

IS CHLAMYDIA TESTING IN GENERAL PRACTICE SUSTAINED WHEN FINANCIAL INCENTIVES OR AUDIT+FEEDBACK ARE REMOVED: A CLUSTER RCT

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Background: Financial incentives (FI) and audit+feedback (AF) are often used to improve general practitioner (GP) performance. In the Australian Chlamydia Control Evaluation Pilot (ACCEPt), a cluster-randomised controlled trial (RCT), GPs in the intervention arm received a FI of \$5-\$8 per chlamydia test and a quarterly AF report of their chlamydia testing rates for 16-29 year old patients. The objective of this present study was to examine the effects of removal of these measures on chlamydia testing rates.

Methods: At the end of the ACCEPt trial, we designed a new 2X2 factorial cluster-RCT. ACCEPt intervention clinics were re-randomised to four arms: remove AF/retain FI, remove FI/retain AF, remove both AF and FI, or retain both FI and AF. The main comparisons were: removal vs. retention of FI and removal vs. retention of AF. The primary outcome was the absolute difference in chlamydia testing rates (proportion of 16-29 year old patients tested for chlamydia within a 12-month period) at year 2 compared with baseline, estimated using mixed-effect logistic regression models accounting for clustering at the clinical level.

Results: 55 clinics were re-randomised. Chlamydia testing decreased from 20.0% to 11.7% in clinics with FI removed and from 20.1% to 14.4% in clinics that retained FI, with no evidence of a treatment effect between arms (difference=2.6%; 95%CI: -0.1, 5.7). Testing decreased from 20.8% to 11.5% in clinics with AF reports removed and from 19.7% to 14.8% in clinics that retained AF, with a larger reduction for removal than for retention of AF (difference=4.4% (1.1, 7.8)).

Conclusion: Chlamydia testing rates declined in all clinics after the end of ACCEPt. Chlamydia testing rates fell more when quarterly audit+feedback reports were removed than when financial incentives were removed. Policy makers and clinicians should be aware of the challenge to sustaining chlamydia testing uptake in GP clinics.

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