



**State of New Hampshire
Department of Health and Human Services**

**NH Medicaid Care Management
Medicaid Quality Program – Annual Meeting**

Chlamydia Screening in Women (CHL)

August, 2023

Overview

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- Sexual Health
- Reported Chlamydia (CHL) cases
- New Hampshire Performance
- Annual Meeting Overview & Objectives
- Keynote Speaker
- Barrier Review
- Strategies to Address Barriers
- NH DHHS: Linkage to Care Team



Sexual Health is Important to Healthcare

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- Definition:
*Sexual health is defined as a state of physical, mental, and social well-being, in relation to sexuality.**
- Sexual health is a part of a holistic view of health and wellbeing, and includes understanding, access to information, prevention, care, and treatment.
- Sexual health histories should be a component of all health histories to effectively guide patient assessments.

*Centers for Disease Control and Prevention. (2019). Sexual Health. Available at: <https://www.cdc.gov/sexualhealth/default.html#who>. Accessed on: June 26, 2023.



Routine Sexual Health Screening

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Routine sexual health screenings should include:

- Addressing socioeconomic factors
- Discussing vaccines such as Hepatitis A (HAV), Hepatitis B (HBV), and Human Papillomavirus (HPV)
- Counseling and providing information concerning risk-reduction
- Human Immunodeficiency Virus (HIV) prevention medication for those at risk for HIV
- Screen at all sites for STIs
- Inform the patient of the importance of expedited partner therapy (EPT)
- Sexual histories may indicate psychiatric and/or other medical disorders, current health problems related to abuse, violence, or prior STDs; and the need for information concerning contraception



Chlamydia (CHL)

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- The most frequently reported bacterial Sexually Transmitted Infection (STI) in the United States
- Females and young people (18-24 years of age) are generating the highest number of reported cases of chlamydia
- Often asymptomatic
- CHL can cause infertility, ectopic pregnancy, and pelvic inflammatory disease (PID) in females.
 - *Complications from PID affects female reproductive organs and can cause ectopic pregnancy, tubal infertility, and long-term pelvic pain.*

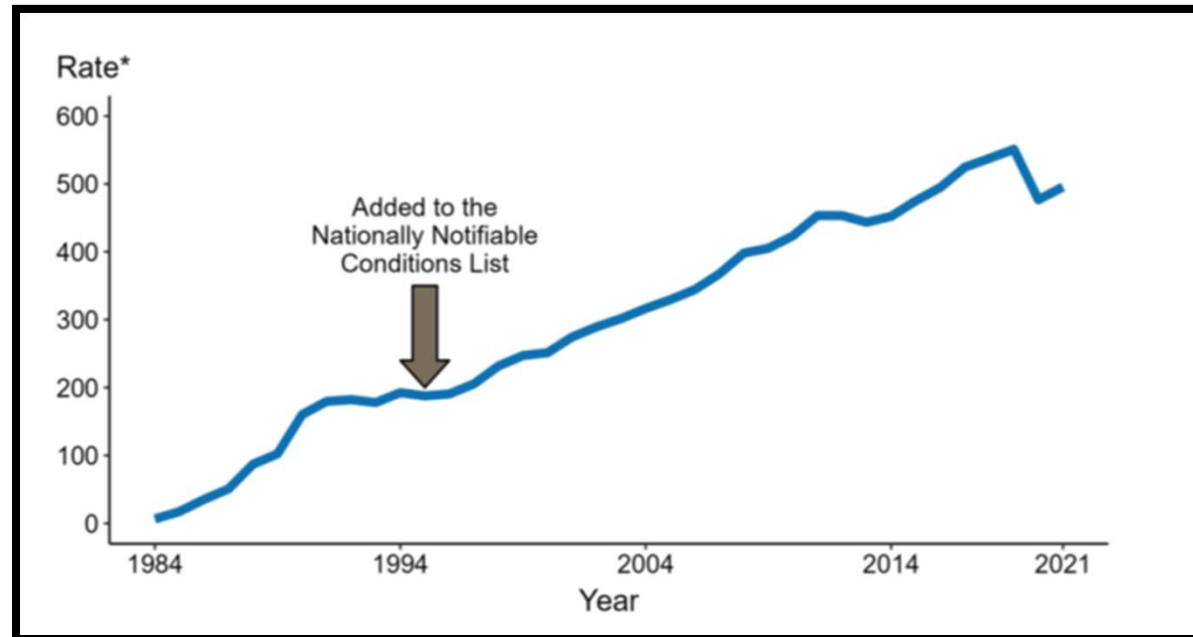


REPORTED CHLAMYDIA CASES:



