

Screening Coverage in Washington Family Planning Clinics, 2005

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Objectives

- Assess chlamydia testing coverage among women seen at family planning clinics, 2005
- Explore factors related to CT coverage
- Describe clinic variation in coverage
- Compare screening coverage results with proposed CDC IPP performance measure
- Introduce FPAR and its use with CDC IPP performance measure

Why screening coverage--Some history

- For women, disease is (inversely) associated with age
- Program goal: screen all young women
- Screening criteria are an important part of IPP
- We knew there were women being tested for chlamydia who did not meet IPP screening criteria—and states have focused on addressing this resource issue

- **But were there young women who met our criteria—and yet were not tested?**
- Early analyses (2004) done in Region X on chlamydia screening coverage before it was a CDC/DSTDP focus
- 2007 CDC IPP draft performance measure
 - Screening coverage among female FP clients aged 15-19 years

But first...

- What is chlamydia screening coverage?
- For a clinic, agency or state...screening coverage is:
clients tested for chlamydia divided by the total # of clients...times 100
- CT screening coverage expressed as a percentage of a client population
- Coverage can be calculated for various client sub-populations (age group, race, etc.)

- Early screening coverage analyses from 2004

Methods for Estimating Chlamydia Screening Coverage Among Women Attending Family Planning Clinics

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Objective—Early Analyses

- To present a method using aggregated clinic level data to estimate screening coverage in clinics where unique patient identifiers are not available

- **Data source:** Idaho health district sites have centralized information systems with unique patient identifiers that can link data from different sources within the system:
 - Family planning census data
 - Data collected for ALL women seen in the clinic include:
 - Unique patient identifier
 - Date of visit,
 - Type of visit (*Initial Exam, Annual Exam, Other Medical Reason Visit*)
 - Chlamydia prevalence monitoring data
 - Data collected for women who were screened for chlamydia include:
 - Unique patient identifier
 - Date of chlamydia test

Data—Prior Analyses

- Sites: 22 family planning clinics in Idaho
- Study Population: 15,497 women aged 15-24 years
- Created patient-level data files from IPP and Title X FP (CVR) systems
- Merged files and assessed coverage

Results: Clinic-level screening coverage for females aged 15-24 years in 22 Idaho family planning clinics, 2002
Unique Patient Identifiers Used

Type of Visit	Average Clinic Screening Coverage	Range
All type of visits	59%	32% - 73%
Initial Exam	78%	50% - 93%
Annual Exam	74%	49% - 90%
Other Medical Visit	36%	6% - 63%

Back to the present...

- On-going analyses with WA FP clients seen in Title X sites during 2005

Methods

- WA Family Planning—part of Region X CVR data system
 - Client visit file generated for CY 2005
 - Selected variables relevant to screening coverage
- **IPP WA FP screening criteria:**
 - All female clients age 24 or younger, annually
 - From the project manual: “Women 24 and under should be tested at least annually when undergoing a pelvic examination.”
- Analyzed WA FP client patient file (aggregated from CVRs)
 - Given past work and screening criteria, focused on female clients aged 24 or younger

- Why use FP CVRs rather than IPP data?

clients tested for chlamydia divided by the total # of clients...times 100

- IPP data sets, by definition, have client visits where there was a chlamydia test
- IPP data sets do **not** have records of client visits where there was **no** chlamydia test

Data

- WA FP visit data, 2005
 - 131,829 female visit records, aged 24 or younger
- WA FP patient data, 2005 (aggregated)
 - 76,282 female patients
 - ◆ Using clinic and patient ID numbers jointly
 - ◆ Age 24 or younger
 - Selected clinics with coverage > 20% and test volume >25 patients—sample reduced to 60,004
- Measures used
 - CT test done
 - Visit type
 - Demographics—age, race/ethnicity

Limitations

- Patient ID—clinic-based
 - We know that for some geographic areas, patient mobility is significant
 - Goal: to assess variation in coverage across clinics
- FP data system identifies if a CT test was done, but this information is distinct from laboratory test result data for patients and clinics
- Critical task: check consistency between FP and IPP data systems—validation

Patient Data

- Visit data were aggregated to the patient-level
 - Unique client ID's allowed summarizing each patient's 2005 visit activity
 - 60,004 female patients
- Age & race distribution comparable to visit data
- Visit totals ranged from 1 – 14 visits in 2005
- CT tests per client ranged from 0 – 11
 - 11? Our analyses are still 'in process'

Patients and visit activity--2005

Measure	Percent
Number of visits	
1 FP clinic visit	60%
2	21%
3	10%
4	5%
5	2%
6 – 14 FP clinic visits	1%

