

Region II Infertility Prevention Project Meeting

June 19 & 20, 2008

Cicatelli Associates Inc. 505 Eighth Avenue [20th Floor], New York, New York 10018

IPP National Data Standardization, and Monitoring and Evaluation – 2009 and Beyond

5:00pm – 6:00pm, Thursday, June 19, 2008

Purpose: To discuss IPP National Data Standardization, and Monitoring and Evaluation in conjunction with Region II IPP general meeting, June 19-20, 2008 in New York.

Participants: Project Area Data Managers and Key Program Managers

† Executive Committee Members; ‡ IPP Coordinators; * Data Managers

ProjArea	Prog	†	‡	*	First	Last	Agency
NJ	STD	†	‡		Carolyn	Tunstall	NJ DHSS
NJ	STD			*	Patrick	Dwyer	NJ DHSS
NYC	STD	†	‡		Meighan	Rogers	NYC DOHMH
NYC	FP	†			Rachel	Baum	Public Health Sol.
NYC	FP			*	Heather	Clark	Public Health Sol.
NYS	STD	†		*	Alison	Muse	NYS DOH
NYS	FP	†	‡	*	Laura	Morris	NYS DOH
PR	STD	†	‡		Bessie	López-Meléndez	PR DOH
PR	STD			*	Kesia	Mulero Santiago	PR DOH
PR	LAB			*	Adalberto	Díaz-Ortiz	PR DOH
USVI	STD	†			Gayann	Hall	USVI DOH STD
USVI	STD	†			Taetia	Phillips-Dorsett	USVI DOH STD
USVI	STD	†	‡		Rita	Olans	USVI DOH STD
USVI	STD				Jasper	Lettsome	USVI DOH STD
USVI	FP				Mercedes	Reyes	USVI DOH FP
CDC	STD				Steven	Shapiro	DSTDP
Region II	Infra				Dawn	Middleton	CAI
Region II	Infra				Kelly	Opdyke	CAI
Region II	Infra			*	Karl	Labes	CAI

Did not attend:

ProjArea	Prog	†	‡	*	First	Last	Agency
NYC	STD			*	Preeti	Pathela	NYC DOHMH
PR	FP			*	Leticia	Román-Torres	UPR TXFPP

MATERIALS PROVIDED:

- Region II IPP Prevalence Monitoring Database Variable Codebook (Revised May 2008)
- Region II IPP Facility Reference File Variable Codebook (Revised May 2008)
- Region II IPP Protocol for Secure Web-Based Data Submission (Updated May 23, 2007)
- Region II IPP Quality Assurance Data Submission Memo (Updated August 11, 2006)
- Region II IPP Data Cleaning Checklist (Updated December 4, 2007)
- Region II IPP Quality Assurance Reports – Quarters 1-4, 2007
- Region II IPP 2006-2007 Assessment of Chlamydia Retesting Practices – Instructions

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AGENDA

- I. Purpose of standardization, regional approach, and progress to date
- II. Changes to required (core) variables
- III. Inclusion of unique client identifiers to assess rescreening and repeat positivity
- IV. Data Quality Assurance
- V. Proposed changes to prevalence monitoring data submission timeframe
- VI. Analysis and Evaluation – 2009 and Beyond
- VII. Summary and Next Steps

NOTES

I. Purpose of standardization, regional approach, and progress to date

- a. Conversion of regional data to conform with national data standards
 - i. *Prevalence monitoring database (PMD)*
 1. Submitted quarterly to Infrastructure and CDC.
 2. Infrastructure assessed discrepancies between project area data, regional codebooks and CDC national data standards.
 3. Infrastructure converts data received in regional format to match CDC codebook standards. This involves:
 - a. renaming variables;
 - b. reformatting variable types (string vs. numeric) and length;
 - c. recoding variable values where differences exist between regional and CDC codebook.
 - ii. *Facility reference file (FRF)*
 1. Master file for region is maintained by Infrastructure and updated quarterly based on project area data memos and other information reported about facility changes.
 2. FRF file data is merged with PMD based on unique facility key to provide facility-level information (e.g. location, facility type) which is used for analysis.
 3. Infrastructure converted variable names and recoded facility type to reflect CDC categories.
- b. Submission of regional data per CDC guidelines (Infrastructure)
 - i. FRF and PMD data were submitted to CDC in national standardized format beginning with 2007q1.
 - ii. **Project areas should** continue to submit data to Infrastructure following regional codebook standards, which have been updated to reflect changes to required (core) variables as specified in CDC national codebook.

