

Improving Chlamydia Screening and Testing Rates



Topics

- **Chlamydia Facts**
- **Chlamydia Health Care Disparities in Iowa**
- **Screening Rates and Testing**
- **Education**
- **Resources**

Chlamydia Facts

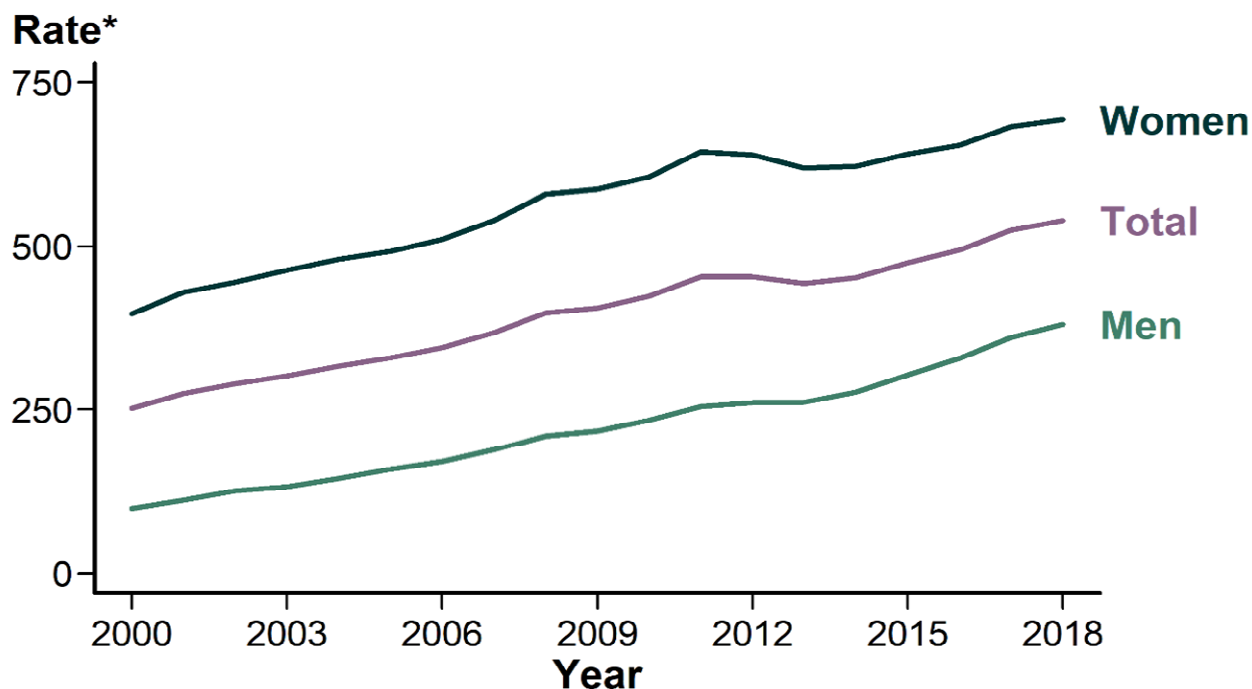


Chlamydia Facts

- Chlamydia is a common sexually transmitted bacterial infection affecting both men and women. In Iowa, It is the most commonly reported infection, with more than 11,000 new diagnoses annually.
- Most people who have chlamydia don't know it as the disease often has no symptoms
- A person can transmit chlamydia to another individual without knowing it
- Half of pregnant women with untreated chlamydia transmit it to their infants. This can cause complications like pneumonia and neonatal conjunctivitis.
- Without treatment, chlamydia may lead to serious health problems.
 - Pelvic inflammatory disease.
 - Ectopic pregnancies
 - Epididymitis
 - Increased chance of getting or transmitting disease
 - It is the leading preventable cause of infertility in the U.S.

U.S. Chlamydia Rates

Rates of Reported Cases by Sex, US, 2000-2018



In 2018,
1,758,668 chlamydia
infections were reported
in the US, a rate of 539.9
per 100,000

Among females, the rate
was 692.7 cases per
100,000 (1,145,063
cases)

Among males, the rate
was 380.6 cases per
100,000 (610,447 cases)

* Per 100,000.

Medical Cost of Chlamydia

Did you know?

