

Embracing Youth.... the key to GPs and PNs driving down STIs

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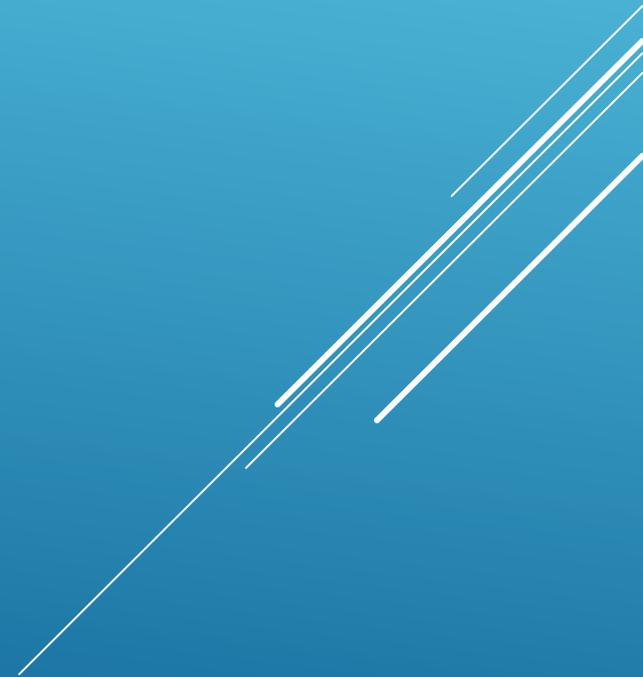
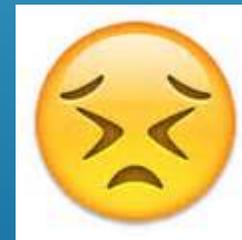
Hunter New England Central Coast Primary Health Network



The problem – Sexual Health in our region



- Chlamydia is the most common bacterial sexually transmissible infection (STI) in Australia
- Highest rates of infection being young people aged 20-24 years
- Despite GPs and PNs being aware of the prevalence of STIs there were common themes and barriers attributing to low screening rates



Our region is on fire

- From 2009-2013 annual chlamydia notifications in the Hunter Region were found to have increased by 28%



↑ 50% Gonorrhoea

↑ 68% from males

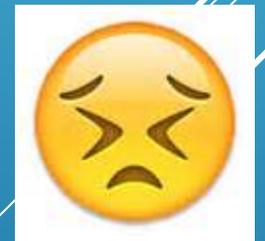
- Gonorrhoea notifications from same Local Government Area as Chlamydia



Where To Start:



- In 2014 Family Planning NSW began partnering with the Primary Health Organisation for a local strategy to address STI notifications; the high rate of morning-after pill use, *Early Fertility* (teen pregnancies) and terminations
- Preliminary findings from the work done by Family Planning NSW identified that barriers to access for youth in the age cohort of 15-29 years *could have* been a contributing factor
- Teens were interviewed by FPNSW and common barriers to accessing youth services were identified
- When consulting with GPs and PNs common barriers were identified for low STI screening rates – interestingly these were very different to the barriers identified by young people





Approach: Quality Improvement in General Practice



- Increase screening of Sexually Transmitted Infections (STIs);
- Quality Improvement (QI) activity;
- 40 CAT 1 QI & CPD **Points** allocated from RACGP;
- Four month duration; EOs were sought from interested GPs and followed up with MOU agreements with the Primary Health Organisation
- Whole of practice approach/involvement;
- Model For Improvement (MFI) and Plan Do Study Act (PDSA) cycles to implement and measure QI activities were utilised





