Increasing Chlamydia Screening in New York State: Best Practices and Implementation Resources

April 30, 2019

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Training Center
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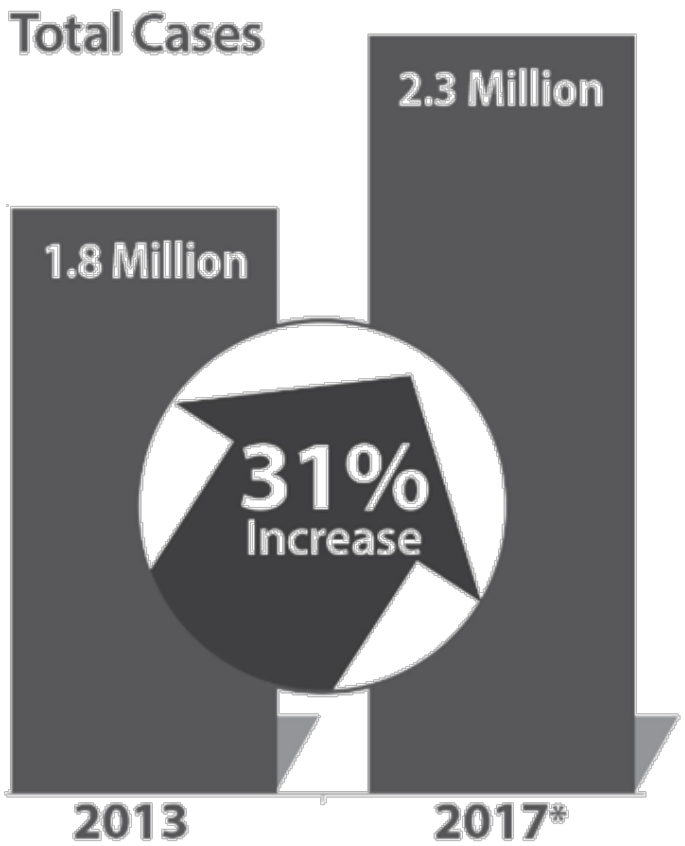
Objectives

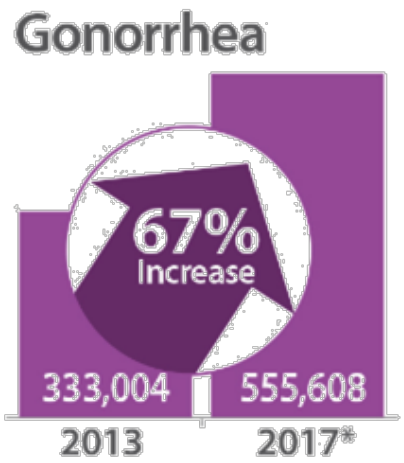
By the end of today, you will be able to:

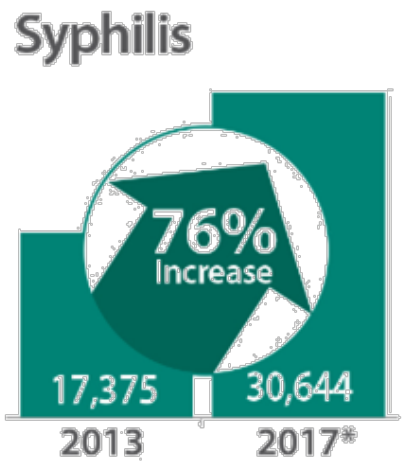
- Describe trends in the prevalence of chlamydia infections and screening rates in NYS
- Identify three best practices from the *Chlamydia Screening Change Package*
- Describe two strategies FPP providers have used to improve chlamydia screening
- List two tools to conduct quality improvement efforts to improve chlamydia screening at your site

THE U.S. IS EXPERIENCING STEEP, SUSTAINED INCREASES IN SEXUALLY TRANSMITTED DISEASES

Combined diagnoses of chlamydia, gonorrhea, and syphilis **increased sharply over the past five years**







Chlamydia

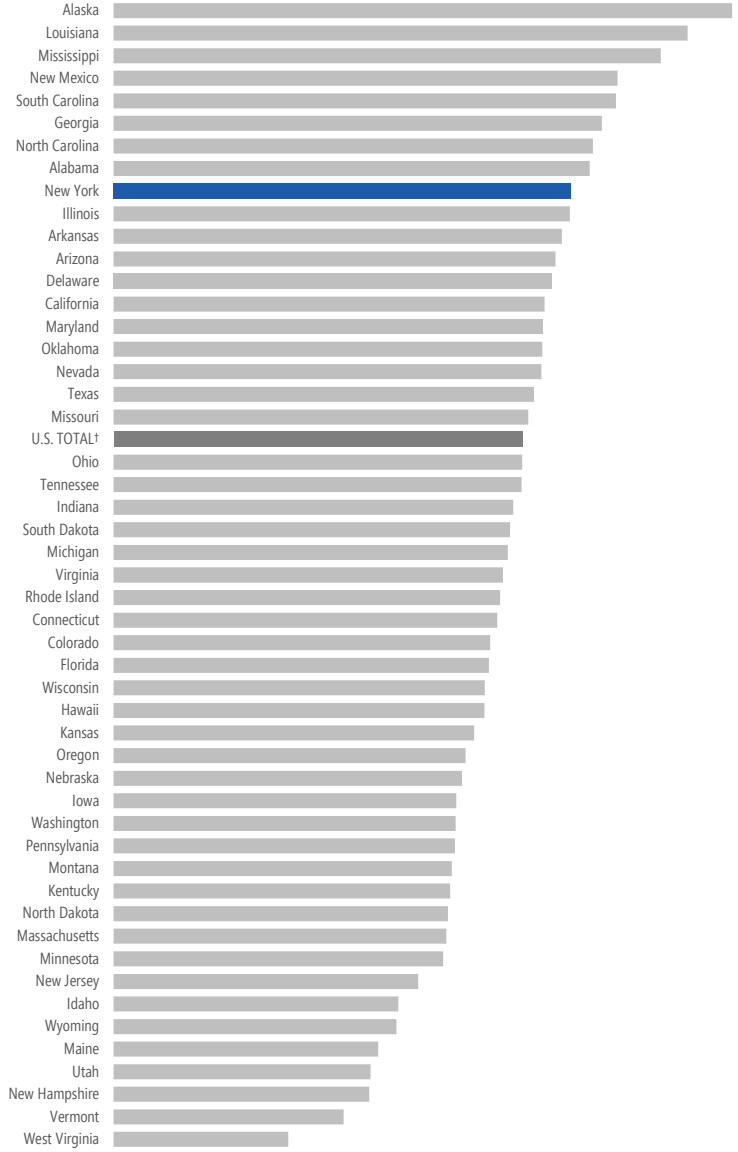
1.7 MILLION

In 2017* chlamydia was the **most common condition** reported to CDC

*Preliminary data

Source: https://www.cdc.gov/nchhstp/newsroom/2018/2018-std-prevention-conference.html

Chlamydia — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, 2017 (CDC)



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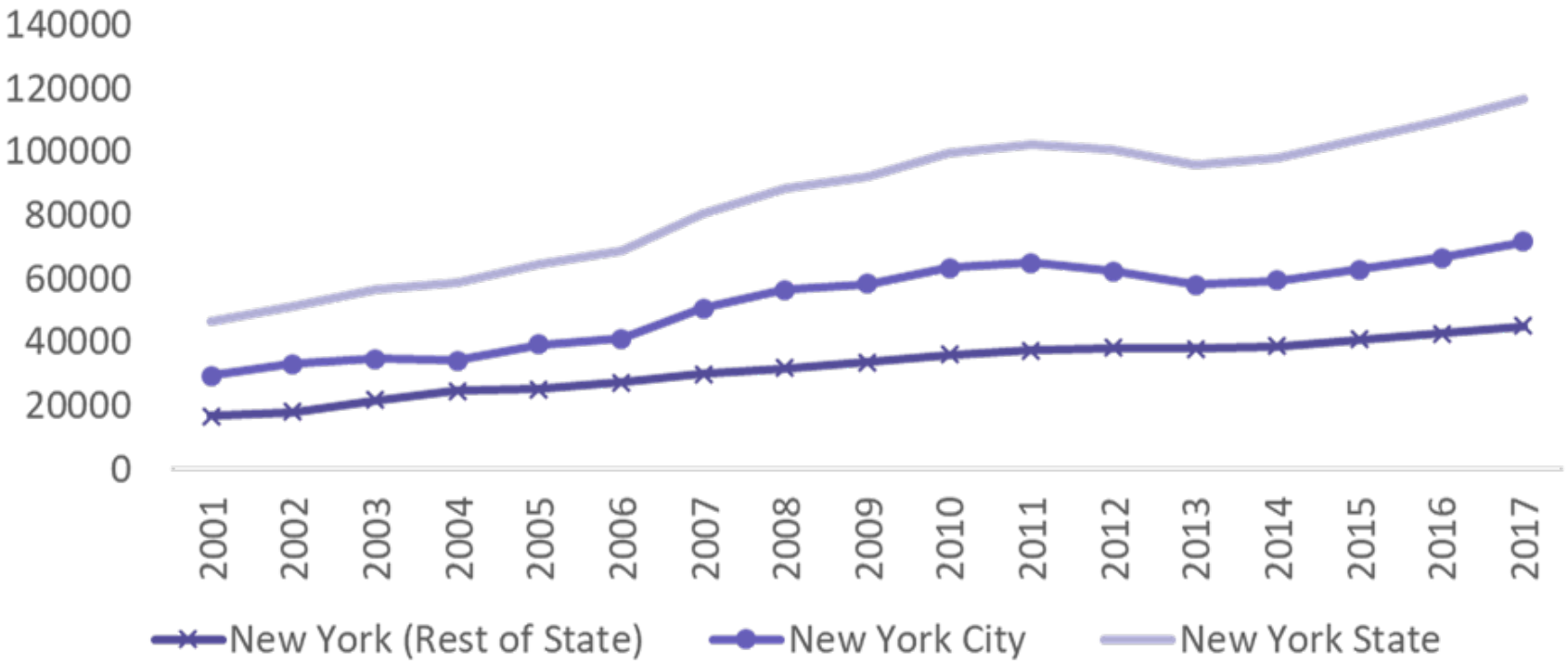
Source https://www.cdc.gov/std/stats17/tables/2.htm

