Patient Delivered Partner Treatment for Chlamydia: The California Experience
CDC EPT Stakeholders Consultation
March 2-3, 2005

Summary
Since January 1, 2001, medical providers in California have been allowed by law to provide patients diagnosed with chlamydia infection with antibiotics to treat their partners. Implementation has been somewhat hindered by the inability to use Medicaid funds for reimbursement (for partners not enrolled). A 2002 provider survey demonstrated that PDPT, although commonly used, is not without its detractors. An ongoing clinic-based evaluation is assessing the effectiveness of partner services for chlamydia in family planning settings.

Legislative Background
Prior to 2001, prescribing medication without a good faith exam was a violation of the Medical Practice Act.

> **Medical Practice Act – Physicians and Surgeons:**
> (Business and Profession Code, Division 2. Healing Arts, Chapter 5. Medicine, Sections 2000 – 2521.)
> 2220.05. .. (3) Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances, or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith prior examination of the patient and medical reason therefor. However, in no event shall a physician and surgeon prescribing, furnishing, or administering controlled substances for intractable pain consistent with lawful prescribing, including, but not limited to, Sections 725, 2241.5, and 2241.6 of this code and Sections 11159.2 and 124961 of the Health and Safety Code, be prosecuted for excessive prescribing and prompt review of the applicability of these provisions shall be made in any complaint that may implicate these provisions.
> ..
> 2242. (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without a good faith prior examination and medical indication therefor, constitutes unprofessional conduct.
> ;;
> 2242.1. (a) No person or entity may prescribe, dispense, or furnish, or cause to be prescribed, dispensed, or furnished, dangerous drugs or dangerous devices, as defined in Section 4022, on the Internet for delivery to any person in this state, without a good faith prior examination and medical indication therefor, except as authorized by Section 2242.

The impetus for policy change originally came from managed care organizations (MCO) that participated in California Chlamydia Action Coalition. MCO directors wanted to eliminate legal barriers to PDPT for chlamydia. PDPT was already supported by many local STD controllers, however local public health policy varied between jurisdictions.

To allow PDPT in California, the strategy selected was to create a specific exception to the Medical Practice Act in the regulatory code. The rationale for the exception included: high morbidity, association with PID and infertility, risk of reinfection from untreated partners, effectiveness of PDPT for reducing reinfection, and safety of the treatment.

SB643 was introduced by Senator Ortiz in February 1999, amended May 2000, and enacted in the fall of 2000. The STD Control Branch provided technical assistance. California STD

Controllers and others lobbied. Although the original proposal was limited to female patients, language was later made gender neutral. The new language in the Health and Safety Code was adopted effective January 1, 2001.

Changes to the Health And Safety Code:
120582. (a) Notwithstanding any other provision of law, a physician and surgeon who diagnoses a sexually transmitted chlamydia infection in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The department may adopt regulations to implement this section.
(b) Notwithstanding any other provision of law, a nurse practitioner pursuant to Section 2836.1 of the Business and Professions Code, a certified nurse-midwife pursuant to Section 2746.51 of the Business and Professions Code, and a physician assistant pursuant to Section 3502.1 of the Business and Professions Code may dispense, furnish, or otherwise provide prescription antibiotic drugs to the sexual partner or partners of a patient with a diagnosed sexually transmitted chlamydia infection without examination of the patient's sexual partner or partners.

Implementation of PDPT

Medical providers were notified of this legal status change via newsletter articles (e.g., California Medical Board Action Alert sent to all licensed physicians) and educational presentations (e.g., grand rounds, CA PTC courses) and through numerous partner organizations (e.g., California Family Health Council, California Chlamydia Action Coalition).

Official guidelines for implementation were developed in collaboration with the local STD controllers and other partners and released June 2001. This 9-page document summarized the legislative changes, optimal implementation, rationale, and references. Sample patient education materials were also included. The complete document is available at www.stdhivtraining.org.

