



MoCCA PILOT STUDY REPORT

THE PILOT:

Three general practices (1 in NSW, 2 in QLD) participated in the MoCCA pilot in 2021.

Staff at pilot clinics were asked to use MoCCA resources to support chlamydia care and give feedback via short surveys and interviews about the resources.

GRHANITE™ software (www.grhanite.com/) was installed in clinics to extract non-identifiable patient data from electronic medical records.

PART 1: SELF REPORTED CHLAMYDIA MANAGEMENT PRACTICES

20 clinicians across the three clinics completed a survey at the beginning of the pilot about their chlamydia management practices. Responses were similar across all clinics.

Most were confident or very confident in:

- Discussing a positive chlamydia test with a patient
- Supporting patients to decide on the best way to inform their sexual partners

But some reported feeling less confident in:

- Initiating a chlamydia test in a non-sexual health related consultation
- Organising a retest for reinfection
- Diagnosing pelvic inflammatory disease

When caring for a chlamydia positive patient, most GPs reported they:

- Always discuss partner management
- Always or mostly advise their patients of the need for a retest
- Always or mostly ask female patients about PID symptoms

Retesting was organised via reminder phone call, SMS or email, making a follow up appointment, or giving a pathology form

PART 2: ANALYSIS OF CLINIC PATIENT DATA

CHLAMYDIA TESTING AND POSITIVITY

Guidelines recommend regular STI testing for sexually active under 30s

- The following proportions of 16-44 year olds were tested 1 or more times per year when attending a clinic (Figure 1)
 - 2019: 1533/12534, **12.2%**
 - 2020: 1458/12373, **11.8%**
 - 2021: 1192/10428, **11.4%**
- A total of **5070** chlamydia tests for **4178** patients were requested between January 2019 and October 2021
- A higher proportion of women were tested than men
- A total of **225** patients were diagnosed with chlamydia at least once between January 2019 and October 2021
- Chlamydia positivity (Figure 2) was **5.2%** overall, **4.5%** for women and **6.9%** for men

Figure 1 Proportion of patients tested annually for chlamydia, by age group and sex

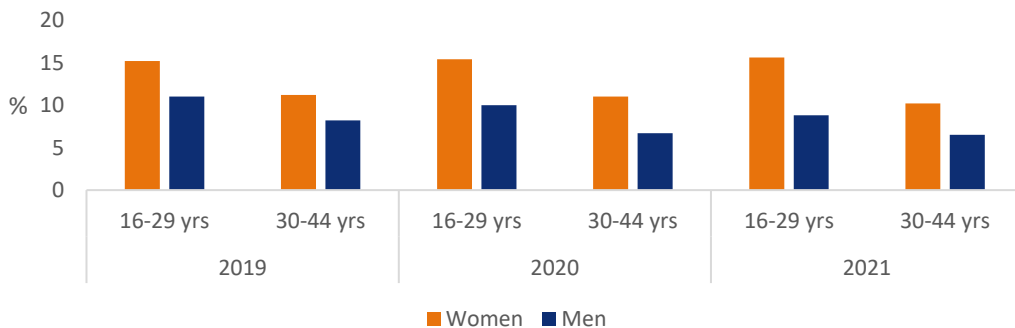
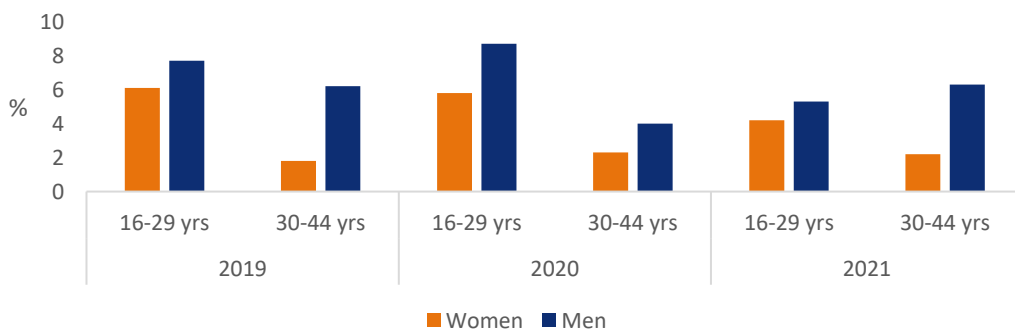


