



# Increasing Gonorrhea and Chlamydia Testing in Family Practice: A Quality Improvement Project

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## BACKGROUND

- High STI rates nationally
  - 2/3 cases are 15-24 years old
- High STI rates locally
  - Ranked 3<sup>rd</sup> and 4<sup>th</sup> in the state
- CDC and USPSTF recommend annual screenings high risk groups which includes patients 15-24 years old
- Screenings are a part of metrics for Medi-Cal
- STIs are often asymptomatic increasing risk for complications
- High risk groups can be resistant when discussing sexual history
- STI National Strategic Plan goal to increase chlamydia screenings and reduce gonorrhea rates

## PROJECT AIMS

- Implement universal screening methods for gonorrhea and chlamydia
- Improve knowledge of universal screening methods by hosting an educational lunch meeting for staff involved in patient care and metrics
- Design a standardized method for implementing universal screenings among providers
- Improve screening rates for gonorrhea and chlamydia by 25% within a 5-week timeframe

## METHODS

### Setting

- Central California, family medicine clinic associated with large public hospital
- Clinic sees approximately 1,160 patients per month with 100-150 of those patients ages 14-24
- Primarily Medi-Cal insurance

### Direct Population

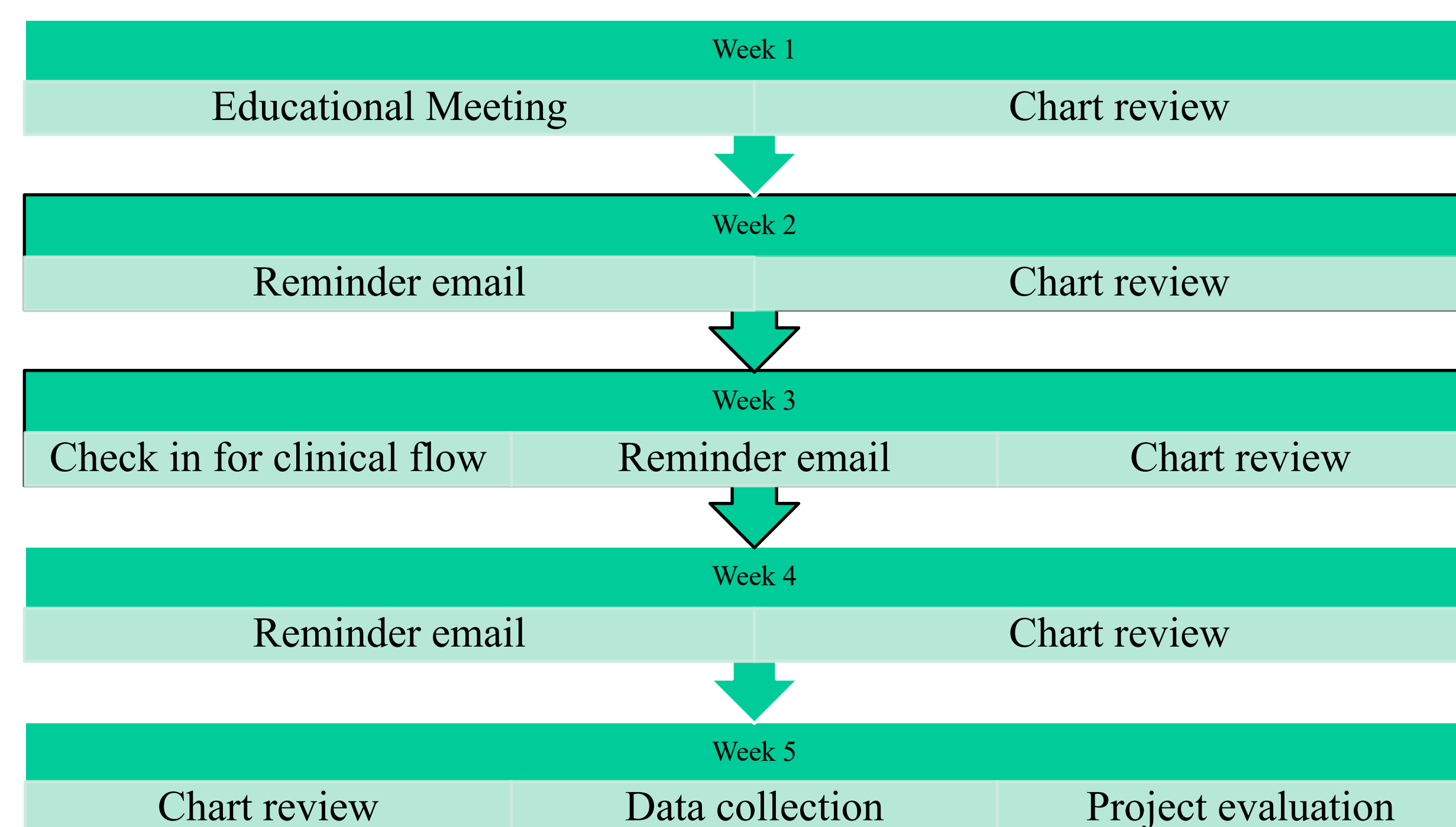
- 3 physicians, 4 FNPs, 10 medical assistants, 1 RN clinical director, 1 population health director

