
BARRIERS to chlamydia screening for adolescent and young adults (AYA)

Chlamydia screening is not always offered to asymptomatic youth, and may not be offered at all outside of sexual health visits. Additionally, it can be difficult for youth to access sexual health services and STI screening confidentially at a standard primary care clinic due to insurance issues and the Explanation of Benefits (EOB).

STRATEGIES to increase chlamydia screening rates

Instate universal chlamydia screening.

Many settings have instated mass chlamydia screening for all females age 15-24. This may mean some women are over-screened, but it also allows the opportunity to screen those who really need screening but whose visit type did not trigger the provider to consider chlamydia screening. This strategy can catch cases of chlamydia that would otherwise go undetected. And, while some systems start routine screening at age 16, it may be more appropriate to start routine screening at age 15 or even 14 if you're in an area that has high rates of chlamydia or a younger age for sexual debut.

- Create workflows to ensure that any female patient ages 15-24 are screened. Below is a sample workflow:
 - If the patient has not been screened in the past year, she is given a letter at check-in about chlamydia screening, describing that it is a routine part of care recommended for all young women. The patient's parent is given a similar letter if the patient is under 18.
 - As they are called back for their appointment, the Medical Assistant collects a urine sample or has them self-swab, and then pends the order for chlamydia screening. At this time the MA also gets the adolescent's direct contact number.
 - During the visit, the provider will talk to the patient and decide if the screening test should be sent.
 - It is very important to get a direct contact number for the adolescent, because if there is a positive result in someone under 18, you want to contact them directly and treat them without them having to inform their family if they do not want to.
 - By making chlamydia testing routine, families will hopefully not be surprised or concerned if STI screening is sent home in an EOB.

Build-in reminder systems to your EHR.

- Many electronic health records have built-in reminder systems for quality measures.
 - For example, EPIC can give you best practice advisories for chlamydia screening, and this can cue the provider to offer screening to patients, and to remind medical assistants to collect a urine sample.
 - You want to use your EHR to its highest capabilities to help you remember when things need to be done.
- Residency sites should consider adding a flag to the EHR to cue preceptors to ensure that residents addressed best practice advisories (BPAs) or quality care reminders. Such a prompt may read, "Were BPAs addressed during this encounter?"

Partner with safety net providers, including school-based health centers (SBHCs).

- Safety net providers, including Federally Qualified Health Centers (FQHCs), local health departments, Planned Parenthood clinics, and SBHCs often offer free and confidential STI testing for AYA patients. Connect with your local safety net providers and encourage patients to utilize their services for confidential screening and treatment.
 - [Here](#)¹ is a FQHC finder from HRSA. [Here](#)² is the health center locator for Planned Parenthood. Find and connect with SBHCs in your area. Maintain a list of local resources that you can give to adolescent patients.
 - If you and the SBHC use a shared EHR, you can pull reports of patients who have been seen at both sites. Care coordinators can help patients coordinate care between PCPs and SBHCs and ensure that care is provided across the continuum.
- PCP payment may hinge on meeting quality measures including chlamydia screening, and it doesn't matter where the patient gets the screening, so creative partnerships may improve your bottom line.
- Read the [AAP's Policy Statement](#)³ on SBHC/PCP collaboration.

Should you also screen adolescent males?

The USPSTF recommends that sexually active females under age 25 get screened, and that males should only be screened if they are high risk.

- Every office has to find their own way on how they approach screening young men.
 - Even without automated screening for all males, the familiarity, comfort, and confidence in the benefits of chlamydia screening from an automated female screening pathway may lead to screening many more males, as well.
- There is a chance you may face barriers with insurance companies paying for universal screening for males.
 - Insurance companies are mandated by the Affordable Care Act to cover all USPSTF Grade A and B evidence screenings without cost sharing on the patient's end. Screening AYA females for gonorrhea and chlamydia gets Grade B evidence, but for males screening gets an "I" grade, for insufficient evidence for or against screening. So, there is no mandate for insurers to cover screening.

ADDITIONAL RECOMMENDATIONS

- University of Michigan universal chlamydia screening documents (subsequent pages): 1) Sample workflows; 2) Script for MAs; 3) Sample parent letter; 4) Sample patient letter; 5) Sample handout for patients
- Asymptomatic sexually active adolescents should be screened for certain STIs. Review [USPSTF recommendations](#)⁴ and [CDC recommendations](#)⁵ on preventive services and STI screening.
- The [NAHIC Summary](#)⁶ of Recommended Guidelines for Clinical Preventives Services for Young Adults provides a snapshot of STI recommendations, as well as other preventive recommendations.

