

Health services and policy poster session 3: evaluation of services and policies

P5-S3.01 DEVELOPING A MULTI-PRONGED QUALITY IMPROVEMENT (QI) STRATEGY TO INCREASE *CHLAMYDIA TRACHOMATIS* (CT) RETESTING RATES: BUILDING A FRAMEWORK FOR SUCCESS

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Background CT reinfection is common and linked with adverse reproductive sequelae. Despite strengthened national recommendations and clinician education efforts in California (CA), retesting rates remain low. Our objective was to use a systematic QI approach (assess, intervene, assure, evaluate) to build an effective, feasible, multi-pronged strategy for increasing CT retesting rates in the CA family planning (FP) setting.

Methods We assessed underlying barriers to retesting using two data sources: (1) clinical encounter data from a CA FP program screening 1 million low-income women for CT annually was analysed to determine clinic return and retesting rates among female CT patients 1–6 months post-treatment; and (2) a survey of FP clinicians was used to identify retesting knowledge, attitudes, and practices. A pilot strategy designed from these findings was refined after iterative sessions with key clinic staff and evaluation of existing protocols and electronic systems at select sites.

Results Claims data analyses revealed that while 60% of female CT patients returned to clinic 1–6 months post-treatment, only half were retested. Missed opportunities for retesting were associated with limited visits such as pregnancy tests and birth control refills. Clinician survey results showed that 79% did not prioritise CT retesting, only 33% utilised active retesting strategies, and 73% attributed low retesting rates to low patient return rates. A 4-pronged strategy was implemented: (1) to promote retesting as a high priority, medical directors were shown clinic data demonstrating high reinfection rates, high patient return rates, and low retesting rates; (2) clinic systems-level interventions were introduced (chart prompts, clinic practice tools, express STD screening visits); (3) all levels of clinic staff were trained to provide comprehensive counselling to CT-positive patients on reinfection, partner treatment, and practical ways to remember to retest; and (4) patient education materials were revised to improve readability and reinforce messaging. A detailed checklist was developed as a quality assurance tool to facilitate implementation of each intervention and ensure that any operational loopholes were closed. A plan for evaluating the strategy through future monitoring of retesting rates was developed.

Conclusions By employing a systematic QI approach we were able to tailor specific interventions to address multiple underlying causes of low CT retesting rates.

P5-S3.02 IMPLEMENTING WIDESPREAD ANTENATAL SYPHILIS SCREENING IN POOR REGIONS OF GUANGDONG, CHINA: A HEALTH SERVICES INVESTIGATION OF IMPLEMENTATION BARRIERS

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Background Decreasing the congenital syphilis burden across China is a national public health priority mandated by a newly issued

National Syphilis Control Plan. But prenatal clinics in some less developed regions of China may have less capacity to implement a routine prenatal syphilis screening. This study examined the local capacity and coverage of syphilis prenatal screening in less developed regions of Guangdong Province, South China.

Methods 11 of the 14 less developed municipalities in Guangdong Province agreed to participate in this study and have a data collection survey under the auspices of the provincial health bureau. Health systems data about availability of syphilis testing, types of syphilis testing, and syphilis test screening among pregnant women were collected from all public medical settings in the study municipalities.

Results Among the 109 clinics where a newborn delivery services were provided, only 40 clinics had syphilis testing. Prenatal clinics that were not hygiene stations, at the municipal or county level, or had greater number of deliveries per year were more likely to have syphilis testing capacity. Overall syphilis screening rates in the 109 medical settings were slightly >50% with higher screening rates at women and children's hospitals, general hospitals, medical setting at higher administrative levels or with greater number of deliveries. Only one women and children hospital had the capacity to conduct both non-treponemal and treponemal tests which are necessary to have for diagnosis of syphilis according to national guidelines.

Discussion Syphilis screening is available at a limited number of township-level and other smaller prenatal clinics in Guangdong Province. With limited laboratory capacity at clinics at lower levels of the healthcare system and increasing prevalence of syphilis in the province, development and implementation of innovative testing strategies, including a rapid syphilis testing that can be easily performed in any healthcare setting is an urgent priority. These findings have important implications not only for successfully achieving the national plan targets of syphilis control but also for syphilis surveillance and monitoring.

P5-S3.03 INDIVIDUAL TRACKING AMONG HIGH RISK GROUPS FOR STI MANAGEMENT IN INDIA: AN ANALYSIS OF 400 000 HIGH RISK GROUPS FOLLOWED FROM 2004 TO 2009

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Background Avahan, the India AIDS Initiative of the Bill & Melinda Gates Foundation implemented a large HIV prevention program across six high HIV prevalence states among high risk groups (HRG) consisting of female sex workers (FSW), high risk men who have sex with men (HR-MSM), transgender (TG) and injecting drug users (IDU) in India.

Methods The Avahan monitoring system included individual tracking data pertaining to registration, outreach and clinical services among HRG. All clinic visits were recorded using unique identification numbers, and visits by each clinic attendee were tracked from January 2004 to December 2009. Each clinic visit was recorded using a pre-defined clinical encounter form (CEF).

Results A total of 439 000 individuals (including 331 616 FSW, 10 280 IDU, 82 246 H- MSM, and 7330 TG) visited the clinics with a total of 2 716 391 visits. Individuals made an average of 6.2 visits to the clinics during the study period. The number of visits per person increased annually from 1.2 in 2005 to 8.3 in 2009. The proportion of attendees visiting clinics more than four times a year increased from 4% in 2005 to 26% in 2009 ($p < 0.001$). The proportion of syndromes diagnosed among FSW decreased from 39% in 2005 to 11% in 2009 ($p < 0.001$) while the proportion of syndromes diagnosed among HR-MSM decreased from 11.6% to 3.5% ($p < 0.001$). The proportion of attendees seeking regular STI check-ups increased from 12% to 48% ($p < 0.001$). The proportion of HRG accessing