



Improving Chlamydia Screening

STRATEGIES FROM TOP PERFORMING HEALTH PLANS



A word about Chlamydia screening in managed care organizations in the prevention of sexually transmitted diseases

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Because of advances in research and technology, early detection and treatment of *Chlamydia trachomatis* (chlamydia) is cost effective and can help prevent adverse health and social consequences of untreated chlamydia infections such as pelvic inflammatory disease and infertility. Although screening for chlamydia in young women has been recommended by CDC and others for over a decade, many young women still don't receive this service. In fact, chlamydia screening was recently identified as one of the most valuable but under-utilized clinical preventive services among those recommended by the United States Preventive Services Task Force.^{1,2} The public health imperative to improve rates of screening for chlamydia is greater than ever, with reports of chlamydia infection increasing to over 1 million cases in 2006. Because chlamydia is a "silent" infection and most people are unaware that they are infected, it is likely that the true number of individuals with infection per year is closer to 3 million.

The Division of STD Prevention and colleagues at CDC are excited to see this report on "Improving Chlamydia Screening: Strategies from Top Performing Health Plans". In collaborating with the National Committee for Quality Assurance to develop the Chlamydia Screening in Women measure for HEDIS^{®3}, we have hoped that measurement would improve screening rates, as it has for other areas of preventive care, such as cancer screening and immunizations. Though rates of chlamydia screening have been steadily rising, on average, only one third of women in commercial plans are receiving the recommended annual screening.

A major obstacle to detecting chlamydia infection is that those at risk neither have symptoms nor are aware of the likelihood of infection. However, in all populations, regardless of socioeconomic status, chlamydia infection rates are the highest in young women. Health care providers may mistakenly assume young women in their practice don't have chlamydia and miss the opportunity to detect a readily treatable infection — an infection with potential long-term consequences of infertility, chronic pelvic pain and life-threatening tubal pregnancy. This report provides practical examples of successful initiatives to increase chlamydia screening that involve providers and patients. We strongly encourage more health plans to make chlamydia screening a high priority for their quality improvement activities and encourage partnerships with local communities or with efforts being implemented by state health agencies.

¹ Coffield et al. Priorities among recommended clinical preventive services. *Am J Prev Med.* 2001 Jul;21(1):1-9.

² Maciosek et al. Priorities among effective clinical preventive services: results of a systematic review and analysis. *Am J Prev Med.* 2006. 31(1):52-61.

³ HEDIS is a registered trademark of National Committee for Quality Assurance (NCQA).

Overview

Chlamydia Screening in the United States

Approximately 75% of women infected with the *Chlamydia trachoma* bacterium (“chlamydia”) do not realize they are infected. Routine testing — the most effective method to identify an infection — is infrequent, with less than a third of at-risk women tested for Chlamydia during routine gynecologic examination. If untreated, infections can lead to costly and painful consequences, including pelvic inflammatory disease, ectopic pregnancy, infertility and an increased susceptibility to the human immunodeficiency virus (HIV).

	Commercial	Medicaid
No. of Submissions	266	141
Average	37.3	52.4
10th Percentile	25.5	37.7
25th Percentile	31.7	47.2
50th Percentile (Median)	36.8	52.9
75th Percentile	42.5	60.6
90th Percentile	48.6	66.0

Table 1. National rates of chlamydia screening from health plans submitting HEDIS 2007.

Although the U.S. Preventive Services Task Force (USPSTF) lists chlamydia screening as one of the top preventive services, rates of screening remain low. According to 2007 Healthcare Effectiveness Data and Information Set (HEDIS¹) results, the national average rate of *Chlamydia Screening in Women* in commercial health plans was 37.3 percent, with a range of 25.5 percent to 48.6 percent for the 10th and 90th percentiles, respectively. These rates of screening for chlamydia in sexually active women 16-26 years of age are based on a combination of laboratory tests and claims from health plan administrative data sources.

