

# Information for General Practices

## MoCCA Study

MoCCA is a NHMRC project to develop a model of care to strengthen chlamydia management in general practice, particularly for improving partner management, retesting for reinfection and pelvic inflammatory disease (PID) diagnosis. In 2019 MoCCA researchers sought views of health consumers and general practice staff to understand how chlamydia is managed and support needed. Based on our findings, we developed and piloted a model of care. We will now evaluate the model for its feasibility and acceptability in general practice in Victoria, New South Wales and Queensland.

### What is the MoCCA model?

MoCCA involves a website (<https://www.moCCA.org.au>) and resources to support best practice chlamydia management as outlined in Australian guidelines including:

- Testing and treatment
- Diagnosing PID
- Retesting for reinfection
- Partner management (notification and treatment)

The MoCCA website includes relevant weblinks (eg. guidelines), resources for GPs and patients (eg. postal test kits), and work processes (eg. autofills to help document the consultation). We will work with clinics for 12-18 months to implement and use the interventions and examine their implementation, uptake, and impact on chlamydia outcomes.

### What will participation in MoCCA involve?

Participating general practices will be reimbursed \$2000. Signed consent<sup>1</sup> for the clinic is required from the Practice Head. A practice champion will be established as the main study contact and to help set up MoCCA processes.

GPs and other relevant staff will be asked to<sup>2</sup>:

- Attend one or more clinic meetings (video or face to face) and receive quarterly email study updates
- Use MoCCA website / resources for chlamydia care (as relevant) and liaise with researchers about any issues
- Pass a survey flyer to patients with chlamydia or PID
- Provide feedback about MoCCA interventions via brief optional polls in MoCCA emails or via short interviews

	Establish MoCCA (Up to 6 months)	MoCCA operation (12 months)			
		3	6	9	12
Introductory meeting, establish practice champion	X				
Establish and implement MoCCA work processes	X				
Use MoCCA interventions, pass survey flyers to relevant patients		X	X	X	X
Quarterly email updates and brief optional anonymous polls		X	X	X	X
Interviews (optional) about using MoCCA interventions (approx. 30 minutes)		X			X

<sup>1</sup> Consent to MoCCA is for clinic participation. Clinic consent covers installing a data extraction tool (GRHANITE™) on a practice computer to collect electronic non-identifiable patient data that will be used to measure chlamydia positivity and retesting practices.

<sup>2</sup> Whilst using MoCCA resources is encouraged, the level of involvement is at each clinician's discretion. Individual consent will be sought for interview participation.

## Why is MoCCA needed?

**Chlamydia trachomatis** is the most commonly diagnosed bacterial sexually transmissible infection worldwide. In Australia over 100,000 chlamydia infections were diagnosed in 2019, affecting 1 in 20 young people. Chlamydia can have serious complications; 17% of cases lead to pelvic inflammatory disease (PID) equating to over 30,000 cases yearly in Australia. Untreated PID can lead to infertility in women. Chlamydia screening is widely promoted to reduce chlamydia transmission and the risk of PID.

**Chlamydia reinfection** rates among Australian women are high (22% per year) and this is a worry because the risk of PID is up to 4 times higher in women who become re-infected. This highlights the importance of preventing re-infections. Notifying and treating the sexual partners of a person diagnosed with chlamydia can help prevent re-infection.

**General practice** is a crucial setting for chlamydia control because most chlamydia cases in Australia are diagnosed here. However, recent evidence from the Australian Chlamydia Control Effectiveness Pilot study showed that in addition to testing, we need to improve the management of chlamydia once diagnosed.

The key strategies of effective **chlamydia management** are enhanced partner management, timely retesting after treatment and diagnosis of complications.

## About MoCCA

**Lead investigator:** Prof Jane Hocking, Melbourne School of Population and Global Health, University of Melbourne.

**Partner organisations:** University of Melbourne and NSW Ministry of Health, Victorian Government, Dept of Health, Queensland Health, North Western Melbourne Primary Health Network, Central and Eastern Sydney Primary Health Network, Sexual Health Victoria, Family Planning NSW, True Relationships & Reproductive Health, Queensland, Victorian Cytology Service, and Sydney Sexual Health Centre.

This study has been approved by the University of Melbourne, Medicine and Dentistry Human Ethics Sub-Committee; ID: 22665

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### Further information:

#### About MoCCA:

- Dr Jane Goller or Dr Jacqueline Coombe
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- Website: [http://bit.ly/mocca\\_study](http://bit.ly/mocca_study)

#### About GRHANITE™

<https://www.grhanite.com/>

Further information about GRHANITE™ will be provided during communication with general practices interested in participating in the MoCCA study.

**References:** Davies B, et al. J Infect Dis. 2014;**210**(Suppl 2): S549-S555. Hocking JS, et al. Lancet. 2018;**392**:1413-22. Price M, et al. Health Technol Assess. 2016;**20**(22). Unemo M, et al. Lancet Infect Dis. 2017;**17**(8): e235-e279. Walker J, et al. PLOS ONE 2012; **7**(5): e37778.