



2025 Best Practices Chlamydia Screening

Partnership HealthPlan of California Tools, Programs, and Practices:

- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Perinatal Care and Chlamydia Screening*.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling [Partnership Transportation Services](#) at (866) 828-2303, Monday – Friday, 7 a.m. – 7 p.m.

Patient Care:

- Establish a practice commitment to screen all patients assigned female at birth from ages 16-24.
- Develop workflows to support USPSTF recommendations to screen all sexually active patients assigned female at birth for chlamydia through age 24, and over 25 if at an increased risk for infection.
- Normalize chlamydia testing at practice by making chlamydia screening a part of routine preventive care.
- Notify the patient that testing will be performed unless the patient declines, regardless of reported sexual activity. Also known as opt-out screening strategies.
- Reduce missed opportunities for screening by making it part of routine preventive care and using normalizing language to explain the opt-out/ universal screening strategy to patients. Emphasizing the practice rather than the patient reassures your patients that testing is routine.
- Targeted efforts to focus on individuals prescribed birth control, requesting a pregnancy test, or who have been treated for another sexually transmitted infection (STI) in the past.
- Incorporate standardized sexual history into history and physical at regular intervals.
- Utilize “flag” alerts in the EMR/EHR system that each staff member can use to identify and communicate to members who are due for their screening services at every member encounter.
- Conduct chart scrubbing prior to the visit to determine if screening/preventive services are due.
- If due, encourage patients to complete chlamydia screening during current appointment.
- Collect urine during intake.
- Schedule future visits while the patient is waiting to be seen by the provider or before they leave the office.
- Train entire clinical team on sexual health education, cultural competency for targeted communities, and motivational interviewing techniques.
- Educate patients on sexually transmitted infections including signs, symptoms, treatment, and prevention.

- Standardized care staff communication using scripts for taking sexual history and reviewing the recommendations for screening.
- Share local resources for sexual/reproductive care for adolescent patients. Train clinical teams on locating the most accessible facility for every member.
- Consider screening individuals who received a pregnancy test in the emergency room or urgent/immediate care setting.
- Consider screening individuals who are present with urinary tract infections.
- Pair with National Health Preventive Months (e.g. April - STI awareness month), to utilize existing educational materials.
- Use standardized templates in the EMR/EHR system to guide providers and staff through the visit to ensure all components were met and documented.
- Consider a variety of service options and choices - after hours and same day appointments, weekends, teen back-to-school events, well-child visits, vaccine visits, sick/acute visits for non STI related concerns.
- Positive results: Report infection to local health department and treat patient according to California Department of Public Health and Centers for Disease Control and Prevention guidelines. Initiate partner therapy.
- STI screening is considered by Medi-Cal as a sensitive service and therefore parental/legal guardian consent is not required for patients who are 12 years and older.
- Meet with teens and young adults separately from their parents/caregivers to allow open and honest conversation.

Outreach:

- Establish an office-based system to reach out to your 16- to 24-year-olds assigned female at birth population for annual routine visits.
 - Post card reminder.
 - Reminder letter signed by the provider.
 - Phone call to patients who have not made an appointment after four to six weeks of mail reminder.
 - Reminder calls by staff tend to be more effective than robo-calls.
- Train outreach teams in sexual health screening and health education talking points and motivational interviewing to build capacity to answer patient questions during outreach calls.
- Create scripts that all staff can use to simplify the message that encourages annual routine visits.
- Include well-child visit/annual routine visits appointment reminders and confirmation messages in practice text messaging campaigns.
- Be persistent with reminders. You may need to remind patients several times before they schedule and complete a service.

Equity Approaches:

- Risks associated with chlamydia are age and sexual practice based. Chlamydia risks are not race or ethnicity based. Therefore, patients assigned female at birth ages 16-24 from all races and ethnicities should be screened.
- Ensure member information is consistent, welcoming, plain person-centered, language appropriate, and delivered in traditional and electronic applications, per patient's preference.
- Discuss with your patients what may be keeping them from getting a chlamydia screening. Explore possible barriers such as access to care, psychosocial, change in life circumstances. As people, and their environments, change, these barriers change over time, dynamically impacting whether a patient completes a chlamydia screening.
- A discussion of sexual history should include a conversation with the patient to confirm that health information and the next steps covered in the visit are mutually understood; patient agrees with any plans made; and the patient can ask questions.
- Consider cultural beliefs, age, and appropriate language about sexually transmitted infections when discussing preventive screening services.
- Use approaches that align with your practice's demographics (partner with local schools and faith-based organizations).
- Identify and address barriers to care (transportation, hours of operation, childcare).
- Additionally, the **DrillDown Clinical tab** in the eReports portal shows race/ethnicity information for each member included in the measure. Export this dashboard to look at chlamydia screening compliance rates by ethnicity to learn more about inequities faced within your patient community.

Data and Coding:

- Submit claims and encounter data within 90 days of service.
- Exclude members as appropriate and use coding to document reason for exclusion.
- Ensure documentation of last chlamydia screening, including results.
- Compare EMR/EHR or lab requisition forms with HEDIS codes to ensure lab order is in alignment with measure.

Helpful Links:

2025 PCP QIP Technical Specifications:

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Notes for eReports and PQD

eReports QIP Portal:

- Measure Reports
- Diagnosis Code Crosswalk Report
- QIP Member Report