

## **Region II Infertility Prevention Project Executive Committee Meeting**

**Thursday, October 21, 2010**

**Cicatelli Associates Inc. 505 Eighth Avenue [20<sup>th</sup> Floor], New York, New York 10018**

**Meeting Purpose:** Provide ongoing support to Region II IPP members in the administration and evaluation of IPP projects in the field in order to support achievement of National IPP priorities.

### **Meeting Objectives:**

1. Review activities conducted to date to complete the assessment of CT testing practices during PTO (pregnancy testing only) visits in family planning clinics and develop next steps to complete the assessment.
2. Increase participant awareness of innovative strategies to enhance STD-related program outcomes.
3. Consider structure and objectives of the IPP within the context of healthcare reform.
4. Plan Spring and Fall 2011 Region II IPP Meeting Content and Dates.

**Thursday, October 21, 2010** [General Session: 9:00am – 5:00pm]

9:00am – 9:15am

### **Introductions and Welcome**

*Alison Muse, Interim Co-Chair and Debbie Polacek, Co-Chair*

- *Alison introduced and welcomed everyone to the meeting. She gave a brief overview of the agenda, and meeting expectations. Everyone was asked to introduce themselves.*

9:15am – 10:15am

### **Leveraging Academic Partnerships to Maximize the Use of Surveillance Systems to Inform Disease Control Efforts**

*Dionne Gesink, University of Toronto; William Miller, UNC; Peter Leone, UNC; University of North Carolina Spatial Analysis Workgroup*

*[PowerPoint presentation available online](#)*

- *William Miller gave a brief history of his projects in UNC.*
- *There are very high rates of syphilis and GC in rural areas in the NC. Not missing lots of cases because they go after contacts, clusters, and other cases. There is no full understanding but the bias is that there could be a biological factor.*
- *The take home point is unless we get back to the social determinants we are going to be constantly chasing our tails. Tools used by UNC helps us to move beyond stigmatizing rates that are high. STD folks have to find out other ways to partner so as to get to underlining issues, because it is difficult to advocate for GC. One major issue to address is partnering with public health professionals. There is need for more mapping, and provision of county level data. Collaborating with public health professionals and academics will help to provide the resources, and access to the data. There is a chance for partnership with the state and academic development. With where IPP is going, we will need to focus on the surveillance piece.*

10:15am – 11:00am

### **CDC Updates**

*Steven Shapiro, CDC National IPP Coordinator*

*[PowerPoint presentation available online](#)*

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- **Budget and Funding:** *CSPS 2011, all 65 project areas got their applications in on time this year even though the due date was earlier. There were \$1.456 million additional funds in CY 2010. \$118 thousand was gotten for the National Chlamydia Coalition. The next meeting is in DC, next week. \$500 thousand dollars were used to award 2 IPP partners to look at the future of IPP. What should IPP look like in the future of 2014? 730 thousand dollars will be added to project area funds.*
- **CDC Updates:** *New acting division director. There is hope to have a permanent director named soon.*
- **Winnable Battles:** *CDC is continuing to figure out how IPP fits into the three Winnable battles: 1) Tobacco, Motor Vehicle Safety, Nutrition, 2) Healthcare Associated Infections, and 3) Teen Pregnancy Prevention and HIV - IPP feels there could be partnership with the Teen Pregnancy Prevention and HIV.*
- **Summer Consultation:** *There are considerations in fitting summer consultation with the health care reform.*
- **STD Lab Guidelines:** *These will be published very soon. Guidelines can be found on the APHL website.*
- **EPT Tools:** *Policy office has been working on tools in implementing EPT. Passing the legislation is the first step in implementing EPT.*
- **Lab Outbreak Communication System:** *What sort of Implication has this letter had on Project Areas?*
  - *NYC - The issue had to do with low positive retested. It was incidental to a manuscript review that was going on with CDC on low positives.*
- **Steve gave an overview on the Infertility Prevention Project.** *He highlighted on IPP priorities, and project areas accomplishments, strengths and weaknesses. Steve also highlighted on the priorities, accomplishment, strengths and weakness of the Infrastructure.*
- **What are Project Areas hearing about the Health Care Reform?**
  - *NJ – They haven't heard anything. In talking with STD clinics, they do not have a clue of what is going to happen. The Region II FP meeting that took place in Princeton, NJ addressed Health Care Reform, and no one really has a clue of what is going to happen to Title X.*
  - *PR/USVI: There are going of push off funds in the Medicaid category in the territories.*
- **Gonorrhea:** *GC meeting could have contributed to the decline in GC in 2009; however, the MMWR reports that there are significant increases in CA- 12%, WA – 11%, HI – 8%, NYC – 11%. The 4 states are the major concerns for CDC.*

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- *Treatment Guidelines: Cetixime (400mg PO) or Ceftriaxone (250mg IM) plus Azithromycin (1g PO) or Doxycycline (100mg PO, 2x/day, 7days) regardless if CT is ruled out.*

