

Effective Interventions Suggested References

Clinic Based Screening

Updated: January 24, 2014

Reference	Abstract
<p>Atherly, A. and S. C. Blake (2013). "Efforts by commercial health plans to increase Chlamydia trachomatis screening among their members." <u>Sex Transm Dis</u> 40(1): 55-60.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/23254117</p>	<p>BACKGROUND: The screening rate for Chlamydia trachomatis (Ct) is below 38% nationally, despite the high prevalence of Ct nationally and the low cost of both the screening test and the treatment. The purposes of this study are (a) to ascertain what activities commercial health plans have attempted (if any) to increase their Ct screening rates and (b) to identify barriers to improving Ct screening rates in commercial health plans.</p> <p>METHODS: Qualitative research methods were used, including structured interviews. In-depth telephone interviews with commercial health plans were conducted to identify health plan activities that led to high Ct screening rates by providers. Plans were selected, which were either in the top or in the bottom quarter of all plans or had either an increase or decrease in Ct screening rates of at least 3 percentage points over the previous 2 to 3 years. Interviews were restricted to plans reporting Ct screening rates to the National Committee for Quality Assurance for at least 3 years, plans with enrollment of at least 500 commercially insured women aged 15 to 26 years, and plans that were not staff model-managed care plans. A total of 35 structured interviews were completed with a response rate of 64%. RESULTS: Overall Ct screening rates in commercial health plans are quite low, with a median rate of 35%. All interviewed plans-both successful and not successful-reimbursed for Ct screening and used clinical guidelines. All but 3 plans had some type of intervention in place designed to improve Ct screening rates. The interventions varied-some aimed at providers, others at patients, and others at data collection-but the health plans were actively trying to improve screening rates. Health plans identified several barriers to improving screening rates in the commercially insured population. These include difficulties in identifying sexually active members for screening, limited health plan resources to target the problem, concerns about contacting minors, and cultural barriers to discussing sexually transmitted diseases. CONCLUSIONS: Both high- and low-performing plans are actively trying to increase the Ct screening rates. However, efforts to date have not been successful, suggesting the need for alternative approaches to address existing barriers.</p>
<p>Ginige, S., et al. (2007). "Interventions for increasing chlamydia screening in primary care: a review." <u>BMC Public Health</u> 7: 95.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/17547745</p>	<p>BACKGROUND: Despite guidelines recommending opportunistic chlamydia screening of younger women, screening rates in some countries remain low. Our aim was to review the evidence for specific interventions aimed at increasing chlamydia screening rates in primary care. METHODS: A Medline search was conducted for controlled trials that assessed the effectiveness of interventions aimed at improving chlamydia screening rates in primary health care settings. The Medline search was done for studies in English published prior to December 2005 using the following key words: chlamydia, screening, intervention, primary care and GPs. In addition, the references cited in the articles were reviewed. Studies in English published prior to December 2005 were reviewed. RESULTS: Four controlled studies met the inclusion criteria--3 were randomized studies and one was not. Strategies to increase screening rates included the use of educational packages targeting primary care physicians and the correction of barriers to screening within clinic systems. In 3 studies, the intervention was associated with an increase in screening rates of between 100% and 276% ($p < 0.04$). In the fourth study, the intervention was associated with a significant attenuation in declining screening rates over time (4% versus 34% decline, $p = 0.04$). CONCLUSION: There are only a limited number of randomized or controlled studies that demonstrate improved chlamydia screening of younger women in primary care.</p>

