

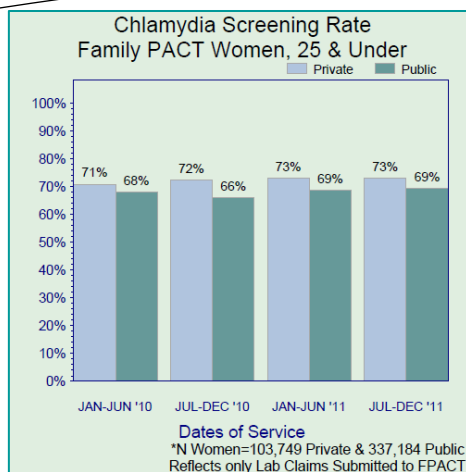
PROFILE STATS

- Covered period: Jan '10 – Dec '11
- Nine indicators (ninth indicator is available on the Web site)
- 14th semi-annual Profile release
- 1,763 providers receive individualized Profiles
- 286 providers have gone paperless

COMMENTS?
UPDATES?
QUESTIONS?

Use the Provider Response Form to:

- Go "paperless"
- Update your contact information, including e-mail address
- Request contact from the OFP



Welcome to PROFILETALK, the Provider Profiles (Profiles) Newsletter from the Family Planning, Access, Care and Treatment (Family PACT) Program. The Office of Family Planning (OFP) appreciates hearing how the Profiles support your quality improvement activities. We also welcome opportunities to enhance the Profiles to make them more valuable in your clinical setting. This issue features chlamydia: screening and testing, provides several examples of how to interpret your Profile, and offers suggestions for how to adapt your protocols based upon the prevalence within your practice. Family PACT providers do a good job of screening young clients for chlamydia. However, it is very important to be aware of the potential harm resulting from screening low-prevalence clients due to the potential for false positive test results. Women over age 25 typically have lower prevalence rates. Read more about this inside this newsletter. As always, we welcome your feedback on the Profiles. Please take the time to complete the attached provider response form.

Sincerely,

Christina Moreno, Acting Chief
Office of Family Planning



in this issue

- chlamydia
- who should be screened
- what's the harm in screening all women
- what does your profile say about your practice
- how to find prevalence in your practice

Chlamydia trachomatis and Family PACT

Family PACT covers chlamydia screening and testing when it is part of a family planning visit. The OFP considers this part of maintaining a women's reproductive health when she is receiving family planning services. Untreated chlamydia infections may lead to pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy, or infertility.

The California Department of Public Health, Sexually Transmitted Diseases Control Branch (STDDB) [2011 Provisional Data Reports](#) indicate that per 100,000 population in California, the rate of chlamydia infection:

- Overall is 438;
- For women is 570; and
- For women younger than age 25 is 2,696.

Who should be screened?

As you know, **screening** is the examination of a group of asymptomatic individuals who have an increased risk of having an infection.

- Chlamydia infection is frequently asymptomatic.
- Based upon the rate of chlamydia in California, young women have a higher probability of having an infection.

Therefore, Family PACT endorses the Centers for Disease Control and Prevention (CDC) and the United States Preventive Services Task Force (USPSTF) recommendations that all women age 25 and younger should be screened annually for chlamydia. To support this, Family PACT covers chlamydia screening and testing conducted during a family planning visit.

But you already know that. Most Family PACT providers do a really good job of making sure their young female clients are screened.

To see your screening rate, look at the chlamydia indicator in the lower left corner of your Profile (Chlamydia Screening Rate, Family PACT Women, 25 and Under). Since all of these clients should be screened annually, your performance bars should be very close to 100 percent. If your performance bar is lower than you expect, it could be that screening for some clients was covered by another payer source. A chart audit may determine if this is the case.

Data Source

The OFP monitors program data through contracts with the UCSF Bixby Center for Global Reproductive Health and with Xerox. Sources include:

- Provider enrollment data
- Client enrollment data
- Claims data

What's the harm in screening all women?

Statistically, women over age 25 are less likely to be infected than their younger counterparts. If they are in a long-term, monogamous relationship, they are even less likely. But, since infection is asymptomatic and their partner may not be faithful, what's the harm in screening them?

Test specificity and infection prevalence have a direct relationship. As prevalence decreases, the likelihood of false-positive errors increases. How to find the prevalence in your practice is on the back page.

