Maximizing the Use of Limited Resources by Reducing Chlamydia Screening Outside of Criteria Among Females Aged >25 Years Receiving Family Planning Services

Titilayo O. Ologhobo, MPH¹; Kelly M. Opdyke, MPH¹; Melissa K. Nelson, MSc¹; Alicia Ventura, MPH²; Rachel Baum, LMSW²; Dawn Middleton¹
Cicatelli Associates Inc., New York, NY USA; ²Public Health Solutions, New York, NY USA

Learning Objectives
To demonstrate the impact of using a team-based approach to maximize resources by reducing chlamydia (CT) screening in low risk populations.

Materials & Methods
Managers in six FP clinics planned and implemented a team-based approach to reduce screening outside of criteria. All providers in the FP clinics were reminded of the protocol to routinely screen only women <25 years of age; and all others were to be screened only if high risk or if symptomatic with documentation of risk factors and/or symptoms required for tracking purposes.

IPP Prevalence Monitoring Data (PMD) were analyzed for 21,809 chlamydia tests among non-pregnant females aged >25 years that attended six clinics providing FP services in New York City. Trends in test volume, number of positive tests and CT positivity rates from CY2005 - CY2010 were examined to determine the impact of a team-based approach to reducing screening in low prevalence populations.

Conclusion
Using a clinician-driven team-based approach to reduce over-screening among females aged >25 years resulted in a large (>60%) decrease in test volume and a modest (<19%) decrease in CT cases identified. Targeted screening resulted in a small increase in CT positivity from 1.4% in CY2005 to 2.8% in CY2010 — still below the 3% threshold. Application of diagnostic testing in a low risk population was an effective strategy to maximize the use of limited testing resources and reduce over-screening for CT among females >25 years of age.

Implications
Reducing rates of CT screening in a low prevalence population is possible using a physician driven team-based approach and should be applied in other settings. Resources saved can be used to target screening to populations most in need.

Acknowledgements
Nereida Correa, MD, MPH. Public Health Solutions, Albert Einstein College of Medicine, Department of Obstetrics and Gynecology and Women’s Health.