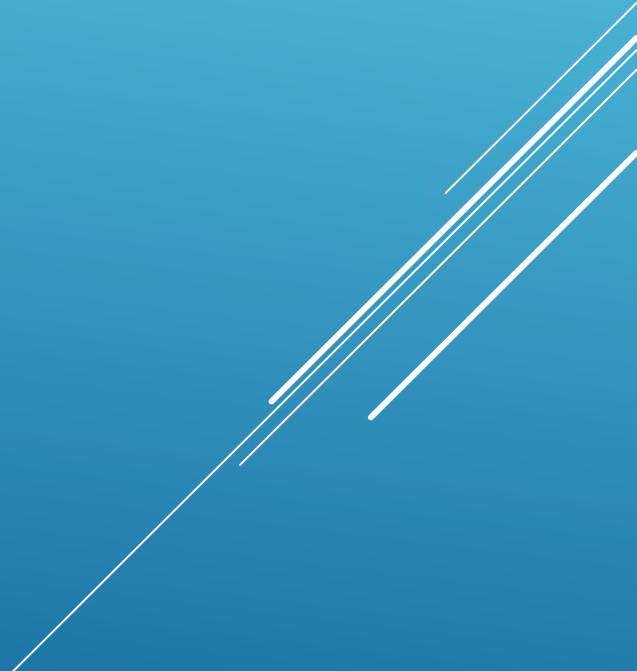
SEXUAL HEALTH PDSA PROPOSAL

Hunter New England Local Health District

NATIONALLY: Chlamydia is the most common bacterial sexually transmissible infection (STI) in Australia. Notifications have nearly quadrupled in the past decade, with over 82 000 cases diagnosed in 2013.¹ It is most prevalent among men and women aged between 15 and 29 years

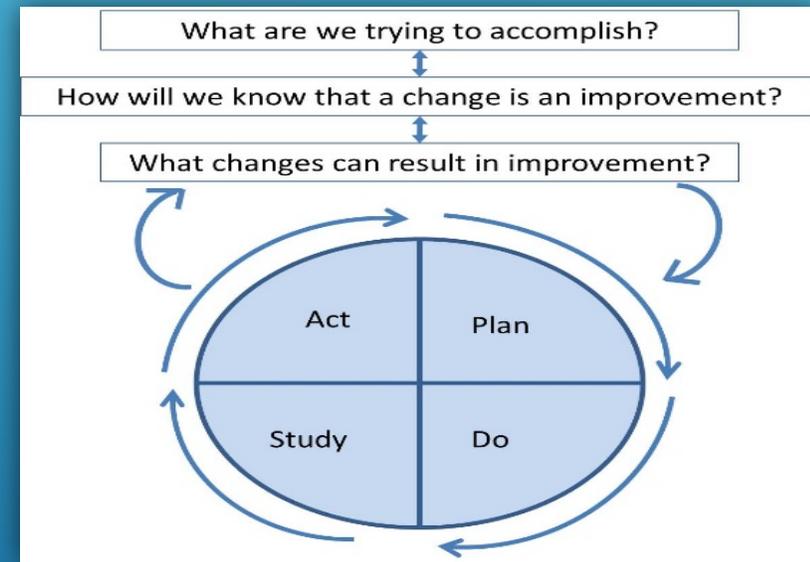
who accounted for 79% of diagnoses for the whole population in 2013.¹

SEXUAL HEALTH PDSA PROPOSAL: HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT (HNELHD) has the second highest rate of chlamydia in NSW.



The QI Cycles

- Practices participated in 3 PDSA cycles over 4 month project
- Cycle 1: practices were asked to reflect on their patient population demographics with specific attention to the number of patients who attended their practice in the age cohort of 15-29 years
- Cycle 2: practices were encouraged to participate in the NSW Kids & Families Youth Friendly Practice Review
- Cycle 3: clinicians were assisted to review their screening patterns by number of screens attended as well as number of males vs females screened for the month





Consistent themes uncovered



All practices were surprised by the number of patients that attended their practice in the age cohort of 15-29

GPs were uncomfortable discussing sexual health
When the patient presented for simple assessment of
Sore throat or painful ankle

Occasions of service in the practice
For this age cohort was much higher
Then the number of screens attended each month

