



***"Yeah, why not?"
Evaluating the acceptability of
chlamydia testing in general practice to
young people living in rural Australia***

**Alaina Vaisey, Anna Yeung, Amie Bingham,
Meredith Temple-Smith, Rebecca Guy,
Anna Wood, Eris Smyth, Rebecca Lorch,
Michelle King, Belinda Ford, Jane Hocking
on behalf of the ACCEPt consortium**



Background



- Annual chlamydia test for patients aged 15–29 recommended in RACGP Red Book Guidelines
- Testing rate in general practice = **8.9%**¹
- **Australian Chlamydia Control Effectiveness Pilot (ACCEPt)**
 - Randomised controlled trial – aims to assess feasibility, **acceptability**, effectiveness and cost-effectiveness of a multi-faceted intervention to increase annual chlamydia testing of sexually active 16–29 year olds in general practice

1. Kong et al. 2011

27

Aims



***To evaluate acceptability of chlamydia testing and
chlamydia testing reminders to rural young people
attending general practice***



28

Methods



- Prevalence survey
- Semi-structured interviews with patients



29

Methods – prevalence survey



- Prevalence survey conducted in each participating practice after recruitment
- RA in each clinic for up to four weeks
- Participants:
 - Consecutive sample of patients aged 16 to 29 years who have ever had sex
 - 60 – 100 patients per postcode
 - Provide a specimen for chlamydia testing
 - Complete a self administered questionnaire on a hand held computer



30

Questionnaire



- Questions asked include:
 - Demographics
 - Sexual behaviour
 - Knowledge of STIs
 - Reasons for visiting GP
 - Willingness to have another test in 12 months
 - Attitudes to receiving chlamydia testing reminders



31

Methods – patient interviews



- Convenience sampling – GPs and practice nurses from ACCEPT intervention clinics ask a sample of patients who have been offered a chlamydia test for permission to forward contact details to ACCEPT
- ACCEPT staff contact patient by telephone to obtain informed consent and conduct interview
- Participants receive voucher for \$30
- Interviews recorded, transcribed verbatim and analysed thematically
- Interviews ongoing

32

Interview schedule



- Demographics
- Knowledge of chlamydia and STIs
- Information about local information and health services
- Experience of being offered a chlamydia test, receiving results, partner notification (if relevant)
- Attitudes/preferences regarding opportunistic testing
- Attitudes/preferences regarding testing reminders
- Open-ended questions regarding chlamydia testing for young people

33

Results – prevalence survey (rural only)



- 4284 participants (**3736 from rural areas**)
- Response rate = 70% (72.2% females, 66.3% males, $p < 0.01$)
- 4.6% tested positive for chlamydia ($M = 5.2\%$; $F = 4.4\%$)
- 74% of those who tested positive were attending for a non-SH reason

	Total (%)	Female (%)	Male (%)	p-value
Attending local GP	86.9	87.6	85.2	0.06
Attending for non-SH reason	84.5	80.6	94.3	<0.01

34

Results – patient interviews



- 22 interviews (16 F, 6 M)
- Conducted from November 2011 to present
- Age range 17–28
- 9 clinics from 9 towns in Vic, NSW and Qld
- 5 tested positive for chlamydia

35

Results – attitudes to chlamydia testing



	Total (%)	Female (%)	Male (%)	p-value
Willing to have repeat CT test in 12 months	85.1	87.4	78.3	<0.01

"Yeah, no it didn't worry me, they offered and I said, 'Yeah, why not?'" PT9, M

"I just think it is a good idea that you offer it because if you didn't offer it I would never have thought about asking for it just out of the blue..." PT1, F

"I would definitely recommend that because then you know you are up to scratch. You know what I mean...at least then you know you are going to get on top of something before it gets any worse." PT18, M

36

Results – attitudes to chlamydia testing



• Routine health check

"It is just good to know that you are healthy and not having a disease...I don't know the symptoms of chlamydia, so I would just do the annual thing." PT 5, M

"If I am already there for something else that makes it way more practical." PT2, F

"They tell you to get tested for bloody everything once a year so you might as well get tested for that, too." PT17, M

"I would probably just do it while I was there with a cold or something else maybe...like showing that it is a normal thing...like just getting you know like your teeth checked or something like it should be, yeah, normal." PT4, F

37

Results – attitudes to chlamydia testing



• Option rather than mandate

"It wasn't like this is chlamydia and you could have it, it was just very, like...the opportunity is here if you want to take it but if you don't it is fine." PT1, F

"I think that they would like it because you can always, they are offering, they are not saying you have to." PT8, F

"It should be positive couldn't see it being negative like you are only being asked you are not being made to do it." PT9, M

"If it is part of something that they have to do then they are probably less likely to do it whereas if they are asked like spontaneously then yeah they probably would be more inclined to do it." PT10, F

38

Results – attitudes to chlamydia testing



• Gender of clinician

"I would rather talk to a nurse because the doctors around here are all male." PT11, F

"I would rather it be a female whether a nurse or a doctor, it just has to be a female." PT6, F

"I would rather talk to a nurse, a female nurse, but if she is not available then a doctor is fine." PT8, F

"Maybe the gender...I mean, I would go to a female doctor. I wouldn't like to discuss it really with a male doctor." PT2, F