The first harm is a false-positive result. This incorrect diagnosis will lead to inappropriate treatment. The CDC has determined that the harms associated with treatment of chlamydial infection are mild to moderate gastrointestinal symptoms, including nausea, diarrhea, and abdominal pain.¹ The false-positive test result also may lead to anxiety and concern about their relationship with their partners. One Family PACT provider tells the story of a client whose false-positive test result almost led to divorce.

The second harm is the expense of unnecessary testing. Every test ordered for a client over age 25 in the absence of clinical indications or risk factors is an inappropriate use of limited public funds. Risk factors for chlamydia infection are:

- Symptoms of a sexually transmitted infection (STI) in the last month;
- Had an STI in the last year;
- Had more than one sex partner in the last year;
- Had a new sex partner in the last three months; or
- Has a reason to suspect that her partner has other partners.

To see your targeted testing rate, look at the chlamydia indicator in the lower right corner of your Profile (Chlamydia Screening Rate, Family PACT Women, Over 25). The STDCB estimates that appropriate targeted testing should be no more than 50 percent for this age group.

¹Nelson HD, Helfand M. Screening for chlamydial infection. *Am J Prev Med.* 2001; 2095-107.

PROFILE OVERVIEW

The Family PACT Profiles offer you a way to view your practice patterns. The Profiles are similar to "report cards" commonly used by health plans, providing data on ten indicators that are directly attributable to your practice. The intention is that this information will encourage the delivery of high-quality clinical services while promoting responsible use of funding resources.

Information about your peer group's median overall practice pattern is shown in comparison to your data to give you a reference point. While the Profiles offer valuable information for medical directors and practice managers, they are most valuable when shared with clinicians and staff in your practice.

FIRST TIME RECEIVING A PROFILE?

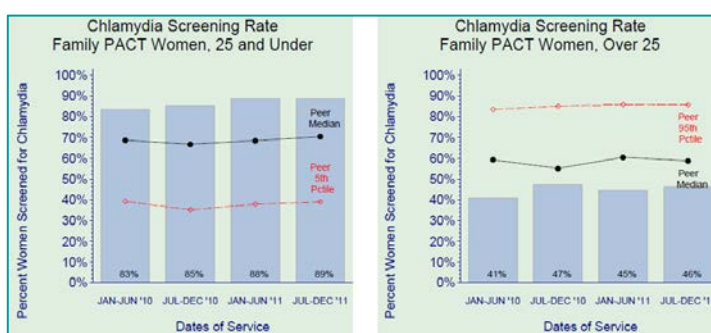
There are two types of Provider Profiles:

- Program-wide profiles
- Labeled “Family PACT Provider Profile on Selected Measures”
- Compares public sector with private sector providers
- Issued to providers who do not receive an individualized profile
- Accessible online by all providers and by the public

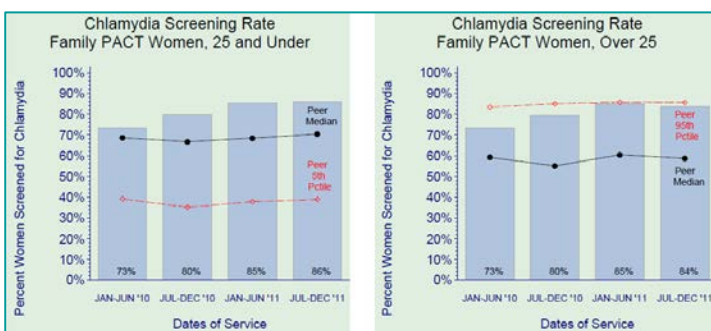
What does your profile say about your practice?

The two chlamydia profiles are placed side-by-side to make it easy for you to compare your practice pattern for the two age groups. Ideally, your blue performance bar for the younger group, “Chlamydia Screening Rate, Family PACT Women, 25 and Under,” would be very close to 100 percent, since this age group should be screened annually. The indicator next to it for the older clients, “Chlamydia Screening Rate, Family PACT Women, Over 25” should be below 50 percent. Below are some examples of the two indicators and what they reflect about practice patterns.

In this first example, at least 89 percent of the young women are screened annually while only 46 percent of the older women are receiving targeted testing. The testing protocols match national and state expectations, a much higher percentage of young women are being screened and the older women appear to be managed with a targeted testing protocol, demonstrating both clinical quality and appropriate utilization management.