II. Changes to required (core) variables

- a. Laboratory test type

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- i. New variable and category values for *chlamydia* test type.
 1. **Project areas should** establish plans to revise data collection systems (e.g. lab requisition forms) to reflect new values for chlamydia test type (“CTTSTTYP”), as per updated regional codebook.
 2. Until systems are in place to collect CTTSTTYP, **project areas should** continue to report old variable (“TESTTYPE”). This information will be converted into the CTTSTTYP variable by the Infrastructure with the assistance of project areas.
 - ii. New variable for *gonorrhea* test type
 1. **Project areas should** establish plans to revise data collection systems to capture gonorrhea test type as a separate variable (“GCTSTTYP”), as per updated regional codebook.
 2. Until systems are in place to collect GCTSTTYP, values will be extrapolated from TESTTYPE (where dual CT/GC testing is indicated) and other information available to project areas (e.g. “GC culture used when test type is EIA”).
- b. Specimen type: additional category values for “oropharynx” and “vagina”
 - i. **Project areas should** establish plans to revise data collection systems to capture additional specimen type categories for “oropharynx” and “vagina”, as per updated regional data codebook.
 - ii. Until the new categories are added, these specimen types will continue to be coded as “other,” which currently accounts for <1% of all specimens in the region, but may increase as use of vaginal swabs increases.
- c. Other changes to codebook to facilitate compliance with national standards
 - i. Values for “unknown” added for several variables (sex, race, test results, specimen type). This information, if not collected, will be reflected as missing values.
 - ii. Additional race variables added for “Client refused to report race” and “Unknown/client could not specify”. This information, if not collected, will be reflected as missing values.

III. Inclusion of unique client identifiers to assess rescreening and repeat positivity

- a. Feasibility by project area
 - i. Individual project areas generally have the ability to distinguish unique clients (either through lab records or administrative data). However, this information is generally a composite of client name, sex, date of birth, and zip code, or other personal data. It is not generally based on the use of a unique ID assigned to an individual client that does not change over time.
 - ii. Because the collection of a unique ID is not currently a CDC priority, and because collecting unique IDs that would be unique across project areas

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(and thus across the region) would require a substantial coordinated effort, it was decided that this issue would not be given priority at this time.

- iii. In order to assess rescreening practices, separate data collection for this specific purpose (as was done for 2005-2006 and 2006-2007) is sufficient and feasible.

b. Variable format

- i. Further discussion of the format of a unique client ID was not discussed, based on the above conclusions.
- ii. NOTE: The Region VIII IPP implemented soundex (a phonetic algorithm for indexing names by sound) successfully and could serve as a model if this issue is raised as a priority again in the future.

IV. Data Quality Assurance

a. Data Cleaning Checklist

- i. Data managers were reminded to for steps for data cleaning prior to submission of data files to ensure complete, accurate reporting.
- ii. The data checklist includes:
 - 1. Checking for **missing variables**: Are all required variables included in the file?
 - 2. Checking for **missing data**, i.e. data values that are not filled in.
 - 3. Checking for **duplicate records**.
 - 4. **Range checks**, e.g. no 105 year olds or people under age 1; sex should be coded 1 for male or 2 for female, but there are 3s and 4s in the data.
 - 5. **Logic checks**, e.g. male patients with cervical specimens or 1,000 chlamydia tests with 100 test results.

b. Quarterly QA Reports

- i. These reports are generated after each quarterly data submission, and are distributed by Infrastructure via email to project area data managers and IPP coordinators.
- ii. **Project areas should** review Quarterly QA Reports for data accuracy and completeness:
 - 1. the number of records reported as compared with previous quarters
 - 2. the percentage of missing or incorrect values reported, especially
 - a. zip code
 - b. race
 - c. ethnicity
 - 3. the percentage of records with a date of specimen collection corresponding with preceding quarter (i.e. submitted late)
 - 4. variables with unexpected or questionable values (e.g. test type of LCR, or large number of rectal specimens)

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5. missing or inaccurate data for enhanced (i.e. not required by CDC) variables, including
 - a. reason for test
 - b. patient risk history
 - c. pregnant
 - d. presumptively treated
 - e. clinical findings
- iii. **Project areas should** develop a plan for improving the completeness and accuracy of prevalence monitoring data submitted based on information gathered from the Quarterly QA Reports, in addition to issues identified during data cleaning prior to submission to the Infrastructure.

