

## **Region II Infertility Prevention Project Committee Meeting (NYC, NYS & NJ Only)**

April 12 & 13, 2011

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

**Meeting Purpose:** Provide ongoing support to Region II IPP partners in New Jersey, New York City, and New York State to review and discuss progress and next steps in addressing national and local IPP priorities related to targeted Chlamydia and gonorrhea screening and treatment, prevalence monitoring, and quality management.

### **Meeting Objectives:**

1. Review and consider priorities and potential changes in the operation and structure of National Infertility Prevention Project and the National Title X Family Planning Program.
2. Increase awareness of strategies to increase access to evidence-based Chlamydia and gonorrhea screening services for adolescents in primary care and non-traditional settings.
3. Consider challenges associated with maximizing access to evidence-based and data-driven Chlamydia and gonorrhea screening programs to reduce health disparities with limited resources.
4. Develop agenda items for next regional meeting.

### **Participants**

<b>ProjArea</b>	<b>Prog</b>	<b>First</b>	<b>Last</b>	<b>Agency</b>	<b>12- April</b>	<b>13- April</b>
NJ	STD	Pat	Mason	NJ DHSS	y	y
NJ	STD	Carolyn	Tunstall	NJ DHSS	y	y
NJ	STD	Patrick	Dwyer		y	y
NJ	FP	Kathleen	Mackiewicz		y	y
NJ	FP	Debbie	Polacek	NJFPL	n	y
NJ	FP	Carolyn	Kohlhepp	NJFPL	y	n
NJ	LAB	JoAnn	Hayduk-Kramer	NJ DHSS	y	y
NJ	LAB	Sherman	Hom	NJ DHSS	y	y
NJ	LAB	Cynthia	Barlett	NJ DHSS	y	y
NYC	STD	Meighan	Rogers	NYC DOHMH	y	y
NYC	STD	Preeti	Pathela	NYC DOHMH	y	y
NYC	STD	Susan	Blank	NYC DOHMH	y	n
NYC	STD	Tiffani	Mulder	NYC DOHMH	y	y
NYC	STD	Julie	Schillinger	NYC DOHMH	y	n
NYC	STD	Mansi	Mehta	NYC DOHMH	y	y
NYC	STD	Raffaella	Espinoza	NYC DOHMH	y	y
NYC	FP	Alicia	Ventura	Public Health Sol.	y	y
NYC	FP	Rachel	Baum	Public Health Sol.	y	y
NYS	STD	Lee	Quinlan	ONONDAGA	y	y
NYS	STD	Alison	Muse	NYS DOH	y	y
NYS	STD	Gale	Burstein	Erie Co. DOH	y	y
CDC	STD	Steven	Shapiro	DSTDP	y	y

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### **Day 1: Tuesday, April 12, 2011** [General Session: 8:30am – 4:30pm]

8:30am – 9:00am      **Continental Breakfast and Meeting Registration**

9:00am – 9:15am      **Introductions and Welcome from Executive Committee Co-Chairs**

*Alison Muse, MPH, IPP Coordinator, New York State Department of Health  
Bureau of STD Control*

*Debbie Polacek, RN, Program Analyst, New Jersey Family Planning League*

9:15am – 10:00am      **CDC Updates**

*Steven Shapiro, CDC National IPP Coordinator*

[Power Presentation Available Online](#)

#### **CSPS 2011 & 2012:**

- *Current year award has been sent out - 20% of what was received in 2010. Funding is expected to be at 2010 level but not confirmed.*
- *Each project area must be represented at the National STD Conference*
- *2012 application is due early August*
- *The 2012 Application streamlined*

#### **DSTDP Update**

- *Personnel Changes: As of June 30 2011, Dr Gail Bolan took over the DSTDP*
- *Consultations: A number of consultation plans has been delayed or cancelled.*
- *The STD 2011 Guidelines has been published*  
<http://www.cdc.gov/std/treatment/2010/default.htm>

#### **Health care Reform**

- *HCR for IPP and other programs will necessitate us to identify the three main issues: Affordable Care Act and Performance Improvement; National HIV/AIDS Strategy; Agency Winnable Battles (HIV, Teen Pregnancy Prevention)*
- *Disappointing that the National HIV/AIDS Strategy says nothing about STD co-infection as risk factor for HIV*
- *If ACA covers health department direct services, \$30 million of IPP funds not needed for this*

#### **Future of IPP/STD Prevention**

- *Need to for local epidemiology support at state level*
- *Plan programs by using data from project areas*
- *Monitoring and Evaluation*
- *Functioning surveillance systems*
- *JSI- IPP Infrastructure to give report detailing work done in November 2011*
  - *Environmental scan*