1) POSSIBLE WORK FLOWS FOR RISK SCREENING AND CHLAMYDIA SCREENING

Confidential risk screening

1. Front desk staff gives parent letter about confidential time with adolescent patients.
2. MA calls patient, explains to parent “I’ll be bringing your child back to get their vital signs and have them complete a brief health survey, and then I’ll bring you to the room before the provider comes to see them.”
 - a. MA can explain that “We are giving teens a chance to share their views on their health, and that’s why we have them complete the health survey on their own.” If there is parent push-back, the MA rooms the patient without doing risk screening, and the provider can address the issue.
3. The MA rooms the patient, has them complete the risk screening, and brings the results to the provider to review. The MA then gets the parent.
4. The provider meets with the parent and patient, and then asks the parent to step out at the end of the visit for confidential time. The provider then reviews the risk screen with the patient.

Workflow for Chlamydia Screening

1. Front desk staff gives patient and parent letters about chlamydia screening.
2. MA collects urine sample or has patient self-swab as they room the patient.
3. MA collects direct contact information for the patient for results.
4. MA “pends” the order for chlamydia screening in the EHR. The provider discusses the test with the patient, signs the order if the test is indicated.

Merged option for chlamydia screening and risk screening

1. Front desk staff gives patient and parent letters about chlamydia screening, letter about confidential time with adolescents.
2. MA calls patient, explains to parent “I’ll be bringing your child back to get their vital signs and have them complete a brief health survey, and then I’ll bring you to the room before the provider comes to see them.”
3. MA collects urine sample or has patient self-swab as they room the patient.
4. MA collects direct contact information for the patient for results.
5. The MA rooms the patient, has them complete the risk screening, and brings the results to the provider to review. The MA then gets the parent.
6. MA “pends” the order for chlamydia screening in the EHR.
7. The provider meets with the parent and patient, and then asks the parent to step out at the end of the visit for confidential time. The provider then reviews the risk screen with the patient. The provider discusses chlamydia screening with the patient, signs the order if the test is indicated.

2) CHLAMYDIA SCREENING: MA CONVERSATION WITH PATIENT

- We are constantly working to improve the quality of care that we provide to our patients
- One of the measures that we are including is routine Chlamydia screening
- Chlamydia screening is recommended by the United States Preventive Services Task Force for women between the ages of 16 to 24
- The screening is recommended because Chlamydia is the most common sexually transmitted disease and often does not have symptoms, so you may not know you have it
- The problem with Chlamydia is that if it goes untreated it can lead to life-long complications, including infertility.
- It is easily treated with antibiotics
- The test is simple – we just need a urine sample

Information for MA

Proper handling of urine sample for Chlamydia and/or urine culture

- Chlamydia screening alone:
 - For best results make sure that last void was more than 2 hours ago
 - (If not, ask if willing to do a vaginal self-swab instead)
 - First catch
 - Refrigerate immediately!
- Chlamydia screening and urine culture:
 - Clean catch
 - Refrigerate immediately

3) SAMPLE PARENT LETTER

(Insert your health center's logo, if appropriate)

Health Center Contact Information

Dear Parent /Guardian:

Congratulations! Your child has reached the teenage years. Adolescence is a time of transition from childhood to adulthood. We want to help your teen prepare to be an active participant in his/her medical care. We will start talking to your teen independently for part of his/her visit. Since this can be a difficult time of life, we will be taking some time to talk to him/her in private concerning issues that you or he/she may not necessarily be comfortable discussing with each other. Some of the topics that we will be talking about will include:

- healthy eating and sleeping habits
- friends and relationships
- emotions and mood
- sexuality
- drugs and alcohol

We will deal with all these subjects in an age and maturity-appropriate manner.

In order for these discussions to be as open and helpful as possible, we will assure your teenager that our discussions will be confidential. If there is a concern about your teen doing harm to him/herself or someone else, we will inform you. On issues of sexually transmitted diseases, birth control, pregnancy, and drug use we will encourage your teen to share this information with you. Also, in order to provide care that aligns with the United States Preventive Service Task Force, we will begin routine screening of all adolescents 16 years and older for an infection called Chlamydia. Chlamydia infections often do not show symptoms and can lead to life-long complications, including infertility.

If there are any particular issues that you would like to have addressed, please let us know.

Thank you.

4) SAMPLE PATIENT LETTER

(Insert your health center's logo, if appropriate)

Health Center Contact Information

Dear Patient,

We are writing to inform you of a new process that is taking place in our office. We are constantly working to improve the quality of care that we provide. One of the measures that we are including is routine screening for Chlamydia. Chlamydia screening is recommended by the United States Preventive Services Task Force for any women between the ages of 16 and 24. Chlamydia is the most common sexually transmitted disease and often does not have any symptoms. If it goes untreated it can lead to serious pelvic infections including abscesses and Pelvic Inflammatory Disease. It is one of the leading causes of infertility.