Chlamydia in NYS 2001-2017

New Diagnoses by Year^, 2001-2017*



Source: NYSDOH Bureau of Sexual Health and Epidemiology

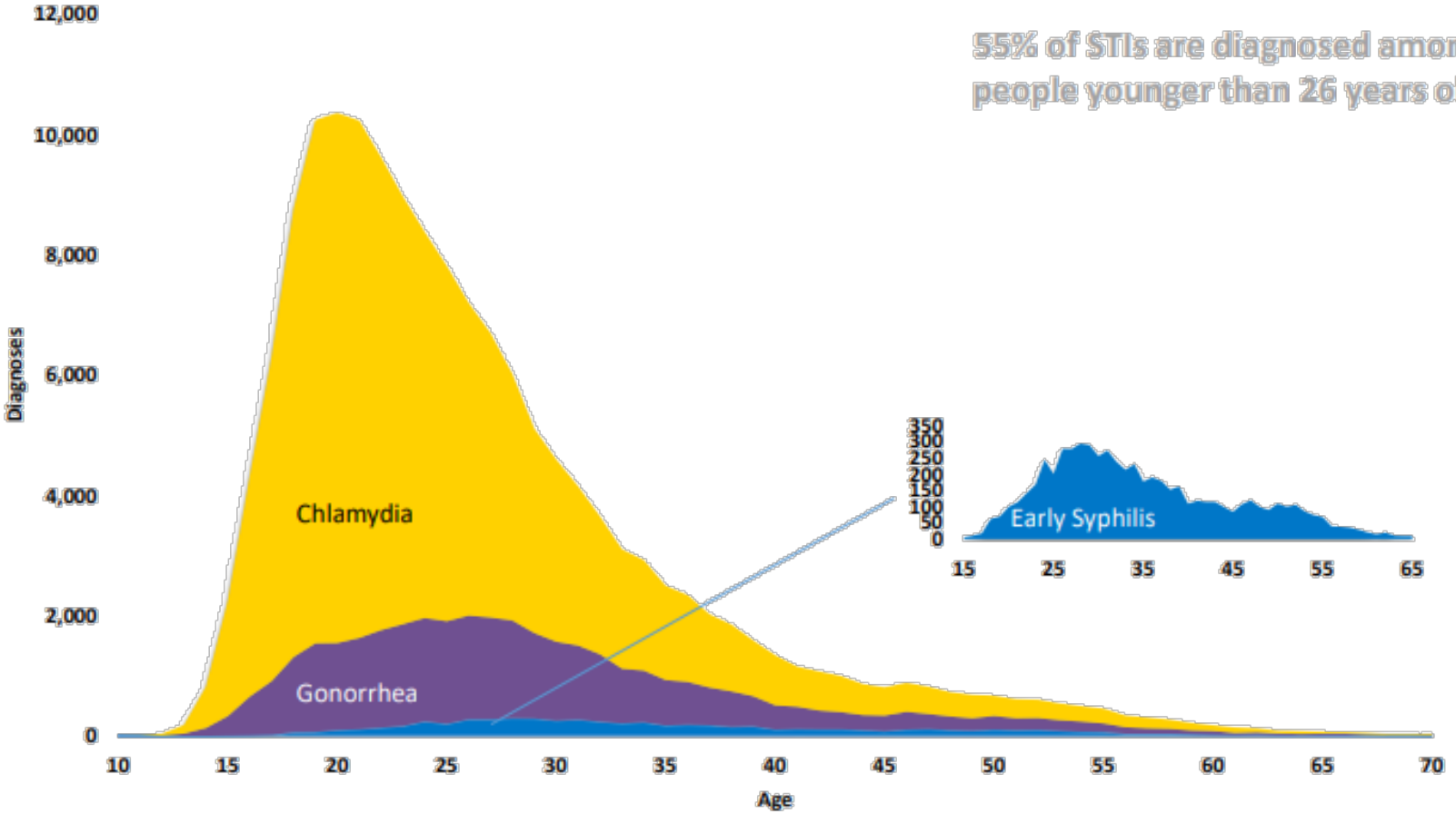
^Chlamydia became reportable in August 2000
*New York City Data available only as of 2001

Chlamydia in NYS

What this figure shows

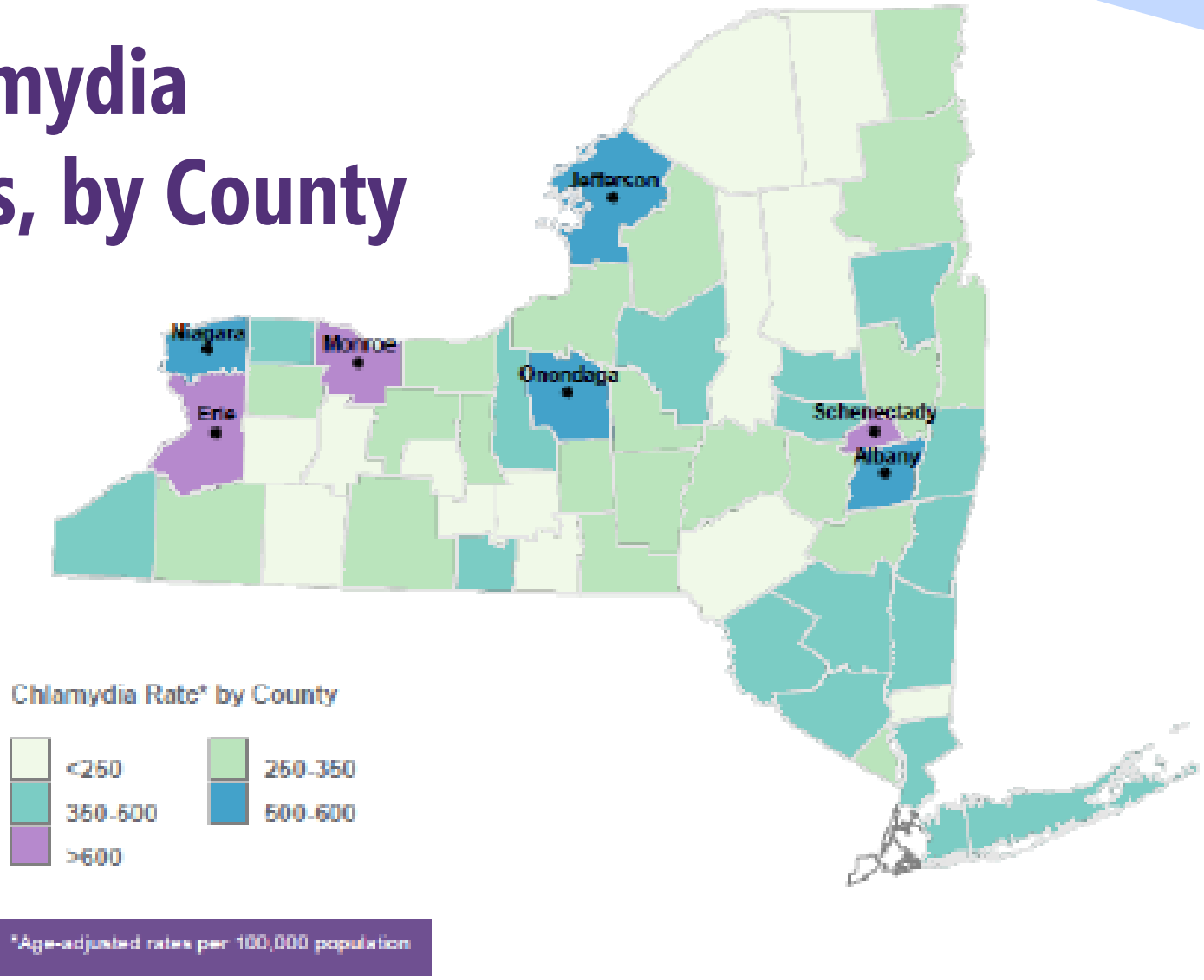
Chlamydia is the most commonly reported STI in NYS

55% of STIs are diagnosed among people younger than 26 years old



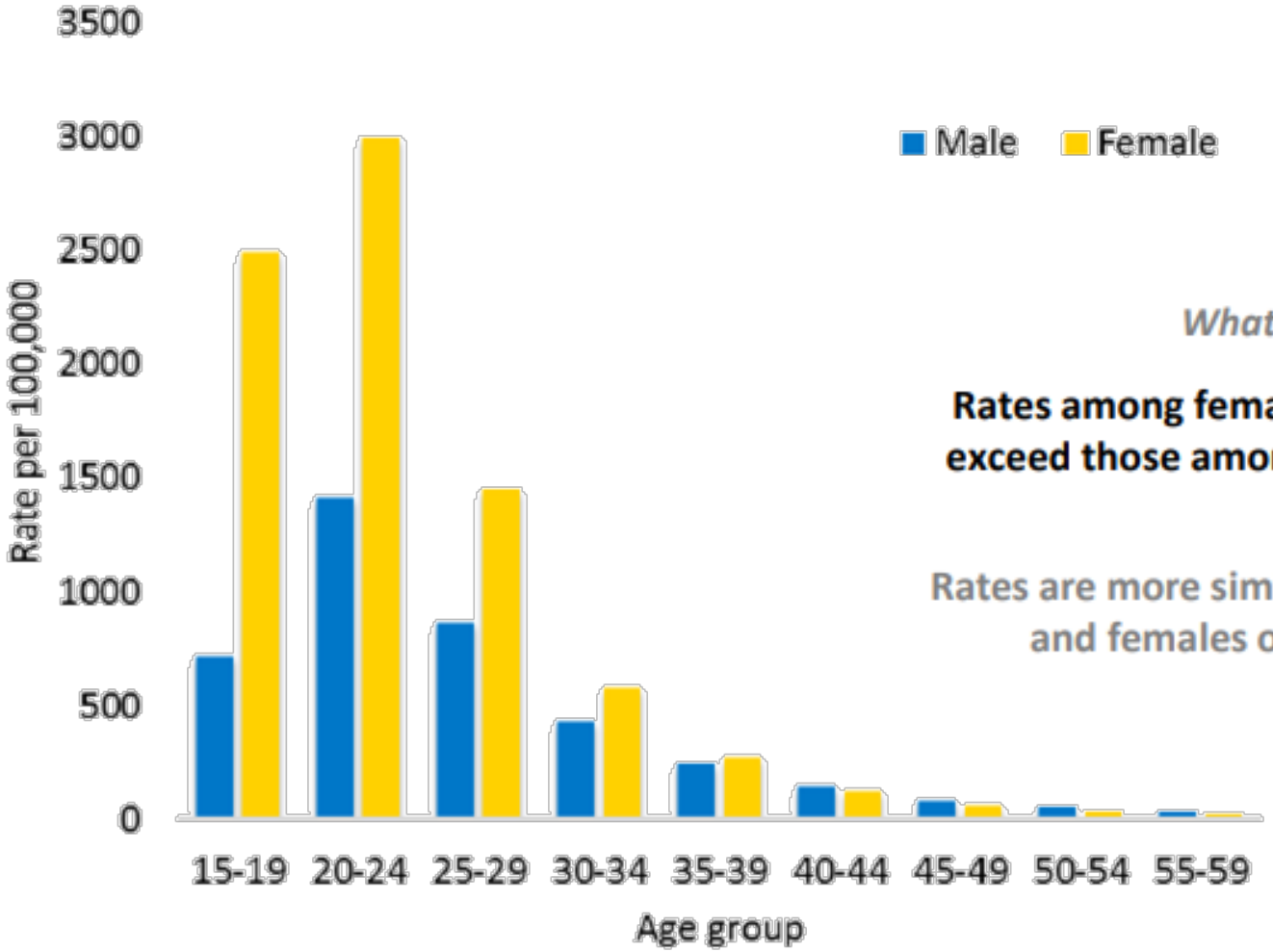
Source: NYSDOH Bureau of Sexual Health and Epidemiology. Sexually Transmitted Infections Surveillance Report. New York State, 2017

Chlamydia Rates, by County



Source: NYSDOH Bureau of Sexual Health and Epidemiology. 2017 New York State Epi Overview June 2018
*2017 Data considered preliminary.