Reported Chlamydia (CHL) Cases by Year in the United States from 1984-2021

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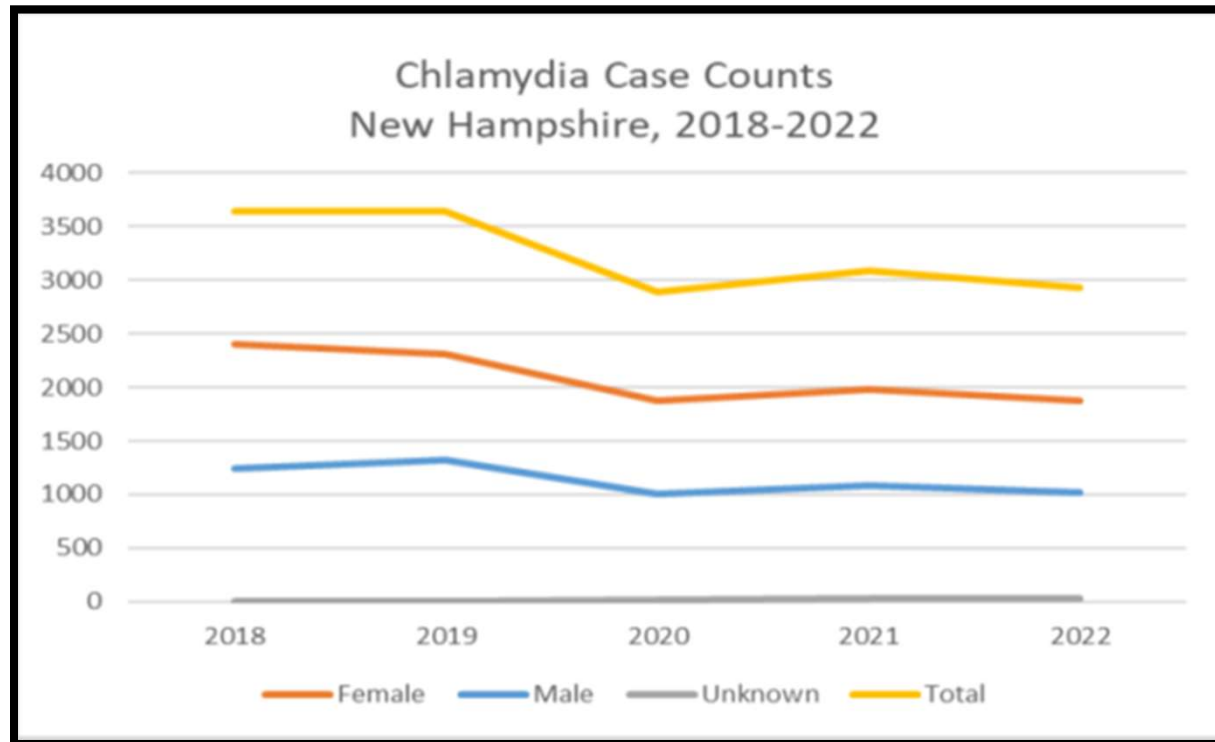


- CHL Cases decreased by 228,818 from 2019 to 2020 (COVID-19)
- Unclear if there is a true decrease in new infections or reflects changes in screening practices and access that may have occurred during the COVID pandemic
- Cases were beginning to close that gap in 2021