Today in clinic we will ask you to leave a urine sample for Chlamydia testing. If your screen is positive, we will contact you via your cell phone to let you know. We will prescribe an antibiotic for you to take. It is recommended that you notify any sexual partners so that they may also be treated. All positive results will be reported to the Health Department. They will contact you via your cell phone if treatment is not ordered.

Thank you!

RECOMMENDED RESOURCES:

1. <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>
2. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/chlamydia-and-gonorrhea-screening>
3. <http://www.itsyoursexlife.com/>
4. Partner notification: <http://www.inspot.org/>

5) SAMPLE CHLAMYDIA HANDOUT

Chlamydia Screening**WHAT IS CHLAMYDIA?**

Chlamydia is a common sexually transmitted disease (STD). It can infect both men and women and can cause serious, permanent damage. Women may even lose the ability to become pregnant and have children. Chlamydia is very common, especially among young people. It is estimated that one in 15 sexually active females aged 14-19 years has chlamydia.

HOW COULD I GET CHLAMYDIA?

You might get chlamydia by having sex with someone who has the infection. You would not know a person has chlamydia, because they might not even know. "Having sex" means anal, vaginal, or oral sex. Chlamydia can be transmitted even if a man does not ejaculate. People who have had chlamydia and been treated for it can be infected again if they have sex with an infected person.

WHAT ARE THE SYMPTOMS OF CHLAMYDIA?

Chlamydia is known as a 'silent' infection because most infected people do not have any signs or symptoms. Even when it causes no symptoms, chlamydia can lead to infertility (not being able to get pregnant). For this reason, it's important for sexually active people to be tested regularly. This is called chlamydia screening. Some women with chlamydia have an abnormal vaginal discharge or a burning sensation when urinating.

WHAT HAPPENS IF CHLAMYDIA IS NOT TREATED?

If not treated early, chlamydia may cause serious health problems, including infertility. If the infection spreads to the uterus and fallopian tubes it can cause pelvic inflammatory disease (PID). PID is a serious disease that may lead to several problems:

- Severe pain that can be long-lasting
- Permanent damage to a woman's reproductive organs that would make impossible for her to have children. This damage may also cause ectopic pregnancy - a pregnancy that occurs outside the uterus. This condition can be life threatening.

Untreated chlamydia may also increase a person's chance of getting HIV or infecting others with HIV.

WHO SHOULD BE TESTED FOR CHLAMYDIA?

If you are age 25 or younger and sexually active, we recommend yearly chlamydia testing. Talk to your healthcare provider about your risk factors so they can determine if you need more frequent testing. If you are scheduled for a vaginal exam today, the doctor can take a cotton swab of your vagina to test for chlamydia. Otherwise, you will need to provide a urine sample that will be tested in the lab.

CAN CHLAMYDIA BE CURED?

Chlamydia can be **easily treated and cured** with antibiotics. If you have chlamydia, do not have sex for seven days after taking single dose antibiotics, or until you complete an entire seven-day course of antibiotics. This will prevent the spread of chlamydia to sexual partners.

Repeat infection with chlamydia is common. Persons whose sex partners have not been treated are at high risk for re-infection. Having chlamydia more than once increases your risk of serious health complications, including pelvic inflammatory disease and ectopic pregnancy. If you have chlamydia, you may need to be re-tested about three months after treatment to be sure the infection has been cured. Please discuss with your provider if you will need to be re-tested.

WHAT ABOUT PARTNERS?

If you are diagnosed with chlamydia, you need to tell all anal, vaginal, or oral sex partners from the past 2 months so that they can see a doctor and be treated. This will reduce the risk that the sex partners will develop serious complications from chlamydia and will also reduce the person's risk of becoming re-infected. A person with chlamydia and all of his or her sex partners must avoid having sex until they have completed their treatment for chlamydia (i.e., seven days after a single dose of antibiotics or until completion of a seven-day course of antibiotics) and until they no longer have symptoms. For tips on talking to partners about sex and STD testing, visit <http://www.gytnow.org/talking-to-your-partner/%20>

HOW CAN CHLAMYDIA BE PREVENTED?

Using latex male condoms, consistently and correctly, can reduce the risk of getting or giving chlamydia. The surest way to avoid chlamydia is to avoid vaginal, anal, and oral sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to not be infected.

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¹ <http://findahealthcenter.hrsa.gov/>

² <https://www.plannedparenthood.org/health-center>

³ <http://pediatrics.aappublications.org/content/129/2/387>

⁴ <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index#AZ>

⁵ <https://www.cdc.gov/std/tg2015/screening-recommendations.htm>

⁶ <http://nahic.ucsf.edu/yaguidelines/s>