Hey, we've done all we can do" and move on to the next one. But it's that typical day that we don't have typical days that has helped me and kept me in the role so long.

**Katherine Atcheson (**[**05:25**](https://www.rev.com/transcript-editor/shared/omMFlUFH6jgRPDNecSk2Yvqsgf4VRSiKJ5KsdBvyalNE7kbuhosZQypaUl_dnZtvuPJe0T0hC7NoZzXr7AyVMX5RkIM?loadFrom=DocumentDeeplink&ts=325.89)**):**

And I think for a lot of people, because they're not familiar with the idea of a contact tracer or a DIS, they don't understand what kind of training and background these folks have. It's not like when you're a doctor, everyone knows you have to go to medical school or if you're a lawyer, everyone knows you've been to law school. So what sort of qualifications, education and training does a DIS have? If both of you would like to share your background?

**Michael Carter (**[**05:54**](https://www.rev.com/transcript-editor/shared/-WhR9EtsfM-2OCdQ3lzQiYh3c8TjKOf3F6ClNSEZR7EiQnTmo22MdXIjKMVZe__-qqetbpZepMvV8SSFytNy1mMXNf0?loadFrom=DocumentDeeplink&ts=354.51)**):**

DIS, it typically takes about a year to train to DIS where they can function independently. We have extensive training. There's a lot of anatomy, physiology that we have to learn and to form a foundation so that we can build on doing the investigative work. So, there are some things that for myself, I have a biology background, so that part of the job was easy for me. So, I just got into the case management, interviewing, partner elicitation, those sort of things, visual case analysis. But I think I'm the only one in my program, my region that actually has a science degree. We do have people from various backgrounds education-wise, and they all have been successful at being disease intervention specialists. And the training is extensive.

**Michael Carter (**[**06:38**](https://www.rev.com/transcript-editor/shared/ljyfMPz_AnDF4ik3zljNYiKLElw3T3NHLpHVXK96hFnqWv6xKNAAZa2Sr39epoZyXTbTp88u_hNjVn-J37fn2u02mpE?loadFrom=DocumentDeeplink&ts=398.52)**):**

We receive training on motivating patients, field safety. We have to go out and conduct investigative activities to locate individuals. We have to be safe in doing so using different motivations. One of the biggest things or challenges that a disease intervention specialist face is third party interference. You have to be prepared when you knock on the door and the person that answers is not the person you are looking for. And we are bound by HIPAA and confidentiality and all those things. As a matter of fact, as a disease intervention specialist, one of the best assets we have is confidentiality. We use that to motivate persons. Some people want to tell their partners that they have an issue and that's fine. That's the standup thing to do.

**Michael Carter (**[**07:24**](https://www.rev.com/transcript-editor/shared/xcJqISmwaOiWyK4_800hqXJvtxrrkyGUTNBhQyArv1ZYpSG1MfHsmvIcM0IzTwjhUoeRqmpgEytWlDxoxmMq0FonNEs?loadFrom=DocumentDeeplink&ts=444.03)**):**

But if you allow us to do it, there's a certain level of anonymity that's maintained, confidentiality that's maintained, and we can answer all those questions that come after, "Well, who told you that?" Because that's the first question you're going to get. And then after that, we can go ahead and motivate the patient to be treated if necessary or to seek medical evaluation. Ariel, you want to add anything?

**Ariel Johnson (**[**07:45**](https://www.rev.com/transcript-editor/shared/dxoZzIqs-kP7FJamLCIpv4MGZKu2RrDSVwj_ns4yPGa97jrQXbHWrQKiuRdb7wlOCjT_RNxs-QVdFvVEYFVKEXKmlSI?loadFrom=DocumentDeeplink&ts=465.99)**):**

Yes. So, for me, I've come from more of a clinical background, working as a registered medical assistant. I worked at Planned Parenthood for almost four years. And of course you do a lot of counseling with patients, educating them on different diseases and diagnosis, also basically being that backbone and of course protecting their confidentiality and abiding by HIPAA. And my main thing is now being a public health professional and having my background in public health is okay, now I have to implement what I learned as a registered medical assistant now as a public health professional and remembering that I need to implement them both. So, I still need to have that counseling type of atmosphere and also remember that we're dealing with something very significant.