Summary of PDPT Guidelines

- First-choice strategy: Attempt to bring partners in for evaluation and treatment
- Most appropriate patients: Females with male partners
- Diagnosis: Laboratory-confirmed genital chlamydia infection without co-infection with gonorrhea or other complications
- Most appropriate partners: Males who are uninsured or unlikely to seek medical services
- Medication: The law does not specify, but recommended medication is Azithromycin (Zithromax*) 1 gram (250 mg tablets x 4) orally once
- Number of doses are limited to the number of known sex partners in past 60 days
- Educational materials must accompany medication
- Patient counseling: Abstinence until 7 days after treatment and until 7 days after partners have been treated
- Evaluation: Recommend re-test patients for chlamydia three to four months after treatment
- Adverse reactions: Does not protect provider from liability, as is the case for any medical treatment. Report to 1-866-556-3730 (toll-free)

A significant barrier to PDPT turned out to be the inability to get Medicaid reimbursement. Because partners of Medicaid enrollees are generally not enrolled themselves, payment for their medication would be considered fraudulent under current Medicaid policy. After discussion with state Medi-Cal and Family PACT, Medi-Cal submitted to the Centers for Medicare and Medicaid Services (CMS), formerly HCFA, a statement of intent to begin providing PDPT and claim federal matched funding "as part of the proper care to provide in treating Medi-Cal beneficiaries." The exception was denied.

Payment for PDPT for these clients is out-of-pocket. Coverage has been provided by public clinics and some private medical groups and MCOs. In addition, some county Medi-Cal providers developed alternate mechanisms for reimbursement.

Medi-Cal Proposes to Aid Sex Partners

Health: Campaign against chlamydia infection allows doctors to forgo exams, prescribe drugs. State seeks federal approval of payment.

By CHARLES ORNSTEIN
LOS ANGELES TIMES STAFF WRITER

February 19, 2002

State health officials are seeking to squelch a dramatic rise in chlamydia infections by expanding the role of public health insurance and altering the doctor-patient relationship.

The Medi-Cal program is proposing to pay for drugs to treat the sexual partners of beneficiaries infected with chlamydia, one of the most common sexually transmitted diseases. Medi-Cal, which serves California's poor and disabled, has never before paid for any treatment of non-beneficiaries.

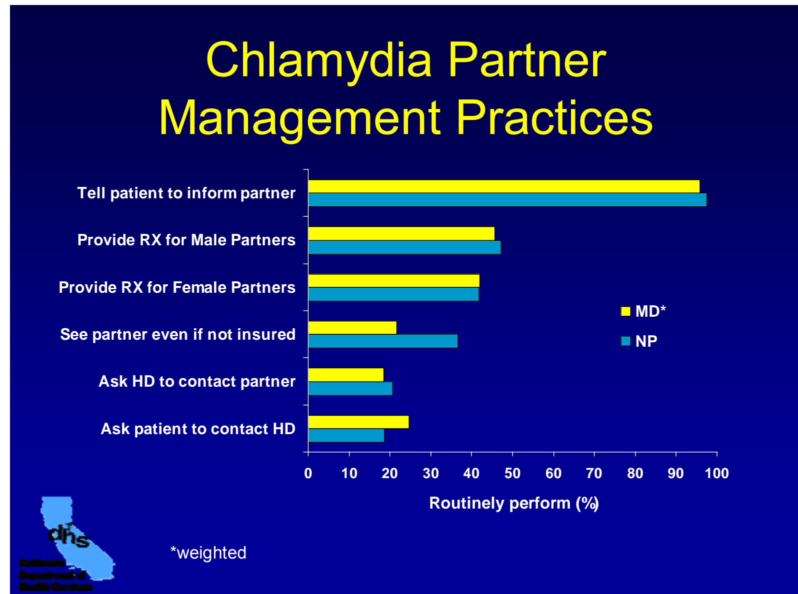
Evaluation of PDPT

Evaluation of the impact of the PDPT legislation is ongoing and includes provider and institutional surveys, administrative data analysis, and a clinic-based assessment of patient and partner outcomes.