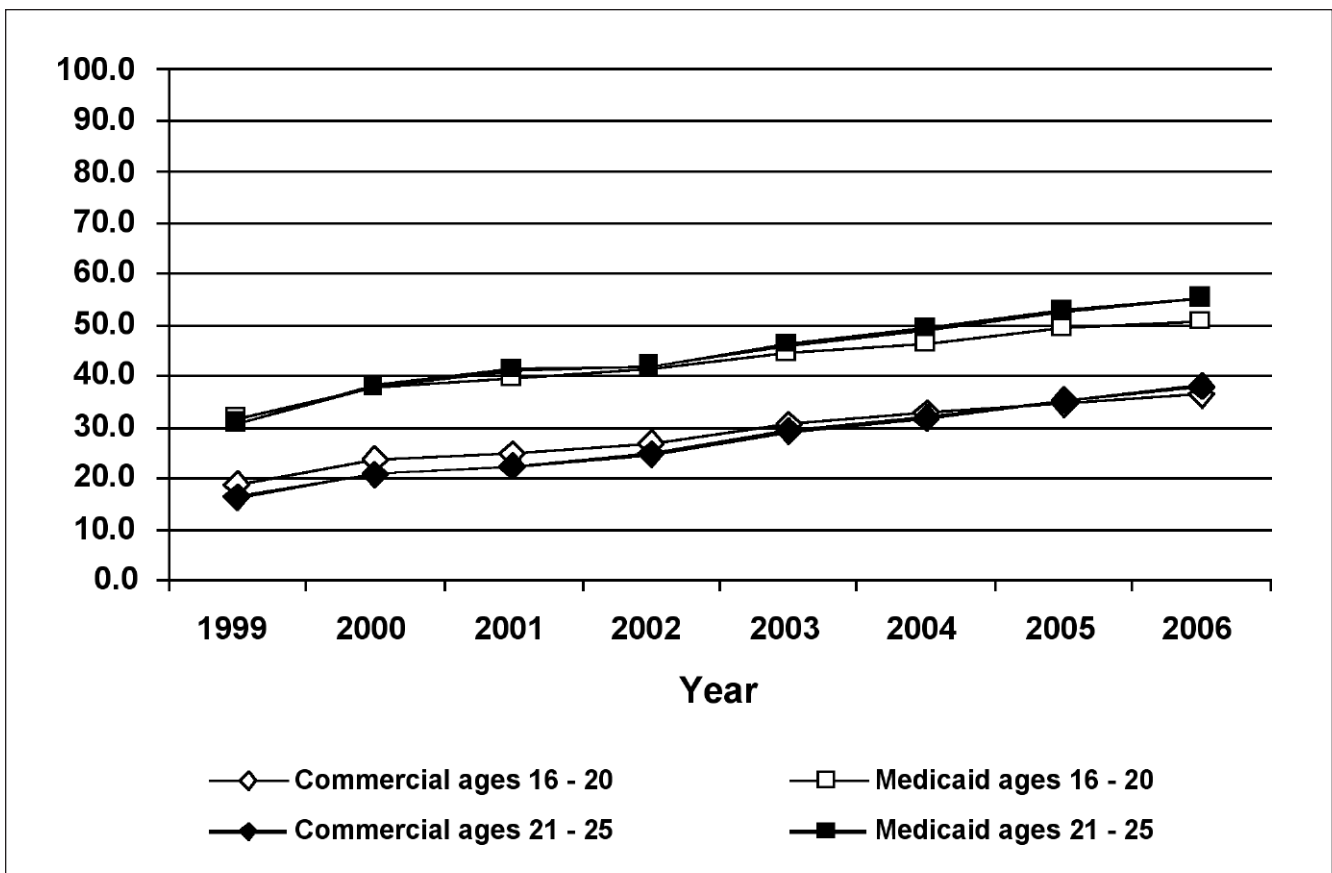


Figure 1. HEDIS national averages of chlamydia screening 1999-2006 for commercial MCOs.

Health plans have reported on the chlamydia screening measure since 2000, and although screening rates have steadily increased, they remain low when compared to other preventive services for women in commercially managed care organizations (MCO), such as breast (72 percent) and cervical (81.8 percent) cancer screening. Commercial health plans typically out-perform Medicaid health plans on nearly all effectiveness of care quality measures; chlamydia screening is the only measure for which commercial plans have lower rates than Medicaid plans.

With the exception of a few studies published by staff and group model health plans, little is known about interventions that have been attempted or implemented by network or mixed model health plans. In particular, health plans with a network model may have considered or tried increasing screening rates in the context of routine quality improvement. But such work is rarely reported in peer-reviewed journals and there is a need for information on quality improvement activities that have increased chlamydia screening. Chlamydia experts at the CDC², report that several commercial plan executives have indicated that they would consider implementing interventions if they had inventories of “affordable” best practices; few plans would require rigorous scientific evidence (e.g., randomized trials) before launching interventions.

This report is based on research funded by the Centers for Disease Control and Prevention (CDC) and sponsored by the Agency for Healthcare Quality and Research (AHRQ). With assistance from the National Committee for Quality Assurance (NCQA), researchers from Emory University talked with nine health plans about how they consistently maintained high performance on the Chlamydia screening measure. Eight health plans were interviewed on their efforts to significantly improve their low scores from HEDIS 2004 to 2006. Researchers from Emory spoke with health plan representatives, including directors of quality improvement, directors of women’s health, data managers and medical directors. Health plan types included mixed model, independent practice associations (IPA) and plans with large and small enrollments. Plans were selected from different geographic locations, including the Northeast, Southeast, Midwest, Mountain, and Western regions of the United States.

Discussions with the health plans identified strategies and activities provided in this report to illustrate different methods for improving chlamydia screening rates. This report also contains samples of physician and patient letters; patient education brochures; provider educational materials; and summaries describing health plan experiences in measuring chlamydia screening rates.

Health plans faced challenges in implementing activities to improve chlamydia screening. Several plans that participated in the interviews stressed the lack of incentives from employers or payers to focus on chlamydia screening and noted that, “chlamydia hasn’t made the short list... it’s not awarded any points for NCQA Accreditation.” One plan expressed that screening is “kind of an afterthought”; another said “[chlamydia screening is] just not in the same league as other measures; there’s no global need.” Even health plans with immediate increases in screening rates indicated that chlamydia screening was not part of their long-term quality improvement strategies. Plans commented that if NCQA included screening as a required HEDIS measure, it would become a priority area for improvement because it would signal to health organization leadership the importance of chlamydia screening in health care quality.

Discussions with health plans demonstrate that feasible economic methods exist to increase screening rates in a commercially insured population. Most plans implemented multiple approaches and, contrary to the general perception of social stigma regarding sexually transmitted diseases (STD), received few unfavorable responses from members. Health plans are to be commended for overcoming significant barriers and for focusing on a quality indicator that has been identified as one of the top 10 preventive services by the USPSTF. To dramatically improve chlamydia screening rates, health plans need to make this simple and highly effective preventive service a high priority.

Key Findings

In the interviews, health plans focused their quality improvement efforts on three areas: physician behavior, patient behavior and data collection. Several plans implemented activities that would impact all three areas, while others focused on physicians and patients or on data collection issues. Plans primarily discussed efforts that they viewed were likely to have contributed to their improved screening rates, as well as efforts that may lead to long-term success.

Physicians

Because chlamydia is often viewed by physicians as affecting lower-income women, physicians do not focus on it as a critical health issue for commercially insured populations. Physicians are also sometimes reluctant to discuss chlamydia with their patients because of the social stigma associated with STDs.

Activities that focus on changing physician behaviors and beliefs include clarifying clinical practice guidelines; educating physicians about the importance of chlamydia screening for their patients; providing tools for reminding physicians to include chlamydia screening in routine examinations; and providing feedback to physicians linked to patient contact information for those that did not get tested. To help with physicians' reported difficulty in talking about chlamydia with patients, plans provided guidance to physicians about initiating discussions about STD prevention with patients.

Patients

Health plans mainly educate their members both through mass and directed mailings of printed materials; materials rarely focus solely on chlamydia screening and are often combined with information on other preventive services. Opportunities for informing patients come in various printed formats, including birthday reminders, wallet cards and brochures on recommended preventive screenings.

Data Collection

Health plans report difficulty in obtaining accurate counts of members who have been appropriately screened. To improve on the capture of tests ordered for chlamydia, some plans require providers to use Logical Observation Identifiers Names and Codes (LOINC³), which creates an electronic record of the screening test. Other plans require physicians to use plan-selected laboratories so the plans receive documentation of chlamydia screening from the laboratory concurrent with the physician receiving it.

Profile A:

Multifaceted Approach to Increasing Chlamydia Screening Rates

Summary

Chlamydia screening has been part of the health plan's adult health maintenance guidelines since 2000, yet performance rates remained low, below the 50th percentile national average in 2004. The health plan implemented several strategies targeting its physicians, patients and data collection processes. HEDIS scores for *Chlamydia Screening in Women* increased by 8-10 percent within one year.

Description of Health Plan

A large, mixed-model health maintenance organization (HMO) located in the West North Central region of the U.S. with more than 100,000 members. Provider payment arrangements with the health plan include both capitation and fee-for-service (FFS).

Challenges

The health plan identified several issues that affected its chlamydia screening rates.

