

“It opened my eyes” – GPs’ opinions on the Australian Chlamydia Control Effectiveness Pilot (ACCEPt)

Yeung A¹, Hocking J², Vaisey A², Lorch R³, Guy R³, Fairley CK^{4,5}, Smith K³, Donovan B^{3,6}, Imrie J⁷, Gunn J⁸, and Temple-Smith M⁸ on behalf of the ACCEPt Consortium

¹School of Public Health and Community Medicine, University of New South Wales; ²Melbourne School of Population and Global Health, University of Melbourne; ³The Kirby Institute, University of New South Wales; ⁴Melbourne Sexual Health Centre; ⁵Central Clinical School, Monash University; ⁶Sydney Sexual Health Centre; ⁷Centre for Sexual Health and HIV Research, University College London; ⁸General Practice and Primary Health Care Academic Centre, University of Melbourne;

Background: Many barriers prevent GPs from testing young people for chlamydia, but it is unclear which facilitators are the most effective at increasing testing.

Aim: To determine which components of the ACCEPt intervention had the most effect on changing a GP’s approach to chlamydia testing

Methods:

- ACCEPt is a cluster RCT investigating the impact of annual chlamydia testing of 16 to 29 year old men and women on the burden of chlamydia in the population.
- GPs in the intervention arm received regular feedback, financial incentives, education resources, visual media and computer alerts to facilitate increased testing
- Semi-structured telephone interviews with a sample of GPs were conducted at recruitment (prior to randomisation) to determine their attitudes to chlamydia testing. A sample of those in the intervention group were interviewed after at least 6-12 months of intervention (midpoint) to investigate their opinions of ACCEPt and the facilitators to testing.
- GPs were selected using purposive sampling to ensure representation of clinic size, location, gender and age of GP.
- Interviews were transcribed, then coded in Nvivo™ for major themes by two researchers (AY and MTS)

Participant Demographics:

- 44 Recruitment and 24 Midpoint Interviews were conducted with GPs

Variable	Recruitment (%)	Midpoint (%)
Male	29 (65.9)	11 (45.8)
Female	15 (34.1)	13 (54.2)
<30 years	3 (6.8)	4 (16.7)
30-44	19 (43.2)	10 (41.7)
45-59	19 (43.2)	10 (41.7)
60+	3 (6.8)	-
VIC – Metro	5 (11.4)	3 (12.5)
VIC – Rural	15 (34.1)	6 (25.0)
NSW	11 (25.0)	10 (41.7)
QLD	10 (22.7)	3 (12.5)
SA	3 (6.8)	2 (8.3)
Full-time	37 (86.0)*	17 (70.8)
Part-time	6 (14.0)	7 (29.2)

*One unknown employment status

Results: Circumstances in offering a test

At Recruitment:

- GPs reported testing mostly based on symptoms and patient request despite recognizing that chlamydia was a problem in young people
- Barriers to testing included lack of time and heavy workload, lack of resources and lack of awareness of risk in patients

At Midpoint:

I think what it changed is the age group, that opened my eyes. Without ACCEPt, I would still do anyone coming in with an infection but it did open my eyes, just look at the age group. – Midpoint GP 30

- Over half reported testing based on age rather than sexual risk

Yeah, it [my comfort level] has certainly increased and I have been able to have that discussion more quickly. – Midpoint GP 42

- Tests were being offered opportunistically, and more quickly than expected
- Confidence and comfort had increased with repetition, particularly in non-sexual health-related consultations

Knowing some of the figures for the local town actually helped. In that I can say, “You know we have this ridiculously high rate of chlamydia and we are trying to get it down so I am trying to test everybody”. So they can kind of feel that they are not being singled out as someone that I feel is at high risk as well. – Midpoint GP 14

- Testing was easier with knowledge of local prevalence, increased education and with language using age as the basis for a test

I think the feedback is important because it shows you’re on track but I think having an actual person there makes it more powerful. I think you get a lot of information on new stuff you are supposed to be doing as a doctor and actually having someone who is willing to sit down with you and go, “I understand it is tricky, what can I do to help?”. – Midpoint GP 41

- Feedback was the most effective component, however this was strongly tied to a visit from the research officer. Many GPs commented that the opportunity to discuss testing enhanced the usefulness of the feedback

Conclusions: GPs report that ACCEPt has been effective at facilitating testing in general practice with the use of feedback, financial incentives, education resources, visual media and computer alerts. ACCEPt has been able to shift GP thinking from testing only symptomatic patients to testing based on age. Feedback plus a visit from the research officer emerged as the most useful facilitator.

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