STD Screening Then And Now at Palmetto Pediatric and Adolescent Clinic-

A Work in Progress

Deborah Greenhouse MD
Palmetto Pediatric and Adolescent Clinic

Chlamydia in South Carolina - A Few Scary Statistics
• Rates per 100,000 population - 599.7 in 2007 and 625.5 in 2011 - Fourth highest in the nation.
• 28,982 reported cases in 2011. Many, many more not reported
• Expedited Partner Therapy - Most health professionals believe that it is acceptable in SC. South Carolina legal code clearly says otherwise.

And a Few Scary Gonorrhea Facts
• SC is fifth highest in the nation in GC rates with a rate of 180.5 cases per 100,000 in 2011. Total number of cases in 2011 was 8,350.
• Increasing resistance among GC isolates has led to changes in treatment recommendations

Testing Recommendations
• CDC recommends annual testing of all sexually active women age 25 and younger and older women with risk factors for Chlamydia infection
• Routine screening for men is not currently recommended by the CDC. But it should be considered in sexually active young men in clinical settings with a high prevalence of Chlamydia. The entire state of SC would likely qualify.

Chlamydia/ GC screening details
• Nucleic acid amplification tests are the most sensitive tests and can be performed on urine specimens. Vaginal swab specimens are optimal in females but urine specimens are acceptable.
Chalmydia and Gonorrhea Treatment

- Chalmydia treatment in adolescents: oral doxycycline 200mg/day divided bid for 7 days or azithromycin 1 gram single dose. Alternatives are erythromycin ethylsuccinate, ofloxacin or levofloxacin.
- Gonorrhea treatment in adolescents: ceftriaxone 250mg IM or cefixime 400mg orally plus azithromycin 1gm orally or doxycycline 100mg bid for 7 days.

So What’s Going on At Palmetto Pediatric and Adolescent Clinic?

- Prior to August, 2013: Not a lot. We reviewed data from January through July 2013. Of 17 docs, 5 performed no GC/Chalmydia testing and an additional 6 performed 10 or fewer tests in the 6 month period. 4 docs, however, appeared to have performed more than 25 screens during this period. We later found that this may have been related to data duplication.

What’s Going on at Palmetto Pediatrics?

- Data duplication: We thought that we were only counting patients with a code of Chalmydia swab, urine. We found that the code for GC Amp probe, genital would count as an additional patient even though it was actually done on the same patient. In addition, two other Chalmydia and GC test codes would also duplicate the data and patient number.

So How Did We Fix the Duplication Problem

- Caroline Currin to the rescue!
- Caroline compared the office lab logs to the EMR data and corrected the duplications.
- The true data showed very few chalmydia/ GC tests done prior to August, 2013.
And What's Happened Since

- August 2013 - Information for the docs about the importance of this indicator was distributed and discussed at our Clinical Care committee meeting and our full doctors meeting. We tweaked our EMR template to allow for easier documentation of screening and testing and for documentation of the teens’ phone number so that we could deliver results confidentially.

- September 2013 - 10 docs performed at least one GC/Chlamydia screen. Total of 20 tests done.

- October 2013 - 9 docs performed at least one screen. Total of 14 tests done.

And What's Happened Since

- November 2013
  - Again 9 docs performed performed at least one screen with a total of 10 tests performed.
  - The percentage of sexually active teens tested ranges from 0 to over 100%
  - Some docs actually test above 100% of sexually active teens because they are also testing at certain sick visits.

I LOVE MANKIND...
IT'S PEOPLE I CAN'T STAND!!

How Can We Explain the Data?

- More adolescent well visits are done in the summer and early fall. Far fewer are done in October or November. Thus fewer tests would be expected.

- Some teens may have been tested recently by their Gyn doc.
Current Data Collection and Validity Issues

- Some teens have had GC/Chlamydia screens done at a recent prior sick visit or a GYN visit. We don’t currently document this in the current visit template.
- Patient refusal appears the same as no attempt to screen
- We can’t track the “no” responses to sexual activity.

Barriers to GC/Chlamydia Screening

- Patient refusal- usually due to fear of a parent finding out that the teen is sexually active
- Physicians who are not convinced that this is an important issue and that their patients are at risk.

So What’s Next

- We will try to minimize the quirks in our data collection so that we can make our data as clean as possible. We need to be able to identify the “no” responses to sexual activity and we need to be able to identify those teens tested within the previous year. It would also be very nice to be able to collect data on those teens who refuse testing.

So What’s Next

- Once we have cleaned up our data collection and data entry, we may have to tie performance of STD testing to our productivity system. This process has resulted in great success with some of our other QI topics including developmental screening.