- Concerns that an open discussion of STDs and sexual behavior would not be acceptable to the community — especially to adolescents
- Clinicians were unwilling to take the time to discuss chlamydia screening with their patients unless they were specifically paid to do so, and some employer groups were unwilling to pay for chlamydia screening
- Payment and data capture for chlamydia screening was not recorded consistently because the current health plan reimbursement process bundled gynecological services

Solutions

The health plan implemented several activities to address each of the issues listed above.

- Physician toolkit developed to facilitate discussion with patients
- Preventive screening health card mailer that served as a general reminder to patients of preventive services due
- Automated telephone calls to patients with directed reminders for a cervical cancer screen, along with other preventive screenings
- A new coding system that clarified services for reimbursement and better captures chlamydia screening

Physicians

Recognizing that prevention messages are more effective when they come from a doctor, the health plan created a Provider Preventive Health Toolkit for physicians. The toolkit included a "prescription pad" called Adult Prevention Screening, My Prescription for You, designed to be a contract between the physician and the patient, with the patient's name and age, blood pressure and desired blood pressure, weight and desired weight.

Women's Health Maintenance Record		
Peel off stickers and place on your calendar		
Women aged 18-39		
Screening	Frequency	Date
Health maintenance exams	every 5 years	_____
Height and weight	every 2-3 years	_____
Clinical breast exam	every 1-3 years	_____
Self breast exam	monthly (1 week after period)	_____
Pap smear and pelvic exam	every 1-3 years	_____
Chlamydia screening	every 6 months up to age 25	_____
Mammogram	baseline between age 35-40	_____
Lipoprotein panel	start at age 20 and repeat every 5 yrs	_____
Discuss with your physician what immunizations you need (tetanus, hepatitis series, MMR, influenza)		
Discuss with your physician your need for folic acid supplements (for women during childbearing years)		
Discuss with your physician any symptoms of anxiety, stress or depression you may be experiencing		
Women aged 40-49		
Health maintenance exam	every 2-3 years	_____
Height and weight	every 2-3 years	_____
Clinical breast exams	every 1-2 years	_____
Self breast exams	monthly (1 week after period)	_____
Pap smear and pelvic exams	every 1-3 years	_____
Mammogram	every 1-2 years	_____
Lipoprotein panel	every 5 yrs	_____
Glucose	starting at age 45, then every 3 years	_____
Discuss with your physician what immunizations you need (tetanus, hepatitis b series, influenza)		
Discuss with your physician any symptoms of anxiety, stress or depression you may be experiencing		
Discuss menopausal issues including hormone replacement therapy (age 45 plus)		
Discuss the use of aspirin to prevent coronary heart disease		

Women aged 50-69		
Screening	Frequency	Date
Health maintenance exam	every 1-2 years	_____
Height and weight	every 1-2 years	_____
Clinical breast exams	annually	_____
Self breast exams	monthly	_____
Pap smear and pelvic exam	every 1-3 years	_____
Mammogram	annually	_____
Colorectal screening	starting at age 50 annually	_____
• Stool test for blood	_____	_____
• And one of the following: a double contrast barium enema or sigmoidoscopy or a colonoscopy	every 5 years every 10 years	_____
Osteoporosis screening	baseline to post menopausal women	_____
Lipoprotein panel	every 5 years	_____
Glucose	every 3 years	_____
Discuss with your physician immunizations you may need (tetanus, hepatitis b series, chicken pox, influenza, pneumococcal at age 65)		
Discuss menopausal issues including hormone replacement therapy		
Discuss the use of aspirin to prevent coronary heart disease		
Discuss with your physician any symptoms of anxiety, stress or depression you may be experiencing		
Actions all women should take		
<ul style="list-style-type: none"> • Have your blood pressure checked every 2-3 years (preferably every visit) • If you smoke, stop! • Eat healthy foods including 5 fruits and vegetables per day and calcium rich low fat dairy products • Wear your seat belt • Engage in regular physical activity • Protect your skin from UV light • Practice safe sex • Maintain adequate calcium 		
<i>Your physician's practices may vary from the schedule shown here.</i>		

It covered women's health issues-including chlamydia screening-and provided a place for the physician to record screening dates. In addition to the toolkit, the health plan includes in its annual provider newsletter clinical practice guidelines and reminders for chlamydia screening and its benefits.

Patients

The health plan conducted several activities focused on increasing patient awareness because it felt this would be key to increasing chlamydia screening rates.

- Women ages 21-69 were sent a health card during their birthday month with information on Pap tests, mammography, colorectal cancer, chlamydia and other screenings to discuss with their physician.

- Automated phone calls were made to women who did not receive a Pap test in the past three years. These women were identified through health plan administrative data; the call included information about chlamydia screening and suggested that women ask their doctor whether they should be tested. The calls were generally well received, with a few exceptions that were addressed with individual members.
- Members received an annual preventive services magazine that included a description of chlamydia and its prevention.
- After their fifth year of enrollment, members received a "self help" pamphlet that mentioned chlamydia screening.

Adult Prevention/Screening
 My Prescription for You

Name _____ **Age** _____ **Date** _____

Blood Pressure Today _____ Today's Weight _____
 Desired Blood Pressure _____ Desired Weight _____
 Today's BMI _____
 Desired BMI _____

Cholesterol

Every 5 Years if Normal

Last Cholesterol Date _____ LDL _____ HDL _____
 TC _____ Trig _____
 Next Cholesterol Date _____

Diabetes Screening (Fasting Blood Sugar)

Every 3 Years Starting Age 45

Last FBS Date _____ Results _____
 Next FBS Date _____ Results _____

Immunization Assessment

Flu - Annually
 Pneumonia - Starting at Age 65
 Tetanus Booster - Every 10 Years
 Hepatitis B - Determine Need

Colorectal Cancer Screening

Start Age 50

Annual Stool Test
 Sigmoidoscopy - Every 5 Years
 or
 DC Barium Enema - Every 5 Years
 or
 Colonoscopy - Every 10 Years

Women

Mammogram - Every 1-2 Years After 40
 Last Mammogram Date _____ Next Mammogram Date _____

Pap Smear and Pelvic - Every 1-3 Years
 Last Pap Smear Date _____ Results _____
 Next Pap Smear Due _____
 Chlamydia Screen _____

Osteoporosis Screening
 Offer Baseline Bone Mineral Density Post Menopause

Men

Prostate Cancer Screen - Discuss Options

Counseling Discussed Today

Nutrition
 Substance Abuse
 Injury Prevention
 Sexual Health
 Advanced Directives
 Mental Health Issues
 Domestic Violence
 Skin Cancer Prevention
 Aspirin Therapy (if appropriate)
 Hormone Replacement Therapy (if appropriate)

Provider Signature _____ Date _____

Top Copy - Chart Bottom Copy - Patient

Data Collection

The health plan discovered that its original data capture system did not provide enough specific information to identify when tests for chlamydia were ordered because providers were paid a set fee that included reimbursement for a Pap test, a pelvic exam and chlamydia screening. To better capture tests ordered for chlamydia, the health plan adopted a new coding system that recorded and billed the three gynecological services separately.

