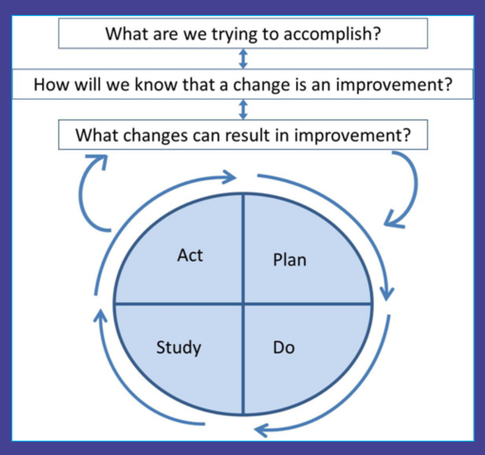
Embracing Youth –

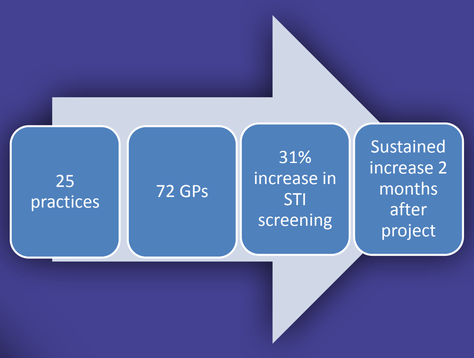
GPs and PNs the key to driving down STI rates

medicare local HUNTER

Connecting health to meet local needs

- The Hunter Medicare Local (Hunter ML) area (Urban, RA1, RA2) is one Sexually Transmissible Infections (STIs) in of the highest in NSW.
- The aim of the project was to increase STI screening rates
- Agencies involved in the project were:
  - Family Planning NSW
  - NSW Sexual Transmissible Infections Programs Unit (STIPU)
  - HNELHD HIV and Related Programs Unit
  - Hunter ML
  - General Practice teams
- Hunter ML implemented a 'whole practice approach' including reception, pathology providers and clinicians to increase sexual health screening for patients in the 15-29 age cohort.
- The project was endorsed by the Royal Australian College of General Practitioners (RACGP) Quality Improvement Plan-Do-Study-Act (PDSA) program for Sexual Health.





Method:

- A review of the STI notifications each region in NSW, by the NSW STIPU was attended.
- A Sexual Health PDSA Proposal was presented to local clinicians with a summary of the chlamydia and gonorrhea notifications.
- Family Planning NSW needs assessment was utilized to identify common themes and gaps to screening.
- General Practitioners and practice teams were invited to participate in a Quality Improvement activity supported by RACGP. Individual meetings followed response process to the EOI that was sent out from the ML.
- Permission was given for the sharing of de-identified data and practices were responsible for obtaining screening data reports from pathology providers.

Data Measures:

- Number of screens attended in the previous month to commencing the PDSA cycle.
- Number of screens attended to each month for three months with indication of the number of females and males screened; number of positive notifications; postcode of positive notifications; these statistics were collected monthly for three months.
- A team approach was encouraged with a mixture of participating General Practitioners in the QI PDSA cycle in the hope of encouraging sustainable change to screening patterns and ongoing learning for all clinicians within the practice environment.
- Collateral resources were developed to ensure key stakeholders messages were delivered across the entire ML.
- To 'normalise' STI screening it was promoted as a routine test for everyone in 15-29 years cohort – the idea of 'opportunistic screening' was discouraged.
- Confidentiality was strongly promoted in all resources general practice was viewed by young people as a safe environment to disclose.

Results

- 25 practices with a combined total of 72 GPs participated in the project.
- To date 49 GPs have completed the PDSA cycles.
- Overall STI screening rates to date have increased by 31% with an increase in detection of 34%.

Positive outcomes included:

- Delivery of targeted and practice team specific education sessions on sexual health, cultural awareness, privacy and confidentiality.
- An increase in rural GP practices responding to the need to provide affordable primary healthcare consultations for young people. This included the implementation of 'free sexual health checks' with practice nurses.
- Adoption of recommended resources including the NSW Play Safe Website and development of specific collateral for their waiting rooms for example.
- An increase in the proportion of young males screened as a result of the clinical PDSA cycles.
- Specimen collection protocols in five practices were improved through PDSA and localised to the practice setting improving screening outcomes.
- Condom credit card initiated in semi-rural practices where the scheme is also available at secondary school and youth venues.

Conclusions and Recommendations:

- PDSA cycles can support practitioners and their teams to support increasing STI screening rates.
- Screening patterns are more frequent for young women.
- The use of 'youth friendly survey' self-assessment encourages practice teams to reflect on billing processes, waiting room environments, availability of youth friendly resources, confidentiality and cultural awareness. It also highlights reasons for missed opportunities for STI screening.
- Individual and team analysis of screening patterns highlighted gaps in screening patterns.
- Collection of specimens at the practice increased patients successfully screening.
- The 'whole-of-team approach' encouraged open discussion and development of small achievable changes at the practice level to increase STI screening.

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