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Supplementary Material

Facilitators and barriers to adopting a multifaceted chlamydia management intervention in general practice: qualitative findings from Management of Chlamydia Cases in Australia (MoCCA)

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Supplementary material

MoCCA 3-month interview schedule for clinic staff

Introduction

- Name and role
- Thank you for agreeing to this interview. Have you had a chance to look through the PLS? Do you have any questions before we begin?
- Your clinic has been participating in the MoCCA study over the past few months. To get the study going, we worked with some staffin your clinic (eg. PM / PN) to set up some MoCCA resources that can be used by clinical staff to support management of patients with chlamydia. Such as a website and documentation templates. We also had a MoCCA start meeting to explain MoCCA resources and how they can be used.
- The purpose of this interview is to gain feedback on the MoCCA study so far, including how MOCCA was set up and about MoCCA resources (how are they being used, are they useful). We are also interested to see if anything can be improved in terms of implementing MoCCA and the resources.
- I have a list of questions which break MoCCA down into smaller parts, as I would like to ask you a lot of details, but feel free to speak about anything that relevant to your clinicand MoCCA that you would like to raise. Depending on your role and involvement with MoCCA, some questions may be less relevant to you.
- During the interview, you're welcome to share your screen to show me any resources you'd like to refer to.
- With your consent, I will record the interview. Once I start recording, I will ask some questions so we have your verbal consent recorded.
- Recordings are kept on a secure University of Melbourne server. We will not use your name or any identifying information about you in any publications that arise from these interviews. Is it ok if I record the interview?
- Do you have any questions before I start the interview?

Turn recording on

VERBAL CONSENT

I've started the recording. Just with a yes or no, can I confirm that:

- The study has been explained to you (by me or another researcher). Y/N
- You understand you are free to decline to answer any questions. Y/N
- You agree to having this interview recorded and transcribed? Y/N
- No --> see if OK to proceed with interview while taking notes
- You understand that you are free to ask for the recording to be turned off at any time, terminate the interview or withdraw from this aspect of the study without giving a reason. Y/N
- You are happy to participate in the interview. Y/N

If answered NO to any of these - clarify and/or discontinue interview

DEMOGRAPHIC QUESTIONS

I'll just take a couple of details about you before we start the questions:

- Year of birth
- Gender identity
- Current role in clinic
- About how long have you worked as a GP/ PN / PM in Australia?

If in a clinical role

- Do you have any extra training or a special interest in sexual and reproductive health?
- Is chlamydia testing a part of your role?
 - Yes --> can you give me an idea of how often you test a patient for chlamydia?
 - No --> can you tell me why (e.g. nurse, see a low risk patient cohort)
- In the last 3-4 months, can you recall if you have diagnosed any patients with chlamydia?

• Yes --> approx.. how many? [OR can you estimate how many per week]

Interview questions

Overall impression

- 1. How has participating in the MoCCA study been so far?
 - a. For you and your own practice (if clinician)
 - b. For your clinic
- 2. What's your overall impression of being involved in the MoCCA study so far?
 - a. Has this changed at all since the clinic started in MoCCA? In what way?
- 3. Before this interview did you know that your clinic is involved in the MOCCA study?
- 4. Do you recall how you first became aware of MOCCA?
- 5. Could you explain your understanding of the MoCCA study? (e.g. what it's trying to do and how)
 - a. Prompt: are you able to tell me what the overall aim of the MoCCA study is?
 - b. Probe: which aspects of chlamydia management is MoCCA focusing on?
- 6. Do you think there's a shared understanding within your clinicabout the purpose and value of participating in MoCCA?

Set up (ask PM and clinical staff)

Next, I have some questions about getting MoCCA set up and started in your clinic.

Implementation

1. Can you walk me through how MoCCA was set up at your clinic?

(Note: included a meeting with PM about setting up resources, and later start meeting with entire clinic).