Chlamydia Rates by Age and Sex
NYS excluding NYC, 2017



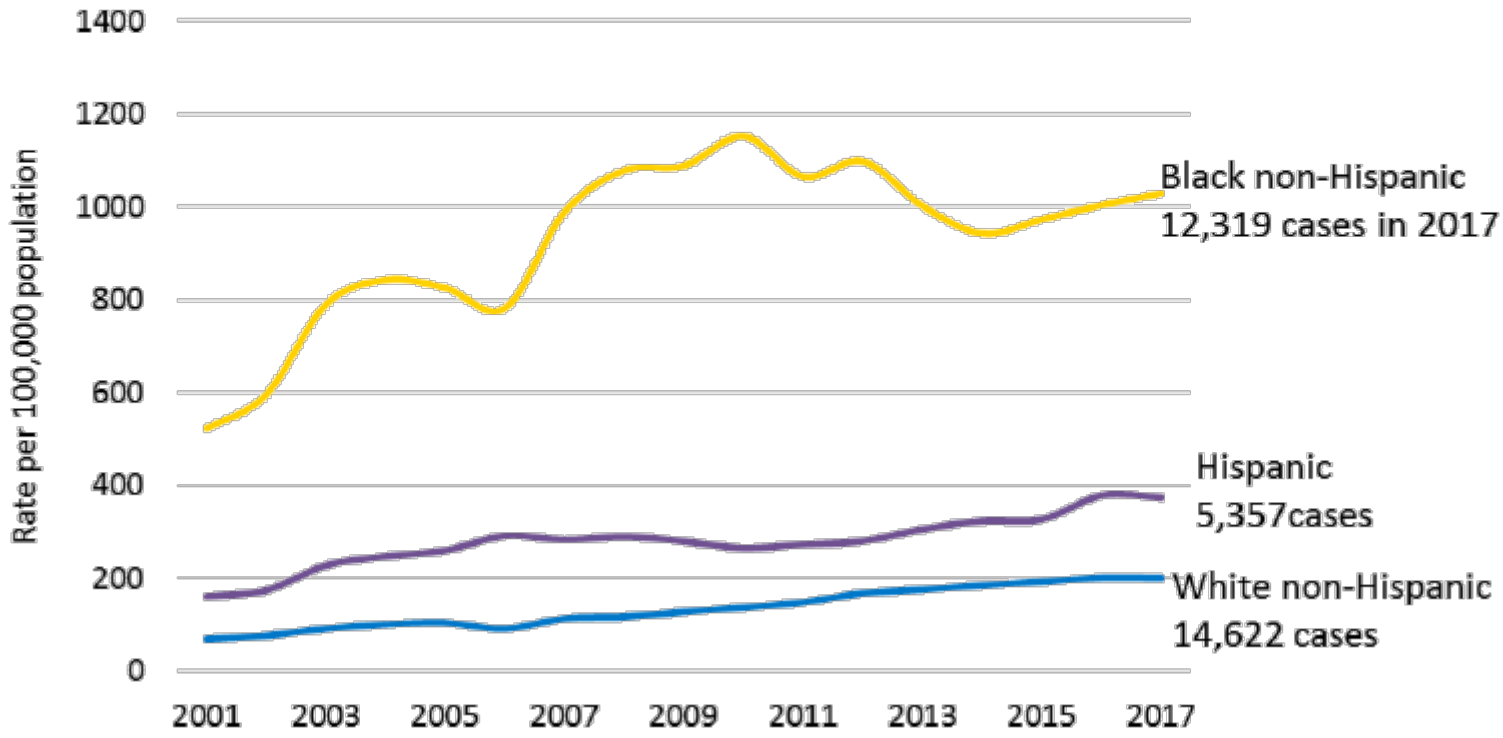
What this figure shows

Rates among females 15-24 greatly exceed those among males of same age group

Rates are more similar among males and females over the age of 25

Source: NYSDOH Bureau of Sexual Health and Epidemiology. 2017 New York State Epi Overview June 2018

Rate of Chlamydia by Race and Year, NYS excluding NYC, 2001-2017*



Source: NYSDOH Bureau of Sexual Health and Epidemiology. 2017 New York State Epi Overview June 2018

Screening Recommendations and Considerations (CDC)

Chlamydia	
Women	• **Sexually active women under 25 years of age** • Sexually active women aged 25 years and older if at increased risk (new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI.) • Retest approximately 3 months after treatment
Pregnant Women	• All pregnant women under 25 years of age • Pregnant women 25 years and older if at increased risk • Retest during the 3rd trimester for women under 25 years of age or at risk • Pregnant women with chlamydial infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 months

Source: CDC Chlamydia Screening Recommendations

HEDIS Performance Measure

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Source: NCQA Chlamydia Screening in Women

Screening Recommendations and Considerations (CDC)

Chlamydia	
Men	• Consider screening young men in high prevalence clinical settings or in populations with high burden of infection
MSM	• At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use • Every 3 to 6 months if at increased risk
Persons with HIV	• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter • More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology

Source: CDC Chlamydia Screening Recommendations

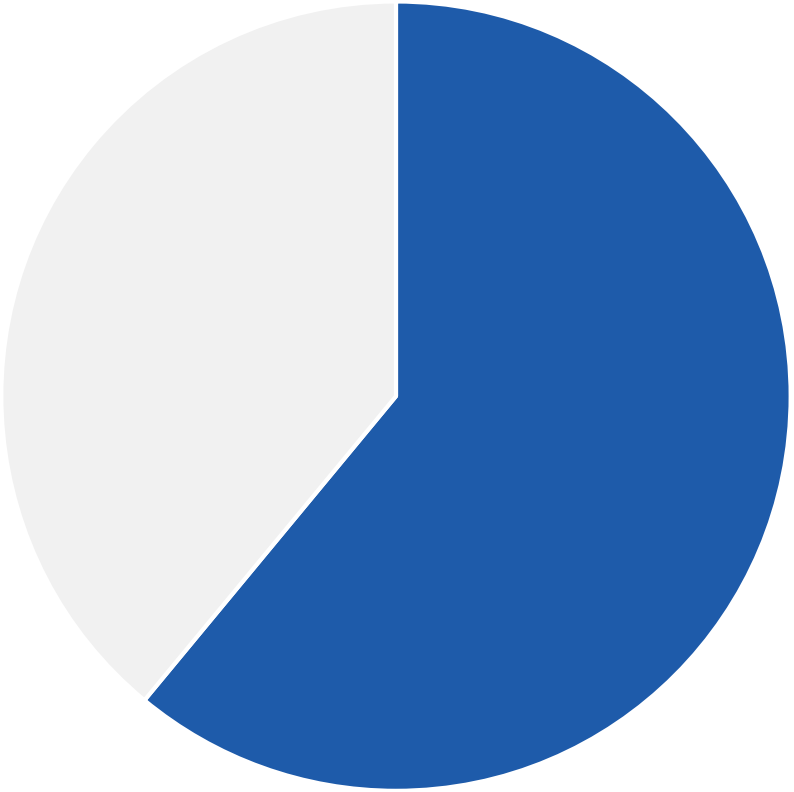
Why Chlamydia Screening?

You are making a difference!

With 71, 647 chlamydia tests done in New York State in 2017….	
1,040	Chlamydia infections prevented
210	Gonorrhea infections prevented
130	PID cases prevented
10	Ectopic pregnancy cases prevented
20	Infertility cases prevented
$429,260	Gross costs saved from STI testing

