



Improving Chlamydia Screening and Testing Rates

Provider Presentation

Topics

- Chlamydia Facts.
- Chlamydia Rates.
- Chlamydia Health Care Disparities in Iowa.
- Medical Cost of Treating STIs.
- NCQA Specifications and Testing.
- Education.
- Resources.

Chlamydia Facts

Chlamydia Facts¹

- Common sexually transmitted bacterial infection affecting both men & women.
- More than 50% of those infected do not have symptoms.
- Men or women who have anal intercourse may acquire infection in the rectum which causes rectal pain and bleeding.
- Can be found in the throats of men and women having oral sex with an infected partner.
- Without treatment, can lead to serious health problems:
 - Pelvic inflammatory disease.
 - Ectopic pregnancies.
 - Premature deliveries.
 - Infertility.
 - Epididymitis.
- Babies born to infected mothers can get chlamydia infection in their eyes and respiratory tracts. It is the leading cause of early infant pneumonia and conjunctivitis in newborns.
- Leading cause of infertility in the U.S.

Chlamydia Rates

U.S. Chlamydia Rates²

Reported Cases and Rates of reported Cases by Age Group and Sex, United States in 2021.



In 2021, a total of 1,644,416 chlamydia infections were reported in the U.S.

Among females, the rate was 628.8 cases per 100,000 population (1,053,246 cases).

Among males, the rate was 357.4 cases per 100,000 population (587,473 cases).

Chlamydia Cases in Iowa 2022³

Iowa ranks 27th in the US for reported rates of chlamydia

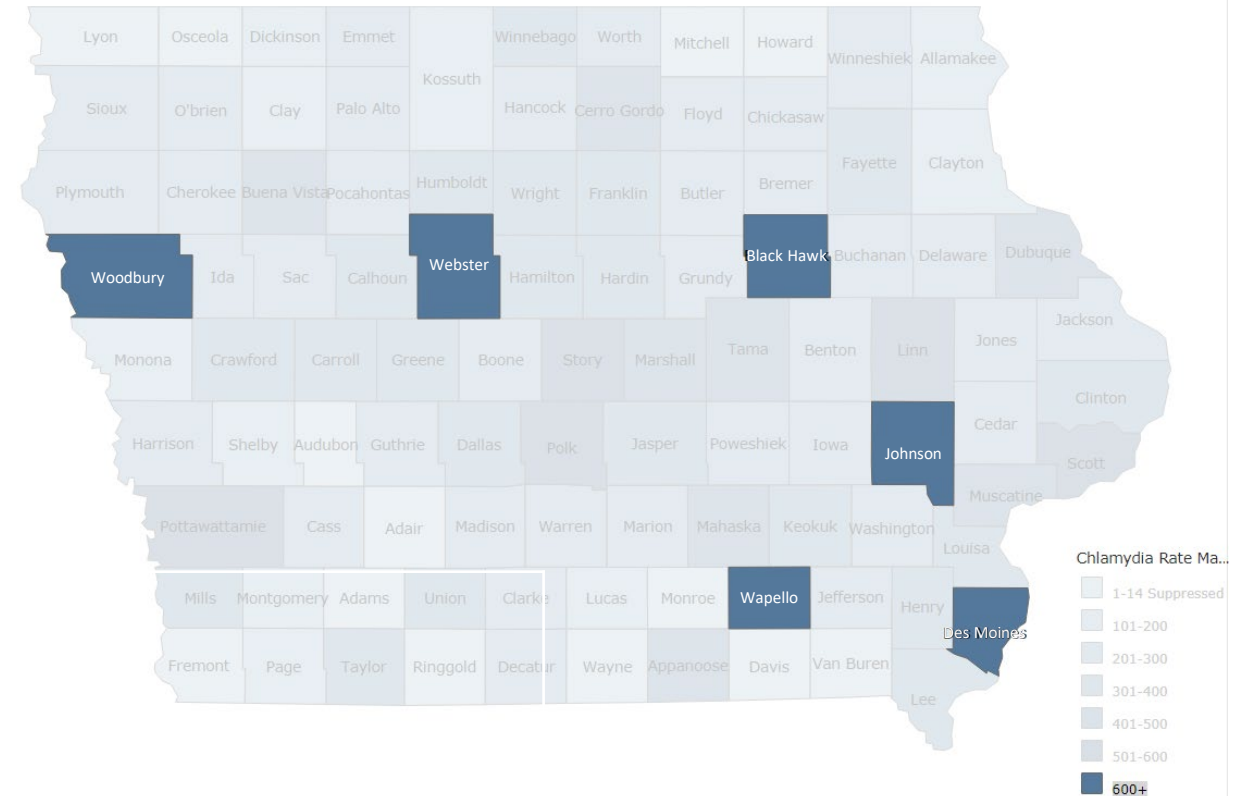
14,633 reported cases in Iowa. The reported rate doesn't necessarily reflect all chlamydia cases.

