Increasing repeat chlamydia testing in Family Planning clinics depends on perception of value & availability of low-burden flexible reminder systems

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INTRODUCTION
Re-infection after a chlamydia infection is common: 22% of young Australian women are re-infected within 4-5 months (Walker, et al, 2012). Re-infections increase the risk of pelvic inflammatory disease (PID) by 4-6 fold (Bowring, et al, 2011). Retesting is an important strategy to detect re-infection. Clinical guidelines note that repeat testing at least three months after a positive diagnosis be considered.

AIM
To understand Australian Family Planning clinicians’ practices and perceptions of repeat chlamydia testing.

METHODS
We conducted focus groups June-October 2012 with 70 doctors and nurses working in 11 family planning clinics (FPCs) across 6 jurisdictions. Discussions explored chlamydia testing and management practices, and opportunities for improvement.

RESULTS
All focus groups reported FPC had a policy to recommend a three month repeat test to clients with a positive chlamydia. Clinicians reported implementing this in their practice. Perceptions and practices felt into two categories:

<table>
<thead>
<tr>
<th>FPCs with no reminder system (6 FPCs; 3 jurisdictions)</th>
<th>FPCs with reminder system (5 FPCs; 3 jurisdictions)</th>
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<tbody>
<tr>
<td><strong>No system to support repeat testing beyond policy</strong></td>
<td><strong>Passive reminders for clinicians (eg chart stickers) or active client reminder (phone, text, letter)</strong></td>
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<td><strong>Little confidence that clients coming back systematically</strong></td>
<td><strong>Recent local development prompted by awareness that clients not returning</strong></td>
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<td><strong>Opportunistic testing seen as effective</strong></td>
<td><strong>Opportunistic not seen to be catching clients at 3 months</strong></td>
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<td><strong>Clinical, economic, moral reservations about reminder systems</strong></td>
<td><strong>Satisfied with clinical outcomes; reported no significant workload burden</strong></td>
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**Prices**
- “looking at the notes when they come back in”
- “wading through pages of notes”
- “I suspect we’re not getting very many coming back”
- “The 3 month thing goes out the window a little bit because we’ve got such a strong opportunistic bent on screening”
- “are we babying these clients?”
- “I don’t think we should [ring people] in terms of clients taking responsibility”
- “administrative nightmare”
- “If [we’re] routinely checking everyone every 3 months, it could be futile or over-servicing”

**Prices**
- “You usually have it documented, ‘okay to leave a message’”
- “It’s more worthwhile spending time on these people then it is doing a screening test in the general population”
- “duty of care to re-test these people because they’re at high risk”
- “We might be missing people by not contacting them”
- “I feel from my little number of clients, it’s working”
- “It’s not taking up any extra time other than printing off a wee letter or making a call”

CONCLUSION
Reminder systems to support repeat testing of positive chlamydia tests had been implemented in some FPCs, with low workload impact. It was too early for evaluation of clinical success. These FPCs could share locally developed systems and positive experiences with FPCs skeptical about their value. This may also enhance awareness of the clinical value of retesting and the consequences of re-infection. Audits may help determine if clients are indeed being caught through repeat visits and opportunistic testing.

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