



Select
Health

Screening ALL Young Women for Chlamydia

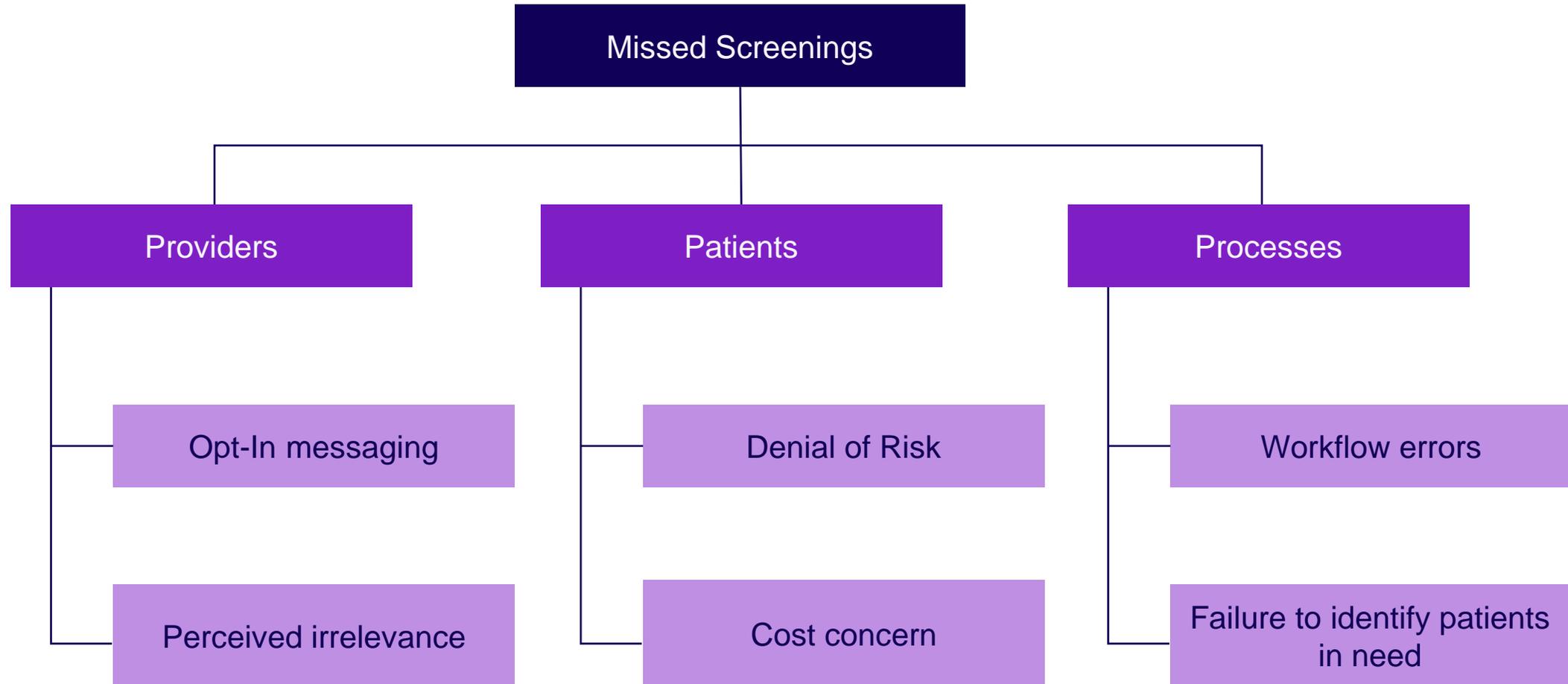
Select Health | Fall 2023 Best Practice Conference
September 27, 2023

Kathryn Corona, MSII
University of Utah



Every woman age 16-24 should be tested for chlamydia and gonorrhea annually.

Where Things Break Down



Opt-Out Messaging

Opt-out chlamydia screening should target all adolescent and young adult female patients, without relying on their reported sexual activity.¹



How would you handle the opt-out screening conversation?

We test all women your age for chlamydia as part of the well-woman visit.

Screening for chlamydia is covered by your insurance, and it's just a simple urine test.

People don't normally have symptoms, but chlamydia can cause infertility and scarring if untreated. So, it is important to just check.

This conversation comes at the beginning of the visit, **BEFORE** any sexual history taking.

