

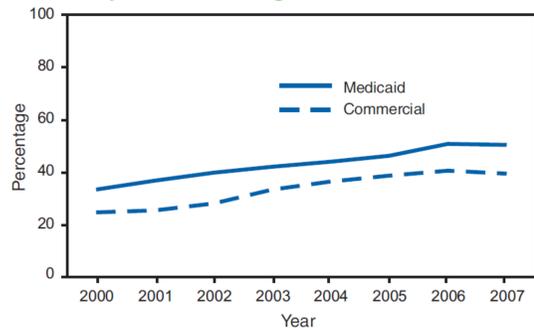
Creating *Why Screen for Chlamydia?* An Implementation Guide for Healthcare Providers

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Background:

- Screening rates for chlamydia remain low, especially when compared to other women's health services (Pap smears, mammograms).
- Screening rates are lower in commercial health plans than in Medicaid health plans.

Chlamydia Screening Rates, HEDIS, 2000-2007



* 16-26 years during 2000-2002.

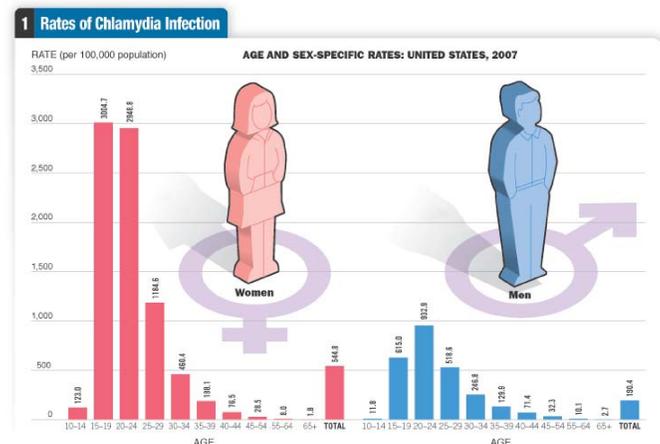
Objective:

- Provide accurate, up-to-date information on chlamydia screening and treatment that busy healthcare professionals will read and use.
- Address barriers and myths in text and graphics.

Screening Recommendations:

- Routinely screen all sexually active females age 24 and younger.
- Screen all pregnant females and sexually active women age 25 years and older who are at high risk.
- CDC *STD Treatment Guidelines* recommend screening men who are at high risk.
- Chlamydia screening recommended by:

- AAFP
- AAP
- ACPM
- ACOG
- AMA
- USPSTF
- CDC



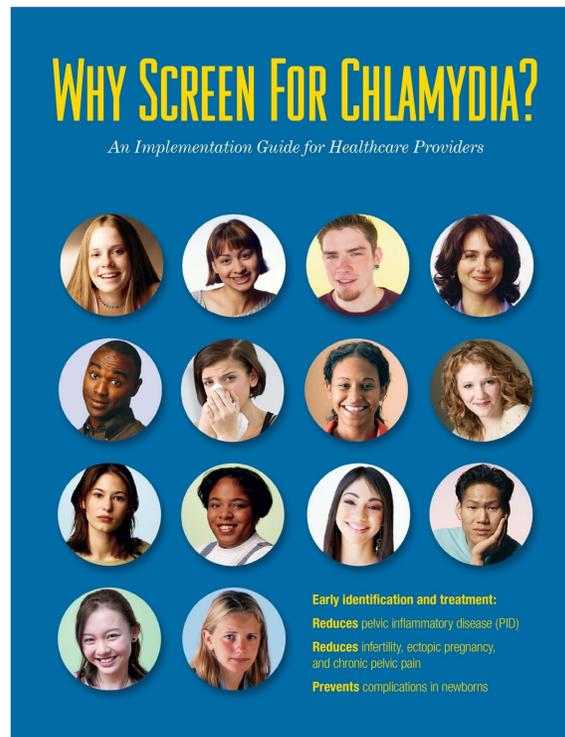
14% among females in managed care plans



9.7% among freshman college students



9.7% to 14.3% among general Emergency Department patients

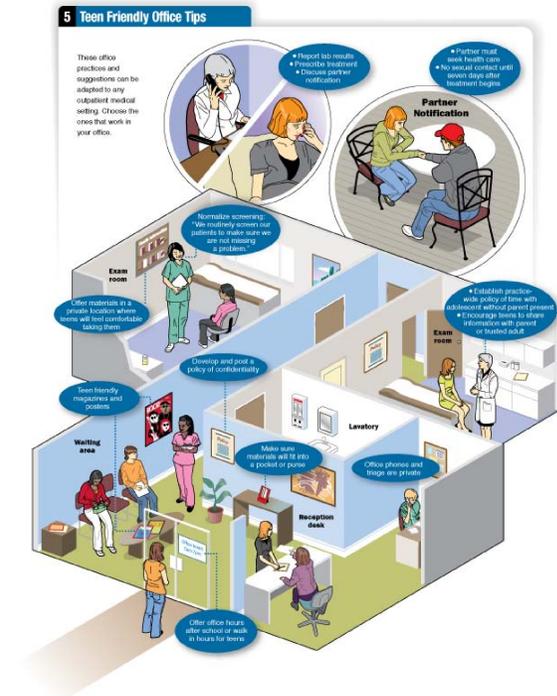


Early identification and treatment:
 Reduces pelvic inflammatory disease (PID)
 Reduces infertility, ectopic pregnancy, and chronic pelvic pain
 Prevents complications in newborns

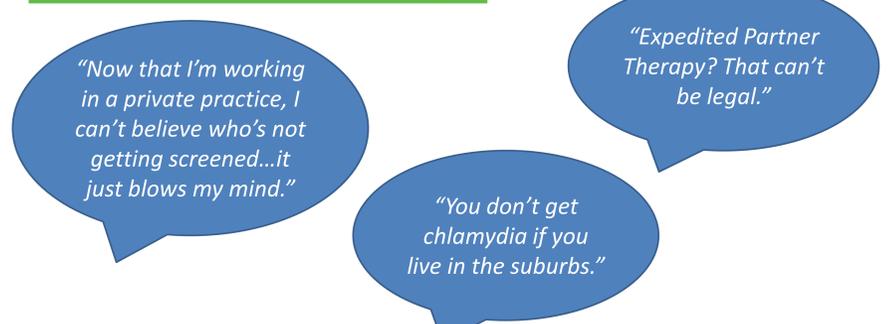
Provider Barriers to Screening:

- "Prevalence rates are low. My patients are not likely to have chlamydia."
- "Chlamydia is not serious or medically complex."

Confidential Services for Teens:



Focus Group Findings:



Putting Screening into Practice:

- Use provider reminders and prompts.
- Display patient reminders.
- Update clinical preventive services at all appointments.
- Normalize screening for all sexually active young women.
- Use urine based screening when pelvic exams are not done.
- When pelvic exams are done, place chlamydia swab next to Pap or pregnancy test materials.
- Implement practice system changes.
- Involve entire medical team in improving screening rates.
- Report each provider's screening rates.
- Provide financial incentives for preventive care.
- Cover screening with no co-payments or deductibles.

2 Sequelae Of Untreated Chlamydia

