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STUDY QUESTION: DOES PERFORMANCE-BASED CONTRACTING IMPROVE CHLAMYDIA SCREENING COVERAGE, POSITIVITY AND TIMELINESS OF TESTING AND TREATMENT IN JUVENILE DETENTION SETTINGS?

BACKGROUND

- From 2003 through 2008, the STD Control Branch funded 18 county STD or probation departments to provide Chlamydia (CT) screening and treatment for females entering 24 juvenile detention facilities throughout the state of California. Lessons learned from this successful CT screening and treatment program (ClaSP) have been useful for other STD programs throughout the country. Through peer to peer best practice sharing at annual meetings and ongoing technical assistance, the program continued to improve. In 2005 during the ClaSP annual meeting, program coordinators were asked to determine a reasonable target for screening coverage. This target was attained by many within the next year regardless of the size of their juvenile halls.
- In 2005, performance-based (PB) contracting was instituted in an effort to ensure maximum performance, accountability and cost efficiency with an eye towards transparency related to reduction of ClaSP funding. These contracts required counties to meet or make steps toward attainment of screening and treatment targets. Initial target for screening coverage was set at 55%, well within the chosen reasonable target suggested by coordinators. The target for screening increased over time and a target for proportion treated was added in FY 2007/2008.

Participating ClaSP Counties



METHODS

- Booking data reported through quarterly communication reports and line-listed data received from counties from 2003 through 2008 were analyzed.
- Only those records with complete data for booking and specimen collection dates were used for the cross-sectional analysis of the timing of CT testing, positivity, and treatment outcomes.
- Date of booking and date of specimen collection variables were used to determine time to testing.
- Date of specimen collection and date of treatment variables were used to determine time to treatment.
- All data were analyzed with the use of Statistical Analysis Software (SAS).

Figure 1. Significant increase in screening within 24 hours improved screening coverage

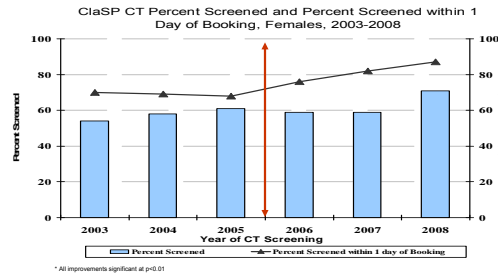


Figure 2. High Volume Screened with Decreasing Percent Positive

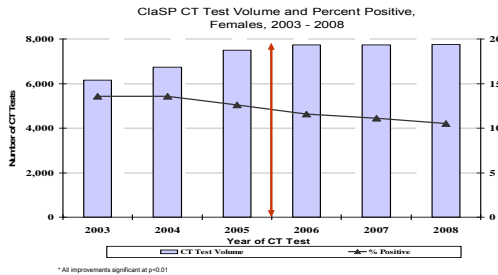
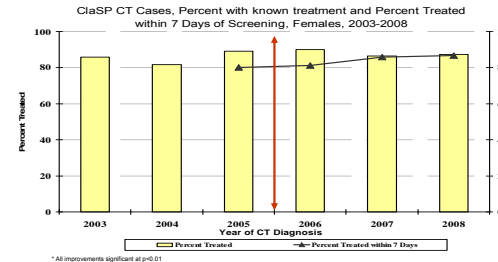


Figure 3. High Levels of Treatment Overall with Increases in Treatment within 7 Days



RESULTS

Screening: Overall screening coverage improved from 54% in 2003 to 74% in 2008.

Time to Test: Among the 44,085 females tested in the six year period, 75.7% were tested within one day of booking. Testing within one day improved from 69.9% in 2003 to 87.2% in 2008.

Positivity: Chlamydia positivity declined from 13.6% in 2003 to 10.5% in 2008.

Treatment: Of the 5,280 CT cases diagnosed over the six year period, 86.7% were treated. While the percent treated overall remained relatively similar over this period, treatment within seven days improved from 80% in 2005 to 86.7% in 2008.

All improvements were significant at $p < 0.01$.

CONCLUSIONS

- Screening improved, primarily due to significant increases in screening at booking. Screening earlier (at entry or booking) ensures reaching a higher number of potentially infected individuals.
- Chlamydia prevalence significantly decreased in this population.
- Although the overall rate of treatment were high, the timeliness of treatment can be improved. By testing earlier, the greater the likelihood of more timely treatment.
- Performance-based contracting for public health screening programs may substantially improve key programmatic outcomes. Setting realistic, attainable targets for program improvement can improve performance.

PUBLIC HEALTH IMPLICATIONS

- The greatest challenge in providing screening for youth in detention is identifying funding for the collection and processing of tests.
- If services continue to be funded through STD programs, cost-efficiency and program outcomes may be enhanced by the use of performance-based contracting.
- In locations where correctional medical services are provided by contracted entities, public health department staff could work with probation to develop effective contract language for STD service performance.
- The inclusion of STD screening as part of core medical services provided to individuals entering correctional settings (juvenile and adult) continues to be a challenge for STD programs trying to reach these important un-served or under-served high-risk populations.

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