



Screen. Protect.

Resources for improving health plan chlamydia screening rates.

A Toolkit for Health Plans

To learn more about the Universal Screening approach for healthcare provider and patients, contact your Hologic Health Economics and Payer Relations Manager.

Introduction

Since becoming a nationally notifiable condition in 1994, chlamydia has accounted for the largest proportion of all sexually transmitted infections (STIs) reported to the Centers for Disease Control and Prevention (CDC). Over 1.7 million cases of chlamydia were recorded in the most recent Sexually Transmitted Disease Surveillance Report – the highest number of annual cases of any condition ever reported to CDC.¹ The estimated incidence of chlamydia is even higher, as the majority of chlamydia infections are asymptomatic and many go undiagnosed.

The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydia in sexually active women age 24 years and younger and in older at-risk women, a recommendation reflected in the CDC guidelines and by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP).^{2,3,4,5}

CDC Centers for Disease Control and Prevention ³	ACOG American College of Obstetrics and Gynecology ⁴	AAP American Academy of Pediatrics ⁵	USPSTF U.S. Preventive Services Task Force ²
Sexually active women under age 25.	Sexually active women age 25 and under.	Sexually active adolescents and young adult women under age 25 should be tested at least annually, even if no symptoms are present or barrier contraception is reported.	Sexually active women under age 25.
Women age 25 and older at increased risk. ^a	Women over 25 at increased risk. ^b		Older women at increased risk for infection.
Those who tested positive should be retested at 3 months.			

a. Persons at increased risk include women who have new or multiple partners, have a history of STDs, exchange sex for payment and use injection drugs, those with a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection. b. Patients are women with a history of multiple sexual partners or a sexual partner with multiple contacts, sexual contact with individuals with culture-proven STDs, a history of repeated episodes of STDs or attendance at clinics for STDs.

Please refer to each health organization's guidelines for complete recommendations.

The HEDIS (Healthcare Effectiveness Data and Information Set) measure for chlamydia offers evidence of missed opportunities to screen women at risk. HEDIS, a National Committee for Quality Assurance (NCQA) tool used by more than 90% of U.S. health plans, measures important dimensions of care and services. The most recent HEDIS data show that around 50% of eligible women aged 16-24 were screened for chlamydia.⁶

Hologic has created this toolkit to help insurance companies drive STI screening compliance, particularly chlamydia. Increasing HEDIS scores, improving patient outcomes and reducing the cost of health-related consequences from an infection, is the goal.

Education is essential to increase screening compliance and to reduce the prevalence of Chlamydia, and in addition revised universal screening messaging should be considered. This toolkit can be customized for your individual plan. Included are:

- ▶ A letter to healthcare providers from your health plan, outlining the importance of chlamydia screening in young women
- ▶ Sample universal screening messaging on chlamydia screening to display or distribute to patients
- ▶ Educational materials for patients and parents outlining the health consequences of undiagnosed chlamydia infection and the need for screening

This toolkit is available for download and most documents can be customized. We hope that you, along with your members and providers, will find this information helpful.

References: 1. https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf. Accessed May 17, 2019. 2. USPSTF. Final recommendation Statement: Chlamydia and Gonorrhea Screening. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>. Published December 2016. Accessed May 17, 2019. 3. CDC. STD & HIV Screening Recommendations. <https://www.cdc.gov/std/prevention/screeningreccs.htm>. Updated April 27, 2017. Accessed May 17, 2019. 4. ACOG. FAQs: Chlamydia, Gonorrhea, and Syphilis. <https://www.acog.org/Patients/FAQs/Chlamydia-Gonorrhea-and-Syphilis>. Published December 2016. Accessed May 17, 2019. 5. American Family Physician. AAP Releases Policy Statement on Screening for Nonviral Sexually Transmitted Infections in Adolescents and Young Adults. 2015;91(9):652-654. 6. <https://www.ncqa.org/hedis/measures/chlamydia-screening-in-women/>

Effort by Health Plans to Improve Screening Rates

Many health plans have devised and implemented programs designed to drive compliance with chlamydia screening recommendations. Below is a sampling of ideas that can be implemented by your plan. The ideas presented here, as well as others in this toolkit, can be initiated throughout the year.