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- *Hope to have recommendations come out of this; do we change? Wind down? Stay the same?*

### **Gonorrhea**

- *There is evidence that cases rates of GC has been going down over 20years. There have been significant increases of GC in USVI (18%), PR (16%), NYC (35%) and NJ (21%) from 2009 – 2010.*
- *In NYC, the increase in GC is mostly seen in teens and young adults of color. Harder to measures in MSM, but think to be increasing.*
- *NAATs is technology of choice for CT/GC*
- *Antibiotic resistance to GC is evident, particularly in the Far East, Europe (Norway and Sweden). This is the reason why GC prevention is so important.*

### **STD Guidelines 2010 Highlights**

- *Age cut-off remains the same (<25 years)*
- *Addresses USPSTF age change (<24 years)*
- *No change to risk factors*
- *Among women, the primary focus of Chlamydia screening efforts should be to detect Chlamydia and prevent complications, whereas targeted Chlamydia screening in men should only be considered when resources permit and do not hinder Chlamydia screening efforts in women.*
- *Although evidence is insufficient to recommend routine Chlamydia screening in sexually active young men because of several factors (feasibility, efficacy, cost), the screening of sexually active young men should be considered in clinical settings with a high prevalence of Chlamydia (e.g., adolescent clinics, correctional facilities, STD clinics).*

10:00am – 10:45am **Title X Update**

*Joe Alifante, Executive Director, New Jersey Family Planning League*

[Power Presentation Available Online](#)

- *The purpose of Title X is to make sure that people who want and need family planning services can get them. Priority is for people from low income families*
- *Family Planning includes preventive health services such as Pap smears, breast exams, HIV and STD tests, and other services related to reproductive health and family planning*
- *Program Priority is to maintain family planning clinical services*
- *Budget for 2010 slightly Increase from 2009 to \$317,491,000*
- *Budget for 2011 –CR at 2010 funding level*
- *Final 2011 appropriation in Doubt - Stay Tuned. Title X and Planned Parenthood (PP) has been under attack. It is probable that PP will be defunded and Tile X will be eliminated.*

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- *President's 2012 Budget Request - \$327,400,000 (\$9.9 Million Increase)*
- *Most of Title X funding (90%) is used for clinical family planning service projects and 10% (at most) is used for Training, Research, Information and Education, Administrative responsibilities (rent, salaries, etc.)*

**10:45am -11:00am    BREAK**

11:00am – 11:30pm    **Overview of Health Disparities**  
*Kelly Morrison Opdyke, Region II IPP Deputy Director*  
[Power Presentation Available Online](#)

11:30am – 12:30pm    **Innovative Screening Strategies**

- **Adolescent Health Care Services – Increase CT Screening for Females**  
*Sara Levine, MD, Adolescent Medicine Specialist, Greenwich, CT*  
*Gale Burstein, MD, Associate Professor of Clinical Pediatrics, University at Buffalo Pediatrics Associates*  
[Power Presentation Available Online](#)
  - *Barriers of preventive care in adolescents include access to care (medical home, transportation, financing), time , confidentiality, physician awareness/skill to deliver*
  - *Data suggest that health education and counseling occurs at acute as well as at preventive care visits*
  - *Timely, efficient, and relevant health promotion opportunities may exist beyond the classic health care maintenance visits.*
  - *Billing and confidentiality is very complicated for private providers who want to provide services.*
  - *What kind of data would be helpful?*
    - *GC resistance*
    - *Social networks are not always local*
    - *HEDIS data*
    - *Where are high rates?*
    - *Know that CT does exist*

**12:30pm – 1:30pm    Lunch**

1:30pm – 2:00pm    **Small Group Discussion on Adolescent Health Care Services**

### **Optional**

2:00 – 3:30pm    **Option 1: PTB Program Improvement Webinar – “New and Improved” STIC Figure application**

- *STIC Figure was designed to estimate costs saved (medical cost and productivity costs) by STD Prevention Activities. However with*

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*manipulations, the STIC Figure can be used to estimate the increase in STD-related costs.*