Infection is asymptomatic in most people (about 7 out of 10) and many cases are undiagnosed.

458 cases per 100,000 Iowa population.

- Top 10 County Case Rates (per 100,000) in Iowa.
 - Black Hawk – 788.
 - Woodbury – 760.
 - Des Moines – 725.
 - Webster – 654.
 - Johnson – 641.
 - Wapello – 613.
 - Polk – 594.
 - Scott – 569.
 - Linn – 556.
 - Story – 537.


Iowa Counties with Chlamydia Rates over 600 per 100,000 people for 2022




U.S. Chlamydia Rates in Youths³

NEARLY HALF OF ALL NEW INFECTIONS OCCUR AMONG NATION'S YOUTH

America's youth shoulder a substantial burden of sexually transmitted infections. **Nearly half (45.5%) of all new STIs in the country occur among young people (ages 15-24).**



EXAMPLE

 For more information visit www.cdc.gov/nchstp/newsroom

This graphic shows the latest CDC data indicating that nearly half of all new STI infections occur among the nation's youth.

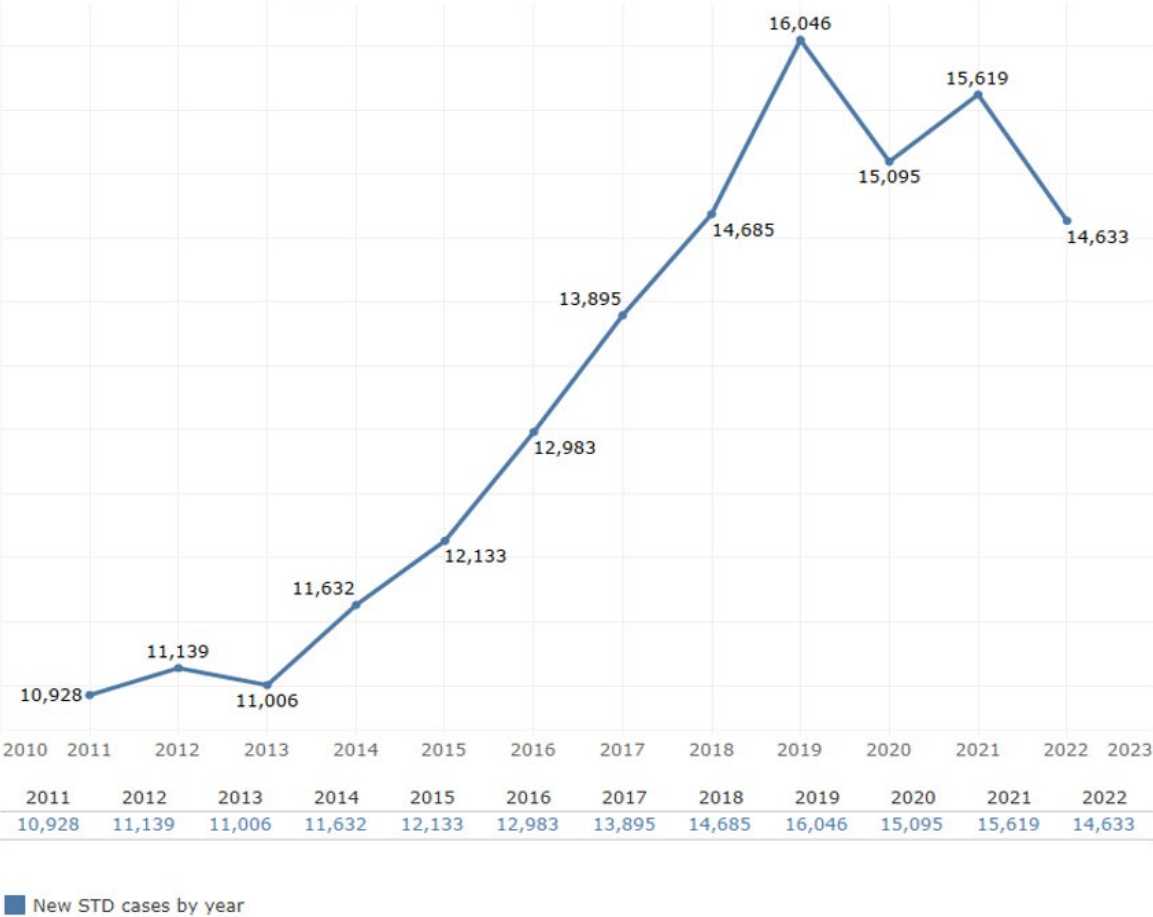
45.5% of all new STI's were among people ages 15 -24 years of age (2018).

