

**Form Approved
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Provider Feedback for Chlamydia Prevention and Control Online Resources

National Chlamydia Coalition (NCC), Case Study

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1027)



Dear Case Study and Focus Group Participant:

Thank you for agreeing to participate in this case study and subsequent focus group. Compensation will be sent to each participant once the case study and focus group are completed. Approximately two weeks after completing the case study, we will conduct a separate online, interactive focus group about your experience in using the resources available on the website of the National Chlamydia Coalition (NCC). The NCC is sponsored by the Centers for Disease Control and Prevention. During the focus group we will be asking your opinion on such things as: 1) Organization of the information on the Provider webpage; 2) The process you use in searching the web for medical consultation/practice management information; 3) Recommendations on changes to the Provider Webpage.

Objective of the Case Study: The purpose of the project is to provide the National Chlamydia Coalition (NCC) with an assessment of the tools, resources, and content of a webpage for providers. We are interested solely in provider opinion and experience in utilizing the information of the webpage and in suggestions for improvement. There is no pre or post-test questionnaire assessing participant's knowledge of the subject matter or of clinical practice.

Introduction to the Case Study

One of your professional journals features an entire issue on sexually transmitted diseases (STDs). One article about *C. trachomatis* infection (chlamydia) particularly catches your attention. You learn that chlamydia is the most prevalent of all the STDs, and since 1994 has been the most commonly reported notifiable disease in the United States.¹

The article cites estimates from the Centers for Disease Control and Prevention (CDC) that young people aged 15-24 years acquire nearly half of all new STDs.² In the case of *C. trachomatis* infection, the highest age-specific rates of reported chlamydia in 2012 were among women aged 15-19 years (3,291.5 cases per 100,000 females) and 20-24 years (3,695.5 cases per 100,000 females). Within these age ranges, reported rates were highest among women aged 18 and 19 years of age. Age-specific rates among men were

¹ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2012*. Atlanta: U.S. Department of Health and Human Services; 2013.

² Satterwhite CL, Torrone E, Meites E, Dunne EF, Mahajan R, Ocfemia MC, Su J, Xu F, Weinstock H. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *Sex Transm Dis*. 2013 Mar;40(3):187-93.

substantially lower than the rates among women, with men 20-24 years of age having the greatest number of cases (1,350.4 cases per 100,000).³

You are quite amazed at this high number of chlamydial infections, particularly in young women. You read another article in the same journal which discusses the potential consequences of chlamydia. You learn that most chlamydial infections in women, and many in men, are asymptomatic. Because women generally do not have symptoms and are unlikely to seek testing, a large number of chlamydia infections go undetected and untreated. Untreated chlamydia infection in women can lead to pelvic inflammatory disease (PID), which is a major cause of infertility, ectopic pregnancy, and chronic pelvic pain. As with other inflammatory STDs, chlamydial infection additionally can facilitate the transmission of human immunodeficiency virus (HIV) infection. Because of these risks and the high rate of disease, the United States Preventive Services Task Force (USPSTF) includes routine chlamydia screening for young women as a Class A recommendation. Similarly, the CDC, and professional organizations such as the American Medical Association (AMA), American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recommend that all sexually active women age 25 and younger receive annual chlamydia screening.

Another article discusses the status of chlamydia screening in the United States and related quality indicators and performance measures. You learn that many women are not screened for chlamydia because providers lack basic information about disease rates in their community, are uncomfortable asking patients about their sexual history, believe their patients are not at risk, and have concerns about offering confidential services to adolescents. Chlamydia screening is part of the accreditation set within the Health Effectiveness Data and Information Set (HEDIS),⁴ is one of the quality measures within the Patient Centered Medical Home (PCMH) designation, and is fully covered under the Affordable Care Act of 2010. Despite this, chlamydia screening rates remain low with approximately 40%-60% of young, sexually active women not receiving this recommended service.

Related to follow-up services for identified chlamydia infections, you read that the majority of those with the infection receive appropriate treatment; however sex partner(s) often do not receive treatment, leading to frequent reinfection. Untreated sex partners, the article stresses, is one of the primary reasons why chlamydia reinfection rates during the months following treatment are as high as 20%.⁵ For this reason, the CDC strongly recommends rescreening for chlamydia approximately 3 months after treatment.⁶

The Situation

³ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2012*. Atlanta: U.S. Department of Health and Human Services; 2013.

⁴ National Committee for Quality Assurance. HEDIS 2013: technical specifications. Washington (DC): National Committee for Quality Assurance; 2012. p. 90-93.

