Abstract Summary:
A Closer Look: Barriers and Opportunities to Improve Chlamydia Retesting Rates

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Background

- CT infection → increased risk of reinfection and sequelae
- Recommend re-test 3-12 months after CT infection
- Programs consistently report low re-testing rates
Objectives

• Why are retest rates low?
  – Client return rates?
  – Providers missing opportunities to retest?

• Any factors predictive of return and retesting?
Methods

• Data source: Title X CVR
  – Females with documented “CT treatment”

• Calculated
  – % return within 90-365 days post treatment
  – % “missed opportunities”
    Client returned but was not retested
  – predictors of return and retesting
    • Age, race, clinician type
Results

Of 3,329 females with documented “CT treatment”

Client return rate (3-12 months): 39%
- 23% within 3-6 months
- 16% within 6-12 months

(additional 8.6% within 1-3 months...too early)
Results

Among 1298 returning clients:

- 52% tested at first return visit
- 10% tested at a subsequent return visit
- **38% missed opportunities**
Results

More likely to return if:
  Young age
  Asian race

More likely to be retested if:
  Young age
  Asian race
  Seen by a mid-level provider
Conclusions

Low client return rates + many missed opportunities = few women retested

Client and clinician characteristics are associated with re-testing
Recommendations

Individual and systems interventions
- Patient reminder systems
- Provider education
- EHR prompts

Retest from 1-month post treatment

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Let’s make sure we take advantage of a captive audience!