- ❖ The total annual medical costs of sexually transmitted infection (STI) in the U.S. is **\$16 billion**
- ❖ The total life time direct medical costs of chlamydia is **\$516.7 million**
- ❖ Average costs for untreated Chlamydia per person is:
 - *Infertility = **\$1,182- \$38,015**
 - Pelvis Inflammatory disease = **\$3,200** per case
- ❖ The average cost to diagnose and treat Chlamydia per infection is:
 - For a Female = **\$244.00**
 - For a Male = **\$20.00**

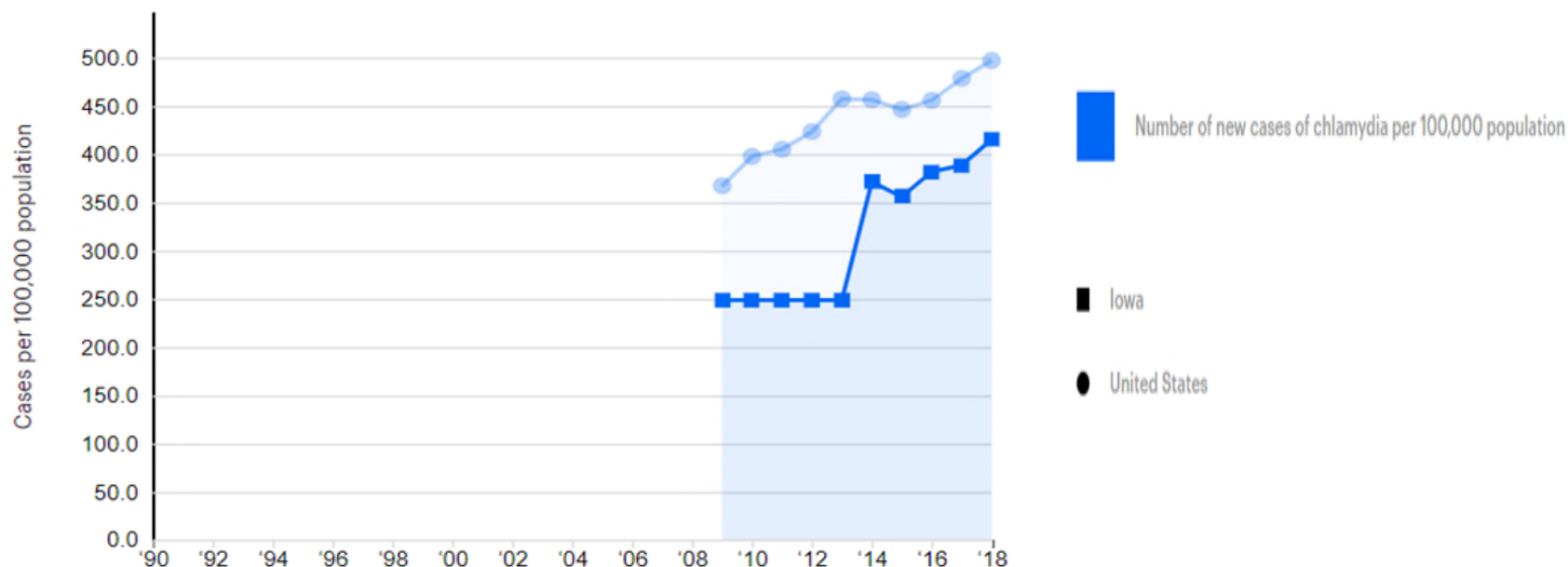
***It is estimated that undiagnosed STIs cause 24,000 women to become infertile each year.**

Chlamydia Health Care Disparities in Iowa



Health Care Disparities in Iowa

Chlamydia is the most commonly reported STI and can infect both men and women. From 1997 to 2017, the rate of reported cases in the US increased from 206 to 529 cases per 100,000



Chlamydia Cases in Iowa

Iowa ranked 33rd in the US for reported rates of chlamydia

14,682 reported cases in Iowa. The reported rate doesn't necessarily reflect all chlamydia cases.

Infection is asymptomatic in most people (about 7 out of 10) and many cases are undiagnosed.