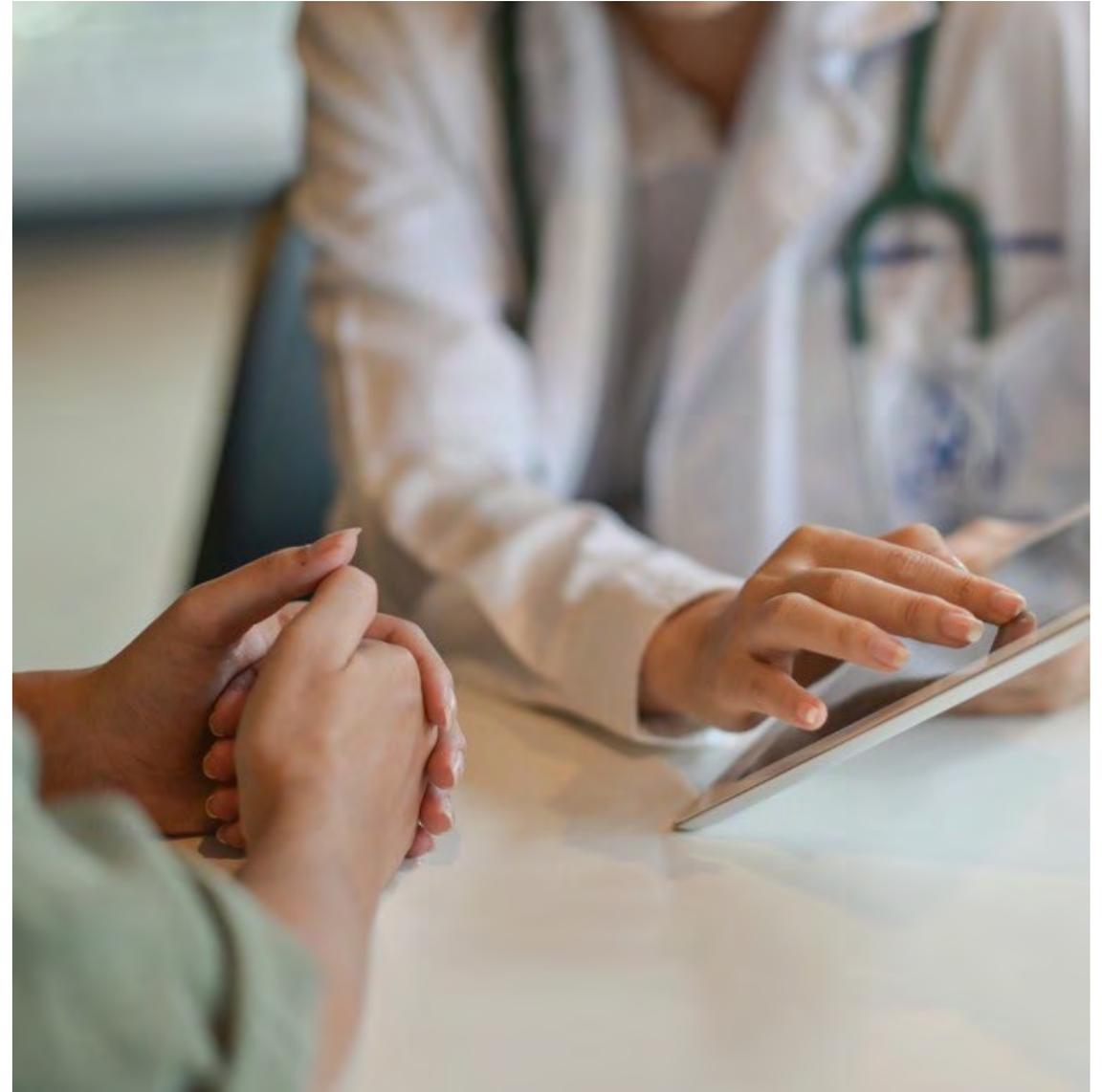
Tell, don't ask.

Emphasize routine and privacy.