### Indirect Population

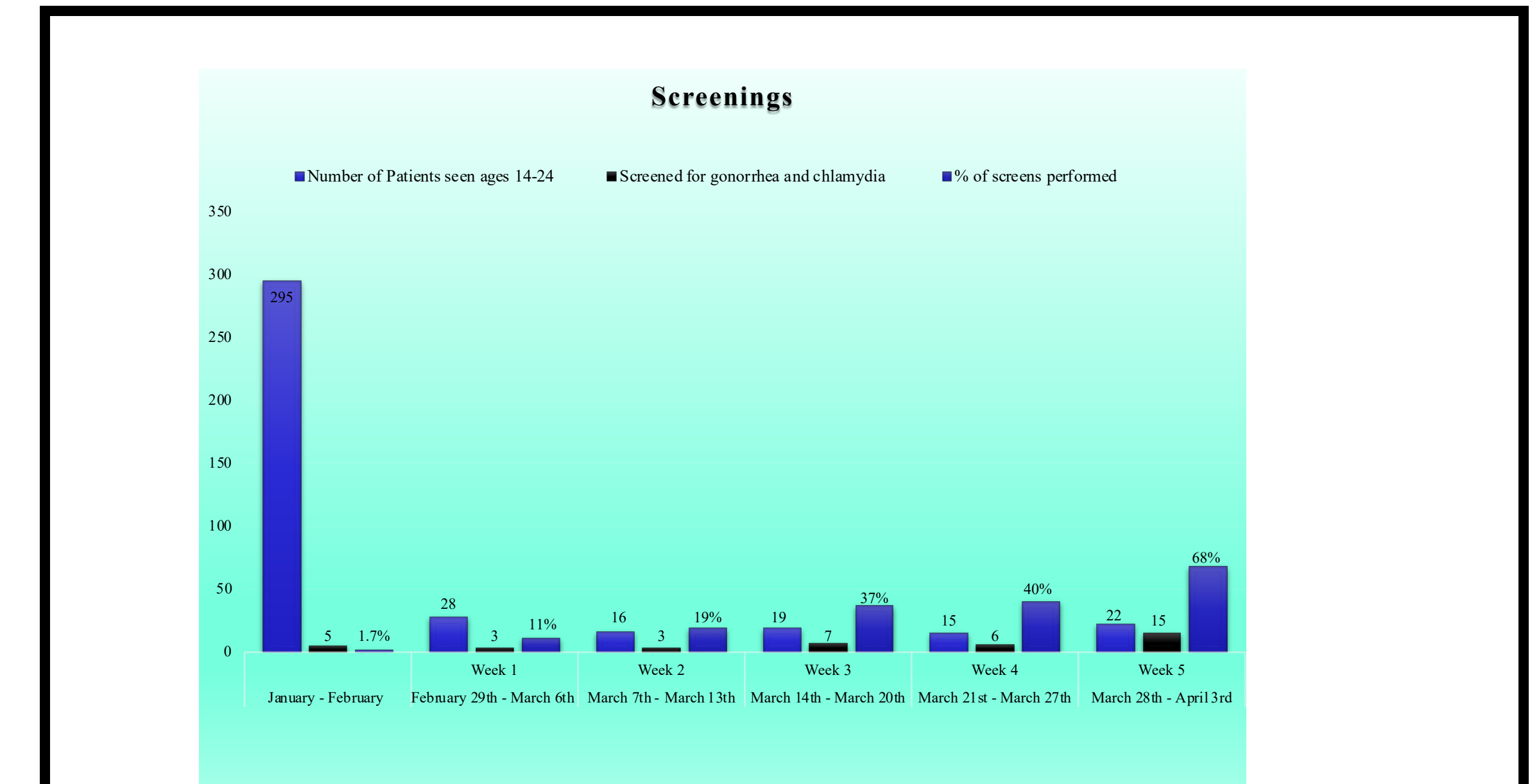
- Male and female patients ages 14-24 seen in family medicine during 5-week implementation

### Interventions

- Educational meeting on STI epidemic, literature review, national guidelines, universal screening methods
- Plan for urine to be collected on all patients 14-24 with appointment in family medicine clinic during 5-week implementation
- Role assignment of direct population
- Weekly reminder email
- Weekly chart review



## RESULTS



- Descriptive statistics were used to assess data
- 32% increase in gonorrhea and chlamydia screenings, exceeding 25% goal
- Limitations include inconsistencies between provider/medical assistant teams

## CONCLUSIONS

- Implementation of universal screenings increases screening rates for gonorrhea and chlamydia
- Earlier screening and treatment reduces risk for complications of STIs
- Improved screening rates meets National STI Strategic Plan goals, potential to improve national, state, and county STI rates

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