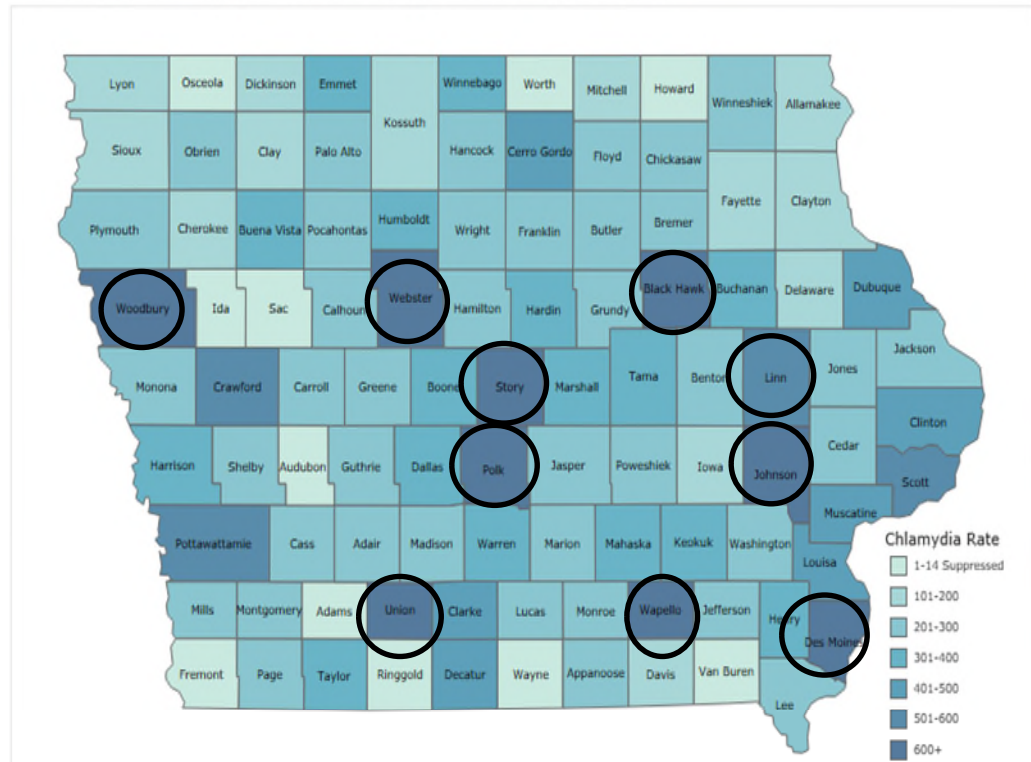
466.7 cases per 100,000 Iowa population

- Top 10 County Case Rates (per 100,000) in Iowa

- Black Hawk – 757
- Johnson – 684
- Woodbury – 682
- Des Moines – 665
- Webster – 664
- Polk – 650
- Wapello – 645
- Story – 643
- Union – 610
- Linn – 580

