

Increasing Percentage of Women Screened Annually for Chlamydia

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Purpose of Study

- Chlamydial infections in women are often asymptomatic and can and may lead to pelvic inflammatory disease (PID) and its associated complications, such as ectopic pregnancy, infertility, and chronic pelvic pain. The USPSTF recommends annual screening for chlamydia among women age 24 and younger.
- This project aims to increase the percentage of female patients between 16 and 24 years of age for whom annual chlamydia screening is recommended who are screened to a level that is equivalent or above top-decile performance among medical groups in California.
- On most other clinical quality metrics, PAMF's performance is at or above top decile. Closing the disparity in performance on the chlamydia screening metric was identified as a priority for 2023.

Project Goals

- To increase the percentage of eligible women who are screened annually to a rate that is at or above the California state-wide 90th percentile percentage of 60.3% by year-end 2023.
- PAMF's year-end 2022 chlamydia screening rate was 50.2%, below the state-wide 50th percentile of 51.2% among medical groups in California who participate in the state-wide AMP program overseen by IHA.
- In order to achieve this goal, the project's associated goal was to implement a workflow to collect a urine sample during encounters by women due for screening with urgent care, primary care and Ob/Gyn departments. These samples could be sent to lab for screening, saving patients a visit to lab.
- PAMF identified that women due for chlamydia screening most frequently accessed care in primary care, OB/GYN and urgent care departments. For this workflow, the goal was to have a urine sample collected during 33% of eligible encounters by year-end 2023.
- If during 33% of visits a urine sample was collected and screened, the resulting increase in screening would increase the total percentage screened for chlamydia to the 90th percentile level goal for project.

Performance Gaps

- PAMF's 2022 year-end rate of chlamydia screening among eligible patients was 50.5%
- PAMF evaluates its performance on this metric and other clinical quality metrics against the performance of over 180 other medical groups in California who participate in IHA's statewide Align, Measure, Perform (AMP) Program. IHA reviews all groups' performance on each metrics and establishes benchmarks for performance that equate to various percentile rankings.
- For example, a 90th percentile benchmark represents the rate for which 10% of the reporting groups perform at a higher level and 90% perform lower. The 50th percentile benchmark represent the rate for which 50 percent of medical groups perform better and 50% perform worse.
- PAMF's goal is to provide all recommended care and to achieve 90th percentile (top decile) performance on the maximum number of metrics and to have a level of performance below the 50th percentile on as few metrics as possible.

