

Appendix 2: Action plan to increase uptake of STI and BBV testing among young men

This hypothetical action plan is designed to increase the uptake of STI and BBV testing among young men attending a primary healthcare service.

Chlamydia and gonorrhoea PCR testing rates among 15 to 29 year olds attending the ACCHS were reviewed by the health service management and clinical staff at a regular team meeting.

In the past three years, testing rates had increased significantly among women but remained low among men, despite the service having already identified this as an issue and conducting community and high school-based education sessions over the past two years in response. Staff believe the main reason for the low testing rates is due to young men not accessing the service; however, this is not backed up by health service data, which shows that attendance and adult health checks among young men have increased since the introduction of the targeted education sessions. The data shows that while there has been an increase in adult health checks among 15 to 30 year olds, only 22 per cent of men compared to 72 per cent of women had a diagnostic PCR test taken at that time, highlighting a big discrepancy in the uptake of testing.

At the team meeting, staff suggested a number of possible explanations for these findings:

- ▶ Young men are being offered STI testing but are refusing.
- ▶ Young men don't want to talk about sex when they present for other reasons.
- ▶ Staff feel it is inappropriate to bring up the subject of sex in the context of other presentations.

They said possible responses included conducting focus group interviews with young men to identify barriers to accessing the service and requesting testing, and an outreach program targeting those not attending high school education sessions or the clinic, or both.

While valid, these responses assumed that the gaps in testing were related to client factors alone rather than barriers within the health system or among staff. Management agreed they should first try to identify whether there were any barriers or gaps relating to staff and systems that could be addressed to increase the uptake of PCR testing among men who were already accessing the service.

Staff met to develop an action plan to improve uptake of PCR testing for chlamydia and gonorrhoea. The action plan was to form part of their broader CQI program that aimed at improving education, access and uptake of testing for both STIs and BBVs.

To keep actions simple and manageable, they focused specifically on health system and staff barriers but designed the plan to be built on over time. The roles and responsibilities of staff were clarified, agreed to and documented.

Action plan

The sexual health coordinator guided the discussion to focus on developing an action plan that covered the following key components:

- ▶ Aim: what are you trying to achieve?
- ▶ Strategies: how will you do this?
- ▶ Performance indicators: how will you measure performance?
- ▶ Target: what is your target?
- ▶ Timeframe: when will this be delivered?

Staff recorded their response in a template that also captured the responsibilities of various staff members and timeframes.

Aim: what are you trying to achieve?

To increase the uptake of PCR testing for chlamydia and gonorrhoea among 15 to 29 year old men in the context of adult health checks, and opportunistically.

Strategies: how will you do this?

Identify any current staff or health system barriers to the uptake of PCR testing among young men at the time of conducting adult health checks. Specifically:

- ▶ review the adult health check template to check that it is aligned with recommendations on the age group and frequency for STI testing and clearly prompts staff to conduct PCR testing among 15 to 29 year olds
- ▶ check that the template is not creating barriers to asymptomatic STI testing for 15 to 29 year olds, such as requiring a detailed sexual history
- ▶ conduct informal interviews with staff to explore and identify any barriers to conducting STI screening among 15 to 29 year olds, including how they are offering testing, whether they feel comfortable offering testing, what is hindering them or what could help them

Performance indicators: how will you measure performance?

KPIs will be reported in five-year age brackets (15–19, 20–24, 25–29) over a 12-month timeframe, with an interim report conducted at six months to review progress.

- ▶ Total number and percentage of 15 to 29 year old men attending the service over the timeframe who had a chlamydia and gonorrhoea PCR test
- ▶ Total number and percentage of 15 to 29 year old men over the timeframe who had a chlamydia and gonorrhoea PCR test taken at the time of an adult health check.

Target: what is your target?

To increase the uptake of PCR testing at the time of an adult health check from 22 per cent to 50 per cent in the first year, and 70 per cent in the second year.

Timeframe: when will this be delivered?

The sexual health coordinator was to report initial findings back to staff at the next team meeting in two months' time.

The sexual health coordinator agreed to the drive the action plan but reviewed the template with other team members, including the CQI coordinator and the data manager. All clinical staff involved in conducting adult health checks agreed to have a brief informal discussion with the sexual health coordinator to identify any real or perceived barriers to offering PCR testing when conducting an adult health check.

While not included in this group's plan, additional KPIs and targets that could have been added, if feasible, include:

- ▶ positivity rate: per cent of PCR tests positive by individual STI and five-year age group
- ▶ per cent of men treated appropriately within seven days and 14 days from the time of testing
- ▶ per cent of men with either chlamydia or gonorrhoea detected who were retested by PCR at three months (between 2 to 4 months after treatment)
- ▶ per cent of men tested by PCR who also had syphilis and BBV testing at the time of the adult health check and/or at follow-up of a positive test result
- ▶ checks of whether positive test results and treatment were being entered correctly in order to prompt a follow-up PCR test in three months.

Findings

The sexual health coordinator reported the findings at the next team meeting:

- ▶ The adult health check template had a tick box to indicate that sexual health had been discussed but did not specify that a chlamydia and gonorrhoea PCR test should be taken.
- ▶ There were no age parameters (15 to 29 years) around the sexual health component in the adult health check to identify which age group should routinely be offered testing.
- ▶ The pre-printed pathology forms for tests included in an adult health check did not include chlamydia and gonorrhoea PCR.
- ▶ There were no prompts in the HIS for six-monthly PCR testing among 15 to 29 year olds.
- ▶ Some staff said they asked the target clients whether they wanted an STI check but the men had always declined; others had a good response rate.

Digging deeper, staff were asked specifically how they approached the subject to determine whether the deciding factor was the gender of the practitioner or the way in which testing was offered.

Outcomes

The findings identified that the template and pathology forms should be updated to ensure PCR testing was specified for adult health checks for 15 to 29 year olds, as recommended.

The team concluded that the way in which testing was offered to young men, rather than the gender of the practitioner, was likely to be impacting the results in the context of adult health checks. They believed that using an opt-off rather than opt-on approach was more likely to lead to consent to testing in the future.

Proposed changes to the adult health checks would need to be approved by the health service management and implemented by the data manager or HIS support.

Staff agreed to in-service training on how to offer STI testing in a simple, easy way using an opt-off approach that would make the offer of testing more acceptable to clients and themselves, and lead to an increase in the uptake of testing.

The sexual health coordinator agreed to review PCR testing with adult health checks at six months after implementation to measure performance and report back to staff.

Evaluation

The six-month review of PCR testing and discussions with staff showed that the proportion of 15 to 29 year old men having PCR testing at the time of an adult health check had increased from 22 per cent to 45 per cent and that PCR testing has been done by all (rather than a few) staff members. While there was still room for improvement, the results showed movement in the right direction. During the feedback session at a team meeting, staff also reported that the in-service training had given them more knowledge and confidence to offer testing for STIs and BBVs in a way that led to uptake, both as part of an adult health check and opportunistically at other visits.

The male staff also reported they had noticed young men asking more questions about issues relating to STIs and BBVs when they brought up the subject. Unfortunately, they did not always have more information at hand to give them.

This feedback prompted the sexual health coordinator to review whether STI/BBV resources available in the waiting room and clinic rooms were up-to-date and appropriate for the young men attending the service, and to obtain more up-to-date resources from relevant organisations on current issues such as the syphilis outbreak and hepatitis C treatment.

