Challenges in implementing a partner notification web tool in GP practices in the Netherlands: preliminary results of a pilot study

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How does the web tool work?

Professional logs in:
- Enters the specific STI, sex and sexual preference of index patient
- Web tool creates personal login code for the index patient with these data encrypted

Index patient
- Receives code to login
- Chooses per partner to send the notification either by sms or email, by name (default) or anonymously
- Provider referral is possible

Partners
- Receive notification from PHS (sms/email) including code
- Get advise to read the online notification
- Login with code to read Information about STI and testing

Introduction

Evaluation of an internet-based partner notification (PN) system for verified diagnoses of STI/HIV showed that in addition to current standard partner notification practice it suits especially those clients reporting more than one partner. The web tool uses an index-chosen method per partner (email, text messaging; (non-)anonymous) in STI clinics. We started a pilot project with General practitioners (GP) with www.parterwaarschuwing.nl. The web tool includes training tools for GPs and practice assistants performing STI consultations and video instructions for both GP’s and patients.

Objectives

Our aim was to evaluate the use of the web tool by GP practices as compared to STI clinics.

Methods

We evaluated use of the web tool by GPs in the pilot project from April 2014 - March 2015. Numbers of created codes per professional, and numbers/method of sent notifications as well as login's by notified partners were extracted from the notification database. Additionally an internet based questionnaire assessed acceptability of the web tool by GP’s.

Results

Use in GP practice
- 18/78 (23%) GP practice professionals used the web tool
- 11 GPs, 7 practice assistants
- Overall, 137 codes were provided to index-patients, 80% by practice assistants.
- Mean number of provided codes per professional was 7.6/9 months

Use by index patients

<table>
<thead>
<tr>
<th></th>
<th>GP N = 137</th>
<th>STI clinic N = 1010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients sending notifications</td>
<td>15%</td>
<td>30%</td>
</tr>
<tr>
<td>Number of notifications/ index patient</td>
<td>2.3</td>
<td>3.2</td>
</tr>
<tr>
<td>Sms</td>
<td>73%</td>
<td>95%</td>
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<tr>
<td>Anonymous</td>
<td>85%</td>
<td>86%</td>
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<tr>
<td>Partners who log in to see the STI they are notified for</td>
<td>52%</td>
<td>65%</td>
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Questionnaire professionals

- Professionals who are content with web tool, instructions, video’s:
  - Users 16/ 21 (76%), non-users 23/ 58 (40%)
  - Ease of login procedure and code creation: different opinions among both users and non-users
  - Most frequent reason for creating few/no codes:
    - Did not see much patients with STI
    - Patient wants to notify himself / has already done so
    - Tool is too cumbersome (n = 6)
  - 55% of users discusses partner notification more intensive through the tool compared to 30% of non-users

Conclusion

- The process of PN in GP practice is challenging.
- The web tool was less used than expected.
- Improvement of PN in GP practice can be assisted by this web tool, especially in STI consultations by practice assistants.
- Further analysis of constraints for PN are ongoing to develop a multifaceted implementation strategy and strengthen PN in general practice.

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