V. Proposed changes to prevalence monitoring data submission timeframe

- a. Current schedule: Year-End data set due to CDC by May 1st
- b. Proposed schedule (per CDC): Year-End data set due to CDC by April 15th
 - i. This deadline can be met by the Infrastructure without changes to the quarterly submission timeframe, but requires timely submission of data by project areas, and expedient review and data cleaning of fourth quarter and final data.
 - ii. **Project areas should** submit quarterly data to the Infrastructure within 60 days of the close of each quarter, as per regional data submission protocol.
 - iii. NOTE: Any data for the calendar received after the fourth quarter submission deadline is not included in the year-end data submitted to CDC; this is the data on which national surveillance reports are based.

VI. Analysis and Evaluation – 2009 and Beyond

- a. Assessment of retesting practices
 - i. The group reviewed data collection instructions for the 2006-2007 Assessment of Chlamydia Rescreening Practices.
 - ii. Several projects expressed confusion over how to correctly generate sample data for the study. The most common errors were:
 1. Submitting a data set that included only females testing positive for chlamydia in 2006 and were rescreened within 12 months (rather than any female testing positive in 2006 regardless of whether she was retested within 12 months).
 2. Submitting data only for females who tested positive for chlamydia in 2006 and tested positive again in 2007.
 - iii. Data managers shared their methodology with the Infrastructure and discussed strategies at the meeting. The logical framework for generating the correct sample data was as follows:
 3. Identify all females who tested positive for chlamydia in the “baseline” calendar year (January 1 to December 31, 2006).

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4. Identify all females who were tested for chlamydia anytime during the years 2006-2007.
 5. Select and merge in records for females that appear in both data sets; i.e. find all subsequent chlamydia tests through December 31, 2007 for females who tested positive in 2006.
- iv. **Data managers should** be prepared to facilitate future assessments of chlamydia rescreening practices, as per the established regional methodology.
 - v. The SAS program used by the NYC DOHMH to generate the correct study sample for the rescreening assessment was provided to the Infrastructure and can be shared with other projects upon request.
- a. Performance Measures (CSPS and Regional)
 - i. **Project areas should** ensure that surveillance systems are in place to collect information required to respond to CSPS performance measures related to chlamydia screening in juvenile detention and timely treatment of CT/GC among females.
 1. Proportion of female admittees to large juvenile detention facilities that were tested for chlamydia.
 2. Proportion of females who test positive for CT/GC in STD clinics treated within 14 and 30 days.
 3. Proportion of females who test positive for CT/GC in FP clinics treated within 14 and 30 days.
 - ii. **Project areas should** monitor regional performance measures related to chlamydia screening coverage and test utilization by age group for females in family planning.
 1. *Chlamydia Screening Coverage in Family Planning (Females):* The proportion of unique female family planning users tested for chlamydia at least once during the calendar year, out of the total number of unique female users, stratified by age group (15-19, 20-24, and >24 years). Note that Title X grantees in each project area provide FPAR data to Infrastructure to facilitate this analysis ahead of OPA publication date.
 2. *Chlamydia Test Utilization in FP by Age Group (Females):* The proportion of all chlamydia tests of females reported by prevalence monitoring family planning sites conducted among females under age 25 years (15-19 and 20-24 years) – the target age group for screening – versus 25 years of age and older (25-29 years and >29 years).

VII. Summary and Next Steps

- a. **Project areas should** continue to submit data to Infrastructure following regional codebook standards, which have been updated to reflect changes to required (core) variables as specified in CDC national codebook.

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- b. As per updated regional codebook, **project areas should** establish plans to revise data collection systems (e.g. lab requisition forms) to:
 - i. Reflect new values for chlamydia test type (“CTTSTTYP”).
 - ii. Capture gonorrhea test type as a separate variable (“GCTSTTYP”).
 - iii. Capture additional specimen type categories for “oropharynx” and “vagina”.

- c. **Project areas should** develop a plan for improving the completeness and accuracy of prevalence monitoring data submitted based on information gathered from the Quarterly QA Reports, in addition to issues identified during data cleaning prior to submission to the Infrastructure.

- d. **Project areas should** submit quarterly data to the Infrastructure within 60 days of the close of each quarter, as per regional data submission protocol.

- e. **Data managers should** be prepared to facilitate future assessment of chlamydia rescreening practices, as per the established regional methodology.

- f. **Project areas should** ensure that surveillance systems are in place to collect information required to respond to:
 - i. CSPS performance measures related to chlamydia screening in juvenile detention and timely treatment of CT/GC among females.
 - ii. Regional performance measures related to chlamydia screening coverage and test utilization by age group for females in family planning.