Patients were unsure of the actual confidentiality of their results

Clinicians routinely screened females more often than males

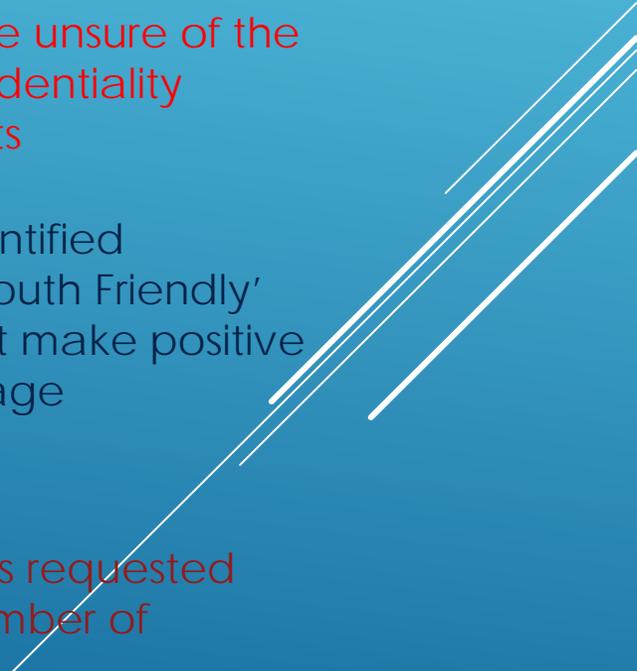


Practices self-identified they were not 'Youth Friendly' and could in fact make positive changes to engage youth better

Lack of awareness of current screening methods

Screening was not routinely done in Surgery; patients often sent to pathology offsite creating another barrier to compliance for screening

Number of screens requested did not match number of results received



appendix three

Youth Friendly Practice Review

Use this checklist to assess the "youth-friendliness" of your practice.

Circle the appropriate answers:

a. Practice Staff

1. Receptionist staff have a friendly and non-judgemental approach to dealing with adolescent patients	Yes	No	Unsure
2. Practice staff respect adolescents' privacy and confidentiality	Yes	No	Unsure
3. Practice staff have received training on adolescent health issues or dealing with young people	Yes	No	Unsure
4. Practice staff are sensitive to the needs of young people from other cultural backgrounds	Yes	No	Unsure
5. Practice staff have received training on cultural competency or dealing with young people from a CALD background	Yes	No	Unsure

b. Practice Environment

6. The waiting area has a youth-friendly and welcoming environment for young people	Yes	No	Unsure
7. There are pamphlets and posters displayed in the waiting area dealing with youth-specific health issues	Yes	No	Unsure
8. There are youth-oriented reading materials in the waiting area (e.g. surfing/car/music magazines)	Yes	No	Unsure
9. Posters and resources aimed at specific cultural groups (e.g. CALD, gay and lesbian, indigenous young people) are displayed in the waiting area	Yes	No	Unsure
10. The practice's confidentiality policy is displayed in the waiting area	Yes	No	Unsure

c. Practice Administration

11. The practice has a written policy for dealing with young people – covering issues such as confidentiality, consent, crisis calls and billing procedures, etc.	Yes	No	Unsure
12. The practice has a simple information sheet for young people on: how to obtain a Medicare card; making appointments; services a GP can provide; etc.	Yes	No	Unsure
13. Practice staff inform adolescent patients of their entitlement to apply for their own Medicare card from the age of 15	Yes	No	Unsure

14. Practice staff provide Medicare application forms and assist the young person with filling out the application	Yes	No	Unsure
15. There are flexible appointment booking procedures for young people	Yes	No	Unsure
16. Waiting times for young people are kept to a minimum	Yes	No	Unsure
17. Longer consultation times are provided to young people where necessary	Yes	No	Unsure

d. Promoting Access

18. Confidentiality is clearly explained to young people (verbally or via written materials) when they first present	Yes	No	Unsure
19. Adolescent patients are bulk-billed	Yes	No	Unsure
20. Crisis referrals are accepted	Yes	No	Unsure
21. Young people without a Medicare card are accepted	Yes	No	Unsure
22. Drop-in appointments are accepted	Yes	No	Unsure
23. The practice opens at hours convenient for young people – e.g. late afternoon, evenings, weekends	Yes	No	Unsure
24. GPs in our practice promote their services to local youth services, schools, etc.	Yes	No	Unsure
25. GPs follow-up when referring young people to other services	Yes	No	Unsure

e. GP Consultation Style

26. GPs explain confidentiality to each new adolescent patient	Yes	No	Unsure
27. GPs have received training in adolescent health and consultation with young people	Yes	No	Unsure
28. GPs adopt a culturally sensitive approach to dealing with young people from diverse cultural backgrounds	Yes	No	Unsure
29. GPs use a non-judgemental and empathetic communication style with young people	Yes	No	Unsure
30. GPs encourage young people to make their own decisions	Yes	No	Unsure
31. GPs consult the young person on the best way to contact them for follow-up, test results, etc.	Yes	No	Unsure

How 'youth friendly' is your practice?