Guttmacher calculator: https://data.guttmacher.org/calculator

…But Screening Rates Are Low

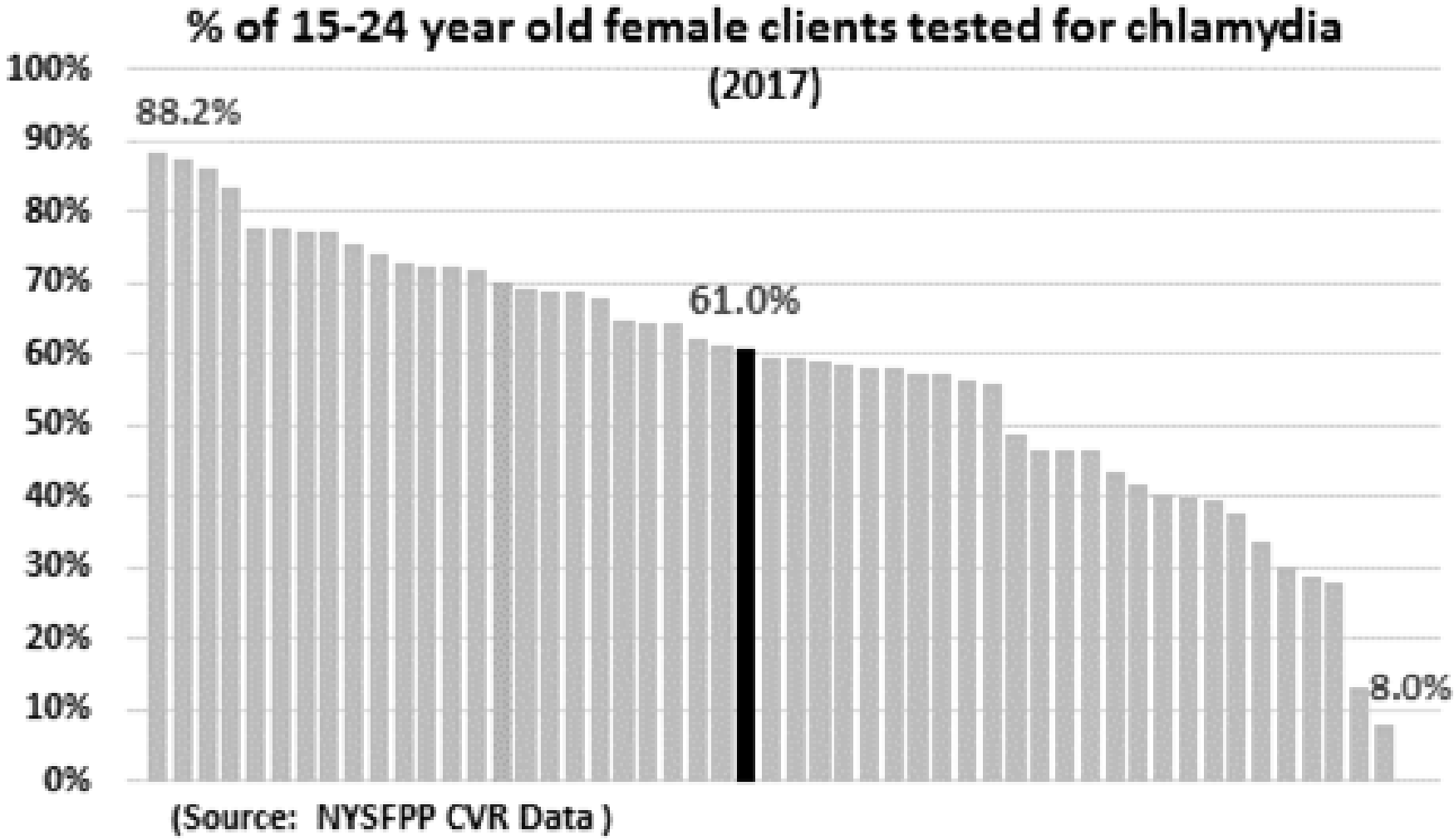


61% of NYS Family Planning Program female clients age 15-24 **were tested** for chlamydia in 2017.

National Title X screening rate = 61%.

Source: Family Planning Program Data (2016), FPAR (2017)

Chlamydia Screening by NYS FPP Provider



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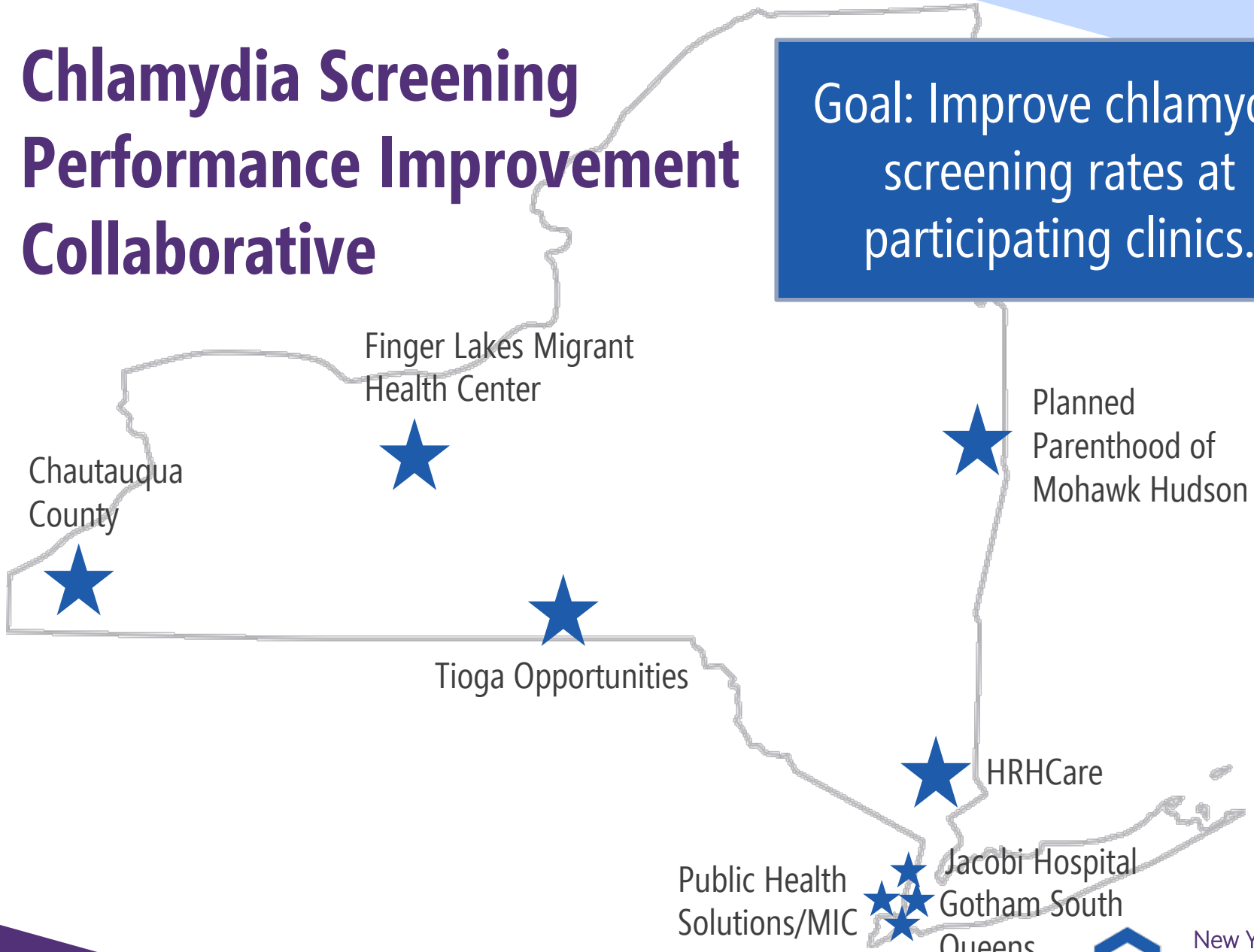
Chlamydia Screening Performance Improvement Collaborative

Goal: Improve chlamydia screening rates at participating clinics.



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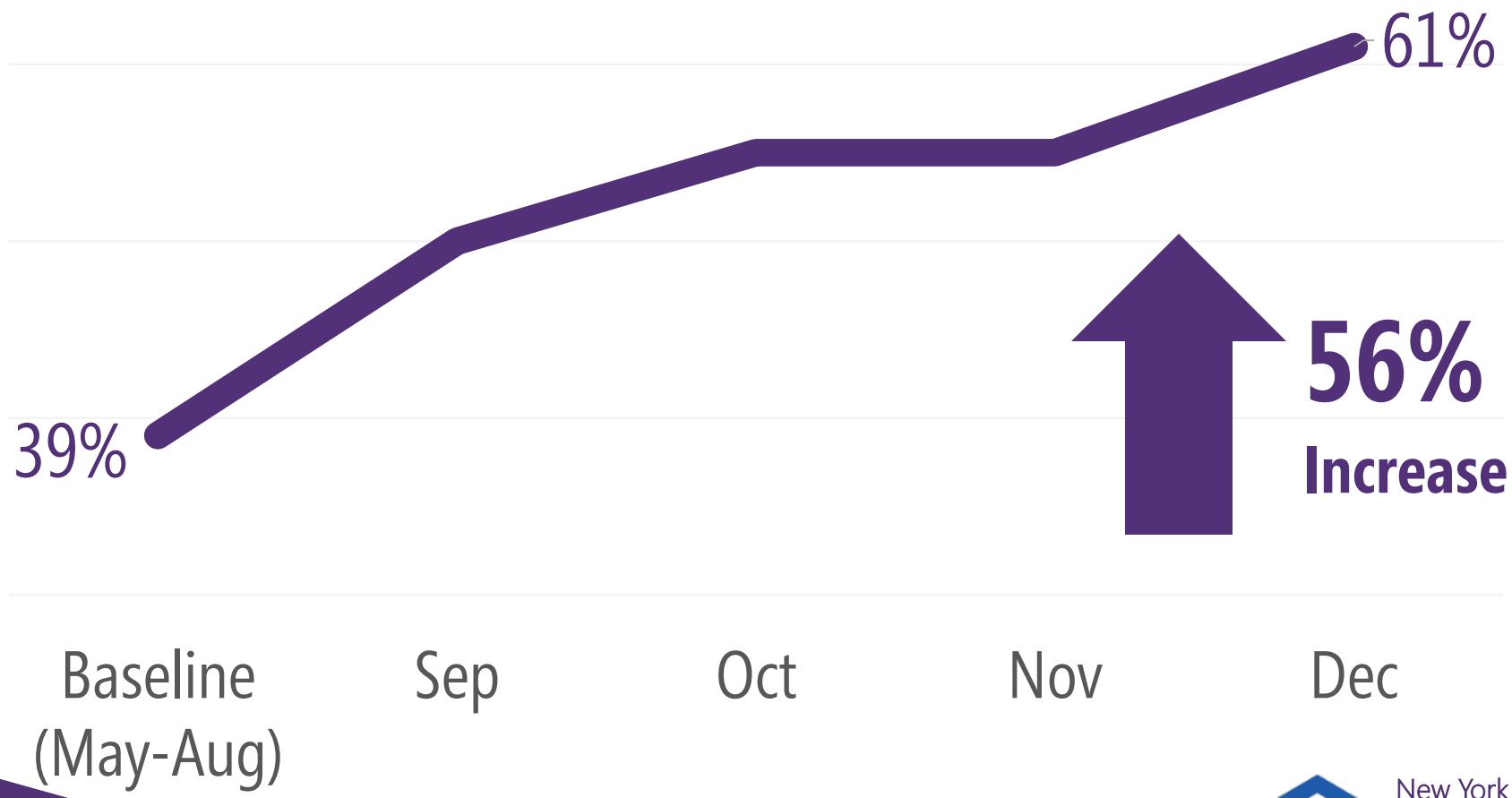
Results

Median % Tested for Chlamydia, per month (n=10 clinics)