Chlamydia Health Care Disparities in Iowa

Health Disparities in Iowa³

Chlamydia is the most commonly reported STI and can infect both men and women. From 2011 to 2022, the rate of reported cases in Iowa increased from 10,928 to 14,633.

New STD cases by year: Chlamydia



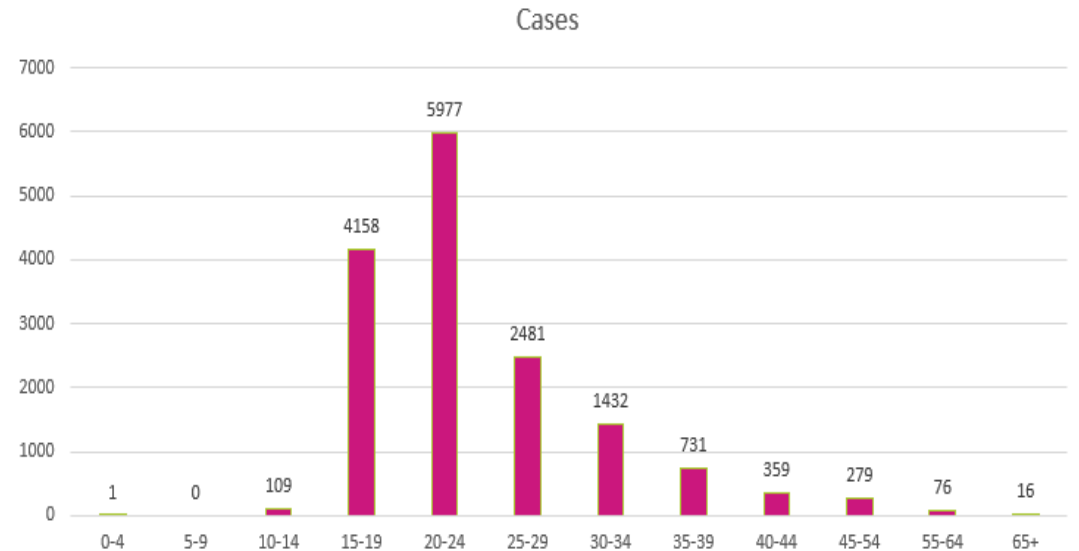
Health Disparities in Iowa³

Women are more likely be diagnosed with chlamydia than men, however, this is likely due to routine screening and the higher frequency of symptoms in women. Currently, men do not undergo routine screening for chlamydia despite having a similar prevalence of the disease to women.

Adolescents and young adults: Those aged 15 to 24 have the highest rates of chlamydia compared with other age groups. Young women in this age group make up almost half of the reported cases of chlamydia.