Key Conversation Topics

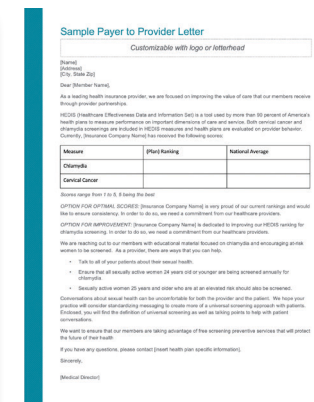
- ▶ **Universal Screening Messaging:** Universal Screening is similar to “Opt-out” testing, encouraging providers to set a practice protocol to screen all sexually active women ages 15-24 per USPSTF guidelines, instead of asking patients in the targeted group to “opt in” to testing.
- ▶ **Newsletter:** Distributed to providers from the plan highlighting the importance of STI screenings and target goals for chlamydia screening rates.
- ▶ **Letters from medical directors:** Detailing the provider’s screening rate, description of USPSTF screening guidelines, and suggestions for ways to improve screening.
- ▶ **Development of a preventive health flow sheet:** Explaining covered preventive services—including chlamydia screenings—as a best practice activity.
- ▶ **Physician profiles:** A list of clinical measures with provider performance relative to peer performance.
- ▶ **Medical director and provider meetings:** In-person peer-to-peer meetings to discuss the providers screening rates and strategies for improvement.
- ▶ **Pay for performance:** Financial incentives from the plan to providers that are increasing screening rates or meeting set goals.

Patient-focused

- ▶ **Patient mailers:** Letters, annual preventive services magazine, newsletters, and/or brochures sent to patients with screening reminders and information on STIs.
- ▶ **Financial incentives:** Patients receive a gift card (ex. Visa, Starbucks, Target) from the plan for completing an annual chlamydia screening.
- ▶ **Automated phone calls/text messages/email:** Clinical reminders for STI screenings.
- ▶ **Patient privacy information:** Patients receive detailed information on their privacy rights and programs from your health plan to ensure confidentiality.
- ▶ **Physician profiles:** A list of clinical measures with provider performance relative to peer performance.
- ▶ **Social media campaigns:** Patients are targeted with social media campaigns regarding the importance of screening, such as the Public Cervix Announcement campaign to encourage chlamydia and gonorrhea screening (www.GetTestedPCA.com).

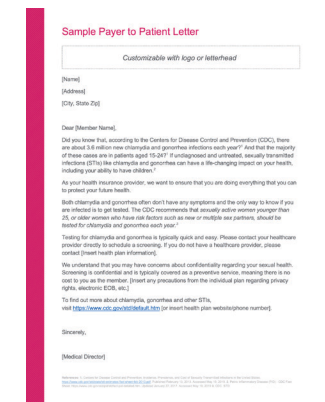
Resources for Payer Communication to Providers and Patients

Letters to Providers



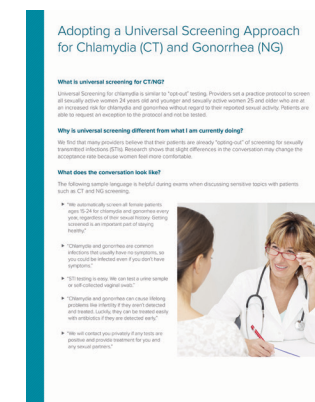
These letters from the plan to healthcare providers outline the importance of preventive care with specific reference to chlamydia screening. Letter two offers the option of highlighting your plan's ranking on the chlamydia screening HEDIS measure.

Letters to Patients



This letter to patients outlines chlamydia screening recommendations from CDC and highlights the consequences of untreated infection.

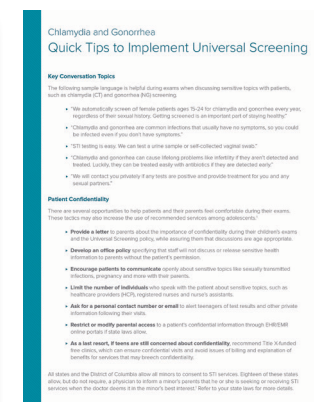
Supplementary Materials for Providers



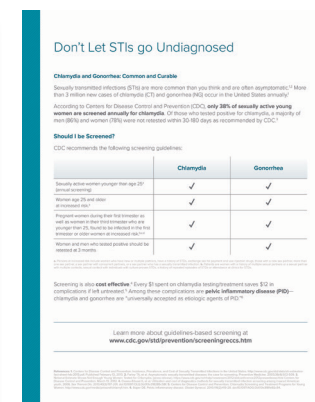
The fact sheet on Universal Screening is referenced in the letters to healthcare providers and should be included as a supplement to any mailing.



The infographic offers an overview of research on the cost-effectiveness of the Universal Screening approach to chlamydia screening.



Quick tips to implement Universal Screening sheet to help physician office in implementing this approach.



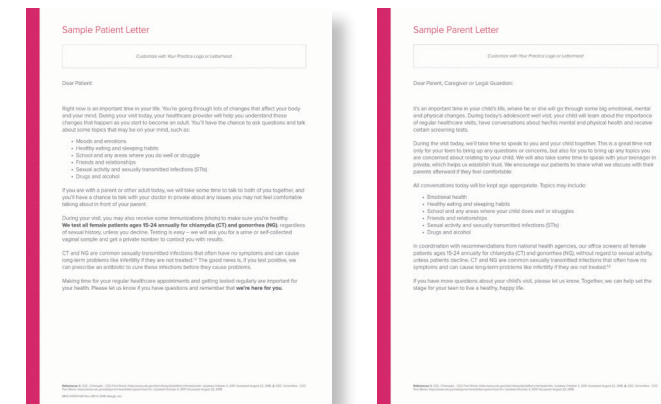
Another fact sheet that provides an overview of the latest CDC screening recommendations.

