

As a state, Washington's screening rates for chlamydia are poor. Analysis of the Washington Health Alliance's all-payer claims database shows that the commercially insured screening rate is 36% compared to the HEDIS 90th percentile of 62%.

Our data show that Medicaid clients receive screening at higher rates across socioeconomic deciles than commercially insured patients. Screening should be normalized for all adolescent and adult women (people with a cervix) under age 25.

## Care Team Actions to Improve Chlamydia Screening Rates



Normalize Taking a Sexual History



Normalize Testing



Close Care Gaps



Establish a Workflow



Create a **welcoming environment** for these discussions to occur in private places.

"It's very important that you feel respected in this environment. Please let me know if there's anything you would like to share as we get started (your name pronunciation, pronouns, work hours, or something else)."

"We ask everyone these questions because they are important for healthcare."

"If there is ever anything about your body, your gender, your identity, or your sexual health that you want to discuss or ask questions about, please don't hesitate to do so."

View available **gender inclusive language** resources (below) and encourage your care team staff to do so as well. Practice using this language.

Implement **equity focused tactics** for care

- Screen for Social Determinants of Health and have appropriate supports and resources in place to address the findings
- Train care team staff to use culturally competent communications and consider marginalized populations' unique needs in accessing care
- Provide patient communications (including an EMR messaging platform) in multiple languages and at a 5th grade reading level
- Expand hours to include evening and weekend options

View the CDC's resource (below) on taking a sexual history and encourage your care team staff to do so as well. **Practice holding these discussions.**

The CDC recommends taking **sexual histories on all adolescent and adult patients** as a normal element of care.

Normalize **"alone time"** for history taking with adolescents.

"I'll be bringing your child back to get their vital signs and have them complete a brief health survey, then I'll come get you before the provider comes in to see them."

The WHA's Quality Improvement Committee notes that the perceived stigma of being sexually active makes some providers reluctant to order chlamydia screening particularly if a parent accompanies the patient.

Testing all women in the age group **shifts the focus to the practice rather than the patient** and will facilitate testing without judgement regarding sexual activity.

Washington state law prohibits insurers and providers from disclosing any information pertaining to reproductive health or STIs in communications with policy holders (billing inquiries, statements, EOBs, etc.). [1]

Provide care team training on implementing an **opt-out messaging** strategy.

"We ask all our patients your age if they've been tested for chlamydia recently. That test should be done every year. Let's do that today."

"We routinely screen all our patients to make sure we're not missing a problem."

"We test everyone your age for chlamydia."

"We recommend a test for chlamydia to everyone ages 14 - 24. Let's test you today while you're here."

"To keep you healthy, I recommend testing for chlamydia. It's a common infection that usually has no symptoms. We test all our patients."

Care gaps exist throughout the standard processes of identifying, tracking and reporting. Be proactive in outreach to all patients who have care gaps and take advantage of all opportunities to close them.

- Every time a patient comes in is a good time to address gaps in care
- Create workflows in EMRs to support the closure of care gaps
  - providing prompts
  - making the right thing to do the simplest option to navigate
  - ease documentation /coding for gap closure completion
  - utilize care-team teamwork such that all team members perform to the top of their licensure

Annual tracking

- Monitor chlamydia screening status for all patients who are in the measure denominator, using data in the EMR and/or claims information provided by insurers
- Identify all patients with care gaps
- Notify all patients via mail, email, text and in patient portals of the need to complete the screening

Monthly tracking

- Monitor chlamydia screening performance at the clinic level
- Identify any patients that visited the clinic that month and did NOT have a screening; do outreach
- Regular data review by Practice Manager or QI team with feedback to care team

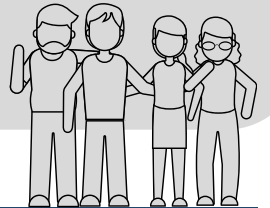
## Weekly tracking

- Track numbers of gaps closed and investigate the missed opportunities to do so

## Daily actions

- Scrub the schedule in advance to identify all patients appropriate for chlamydia testing coming into the clinic the same day/next day and verify any gaps in care
- Use huddles to assign responsibilities to specific care team members for collection of urine sample and discussion of test
- Build a workflow for screening with team-based roles to enable the screening

- Front desk staff gives patient and caregiver info handouts about chlamydia screening and policy of confidential time with provider for adolescents.
- MA calls the patient and explains to the caregiver that s/he will be back to get them before the provider enters the exam room.
- MA collects a urine sample or asks patient to self-swab in exam room.
- MA collects direct contact information for the patient results.
- MA has patient complete risk screening and brings results to provider for review.
- MA brings caregiver into room with patient.
- MA pends order for chlamydia screening in EMR.
- Provider meets the patient and caregiver in exam room then asks the caregiver to step out at the end of the visit to allow for confidential time.
- Provider reviews risk screen and discusses chlamydia screening with the patient.
- Provider signs the pended EMR order if test is indicated.
- Utilize patient education resources (below) as part of language normalization and for after visit summaries.
- Provider or MA follows up as needed with any positive test results.

**Patient Resources**

[STD Facts - the CDC](#)

[Get Yourself Tested Campaign Materials - the CDC](#)

[Yes Means Test Campaign Materials](#)

[Chlamydia Screening Starter Guide - Adolescent](#)

[Health Initiative, Michigan Medicine](#), includes sample letters for patients and their caregivers about topics of adolescent medicine, chlamydia testing and the incorporation of confidential time into office visits

**Care Team Resources**

[Gender Inclusive Language in Patient Care - Trans Care BC](#)

[Taking a Sexual History - the CDC](#)

[STD Equity Project - the CDC](#)

[Chlamydia Screening Starter Guide - Adolescent Health Initiative, Michigan Medicine](#), includes curated directory of adolescent risk screening tools

[1] <https://app.leg.wa.gov/RCW/default.aspx?cite=48.43.505>