Children's Hospital of Philadelphia PolicyLab

Effectiveness of a Quality Improvement Intervention to Improve Rates of Routine Chlamydia Trachomatis Screening in Female Adolescents Seeking Primary Preventive Care

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STUDY OBJECTIVE: To determine the impact of a multicomponent quality improvement (QI) intervention on Chlamydia trachomatis screening for young women in primary care. DESIGN: Observational cohort analysis. SETTING: Urban primary care site providing adolescent primary and confidential sexual health care. PARTICIPANTS: Female adolescents aged 15-19 years. INTERVENTIONS: From December 2016 to April 2018, we designed and implemented a multiphase QI intervention. The final intervention, beginning March 2017, consisted of the following at all adolescent well visits: (1) dual registration for well and confidential sexual health encounters; (2) urine collection during the rooming process; and (3) electronic health record-based prompts for chlamydia screening. MAIN OUTCOME MEASURES: Annual chlamydia screening rates before and after the intervention, with a goal of achieving a relative increase of 10%. RESULTS: There were 1550 well adolescent encounters from December 2016 to April 2018. The preimplementation chlamydia screening rate among 15- to 19-year-old female adolescents was 312/757 (41.2%) (95% confidence interval, 20.9%-61.5%). Postintervention, this increased to 397/793 (50.0%) (95% confidence interval, 28.6%-71.5%; P < .001). The clinic chlamydia test positivity rate remained stable, at 10.7% and 11.1% in the pre- and postintervention periods, respectively. There was no significant change in median visit length in the pre- (79.2 minutes; interquartile range, 59.5-103.3) and postintervention periods (80.4 minutes; interquartile range, 61.7-102.8; P = .63). CONCLUSION: This practice-based QI intervention resulted in a statistically significant 21% relative increase in annual Chlamydia trachomatis screening rates among female adolescents, without lengthening median visit time.

Journal:

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