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

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Learning Objectives

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

Background

The goal of the Region II Infertility Prevention Project (IPP) (www.cicatelli.org/ipp) is to decrease the prevalence of chlamydia infections and sequelae through targeted screening of sexually active females aged ≤25 years. Diagnostic testing of females aged >25 years with risk factors is recommended. High rates of screening among females aged >25 years with low identification of infection (<3%) has been observed in family planning clinics.

Objective

To assess the impact of a team-based approach to reducing chlamydia screening among a cohort of low prevalence females aged >25 years receiving family planning (FP) services in New York City (NYC).

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-CY 2010 were examined to determine the impact of a team-based approach to reducing screening in low prevalence populations.

Results

CT test volume among females aged >25 years decreased by 60.4% from 6,781 in CY2005 to 2,685 tests in CY2010 **(Table 1)**. The number of CT cases identified decreased by 18.5% from 92 to 75 cases. CT positivity among females aged >25 years across all years remained less than 3% **(Table 2)**.

Table 1. Trends in Chlamydia Test Volume Among Females by Age Group, CY2005 – CY2010, IPP PMD

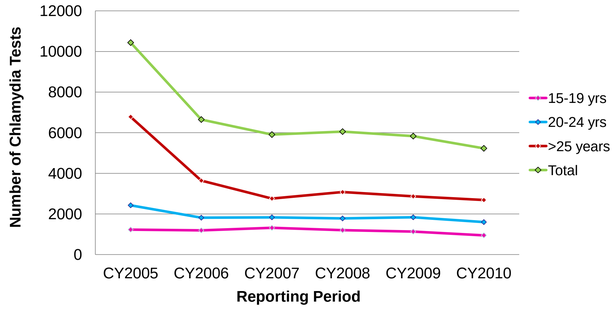
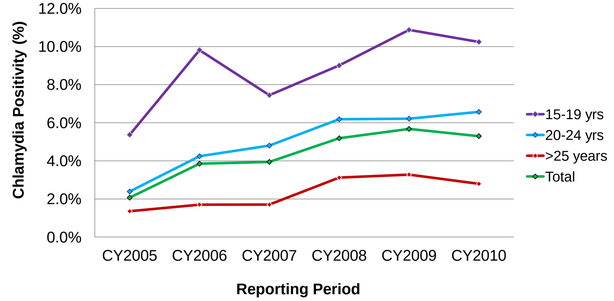


Table 2. Trends in Chlamydia Positivity Among Females by Age group, CY2005 – CY2010, IPP PMD



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.

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