Creating an Environment Conducive to Sexual History Taking

- Make sure that you have an opportunity to speak with a teenager without her parent. Make this a standard part of the office visit and explain it up front to the parent and teen.
- Reinforce confidentiality within limits.
- Introduce sensitive topics by starting with non-threatening topics first and moving to more sensitive issues. The American Academy of Pediatrics (AAP) recommends HEADS, which stands for Home, Education, Activities, Drugs and Sex.
- All adolescents should be asked at least annually about involvement in sexual behaviors that may result in:
 - unintended pregnancy
 - chlamydia or other STDs
 - HIV infection
- Ask questions and offer explanations about sexuality in a straightforward manner. Avoid euphemisms.
- Offer guidance annually on responsible sexual behaviors, including latex condoms to reduce the risk of STDs and HIV as well as other forms of birth control.
- Screen for tobacco, alcohol and drug use as well as other risky behaviors, such as weapons and eating disorders or obesity.

Key Clinical Issues:

Alcohol and drug use play a central role in the sexual activity of many adolescents, placing them at higher risk of engaging in unprotected sex and getting STDs.

Because older males tend to have or have had multiple sexual partners, girls who have older male sexual partners are at higher risk for chlamydia infections and other STDs.

Anal intercourse may be used by some heterosexuals to preserve virginity and protect against pregnancy.

For more information, refer to: *Your Health Plan*

Please place this in the medical record of _____

Suggestions for Taking a Sexual History for Teenage Girls

The Centers for Disease Control and Prevention recommends screening all sexually active teenage girls for chlamydia each year. We encourage you to place this sheet in the medical record of the above-named patient and use it to guide a discussion about sexual activity and sexually transmitted diseases (STDs) at her next visit.

Ask about menstrual history first, and then follow with sexual history:

- What have you learned in school or elsewhere about STDs and birth control?
- Do you date? How old is he or she? How does he or she treat you?
- Are you having or have you ever had sex, including oral sex?

If your patient tells you she has not had sex:

"I would like to make sure that I understand your answer. People have sex in many different ways. By sexual activity, I mean to ask if you are having any oral, vaginal or anal sex."

- Have you thought about what you might do if you ever felt pressure to have sex?
- Are you thinking about having sex with anyone in particular?

"I am always available to discuss your questions and concerns."

If your patient tells you she has had sex:

- When was the last time you had sex?
- Do you have sex with girls, boys or both?
- What kind of sex? Vaginal? Oral? Anal?
- Are you using a method to prevent pregnancy? Have you ever been pregnant?

"I would like to ask you some questions about risky behavior, because there may be information I can offer you that will help you reduce your risk of illness or injury."

- Do you and your partners use condoms? Never? Sometimes? Always?
- Do you ever have unprotected sex? Does your partner?
- Have you ever had sex under the influence of drugs and alcohol?
- Have you ever had an STD?
- Has anyone ever touched you in a way you didn't like or forced you to have sex?

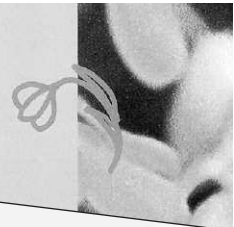
Notes:

Date _____ Signature _____

("Creating an Environment Conducive to Sexual History Taking"—see back)



Happy birthday to you.



**Smart Women
Healthy Choices
More Birthdays**

On your birthday, give yourself a gift you can enjoy for years—good health. You're young so it might not seem like you need to see your primary care provider (PCP) unless you're sick. But preventive health services such as well-woman exams and Pap tests are important, no matter what your age.

Did you know?

- Regular exercise can stop you from having problems with heart disease, high blood pressure, colon cancer, and diabetes.*
- Smoking makes it more likely you'll get cervical cancer.*
- Building strong bones before you turn 30 is the best way to protect against osteoporosis.*
- 60% of U.S. women don't get enough exercise.*
- Most sexually transmitted diseases can be cured, if caught early.*
- 75% of people your age have HPV (a sexually transmitted virus linked to cervical cancer).*
- Laughter lowers stress hormones and gives you more infection-fighting antibodies.*

At your exam, you and your healthcare provider can talk about things to keep you healthy, like good foods and exercise. If you're having sex, you need to be tested for sexually transmitted diseases, like Chlamydia. Most people who have Chlamydia don't know it. If you have it and don't get medical treatment, it might make it hard for you to ever have a baby. And a Pap test is the best way for your physician to see if you have cervical cancer, which can be cured if caught early enough.

*Make the healthy choice and
call your PCP or OB/GYN today
to make your appointment.*

Women's Preventive Health Guidelines

Well-woman checkup (including pelvic exam and Pap test)
Every 1-3 years or as recommended by your PCP

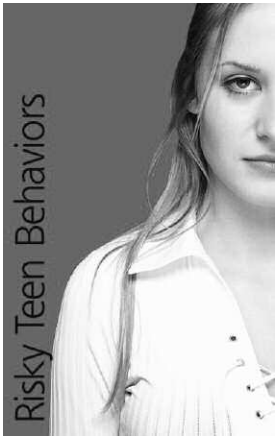
Breast exam by healthcare provider
Every 1-3 years from age 19-59 - Every year after age 40

Breast self exam
Monthly

Mammogram
One by age 40 - Every year after age 40

Flu shot
Every year at age 50 and older - Annually if high risk (those with chronic conditions such as asthma, cardiac disease, diabetes, sickle cell and HIV)

Tetanus shot
Every 10 years



Profile B:

One-on-One OB/GYN Training, "Risky Behavior" Brochures

Summary

The initial chlamydia screening rates for this health plan placed it in the lowest quartile of the national benchmarks. Because of its low score, the plan was required to submit an action plan to the state for improving chlamydia screening. The health plan conducted physician trainings, providing physicians with lists of patients who did not receive the screening, and sent out educational brochures to members. The plan's initial screening rate of 13 percent increased to 37 percent in the first year and by another 9 percent (46 percent) by 2005. The plan attributed the increase in screening rates to its direct outreach to physicians.

Description of Health Plan

The health plan in this profile is a large, mixed-model MCO in the Mid-Atlantic region of the U.S. with more than 300,000 members. Provider payment arrangements with the health plan are primarily fee for service.

Challenges

In 2000, the health plan had a chlamydia screening rate of 13 percent, placing its performance at the bottom quartile in comparison with national benchmarks. The plan believed that the low screening rate was partly due to data collection issues, such as incomplete capture of laboratory tests ordered. In addition, screening for chlamydia in a commercial population was a low priority in comparison to other preventive services. The general perception was that chlamydia screening was "not on the radar screen" among physicians.