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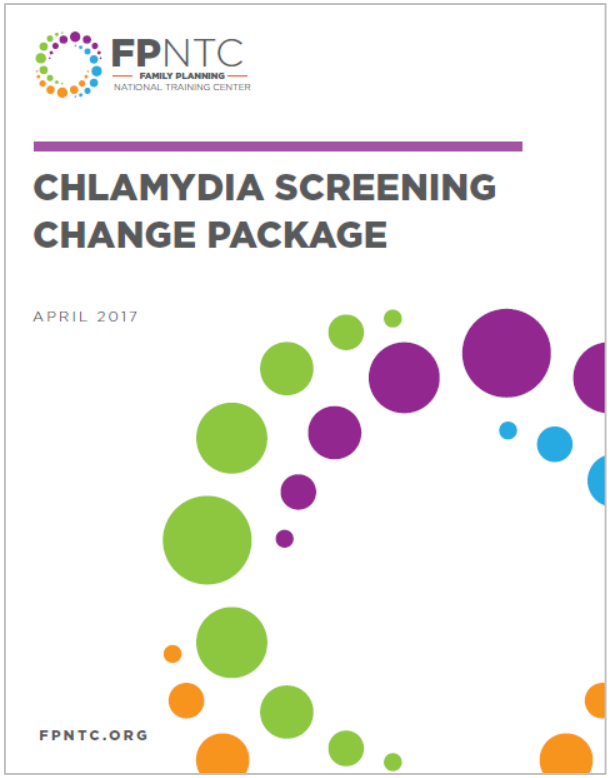
Best Practice Recommendations

1. Include chlamydia screening as a part of **routine clinical preventive care**
2. Use **normalizing and opt-out language**
3. Use the **least invasive, high-quality,** recommended laboratory technologies
4. Utilize **diverse payment options** to reduce cost as a barrier



Find it on FPNTC.org

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Success Stories from the Chlamydia Screening Performance Improvement Collaborative

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Planned Parenthood Mohawk Hudson | Johnstown

Sarah Nicholson Clark
Colleen Shaw
Ashley Stewart

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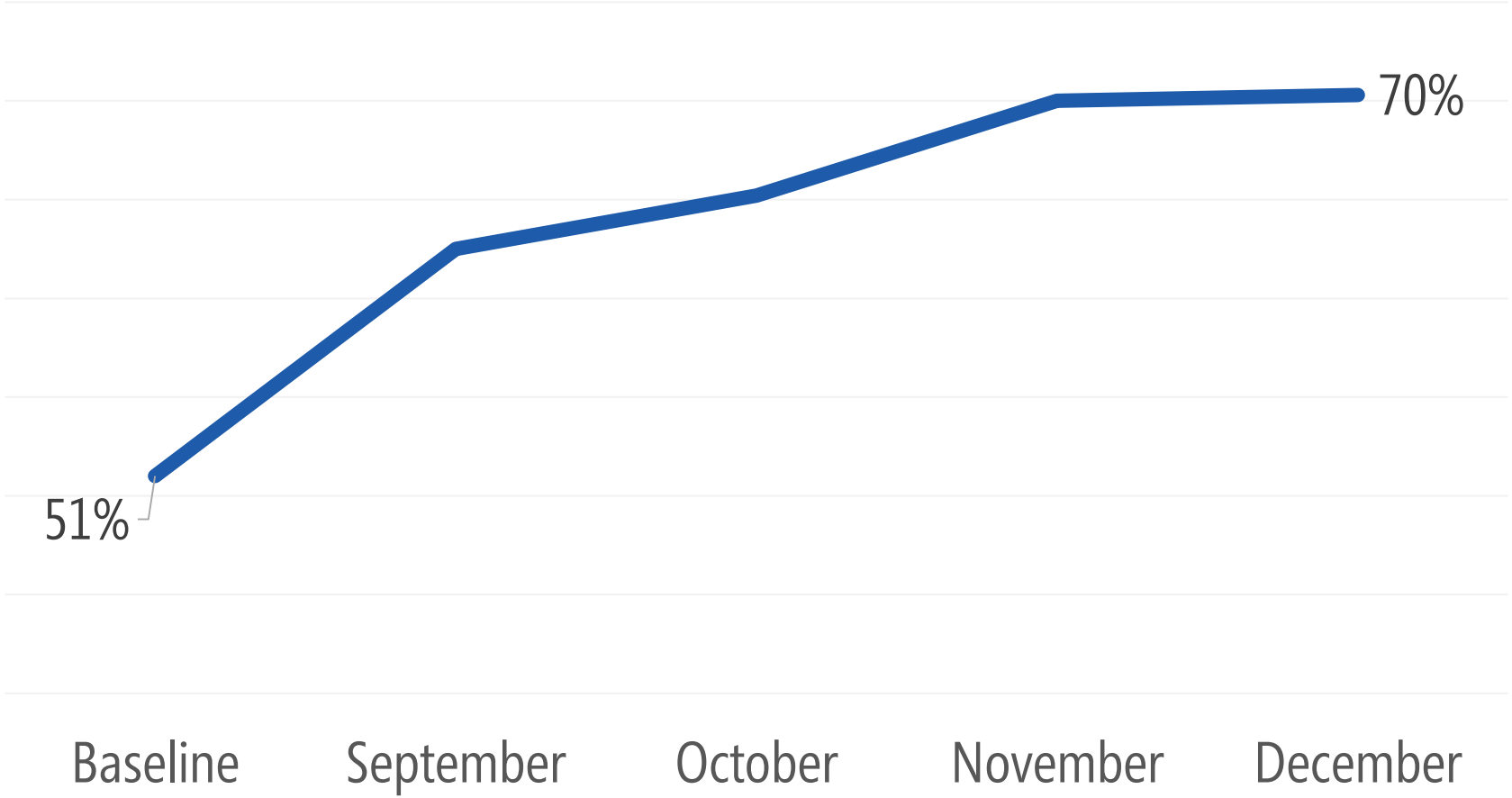
Screening Rate:
% Tested in Current Month, Over Time



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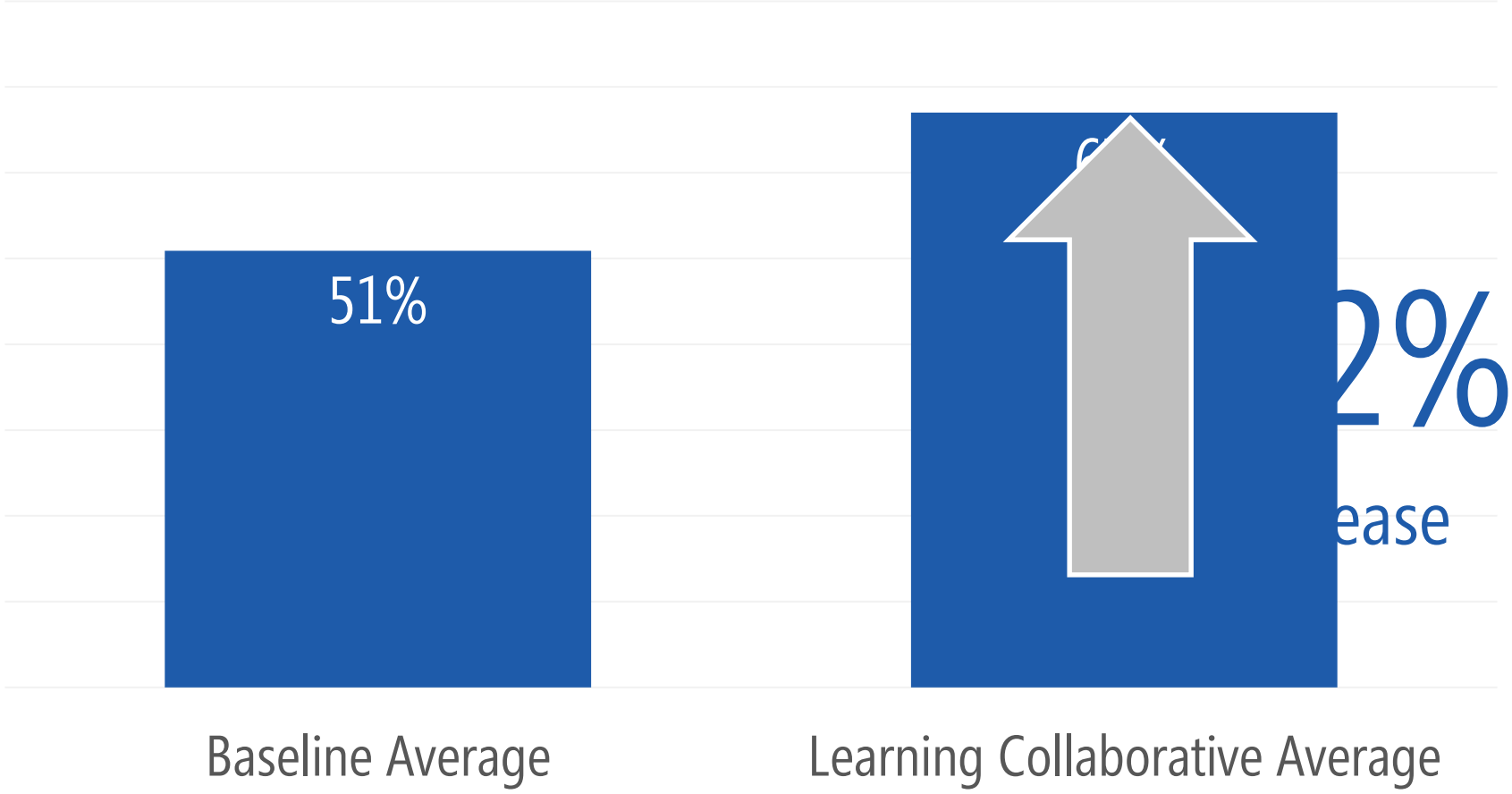
Screening**Average** Rate:
Baseline vs. Learning Collaborative Average



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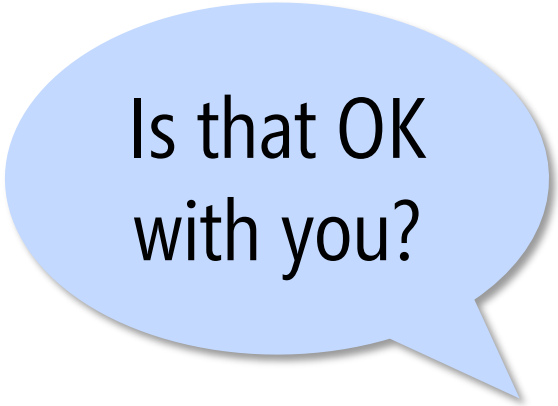
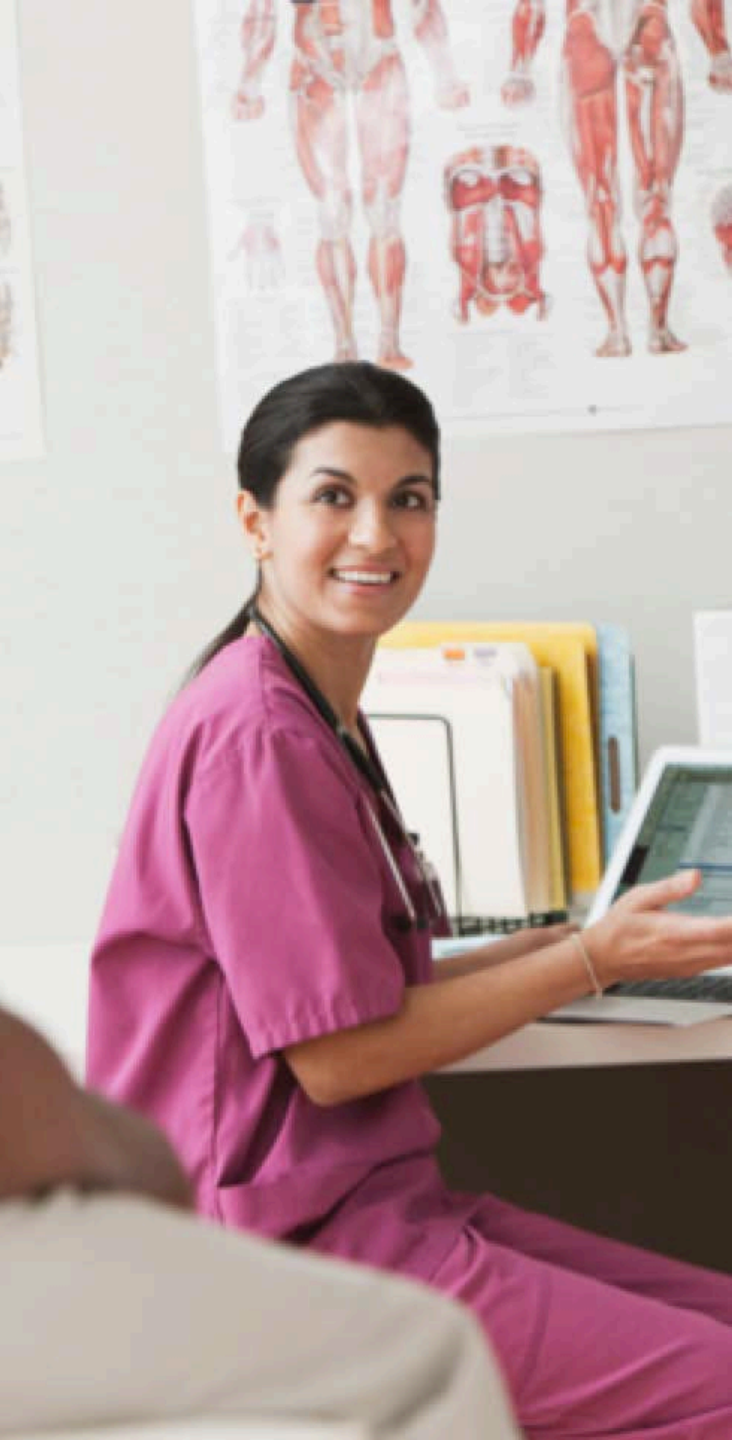
Most Impactful Change

Opt-out and normalizing language.





"Is that OK with you?"

"We encourage all of our patients to get chlamydia and gonorrhea screening, we can use the urine sample that you already gave us. Is it OK with you if we send that out?"

"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?"

Implementation

Start date 11/1/18

Data available 12/05/18

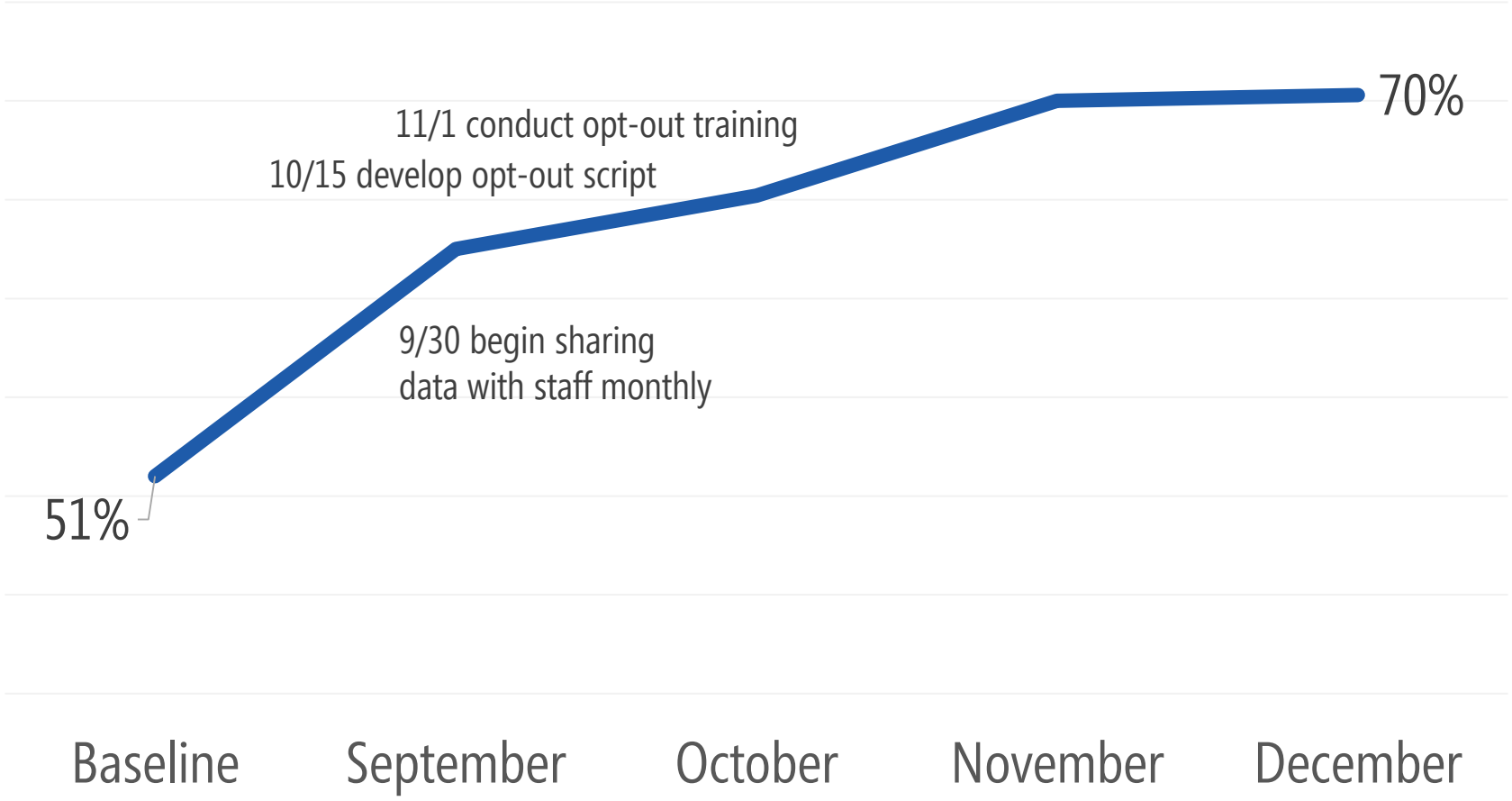
Staff response has been very positive about the language

Anecdotally, staff report that they feel like more patients are testing

Measurement of Change

- Implemented one best practice at a time.
- Data shows the largest jump in testing rates after we implemented this language.
  - 65.2% → 70%
- Data remained steady.

Screening Rate:
% Tested in Current Month, Over Time



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Challenges

- Patient perception of who is at risk for STIs.
  - Education & normalizing language.

- Billing, insurance companies declining to cover testing even with high risk patients.
  - Team provider will be speaking at APC meeting.

Next Steps and Opportunities

- 2019 affiliate PIQM Plan

Performance Indicator: Chlamydia Screening Rates

Performance Goal: Increase affiliate wide chlamydia screening rates for females ages 16-24 from 62.07% to 67%.

Method of Data Collection: CVR data
Data Source: Ahlers
Reporting Frequency: Monthly
Responsible Person/Dept.: Johnstown HCD/ Director of Medical Support Training
Timeframe: Fourth Quarter 2019

Questions?

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Tioga Opportunities, Inc.

Leslie Salter

Sharill Scolaro

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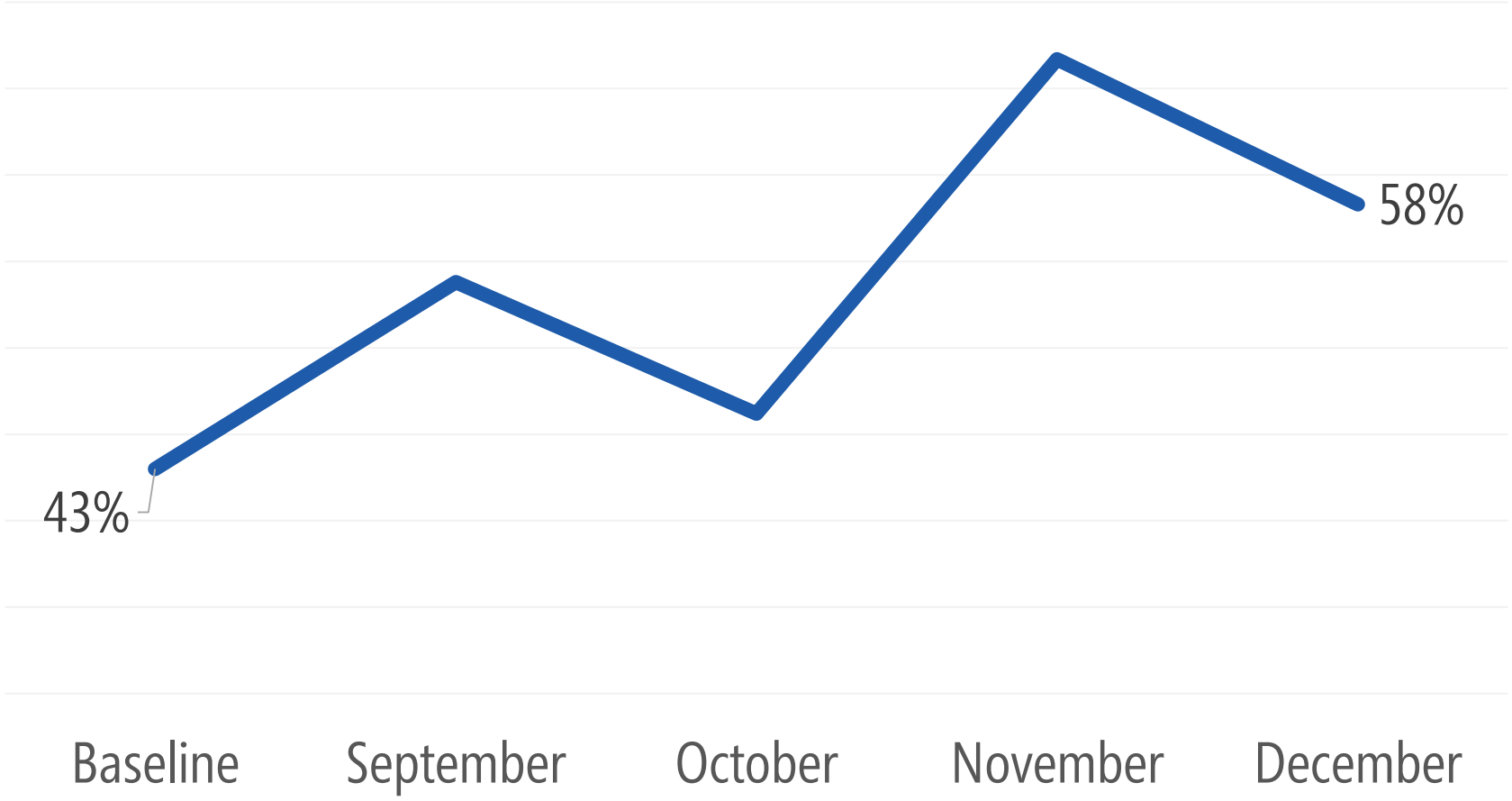
Screening Rate:
% Tested in Current Month, Over Time



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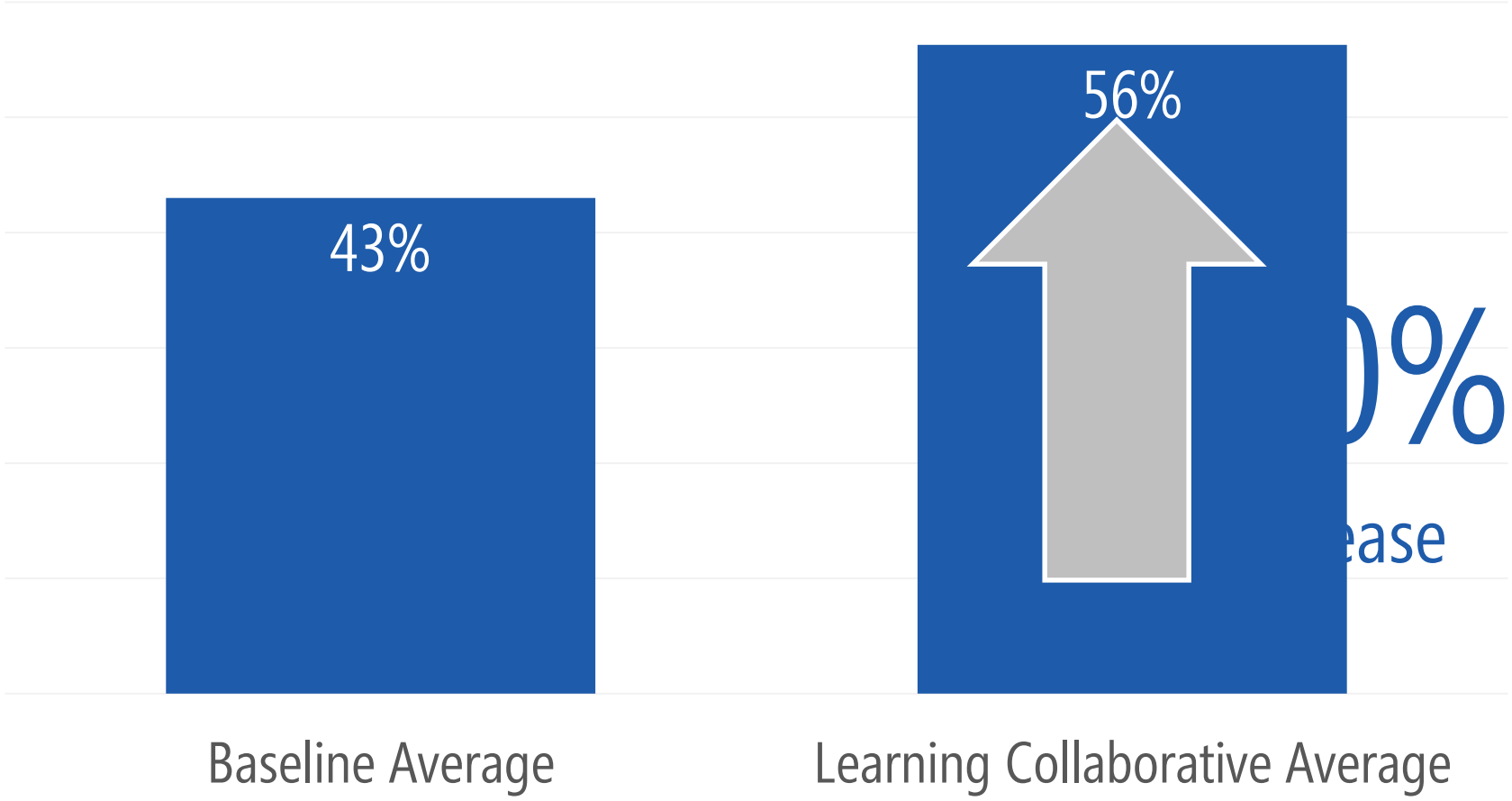
Screening Rate:
Baseline Average vs. Learning Collaborative Average



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Most Impactful Changes

1. Development and implementation of **standing orders and express STI nurse visits**

2. Use of **opt-out language**
   - Opt-out used for patients seeking pregnancy tests and EC.

Standing Orders/Express Visits

- RN wrote new policy and procedure for the standing orders for chlamydia screening and express STI visit.
- Medical Director approved new policy and procedures on 11/21/18.
- Practitioner and RN implemented the change during visits.

Opt Out Language

- It was apparent to clinical staff that opt-out language was a necessary component of each visit to increase the screening rates.
- Staff had training on opt out language on 11/28/18.
- Practitioner and RN implemented the change during visits.

Screening Rate:
% Tested in Current Month, Over Time

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Next Steps and Opportunities

- Continue to use opt-out language at all visits and use the standing orders if and when appropriate.
- Develop a data collection method for information about visits that didn't include screening for chlamydia.
  - Plan to use this information to assess missed screening opportunities.

Next Steps and Opportunities

- Continue to track data on a monthly basis:
  - Share data at monthly staff meetings.
  - Review any missed opportunities for screening.
  - Reinforce the importance of screening for chlamydia on all patients to increase staff and patient buy-in.

Questions?

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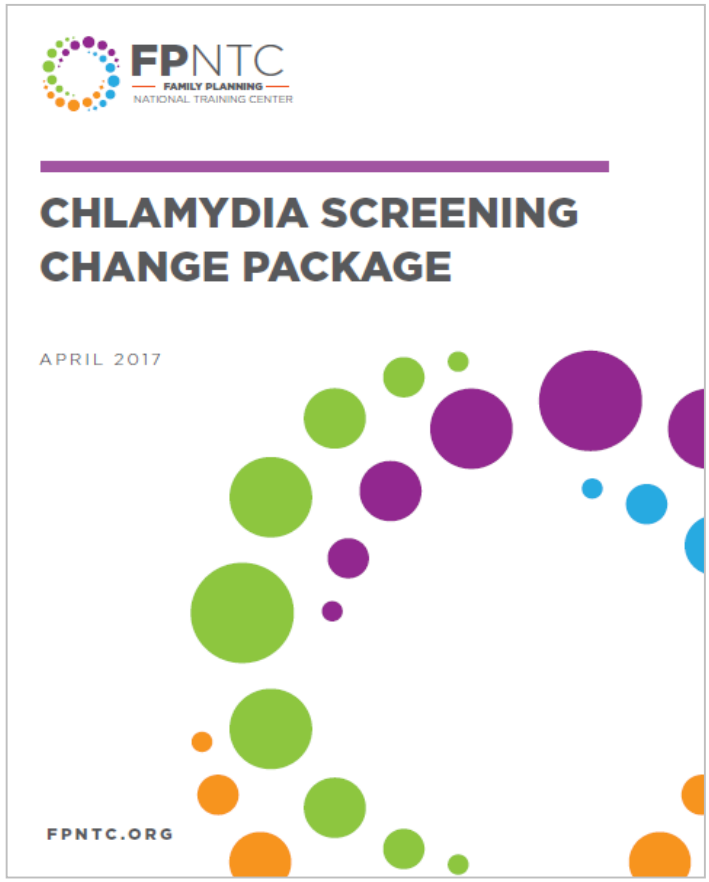
Chlamydia Screening Change Package

- Best practice recommendations
- Rationale
- Strategies
- Suggested evaluation measures
- Tools and resources



Link: https://www.fpntc.org/resources/chlamydia-screening-change-package

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Best Practice 1.

Include chlamydia screening as a part of routine clinical preventive care for women under 25, women 25 and older who are at increased risk, and men at increased risk.

- Have a written policy and protocol
- Establish standing orders and a standardized workflow
- Utilize a team approach to care
- Share screening data with staff and providers
- Utilize service delivery approaches that increase efficiency

Best Practice 2.

Use normalizing and opt-out language to explain chlamydia screening to all women under 25, women 25 and older at increased risk, and men at increased risk.

- Avoid asking questions like, "Do you want to be tested for chlamydia today?"
- Use opt-out language such as, "I recommend a test for chlamydia to all my clients under 25, is that okay with you?"
- Include all staff in training
- Educate clients on the importance of screening, and how to reduce their risk for STDs

Best Practice 3.

Use the least invasive, high-quality, recommended laboratory technologies available for chlamydia screening, with timely turnaround.

- Establish routine clinic flow processes for routine screening
- Procure lab services with timely turnaround
- Make all screening options available, including self-collected vaginal swabs
- Establish a recall system to retest clients

Patient Instructions

More info: http://depts.washington.edu/uwptc/index.html#resources
To order, email aradford@uw.edu

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Best Practice 4.

Utilize diverse payment options to reduce cost as a barrier for the client and the facility.

