

## RESEARCH BASED TEMPLATE

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### **Using interventions that align with clinical workflow to strengthen chlamydia management: findings from an implementation and feasibility trial in Australia**

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#### **Background:**

Chlamydia control increasingly focuses on best practice management of diagnosed cases, with the goal of reducing reinfection and risk of complications. The Management of Chlamydia Cases in Australia (MoCCA) Study focused on strengthening chlamydia management in general practice via development and implementation of a multi-faceted intervention that integrated with clinical workflow. Our intervention comprised a website, clinical documentation shortcuts, evidence-based how-to articles and patient factsheets.

#### **Methods:**

This non-randomised feasibility trial was implemented in 14 general practice clinics in Victoria, New South Wales and Queensland. Following researcher-supported set-up, clinicians were asked to use intervention components over 12-months. We conducted semi-structured interviews with clinicians (GPs, nurses) to assess implementation success. Deidentified clinical data for 16–44-year-old patients were analysed to assess impact on retesting and diagnosis of pelvic inflammatory disease (PID), comparing a 12-month pre-intervention and intervention period.

#### **Results:**

More patients tested for chlamydia during the intervention (18.0%, n=9703/54008, 5% positive) compared to pre-intervention (17.2%, n=7670/44607, 4.6% positive). Retesting within appropriate timeframes (2-4 months after a positive test) was higher during the intervention period (23.1%, n=75/324) than pre-intervention (18.1%, n=42/232, absolute difference = 5.0%, 95% CI -2.1, 12.1). Adjusting for gender and clinic location (metropolitan/non-metropolitan), retesting for 16–25-year-olds increased during the intervention (adjusted RR 2.12, 95%CI 1.43, 3.15). More women were diagnosed with PID during the intervention (n=766, 19.08 per 1000) compared to pre-intervention (n=542, 16.90 per 1000). Interviewees (GPs=26, nurses=7) reported that the intervention was compatible with general practice. Clinicians using the intervention reported improvements in their quality, time-efficiency and continuity of chlamydia management, as well as patient communication.

#### **Conclusion:**

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MoCCA supported improved management of chlamydia infections, including timely retesting, partner management, and PID diagnosis. Our study demonstrates the importance of developing interventions that align with existing clinical workflow to support their ongoing use.

### **Disclosure of Interest Statement:**

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