Below you see that at least 86 percent of the young women are screened annually, matching guidelines and demonstrating clinical quality for these clients. However, you also see that 84 percent of the older women are also tested for chlamydia. This suggests a practice of screening all women for chlamydia. Not only does this reflect poor utilization management for the older women but it also suggests that their sexual risk factor histories are not being taken into account when making test decisions.



If your profile resembles the two indicators above and you believe that you are conducting only targeted testing of your older clients, it could be the chlamydia prevalence rate in your practice is higher than average. One Family PACT provider with two locations has to have a different chlamydia testing protocol at each location. At one location, annual screening is indicated for female clients age 25 and under. The other location screens female clients age 30 and under. The provider made this decision by learning the chlamydia prevalence for their clients across three age groups: 25 and under, 26 to 30, and over 30.

Individualized profiles

- Compares your practice’s performance to your peer group (either public or private sector)
- Issued to you when you have seen at least 50 Family PACT clients in any of the observation periods included in the profile
- Accessible online only with the National Provider Identifier (NPI) used to bill Family PACT

FEATURED ARTICLES

How to find prevalence for your practice

Even though the NAATs (Nucleic acid amplification tests) for chlamydia are very sensitive, their specificity is not perfect. When used frequently (as in screening) in a low prevalence population, such as female clients over age 25, the proportion of false-positive test results increases. Both the CDC and the STDCB advocate that routine chlamydia screening be offered only to client populations with a chlamydia prevalence of three percent or higher. This three percent cut-off has been determined after consideration of laboratory test performance, including the expected rates of false-positive results, and review of cost-effectiveness analyses.²

You can find out the prevalence rate for your practice by contacting your laboratory. Most labs keep computer records and are able to provide data for their providers. Ask the laboratory to complete a table, such as the one below:

Female Clients	Age	No. Chlamydia Tests	No. Chlamydia Positive	No. Chlamydia Negative	No. Unspecified	Percent Chlamydia Positive
						No. Chlamydia Positive / (No. Chlamydia Tests – No. Unspecified)
	≤ Age 25					
	Age 26 – 30					
	Over 30					

For most California providers, the percent positive for chlamydia will be greater than three percent for clients age 25 and under and will be less than three percent for clients over age 30. For each clinical location, it will be interesting to see if your female clients age 26 – 30 should be annually screened or should be placed in a targeted testing protocol. If the percent positive is greater than three percent, they should be annually screened. If the percent positive is less than three percent, they should be in a targeted testing pattern.

Online Resources

from the Family PACT “Providers” Webpage

Chlamydia Screening and Testing

- Newsletters: *Chlamydia Screening in Family PACT: Screening Recommendations for Female Clients (PDF)*
- Clinical Practice Alerts: *Chlamydia and Gonorrhea Screening and Treatment, November 2009 (PDF)*
- Provider Training: Sexually Transmitted Disease (STD) Control Branch online training courses

Provider Profiles to Download

- Pregnancy Tests per 100 Family PACT Encounters (ninth Profile indicator, only available with online Profile)
- Client Demographic Profile (eight metrics, featured in **PROFILETALK 03**, only available with online Profile)

Provider Profiles Supporting Materials

- Interpretation of Provider Profile Reports
- Newsletter Archive
- Profile Frequently Asked Questions
- Program-wide Profile
- Provider Response Form
- Online Training Module (featured in **PROFILETALK 03**): *Family PACT Provider Profiles: Interpretations and Utilization of your Provider Profile*



HOW DOES THE OFP USE THIS DATA?

The OFP uses the profiles to develop Quality Improvement (QI) - focused technical assistance and provider-specific QI/Utilization Management action plans. When practice patterns reflect consistently significant outliers in relation to peer groups, referrals for additional review may be made to the California Department of Health Care Services, Audits and Investigations.

ACCESSING EXPANDED PROFILES ONLINE

1. Go to the Family PACT Web site (www.FamilyPACT.org)
2. Select “Providers” at the top of the screen
3. Choose “Provider Profiles” from the bar on the left or from the “Providers” drop-down menu
4. On the “Provider Profiles” Web page “Click here to access your Family PACT Provider Profile”
5. Enter the NPI number registered with Family PACT for your location and click “Log in”
6. Select “Download” to the right of your profile file name

²Marazzo, J.M., et al. (1997). Performance and cost-effectiveness of selective screening criteria for Chlamydia trachomatis infection in women. *Sex Transm Dis.* 1997; **24**(3):131-41.