

Increasing Chlamydia Screening in Primary Care by Creating an Adolescent Medical Home

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Background

Erie County, New York has high chlamydia rates in 2010 — 5,050/100,000 among 15-19 year old and 2,790/100,000 among 20-29 year old females.

Many commercially insured adolescents and young adult females do not receive routine chlamydia screening through their primary care providers (PCPs).¹

Availability of publicly-funded family planning, school, and STD clinic services is dwindling.

The American Academy of Pediatrics (AAP) promotes the medical home model for primary care where all children receive health care that is "...accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective." (www.medicalhomeinfo.org).

PCPs could develop an *adolescent* medical home to provide comprehensive, *confidential* adolescent preventive health care services.

Objectives

To increase PCP adolescent chlamydia screening by helping PCPs to create an adolescent medical home.

Materials and Methods

Target Population: 14-21 year-olds presenting to private pediatric offices for preventive health care visits

Project Setting: 3 Western New York State private pediatric offices

- 1 large, suburban office (6 MDs, 6 NPs)
- 1 mid-size, suburban-rural office (4 MDs)
- 1 small, urban office (2 MDs)

Project Period: May – September, 2010
Intervention:

Partners:

- Cicatelli Associates, Inc
- Physicians for Reproductive Choice and Health
- National Chlamydia Coalition

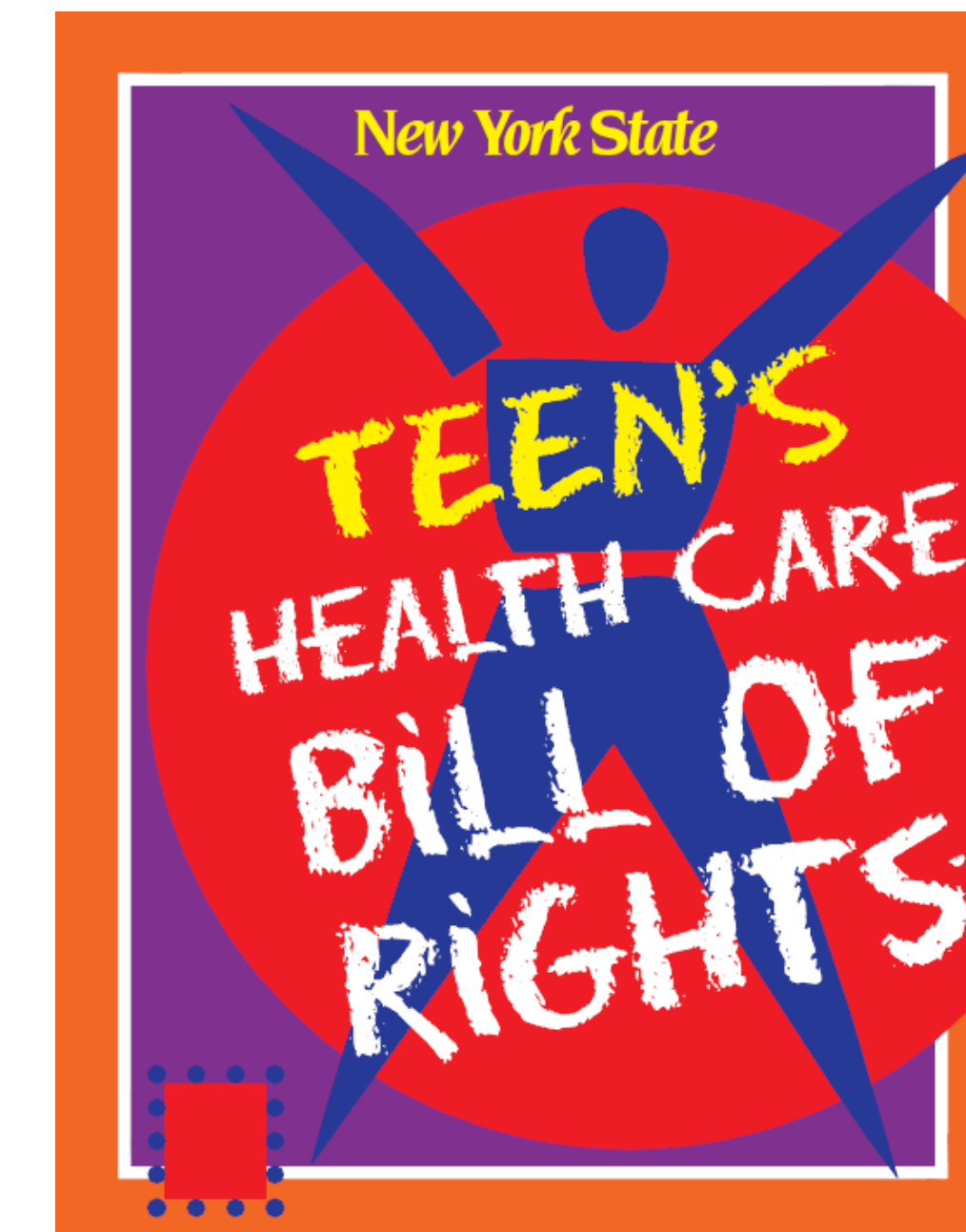
Intervention Key Elements

1. Providing PCPs with variety of practical tools, including a confidential, behavioral risk assessment patient questionnaire, teen and parent information and educational materials.
2. Provide initial lunch training session and 2 additional on-site visits in each office on creating an adolescent medical home and confidentiality.
3. Data collection and analysis of all completed risk assessment questionnaires, including % who received chlamydia and HIV counseling, information, and testing.
4. On-site visits to share information about their practices' chlamydia screening rates and provide technical assistance to help PCPs address barriers and acknowledge and celebrate successes.

Project Tools

Health Risk Survey

Health Information & Confidentiality Policy



Teen and Parent Web Sites

Results

	If ♀ adolescent answered 'yes' to 'have you had sex'					
	Small Urban Office		Large Suburban Office		Mid-sized Suburban/rural Office	
	10-wk visit N = 21	20-wk visit N = 26	10-wk visit N = 58	20-wk visit N = 19	10-wk visit N = 111	20-wk visit N = 59
Sex Health info given	90%	100%	94%	100%	9%	27%
Chlamydia test sent	56%	69%	42%	50%	0%	8%

Lessons Learned

Health risk survey was important tool to initiate confidential services. PCPs liked concrete tools easily incorporated into routine practice.

Providing feedback on each office's patient populations and PCP actions was essential. Many PCPs overestimated # of chlamydia tests ordered.

On-site office visits are very important and should be conducted by same medical specialty provider. Ideally, visits will be conducted by provider who has established relationships with offices and is highly regarded.

Changing office practices is a process that occurs over time. Don't push. Offer advice, support, and resources, but allow them to figure out how to implement their own changes.

An office champion is needed to secure the buy-in of other PCPs within practice.

Chlamydia should be framed within context of other services being currently offered.

Peer-to-peer role modeling is influential. An office was reluctant to start chlamydia screening, fearing of offending parents and patients. Once they learned that other offices did not encounter any negative feedback, they decided to screen.

Conclusion

PCPs can successfully create an adolescent medical home and implement strategies to address confidentiality concerns.

References

National Committee on Quality Assurance. State of Health Care Quality, 2011 at: www.ncqa.org/Portals/0/State%20of%20Health%20Care/2010/SOHC%202010%20-%20Full2.pdf