Resources for Payer Communication to Providers and Patients

The following page contains sample letters and resources to be sent from the plan to healthcare providers, including optional language around HEDIS scores, an explanation of a Universal Screening approach, and a fact sheet on how this approach is cost effective.

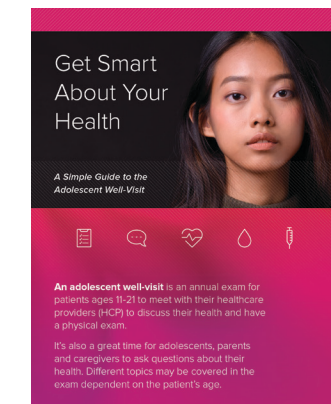
Resources for Healthcare Provider Communication to Patients

Letters to Patients and Parents



Customizable letters from providers to patients and parents explain CDC recommendations for annual chlamydia screening for sexually active women under 25 and outlines the practice policy to automatically screen patients in this target range.

Adolescent Well Visit Flyer



A simple guide to the adolescent well visit for patients aged 11-21.

Patient Brochure



Patient tri-fold brochure includes basic information on chlamydia and gonorrhea, outlines the consequences of undetected and untreated infection and CDC screening guidelines.

Resources for Healthcare Provider Communication to Patients

The following page contains sample letters that you can offer providers in your plan. One letter addresses the importance of screening directly with patients while a second explains chlamydia screening recommendations to parents. Other tools include patient education flyer and brochure around the adolescent well visit and chlamydia and gonorrhea screening.

Sample Payer to Provider Letter

Dear

As a leading health insurance provider, we are focused on improving the value of care that our members receive through provider partnerships.

HEDIS (Healthcare Effectiveness Data and Information Set) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Both cervical cancer and chlamydia screenings are included in HEDIS measures and health plans are evaluated on provider behavior. Currently,

Measure	(Plan) Ranking	National Average
Chlamydia		
Cervical Cancer		

Scores range from 1 to 5, 5 being the best

We are reaching out to our members with educational material focused on chlamydia and encouraging at-risk women to be screened. As a provider, there are ways that you can help.¹

- Talk to all of your patients about their sexual health.
- Ensure that all sexually active women 24 years old or younger are screened annually for chlamydia.
- Sexually active women 25 years and older who are at an elevated risk should also be screened.

Conversations about sexual health can be uncomfortable for both the provider and the patient. We hope your practice will consider standardizing messaging to create more of a universal screening approach with patients. Enclosed, you will find the definition of universal screening as well as talking points to help with patient conversations.

We want to ensure that our members are taking advantage of no cost screening preventive services that will protect the future of their health.

If you have any questions, please contact

Sincerely,

Sample Payer to Provider Letter

Dear

As a leading health insurance provider, we want to ensure that our members are taking advantage of preventive services that will protect the future of their health.

We are reaching out to our members with educational material focused on chlamydia and encouraging at-risk women to be screened.

As a provider, there are ways that you can help.¹

- Talk to all of your patients about their sexual health.
- Ensure that all sexually active women 24 years old or younger are being screened for chlamydia.
- Sexually active women 25 years and older who are at an elevated risk should also be screened.

Conversations surrounding sexual health can be uncomfortable for both the provider and the patient. We hope your practice will consider standardizing messaging to create more of a universal screening approach with patients. Enclosed, you will find the definition of universal screening as well as talking points to help with patient conversations.

If you have any questions, please contact

Sincerely,

Sample Payer to Patient Letter

Dear

Did you know that, according to the Centers for Disease Control and Prevention (CDC), there are about 3.6 million new chlamydia and gonorrhea infections each year?¹ And that the majority of these cases are in patients aged 15-24?¹ If undiagnosed and untreated, sexually transmitted infections (STIs) like chlamydia and gonorrhea can have a life-changing impact on your health, including your ability to have children.²

As your health insurance provider, we want to ensure that you are doing everything that you can to protect your future health.

Both chlamydia and gonorrhea often don't have any symptoms and the only way to know if you are infected is to get tested. The CDC recommends that *sexually active women younger than 25, or older women who have risk factors such as new or multiple sex partners, should be tested for chlamydia and gonorrhea each year.*³

Testing for chlamydia and gonorrhea is typically quick and easy. Please contact your healthcare provider directly to schedule a screening. If you do not have a healthcare provider, please contact

We understand that you may have concerns about confidentiality regarding your sexual health. Screening is confidential and is typically covered as a preventive service, meaning there is no cost to you as the member.

To find out more about chlamydia, gonorrhea and other STIs, visit <https://www.cdc.gov/std/default.htm>

Sincerely,