**11:00am -11:15am BREAK**

**11:15am – 12:00pm Assessing CT/GC Screening Coverage and Gaps – Progress and Future Plans**

- *CT Screening Coverage in Family Planning, Kelly Opdyke, Region II IPP Deputy Director and Melissa Nelson, Program Evaluation Associate*
- *Population-Based Chlamydia Screening Coverage, Melissa Nelson, Program Evaluation Associate*  
[PowerPoint presentation available online](#)
  - *Is there a reason to put in Patient ID in the rooms study tool? – A unique identifier is used to de-identify users if they had multiple visits in a given period.*  
*Most FP clinics in NJ are concerned about providing patient ID in the room study tool. Can the unique identifiers be assigned to patients rather than the Pat ID? Yes.*

**12:00pm – 12:30pm Repurposing IPP for the Future – Group Discussion**

- *Consider: Healthcare Reform, Limited resources, Staff Skill Sets, Infrastructure, Data and Indicators, Kelly Opdyke, Region II IPP Deputy Director.*
  - *The current funding for IPP is driven by increase in screening. By 2014, the funds are going to shift from a screening stand point and more into a surveillance stand point.*
  - *Sue Blank; She worries there is going to be some playing around the edges that might be destructive such as CT screening. There might be issues around payment for treatment. Another thing is what is going to be done in reconciling the payments of benefits in respects with Health Care Reform?*
  - *In NJ the FP clinics, have been able to work with insurance company so that when it is a FP services, then there is no EOB generated that is sent home.*

**12:30pm – 1:30pm LUNCH**  
**(Optional) Leveraging Academic Partnerships Discussion [Library]**

**1:30pm – 2:00pm Maximizing Program Outcomes Through Innovative Strategies**

- *USVI Private Provider Outreach, Rita Olans, IPP Coordinator, USVI DOH*  
[PowerPoint presentation available online](#)
- *GC Meeting in New Jersey, Carolyn Tunstall, IPP Coordinator, NJDHSS*
  - *GC meeting was held in Essex County on June 10, 2010. There were about 40 participants in attendance. There were 5 different*

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break outs groups, and discussions on how to keep collaborations in the area to reduce GC. Initiation went to everyone in Essex County that could benefit from the meeting. The plan for follow up was to develop a task force in Newark, and in the educational systems. The major challenge was funding to have a follow up meeting. The Infrastructure has been trying to give follow up guidance.

- There was a lot barrier to have a follow up meeting due to decrease in state funding. The NJ governor has cut almost 100% of FP funding. This means by Jan 1, 2011, there will be FP clinics closing, and salaries and staff has been reduced drastically. The CBO are also having staffing issue due to the reduction in funding. This is a becoming a state wide issue.

2:00pm – 3:00pm

### **Maximizing Program Outcomes Through Innovative Strategies**

- VIP project: *Dr. Anne Lifflander– Medical Director, Bureau of STD Control, NYC DOHMH*  
*PowerPoint presentation available online*
  - *Data comes from their EMR. The reason for the VIP program is to really address safe sex without addressing social behaviors that is associated with transmission.*
- CDC Integration Award: *Eric Rude, Director of Viral Hepatitis Coordination, Division of Disease Control, NYC DOHMH*
  - There was a no show
- EPT in NYS post-legalization: *Alison Muse, IPP Coordinator, NYS DOH; Meighan Rogers, IPP Coordinator, NYCDOHMH*  
*PowerPoint presentation available online*
  - 340B purchases can not be used for EPT
  - Updates on Legal Status of EPT
    - NJ: Trying to talk to their state epidemiologist for a couple of years but nothing has changed. Also cannot write a prescription for a patient that has not been seen. In regards to EPT, this has to go through the Board of Medical Examiners.
    - USVI: There is a little information on EPT. At this point, legislation of EPT is not on their radar but it's something that needs to go through the health commissioner.
  - Steve suggested NYC can evaluate outcomes by following up with the patients to see if the they received their medication.

3:00pm – 3:15pm

### **BREAK**

3:15pm-3:45pm

### **IPP Program Resources**

- Q-PMD update, *Kelly Opdyke, Region II IPP Deputy Director*

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- What level of access do project areas feel comfortable sharing data?
- Providing read only data for other project areas might be helpful.
- NYS – Facilities may not want non-project areas to make their data public; however, having the data at facility type level would be helpful.
- Region II IPP Website Survey, *Titilayo Ologhobo, Project Coordinator*
  - *A survey was distributed to the committee and they were asked to fill in the survey and send back to Titi (Project Coordinator). Kelly recommended that folks could go through the website to provide feedback and comments.*

3:45pm – 4:15pm

### **Region II IPP Committee Meeting Spring 2011 – Planning**

- Who should be at the table, *Kelly Opdyke, Region II IPP Deputy Director*
  - *Dr Sanchez suggested that the IPP meeting and Title X meeting should be held in the same location if there is a Regional meeting. He also suggested that CDC should bring their colleagues and HRSA high ranked folks to the next meeting so as to give more information in the Health Care Reform.*
  - *Steve suggested that one meeting could be held in the spring and the Infrastructure could travel to project areas for meetings.*
  - *Possible dates for the Spring Meeting*
    - *April 12 – 13, 2010*
    - *March 29 -31, 2010*
    - *October 20 – 21, 2010 for the Fall Meeting*

4:15pm – 4:30pm

### **Adjourn and Meeting Evaluation**