Iowa 2021 Rates per Gender

Gender	Cases	% of Positives
Male	5,279	33.8%
Female	10,340	66.2%



Health Disparities in Iowa

Race: 2021 Rates in Iowa per Race

Race	Cases	% of Positives	Total Rate
Total Asian	206	1.3%	249.4
Total Black	2,945	18.9%	2,406.3
Total Hispanic	1,557	10%	784.2
Total American/AK Native	98	0.6%	1,013.1
Total White	8,360	53.5%	311.6
Total HI Native/PI	96	0.6%	2,332.9
Total Multiracial	197	1.3%	357.9
Total Unreported	2,160	13.8%	*
Grand Total	15,619	100%	495

Rate: Number of cases per 100,000 population

Data as of April 2022

Source: Iowa Dept of Public Health, STD Prevention Program

*Rate not reported on Unreported Race

† Rate is not calculated when case counts are low because results can be misleading

Population based on 2010 census, estimated to 2019, per Iowa Data Center

Social, economic, and behavioral factors that affect the spread of sexually transmitted infections include racial and ethnic disparities. Certain racial/ethnic groups have higher rates of sexually transmitted infections.

Conditions such as poverty, low educational attainment and unemployment can also present barriers to accessing quality sexual health care and lead to higher rates of chlamydia.

Barriers to opportunistic chlamydia testing:

- People believe they have no infection, as they experience no symptoms.
- Lack of knowledge of sexually transmitted diseases and available services.
- Worries about discussing sexual health.
- Embarrassment attached to seeking STD services.

Medical Cost of Treating STIs

Medical Costs of STIs⁴

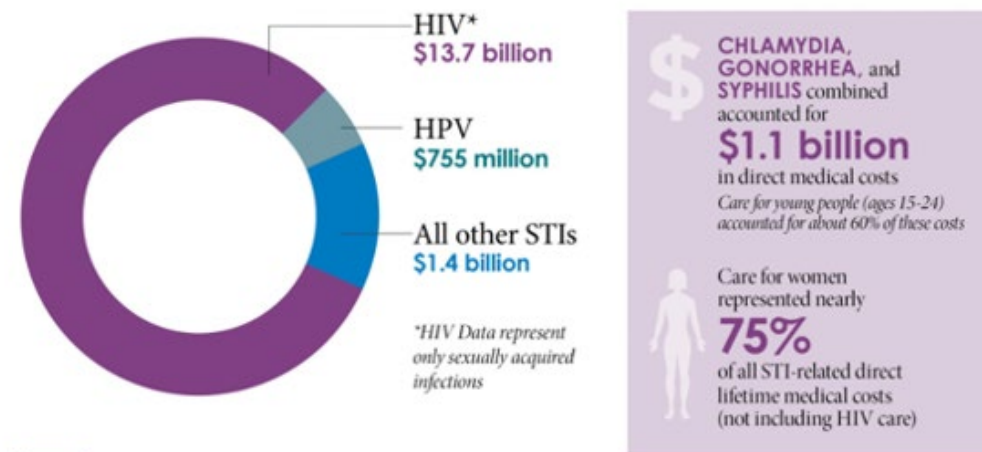


STI's cost the US healthcare system billions each year. In 2018, new infections totaled nearly \$16 billion in direct lifetime costs alone.

The cost exceeds medical cost burden estimated in the American Health Association Study, which did not include costs associated with lost productivity, other medical costs and STI prevention.

STIs COST THE U.S. HEALTHCARE SYSTEM BILLIONS EACH YEAR

In 2018, new infections totaled nearly **\$16 billion** in direct lifetime medical costs



For more information visit www.cdc.gov/nchhstp/newsroom

Chlamydia, gonorrhea, and syphilis combined account for \$1.1 billion in direct medical costs.

60% of these costs are for young people ages 15-24.

HEDIS[®] and NCQA[®] Technical Specification and Testing

Measure for Chlamydia⁵

Technical Specification

Measure evaluates percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Two methods identify sexually active members:

1. Pharmacy data.
 - Prescription contraceptive(s) were dispensed.
2. Claim/encounter data indicating sexual activity.
 - Diagnoses indicating sexual activity (not laboratory claims).
 - Procedures indicating sexual activity.
 - Pregnancy tests.



Iowa Total Care Chlamydia Screening Rates

Measurement Year	Ages 16-20	Ages 21-24	Total Rate (Ages 16-24)
2020	40.26%	51.76%	45.61%
2021	42.75%	55.48%	48.67%
2022	42.20%	54.01%	47.89%
2023-Current rates as of 1/1/2024	39.72%	54.63%	46.28%

For Iowa Total Care to reach their Target goal rate (75th percentile of NCQA's 2023 Quality Compass) for reporting year 2024, 62.9% of the female members ages 16-24 who were identified as sexually active need to be screened for Chlamydia.