What it's NOT

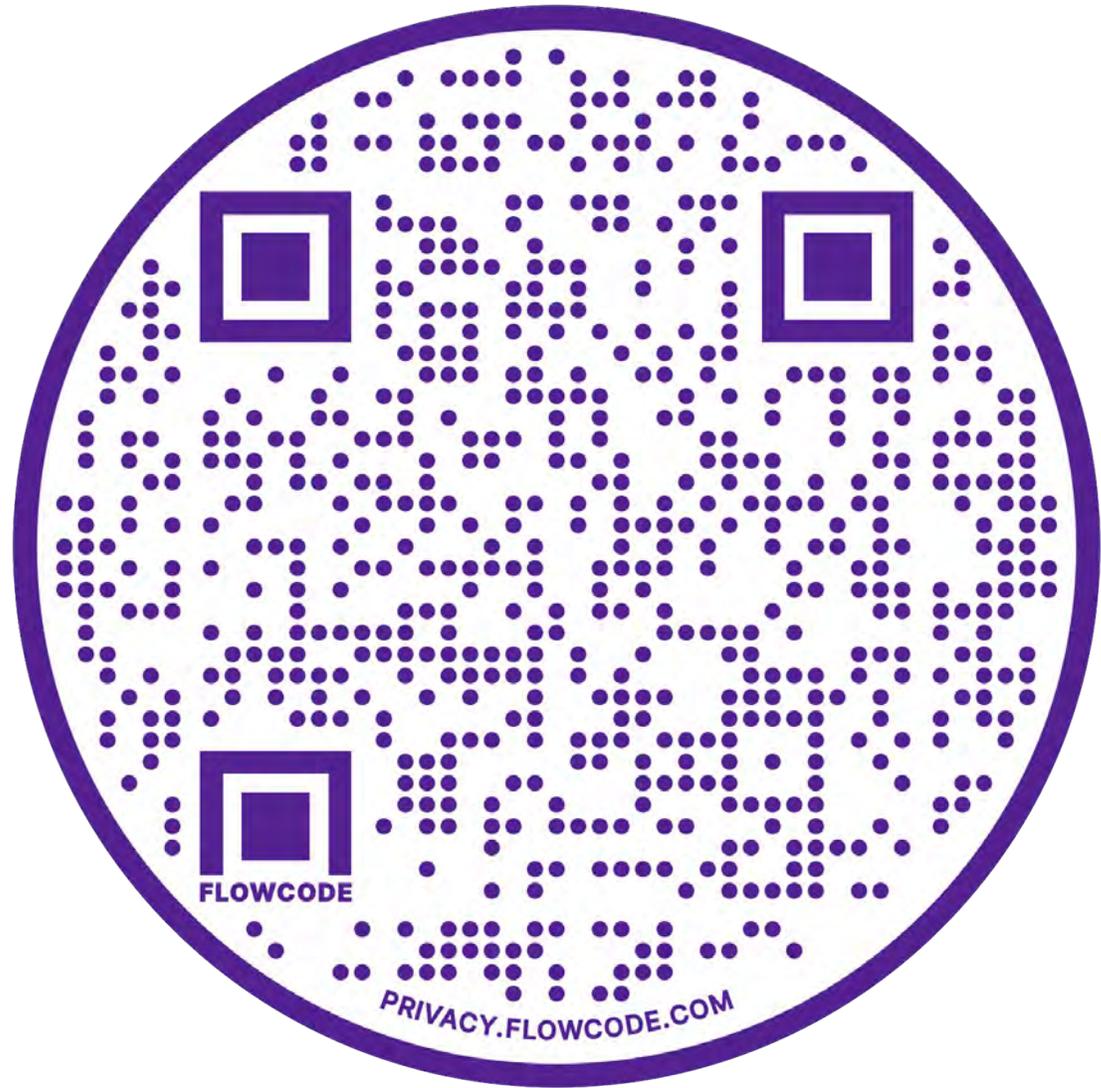
- *Do you want to be tested for STIs today?*
- *I can test for chlamydia if you want.*
- *Any concerns for STIs?*
- *Have you been sexually active/with a new partner recently?*
- *Do you have any symptoms?*

This is not coupled to any sexual history or risk assessment.



Scan here for some examples

1. Ask permission.
2. Demonstrate routine.
3. Establish privacy.



Clinic Workflows for success

Bill as screening, even if:

- Symptomatic
- Exposed
- Requested

For a pap smear add-on test, bill separately so that it counts for HEDIS numbers.

Specific Populations

Young patients with privacy concerns

Emphasize routine.

Provide direct phone line.



Self-pay patients with financial constraints

Testing is available through Utah DHHS.



