Leveraging a Patient Portal System to Increase Adherence to Chlamydia and Gonorrhea Retesting Within a Community-Based Health Center Theresa Huynh BSN, RN-BC, ONC

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Introduction

chlamydia and/or gonorrhea.

Increase number of patients using the patient portal within 3 months. Increase retesting rate of patients diagnosed with chlamydia and/or gonorrhea post-treatment with patient portal reminder messages within 3 months. Methods **Design**: Quality Improvement Study Setting: Community-based health center in Newark, NJ Sample: 19 patients who are English speaking, over the age of 18, have access to the center's patient portal, & have been treated for chlamydia and/or gonorrhea at the center; only 13 received reminder message **Measures:** Distribution of pamphlets that serve as guides for patient First portal registration & navigation to all patients who enter Stage of facility for appointments Project • Reviewed charts of patients between June- September 2021 that met the inclusion criteria. Second into data abstraction tool. Stage of Eligible study subjects received a retesting reminder Project retesting appointments were made after first message.)pic Retesting appointment information of test results & ces of symptoms were also entered into data abstraction tool. ertility Analysis: Descriptive statistics used to depict sample & explain frequencies & quantities of study variables Intervention # of Message Sent Pre-Intervention costs. 1st reminder message 13 n per 10/20) 2^{nd} reminder message (11/5) 12 ting Post-Intervention **References & Contact Information** ery 3-6

STI	United States	New Jersey	Essex Co
Chlamydia	1,808,703	31,393	6,064
Gonorrhea	616,392	9,973	2,362

the magnitude of **4 million** and **1.6 million cases**, respectively.

- Insufficient retesting rates
- Stigmatization of sexually transmitted infections
- Limited access to healthcare services
- Knowledge deficits

A quality improvement project evaluating the effectiveness of patient portal reminder messages in increasing post-treatment retesting rates of individuals diagnosed with Background & Significance **Reported Cases of Chlamydia & Gonorrhea** True prevalence of chlamydia and gonorrhea is estimated to be in **Factors Influencing Prevalence of Infections** Suboptimal number of screenings and diagnostic testing **Adverse Health Complications of Infections**

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Chlamydia	 Females: Pelvic inflammatory disease, ector pregnancy, tubal infertility, increased chance HIV Males: Epididymitis, reactive arthritis, infertility
Gonorrhea	 Females: similar symptoms to Chlamydia infection, urethritis, cervicitis, conjunctivitis Males: Epididymitis & urethritis
• Lifetime c chlamydia gonorrhea	Financial Implications financial burden of \$679 million in medical c ost of \$364 for women and \$30 for men per case versus \$354 for women and \$79 for men case. t Guidelines for Screening & Retesti

Screenings	Females: Frequent screenings for high-risk, sexually active females Males: Screening for individuals in high STI prevalence and annual testing for MSM every 3-6 months if high-risk
Retesting	3 months following diagnosis and treatment of Chlamydia and/or Gonorrhea

DNP Chair: Peijia Zha, PhD, MA DNP Team Member: Jeffrey Kwong, DNP, MPH, ANP-BC, FAANP, FAAN

Objectives

References: Please scan QR code for



Contact **Information:** Please scan QR code for email address

DNP Team Member: Corey DeStefano, Director of Research at community-based health center in Newark, NJ

- Electronic copy sent to patients with email addresses on file
- Data was de-identified & pertinent information was entered
- message via patient portal. A second message was sent if no

jes	# Retested	Retesting Rate
	6	31.58%
	7	36.84%
	9	47.37%
	10	52.63%

Percentage of Patients Percentage of Patients Registered for Patient: 0.06% Registered for Patient: 0.08% Portal Pre-Intervention Portal Post-Intervention Patient Portal Pamphlets Increased Registration Rate by 0.02%

36.84%

Retesting Rate Pre-Intervention: **31.58%** (6 of 19) Total Retesting Rate Post-Intervention: **52.63%** (10 of 19) Retesting Rate Increased by **21.05%** post intervention Retesting Due to Intervention: **15.79%**

Conclusion: Reminder messages delivered through a patient portal system is an effective method in increasing STI retesting rates within 3 months of treatment. Limitations:

- message intervention.

Implications:

- between providers and patients to achieve optimal health outcomes.

Results

Chlamydia & Gonorrhea Retesting Rates



Retested Without Intervention (7 out of 19)

Retested From Intervention (3 out of 19)

Did NOT Retest (9 out of 19)

Discussion

Limited sample size that was eligible for the reminder

Short timeframe to deliver retesting reminders due to modifications made to original reminder message. Inconsistent use of the patient portal by patients led to many of the reminder messages being missed.

Economic Benefits: Cost-effective method of increasing retesting rates since patient portal is already a part of the health center's daily operations with no additional fees to use. Patient Care: Patient portal usage helps increase patient engagement which can help improve management of health. Healthcare Policy: Supports the current screening & retesting guidelines established by the CDC & USPSTF. *Clinical Practice:* Promotes a collaborative partnership