Iowa Chlamydia Rates by County for 2018

Rates are per 100,000 population / Asterisk (*) indicates a suppressed value

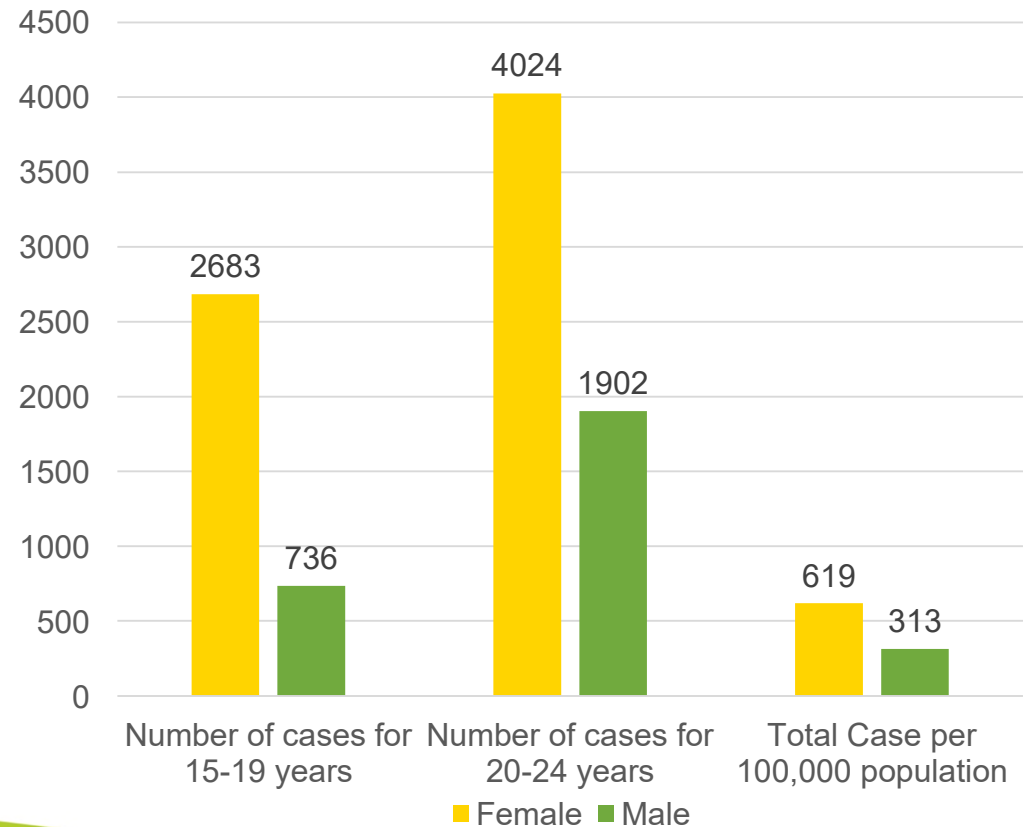


Health Disparities in Iowa

Women: Women are more likely be diagnosed with chlamydia than men, however, this is likely due to routine screening and the higher frequency of symptoms in women. Currently, men do not undergo routine screening for chlamydia despite having a similar prevalence of the disease to women.

Adolescents and young adults: Those aged 15 to 24 have the highest rates of chlamydia compared with other age groups. Young women in this age group make up almost half of the reported cases of chlamydia.

2018 Chlamydia in Iowa
Number of Cases by Age/Gender



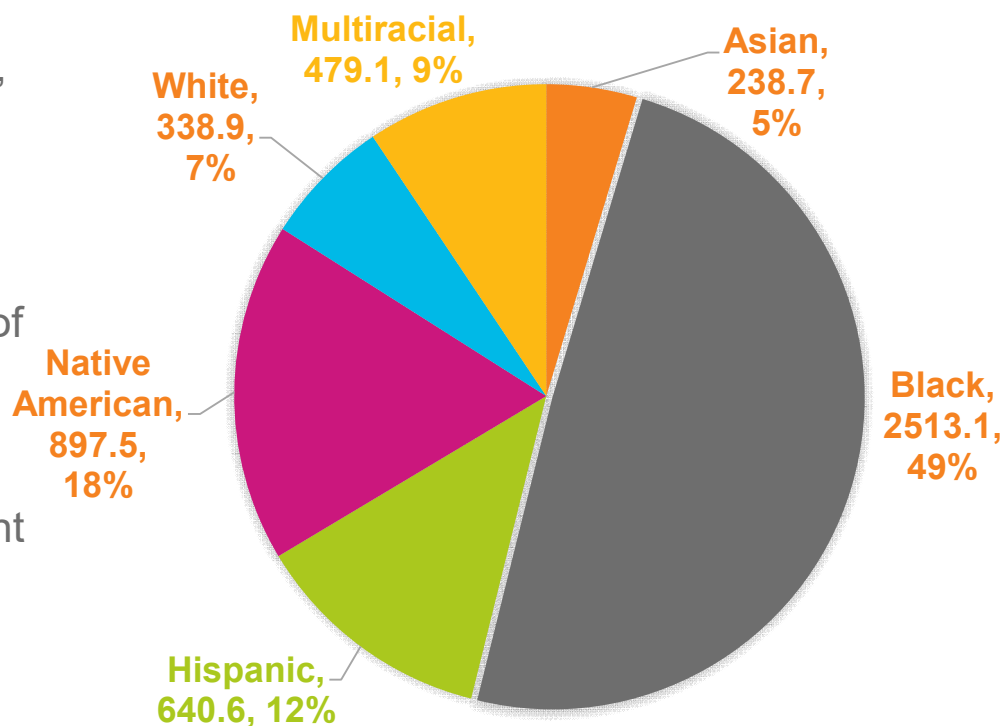
Health Disparities in Iowa

Racial and ethnic minorities: Populations that have higher rates of chlamydia diagnoses include black, American Indian/Alaska Native, Native Hawaiian/other Pacific Islander and Hispanic individuals compared with white, Asian, and multiracial populations regardless of gender.