Solutions

The health plan made increasing chlamydia screening a high priority and implemented several activities to improve member awareness, educate physicians and improve data capture of lab tests and results.

- One-on-one physician training, with a focus on chlamydia and infertility
- Letter to physicians, listing names and contact information for patients eligible for screening
- Tracking chlamydia screening rates and reporting results to physicians and large practices
- Educational brochure sent to members 19 and older or to the parents of members younger than 18
- Direct reporting of laboratory tests ordered to the health plan and use of LOINC codes for identifying tests specifically for chlamydia

Physicians

The health plan focused several educational activities with medical groups with primarily obstetricians and gynecologists (OB/GYN). This included one-on-one training sessions; letters to

Your Health Plan

June 1, 20##

Dear Dr. ,

Your Health Plan is continually striving to improve the services that we offer to our members and practitioners. One of our quality improvement goals is to improve the rate of Chlamydia screening for sexually active young women.

An estimated 3 million Chlamydia infections occur annually among sexually active adolescents and young adults in the United States. The majority of the women who have the condition do not experience symptoms. The main objective of the Chlamydia screening is to prevent pelvic inflammatory disease (PID), infertility and ectopic pregnancy, all of which have high rates of occurrence among untreated women with Chlamydia infections.

The U.S. Preventive Task Force recommends that all sexually active women 25 years of age and younger receive routine screening for Chlamydia. Currently only some% of Your Health Plan's sexually active female members, age 16-25, are receiving an annual Chlamydia screening.

Enclosed in this mailing is a list of Your Health Plan patients between the ages of 15-24 who may be considered at risk based on claims data. Patients who are also receiving care from an OB/GYN practitioner have been excluded from the list. Please review this information and determine if a Chlamydia screen is recommended.

Some practices have found that the most effective way to deliver this needed care is to make their routine to do a Chlamydia screen whenever a pap smear is done for women in this age range.

If you have any questions or comments about this initiative please contact me at 555-444-1212 or emailbobsmith@YourHealthPlan.com.

Sincerely,

Vice President, Clinical Quality Improvement
Your Health Plan

Enc

the OBGYN with lists of patients eligible for screening; and providing rates of chlamydia screening for physicians, to track their progress.

The health plan conducted one-on-one training sessions in two regions. Training focused on the need for and importance of chlamydia screening. For larger OB/GYN practices, the health plan's medical director participated and met with physicians. Training moderators discussed the negative consequences of chlamydia infection, of which infertility is the most serious. Reminding physicians of the seriousness of chlamydia infection and its link to infertility was very effective in motivating providers to incorporate screening into their routine.

The health plan also sent letters to primary care physicians and OB/GYNs, highlighting the importance of screening for chlamydia and prevention and treatment. To help physicians screen women for chlamydia, the letter included lists of patients who were candidates for screening (females 16-25 years). The patient lists also included visit details (e.g., the date of the last visit, whether patients were seen by a gynecologist, screening records) and the patient's contact information.

As part of its continuous quality improvement efforts, the health plan provided physicians and large OB/GYN practices monthly chlamydia screening rates. Feedback provided by the plan helped OB/GYN practices and physicians actively monitor chlamydia screening rates and focus their attention on improving screening for eligible patients.

Patients

To raise member awareness about chlamydia screening, the health plan designed age-appropriate materials for dissemination to members 19 years or older and to the parents of members younger than 19.

Your Health Plan

June 1, 20##

Dear YHP Member:

From time to time, YHP reaches out to our members to urge them to discuss important health care topics with their physicians. This is one of the ways that we promote high quality health care for our members. I am writing to all YHP members who are women between 19 and 25 years of age to encourage all of you to talk with your physicians about Chlamydia screening.

What is Chlamydia?

Chlamydia is the most common bacterial sexually transmitted disease in the United States, according to the Centers for Disease Control (CDC), yet most women considered at risk for the disease do not get recommended annual screening tests. Chlamydia has no symptoms and left untreated, it can cause infertility and other serious health problems. Chlamydia is easily cured with antibiotics. Annual testing is recommended for sexually active women between the ages of 15 and 25. YHP covers all testing and treatment for Chlamydia.

I have enclosed a brochure that gives you additional information about Chlamydia. Please ask your doctor if you should have this screening procedure performed at the same time as your routine Pap test. For more information about Chlamydia, visit the Your Health Plan Website at www.YourHealthPlan.com and search for "Chlamydia".

Sincerely,

Vice President, Clinical Quality Improvement
Your Health Plan

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For members 19 years or older, the brochure focused on chlamydia as a disease, its symptoms and its impact on fertility, as well as other aspects of health. The brochure also included a letter from the MCO's medical director that encouraged members to talk with their physicians about screening.

For the parents of members younger than 19, the brochure discussed various high-risk adolescent behaviors and health consequences. High-risk behaviors mentioned included alcohol and drug abuse; nutrition and exercise; and STDs (which included a discussion about chlamydia). The health plan hoped the brochure would stimulate a discussion between parents and children about these health issues, as well as spur them to discuss appropriate testing with their physician.

Data Collection

Data sources for chlamydia screening rates reported in HEDIS were derived primarily from the health plan's claims for payment. Providers were skeptical, concerned that claims data did not capture all the tests ordered or appropriately attribute ordered tests to specific patients that were seen by the provider. The health plan supplemented the data collection with medical chart review to verify accuracy of the chlamydia screening data. In addition, the plan contracted with a laboratory diagnostics vendor to receive results directly. The laboratory vendor also utilizes the LOINC codes to better specify the type of tests ordered.

Profile C:

Hosted Annual Chlamydia Screening Dinner with MDs, Focus Groups with Members

Summary

Though the health plan had relatively high screening rates when compared to national benchmarks, its quality director believed the plan could do better. Focus groups were conducted with physicians and members to discuss how to improve chlamydia screening rates. The plan also improved the accuracy of its data collection by using LOINC codes, and has had a five percentage point improvement every year for the past several years.

Description of Health Plan

The health plan in this profile is a small, IPA mixed-model plan located in the Mid-Atlantic region of the U.S., with 75,000-100,000 members. Provider payment arrangements with the health plan are a mix of capitation and FFS.