- a) Prompt: Who was involved in the decision to participate in MoCCA?
- b) Prompt: Who was involved in the planning and setting up resources? How did you become involved and what did you need to do to understand your role in MoCCA?
- c) Prompt: What things were set up / who set them up / ease of set up / Were there any challenges / What helped with the set up? Who would / do you go to for any questions, concerns or support?
- 2. How was the set-up of MoCCA communicated with you? **OR** Did you communicate the set-up of MoCCA to your clinic? How?
- 3. What is your perception of how other staff in your clinic felt about implementing MoCCA? At the beginning and now?
- 4. Is there anything you would do differently if you could start setting up MoCCA again?

Start meeting

- 1. Did you attend a clinic meeting with MoCCA researchers (or watch a recording) to begin the study?
- 2. What was your impression of this meeting / recording?

Resources

- 1. What MoCCA resources, if any, have you/the clinic been using?
 - a. Prompts: MoCCA website, practice management software templates [chlamydia/PID/PDPT template], patient factsheets, postal retesting kits, CPD resources, patient surveys
- 2. What resources have you/the clinic found most useful? Why?
 - a. Probe: Can you tell me a bit more about how [resource] has been useful in your practice?
- 3. What resources have been least useful to you/the clinic? Why?
 - a. Probe: Can you think of any changes to [resource] that might make it more useful to you?

Integration and impact

- 1. Do you think MoCCA has changed your clinic's approach to chlamydia and PID management? In what way?
- 2. **Clinicians only** Thinking about your own practice, has MoCCA **changed your chlamydia management** practices? In what way?

Ask specifically about:

- a. Postal retesting?
- b. Partner notification?
- c. PDPT?

- d. Patient information and communication
- e. Testing and management of other STIs?
- f. CPD activities
- 3. Can you describe how the MoCCA resources have been integrated into existing practice processes?
- 4. Clinicians only Have the MoCCA resources become a normal or routine part of your work?
 - a. Prompt: How does MoCCA fit with your other priorities and daily work?
 - b. Prompt: Is there a benefit in using MoCCA in your own work? In what way?

Communication and engagement

- 5. Can you describe how you and your colleagues communicate about anything to do with MoCCA?
- 6. What is your impression of how engaged other staff members are with MoCCA?
 - a. *Prompt:* Can you tell me a bit more about why you think other staff/GPs are [engaged/unengaged] with MoCCA?
 - b. Prompt: Are there particular GPs who are less engaged with MoCCA? Why do you think so?
 - c. Prompt: Is there anyone in your clinic who drives the study? Why do you think this is?
 - d. Prompt: Do the newsletters help with engagement

Patient engagement - Clinicians only

Although patients may not know your clinic is involved in MoCCA, we would like to understand how patients engage or may engage with MoCCA resources.

If involved with chlamydia patients

- 1. Could you think about chlamydia positive patients you have been involved with since MoCCA began:
 - a. Have they been interested in
 - i. Postal retesting?
 - ii. Partner notification?
 - iii. PDPT?
 - iv. MoCCA factsheets?
 - v. Completing study surveys?
- 2. Do you think MoCCA has impacted/has the potential to impact the patient experience (either positively, negatively or not at all)?
 - a. Probe: Can you tell me more about why you think that is the case?
- 3. Do you think anything about the study could be changed to improve the patient experience?
 - a. E.g. More resources? Different testing methods?

If no chlamydia patients

- 4. Even though you may not have had a chance to provide any MoCCA resources to patients, could you tell me your thoughts on the usefulness of the MoCCA resources for patients
 - a. Do you think patients will be interested in
 - i. Postal retesting?
 - ii. Partner notification?
 - iii. PDPT?
 - iv. MoCCA factsheets?
 - v. Completing study surveys?
 - b. Probe: Can you tell me more about why you think that is the case?
- 5. Do you think anything about the study could be changed to improve the patient experience?
 - $a. \quad \hbox{ E.g. More resources? Different testing methods?} \\$

Feedback and improvement

- 1. Have you received any feedback from clinic staff or the MoCCA research team on how the MoCCA implementation is going so far?
- 2. Is there anything that you think can be improved upon for the remainder of the study?
 - a. E.g. More or less resources provided to you and your clinic? Improved utility of resources? More or less communication from study staff?

Wrap up

1. Is thing anything that you would like to discuss that we haven't already covered?

hank you for participating in today's interview, we really appreciate your time and effort in helping to imple MoCCA study and chlamydia management in Australia.	prove