The disparities are significant: the rate among black women was five times that of white women in 2017.

Social conditions such as poverty, low educational attainment and unemployment can also present barriers to accessing quality sexual health care and lead to higher rates of chlamydia.

2018 Chlamydia in Iowa
Rate per 100,000 Population



Screening Rates and Testing



HEDIS Measure for Chlamydia

Technical Specifications

- The percentage of women ages 16-24 who were identified as sexually active and who have had at least one test for chlamydia during the measurement year.
- The National Committee for Quality Assurance (NCQA) identifies sexually active women as those who have had a claim/encounter submitted with a code of sexual activity or a pharmacy claim for contraceptives



Source: National Committee for Quality Assurance (NCQA)

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

Screening Rates

- Quality Compass Overall National Average Rates for sexually active women covered by Medicaid in the U.S.

	Age 16-20	Age 21-24
2001	39.6%	41.1%
2011	54.9%	63.4%
2018	54.2%	62.8%

- For 2019 Chlamydia (all ages), the National Benchmark is 58.19%.
- To reach the 75thtile 66.24% of Iowa Total Cares Female members age 16-24 need to be screened.

How to Test for Chlamydia

For Females and Males :

- Urine Test
- Vaginal or Urethral Swab

Claims coding:

- CPT Codes:
 - 87110, 87270, 87320, 87490 - 87492, 87810
- LOINC
 - 14467-5, 14474-1, 14513-6, 31775-0, 42931-6, 6354-8

Education



Key Misperceptions of Younger Patients

Member misperception – Not understanding what sexually active means. 1% of women reporting zero sexual activity test positive for chlamydia

- Solution – Use simple, straightforward, non judgmental language when discussing sexual issues with teens and young adults

Member misperception – Privacy not protected/ fearful parents finding out

- Solution - Meet with Teens and young adults separately from their parents to allow open conversation about sexual activity

Member misperception – Don't understand need to be tested/ no symptoms

- Solution - Advise members, if they are at risk (sexually active), during annual wellness visits or when they are seen for birth control to get screened for chlamydia

Member misperception - Don't have time to be tested/ don't want a “female” exam / not knowing how males are tested.

- Solution - Explain testing methods which can be done at home or in your office:
- Urine sample
- Vaginal or urethral swab

How You Can Help



- Use handouts to assist in discussing sexually transmitted diseases with patients
- Inform members about websites for resources about sexually transmitted diseases
- Try using Normalizing or Opt out Language with Patients
 - We recommend testing for Chlamydia and gonorrhea to all my patients under 25
 - Chlamydia often has no symptoms. It is a good idea for us to screen today
 - We recommend routine screening
 - Untreated chlamydia can lead to infertility or the inability to have children. The test is quick and easy.
 - I see that you are due for your pap smear today. We encourage all of our patients to get chlamydia and gonorrhea testing. The clinician can collect a sample when she does your exam. Is that OK with you?
- Encourage members infected with chlamydia to have their sexual partners treated too, as required by Iowa Administrative Code 139A.4

Resources



Resources



We used the following state and national resources for this presentation. Please visit each organization's website for more information about chlamydia screening.

State Resources:

- Iowa Department of Public Health at idph.iowa.gov>Health>Sexually Transmitted Diseases>Chlamydia

National Resources

- American Sexual Health Association at chlamydiacoalition.org
- Centers for Disease Control and Prevention at cdc.gov>Sexually Transmitted Diseases (STD)>Chlamydia
- National Committee for Quality Assurance (NCQA) at ncqa.org>Report Cards>Health Plans>State of Health Care Quality Report>Chlamydia Screening in Women (CHL)
- National Chlamydia Coalition

Resources



Iowa Code 139A.35 MINORS.

- A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider.
- Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician assistant, or an advanced registered nurse practitioner.
- Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary.