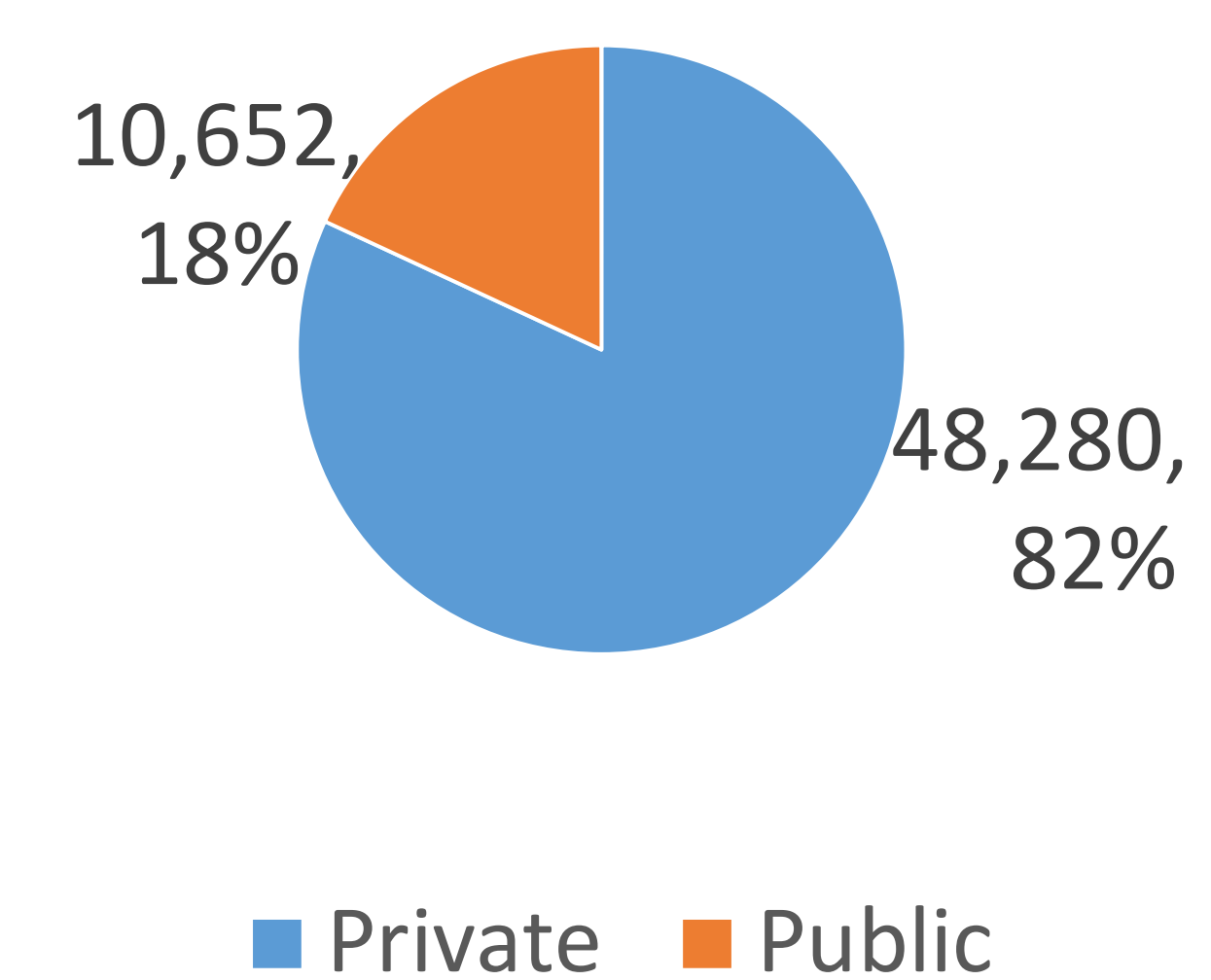


Developing Academic Detailing and Patient Empowerment for Addressing Private Practice Chlamydia Screening and Treatment

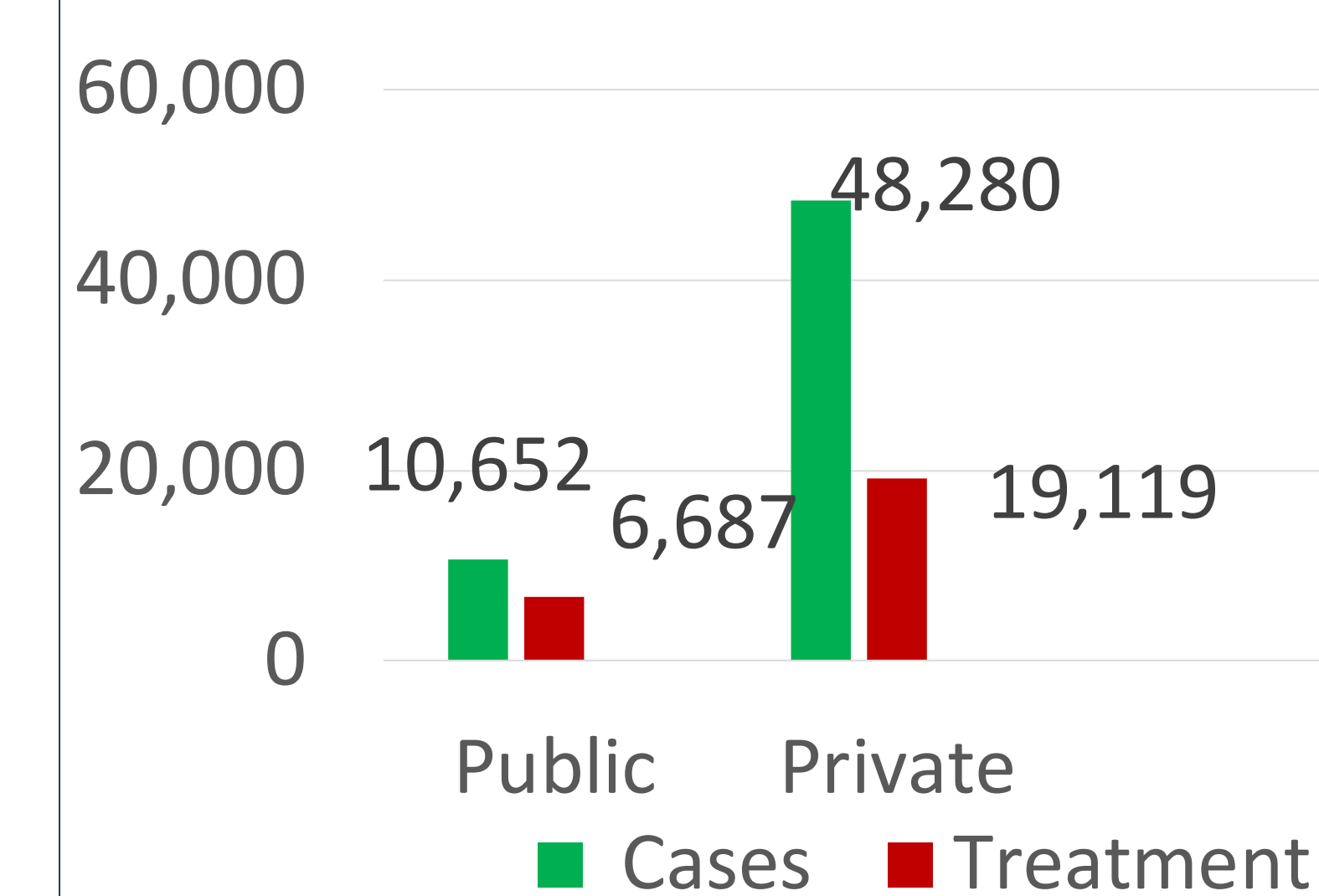
Beth Butler, B.A., Nenette Hickey, M.S., and Kristine King, B.S., Pennsylvania Department of Health, Harrisburg, PA

- ❖ Talking about sexual health and providing chlamydia screening as a part of routine care in a female patient's visit can prevent infertility and other future health complications.
- ❖ The United States Preventive Health Task Force and the Centers for Disease Control and Prevention recommend chlamydia screening in sexually active women age 24 years and younger.
- ❖ The Healthcare Effectiveness Data and Information Set (HEDIS) contains a measure that assesses chlamydia screening coverage of sexually active young women who receive medical care through commercial or Medicaid managed care organizations.
- ❖ Academic detailing presents an opportunity for the Pennsylvania Department of Health Sexually Transmitted Disease (STD) Program to become aware of private practice current chlamydia screening habits, impart the importance of communication between the patient and provider regarding sexual health (in particular chlamydia screening), reinforce chlamydia screening recommendations, and educate providers regarding treatment guidelines and reporting requirements.

Reported Cases in PA NEDSS



Cases Documented with Treatment in PA NEDSS

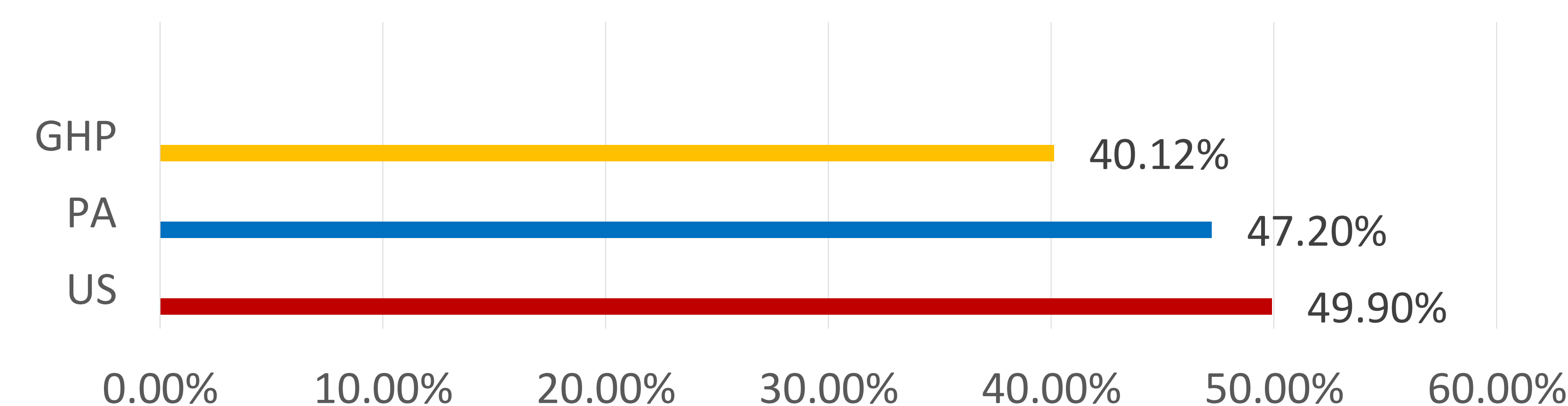


- ❖ Approximately 82 percent of cases of chlamydia in Pennsylvania are reported by laboratories where specimens were obtained by private sector physicians.
- ❖ Approximately 40 percent of positive cases from the private sector have reported treatment in the PA National Electronic Data Surveillance System (PA NEDSS), while nearly 63 percent of positive cases from the public sector have reported treatment.
- ❖ The Pa. STD Program endeavors to improve treatment and data integrity through academic detailing. Educating private practices regarding reporting requirements and providing suggestions for how to integrate the process into the office-specific workflow is a significant component of the presentations.

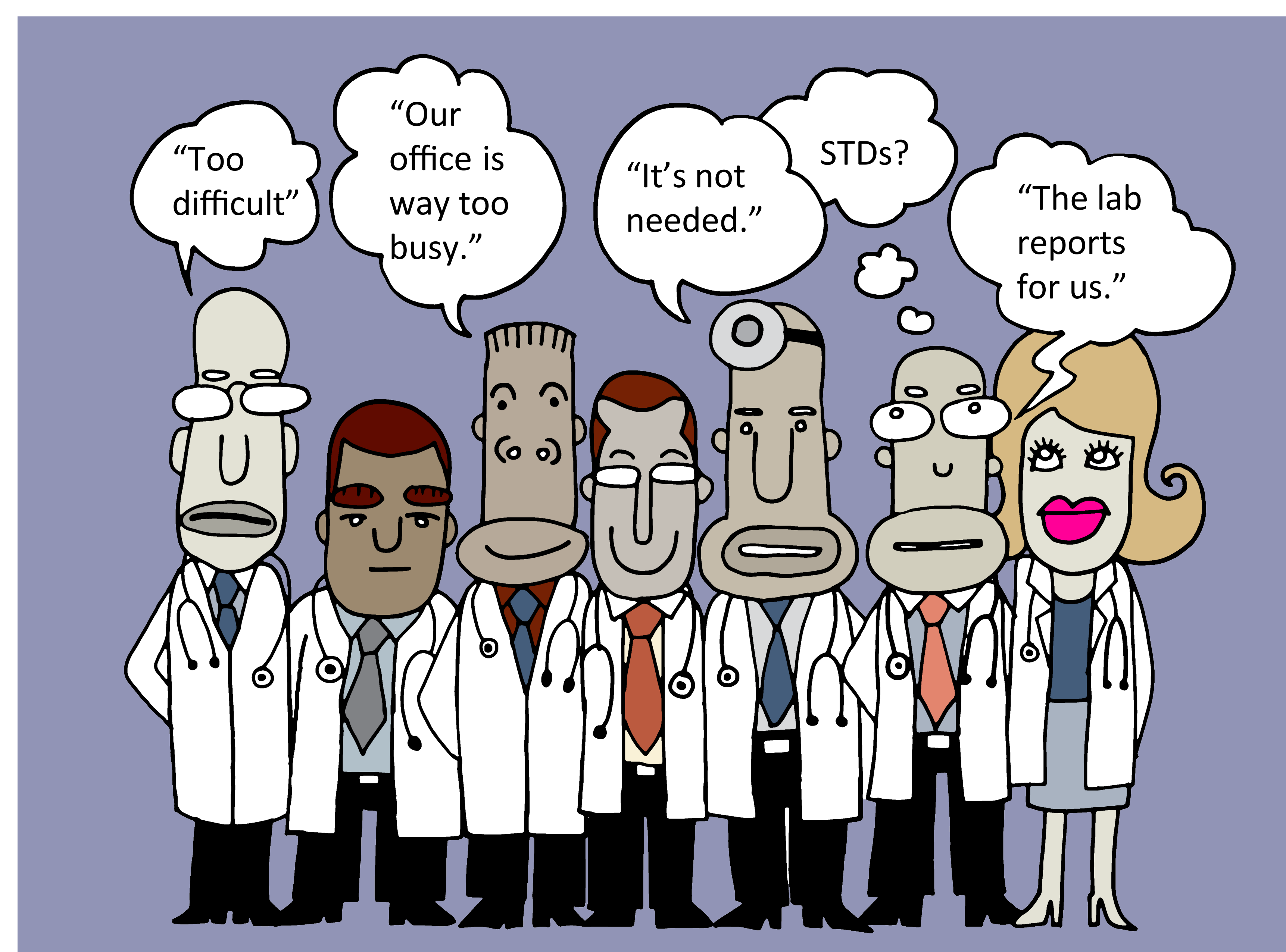
Acknowledgements:

Steven Kowalewski, CDC Penny Loosier, CDC
Geisinger Health Plan Quality and Informatics Teams

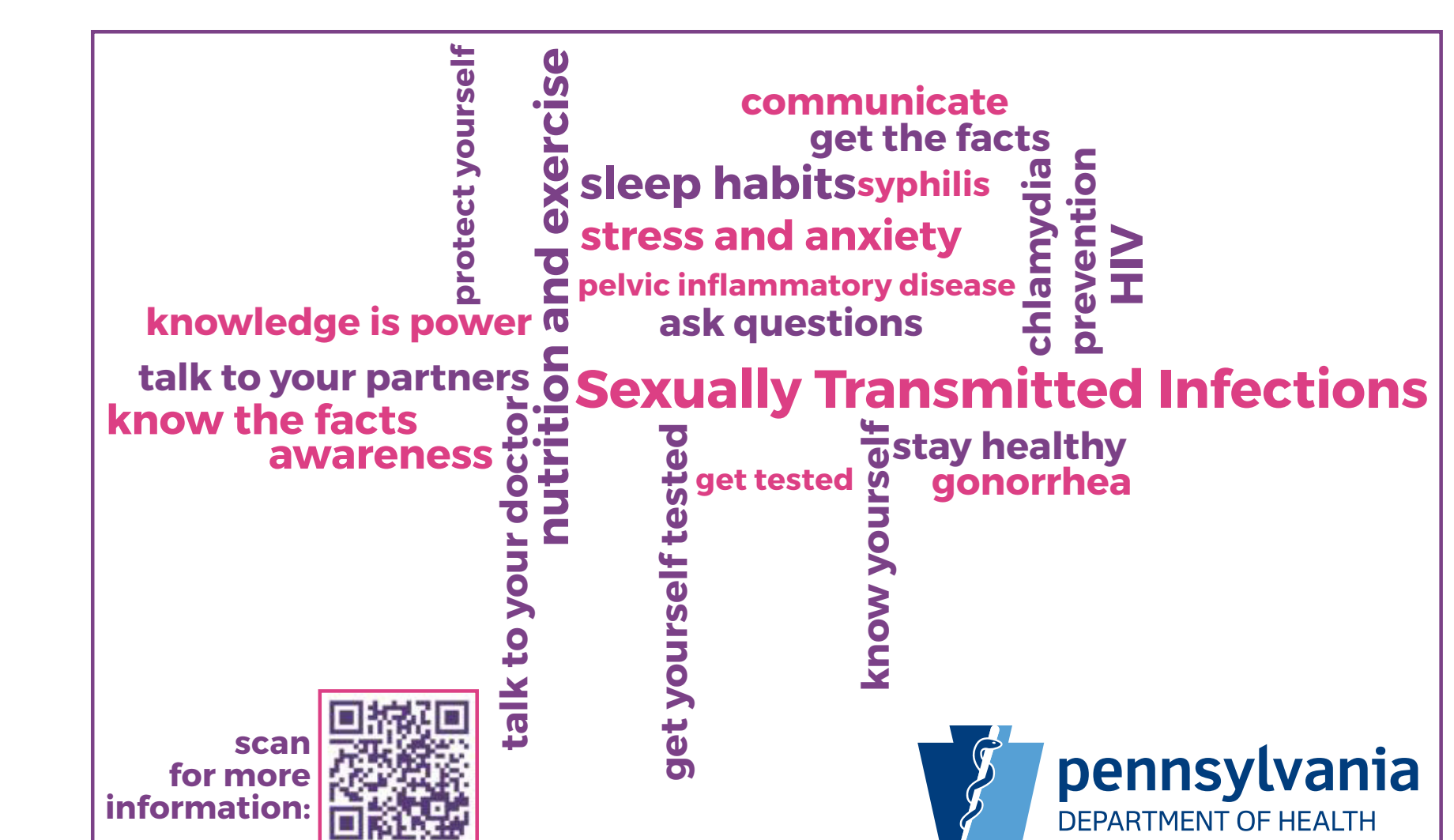
Chlamydia Screening Rates, HEDIS 2015



- ❖ The Pa. STD Program worked with Geisinger Health Plan (GHP) to identify its lowest-performing providers in regards to the chlamydia screening HEDIS measure.
- ❖ The HEDIS measure for chlamydia screening quantifies the percentage of women 15-24 years of age who are identified as sexually active and who had at least one test for chlamydia during the measurement year.
- ❖ GHP serves approximately 540,000 members with over 31,000 health care providers in its network in Northeastern Pa.
- ❖ The 16 targeted providers for the academic detailing of this project had chlamydia screening rates ranging between 13.51 and 31.43 percent.



- ❖ The STD Program developed materials that were mailed to providers in preparation for the onsite visit.
- ❖ Developed materials include: a survey for providers to complete for STD Program to glean impressions and current screening habits; patient empowerment materials; and letters of support from the Pa. Department of Health, GHP and CDC.
- ❖ The patient card below has a quick response code (QR) that leads the patient to a three-question survey and to the Girlshealth.gov website, which has valuable information.



- ❖ The STD Program continues to schedule visits with the remaining practices in the target group. A quarter of the visits have occurred. All visits should be completed in the first quarter of calendar year 2017.
- ❖ Because this is the first project of its kind for the STD program, the presentation and the academic detailing are evolving based on provider feedback.
- ❖ Understanding office-specific flow and environment is essential to offering site-specific guidance for incorporating chlamydia screening into practice.
- ❖ Although this project was initially intended to solely address improving chlamydia screening rates, the STD Program would have been remiss had it not addressed appropriate treatment and required reporting to a captive audience.
- ❖ Integration and education of providers regarding the importance of screening, treating and reporting should demonstrate improved outcomes.
- ❖ Outcomes regarding screening and reporting rates for calendar year 2016 where detailing occurred should be analyzed in calendar year 2017.
- ❖ Cost factors will be analyzed and evaluated upon completion of the project.