Making patient delivered partner therapy for chlamydia feasible:
Implementation and early findings from the ADOPT study

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adopt
australian development and operationalisation of partner therapy

Introduction

- Patient delivered partner therapy (PDPT) for chlamydia increases partner treatment rates and reduces reinfection, compared with standard partner notification.[1-4]
- Two jurisdictions (Victoria and Northern Territory) have modified legislation to support PDPT but operational guidance is lacking.

Aim

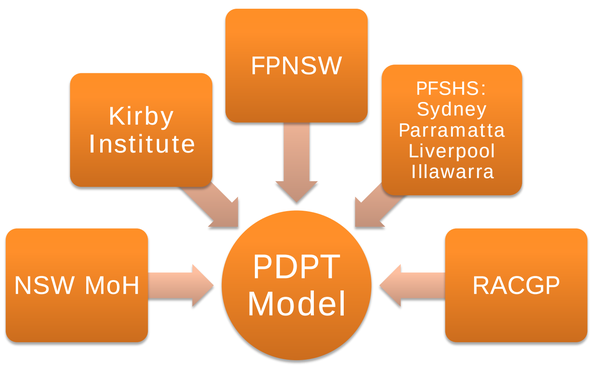
The Australian Development and Operationalisation of PDPT (ADOPT) project aims to:

- Develop and implement PDPT models tailored to different NSW clinical service settings;
- Assess acceptability of these models and;
- Evaluate their uptake.

Method

ADOPT involves four components:

1. Clarify the NSW PDPT legal and policy framework.
2. Develop and implement PDPT service models, resources and data collection tools for select publicly funded sexual health clinics (PFSHS) and Family Planning NSW (FPNSW) clinics.
3. Develop a sustainable and acceptable general practice model for PDPT.
4. Evaluate PDPT uptake and provider acceptability.



ADOPT collaboration model

Results

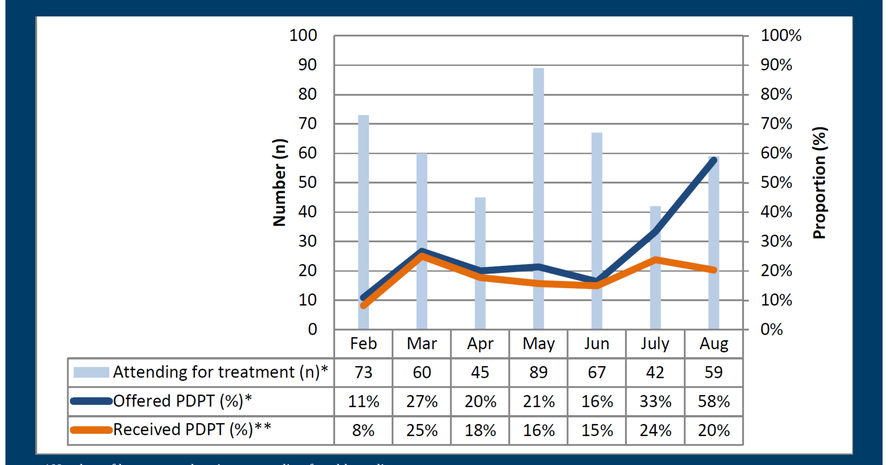
NSW legal and policy framework

- Policy, legal and professional practice issues were carefully assessed as a collaboration between researchers, regulators, policy makers and clinicians.
- PDPT can be undertaken if accompanied with provider, patient and partner information to ensure partner appropriately informed.
- For trial purposes, a time limited legislative amendment allows prescribers to record a partner's email address or mobile phone on prescriptions for azithromycin if home address is not known. [5,6]

Implementation of PDPT Service models

Development of PDPT Resources

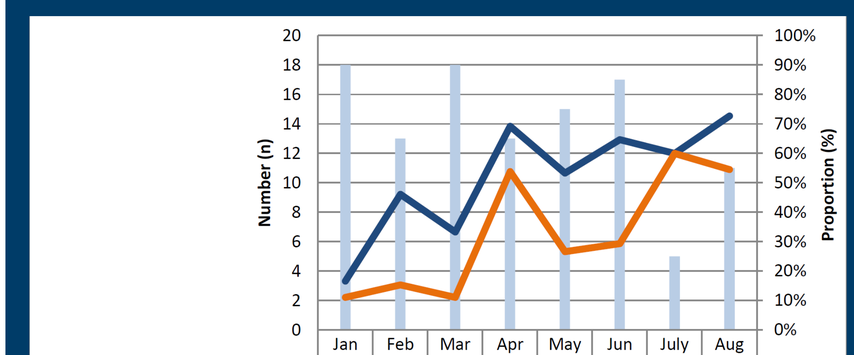
PDPT uptake in PFSHS, by month, 2016 (preliminary data)



	Feb	Mar	Apr	May	Jun	July	Aug
Attending for treatment (n)*	73	60	45	89	67	42	59
Offered PDPT (%)*	11%	27%	20%	21%	16%	33%	58%
Received PDPT (%)**	8%	25%	18%	16%	15%	24%	20%

**Number of heterosexual patients attending for chlamydia treatment*
***Proportion of heterosexual patients attending for chlamydia treatment offered PDPT*
****Proportion of heterosexual patients attending for chlamydia treatment who received PDPT*

PDPT uptake in FPNSW, by month, 2016 (preliminary data)



	Jan	Feb	Mar	Apr	May	Jun	July	Aug
Attending for treatment (n)*	18	13	18	13	15	17	5	11
Offered PDPT (%)**	17%	46%	33%	69%	53%	65%	60%	73%
Received PDPT (%)***	11%	15%	11%	54%	27%	29%	60%	55%

**Number of heterosexual patients attending for chlamydia treatment*
***Proportion of heterosexual patients attending for chlamydia treatment offered PDPT*
****Proportion of heterosexual patients attending for chlamydia treatment who received PDPT*

What have we learnt?

Who should be offered PDPT?

- Resources and education should highlight that PDPT be offered to everyone, at the same time as other treatment options.

How could nurses become more involved?

- As nurses manage the majority of chlamydia treatment, a nurse standing order for azithromycin or other authorisation to enable nurse initiation of treatment should be explored.

How can general practitioners offer PDPT?

- A number of solutions are currently being investigated to facilitate PDPT in general practice and resolve documentation in clinical systems.

Conclusion

PDPT use is improving at implementation sites. Development of a PDPT model for NSW general practice, formal evaluation of PDPT uptake and clinician focus group discussions are happening now. The trial results will inform ongoing regulation change.

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