

The Need

The threat of emerging drug resistant gonorrhea (GC) obligates a robust public health assessment and assurance that medical providers are using dual treatment regimens. Treatment data in the state surveillance system were incomplete and efforts were needed to increase provider reporting and adherence.

The Plan

The Sexually Transmitted Disease Control Branch partnered with three local health jurisdictions (LHJs) to increase adherence to STD treatment recommendations, improve reporting among providers, and initiate follow up with providers who were incorrectly treating or not providing GC treatment information.

The Message

By prioritizing high volume, poorly adherent providers with both feedback on their performance and job aids that support STD treatment and reporting, all three LHJs were able to make significant improvements in GC treatment reporting and adherence.

Improvements in recommended GC treatment in three California local health jurisdictions

The Sexually Transmitted Diseases Control Branch (STDCB) at the California Department of Public Health wanted to mitigate the threat of cephalosporin resistant gonorrhea (GC) by increasing recommended treatment.

In 2013, 25% of GC cases were treated with non-standard medications and GC treatment data was missing for 54% of GC cases reported in the state of California, excluding San Francisco and Los Angeles, with variation in these measures across the remaining 59 local health jurisdictions (LHJs).

What was done?

The STDCB partnered with three priority LHJs on this evaluation activity.

- Three LHJs were prioritized based on high GC morbidity (>1000 GC cases reported per year), diverse geographic representation, baseline low levels of GC data completeness (40-52%) and low adherence to correct treatment (66-76%).
- LHJs selected providers with high GC case volume that were incorrectly treating GC cases and/or were not reporting GC treatment to the health department.
- Each LHJ contacted these providers in a variety of ways that were determined according to available local resources. The provider contact methods included letters/faxes, phone calls, and provider office visits.
- Resources given to providers included, but were not limited to, a customized provider data report, STD treatment guidelines job aids, and a poster on how to complete a Confidential Morbidity Report.

What was found?

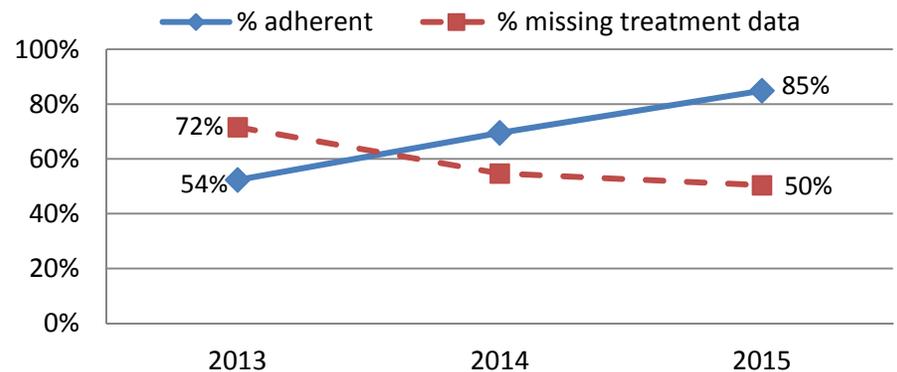
Findings related to GC treatment completeness and adherence are promising.

- All three LHJs have seen marked increases in GC treatment adherence and data completeness.
- All of the contact methods (letter/fax, phone call, and office visit) used by the LHJs had an impact on increasing treatment adherence and data completeness.

T A R G E T E D EVALUATION *spotlight*

- Within the three LHJs, reported use of adherent GC treatment increased 57% from 2013 to 2015. The percentage of GC reports that were missing GC treatment data decreased 31% from 2013 to 2015.

Figure 1. Increases in adherence and decreases in missing treatment data from the three targeted LHJs, 2013-2015



What was accomplished?

The STDCB and the three LHJs achieved a number of successes for improving appropriate GC treatment.

- Letter/fax and phone contact were found to be most feasible for ongoing efforts in terms of time commitment (15-30 minutes of staff time per contact). Provider visits were also considered to be valuable, but less sustainable over time.
- Many of the providers contacted by the LHJs responded positively and expressed appreciation for the materials and information shared during the outreach activities.

Next Steps?

In the next year, the STDCB plans to:

- Disseminate LHJ Program Outcome Measures reports focused on GC treatment completeness and adherence twice a year to local STD Controllers and program managers statewide.
- Provide technical support and materials to any LHJ interested in initiating similar interventions or evaluations.
- All resources associated with this activity are available via the STDCB program GC webpage: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Gonorrhea-ClinicalGuidelines.aspx>

2/1/2016

Created by the STD Control
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Department of Public Health