



Bixby Center
for Global
Reproductive
Health



University of California San Francisco

Chlamydia Screening in the Family PACT Program

HIGHLIGHTS:

- Chlamydia screening rates are high for young women in Family PACT and are warranted by high chlamydia prevalence in this age group.
- Chlamydia screening rates for women over age 25 may be higher than necessary since prevalence for this age group is very low.

RECOMMENDATIONS:

- Continue monitoring and quality improvement activities to ensure annual screening in the younger group and targeted screening in the older group.

Background

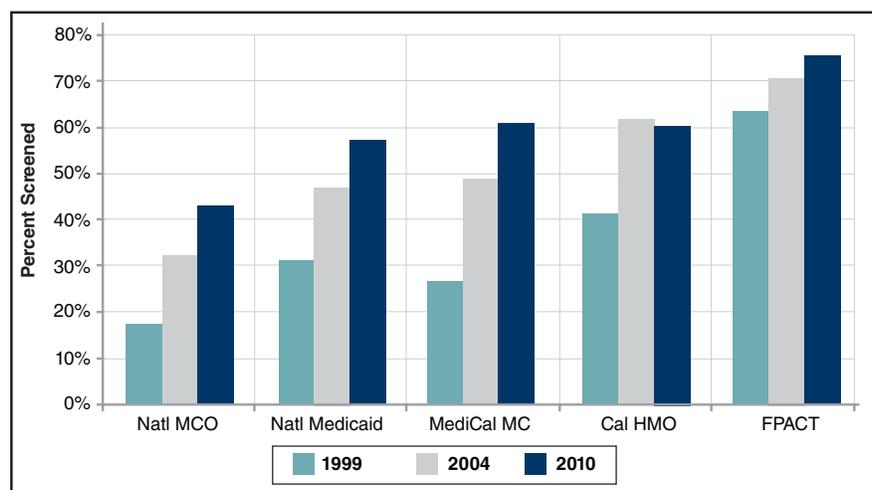
Chlamydia is the nation's most common reportable sexually transmitted infection (STI).¹ Untreated chlamydia infections among young women can cause significant reproductive health damage and lead to infertility.² Routine screening for chlamydia among women age 25 and under and targeted screening based on behavioral risk factors for women over age 25 years is recommended by the Centers for Disease Control and Prevention and the United States Preventive Services Task Force.^{3,4} The National Committee on Prevention Priorities also determined that chlamydia screening of young women is one of the top ten priority prevention services based on preventable disease burden, cost-effectiveness, and low current use rates.⁵ Chlamydia screening of young women is also a Health Effectiveness and Data Information Set (HEDIS) quality measure that managed care plans must report.⁶ On the other hand, unnecessary screening of older women who tend to have very low prevalence is not cost-effective and is associated with potential harm (e.g., false-positive results leading to adverse psychosocial impact on relationships).

Chlamydia Screening in California's Family PACT Program

Family PACT (Planning Access, Care, and Treatment), California's Medicaid Family Planning Expansion Program (formerly a 1115 Family Planning Waiver), provides chlamydia screening in the context of a family planning service as part of its comprehensive reproductive health service benefits. Adherence to screening guidelines has been reinforced through multiple interventions including provider trainings, Clinical Practice Alerts and individualized provider feedback through semi-annual Provider Profiles (see Resources).

Overall chlamydia screening rates of young women have increased nationally and in California. Screening rates among young women enrolled in the Family PACT program have been consistently increasing and higher than chlamydia HEDIS rates reported by national Medicaid and California Medi-Cal Managed Care plans (Figure 1).

Figure 1
Comparison of Chlamydia HEDIS Screening Rates for Sexually Active Females Age 15-24 by Program, 1999-2010



Source: National Committee on Quality Assurance; California DHCS Division of Medi-Cal Managed Care; Kaiser Permanente Northern CA; California DPH Office of Family Planning, CDPH STD Control Branch

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CONTACT INFORMATION:

thielh@obgyn.ucsf.edu
www.bixbycenter.ucsf.edu

Resources

PRESENTATIONS:

- New Directions in Clinical Management of Bacterial STI, May 2010: <http://familypact.org/Providers/provider-training/family-pact-previously-recorded-webcasts/Clinical-Management-of-Bacterial-STIs.aspx>
- Chlamydia and Gonorrhea Screening and Treatment, November 2009 http://www.familypact.org/Files/Provider/Clinical%20Practice%20Alerts/CPA_Chlamydia20091214.pdf

PROVIDER PROFILES:

