

Ideas for Closing Performance Gaps

Key Activity: Perform Chlamydia Screening and Follow-up

Rationale: Chlamydia is the most common notifiable disease in the United States. It is among the most prevalent of all STIs, and since 1994, has comprised the largest proportion of all STIs reported to CDC. During 2013–2014, rates of reported chlamydia increased 2.8% overall, but decreased 4.2% among females aged 15–19 years. However, both test positivity. The number of reported cases of *C. trachomatis* infections remain high among most age groups, racial/ethnic groups, geographic areas, and both sexes. The USPSTF strongly recommends that clinicians routinely screen all sexually active women aged 24 years or younger.

Sources: 2014 Sexually transmitted diseases surveillance: Chlamydia. CDC Web site: <https://www.cdc.gov/std/stats14/chlamydia.htm>

Chlamydia and gonorrhea: Screening. US Preventive Services Task Force Web site:

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/chlamydia-and-gonorrhea-screening?ds=1&s=chlamydia>.

| Potential Barriers | Suggested Ideas for Change |
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| Gap: The practice does not solicit and document chlamydia screenings performed on sexually active adolescents younger than 21 years of age. | |
| Health care providers are reluctant to discuss sexual activity with adolescent patients. | <ol style="list-style-type: none"> 1. Implement the use of Bright Futures screening tools for adolescents. 2. Train staff and providers about adolescent confidentiality and consent for care, including issues related to EHRs. <ul style="list-style-type: none"> • AAP policy on Standards for Health Information Technology to Ensure Adolescent Privacy 3. Explain communication policies and confidentiality to adolescents and their parents/guardians. 4. Make your office friendly for adolescents. <ul style="list-style-type: none"> • Ask questions to understand your practice's approach to adolescent confidentiality. • Consider the following: <ul style="list-style-type: none"> ○ Develop and post a confidentiality policy. ○ Establish a practicewide policy of time spent with adolescent without their parent present. ○ Offer office hours after school or walk-in hours for adolescents. ○ Provide privacy for answering questionnaires and use of office phones and triage. ○ Place adolescent-friendly magazines and posters in each exam room. ○ Post rainbow ally stickers in each exam room to signal gay/lesbian adolescents that this is a safe place to discuss confidential issues. ○ Encourage adolescents to share information with parent or a trusted adult. ○ Offer materials in a private location where adolescents will feel comfortable taking them. ○ Make sure take-home materials will fit into an adolescent's pocket or purse. 5. Develop/implement a process for obtaining a sexual history from adolescent patients. Suggested ideas include: <ul style="list-style-type: none"> • Use a patient-only questionnaire such as Bright Futures Adolescent Supplemental Questionnaire. • If not using Bright Futures questionnaires, be sure what you are using asks appropriate questions about sexual activity. • Consider having adolescents answer questionnaires on a tablet or other electronic devices. • Identify a process to ask adolescents confidential questions by establishing rapport. Use a strength-based approach with adolescents. • Use the HEEADSSS psychosocial interview to address sexuality, following more expected questions about home life, eating, etc, when rapport has been established. |