Challenges

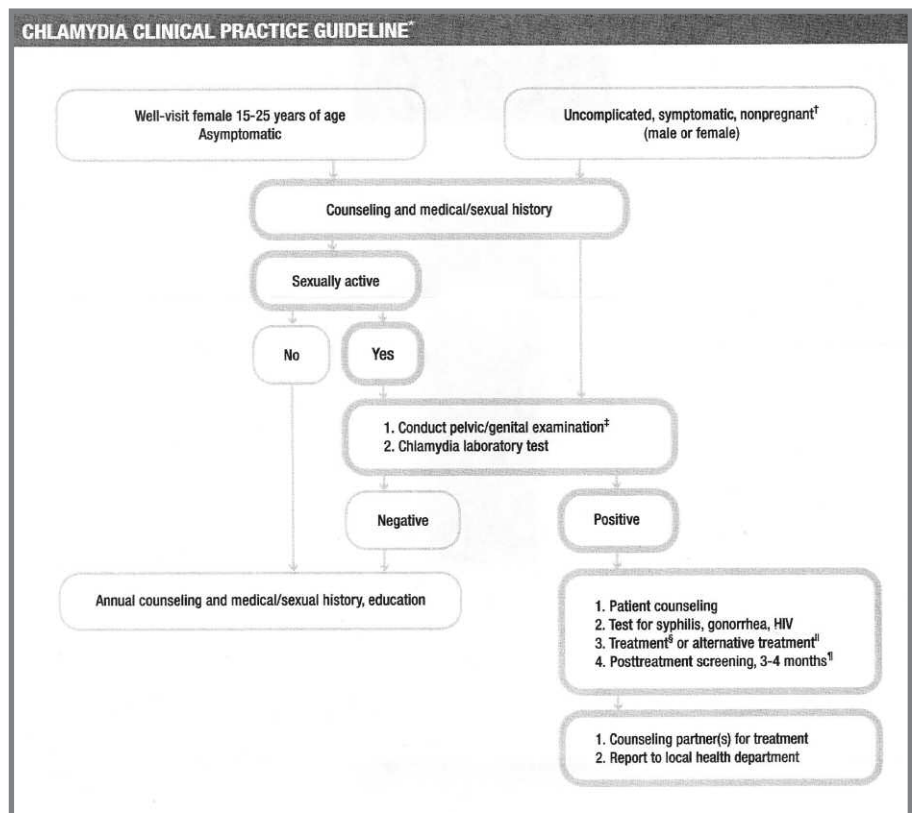
The health plan performed an in-depth review of claims data and conducted a root cause analysis to identify potential reasons for the low screening rates. The plan believed that screening rates were low because a large number of members in the screening age range were attending college, and may have been screened on campus rather than through providers contracted with the health plan. To the plan's surprise, screening rates for members in the college age range (ages 18-21) did not differ significantly from the other age groups.

In a focus group with physicians, several barriers to screening were identified.

- Providers did not think they were adequately reimbursed for screening
- Screening guidelines were confusing
- There was not enough time in an average office visit to perform screening and discuss additional testing
- Practitioners were concerned about confidentiality regarding sexual activity, and generally felt uncomfortable discussing sexual activity with younger patients.

The health plan also conducted focus groups with its members and identified the following issues.

- Patients had concerns about confidentiality
- The social stigma associated with STDs made some members unwilling to be screened for chlamydia
- Younger members, in particular, were concerned about information being given to their parents, who might not have been aware that their children were sexually active





Chlamydia Fact Sheet

What is chlamydia?

Chlamydia (pronounced: clam-id-ia) is the most common sexually transmitted disease (STD) in the United States today. It is caused by bacteria that are transmitted during sexual intercourse. You can have chlamydia without even knowing it. If it is not treated, chlamydia can cause a painful infection that can leave you unable to become pregnant when you get older. Girls and women who are infected with chlamydia are more likely to become infected with HIV/AIDS. The risks to boys and men include painful infections.

Why should I be worried about chlamydia?

Three million Americans become infected with chlamydia each year and most of them are girls and women under 25 years old. *As many as one in ten teenage girls who is tested for chlamydia is infected.*

How do I know if I have chlamydia?

Usually, chlamydia has no symptoms. In fact, 3 out of 4 girls and women with chlamydia have no noticeable symptoms. When symptoms do occur in girls or women, they include: vaginal discharge or itching, abdominal pain or bleeding between menstrual periods, and nausea and fever. Many women and men find out they have chlamydia **only** if their sexual partners tell them that they have been exposed or if they are tested for it.

The only sure way to know if you have chlamydia is to be tested for it in a doctor's office or medical clinic. Talk to your doctor or clinician about whether or not you should be tested, especially if you are sexually active. The test is quick and simple, and can be done with a urine test or a pelvic exam. *Any test results will be shared only with you; they are completely confidential.*

How is chlamydia treated?

Chlamydia is treated with antibiotics. Your doctor or clinician will determine the best treatment for you. If you and your partner are both infected, you should be treated at the same time.

*If you think that you may be at risk, get tested.
It's the only way to be sure.*

(over)

- To avoid the potential of a parent finding out about a child's sexual activity, some members received chlamydia screening tests at other facilities, such as the Department of Health or Planned Parenthood
- The negative social stigma about STDs complicates educational initiatives

In addition, the health plan was concerned that the data capture for chlamydia tests may not have been complete.

Solutions

The plan launched an aggressive campaign to increase its chlamydia screening rates through a combination of activities.

- Hosted a dinner for physicians
- Created newsletters and brochures to send out to members
- Adopted LOINC codes to identify chlamydia screening tests

Physicians

The health plan focused on physicians as the primary targets for increasing screening rates. The plan believed that members would be more likely to comply with screening guidelines when physicians encouraged screening. A goal was to convince physicians that chlamydia screening should be routine.

The health plan hosted a dinner for physicians with a focus on chlamydia screening. During the dinner, presentations were made to clarify screening guidelines and demonstrate how chlamydia screening could be performed at the same time as a Pap test, and approaches for overcoming confidentiality concerns around discussing sexual activity with younger patients were discussed.

Patients

The health plan reached out to members through newsletters that discussed the importance of chlamydia screening and provided detailed information about screening guidelines. The plan also sent letters to women ages 19-25 and to parents of members younger than 19, along with a Department of Health brochure on chlamydia and other STDs.

How can I avoid getting chlamydia?

- Not having sex — including oral and anal sex — is the only sure way to prevent chlamydia.
- Use a condom *every time* you have sex.
- Limit your sexual partners and ask your partner to do the same. Your risk of getting any sexually transmitted disease increases with the number of sexual partners you and your partners have.

How can people with chlamydia avoid spreading it?

- Avoid having sex while you are being treated.
- Tell your sexual partners about your infection. Be sure that they get tested.
- Use a condom every time you have sex.

How can I get more information?

- Ask your doctor or clinician.
- Visit the _____ Web site:
- Call the National STD and AIDS hotline: **1-800-342-2437** and **1-800-227-8922**.
- Visit the _____ Department of Public Health Web site:

Other Plans' Strategies

Although there are many challenges, effective strategies can help health plans improve their chlamydia screening rates. Plans' primary challenge is raising awareness among providers and members about the need for screening and its significant benefits. It is important for plans to help members overcome the significant social stigma of STD screening, since early detection can help avoid the consequence of more expensive treatment costs and infertility.