Reported Chlamydia Cases by Year in the New Hampshire from 2018-2022

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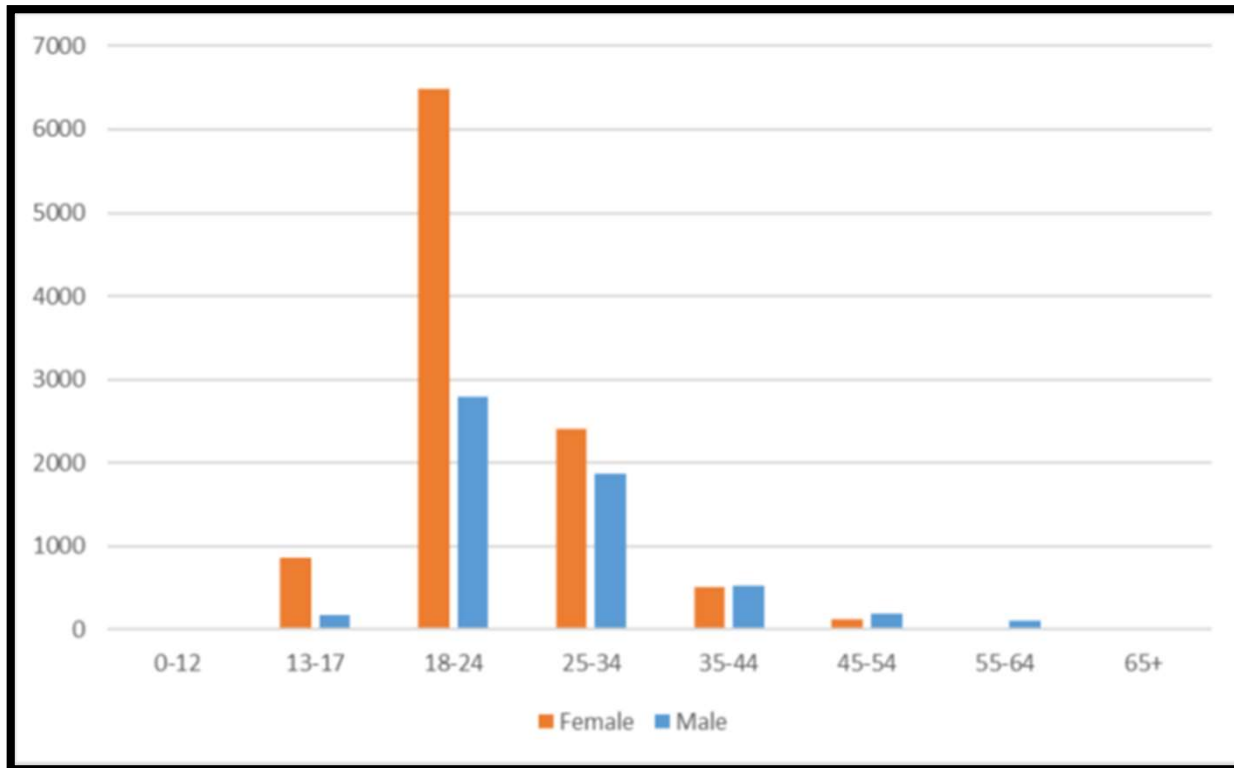


- As with national data, females have higher numbers of reported cases of CHL than men
- In NH, private physicians' offices (medical doctors [MDs] and doctors of osteopathic medicine [DOs]) diagnose most CHL cases



Reported Chlamydia Cases by Year in the New Hampshire from 2018-2022

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- Young people have the highest number of reported cases of CHL



NEW HAMPSHIRE PERFORMANCE:



HEDIS Measure: Chlamydia Screening in Women (CHL)

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Measure Definition: The percentage of women 16–24 years of age enrolled during the measurement year with no longer than a 45-day gap in enrollment. The rate included women who were identified as sexually active and had at least one test for chlamydia during the measurement year. Sexually active is defined by:

- Claims/encounters data – pregnancy value set, sexually activity value set, pregnancy test value set codes during the measurement year, or;
- Pharmacy data: Members dispensed prescription contraceptives during the measurement year. Pharmacy data includes contraceptives, diaphragm, or spermicide.