CT testing by visit activity—2005

Measure	% CT test done
Number of visits	
1	32%
2	53%
3	60%
4	64%
5	73%
6	82%
7+	87%

Patient visit types and CT test done—2005

n=60,004 patients

Measure	Percent
Visit type, any	
Initial	11%
Annual	24%
Other medical	69%
Counseling only	2%
Pregnancy test	21%
Visit type, any initial or annual	35%
Chlamydia test done	43%

CT testing by visit type—2005

Measure	% CT test done
Visit type, any	
Initial	84%
Annual	81%
Other medical	41%
Counseling only	47%
Pregnancy test	21%
Visit type, initial or annual	
Yes	82%
No	21%

CT testing by visit type--Summary

- 35% of patients had an initial or annual exam
 - 82% had a chlamydia test in 2005
- 65% of patients did **not** have an initial or annual exam
 - 21% had a chlamydia test in 2005
- IPP guidance: test annually when pelvic exam is done...how to define this statement and reconcile with resource issues and CDC's general guidance

Clinic Chlamydia screening coverage

Moving from a patient/client data set to a clinic data file...

Clinic CT screening coverage for each site is calculated as:

clients tested for chlamydia divided by the total # of clients...times 100

WA 2005 patient-level analyses (women, 24 or younger at sites where coverage was >20%) involved 51 FP clinics

Patient data and clinic CT coverage

- Among the 60,004 female clients age 24 or younger who attended the 51 clinics in the sample:
- Clinic-level CT coverage ranged from 23% to 86%
- Clinic-level CT coverage averaged 44%
- CT positivity ~6.5%

Clinic-level CT screening coverage 2005

Measure	Percent
Clinic screening coverage	
< 40%	37%
40% - 49%	45%
50% or higher	18%

Patient data and clinic CT coverage in female clients aged 15-19 years

- Proposed CDC IPP performance measure
- Looking at total patient census aged 15-19 years in our CVR aggregate patient data set (n=27,017)
 - Clinic CT coverage ranged from 23% to 83%
 - Average clinic CT screening coverage was 44%
 - State-wide CT coverage was 40% of clients
- If we used the total 15-19 female client population—including all sites regardless of their IPP involvement or data collection issues...coverage was 33%

A simpler answer?

- Instead of all these customized analyses, do we have an existing reporting system to address the FP CT coverage measure?
- **Title X Family Planning Annual Report**
 - Multi-year national program monitoring effort
 - Common set of tables describing the Title X client population
 - FPAR reports will soon be online
 - One question: **Have we looked under ‘the rock?’**

FPAR

- Using FPAR data states/grantees have the potential to generate clinic summary results for CT screening coverage among female clients aged 15-19 years (CDC performance measure)
- Assess variation in screening coverage
- Analyze factors associated with coverage
- Provide guidance to clinics on improving performance
- Engage CDC in
 - Benchmarking CT coverage
 - Resource distribution decisions

FPAR and CT screening coverage

- WA chlamydia screening coverage based on FPAR 2005 reports
 - All female clients aged 15-19 (CDC performance measure)
 - Screening coverage using tables 1 and 11: **33%**
 - Consistent with our **total** CVR data file
- Why different from our estimate of 44%?
 - We excluded sites that are clearly not coding 'CT test done' or are no longer in IPP

FPAR Issues

- Before we can have confidence in using FPAR to address CT screening coverage...
Have we looked at how FPAR data are collected and coded (look under the rock)?
 - Which clinics are in FPAR; which ones in IPP
 - How do clinics operationalize Title X
 - Documentation of 'CT test done' in CVR
 - Compare FPAR and IPP test volume—clinic by clinic
 - Clarify possible data issues at the local level
 - Consider 'sentinel sites' for coverage analyses
 - ◆ Use of common unique patient identifier
 - ◆ Access to local client data bases

What if...

- We've calculated coverage with
 - FP CVRs and customizing analyses
 - Title X FPAR reports (which are based on CVRs)
- What if...we use FP CVRs, but also select sites based on those clinics that are included in the IPP data?

- FP CVRs from 38 clinics with 25 or more clients and sites that are also in IPP and clients age 24 or younger
- CT clinic-level coverage averaged 33%
- Coverage ranged from 0% to 63%

Clinic-level CT screening coverage 2005...for 38 clinics with IPP and FP data

Measure	Percent
Clinic screening coverage	
< 10%	21%
20% - 29%	3%
30% - 39%	27%
40% - 49%	40%
50% or higher	8%

- Given 21% of clinics with coverage less than 10% but with significant IPP data...
 - there is a problem with completing CVRs indicating that a chlamydia test was done
- Alternate strategies are possible, but technically complex
- Caution: Know the details in and under our data

- Questions and comments?

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