IPP Data Presentations

Austin, TX

October 2006

Screening Coverage in Louisiana Family Planning Clinics, 2005

David Fine
Center for Health Training

Lisa Longfellow
Louisiana STD Program

Objectives

- Assess FP clinic compliance with state screening policy
- 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

Methods

- LA FP information system
  - Client visit file generated for CY 2005
  - Selected variables relevant to screening coverage
- Infertility Prevention Project LA FP screening criteria:
  - All female clients—initial, annual or re-open visit
- Analyses completed on:
  - LA FP client visit file
  - LA FP client patient file (aggregated)

Data

- LA FP visit data, 2005
  - 116,685 female visit records
- LA FP patient data, 2005 (aggregated)
  - 57,539 female patients*
    - *using clinic and patient ID number jointly
- Measures used
  - CT test done
  - Visit type
  - Demographics—age, race/ethnicity

Limitations

- Unique patient ID—state-wide
  - We incorporated clinic number in the patient ID…why?
  - Goal: to assess variation in coverage across clinics
  - For clients who visited multiple clinics, how do we apply their CT testing across sites?
  - If using unique patient ID without clinic ID, then there would have been about 1% fewer patients
  - General issue: How good is the unique ID system across LA? (How good is it in any state?)
- FP data system identifies if a CT test was done, but this information is distinct from laboratory test result data for patients and clinics
  - Need to check consistency between FP and IPP data systems

Results—Client Visits

n=116,685

Measure	Percent
Age Categories	
10-14	2%
15-19	22%
20-24	33%
25-29	20%
>29	24%
Race	
White	39%
Black	58%
American Indian	1%
Asian/Pacific Islander	<1%
Hispanic	2%

Measure	Percent
Visit type	
Initial	10%
Fast track	<1%
Annual	26%
Re-open	3%
Nurse re-visit	47%
Medical re-visit	12%
Chlamydia test done	38%

Visit type and Chlamydia testing

Measure	% CT test done
Visit type	
Initial	89%
Fast track	<1%
Annual	93%
Re-open	89%
Nurse re-visit	1%
Medical re-visit	16%

Patient Data

- Visit data were aggregated to the patient-level
  - Unique client ID's allowed summarizing each patient's 2005 visit activity
  - Selected clinics with 100 or more patients, 2005
    - 9 clinic ID numbers (323 patients) excluded from analysis

- 57,539 female patients
- Age and race distribution comparable to visit data
- Visit totals ranged from 1 – 13 visits in 2005

Patients and visit activity--2005

Measure	Percent
Number of visits	
1 FP clinic visit	49%
2	24%
3	12%
4	8%
5	5%
6 – 13 FP clinic visits	2%

CT testing by visit activity—2005

Measure	% CT test done
Number of visits	
1	68%
2	79%
3	80%
4	84%
5	92%
6-13	93%

Patient visit types and CT test done—2005

n=57,539 patients

Measure	Percent
Visit type, any	
Initial	20%
Fast track	1%
Annual	52%
Re-open	7%
Nurse re-visit	53%
Medical re-visit	20%
Any initial, annual, re-open visit	77%
Chlamydia test done	75%

CT testing by visit type--2005

Measure	% CT test done
Visit type, any	
Initial	96%
Fast track	16%
Annual	91%
Re-open	91%
Nurse re-visit	66%
Medical re-visit	70%
Nurse assessment	37%

Measure	% CT test done
Any initial, annual or re-open visit	
Yes	94%
No	13%

CT testing by visit type--Summary

- 77% of patients had an initial, annual, or re-open visit in 2005
  - 94% had a chlamydia test in 2005
- 23% of patients did **not** have an initial, annual, or re-open visit in 2005
  - 13% had a chlamydia test in 2005
- Clinics appear to be implementing state IPP screening policy

CT testing & state policy—more details

- Among clients with an initial, annual or re-open visit
  - Young women (10-14) are less likely to be tested (80%) compared to women 15+ (~93%)

- Among clients **not** seen for initial/annual/re-open
  - No age group differences in CT testing (11% - 13%)

Clinic Chlamydia screening coverage

For a clinic, agency or state…

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

- CT screening coverage expressed as a percentage of a clinic's client population

- Coverage can be calculated for various client sub-populations (age group, race, etc.)

Patient data and clinic CT coverage

- Looking at the **total patient census** (regardless of the number or type of visits)
  - Clinic-level CT coverage ranged from less than 50% to 86%
  - Clinic-level CT coverage averaged 72%
- Clinic % CT coverage and clinic proportion of visits as initial/annual/re-open were highly correlated (0.92)
- The higher the proportion of initial/annual/re-open visits, the higher CT screening coverage

Clinic-level CT screening coverage 2005

Measure	Percent
Clinic screening coverage	
< 50%	8%
50% - 69%	19%
70% - 79%	39%
80% or higher	34%

n=79 clinics

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

- Proposed CDC IPP performance measure
- Looking at the total patient census aged 15-19 years
  - Clinic CT coverage ranged from 32% to 86%
  - State-wide CT coverage was 74% of clients

- Looking at LA IPP FP policy (2005)
- Selecting female clients aged 15-19 years who had an initial, annual, or re-open visit:
  - Clinic CT coverage ranged from 50% to 100%
  - State-wide CT coverage of this patient group: 93%

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

- If patient unique identifiers not available, or problematic, in a health program, then how useful is clinic **visit** data?

- Looking at total patient visit records for female FP clients aged 15-19 years
  - Clinic CT coverage averaged 37% with a high of 48% of clinic **visits**

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

- Looking at initial, annual, or re-open **visits** among female clients aged 15-19 years:
  - Clinic CT coverage averaged 90%
- Visit data that cannot be aggregated to the patient level will be challenging to use in estimating coverage
  - Unless there is a decent way to estimate who would be screened based on visit type or services
  - Needs historical data to make those estimates

What does it all mean?

- In Louisiana they do what they say
- Screening coverage closely reflected state FP program screening criteria policy…
  - minus some unknown ‘flex’—particularly among very young clients aged 10-14 years seen for initial, annual or re-open visits

- LA IPP FP screening policy and CDC performance measure:
  - Implementation of 2005 LA screening criteria of female FP clients aged 15-19 years resulted in CT coverage of **74%**

- Unique patient identifiers—either within a FP clinic or a statewide system—are needed to generate the true clinic chlamydia screening coverage level
- Critical to assess technical issues in going from FP client visits to FP client summaries
- Need to evaluate FP service indicators (CT test done) vs. IPP lab test totals
- State FP programs provide client summary data to OPA via the FPAR—Family Planning Annual Report

- 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

What does it all mean, really…

- FPAR data tables generally summarize FP unduplicated client statistics
- FPAR is a **program** data system—for Title X Family Planning
  - For many clinics, all patients are Title X patients
  - For some clinics, Title X is a part of the clinic census
- FPAR 2005 reports should be online…soon
  - CDC coverage performance measure could be calculated from FPAR Tables 1 and 11—no problemo
  - But do FPAR data reflect IPP activity?
  - Coordination at state level between FP, STD, Epidemiology, etc. to assess clinic-level variation

- Therefore, the key question in assessing the accuracy of CT screening coverage using existing program summary tables is:
- How do states, FP agencies and clinics generate patient summary data?
  - Who is included in the clinic Title X calculation?
  - How accurate is the measure ‘CT test done’?
  - How is the patient identifier used—local or state?