Trans- and gender-diverse patients

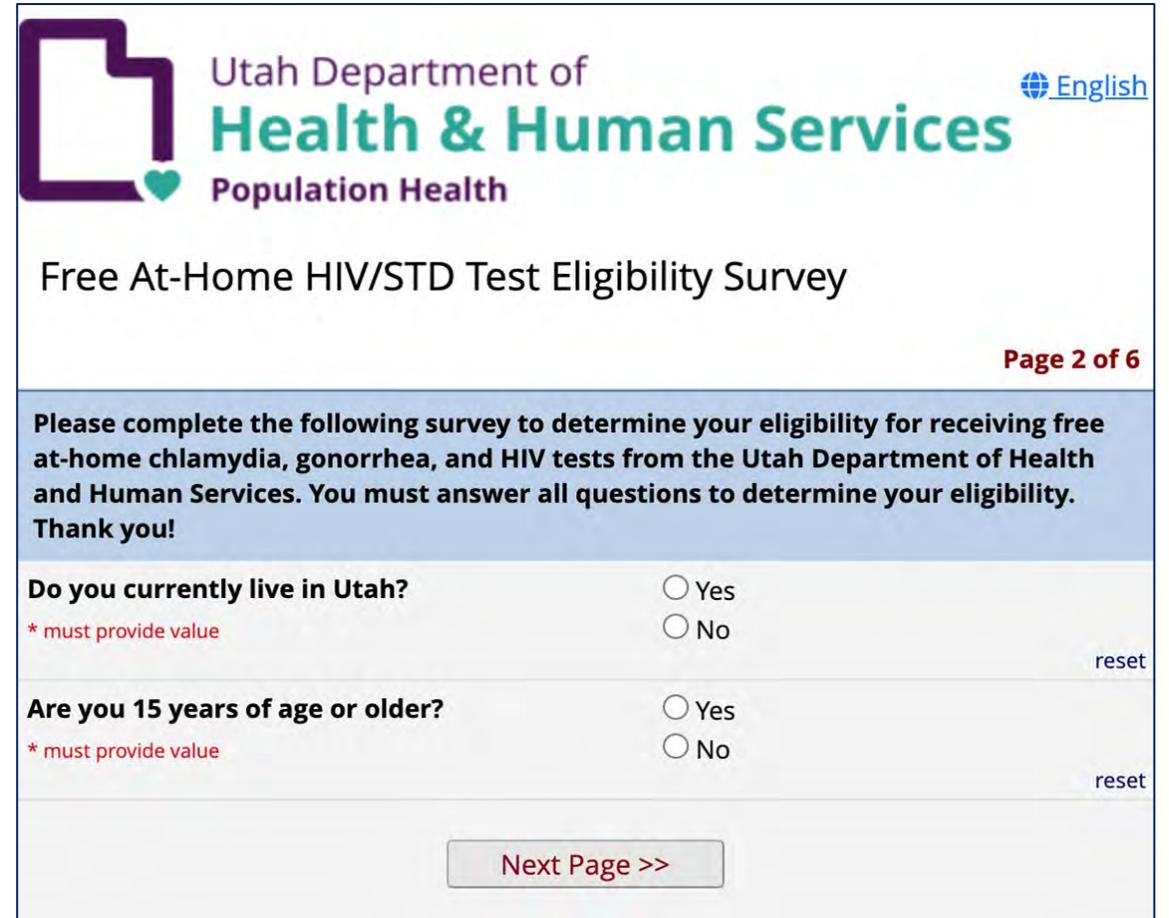
Screen based on anatomy and practices.



hivandme.com/testing/ — Free, Confidential Option Through the Utah DHHS

Benefits:

- Patients can have a free test shipped to their home (or another safe place).
- This does not count for your quality compliance numbers.



The screenshot shows a web page from the Utah Department of Health & Human Services. The header includes the department's logo, name, and a language selector for English. The main heading is "Free At-Home HIV/STD Test Eligibility Survey". Below this, it indicates "Page 2 of 6". A blue banner contains instructions: "Please complete the following survey to determine your eligibility for receiving free at-home chlamydia, gonorrhea, and HIV tests from the Utah Department of Health and Human Services. You must answer all questions to determine your eligibility. Thank you!". The survey consists of two questions, each with radio button options for "Yes" and "No", and a "reset" link. The first question is "Do you currently live in Utah?" with a red asterisk and "must provide value" below it. The second question is "Are you 15 years of age or older?" also with a red asterisk and "must provide value" below it. At the bottom, there is a "Next Page >>" button.