Several health plans attributed higher screening rates to improved data collection; these plans found that many tests were performed but not captured through claims or current laboratory data. Plans addressed this issue by contracting with national laboratories, using LOINC codes and requiring laboratories to send documentation of tests to both plans and providers.

Many high-performing health plans used a multi-pronged approach, reaching out to both providers and members through various activities. The following section provides a catalog of strategies discussed during the interviews with Emory researchers.

Providers

Health plans often found that providers needed to be reminded about screening guidelines and the negative consequences of undetected chlamydia infection. In addition, providers also needed help identifying eligible members for screening and suggestions for approaching their patients about such a sensitive topic.

Clarifying and reinforcing guidelines

- Create a summary version of guidelines for quick reference
- Develop locally relevant guidelines by using teams of physicians and nurses to develop their own guidelines, which are then reviewed by a committee of community-based physicians
- Disseminate the guidelines in multiple formats
 - Printed matter (e.g., newsletters, letters, postcards)
 - Post on the health plan's Web site
 - Searchable CD
 - Target physicians who have a high volume of young female patients

Reinforce the importance of screening

- Host a dinner for providers and have presentations that focus on the importance of chlamydia screening and how untreated chlamydia can cause infertility in women
- Regularly include chlamydia screening information in provider newsletters
- Conduct academic detailing⁴

Tools to facilitate screening

- Patient registry of females who had a Pap test
- Copies of reminder letters sent to patients who are due for their annual Pap test
- List of patients, with contact information for those who have been screened for chlamydia
- List of young women who are potentially sexually active (e.g., dispensed birth control) and eligible for chlamydia screening.

Health Screening Recommendations for Women		
<p>Mammogram - After age 40, every 1 to 2 years.</p> <p>Pap Smear - Annually. Talk to your doctor to determine what's right for you.</p> <p>Breast Exam - Monthly self exams and one exam a year with your doctor.</p> <p>Height/Weight/BMI - As needed.</p> <p>Cholesterol - At least once every 4 to 5 years or as recommended.</p> <p>Blood Pressure - Every year or as recommended by your doctor.</p> <p>Blood Sugar - As recommended by your doctor.</p> <p>Colorectal Screening - At age 50, discuss with your doctor. Tests recommend are: stool blood test, sigmoidoscopy, colonoscopy and/or a barium enema.</p>	<p>Bone Density - As recommended by your doctor.</p> <p>Chlamydia / STD Testing - Yearly, if engaged in high risk sexual behavior.</p> <p>Skin/Mole Exam - Monthly self exam for mole changes or additions. Yearly by your doctor.</p> <p>HEALTH TIPS FOR WOMEN</p> <ul style="list-style-type: none"> • Don't smoke. • Exercise daily. • Eat a balanced diet - moderation is key! • Limit or don't drink alcohol. • Follow your doctor's advice for testing and medications. • Maintain a healthy weight. 	<p>Your Health Plan</p> <p>www.YourHealthPlan.com</p> <hr/> <p>Member Name _____</p> <hr/> <p>Doctor's Name & Phone Number _____</p>

Test	Frequency	Date/Result	Date/Result	Date/Result	Date/Result
Mammogram	Every 1-2 yrs				
Pap Smear/GYN	Yearly				
Breast Exam					
• Self	Monthly				
• By Physician	Yearly				
Height/Weight/BMI	As needed				
Cholesterol	Every 4 - 5 yrs				
• LDL	Every 4 - 5 yrs				
• HDL	Every 4 - 5 yrs				
• Triglycerides	Every 4 - 5 yrs				
Blood Pressure	Yearly				
Blood Sugar	Ask Your Doctor				
Chlamydia/STD	Yearly				
Colorectal Screening	Ask Your Doctor				
Bone Density Exam	Ask Your Doctor				
Skin/Mole Self Exam	Monthly				

Provider-patient communication

- Instruct providers how to take a risk assessment history with a plan-developed tool designed to help them ask about patients' sexual history.
- Facilitate providers sharing experiences with each other. Work with a lead physician to share experiences and strategies for discussing and conducting chlamydia screening with young women.

Patients

Health plans generally felt that educating their members was an important part of the quality improvement process. Many developed materials to target general or women's health issues, which would include chlamydia screening as a topic. Despite concerns about the social stigma around STDs, members rarely responded negatively to educational materials or information about chlamydia testing. All of the educational information was either disseminated by printed materials or accessed on a Web site.

Educating Patients

- General materials for members *over* 18
 - Women's health issues materials, which include a discussion of potential chlamydia infection and the importance of screening and treatment to avoid infertility
 - Annual newsletter with screening guidelines for members
 - In mailings, provide a link to a Web site with additional information on chlamydia
 - Chlamydia fact sheet with information about chlamydia infection and the need for screening
 - Include information about chlamydia in STD information materials
 - Women's health brochure for members with preventive screenings, which includes chlamydia screening
 - Women's health wallet card with a list of preventive care for women, including chlamydia screening
 - "Well-care" reminder to all female members ages 19-25, with general information about chlamydia
- General mailings for members *under* 18
 - "Well-care" reminder instructing parents about all necessary screenings, including chlamydia
 - Risky behavior brochure sent to parents, providing a general discussion of high-risk behaviors, such as unprotected sex and alcohol, tobacco and illegal drug use, with information about chlamydia and chlamydia screening prominently displayed
 - A general health brochure sent to younger members, focusing on various health issues and including information about preventing chlamydia infection/ transmission
- Targeted mailings to members
 - Age-specific birthday reminders sent to female members that focus on "critical" women's health services, including chlamydia screening
 - Reminder letters for preventive services for female members 18-25, informing them that they need their annual Pap test or chlamydia screening

Data Collection

Several health plans focused on improving their ability to capture the number of screening tests performed, as well as collect data on and identify members who have been screened. Plans improved their data collection processes by revising laboratory coding and reporting processes.

- Consolidate laboratory vendors and laboratory claims
- Use LOINC codes
 - Use them to identify chlamydia screens
 - Require their use
 - Train providers on how to use them
- Laboratories
 - Require labs to report tests directly to health plans, in addition to the usual reports sent to providers
 - Develop a capitated lab arrangement, with most claims coming from a central laboratory data vendor

Concerns about confidentiality were addressed by one health plan through removing the description "chlamydia lab test" from its billing statements. For example, the line description for the chlamydia screening test was listed as "general lab services."



take time to:



take time to:



take time to:

Maintain Good Nutrition –

At this time in your life you are going through many physical, social and emotional changes. During this time your nutritional needs peak.

