The Healthcare Effectiveness Data and Information Set, or HEDIS, is a set of over 80 measures from the National Committee for Quality Assurance (NCQA) used to compare the performance of health plans on important dimensions of care and service. The HEDIS measure for chlamydia screening in women looks at the percentage of women aged 16 to 24 identified as sexually active who had chlamydia testing in the past year.

Why young women? Adolescent and young women have the highest rates of reported infection and bear a disproportionate burden of negative health consequences of undiagnosed and untreated chlamydia. Approximately 20% of untreated chlamydia infections lead to pelvic inflammatory disease (PID). Infection with chlamydia may also cause pregnancy complications, such as early labor, and infants can be infected during birth leading to conjunctivitis and pneumonia.

So how are we doing at meeting the HEDIS measure? The data below shows the total chlamydia screening rates for three types of health plans for 2019.

- Commercial HMO: 51.5%
- Commercial PPO: 47.2%
- Medicaid HMO: 58%
The consequences of missed opportunities to diagnose and treat chlamydia are significant. Approximately 20% of untreated chlamydia infections lead to pelvic inflammatory disease (PID). Infection with chlamydia may also cause pregnancy complications, such as early labor, and infants can be infected during birth leading to conjunctivitis and pneumonia.

**Opt-Out Screening**

So how can we improve screening rates? One strategy is opt-out, or universal, testing. The **2021 STI Treatment Guidelines** from the Centers for Disease Control and Prevention (CDC) specific highlight this strategy for young women.

**Sexually Transmitted Infections Treatment Guidelines, 2021**

"Providers might consider opt-out chlamydia and gonorrhea screening (i.e., the patient is notified that testing will be performed unless the patient declines, regardless of reported sexual activity) for adolescent and young adult females during clinical encounters. Cost-effectiveness analyses indicate that opt-out chlamydia screening among adolescent and young adult females might substantially increase screening, be cost-saving, and identify infections among patients who do not disclose sexual behavior."

An opt-out, or universal, screening approach focuses on policy and practice, not the individual patient. To learn more about adopting this approach and get resources to help improving chlamydia screening rates in young female patients at your practice, visit the National Chlamydia Coalition at [www.chlamydiacoaltion.com](http://www.chlamydiacoaltion.com)