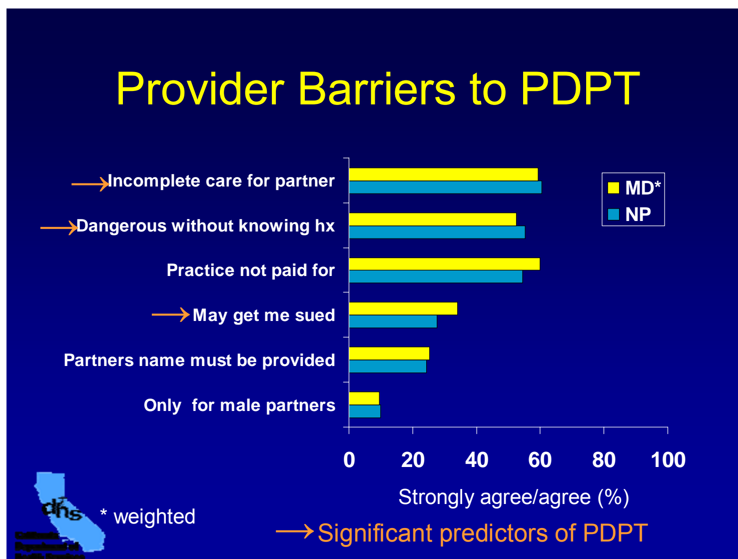
Results of 2002 California Primary Care Provider Survey

- Goal: to understand the attitudes and practices of medical providers related to chlamydia care.
- Method: cross-sectional self-administered survey mailed of stratified random sample of physicians in family practice, general practice, internal medicine, ob/gyn, pediatrics, and adolescent specialists; and nurse practitioners.

- Respondents included 708 physicians (49% response rate) and 895 NPs (63% response rate).
- Nearly half of physicians and NPs stated that they usually or always provide medication for partners.



- Over 80% of respondents agreed that PDPT protects patients from reinfection and that PDPT helps provide better care for patients with chlamydia.
- Barriers to using PDPT included:
  - May result in incomplete care for the partner (59% of MDs; 59% of NPs)
  - May be dangerous without knowing partner's medical/allergy history (56% of MDs; 55% of NPs)
  - May not be reimbursed (62% of MDs; 54% of NPs)
  - May get them sued (36% of MDs; 28% of NPs)



PDPT Adverse Events Hotline: No reports of adverse events (as of February 2005).

Chlamydia Partner Services Evaluation

- Goal: To assess the barriers and facilitators to using PDPT in clinical settings; assess client participation in PDPT; and evaluate the disposition and treatment of partners of women with chlamydia infection.
- CDC supplemental funding and collaboration (Lauri Markowitz & Eileen Dunne)
- Current settings: 6 family planning clinics. Potential expansion to MCO settings.
- Female CT cases recruited for phone interview regarding partner treatment; partner interviews when possible.
- The project will evaluate the proportion and characteristics of females provided PDPT and those provided self-referral as well as what proportion of partners are effectively treated with either strategy.
- No preliminary data (n=50 enrolled).

Potential Future Directions

Future directions include expanded implementation, evaluation, and policy changes. These activities focus on medical institutions, providers, patients and their partners.

Examples include:

- Survey of MCOs in California regarding what they are doing at the policy level to support and encourage PDPT. Barriers to implementation at the plan level could also be identified.
- Continue to explore alternative reimbursement mechanisms for Medi-Cal and Family PACT clients.
- Continued communication to medical providers regarding legality of PDPT. Information to counter misconceptions and address barriers to PDPT.
- Determine how clinicians assess patients for PDPT. Are guidelines being followed? What criteria are used to deliver different partner services?
- Assessment of prescribing practices via pharmacy data on prescriptions for chlamydia infection (e.g., double/triple doses of azithromycin, combined doxy/azithro, etc.).
- Evaluation to determine whether education and/or structural interventions improve provider use of PDPT.
- Administrative and laboratory data analysis of re-screening rates and reinfection among patients given PDPT.
- Legislative expansion to other STDs.

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