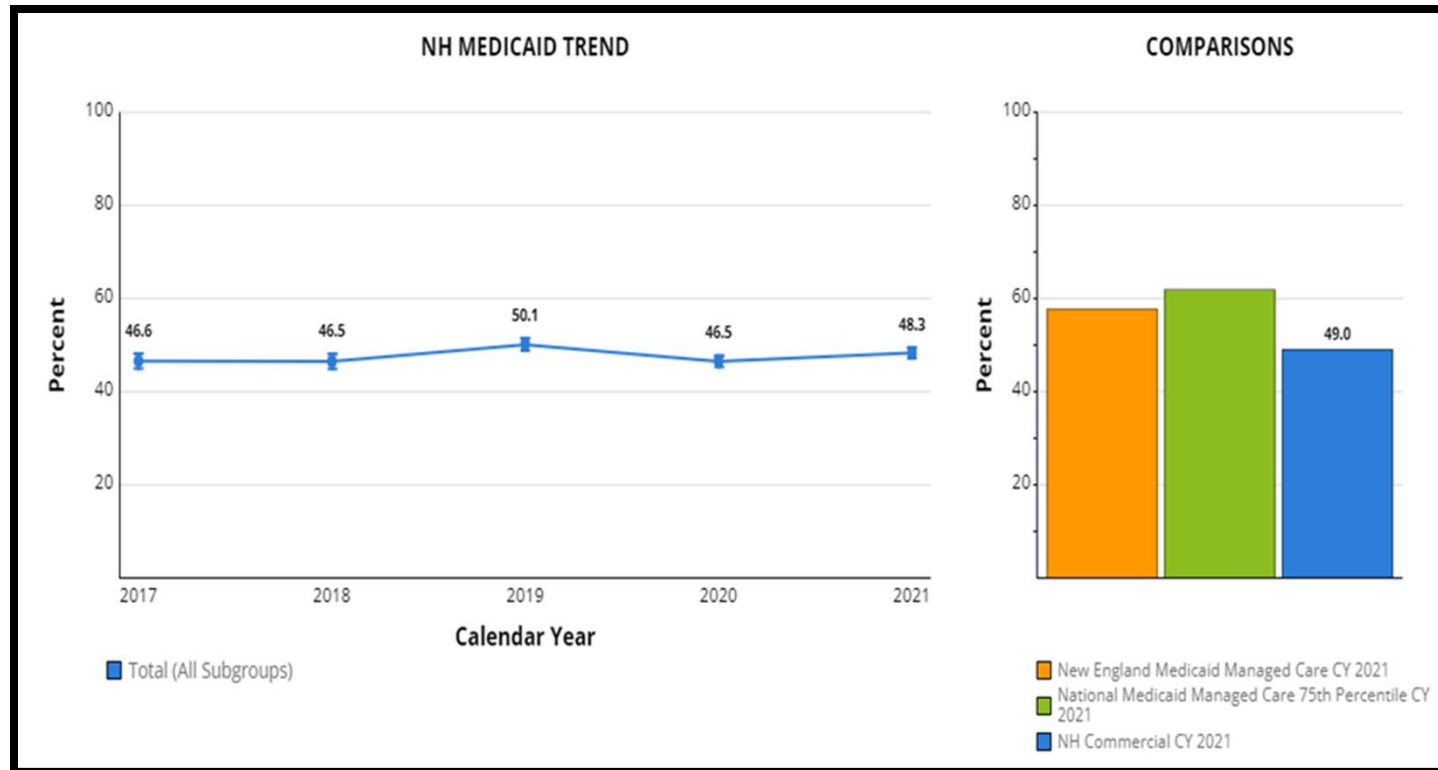
The measure has two indicators:

- Members 16–20 years
- Members 21–24 years



Chlamydia Screening in Women (CHL) Receiving Healthcare from the New Hampshire Medicaid MCOs: Total Rate 2017–2021