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**Or**

2:00 – 3:00pm

### **Option 2: Conversation on Adolescent Confidentiality Issues**

*Rachel Gold, Director of Policy Analysis at the Guttmacher Institute*

Call-in number: **866.740.1260**; Access code: **3757813**

3:30pm – 3:45pm

### **BREAK**

3:45pm-4:30pm

### **Project Area Updates**

- *Carolyn Tunstall, New Jersey IPP*
  - *STD program has merged with HIV*
  - *Screening has decreased from 2009 – 2010 in FP clinics. 9% decrease in FP and 2% increase in positivity.*
  - *Due to funding decrease, some agencies such as Bayonne in Hudson County has been closed which had a huge impact on services for local women as it had been open for 40 years. FP clinics in Newark Beth Israel and UMDNJ have been closed.*
  - *STD Clinic in Jersey City will close and other smaller STD clinics have been closed*
  - *GC targeted screening in Essex County*
  - *As part of the GC target screening, Newark Beth Israel has increased screening. Also, NJDHHS collaborated with Newark Beth Israel to initiate a special project to increase screening in the ER.*
  - *2009-2010 Newark saw a 28% increase in positivity in males. Partly due to increased screening.*
  - *Also, NJ collaborated with Jersey City Medical Center to do CT/GC screening program. Currently do HIV screening.*
  - *NJ has merged with Needle Exchange Program sites in 5 areas– Hudson, Newark, Atlantic City, Camden and Jersey City.*
  - *Lab Update – Lab is moving to a new building which is almost ready (July 2011). Validation of GenProbes was completed in February 2011, and automated methods were implemented end of February.*
  
- *Meighan Rogers, New York City IPP*
  - *The NYCDOH moved to Long Island, Queens in April 2011.*
  - *NYC has new surveillance system, Maven, which is a web based system, not just for STD but also HIV and TB.*
  - *Still working out some system kinks but think will have a lot more value added*
  - *As of March 20, 2001- NYC no longer offers Express Visits due to financial constraints in the past few years. NYC rolled back their*

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*express services – Urine screening services no longer provided to patients who do not meet the criteria.*

- *Will be losing some morbidity due to this service cut*
- *NYC has applied for supplemental funds to continue screening for females < 19 years.*
- *There has been a hiring freeze for over a year, and loss of federally funded positions.*
- *EPT – In 2009, EPT was signed into law in NYS. EPT has been legalized for CT infections only.*
- *NYC is partnering with CAI to carry out a CDC funded EPT demonstration evaluation. Project includes multiple components including*
  - *Implementation of EMR revisions for purpose of data collection and evaluation in NYC DOHMH BSTD clinics*
  - *Partnership with 3 community health centers (PPNYC, CHN, MIC) in NYC to carry out similar EMR revisions and implementation of EPT*
  - *Development of community health information (CHI) pamphlet to be distributed to over 38,000 providers*
  - *Pharmacist outreach (i.e. schools of pharmacy outreach, article in professional journal, talk at pharmacists' conference, etc.)*
  - *Focus groups for both providers and pharmacists to assess provider uptake*
  - *STEP UP (school screening) partner interviews to assess patient adherence*
  - *Partnership with Primary Care Information Project (PCIP) to utilize eCW/HUB communication tools*
  - *Development of EPT informational website and monitoring of number of hits as it relates to law passing and outreach*
- *Alison Muse, New York State IPP*
  - *There is a new director of FP – Colleen Forman*
  - *In April 1, 2010, STD was integrated with HIV Prevention. Through this integration, there has been loss of five professional staff.*
  - *In the city of Rochester which is a hot spot for GC, project area has increased to target 100% of GC.*
  - *In Albany, there is a 100% increase in GC among females which is as a result of gang issues.*

4:30pm – 4:45pm      **Adjourn and Review Day 2 Agenda**

**Day 2: Wednesday, April 13, 2011** [General Session: 8:30am – 12:30pm]

8:30am – 9:00am      **Continental Breakfast and Meeting Registration**

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- 9:00am – 9:45am     **Implementation of CT/GC Screening in the Emergency Room**  
*Adam Sivitz, MD, Pediatric ER Medicine, Newark Beth-Israel Medical Center*  
*Devra Gutfreund, MD, Pediatric ER Medicine, Newark Beth-Israel Medical Center*  
[Power Presentation Available Online](#)
- 9:45am – 11:15am     **Making Tough Decisions: A Group Exercise**  
*Michelle Gerka, VP of Family & Community Education, Cicatelli Associates Inc.*
- 11:15am -11:30am     BREAK**
- 11:30am – 11:45am     **Presentation of Rubin Award**
- 11:45am – 12:00pm     **Region II IPP Committee Meeting Fall 2011 – Planning**
- **Fall meeting brainstorming**
    - *Bill Smith presentation*
    - *Confidentiality*
    - *Billing in STD*
    - *Adolescents – invite Dr. Cohall*
    - *EPT update*
- 12:00pm – 12:15pm     **Adjourn and Meeting Evaluation**