Test and Billing for Chlamydia⁵

For Females and Males:

- Urine Test.
- Vaginal or Urethral Swab.

Claims Coding:

*Codes subject to change.

CPT®

87110, 87270, 87320, 87490–87492, 87810, 0353U

LOINC Codes

14463-4, 14464-2, 14465-9, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 23838-6, 31775-0, 34710-4, 42931-6, 44806-8, 48807-6, 45068-4, 45069-2, 45072-6, 45073-4, 45075-9, 45084-1, 45089-0, 45090-8, 45091-6, 45093-2, 45095-7, 50387-0, 53925-4, 53926-2, 57287-5, 6353-7, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6, 82306-2, 87949-4, 87950-2, 88221-7, 89648-0, 91860-7, 91873-0.

Education

Key Misperceptions of Younger Patients

Member misperception: Not understanding what sexually active means. 1% of women reporting zero sexual activity test positive for chlamydia.

- Solution: Use simple, straightforward, non-judgmental language when discussing sexual issues with teens and young adults.

Member misperception: Privacy not protected/fearful of parents finding out.

- Solution: Meet with teens and young adults separately from their parents to allow open conversation about sexual activity.

Member misperception: Don't understand need to be tested/have no symptoms.

- Solution: Advise members, if they are at risk (sexually active), during annual wellness visits or when they are seen for birth control to get screened for chlamydia.

Member misperception: Don't have time to be tested/don't want a "female" exam/not knowing how males are tested.

- Solution: Explain testing methods which can be done at home or in your office:
 - Urine sample.
 - Vaginal or urethral swab.

How You Can Help

- Use handouts to assist in discussing sexually transmitted diseases with patients.
- Inform members about websites for resources about sexually transmitted diseases.
- Try using Normalizing or Opt-out Language with Patients:
 - “We recommend testing for Chlamydia and gonorrhea to all my patients under 25.”
 - “Chlamydia often has no symptoms. It is a good idea for us to screen today.”
 - “We recommend routine screening.”
 - “Untreated chlamydia can lead to infertility or the inability to have children. The test is quick and easy.”
 - “I see that you are due for your pap smear today. We encourage all of our patients to get chlamydia and gonorrhea testing. The clinician can collect a sample when she does your exam. Is that OK with you?”
- Encourage members infected with chlamydia to have their sexual partners treated too, as required by Iowa Administrative Code 139A.35.

Resources

Resources⁶

Iowa Code 139A.35 Minors

- A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider.
- Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician assistant, or an advanced registered nurse practitioner.
- Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary.

Iowa Code 139A.41 Chlamydia and Gonorrhea Treatment

- Notwithstanding any other provision of law to the contrary, a physician, physician assistant, or advanced registered nurse practitioner who diagnoses a sexually transmitted chlamydia or gonorrhea infection in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription oral antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners.
- If the infected individual patient is unwilling or unable to deliver such prescription drugs to a sexual partner or partners, a physician, physician assistant, or advanced registered nurse practitioner may dispense, furnish, or otherwise provide the prescription drugs to the department or local disease prevention investigation staff for delivery to the partner or partners.

References

¹References: America's Health Rankings Analysis of CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, United Health Foundation, America'sHealthRankings.org

Centers for Disease Control and Prevention at [cdc.gov](https://www.cdc.gov)>Sexually Transmitted Diseases (STD)>Chlamydia

²Reference: America's Health Rankings Analysis of CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, United Health Foundation

³Reference: Iowa Department of Public Health at [idph.iowa.gov](https://www.idph.iowa.gov)> Public Health>Sexually Transmitted Infections

⁴Reference: American Sexual Health Association @ <https://www.ashasexualhealth.org/chlamydia-101/>

⁵Reference: National Committee for Quality Assurance (NCQA) at [ncqa.org](https://www.ncqa.org)

⁶Reference: Iowa Legislature@ <https://www.legis.iowa.gov/docs/ico/section/139A.35>

Questions?