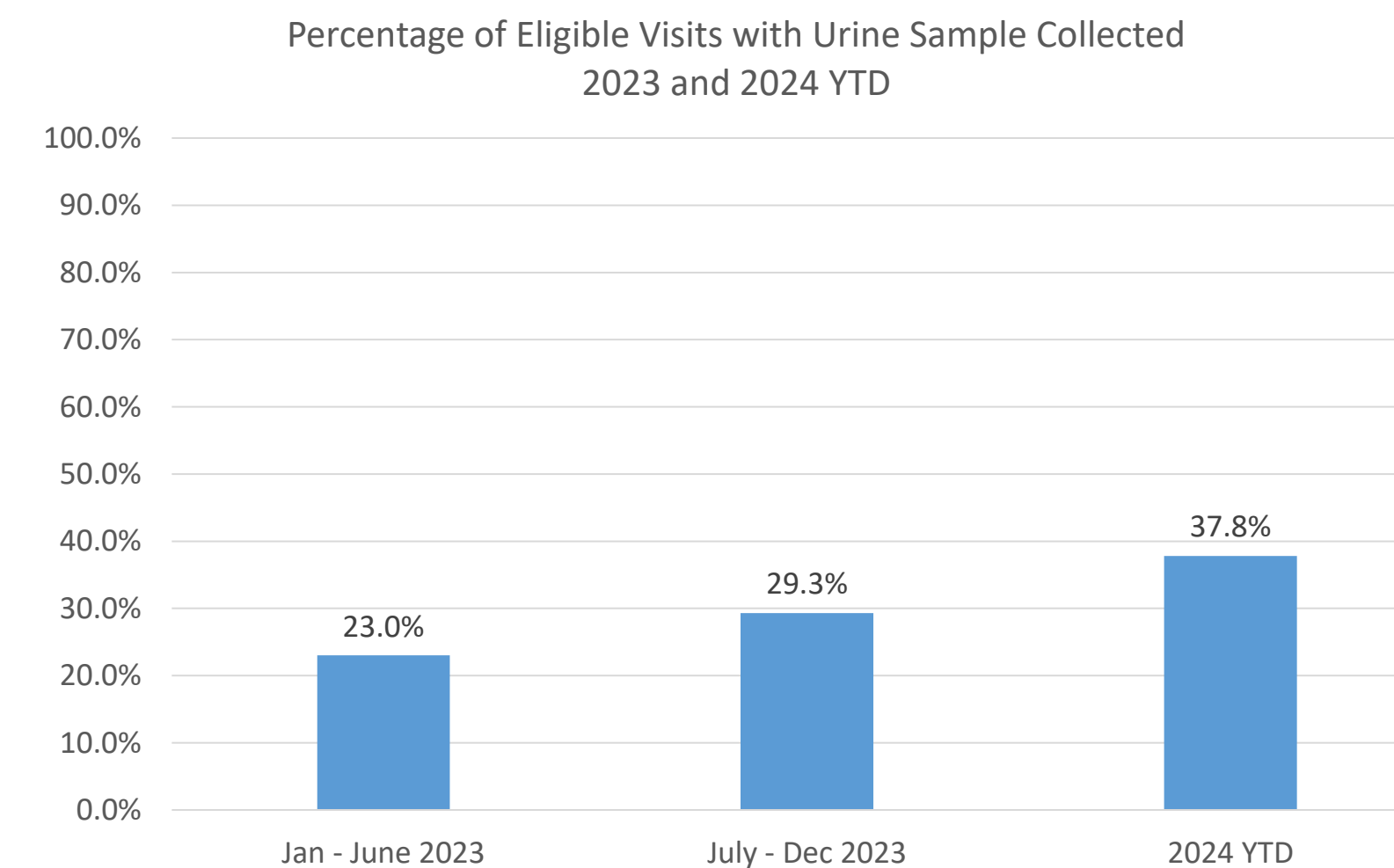
Corrective Actions

To address the fact that women between 16 and 24 years of age are not necessarily due for other labs and may not visit the lab on an annual basis, PAMF did the following:

- Identified that a majority of women due for chlamydia screening are accessing care at least once a year. Women 16-24 most frequently visit urgent care, their primary care physician or their OB/GYN during the year.
- Worked with Operations leaders and managers of these four departments to establish workflows for having MAs check Health Maintenance topic for chlamydia screening for women 16-24 prior to or at start of visit.
- If patient shows due for chlamydia screening, collect urine sample during rooming process or at end of visit.
- Send urine sample to lab for chlamydia testing.