**Ariel Johnson (**[**08:30**](https://www.rev.com/transcript-editor/shared/AL8uGAKAqorGaEIG_KeXc3gTMWk19Z3Q43tJ93pmyMxGWMwaTz5kQu3AUyxxApHgNBVSkP0-Jsi9m-ojL9ai1hxsy28?loadFrom=DocumentDeeplink&ts=510.72)**):**

So, I think a good qualification for a DIS is to be a patient care advocate, that's number one. You have to have some type of compassion because we're dealing with things that patients are going through daily that is not easy for them. You may have someone who's really battling with this diagnosis, and they don't even know the starting point and you're here to help them with that, give them that push. So, for me, I get very passionate about it is because even if you have 10 people, you help that 1 person, you've [inaudible 00:08:59] a significant job of helping. So, my main thing is to be honest, if you don't have compassion, if you're not a patient care advocate, if you don't have the heart for seeing the numbers decrease, maybe being a public health professional is not a good fit.

**Ariel Johnson (**[**09:13**](https://www.rev.com/transcript-editor/shared/u5gOr19DE4AFFZD6RH5ynj9-SfjMtClwkpHcOziGJ7XBB1BKEyXEtS98SXFksrnCdWjOjOP0gWOx39ogx_7CDeEgmm8?loadFrom=DocumentDeeplink&ts=553.05)**):**

But like Mr. Mike stated, we deal with so much on a daily basis, we have a significant training type of thing that we have to go through. And it's all because of you're doing so much at one time. You're also putting your personal perspective into it. But also, you have to remain professional at all times. And then you have to, of course, abide by certain guidelines and make sure that you're giving out the correct information. So, the qualifications for DIS varies in so many ways, and it's just important to make sure that you put your head into it, your heart into it, and you make sure you give it your all.

**Katherine Atcheson (**[**09:47**](https://www.rev.com/transcript-editor/shared/sY0quos0abblkCI5btYfSHYJyoMfmrFNqBqKU_TD4GD80wm4XckRwsLUbipJ71BRIcx3kKCEu26Uk_lsmrJWC6lFQYk?loadFrom=DocumentDeeplink&ts=587.28)**):**

And that actually leads really well into our next question. Mike and Ariel, you both briefly touched on that confidentiality, that HIPAA. How do those laws around health information confidentiality apply to DIS? Since oftentimes DIS are working outside of say a clinic setting, going and doing field work, you do have patients who ask, "How did you get my information?" And are patients required to work with DIS to engage in these investigations or can they decline contact tracing services?

**Michael Carter (**[**10:25**](https://www.rev.com/transcript-editor/shared/ZF4mbLhVzPNgF1tie5BTjP2eRqPHFBJ059bjPSxA4QoimopLD8eNPp1bANd-kHhWDln-X8xOYMLFY2B-drK8BSO78Q4?loadFrom=DocumentDeeplink&ts=625.02)**):**

The entire process, entire DIS involvement is totally voluntary. Patient can say, "I refuse, or I don't care. I don't be involved. I've already had that taken care of, I've addressed it, and that's it." Then if a patient expresses this to us, then we leave it there. But we're also trained to use various motivations again, and we explain to the patient the seriousness of the infection. Social networks, once syphilis is in a social network, it moves around their groups. So, you may not have sex with any of the partners you've had sex with recently again, but since it's in a social network in an area, you may have a partner who may have just been exposed just because it's in an area. So, the whole process is voluntary, and confidentiality is one of our biggest assets. Within minutes of meeting someone, we have to ask them some very personal questions, who you've been with, when was the last time you were with them and what you did when you were with them?