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| <p>Health care providers are reluctant to screen and test for chlamydia.</p> | <ol style="list-style-type: none"> 1. Screen sexually active adolescents (females and males who meet screening criteria) annually for chlamydia during health supervision visits, even if symptoms are not present and even if the use of barrier contraception is reported. If a patient was not seen for a health supervision visit in the past year or a chlamydia test was not done, health care providers can offer the test at any visit type. 2. Determine and document every adolescent's sexual history. <ul style="list-style-type: none"> • Use the HEEADSSS model facilitate question-and-answer sessions with sexually active adolescents. 3. Consider practicewide changes, which may help screening be more effective. <ul style="list-style-type: none"> • Implement a system of reminders/alerts built into your EHR that are triggered by patient response. • Train support staff to alert the health care provider if a need for screening is determined. • Determine the test your practice will use to identify chlamydia (eg, urine or vaginal or cervical swab). <ul style="list-style-type: none"> ○ Nucleic acid amplification tests (NAATs) are the most sensitive for chlamydia in females and males. ○ Consider creating a standing order so that all adolescents coming for their yearly exams are asked to provide a urine sample. 4. Establish a systematic way to easily and confidentially deliver and discuss test results with adolescents. <ul style="list-style-type: none"> • Ask for confidential contact information for all patients at check-in. <ul style="list-style-type: none"> ○ Ask for cell phone numbers and the best times to call. • Ask patients to call the office at designated times when the office staff will be available to discuss results. If you have a larger practice, contract with other companies for patients to call in and obtain test results. |
| <p>The practice does not have a consistent diagnosis, treatment, and follow-up plan for chlamydia.</p> | <ol style="list-style-type: none"> 1. Identify your practice's process for treating chlamydia and reporting cases of chlamydia to your local health department. 2. Determine what your practice's policy will be for partner notification. <ul style="list-style-type: none"> • Develop a process to work with the patient to confidentially notify the partner (some health care providers notify the partner directly). • Conduct partner notification in one of the following ways: <ul style="list-style-type: none"> ○ In person ○ By phone/text ○ By e-mail ○ By letter |
| <p>The practice is unsure about how to code for chlamydia screening.</p> | <ol style="list-style-type: none"> 1. Review the codes most relevant to your practice's approach to chlamydia screening and counseling, and include them on your encounter form or billing sheet. Refer to the AAP Bright Futures and Preventive Medicine Coding Fact Sheet that contains a comprehensive list of codes for the related services 2. Review a fact sheet for medical care providers seeking more information about minors' rights to consent for reproductive health care and how to protect that confidentiality through office practices, including coding, and procedures. 3. Talk with private insurers to determine what will show up on the patient Explanation of Benefits, and determine a protocol to enact when patient confidentiality needs to be assured. |

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| Adolescents have lower rates of health supervision visits. | <ol style="list-style-type: none"> 1. If possible, utilize EHR-based flags/prompts to remind health care providers to consider performing overdue chlamydia screening in all types of visits. 2. Consider using a short interval questionnaire at non-health–supervision visits for adolescents who are overdue for questions about appropriate sexual activity; these questions will help determine who needs chlamydia screening. |

Questions to help your practice understand its approach to adolescent confidentiality.

Adolescents tend to underutilize existing health care resources. *The issue of confidentiality has been identified by providers and adolescents as a significant access barrier to health care.* Thus, Bright Futures encourages providing confidential care to adolescents. This approach helps adolescents build a trusting relationship that promotes full disclosure of health information. Consider the following questions to understand your practice's approach to adolescent confidentiality:

- Do you have an office policy about confidential issues pertaining to adolescents and their families?
- Do you mail a copy of your confidentiality policy to parents of adolescents as they reach a certain age (11 or 12 years)?
- Do you post your confidentiality policy for parents and adolescents to see in your waiting room or exam rooms?
- Do you have a system to handle confidential information in medical records?
- Is it customary in your practice to allow adolescents and parents to talk separately with health care providers about their concerns?
- Do you educate your partners and staff regarding laws that specifically pertain to adolescents and their right to receive care without parent or guardian's consent?
 - In fact, "all 50 states and the District of Columbia explicitly allow minors to consent to STI services, although 11 states require that a minor be of a certain age (generally 12 or 14 years) before being allowed to consent." (Guttmacher Institute, Minors' Access to STI Services: State Policies in Brief.) A current listing of [state policies](#) is available for review.
- Does the atmosphere (eg, pictures, wallpaper) create a safe and comfortable environment for adolescents to discuss private concerns regarding their health?
- Do you display and/or offer educational materials about confidentiality to adolescent patients and/or patients?
- Are you and your staff careful not to discuss patient information in open environments (eg, elevators, hallways, waiting rooms)?
- Do you make sure all the doors to the examination room are closed when getting an adolescent patient's medical history or discussing anything sensitive and ensure the accompanying adult is in the waiting room or an area at a distance?
- Do you ask if your adolescent patient feels comfortable receiving messages or mail from you?
- Do you discuss the situations in which you may need to breach confidentiality?
- Do you review with staff their knowledge and feelings regarding confidentiality for adolescents?

Source: [Adolescent Health Working Group](#)