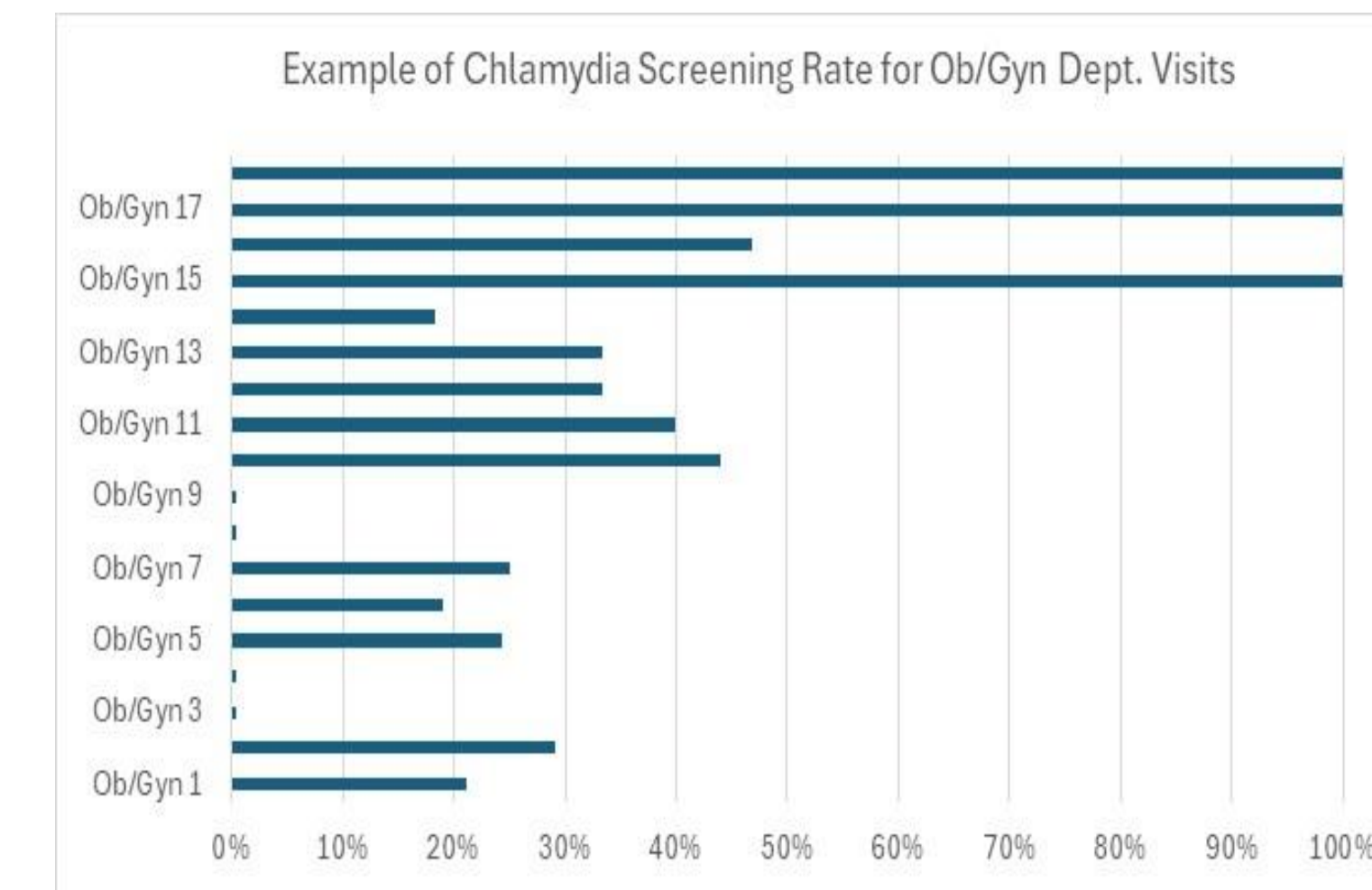
Remeasurement

- The results for the second measurement period from 7/1/23 to 12/31/23 showed that percentage of women with a visit to one of the three departments who had a urine sample collected increased to 29.3%.
- This is compared to the 23% of women with a visit who had sample collected from 1/1/23 to 6/30/23. The goal was to collect a urine sample from at least 33% of women with a visit because if this percentage of women were screened during a visit, PAMF's overall chlamydia screening rate would have increased to the 90th percentile level of performance,
- For YTD 2024, the percentage of women with a visit who were screened is 37.8%, indicating continued improvement in the implementation of the workflow to collect a urine sample during eligible visits.
- PAMF is on track to achieve 90th percentile level of performance in 2024 of 60.3%, based on the contribution to increased screening that results from testing the urine samples collected during office visits.



Communicating Results

- PAMF QI Analyst developed a dashboard that shows compliance with the urine collection workflow by department stratified by the three department specialties. (Sample below for YTD 2024 OB/GYN)).
- Specialty departments can compare performance with departments of like specialties. PAMFQI staff review performance with each of the departments monthly and emphasized compliance with the workflow.
- PAMF also adds reminders to the notes section of the appointment so that the clinical teams know that a patient is due for screening has an appointment on a given day. Increased performance on PAMF's overall chlamydia screening rate, due in part to this workflow, is highlighted at different operations and quality improvement meetings and to the governing body as part of the overall Sutter QI Committee meetings and dashboard summaries which includes chlamydia screening as a metric



Acknowledgements or Contact

United States Preventive Services Task Force Recommendation-Chlamydia and Gonorrhea Screening <https://www.uspreventiveservicestaskforce.org/>