⁵ Hosenfeld CB, Workowski KA, Berman S, et al. Repeat infection with chlamydia and gonorrhea among females: a systematic review of the literature. *Sex Transm Dis* 2009;36:478-89.

⁶ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2010. *MMWR* 2010;59(No. RR-12)

After reading this journal you decide to investigate the status of chlamydia screening in your practice setting. Your practice sees a large number of adolescents and young adults for primary care, urgent care, school physicals and the like. You approach the office manager to obtain data on the number of female clients seen under the age of 26, the number of chlamydia tests performed within this age range, and the number of positive tests.

You learn that chlamydia screening rates for females 15-25 years of age in your practice setting are below 40%. Having now identified a clinical service gap, you decide to take the lead in initiating discussion about why screening rates in your practice are low and how these rates might be improved.

You add chlamydia screening to the agenda of a future office meeting. When it is your turn on the agenda, you provide a synopsis of the information from the professional journal as well as summary data for chlamydia screening rates in your practice. Once this information is distributed and digested you solicit opinions and ideas from your colleagues and office staff to learn why they believe your practice's chlamydia screening rates are low.

Your colleagues suggest many possible reasons why routine screening for chlamydia is not occurring in your practice. The list includes:

- Limited time with patients and competing priorities for time
- How are we supposed to do a chlamydia test when the reason for their visit is a "sore throat" or a hurt ankle?
- Most of our patients don't have chlamydia.
- I don't want to ask everyone about their sexual activity when that's not the reason they came in to see me.
- I'm not sure of the right questions to ask to know if screening is needed
- Trying to get partners treated is a problem. They aren't seen at our clinic and we can't write prescriptions for someone we haven't seen or for whom we don't have a medical record.
- I don't think the urine test is very accurate. And sending everyone to the bathroom would take too much time. Isn't there a better test?
- Teens are often with their parents. A teen probably wouldn't tell us the truth anyway if their parent was in the room.
- We aren't able to keep tests for STD's confidential or private because we send out bills or EOB's. That's a big problem especially for younger teens.
- Who is going to pay for the test?
- What should we say to parents if they are with the patient? I think they would be really upset to be asked to leave the room.
- Why are we supposed to test only females? Why aren't males routinely tested?

Once the meeting is over you group the items into the following common themes:

- Adolescent confidentiality
 - Billing and confidentiality
 - Parents
- Talking with Patients About Sex
 - The best way to bring up the topic
 - When should this be done in the clinic flow and who should initiate discussion
 - Samples of taking a sexual history
- Prevention of Re-infection
 - Treatment of partners – what’s the best way to approach this
 - Rescreening after treatment
- Types of Chlamydia tests
 - What can be used other than a urine test
 - How to best incorporate the test into clinic flow
- Testing of Males

The Task

Imagine that you are charged with creating a quality improvement protocol for your practice. Please select **one** of the topics from the list above to research in developing an imaginary protocol for your practice to improve chlamydia screening rates. You need not develop an actual protocol. Just explore the resources you would find compelling for that purpose. Use resources from the National Chlamydia Coalition website and Provider webpage @ <http://ncc.prevent.org/info/healthcare-providers> to identify information and resources on the topic you select.

As you look at the resources on the website, please retain a list of those resources, tools, links, etc. that you find to be the most or least helpful in addressing your chosen topic and make some informal notes on reasons why. These will be valuable for refreshing your memory during the focus groups, and providing your input very succinctly to assure that every participant has an opportunity to contribute during the brief focus group call (about 55 minutes – to limit the overall time commitment we’re asking you to make).

When you have completed the case study and the online search, please email Susan DeLisle @ Sdelisle@prevent.org. Please select one of the following times for the focus group and send your preferred date and time to Susan with your email that you have completed the case study and online search.

Focus group # 1: TBD

Focus group #2: TBD

You will be sent a confirmation email with the conference call number and access code once you have selected the focus group you will attend.

Focus Group

We invite and encourage you to send us the list of resources, tools, links, etc. and/or notes and comments after the focus group, as we anticipate there may not be time to cover all of the feedback everyone brings to the one hour call with 6-7 participants. It is not necessary to access the NCC website during the call. We do strongly encourage you to use a landline for the call, if possible, and to be in a quiet location as background noise is greatly amplified on a conference call. It is very important to be on time to the call so as to limit distractions to the content with late attenders.

The general topics to be covered in the focus group are:

- General information about clinical quality improvement in your practice
- Information available in your practice on STD's
- Organization and usefulness of the resources and tools on the website
- Process for searching for medical/practice management information