Figure 2 Proportion of patients testing positive for chlamydia, by age group and sex

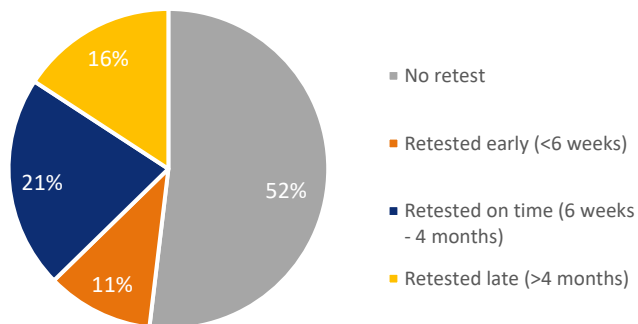


TESTING FOR REINFECTION

Guidelines recommend that patients with chlamydia are tested for reinfection 3 months after treatment

- 21.5%** (34/158) of patients with a chlamydia infection in 2019 and 2020 were retested within recommended timeframes (Figure 3)
- Retesting rates were higher for men (**24.2%**) than women (**19.6%**)
- Reinfection rates were **22.4%** overall and higher for men (**27.6%**) than women (**19.2%**)

Figure 3 Proportion of patients who received a retest (2019 and 2020 only)



PART 3: USE AND VIEWS ON MoCCA RESOURCES

WEBSITE (www.moCCA.org.au)

Used by clinicians both in and out of consultations. Some clinicians did not use the website as they forgot, or did not have a relevant consultation.

What clinicians liked

- User friendly
- Informative for inexperienced clinicians
- Accurate content
- Links to accessible, appropriate resources

I think it's a very well put together website. GP

Areas for improvement

- Difficult to search for and find
- Too wordy in areas
- Clearer website navigation needed
- Further detail about PID needed

The other thing is getting it linked in so its on other people's websites such as family planning website so that they have links through to this website as well. GP



PATIENT FACTSHEETS

Pilot clinics were provided with two MoCCA patient factsheets, one for chlamydia and the other for PID.

What clinicians liked

- PID factsheet: information about partner management and IUDs
- Content

The really important information [key steps] should be really prominent that's the information the GPs provides but the patient may not hear it properly, so to make sure they take that away that would be the key information we want them to follow. PN

Areas for improvement

- Too much detail
- Key points should be featured more prominently

I've printed it [PID factsheet] for patients and that's great it has that partner information, and love the bit that it has about the IUD. GP



CLINIC MANUAL

A clinic manual was provided to clinics that provided information about MoCCA, instructions on how to implement strategies, and further resources on chlamydia and PID management.

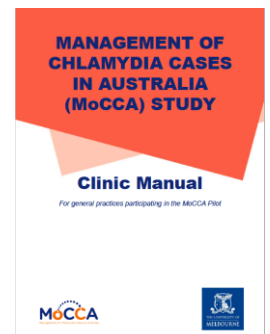
What clinicians liked

- Comprehensive
- Templates (PDPT prescription)
- Autofill instructions
- Decision flowcharts (PDPT, retesting)

I found the manual helpful for PDPT but it would be good to be able to access a printable template script for this on the website too. GP

Areas for improvement

- Layout – templates and resources move to back
- Flowcharts / templates should also be on the website
- PDPT prescription template difficult to access



About MoCCA

- The Management of Chlamydia Cases in Australia (MoCCA) project is a NHMRC funded partnership project that aims to develop and evaluate a model of care to strengthen chlamydia management in general practice particularly for partner management, retesting for reinfection, pelvic inflammatory disease diagnosis
- MoCCA resources:
 - Website (www.moCCA.org.au) that collates current information about best practice chlamydia management
 - Manual with suggestions that can be used to streamline chlamydia management and information resources for clinicians and patients

More about MoCCA

Lead investigator: Prof Jane Hocking, Melbourne School of Population and Global Health, University of Melbourne.

Partner organisations: University of Melbourne, NSW Ministry of Health, Victorian Government, Dept of Health, Queensland Health, North Western Melbourne Primary Health Network, Central and Eastern Sydney Primary Health Network, Family Planning Victoria, Family Planning NSW, True Relationships & Reproductive Health, Queensland, Victorian Cytology Service, and Sydney Sexual Health Centre.

Ethics: University of Melbourne, Medicine and Dentistry Human Ethics Sub-Committee; ID: 1954159

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