Discuss the findings of this review with your practice staff to identify ways of making your practice more youth friendly.

Part of this review has been adapted from the Keep Yourself Alive project, of the SA Royal Australian College of General Practitioners, 1998.

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative

NSW Kids and
Families Youth
Friendly Practice
Review



Key Outcomes



Empowering Youth

- Offering a fully bulk billed sexual health screen increased uptake of appointments
- In-house specimen collection
- Update of resources accessible in the practice that were targeted at youth and youth issues
- Visual prompts and conversation starters for youth to start talking about sexual health
- Confidentiality campaign and changes in practice systems to ensure patient's safety and visual display of confidentiality
- Access to Youth Friendly websites and promotion of these sites to access clinically relevant information



IS THIS PATIENT 15-29?
OFFER A FREE STI SCREEN

Computer prompt added to
clinician's computers

Did you know that most sexually transmitted infections (STIs) occur in young people under 30? That could be you.

As a young person it is really important to look after your health.

You're between the ages of 16 to 29 years of age; there are three things you can talk to your Doctor or Practice Nurse about:

Sexual Health

STIs can affect anyone who is sexually active. Many STIs have no symptoms with 76% of chlamydia cases found in young people. That means you could have an STI too.

While you're here, why not get tested? It is a **free** quick and simple test. Don't be embarrassed, your doctor has heard it all before and it's **completely confidential**.



Visit the [Play Safe](http://www.playsafe.health.nsw.gov.au) website for more information

www.playsafe.health.nsw.gov.au

Do you want to be tested today?

Please take one and show this to your Practice Nurse or Doctor!



CONVERSATION STARTERS

- Resource developed by one of the participating practices. This resource was placed on waiting room notice boards and on the back of public toilet doors.
- Patients could simply hand the small tear off "play safe" icon and hand this to their GP or PN as a conversation starter

Key Learnings

- Through implementing the PDSA cycles the primary care project team supported practitioners and their teams to implement SUSTAINABLE changes in the practice to increase STI screening rates
- Project data has shown screening patterns are more frequent for young women; a shared focus of the project was for sustainable change in increasing STI screening rates for young men
- The 'youth friendly survey' self-assessment encouraged practice teams to reflect on billing processes, waiting room environments, availability of youth friendly resources, confidentiality and cultural awareness
- Clinical practice staff recognised the need to add Sexual Health and STI screening to their clinical meeting roster
- Youth will openly discuss sexual health and participate in STI screening if the process is *facilitated* in the General Practice setting where they feel safe and *if they know* their confidentiality is respected

A poster with a black background and green text. On the left, a large green speech bubble contains the text 'WE KEEP IT ZIPPED' in bold, black, uppercase letters. Below the speech bubble is a cartoon rabbit character with a zipper for a mouth. The text on the poster reads: 'We provide a confidential service for young people'. Below this, it says: 'Generally, NSW Health workers will talk to you before sharing information you have given them with other people or organisations. But if they think you or someone else is at risk of significant harm or if they have any concerns about your safety, welfare or wellbeing, they may have to share the information with other people without your permission.' Further down, it says: 'For more information about confidentiality and your health rights and responsibilities, you may:'. Below this are four bullet points: '- Speak to a health worker', '- Refer to the 'We keep it zipped' pocket-sized card at the counter', '- Visit www.kidsfamilies.health.nsw.gov.au', and '- Refer to the 'NSW Health Privacy Leaflet for Patients' (www.health.nsw.gov.au)'. At the bottom, there are logos for 'NSW KIDS + FAMILIES', 'NSW GOVERNMENT', and 'Health'. A QR code is in the bottom left corner.