It is important to make healthy food choices that include: grains, fruits, vegetables, calcium-rich foods, and meats/beans.

Enjoy Physical Activity* –

An active lifestyle can help you improve your health. To lower the risk of chronic disease, get at least 30 minutes of moderate/intense physical activity at work or home on most days of the week.

Choose an activity that is fun, exercise with a friend or family member, and change activities to maintain interest.

Before you start your activity, be sure to warm up for 5 to 10 minutes. Exercise for short sessions at first to build up to your goal. Exercise will give you more energy, and help you sleep and look better.

* Prior to starting an exercise program, you should consult with your physician.

Make Routine Preventive Health Visits with your Physician –

A preventive health visit will determine the need for immunizations, assess risk of future medical problems, encourage healthy lifestyles, and screen for diseases. Screenings may include: blood pressure, hearing, cholesterol, and a breast exam.

Chlamydia screening is another important test. Chlamydia is a Sexually Transmitted Disease (STD) that is the most frequently reported STD in the United States. Symptoms may include one or several of the following:

- Burning on urination,
- Increased vaginal discharge,
- Lower abdominal pain,
- Bleeding between periods.

Over half of the women and men with this infection do not have symptoms. Therefore, it is important to have the Chlamydia screening. This can be done by a simple urine test or during a pelvic exam.

The recommended guideline is an annual screening for sexually active women and for women at high risk.

If not treated, this infection can cause, among other things: inability to become pregnant or the increased risk of becoming infected with HIV/AIDS.

Choose a new physician if you have decided to stop seeing your pediatrician.

encourages you to schedule an appointment with one of the following:

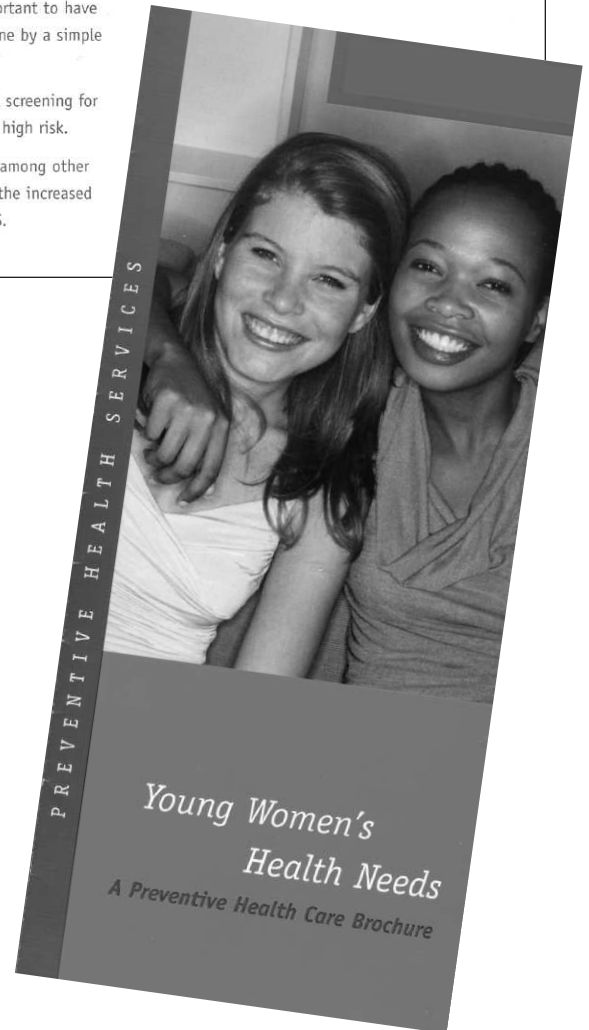
Internal Medicine Practitioner who cares for all of the medical needs of adults.

Family Medicine Practitioner who cares for medical needs of infants, children, and adults.

Gynecology Practitioner who cares for women's health, and conditions especially of the reproductive organs.

When you change physicians, it is important to establish a relationship and make an appointment for a physical exam.

Learn more about Preventive Health by using these sources of information:



¹ HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

² Centers for Disease Control and Prevention, Division of Sexually Transmitted Disease Prevention

³ LOINC® is a registered trademark of the Regenstrief Institute.

⁴ Academic detailing is a process in which health educators visit provider offices to present a 15-20 minute educational intervention on a specific topic. It is intended to provide complete and objective information based on best available evidence. In some settings, providers can receive continuing education credits for the time they spend with a health educator.

⁵ Quest, Quest Diagnostics and the associated symbol are registered trademarks of Quest Diagnostics.

Chlamydia:

What you don't know may hurt you

Three million women get chlamydia each year and most of them are under the age of 25. Take a few minutes and test your chlamydia knowledge. You might be surprised by what you don't know.

1. Chlamydia is the most common sexually transmitted disease (STD) in the U.S.

True False

Answer: True. Chlamydia is the most common and **treatable** STD in the U.S. Half of all people between 18 and 30 years of age are infected.

2. You would know if you have chlamydia because of the symptoms

True False

Answer: False. As many as $\frac{3}{4}$ of chlamydia infections in women and $\frac{1}{2}$ in men do not have symptoms. This is why many men and women don't even know that they have it and may unknowingly pass it to their sexual partners. This is also why it is so important that sexually active men and women get a chlamydia test.

3. When symptoms do occur in women, they can include:

- A. Vaginal discharge and itching
- B. Bleeding between periods
- C. Nausea and fever
- D. Painful periods
- E. Abdominal pain
- F. All of the above

Answer: All of the above. Women who have any of these symptoms should call their doctor and get tested for chlamydia or other STDs right away.

4. Who should get tested for chlamydia?

- A. People who have had sex without using a condom
- B. People who are considering becoming involved with a new sexual partner
- C. People who are sexually active, but don't have vaginal sex
- D. All of the above

Answer: All of the above. Chlamydia is caused by bacteria transmitted during sexual contact, including oral and anal sex. Any sexually active person can get chlamydia and should be tested.

5. A Pap smear can test for chlamydia

True False

Answer: False. A Pap smear does not test for chlamydia. You must specifically ask for a separate chlamydia test which can be done during a pelvic exam. Your clinician can also find out if you have chlamydia with a special urine test, which does not require a pelvic exam.

6. Chlamydia can be easily treated

True False

Answer: True. Chlamydia is treated with antibiotics taken for 7–10 days.

7. It can be dangerous for women if chlamydia is left untreated

True False

Answer: True. As many as 4 out of every 10 women with untreated chlamydia develop pelvic inflammatory disease (PID), a painful infection

How can I learn about chlamydia?

- Ask your doctor or clinician
- Call the National STD and AIDS hot-line at 1-800-342-2437 and 1-800-227-8922



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