- Ensure organizational policy is in line with Title X and Family Planning Program Requirements
- Ensure client confidentiality
- Bill third parties when possible
- Provide insurance eligibility screening
- Identify strategies to pay for safety net screening services

NYS FPP Policy

- Providers are required to screen clients for sexually transmitted infections in accordance with QFP and CDC STD Treatment Guidelines
- Programs will provide Chlamydia testing at no charge for uninsured clients up to 200% FPL. (p65)
- Programs will provide HIV counseling and testing at no charge for uninsured clients up to 200% FPL. (p64)

Source: NYS Family Planning Program RFA 2011

Now what?

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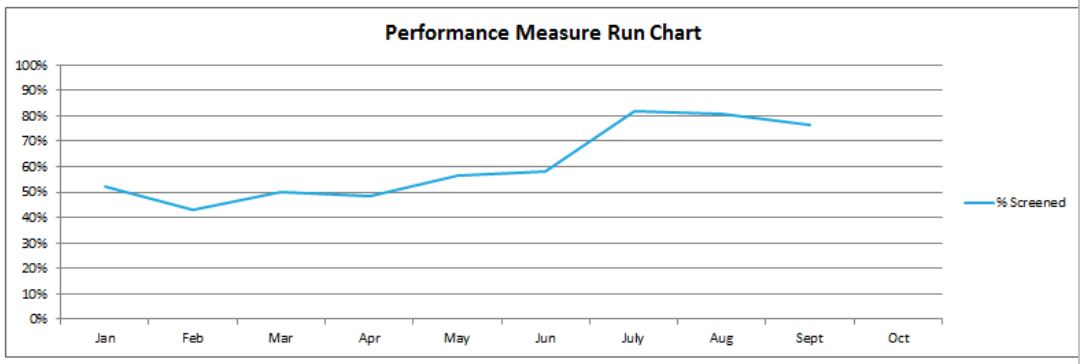
Next Steps

- **Assemble QI team** (with representative staff from: clinical, administration/clinic management, billing and coding, front desk, clinical assistants, and finance)
- Develop a **performance goal** and **improvement plan**
- Implement **improvement strategies**
- Review regularly **what is working** and what needs to be done differently

Data Tracking and Improvement Plan

PLAN					DO	STUDY	ACT
Aim Statement	Tasks	Who	When	Measures			
What do you want to accomplish? By when? (May be the same as or a subset of Step)	*What tasks need to be accomplished to reach this Aim?*	*Who will complete the Tasks?*	*Task will be done by what date?*	*How will you know you have been successful?*	*What progress has been made? What is happening as you make progress?*	*What do the measures show? What are your observations?*	*What are your next steps?*

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Performance Goal
% of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia in the reporting month	52%	43%	50%	49%	57%	58%	82%	81%	76%		55%



Available at: https://nysfptraining.org/performance-improvement-collaborative/

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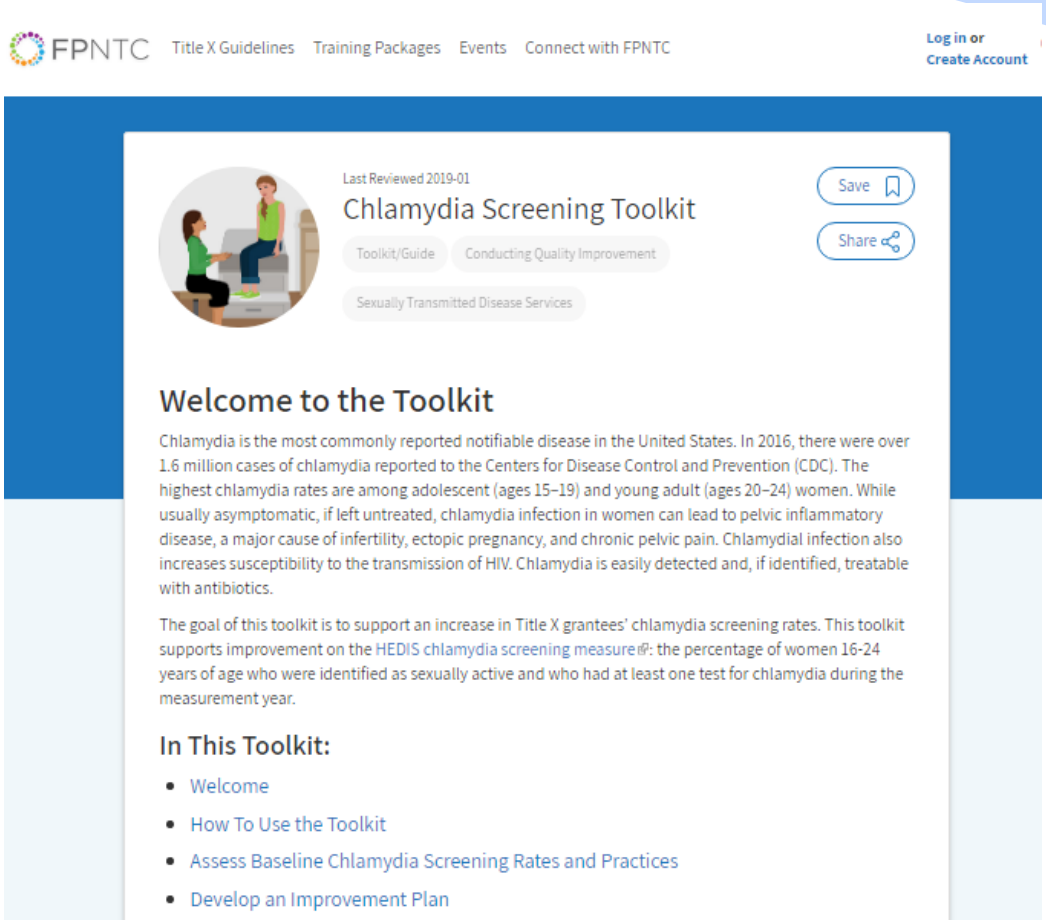
Chlamydia Screening Toolkit

Best Practice Recommendations

Action Steps

Training Guides

Other Implementation Resources



Available at:
https://www.fpntc.org/resources/chlamydia-screening-toolkit

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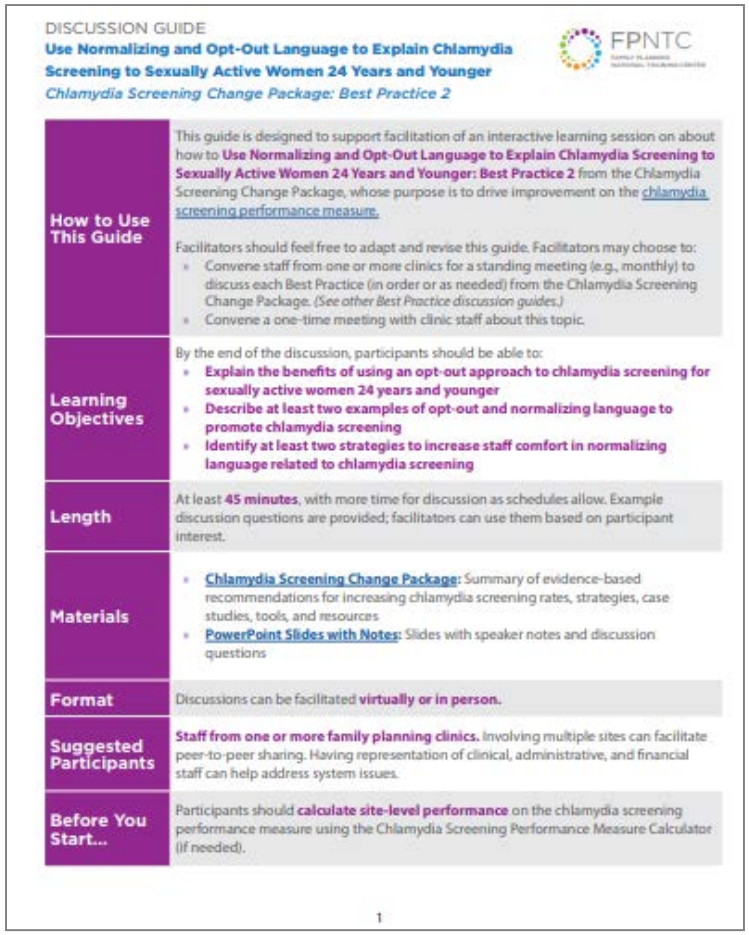
Training Guides

For each Best Practice Recommendation:

- PowerPoint Slide Deck with Talking Points
- Discussion Guide



DISCUSSION GUIDE

Use Normalizing and Opt-Out Language to Explain Chlamydia Screening to Sexually Active Women 24 Years and Younger

Chlamydia Screening Change Package: Best Practice 2

FPNTC

How to Use This Guide	This guide is designed to support facilitation of an interactive learning session on about how to **Use Normalizing and Opt-Out Language to Explain Chlamydia Screening to Sexually Active Women 24 Years and Younger: Best Practice 2** from the Chlamydia Screening Change Package, whose purpose is to drive improvement on the chlamydia screening performance measure. Facilitators should feel free to adapt and revise this guide. Facilitators may choose to: • Convene staff from one or more clinics for a standing meeting (e.g., monthly) to discuss each Best Practice (in order or as needed) from the Chlamydia Screening Change Package. *(See other Best Practice discussion guides.)* • Convene a one-time meeting with clinic staff about this topic.
Learning Objectives	By the end of the discussion, participants should be able to: • **Explain the benefits of using an opt-out approach to chlamydia screening for sexually active women 24 years and younger** • **Describe at least two examples of opt-out and normalizing language to promote chlamydia screening** • **Identify at least two strategies to increase staff comfort in normalizing language related to chlamydia screening**
Length	At least **45 minutes**, with more time for discussion as schedules allow. Example discussion questions are provided; facilitators can use them based on participant interest.
Materials	• **Chlamydia Screening Change Package:** Summary of evidence-based recommendations for increasing chlamydia screening rates, strategies, case studies, tools, and resources • **PowerPoint Slides with Notes:** Slides with speaker notes and discussion questions
Format	Discussions can be facilitated **virtually or in person.**
Suggested Participants	**Staff from one or more family planning clinics.** Involving multiple sites can facilitate peer-to-peer sharing. Having representation of clinical, administrative, and financial staff can help address system issues.
Before You Start...	Participants should **calculate site-level performance** on the chlamydia screening performance measure using the Chlamydia Screening Performance Measure Calculator (if needed).

1

Available at:
https://www.fpntc.org/resources/chlamydia-screening-toolkit

Collaborative Materials

Available at: https://nysfptraining.org/performance-improvement-collaborative/

Questions?

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Thank you!

Contact:
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