**Michael Carter (**[**11:21**](https://www.rev.com/transcript-editor/shared/a1A5OYBuf-e2kT5t8jcKe5oHC9geqDHc6vQWSpx3VXA7vZzxiwJAr6WlC_NXHmW63IM6AfDWHF6WEIKed3ieKXEdrsM?loadFrom=DocumentDeeplink&ts=681.69)**):**

And you're not going to get that information unless you convey a real sense of, "I'm trying to help you, I'm trying to help you manage this infection." And managing the infection involves knowing what we did to treat the infection, how you acquired it, and most importantly, how to avoid reacquiring the infection, how you do not catch it again. And that's by having everybody involved, medically evaluated, and treated.

**Michael Carter (**[**11:46**](https://www.rev.com/transcript-editor/shared/ttzCt52OTehwFKzFr-PTQhMbz-M4WM6zUyCm3-d4yrCgxsyK5ufyegoqmnEk5k5wbIie1yK9qqJxZwaaNZeW8xd-an0?loadFrom=DocumentDeeplink&ts=706.32)**):**

If you can demonstrate the lengths you are willing to go to maintain a person's confidentiality, then they're more likely to open up regarding partners, because usually that's the biggest issue, the confidentiality. They don't want their names put out there. And one of the things we do, and I've trained people to do, and I've done is if a patient names ... Has a partner, I give that partner a call right there in front of that patient, and 9 times out of 10, the person who on the receiving of the call is going to ask, "Well, who told you my name?" And my reply is always, "Someone who cared enough about you to see that you get this addressed." And then we'll move forward from there.

**Katherine Atcheson (**[**12:22**](https://www.rev.com/transcript-editor/shared/uEjXz3l81hfYuiQPnbhz2FSC_3kbNxl1S_br6ytDb9BpBp5YePR749zD71-blowAPng3o45S6eo5aY_7_vWMIXuEqho?loadFrom=DocumentDeeplink&ts=742.92)**):**

What about you, Ariel? Do you have anything to add?

**Ariel Johnson (**[**12:25**](https://www.rev.com/transcript-editor/shared/BE-3VVcwwh5AziJkpI-7eaItR6ZK9aTpO04hrhqqGML25kg1g6tDXgCSAm3FkG3aXr-Dgecwbu9pOS3AAOT2WqBDgzs?loadFrom=DocumentDeeplink&ts=745.65)**):**

No. That last statement that you made, Mr. Mike was very exceptional. I like the way it was ... It was well put, and that is basically it. First thing, like Mr. Mike stated, they want to know, "Well, who gave you my name? You can't tell me who gave it to you." I'm like, "No, if I'm respecting your confidentiality, I have to respect the next person." Like you stated, we're talking about some very serious personal stuff. So, we just want to let them know, "Hey, listen, I'm not here to judge you. Number one, I'm here to help you and let's just get through this together. The information that you give me is just between me and you. The only information that is shared with someone is your healthcare provider on treatment, symptoms, things like that." And we let them know it voluntarily. "So, you don't have to speak with me, but I would really love if you received the information that I'm trying to give you. And please know that this don't go anywhere."

**Ariel Johnson (**[**13:14**](https://www.rev.com/transcript-editor/shared/aJfS5KUmczm6LO2_7uyeum3jKL9MBn5OonReLyfnWIxnA5lE5rJKbjxdPt1oTrPYad96IWHLtnNPzw54VkFRd48uvQU?loadFrom=DocumentDeeplink&ts=794.22)**):**

Interviews with patients, it could be an hour-long interview and sometimes I catch myself mentioning it over and over, "Remember, this is a 100% confidential. I won't share this with anyone. It's just between me and you. And if it's something that you're not open with sharing with me, I totally understand. Trust me, I'm not upset." Because of course, when we think about it, if it was the shoe on the other foot, if it was us, we'll be skeptical about giving certain information to other individuals that we just met two minutes ago on the phone call, or they just knocked on my door two minutes ago and "Hey, I've got to look around and see who's standing outside because maybe they can hear." Or I'm in a situation where I don't want the people in the house to hear, or "Hey, I have the health department knocking on my door and my neighbor across the way is looking through the blinds." So yeah, I get it. I totally understand.

**Ariel Johnson (**[**14:00**](https://www.rev.com/transcript-editor/shared/ixAJ4iRn4ul4ihjK9VdIfuE1g0RhqX9iMUsRHaZpR-Ihmbf37FYNbwmZYhEpEU2n5-XtBOakNYUcKMXNzBaC4KMaF5w?loadFrom=DocumentDeeplink&ts=840.63)**):**

So sometimes even if you just, "Hey, this is my contact information, whenever you're ready, give me a call." And it may be two days, three days, it may be a week later. There's been situations where it was almost a month later. And that's totally fine because no matter what time and the situation, whenever you're ready and ready to give me that information and you feel that, okay, I respect this person with my information, that's totally fine. Because making sure that we abide by HIPAA and just protecting the patient's privacy is number one, because of course we know that we live in a world where nothing is really private anymore. Hey, this person that I'm giving my information to is definitely going to be delicate with it and respect my privacy.

**Katherine Atcheson (**[**14:39**](https://www.rev.com/transcript-editor/shared/4RFtQrDmKXQSjX7oZAWyx6a0UyCadAFcwXUbUBTiGKeK_APyZanmRUzXJu_iPKsi_Xs3QH42XxGigACutZc8w_wziCM?loadFrom=DocumentDeeplink&ts=879.57)**):**

And again, bringing us really great to our next question. You talk about doing these patient interviews. Obviously, you might start with some basic health information, some basic demographics. But Ariel, would you walk us through what sort of questions you ask in order to understand where this person's infection may have come from, who they may have exposed, and just understanding the nature of the spread.

**Ariel Johnson (**[**15:06**](https://www.rev.com/transcript-editor/shared/TRCNkv97NtGw1ojiNzEkLIuVJTtWclkEJ51XRnLyiSBqeIyXUzQlLffK490pTLjLB8yXz6ibjxuKlVdJ-HzhqKBCgHg?loadFrom=DocumentDeeplink&ts=906.81)**):**

So, I know one of the questions that we do ask is what type of sex do you have? Okay. And we're speaking in terms of vaginal, oral, anal, just to kind of get a concept and are you having protected sex or unprotected sex? Also, are you interested in having sex with men, women, or both? Things like that. And then just trying to get a little information of how many partners have you had in a certain timeline, because of course, what we don't want to do is contact someone who was before the time period of the potential infection being caught, so you don't want to upset anyone else in contacting them, that type of thing. So just kind of, and I know Mr. Mike is really good with this, but just pinpoint the time of when the infection was.

**Ariel Johnson (**[**15:51**](https://www.rev.com/transcript-editor/shared/E_8wHPdpMQDfER7bM7n5bIILFJmdovqYa-yG0CgwBbIrY3mrYmRiP38-rjNgP4buARRPI_EAyAm9qlFJbfhn_QVZj2M?loadFrom=DocumentDeeplink&ts=951.03)**):**

So basically, just asking information. "Okay, so what day did y'all have? When was the first time you had sex? When was the last time you had sex? Did you wear a condom? Did y'all do oral?" Just asking those type of questions. "Okay, well, how many times did you do it that week?" Just

trying to figure out when the potential spread may have happened.

**Katherine Atcheson (**[**16:09**](https://www.rev.com/transcript-editor/shared/zUHxJjjzkXBDaZ16DsBUyNZO2mKdp6_Ng0SKDtsZMoc2aV4hwJFdQ40dDfizvHWRJiqJ0VKHQdA7LSCxrJfFsacI_vg?loadFrom=DocumentDeeplink&ts=969.27)**):**

And Michael, what sort of information from these interviews do you share with clinicians and how do clinicians use that information?

**Michael Carter (**[**16:17**](https://www.rev.com/transcript-editor/shared/fiEUZGdKHoi9OS4ovYLLXtVjpAd6J6aCV4RRrKVIyZzSun67suYBOLtkviAT8gpCpQccX56BAYeTv-ja0D14rJgNJMQ?loadFrom=DocumentDeeplink&ts=977.97)**):**

One of the things we do as a disease comprehension as a part of the interviewing format, and when we're speaking to a patient, we make sure they understand syphilis, how it's acquired, the different manifestations, how it's passed. And after we show them visual representation of some of the symptoms, sometimes they may recognize that they actually had a sore, the first stage of syphilis, primary syphilis pain is a sore. "I remember that, and it didn't hurt." So, with that information, it actually may change the treatment for a patient. We may be able to determine whether there's one dose of opposed to three weeks’ worth of Bicillin. So, we share that information.

**Michael Carter (**[**16:51**](https://www.rev.com/transcript-editor/shared/h_o6hsYrU1G-luTvBKjT7zP-Ivw6QXP6_zCEvUUHU9qOJvdNkPO-zcb6SO70DuvxrUZmkIoTiSIxTsBJ3sq79SdCDZM?loadFrom=DocumentDeeplink&ts=1011.39)**):**

When I first began as a DIS many years ago, we would do debriefings and the clinicians that worked in our clinic would be a part of those debriefings because there are times that a patient will share things with a clinician because they know their role. "This person is going to treat me, they're going to help me," and they share things with them. And then we come in and talk to them. They're not too familiar with who we are or why they even have to talk to us, and they may withhold some information, or their story may change. So, we can compare notes based on what was told to the clinician and to myself. And I may be able to confront a patient.

**Michael Carter (**[**17:22**](https://www.rev.com/transcript-editor/shared/UTYDsU5lCRX3sIDaOGPioY7zvEXKck8UUgv1K-uJG-sJWcfx_qCYPMW73Gmey_mFplQM_Zd_l5wEpaOZna8SZZOFMHc?loadFrom=DocumentDeeplink&ts=1042.77)**):**

For example, when the patient spoke with a clinician, they admitted to having 4 partners within the past 30 days. I interview the patient and they only admit to having one. I can confront them about them. "Well, what happened to the other three patients?" So that information is invaluable. And that relationship goes both ways because whenever our clinics are open, there's always a disease intervention specialist assigned to cover that clinic to conduct that interviews. And it worked as a resource for the clinicians because we have that syphilis registry, we have histories. I have access to multiple electronic health records for hospitals in my area, and I can see test results that we've had historically, and we can be able to determine if it's a new infection versus an old infection. And we know we do a lot of sharing that information with our area providers. A doctor over at Tulane can see the test results from the hospital, but I have them both. So that two-way street helps us and the clinicians. One of the best things I like to do is save somebody from getting those shots if I can.

**Katherine Atcheson (**[**18:23**](https://www.rev.com/transcript-editor/shared/_XOs4r8TyH94PE-4TPsYnDsuEUB8kwlboKS3Sz1Jw19YpvCW0teGDYKleT1fmz5sIfpelc71snGIAR6DKVuCFwAIxq4?loadFrom=DocumentDeeplink&ts=1103.76)**):**

And what are some other ways that kind of two-way street works with DIS and clinicians working together? You can provide some examples that have worked in your time doing contact tracing. Ariel, would you like to start?

**Ariel Johnson (**[**18:39**](https://www.rev.com/transcript-editor/shared/rs81s8DUaL8Z-ZfzqShQ6gEPne66EYuY2e5M6djnHQjKQQDqAFWnq4D_vf4js34pEZhPqCFh-16KLsPwieQNq1Z7iMc?loadFrom=DocumentDeeplink&ts=1119.42)**):**

Yes. So, I think the best thing is when I worked in a different region before, the clinicians were right down the hall and they would always call the DIS like, "Hey, I have a question." So, X, Y, and Z. I think it's good to have their relationship with clinicians. I know sometimes it's not as easy, especially when you're dealing with different providers in different areas and private sectors and things in that nature. But the clinicians in the health units is really good with working with the DIS asking questions. And then the DIS is really good with working with the clinicians just to make sure the treatment is correct, because of course you have different type of treatment and phases for syphilis of course. So just kind of saying, "Well, when you spoke with the patient, did they mentioned a sore, did they mention a rash, or did they even notice any symptoms?" So, if I have a patient who states, "Well, I haven't been tested in two years and this is my positive test from my last negative test." Then I give that information to the clinician.

**Ariel Johnson (**[**19:37**](https://www.rev.com/transcript-editor/shared/cIRDsntzV-BXSllUxiQmBucjxEPbJ2Qm1bk0N9fXTx98pCYB0UFT-nXSXpT5_3vyONDXIj0WkLeEbh3o2sLAlnXVSfI?loadFrom=DocumentDeeplink&ts=1177.38)**):**

So, I think it's just basically building their relationship. And even if you know that you're going to work with those clinicians in the area, but you may have not worked with them already as a DIS, I think it's important to introduce yourself to them. Like, "Hey, this is my contact information. If you have a question about someone who tests positive, then feel free to call me. Because of course, we have to work as a team." And the only way we're going to make sure the patient receives adequate treatment and the care that is needed is if we work together. Because in some situations, a patient may be a [inaudible 00:20:08], and they only receive one dose of Bicillin. Of course, we know that it's not adequate treatment, and now we have to go back, find the patient again, try to get them in for treatment. Now it's a whole process. When if we build that relationship and that rapport with each other, DIS, clinician, then we can try to prevent some of these inadequate treatment and spreads continuing to rise and numbers continue to go up.

**Ariel Johnson (**[**20:31**](https://www.rev.com/transcript-editor/shared/Wv9yUBCTCzG1jIgriZdEqGzf_XLjlKIYpKrS5dqJFfefKCvrJxy0eUDtVQhu-8JWBG_MhafIS3Hv64DphH9vjwoUG7Y?loadFrom=DocumentDeeplink&ts=1231.14)**):**

So, I think it's important if we all come together. I know it's not easy, but kind of just call, "Hey." Even if it's a phone call, "Hey, I want to introduce myself to you. I'm A DIS in the area. I know that I may be working with you on some positive cases. Here's my contact information. Feel free to call me and give me your information. I'll call you when I have a question." So, I think it's just building that relationship.

**Katherine Atcheson (**[**20:51**](https://www.rev.com/transcript-editor/shared/d03czbnebXNZqAk5UooADA0idiciKzXEcmvQkFXDAq9U7jHTN2ERmA5Pv0S-kDTDYJY9Jw498zHB4d59Dz0FlEpbrGI?loadFrom=DocumentDeeplink&ts=1251.75)**):**

Michael, do you have anything to add?

**Michael Carter (**[**20:53**](https://www.rev.com/transcript-editor/shared/sLeF_opvUOAXgtdvp42o8rmoBhlpxt3ChQqYt3Q2_qiMYAFwUdm7YMb_peqBILdk_NW3eIyn4k70N5niUPD0HOA5Ovs?loadFrom=DocumentDeeplink&ts=1253.46)**):**

Just that Ariel tapped on everything I wanted to mention. The only thing I would mention is that we've had some providers due to building a positive working relationship, there are some providers that will call us as soon as they know that they're about to treat a patient for syphilis. "If you guys can get over and interview that patient, we'll get that interview done" as opposed to us taking weeks. And then we all also have some providers who will reach out to us when they have a patient with incomplete testing results. They have one treponemal, or they have the non-treponemal test. They've done an RPR, but the patient hasn't been back in, and they want to reach out to us to expedite having that patient return to their office. Also, for HIV as well, you have persons who's had one test inconclusive, and they'll reach out to us to go back and contact that patient to have some further testing done. So, it's definitely a two-way street. It saves us all a lot of time.

**Katherine Atcheson (**[**21:43**](https://www.rev.com/transcript-editor/shared/5jwWRnzb1J12waX6VxGhb_KxvcxhG2bgFj5nEhJkUECXbtUsxjYn5N4h47nW9aRT1lCzWThiIZd90OeNtqI2gBwa3ag?loadFrom=DocumentDeeplink&ts=1303.44)**):**

And so, we have listeners across the country, a Title X is a national program. So, what are some good ways for our listeners who are, say outside of Louisiana to reach out and learn more about the STD contract tracing services in their area? Perhaps where they can look to introduce themselves and start building that relationship?

**Michael Carter (**[**22:09**](https://www.rev.com/transcript-editor/shared/ySE6LZn1ro0v64yWf8ywaRJl_3jaM9bawT0sX-lqtJy8jC0a-zdlskevt164hh7BfDr4TT1A8zdlMgkzfCo57B1AvQA?loadFrom=DocumentDeeplink&ts=1329.75)**):**

If I'm not mistaken, every state and territories and municipalities, they all have a counterpart agency like Louisiana Department of Health. Just reach out to your state health department and particularly the STD or HIV program. And those are the ones that should put you in contact with the disease intervention specialists. Louisiana has disease intervention specialists that work with not only STIs but TB as well.

**Katherine Atcheson (**[**22:34**](https://www.rev.com/transcript-editor/shared/sGVhH18_zhDiBX2yWtKKPFi-8I8ZfBlhfY9yTQ8-vQNrrnI_D2_XDUfHkia1GJfRjpbnppiYo65SkjbHyBT3e0hsYa8?loadFrom=DocumentDeeplink&ts=1354.08)**):**

And Ariel, do you have advice for clinicians who would like to establish and build those relationships and how they can build that? As a DIS, what would you want a clinician to say when they come to you, or how would you like them to start that relationship?

**Ariel Johnson (**[**22:53**](https://www.rev.com/transcript-editor/shared/qbsRQ07c_k5ykL7uO0gSX1Vfc8UCLcSmGQsbIHrY5Eh1F9R9K8gFrsGcS1EmEkG8JbVaI5kFaGc6dXkRCdudBkiNhJU?loadFrom=DocumentDeeplink&ts=1373.19)**):**

Just basically introducing themselves, what type of care they take care of. Just giving the information on their background and the type of community they serve with their practice. Just giving the information on, "Well, this is usually the treatment that I provide, or this is the screening process for us here at this organization." And then of course, given that open feedback, be presented from the DIS on maybe some suggestions or kind of just collaborating, how would I say, maybe fit the patient's best need because of course, every patient is different. You may be able to provide [inaudible 00:23:31] to one patient and they successfully complete the course of treatment. And then you have other patients who is not, of course, going to do right by, and it may take [inaudible 00:23:40] every two weeks. Because of course, DIS is in the community a little more than providers and clinicians are. So, I would say just having an open mind, listening to what the DIS wants to suggest and then coming together to have a good collaboration on what works for that area or that set of community.

**Katherine Atcheson (**[**23:57**](https://www.rev.com/transcript-editor/shared/drjmuK_6ak6Bs3Qi02edrIWe_Aer8Hjm-mK0tnE-qUB64CrsiNMXnvs-bN4OLndilkYMEz_8mplOrwySn79BLPNS11o?loadFrom=DocumentDeeplink&ts=1437.48)**):**

And I always like to ask our guests before we say goodbye, if you could give just one top takeaway message to our listeners, just the one thing you would want them to remember as they return to their practices, what would that be? Michael, would you like to go first?

**Michael Carter (**[**24:16**](https://www.rev.com/transcript-editor/shared/D4k_NfArJAOKZFyz9UnCikR9WQPUGj28YzKNQivxDt4ARRxqxBN9gx2W3ZIs2WUC_5WOzXopNg9lLNj88Z4NxNQItHA?loadFrom=DocumentDeeplink&ts=1456.68)**):**

Sure. My takeaway would be that just be aware that we exist. When I applied for the job in 2003, I'd never heard of a disease intervention specialist, and I was working on a master's degree, and it was all about designing intervention. So, I said interventions, interventions, let's look into this. And I found it so intriguing sense. Syphilis is a fascinating disease. So just know that we exist. Just know that when you follow your state guidelines as far as reporting regulations and infections that we are what happens after you make that report and that we are going to come out ... More likely, we’ll call first, but that we do exist. And if a patient has a reportable condition, let them know that it's reportable and that there are folks like us that may possibly be attempting to contact them.

**Michael Carter (**[**25:02**](https://www.rev.com/transcript-editor/shared/QEL4kXKbNFP3jsls0lJrTfkBpsiCvry0YCV2QDMV_KtlbbMzDrWpZrJS1twSS4Gc18kPHfdiL-X6uYpuw1wb9nJlEC4?loadFrom=DocumentDeeplink&ts=1502.76)**):**

And actually, we have some agencies I work best with, they actually let us know, "Look, they're going to contact you. What number would you prefer? Or how would you prefer to be contacted?" And they let us know that as well because we are willing to meet the patient wherever they need to be. We don't want to make this an unpleasant experience as it is having to be contacted by someone regarding such a personal matter. But beyond that, we are willing to accommodate as any way we can. So as a provider, a clinician, if you just let your patients know that if they have a reportable condition, it's going to be reported to the state and that there may be some follow up.

**Katherine Atcheson (**[**25:35**](https://www.rev.com/transcript-editor/shared/9pDIK9wTJXaYQhhOw8noEgvtv3wAr3H0geUkzePVZkvAY_aFaMMP_4yrzY0a2hvrXASoUHvaXpHQe0to90F1-4QfJpc?loadFrom=DocumentDeeplink&ts=1535.58)**):**

Ariel, what would you say your takeaway is?

**Ariel Johnson (**[**25:38**](https://www.rev.com/transcript-editor/shared/8IFdn_ZXIh6CqTTJaFSXWO_7lJjSdo87poVGa8a2-nCV8eXA7klRk7QvHqTbq-nkJAg5kEd7OlCarqELiWeynJPWvgc?loadFrom=DocumentDeeplink&ts=1538.91)**):**

My biggest takeaway would be to make sure that all patients, of course, like Mr. Mike stated, is being informed that their diagnosis is going to be reported to the state. And then of course, letting them know, because a lot of patients, when we do call, they're pretty confused. "Hey, where's this coming from? I didn't know that my information was going to be given." Basically, for the clinicians in the area, giving as much information as they can, but just kind of mention it to the patient, "if it's anything that I couldn't answer for you, someone is going to contact you. And if you have more questions, please feel free to ask them and they're going to try to get everything answered for you." But that would be my biggest takeaway.

**Katherine Atcheson (**[**26:17**](https://www.rev.com/transcript-editor/shared/L0iWPRr85zlC-jdjSftDqcnwVSIYgZyl8IwaU7bhtJ1NkvRY9nQ3DaipbqEWmjk7efAsTDbLEwSst5VhAEyLyEeOSO8?loadFrom=DocumentDeeplink&ts=1577.4)**):**

Well, thank you both so much for joining us today and for sharing your time and expertise with our listeners.

**Michael Carter (**[**26:25**](https://www.rev.com/transcript-editor/shared/c-xzEJ-KZ_CL3KVMQ7esQqXQ5gkXac4T_qr6gxOLVKKKKCF5u698pE5Fb1h2sJL9YBtpcXCFQlgVf139KDUZtmevNMY?loadFrom=DocumentDeeplink&ts=1585.47)**):**

You're very welcome. Thanks for having us.

**Ariel Johnson (**[**26:27**](https://www.rev.com/transcript-editor/shared/DgBtLP--vZJEh69scjgAEKJNBIVJlUuuZwhwSImDLezHhrl1y12lcltapvJd0xVUVpMEvs2tmEbnE8H_t1zDrdocb0k?loadFrom=DocumentDeeplink&ts=1587.9)**):**

Thank you. I appreciate this opportunity.

**Katherine Atcheson (**[**26:30**](https://www.rev.com/transcript-editor/shared/gKHv6w52l0vf1CgdXsftSu-T5zZeoaQYnunVHvOfiTGvltiBjJU0hkCNc0wQZ1ptmexRtH0oMemgzxj1chh5knMpRsI?loadFrom=DocumentDeeplink&ts=1590.66)**):**

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**Katherine Atcheson (**[**27:33**](https://www.rev.com/transcript-editor/shared/97P4pS-yO4xQ-yxv_siWqDUK7trA-jOS7P1q9X3tl3hzGZC64tgoMyVePA3Mq3W56DaPJ3T5cNQ8uMgLXI8HMJaGdwY?loadFrom=DocumentDeeplink&ts=1653.87)**):**

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