

Sharing Laboratory Cost Data to Improve Clinic Adherence to Selective Screening Criteria

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Background

- Washington State Infertility Prevention Project (IPP) switched from non-amplified to amplified *Chlamydia trachomatis* (CT) testing in 1997
- The new test method was more than twice the cost of the prior technology
- About 15% of specimens processed were from women who did not meet Region X selective screening criteria (SSC)
- **Issue: Address excess costs associated with specimens that did not meet SSC**

Intervention

- Identify clients that do not meet SSC and inform clinics of the costs to program to test these lower-risk women
- Establish billing systems at IPP public health laboratories
- Bill clinics for tests on patients who do not meet SSC

Timeline

- 1998 Analyze clinic-level adherence to screening criteria
- 1999 Inform clinics of their cost of testing ineligible clients (those tests outside of SCC)
- 2002 Begin billing clinics served by State PH Lab
- 2004 Begin billing clinics served by Spokane HD Lab

Determining Costs

- IPP lab slip captures all variables to determine compliance with SSC,
 - All records stored in Region X data system
- Number of women tested and # who did not meet SSC was calculated for each clinic
- Cost per test was calculated by each of 2 project labs (State PHL and Spokane Regional lab)

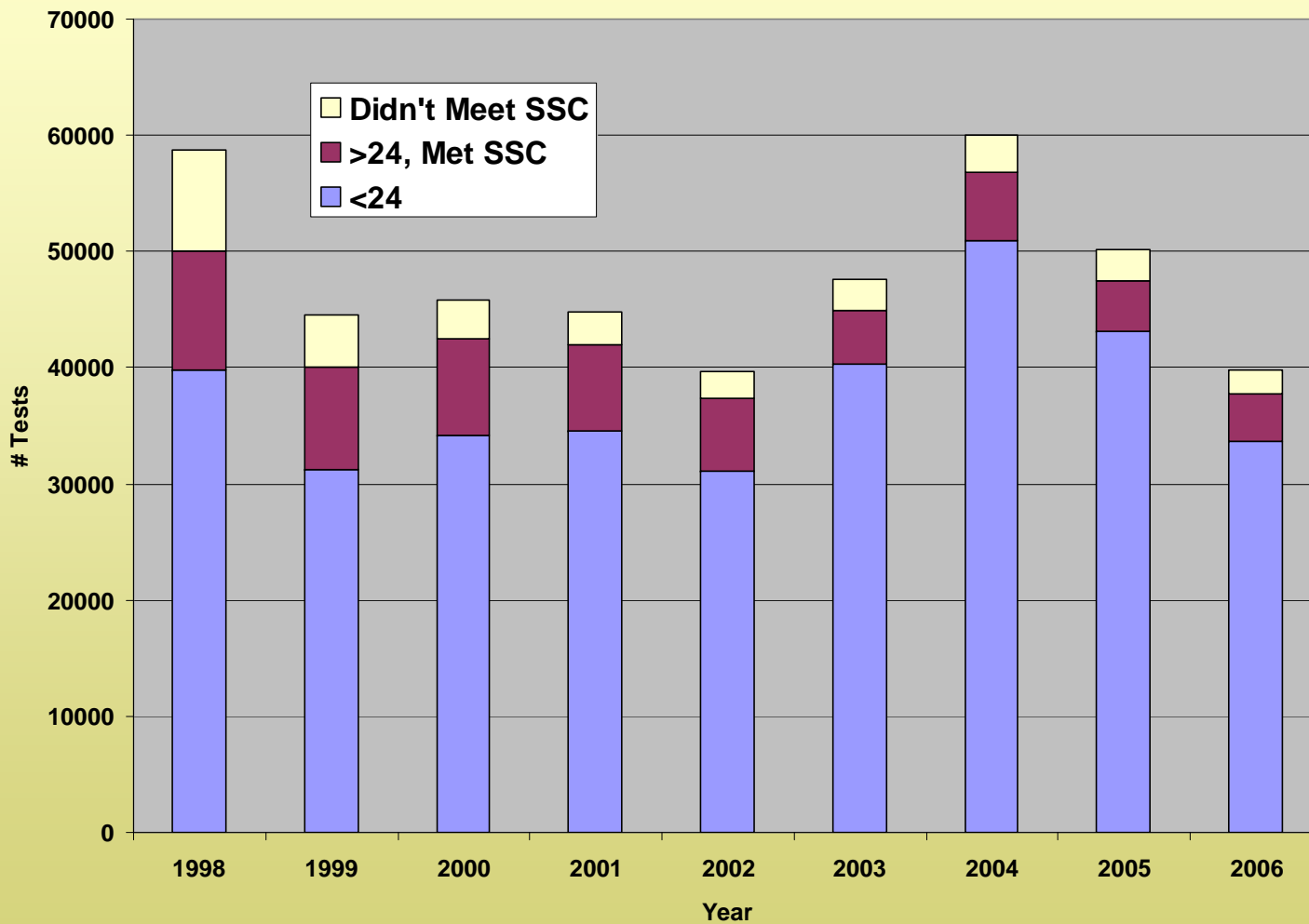
Communicating Costs to Clinics

- Letters with clinic-specific data were mailed to each clinic/agency
- Letter included:
 - Rationale for SSC
 - Superior performance of new test method
 - Funding constraints
 - # and % of tests that didn't meet SSC in 1997
 - Cost/test and total cost of testing ineligible women
 - Notification that billing might occur in the future
- A copy of the SSC and a poster to help ID age <25 were enclosed

Results

- Percent of female tests that did not meet the selective screening criteria decreased from 15% to 5%
- Greatest change occurred after clinics were informed of the cost of screening women outside the SSC and before billing began
- Ineligible tests continue to comprise about 5% of all IPP testing at selective screening clinics

Proportion of Tests That Met SSC, 1998-2006



Unanticipated consequences

- Information alone led to improved SSC compliance
- Initiating billing for tests that did not meet SSC also allowed us to bill for testing in excess of overall allowed volume
 - Subsequently, some clinics significantly reduced their test volume
- Reduction in CT coverage among higher risk women (aged 15-24 years)???
- No clinics have dropped out of IPP because we started billing them

Acknowledgements

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- Clinics participating in IPP