39

Results – attitudes to chlamydia testing



• Perceived cost

"Well it should be free if they want people to do it...because if it is costing money they won't want to do it." PT5, M

"I think if people think it is free they would be saying, they will be probably, 'Yeah, why not, let's get it done.'" PT15, F

"If it is not at a bulk billed clinic I am sure it would be [an issue]...just going to the doctor is quite expensive." PT7, F

"Cost is probably a big problem especially for young people...if I was to have to pay for a lot of that stuff I wouldn't be able to...even if I was worried because if you can't afford something, you can't afford it." PT8, F

40

Results – attitudes to reminders



	Total (%)	Female (%)	Male (%)	p-value
Willing to receive CT testing reminder	90.5	92.3	86.8	<0.01

"It's not like a letter telling you you have chlamydia, it is just like you know you get a letter when your Pap smear is due. Like there is nothing wrong with it." PT13, F

"It is one of those things like the time can slip by and you could think, 'Oh it has been a couple of years,'...so I think everyone should probably have that reminder every now and then." PT16, F

"A lot of young people think, 'Well that won't happen to me, that none of that will happen to me'...so if they get a reminder maybe it will make them stop and think, 'Well maybe I should go and get a test, another test.'" PT8, F

41

Results – attitudes to reminders



Reminder type	Female (%)	Male (%)	p-value
Letter to home address	46.6	25.3	<0.01
SMS	22.1	24.5	<0.01
Don't mind	8.1	11.7	<0.01
Mobile phone call	7.4	11.9	<0.01
Letter to another address	3.8	4.4	<0.01
Other	4.3	7.9	<0.01
No reminder	7.7	14.3	<0.01

42

Limitations



- Both prevalence survey and interview participants are those who are attending general practice
- Convenience sampling – interviewed patients are likely to be recruited by a GP or nurse interested in chlamydia testing
- Patients interviewed to-date have been those who have accepted an offer of a chlamydia test

43

Conclusions



- 74% of those who tested positive for chlamydia were attending for a non-sexual health reason
- Overwhelming support to being offered a test in a non-sexual health consult
- Males slightly less amenable to future testing and receiving reminders, although numbers were still quite high
- Patients trust clinicians' judgment in offering a test
- Emphasis needs to be on minimising other barriers to GPs offering the tests (time & remembering, teaching the language around offering a test)
- Female patients prefer female clinicians – shortage of female GPs in rural areas, opportunity for female nurses to play a role
- Concerns about cost can be a barrier – need to ensure patients know they are eligible for no-cost testing

44

Acknowledgements



- ACCEPt was commissioned and funded by the Department of Health and Ageing. Additional funding has been obtained from NHMRC, Victorian Department of Health and NSW Health.
- Thanks to participating clinics and patients.
- ACCEPt research staff – Anna Wood, Eris Smyth, Michelle King, Rebecca Lorch, Belinda Ford, Suzanne Cranny, Sam Sukkel, Mika Tsukiyama, Dyani Lewis, Simone Spark, Jenny Walker, Lisa Edward, Chantal Maloney, Anne Shaw, Anna Yeung, Amie Bingham
- A/Prof Jane Tomnay and the Centre for Excellence in Rural Sexual Health, University of Melbourne
- Dr Douglas Boyle and Health Informatics Unit, Rural Health Academic Centre, University of Melbourne
- Carolyn Murray, Chris Bourne and NSW Sexually Transmissible Infections Programs Unit

45

Investigators



- **Chief Investigator:**
 - Professor Jane Hickling, Melbourne School of Population and Global Health, University of Melbourne
- **Investigators (Consultants):**
 - Professor Christopher Farley, Melbourne School of Population and Global Health, University of Melbourne
 - Professor Jane Burns, Department of General Practice, University of Melbourne
 - Professor Basil Donovan, Kirby Institute, University of New South Wales
 - Professor John Kaldor, Kirby Institute, University of New South Wales
 - Professor Nicola Lint, Institute of Social and Preventive Medicine, University of Bern
 - Professor Matthew Law, Kirby Institute, University of New South Wales
 - A/Professor Meredith Temple-Smith, Department of General Practice, University of Melbourne
- **Investigators (Consultants):**
 - Dr David Hagen, Kirby Institute, University of New South Wales
 - A/Professor David Wilson, Kirby Institute, University of New South Wales
 - Mr James Ward, Kirby Institute, University of New South Wales
 - Professor John Imrie, University of KwaZulu-Natal, South Africa
 - Professor Rob Carter, Health Economics Unit, Deakin University
 - Professor Marian Pitts, Australian Research Centre in Sex, Health & Society, La Trobe University
 - Professor Anne Mitchell, Australian Research Centre in Sex, Health & Society, La Trobe University
 - A/Professor Marion Saville, Victorian Cervical Cytology Service
 - A/Professor Dorota Gerrig, Victorian Cervical Cytology Registry
 - A/Professor Lara Sanel, Department of General Practice, University of Melbourne
 - A/Professor Marie Probst, Department of General Practice, University of Melbourne
 - A/Professor Saphir Tabrizi, Royal Women's Hospital
 - A/Professor Martin Chen, Melbourne Sexual Health Centre
 - Professor Margaret Holland, Burnet Institute

46