Utah Department of
Health & Human Services
Population Health [English](#)

Free At-Home HIV/STD Test Eligibility Survey

Page 2 of 6

Please complete the following survey to determine your eligibility for receiving free at-home chlamydia, gonorrhea, and HIV tests from the Utah Department of Health and Human Services. You must answer all questions to determine your eligibility. Thank you!

Do you currently live in Utah? Yes No
* must provide value [reset](#)

Are you 15 years of age or older? Yes No
* must provide value [reset](#)

[Next Page >>](#)



Every woman aged 16-24 should be tested for chlamydia and gonorrhea annually.

Reference

1. Owusu-Edusei K Jr, Hoover KW, Gift TL. Cost-effectiveness of opt-out chlamydia testing for high-risk young women in the U.S. *Am J Prev Med.* 2016;51(2):216-224.



Select
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Intimate Partner Violence: Screening and Clinical Workflows

Select Health | Fall 2023 Best Practice Conference
September 27, 2023

Kylie Peterson, MPH, CHES®
Community Health Program Manager

What is Intimate Partner Violence?

Definition, Prevalence, and
Associated Health Outcomes



Definition of Intimate Partner Violence

Centers for Disease Control and Prevention, 2023

- Physical violence
- Sexual violence
- Stalking
- Psychological harm (isolation, intimidation, threats, deprivation)
- By a current or former intimate partner
- A common, serious, but preventable public health problem

Prevalence

IPV is Common¹

- 1 in 3 women and 1 in 4 men experience severe physical violence sometime in their lifetime.
- 1 in 5 women and 1 in 13 men have experienced contact sexual violence by an intimate partner. (Doesn't mention timeframe)
- 14% of women and 5% of men have been stalked by an intimate partner.