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<p>Guy, R., et al. (2012). "Interventions to increase rescreening for repeat chlamydial infection." <i>Sex Transm Dis</i> 39(2): 136-146.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/22249303</p>	<p>BACKGROUND: Repeat infection with Chlamydia trachomatis following treatment is common and increases the risk of sequelae. Despite clinical guidelines recommending rescreening within 3 months of treatment, rescreening rates remain low. We undertook a systematic review to identify studies that compared rates of rescreening for repeat chlamydial infection between patients receiving and not receiving an intervention. METHODS: We searched Medline, EMBASE, and conference Web sites from 2000 to September 2010 using variations of the terms "chlamydia" and "rescreening" and "intervention." We used meta-analysis to calculate the overall relative risk (RR) effect on rescreening rates by study design and strategy type. RESULTS: We identified 8 randomized controlled trials (RCTs) and 4 controlled observational studies, all conducted in the United States. Four RCTs assessed mailed screening kits +/- reminders, with an average effect estimate of 1.30 (95% confidence interval [CI]: 1.01-1.50); 2 RCTs assessed motivational interviewing +/- reminders with a summary effect of 2.15 (95% CI: 0.92-3.37); one RCT evaluated the effect of reminders with a RR of 9.67 (95% CI: 1.31-71.31), and another RCT assessed the effect of a \$20 patient incentive with a RR of 1.16 (95% CI: 0.62-2.17). Three controlled observational studies assessed reminder strategies with RRs of 1.97 (95% CI: 1.76-2.21), 1.01 (95% CI: 0.66-1.55), and 1.88 (95% CI: 1.58-2.24)-a summary effect was not calculated due to significant heterogeneity; and one controlled observational study assessed the promotion of clinical guidelines with a RR of 1.35 (95% CI: 0.96-1.90). CONCLUSION: The review suggests that the use of mailed screening kits is an important strategy to increase rescreening, reminder systems are promising, and motivational interviewing is worth investigation.</p>
<p>Guy, R. J., et al. (2011). "Efficacy of interventions to increase the uptake of chlamydia screening in primary care: a systematic review." <i>BMC Infect Dis</i> 11: 211.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/21816113</p>	<p>BACKGROUND: As most genital chlamydia infections are asymptomatic, screening is the main way to detect and cases for treatment. We undertook a systematic review of studies assessing the efficacy of interventions for increasing the uptake of chlamydia screening in primary care. METHODS: We reviewed studies which compared chlamydia screening in the presence and the absence of an intervention. The primary endpoints were screening rate or total tests. RESULTS: We identified 16 intervention strategies; 11 were randomised controlled trials and five observational studies, 10 targeted females only, five both males and females, and one males only. Of the 15 interventions among females, six were associated with significant increases in screening rates at the 0.05 level including a multifaceted quality improvement program that involved provision of a urine jar to patients at registration (44% in intervention clinics vs. 16% in the control clinic); linking screening to routine Pap smears (6.9% vs. 4.5%), computer alerts for doctors (12.2% vs. 10.6%); education workshops for clinic staff; internet-based continuing medical education (15.5% vs. 12.4%); and free sexual health consultations (16.8% vs. 13.2%). Of the six interventions targeting males, two found significant increases including the multifaceted quality improvement program in which urine jars were provided to patients at registration (45% vs. 15%); and the offering by doctors of a test to all presenting young male clients, prior to consultation (29 vs. 4%). CONCLUSIONS: Interventions that promoted the universal offer of a chlamydia test in young people had the greatest impact on increasing screening in primary care.</p>
<p>Zou, H., et al. (2012). "The efficacy of clinic-based interventions aimed at increasing screening for bacterial sexually transmitted infections among men who have sex with men: a systematic review." <i>Sex Transm Dis</i> 39(5): 382-387.</p>	<p>BACKGROUND: In many countries, the prevalence of bacterial sexually transmitted infections (STIs) among men who have sex with men (MSM) is high. We undertook a systematic review to identify clinic-based strategies for increasing screening and detection of bacterial STIs among MSM. METHODS: We reviewed studies that compared screening for or detection of gonorrhoea, chlamydia, and syphilis in the presence and the absence of an intervention. The primary end points were STI screening, rescreening, or detection rates. RESULTS: Of 1809 studies identified, 8 fulfilled the inclusion criteria; of these, 4 studies demonstrated significant increases in screening rates for gonorrhoea and chlamydia using different strategies (odds ratio range, 1.4-1.9). These included the following: use of a computer alert on an electronic medical record; the introduction of clinic guidelines on STI screening; and short text messaging reminders for repeat STI screening. A further 4 studies demonstrated increases in syphilis testing (odds ratio range, 2.3-21.4), with increased detection of asymptomatic early syphilis in 2 studies. Strategies used included regular serological screening for syphilis during routine human immunodeficiency virus (HIV) care, syphilis serology included with blood tests performed as part of HIV</p>

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monitoring, use of a computer alert on an electronic medical record, and an electronic medical record system to enhance syphilis retesting after syphilis treatment. **CONCLUSIONS:** A range of interventions has been used, including the application of newer technologies targeting clinicians and patients that appear to be efficacious at increasing screening of MSM for bacterial STIs. Wider application of such interventions could improve STI screening and control in this high-risk population.