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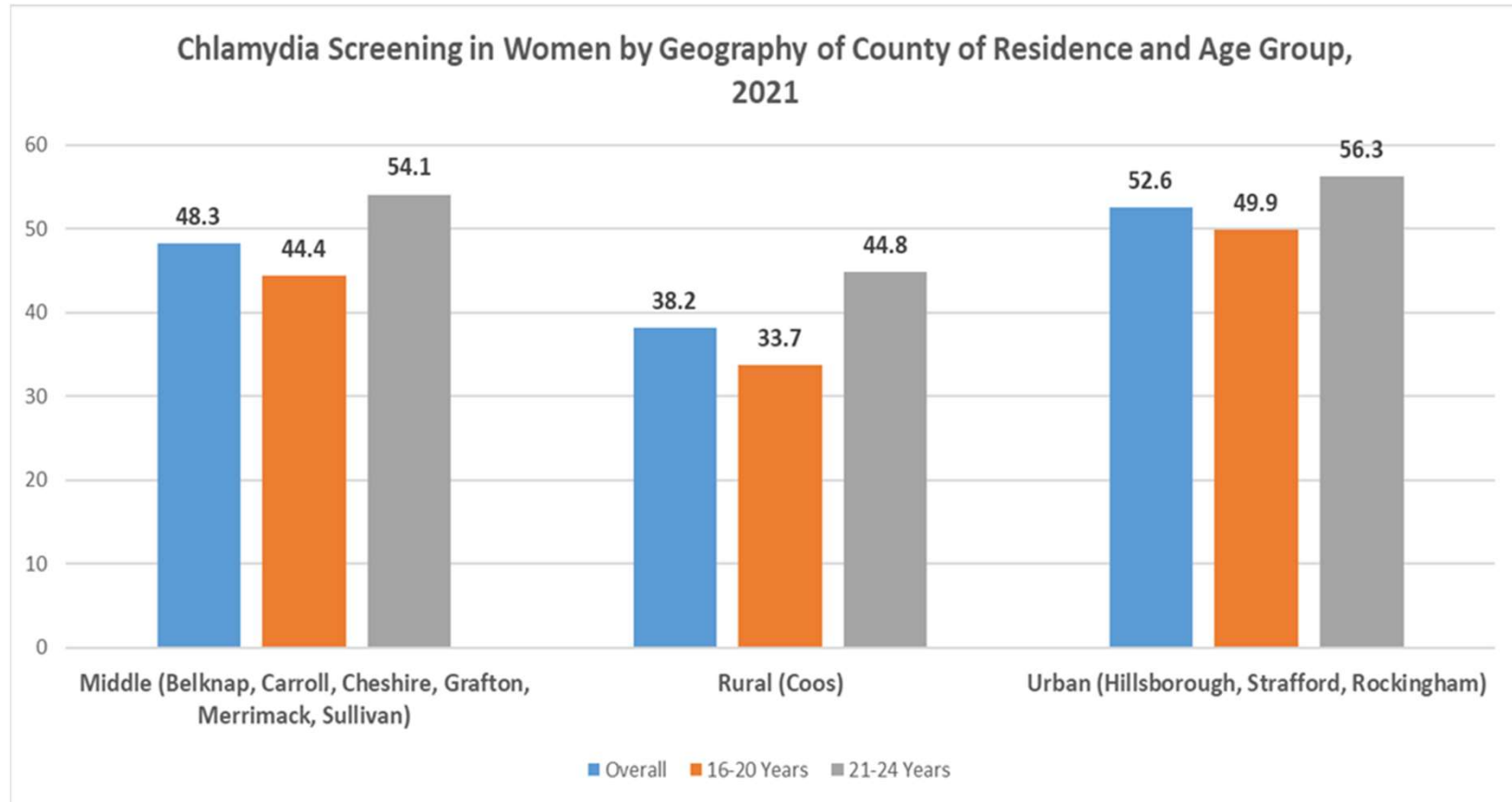
- CHL rate for CY 2021 was 48.3 percent
- Numerator: 4,181 Denominator: 8,655.
- NH goal: National Medicaid Managed Care 75th Percentile rate

Data Source: NH Medicaid - 2022 NCQA audited HEDIS data



NH CHL Screening in Women – 2021 By County and Age

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- Women living in rural Coos county were less likely to receive CHL screening than those living in the middle or urban counties of the State

Data Source: ???



Summary

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- New Hampshire Performance
 - Calendar Year 2021 NH Medicaid Rate = 48.3%
- Performance benchmarks
 - NH Medicaid's rates have consistently been below the National Medicaid 25th percentile
 - NH Medicaid's rates are above the NH Commercial Insurer rate in 2022 ???
- New Hampshire County Level Results
 - CHL screening rates in Coos County are lower for all three age groups



ANNUAL MEETING OVERVIEW AND OBJECTIVES:



Annual Meeting

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- 4-hour virtual meeting on May 23, 2023
- 27 attendees including:
 - DHHS Staff
 - MCO Staff
 - Providers
 - Speakers and facilitators
- DHHS Speakers
- Keynote speaker
- Facilitated brainstorming sessions with group



Annual Meeting – Objectives

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1

Reach consensus concerning the barriers to chlamydia screening in female members

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Brainstorm potential DHHS, MCO and provider strategies to address barriers that impacting the rates.



**KEYNOTE SPEAKER –
KATHERINE HSU, MD, MPH, FAAP:**

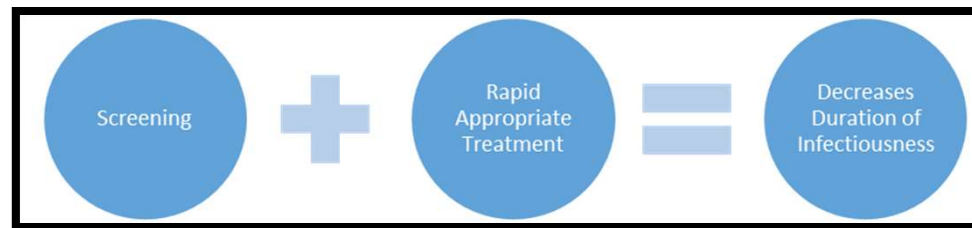


Fighting the CHL Epidemic: Why Screening is Sexy and How Systems Can Support it

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The outline of the presentation included three significant topics:

1. Why screening works to decrease the burden of infection on a population level;



Automatically screening patients younger than 25 years of age. Combined with appropriate treatment, it decreases carriage of transmissible infection.