Health Effects Associated with Intimate Partner Violence

2

Depression

Chronic headaches

Abdominal symptoms

Anxiety

Sleep disturbances

Placental abruption

PTSD

Palpitations

Preterm delivery

**Substance
use disorders**

Chronic pelvic pain

Low birth weight

Suicidality

Irritable bowel syndrome

Unintended pregnancy

Obesity

Sexual dysfunction

Teen pregnancy

Screening in a Private Setting

Broaching the topic, asking the questions, and proper documentation

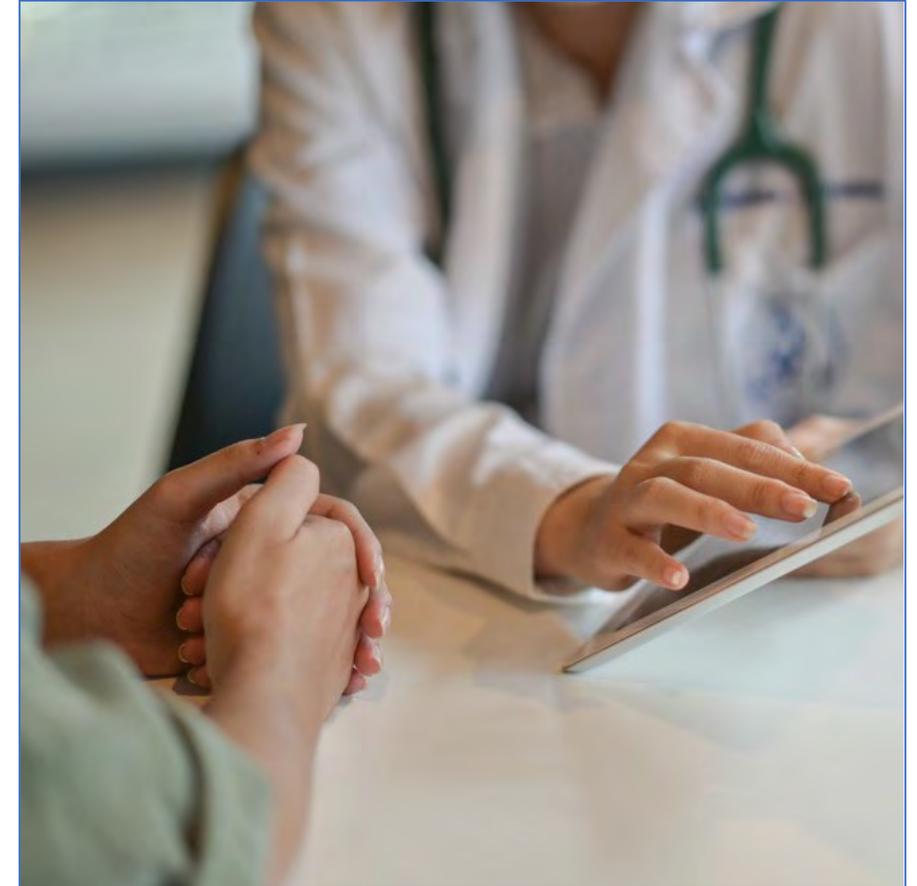


How to Screen for IPV

Make sure the patient is alone.

- Avoid the terms “abuse” “rape” “battered” “violence”
- May be written or verbal screen (MA, RN, care manager, psychotherapist, APP, physician)
- Use a framing statement, such as:

“1 in 3 women in Utah experience very unhealthy relationships with an intimate partner in their lifetime. Since this may affect health (and children’s health) and identifying the problem and offering resources may decrease violence and improve health, we ask all female patients about this issue.”²



Confidentiality and Disclosure on Reportable Events

What do I have to report?

1

Injuries

If you are being treated for an injury caused by your partner

2

Children

If you tell me children are witnessing or experiencing violence

3

Weapons

If you tell me that you have been threatened with a lethal weapon

Screening for IPV, Continued

Four main questions:

1. Are you in a relationship now in which you are often emotionally hurt by your partner, such as being frequently insulted, put down, and controlled?
2. Are you in a relationship now in which you are physically hurt by your partner, such as being hit, shoved, slapped, kicked, or choked?
3. Are you in a relationship now in which you are forced by your partner to do anything sexually that you do not want to do? (Answers can be "No," "Yes," "Prefer not to answer," or "Already addressed with my provider.")

If the patient answered, "No," to questions 1-3 above, then ask:

4. Have you ever been in a relationship with a partner who hurt you emotionally, physically, or sexually in any of these kinds of ways or who otherwise scared you? (Answers can be "No," "Yes, but has been dealt with previously," or "Yes, and is something I may still be dealing with.")

Ad Hoc Intimate Partner Violence Form*

Ensure patient confidentiality.

- IPV diagnosis/E codes/ICD-9 should **NOT** show up in the Patient Portal/Open Notes.
- IPV should **NOT** appear in billing, after-visit summaries, explanation of benefits.
- IPV should **NOT** be released with release of Information unless the patient has given specific permission to do so.

Screening Questions: (written or verbal by MA, RN, APP or Physician)

1. Are you in a relationship now in which you are often emotionally hurt by your partner such as being frequently insulted, put down, or controlled?

Yes No Prefer not to answer Already addressed with my provider

2. Are you in a relationship now in which you are physically hurt by your partner such as being hit, shoved, slapped, kicked, or choked?

Yes No Prefer not to answer Already addressed with my provider

3. Are you in a relationship now in which you are forced by your partner to do anything sexually that you do not want to do?

Yes No Prefer not to answer Already addressed with my provider

If NO to all the above:

4. Have you ever been in a relationship with a partner who hurt you emotionally, physically, or sexually in any of these kinds of ways or who otherwise scared you?

No Yes-but has been dealt with previously Yes-and is something I am still dealing with

* Currently Intermountain providers can access this form via iCentra

Best Practices

What not to say, getting the patient alone, and sharing resources



What Not to Say

Tone and framing go a long way.

- "You should leave now."
Escape can be extremely difficult and dangerous; work with an advocate on safety planning.
- "If I were you, I would...."
- Do not imply that leaving an abusive relationship is easy. There are no quick, easy solutions.
- "You should stay for your children's sake."
- Do not recommend couple/marital counseling to someone who is being physically or emotionally abused.
- "How about I talk to your [abusive] partner for you?"

Confidentiality and Privacy

Getting the patient alone

- Let anyone accompanying the patient know that it's standard procedure to meet with the patient alone.
- Be sure to document the encounter in a "Not in Patient Portal" note.
- Assure the patient that, with the exception of reportable events, everything they say is confidential.



Your privacy matters.
Su privacidad es importante.