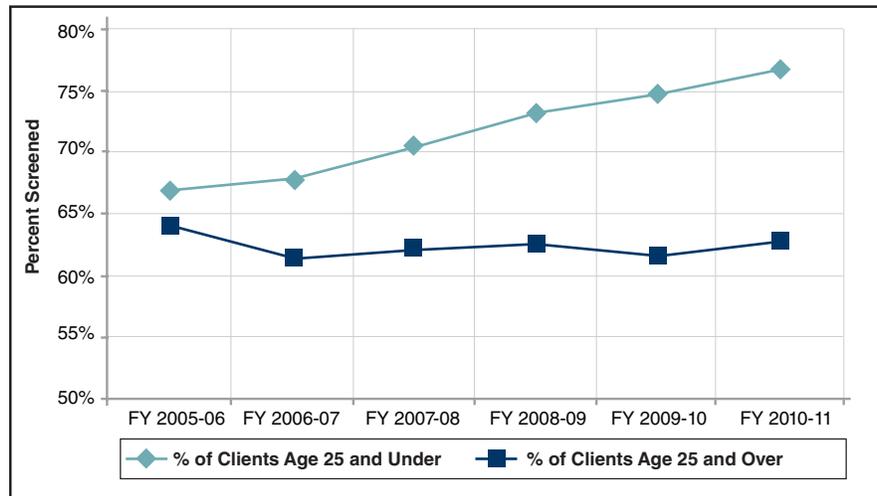
- http://www.familypact.org/Files/Provider/Provider%20Profiles/2011-0908_Program-wideProfile_1007_508.pdf

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- Westrom LV. *Sexually transmitted diseases and infertility*. Sex Transm Dis 1994; 21(2 Suppl): S32-7.
- Centers for Disease Control and Prevention. *Sexually Transmitted Diseases Treatment Guidelines, 2010*. MMWR 2010; 2010 (59 (NO. RR-12)):44-5.
- Meyers DS, Halvorson H, Luckhaupt S. *Screening for chlamydial infection: An evidence update for the U.S. Preventive Services Task Force*. Ann Intern Med 2007;147(2):135-42.
- Maciosek MV, Edwards NM, Coffield AB, et al. *Priorities among effective clinical preventive services: methods*. Am J Prev Med 2006; 31(1): 90-6.
- The State of Health Care Quality: 2010. (Accessed April 19, 2012, at <http://www.ncqa.org/LinkClick.aspx?fileticket=J8kEuhPqxk%3d&tabid=836>)
- California Guidelines for Chlamydia Screening and Diagnostic Testing Among Women in Family Planning and Primary Care Settings, 2011. (Accessed April 19, 2012, at <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CT-Screening-Guidelines-Women-FP-PrimaryCare.pdf>)

In examining trends in Family PACT screening rates by age, we see that screening rates among younger women age 25 and younger increased from 67 percent in fiscal year (FY) 2005-06 to nearly 77 percent by FY 2010-11 (Figure 2). During the same period, screening rates among older women age 26 and older that tended to be similar to levels among younger women started to decrease slightly from 64 percent in FY 2005-06 to 63 percent in FY 2010-11.

Figure 2
Trends in Chlamydia Screening for Female Family PACT Clients, by Age, FY 2005-06 to FY 2010-11



Source: Family PACT Enrollment and Claims Data

Adherence to age-specific screening guidelines is supported by the consistently higher chlamydia prevalence observed among younger versus older women (Figure 3). On the basis of previous modeling studies of screening in family planning settings, California Chlamydia Screening Guidelines indicate three percent chlamydia prevalence as the threshold for cost effective routine screening.⁷

To maximize efficiency, further efforts are needed to ensure that lower rates of testing among older women are achieved through more rigorous adherence to targeted screening guidelines. In FY 2010-11, if the number of CT tests for women over age 25 had been reduced by one-half, the cost averted would have been more than \$9 million.

Conclusions and recommendations:

While chlamydia testing among younger women has been increasing steadily, decreasing testing among older women has been less successful. Clinical improvement and cost avoidance could be realized if the following potential interventions were implemented:

- Targeted education and technical assistance to providers who consistently over/under screen
- Development of provider education that provides guidance regarding rapid determination of chlamydia risk behaviors, as well as tips for improving clinic work flow so that chlamydia test samples will be obtained only when clinically indicated, rather than routinely, in the older age group
- Inclusion of a secondary diagnosis code on all chlamydia test orders to provide medical justification for ordering the test for older women

Figure 3
Chlamydia Positivity Among Female Family PACT Clients Served by Quest/Unilab Laboratories, by Age, FY 2010-11

| | Chlamydia Tests | |
|------------------------|-----------------|------------|
| | No. of tests | % Positive |
| Age 25 Years and Under | 94,136 | 4.8% |
| Age 26 Years and Over | 95,724 | 1.3% |

Source: Quest/Unilab test result data