Updates from the Australian Chlamydia Control Effectiveness Pilot





On Target

The end of 2011 was a frenetic time for ACCEPt, with staff pulling together to reach our recruitment target.

From the outset, the task that the ACCEPt team set itself – to recruit GP clinics

in over 50 towns across Victoria, New South Wales, Queensland and South Australia – was a mammoth one. It is therefore with immense pride, combined with a sense of relief that I can report that ACCEPt reached this milestone at the end of 2011.

In addition to laying the foundation for a project that will help to inform Australian chlamydia testing policy, recruitment on this scale makes ACCEPt the largest study of its kind in the world.

Our work is far from over, though, and we now turn our full attention to the crux of the project — implementation of a chlamydia testing intervention in half the towns we have recruited. As with any randomised controlled trial, the continued participation of our control clinics is essential to the outcome of the trial, and we appreciate their ongoing support of ACCEPt.

Associate Professor Jane Hocking

Principal Investigator, ACCEPt

Coding for Chlamydia

The vast majority of general practices in Australia have adopted electronic medical record systems. These software packages can have enormous pay-offs over paper-based systems. In addition to increasing efficiency, they enable diagnoses and patient histories to be accurately recorded. These data can help shape public health policies and testing practices through projects like ACCEPt.

Understanding the true impact of chlamydia on young Australians requires more than simply knowing how many people are infected. Listing chlamydia-related complications (PID and epididymitis), and demographic details (eg. age and Aboriginal or Torres Strait Islander status) are equally as important as a chlamydia diagnosis. That's why ACCEPt is encouraging both intervention and control clinics to accurately code this information.

The benefits of appropriate coding in medical records are reflected in the latest RACGP Standards for general practices: 4^{th} edition (Standard 1.7). The Standards recommend that GPs record information including allergies, medications, current health problems, relevant past health and family history, health risk factors (eg. smoking, nutrition, alcohol and physical activity), immunisations, and relevant social history.

The standards also advise GPs to utilise coding systems, such as drop-down boxes, to record medical diagnoses, rather than free text. This ensures consistency of terminology, and also enables efficient database searching.

All RACGP guidelines, including those on the medical records and coding can be found on the RACGP website at: www.racgp.org.au/standards/contents.

Practice Nurse Consultations Reach 10 Million

Practice nurses are playing an increasingly important role in Australian general practice, with the number of nurse consultations more than doubling over the last five years.

Data from the Bettering the Evaluation and Care of Health (BEACH) study indicates that in 2010–11, practice nurses were actively involved in provision of care in over 10 million consultations. This is up from about 4.2 million consultations in 2005–06.

Currently in its 14th year, the BEACH study, conducted by the University of Sydney's Family Medicine Research Centre collects data from 1000 randomly selected GPs each year. The data provide an insight into the characteristics of GPs and their patients, as well as indicating what tasks are consuming GPs' time.

In addition to showing an increase in consultations where nurses were involved, the BEACH data indicate that nurses

are performing an increasing proportion of procedures – 38% in 2010–11, up from 23% in

2005-06.

Since many nurses are taking on autonomous roles outside of GP consultations, the true contribution that practice nurses make to Australian general practices is probably even greater than the BEACH numbers suggest.

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In the area of sexual health, many practice nurses already make an important contribution by becoming Pap smear providers at their clinic. ACCEPt is also encouraging their involvement in chlamydia management by initiating conversations about testing with young people, and assisting with partner notification and patient recall.















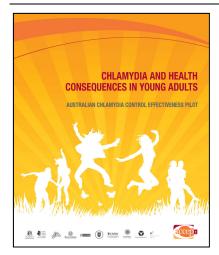






How To: ACCEPt Professional Development Points

General Practitioners in both the intervention and control arms of ACCEPt are able to earn professional development points. This 'How To' guide takes you through the steps required to earn points through the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM).



Intervention:

Education Manual: Chlamydia and health consequences in young adults (pictured)

Points available:

RACGP: 40 Category 1 Quality Improvement and Continuing Professional Development (QI&CPD) points; available as Women's Health points.

ACRRM: 10 Core Professional Development (CPD) points; available as Women's Health points.

Steps:

- 1. Obtain an education manual from your ACCEPt representative.
- 2. Complete and return to your ACCEPt representative the knowledge, awareness and practice (KAP) survey.
- 3. Complete and return your intervention Practice Assessment Tool (PAT).
- 4. Read chapters on:
 - a. Chlamydia testing in general practice
 - b. Chlamydia
 - c. Pelvic Inflammatory Disease (PID)
 - d. Epididymitis
 - e. Partner notification
- 5. Read articles about chlamydia and its health consequences in young adults.
- 6. Complete the "How to treat: pelvic inflammatory disease" quiz.
- 7. Complete the 7 C's online learning module at the NSW STI Programs Unit: www.stipu.nsw.gov.au/content/Document/engine.swf.
- 8. Watch videos on chlamydia, PID, and chlamydia testing in general practice. These are available at the Melbourne Sexual Health Centre website: www.mshc.org.au/healthpro/OnlineEducation/Videos/ChlamydiaTestingInGeneralPractice/tabid/525/Default.aspx.
- Complete a practice-based learning activity. This should be discussed with your ACCEPt representative.
 - A practice information session
- A clinical audit
- A recall/reminder register
- A resource folder
- 10. Complete reinforcing activities (follow-up PAT and KAP) and program evaluation form.
- 11. Discuss claiming professional development points from RACGP or ACCRM with your ACCEPt representative.

Control

Education Manual: Diagnosis and management of pelvic inflammatory disease and epididymitis

Points available:

GPs in the control arm of ACCEPt are able to apply for the same points as the intervention GPs at the **end of the trial**. Prior to that, they may apply for Self Recorded Activity points through RACGP or Self-directed learning points through ACRRM.

Steps:

- 1. Obtain an education manual from your ACCEPt representative.
- 2. Read sections on pelvic inflammatory disease (PID), epididymitis and medical records.
- 3. Read articles on PID and epididymitis.
- Watch video on the diagnosis and management of PID – this video is available at the Melbourne Sexual Health Centre website: www.mshc.org.au/healthpro/OnlineEdu cation/Videos/ChlamydiaTestingInGener alPractice/tabid/525/Default.aspx.
- 5. Familiarise yourself with how to accurately record patient medical data in your clinic's medical records software.
- 6. Register for points:
 - Log in to the RACGP QI&CPD portal (<u>qicpd.racgp.org.au</u>). Two points per hour spent on the activity will be awarded.
 - Register for self-directed learning points with ACRRM (www.acrrm.org.au). One point per hour spent will be awarded.
- 7. Obtain an Intervention education manual (*Chlamydia and health consequences in young adults*) at the completion of the trial to earn additional points.

This project has been commissioned and is funded by the Australian Government Department of Health and Ageing.