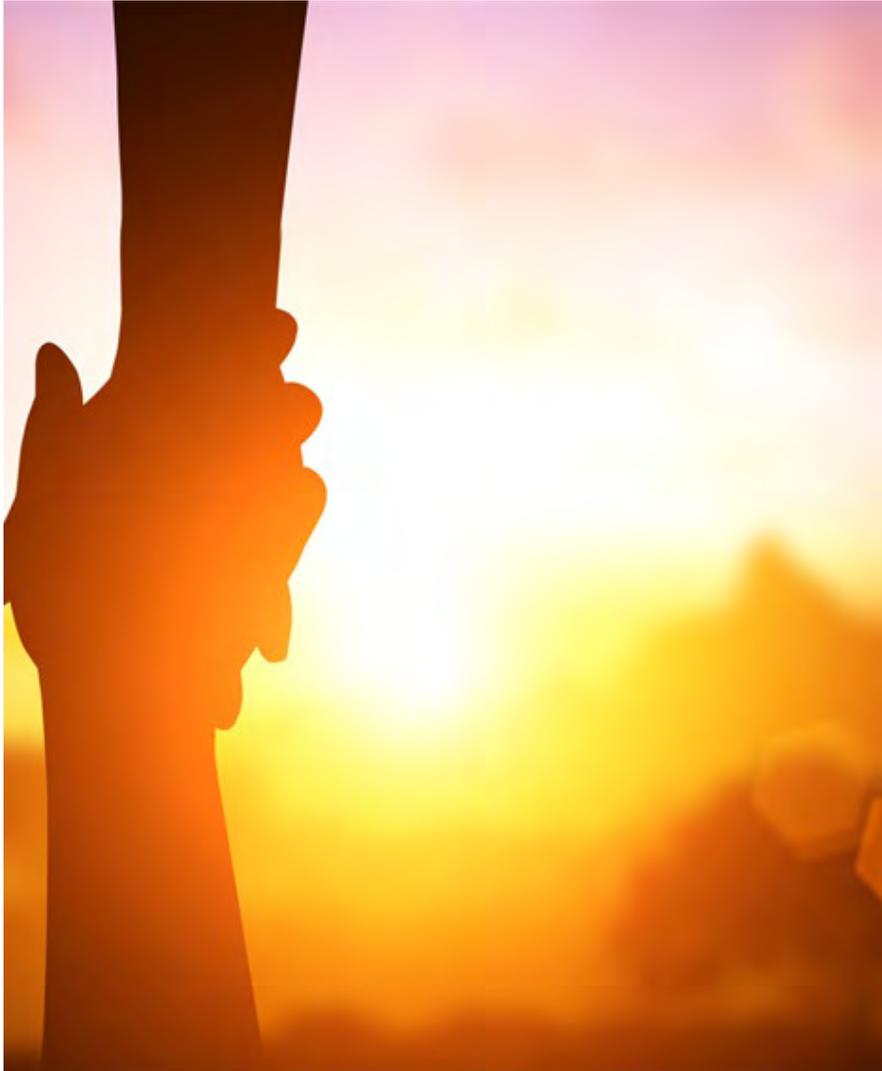
The confidentiality of the patient-doctor relationship is important to us.

That's why we spend some time talking to every patient alone. Thank you for your understanding and support.

Intermountain Healthcare protects the privacy and security of your personal information in accordance with state and federal laws.

La confidencialidad de la relación entre el paciente y el médico

Intimate Partner Violence Resources



References

1. Centers for Disease Control and Prevention. Intimate partner violence. cdc.org. Last Reviewed October 9, 2021.
<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>. Accessed September 6, 2023.
2. Smith SG, Chen J, Basile, KC, et al. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 State Report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. April 2017. <https://stacks.cdc.gov/view/cdc/46305>. Accessed September 26, 2023.
3. World Health Organization (2012) *Understanding and addressing violence against women*, WHO Department of Reproductive Health. Available at:
https://apps.who.int/iris/bitstream/handle/10665/77431/WHO_RHR_12.43_eng.pdf. Accessed September 19, 2023.
4. American College of Obstetricians and Gynecologists. Intimate partner violence. Published February 2012. acog.org. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence#:~:text=Consequences%20of%20Intimate%20Partner%20Violence/>. Accessed September 6, 2023.

QPP Updates

Kari Hardy, RN

Provider Quality Performance
Consultant



2024 Program Updates

- No new measures will be added in 2024
- Continue with a single, year-long quality improvement project focusing on IPV Screening
- Currently evaluating benchmarks on all screening measures



Thank you!