Fighting the CHL Epidemic: Why Screening is Sexy and How Systems Can Support it (cont.)

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2. Why treatment of patients will not succeed if infected partners are not treated; and

Inform the patient of the importance of expedited partner therapy (EPT). This is difficult to implement and needs more administrative support.



Fighting the CHL Epidemic: Why Screening is Sexy and How Systems Can Support it (cont.)

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3. How repeat screening of previously infected individuals reaches those at highest risk of infection.

We are underutilizing repeat testing as a tool for identifying higher risk patients.



BARRIER EVALUATION:



Barrier Evaluation - Process

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- Facilitator Dr. Tanya Lord lead brainstorming session for all participants.
- Attendees used Mural application to create virtual “sticky notes” and post them on a community white board.
- Ideas were focused on barriers to improving chlamydia screening in female New Hampshire Medicaid recipients.
- Facilitator reviewed all ideas and organized them into the three most predominated themes.



Barrier Evaluation – 3 Most Predominate Themes

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1

Education

2

Comfort Discussing STIs

3

Screening



Education

- Lack of awareness of importance of screening even if patient is asymptomatic and appears at low risk
- Lack of knowledge about chlamydia screening: Process is not normalized; who is responsible to screen; the long-term effects of chlamydia; and the importance of rescreening
- Systems and processes are not designed to support screenings and re-screenings
- Topics and attitudes concerning sexual health education have been politicized



Comfort Discussing STIs

- Provider and patient discomfort discussing sexual issues
- Patient confidentiality issues; minors not wanting to discuss with parents present or afraid parents will know about their sexual activity
- Stigma and normalizing discussions concerning sexual activity



Screening

- Protocols and systems not developed to routinely screen for chlamydia during all visits
- Issues associated with collecting samples off-site
- Legal risks associated with screening a patient who is not assigned to the provider and does not routinely visit the provider



STRATEGIES TO ADDRESS BARRIERS:



Strategies to Address Barriers Evaluation - Process

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- Facilitator Dr. Tanya Lord lead brainstorming discussion for strategies to address barriers.
- Attendees used Mural application to create virtual “sticky notes” and post them on a community white board.
- Ideas were focused on addressing barriers for each of the 3 predominant themes.
- Ideas were categorized as activities to be conducted by DHHS, MCOs, or Providers.
- Multi-voting was used to identify the most supported ideas in each of the three predominant themes.



Strategies to Address Education Barriers

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DHHS could:

- Understand how people access information and develop campaigns to meet people where they are
- Develop educational systems for providers
- Public service campaigns

MCOs could:

- Furnish screening rate data to providers
- Furnish provider education related to the importance of routine screenings including follow-up screenings for high-risk patients

Providers could:

- Provide educational material (i.e., handouts, pamphlets, etc.), especially in areas of the office where patients are alone (e.g., restrooms)



Strategies to Address Comfort Discussing STIs Barriers

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DHHS could:

- Develop public awareness campaigns
- Involve school nurses in promotions
- Normalize sexual health into routine healthcare

Providers could:

- Integrate sexual health conversations into all health conversations



Strategies to Address Screening Barriers

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DHHS could:

- Automate screening, reminders for provider electronic medical records and patient portals
- Develop protocols for pharmacy dispensing treatment of patients and partners
- Look at high performing states for lessons learned

MCOs could:

- Create a standard practice for screening based on the information from Youth Risk Behavior Survey (YRBS) data
- Assure that STI screening and treatment are covered as no-cost services
- Promote and reinforce routine screening as a normal practice

Providers could:

- Implement universal screening protocols
- Create protocols for the treatment of STI infections for patients and partners

Patients could:

- Allow opt-out screening for adolescents and emerging adults



NH DHHS, BUREAU OF INFECTIOUS DISEASE CONTROL (BIDC)



The Role of the Linkage to Care Team at the Bureau of Infectious Disease Control (BIDC):

- Support is available to all providers to educate patients about the importance of screening and to ensure adequate treatment for patients with reportable STIs
- Will assist with interviewing individuals diagnosed with STIs, provider patient education, encourage self-advocacy, and emphasize the importance of testing, treatment, and EPT.

