Client: HMSA: PQSR 2009

Measure Title: CHLAMYDIA SCREENING FOR WOMEN

Disease State: Sexually transmitted disease

Indicator Classification: Screening

Strength of Recommendation:
- A (for women 24 years and younger)
- C (for women 25 years)

Organizations Providing Recommendation:
- American Academy of Family Physicians
- Centers for Disease Control and Prevention
- U.S. Preventive Services Task Force (USPSTF)

Clinical Intent: To ensure that sexually active women 16-25 years of age had at least one screening test for chlamydia during the measurement year.

Physician Specialties (suggested): Refer to PQSR 2009 Clinical Measures by Specialty.

Background: Disease Burden
- Women between the age of 15 and 24 years account for more than 70% of all reported cases of Chlamydia trachomatis in the US.[1]
- Chlamydia trachomatis genitourinary infection results in insidious and often chronic unrecognized disease and is a major cause of tubal infertility, chronic pelvic pain, pelvic inflammatory disease (PID), and ectopic pregnancy. In addition, Chlamydia infection also increases the risk for contracting HIV and developing cervical carcinoma.[2-11]
- Chlamydia infections are also related to adverse pregnancy outcomes, including miscarriage, premature rupture of membranes, preterm labor, low birth weight, infant mortality, neonatal Chlamydial infection, and postpartum endometritis.[12]
- In 2004, 929,462 Chlamydial infections were reported to CDC from 50 states and the District of Columbia. Under-reporting is substantial because most people with Chlamydia are not aware of their infections, with only 32% tested for the disease[6, 13] Testing is not often done if patients are treated for their symptoms. An estimated 2.8 million Americans are infected with Chlamydia each year. Women are frequently re-infected if their sex partners are not treated.[14]

Reason for Indicated Intervention or Treatment
- Screening young, asymptomatic, sexually active women for Chlamydia is an effective method for decreasing reproductive morbidity such as pelvic inflammatory disease, infertility, and...
Evidence Supporting Intervention or Treatment
- Screening 100 percent of sexually active women aged 18-24 would prevent an estimated 140,113 cases of PID each year.[6]
- Screening women at increased risk for Chlamydia improves health outcomes.[12]
- Annual Chlamydia screening of sexually active women age 16-25 has been shown to be cost effective compared to other screening regimens.[16]

Clinical Recommendations
- Screening for Chlamydia in asymptomatic sexually active female adolescents 24 years and younger is recommended by the Centers for Disease Control and Prevention, the American Academy of Family Physicians, and the U.S. Preventive Services Task Force (USPSTF).[17, 18]
- The U.S. Services Preventive Task Force does not recommend routine screening of women 25 years and older.[18]

Source
Adapted from Healthcare Effectiveness Data and Information Set (HEDIS®) 2008 Technical Specification:
- HEDIS identifies a set of codes that are used for pregnancy tests which are present in the denominator and the denominator exclusion. HBI modified the identification period during which these codes appear in the denominator to be consistent with the identification period in the denominator exclusion (from the “measurement year” to the “first 358 days of the measurement year”). The rationale being that members should not be able to qualify for the denominator of this measure without the time that is required to possibly be excluded (i.e. the 0-7 days after the pregnancy test where an x-ray or an Accutane prescription is sought).

Denominator

| Denominator Definition | Continuously enrolled, sexually active women ages 16-25 by the end of the measurement year. |

Denominator Exclusion

| Denominator Exclusion Definition | Women who qualified for the denominator only by a pregnancy test during the first 358 days of the measurement year when it is followed either by a prescription for Accutane (isotretinoin) or an x-ray within 0 – 7 after the pregnancy test.* |

The exclusion criteria are very unique in that it is only specific to
denominator criterion C. Make sure the exclusion is only applied to the population identified for denominator criterion C.

*Note: Members may have more than one pregnancy test during the measurement year. If one or more pregnancy test is NOT followed by an Accutane prescription or an x-ray, the member is not excluded. For example, if a woman receives two pregnancy tests during the first 358 days of the measurement year and each pregnancy test is followed by an Accutane prescription in the 0-7 days after the pregnancy test, the member is excluded. If a women receives three pregnancy tests during the first 358 days of the measurement year and only two of the tests are followed by an x-ray in the 0-7 days after each pregnancy test, the women is NOT excluded from the denominator because one of the pregnancy tests was not followed by an Accutane prescription or an x-ray.

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Description</th>
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<tbody>
<tr>
<td>Numerator</td>
<td>Women who underwent screening for <em>Chlamydia</em> during the measurement year.</td>
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<table>
<thead>
<tr>
<th>Physician Attribution</th>
<th>Description</th>
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<tbody>
<tr>
<td>Physician Attribution</td>
<td>Score all physicians (in the selected specialties) who saw the member during the measurement year.</td>
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**References**


Refer to PQSR 2009 Clinical Measures by Specialty.