

**Clinic Subcommittee Meeting Minutes
Region IV IPP Advisory Board Meeting
May 7, 2010**

Participants:

- Elizabeth Nichols, AL DPH
- Margaret Rankin , FL DOH
- Lyndolyn Campbell, GA DCH
- Debra Israel, KY DPH
- Gwendolyn Woodard, MSDH
- Cheryl Kovar, NC DHHS
- Sarah Anne Fellows, SC DHEC
- Constance Perkins, SC DHEC
- Susan Barber, TN DOH
- Patti Bunyasanand, Cicatelli Associates Inc. (Facilitator)
- Dana Peebles, Cicatelli Associates Inc.

Notes:

1. Logic Model Outcomes pertaining to Clinic subcommittee: 2, 4, 5, 8
 - a. Outcome #2: Working with health departments to increase awareness about CT/GC and screening criteria (NC, KY)
 - i. FL – Need to initiate screening policy with all clients – not just initial/annual visit. Awarded additional funds for enhanced CT screening
 - ii. GA – Increase in FP clients served; district work plans in place to increase CT screening; increase collaboration with STD departments; WH coordinator meeting to be held in July; currently screen all women 29 and under
 - iii. AL – Implemented protocol; hold quarterly NP Advisory Council meetings to increase testing; currently do CT/GC testing for all pregnancy tests and deferred physicals; STD pilot – deferred physicals for asymptomatic clients (fast track testing)
 - iv. NC – Lab capacity an issue; plan to increase age limit for screening from 24 to 25 in 2012
 - v. SC – Currently screening all females age 24 and under
 - vi. MS – Currently screen all females age 29 and under
 - b. The region endorses more use of vaginal swab (urine & vaginal) – not endocervical, but is unsure of how to get physicians to move away from cervical.
 - c. Are local health departments aware of new criteria and changes directed by the state?
 - i. AL and KY – Yes
 - ii. Staff turnover means a need to integrate training for new RNs (KY does this)
 - iii. Changes are generally not well-received on the ground
 1. Conduct an IPP webinar (with CEs) and archive for new FP and STD staff
 2. Create an IPP orientation or training manual (electronic; linked to local/state HD websites)
2. Discussion and suggested revision of Region IV IPP Clinical Guidelines
 - a. Medical overview: Etiology of CT/GC, Screening & Treatment Guidelines (p. 33)
 - b. Patient Counseling and Education (p. 63)
 - c. Tables (p. 39)

- d. Screening guidelines (p. 40)
 - e. Clients under 25: screen at physician's discretion based on client history
 - i. Goal is to decrease number screened in this age group
 - ii. Screen clients in high risk *target* areas based on local prevalence
 - iii. Keep information on "new" / "multiple" partners within last __ months
 - iv. Keep patient history of positivity within 12 months
 - f. CDC Guidelines?
 - i. Risk factors
 - ii. IUD insertion – screen
 - g. Constance will create a table for CT/GC Clinical Manifestations; Specimen Collection (add vaginal, remove endocervical as recommended)
 - h. Urine collection (p. 47)
 - i. Specimen identification (p. 48)
 - i. Move sexual assault clients to Reporting section
 - j. For women with no uterus: screen using urine or vaginal
 - k. Remove anal collection section
 - l. Dual treatment – defer to Dr. Geisler
 - m. Move Counseling (Provider) to Screening Criteria (Interview Questions)
 - n. Staff training needs (p. 73)
 - o. Post Clinical Guidelines on web, link to state sites, embed link to CDC Guidelines and National IPP site. Debra will identify areas in guidelines to link. Constance will send revisions out to Subcommittee in 2 weeks; Subcommittee will respond by end of the month
3. EPT
- a. High level of interest in the region, but according to Subcommittee members, EPT is not legal in any Region IV state

4. Summary of State Screening Guidelines

State	Current CT/GC Screening Criteria				Females		
	STD	FP	PN	Other	Follow 2009 ACOG Pap guidelines? (1 st at age 21)	When is <u>urine</u> used for CT/GC test?	When is <u>vaginal swab</u> used for CT/GC test?
Alabama	M: <26 F: <26	M: <26 F: <26	F: <26	M: F:	Yes	When no pelvic exam	NA
Florida	M: <26 F: <26	M: <26 F: <26	F: 1 st & 3 rd trimester	M: F:	Yes	When no pelvic exam	NA
Georgia	M: <30 F: <30	M: <30 F: <30	F: NA	M: F:	Yes	When no pelvic exam	NA
Kentucky	M: All F: All	M: F: <26 and high risk	F: 1 st & 3 rd trimester	M: F:	Yes	When no pelvic exam	NA
Mississippi	M: <29 F: <29	M: <29 F: <29	F: <29	M: F:	No: screen everyone	15%	85% (majority are clinician collected)
North Carolina*	M: NA F: <25	M: NA F: <25	F: 1 st & 3 rd trimester	M: CAC / JDC screening F:	Varies by health department	When no pelvic exam	NA – will do validation study
South Carolina	M: Presumptive F: <25	M: NA F: <25	F: (Private) 1 st visit, 3 rd trimester	M: F:	Yes	When no pelvic exam	NA
Tennessee	M: <25 F: <25	M: <25 F: <25	F:	M: F:	Yes	When no pelvic exam	NA

*North Carolina's state statutes do not provide funding for STD testing; thus, Males are not paid for.