

Infertility Prevention Project: Past, Present and Future Direction

Gail Bolan, M.D.

Director

April 26, 2011

Overview of Discussion

- ❑ **History of IPP**
- ❑ **IPP accomplishments**
- ❑ **STD and IPP future directions**
 - **Critical questions during these critical times**

History of IPP

- **Public Health Services Act Section 318A**
- **CSPS Project Areas (64)- approx. 28 million annually**
 - **Based on historical formula**
 - **Initial distribution (early 90's): Need and quality**
 - **Current distribution: Demonstrated and estimated need**
 - **Within CSPS structure (through 2013)**
- **Infrastructure (10)- approx. 2.2 million annually**
 - **Funds awarded through OPA's regional Family Planning Training Centers (3 year grant cycle, ending 6/30/2011).**

Goal of IPP

- **Support screening of low-income, younger women for chlamydia and gonorrhea in public settings**
 - Initially STD and family planning clinics
- **Through partnerships primarily with Title X Family Planning Clinics, later IHS**
- **Through coalitions**
 - NCC
- **Through social media**
 - GYT

IPP Accomplishments

- ❑ Expansion of screening sites to school-based screening, juvenile detention facilities and beyond**
- ❑ Increase in number of females tested and increase utilization of NAATs**
- ❑ 3% CT positivity threshold established for cost-effective screening programs**
- ❑ Program evaluation, performance measures and quality initiatives thorough a data management infrastructure**

IPP Accomplishments

- ❑ **Sharing of best practices**
- ❑ **Implementation of demonstration projects to advance evidence-based practices**
- ❑ **Collaborative strategic thinking and planning through well-established partnerships**
- ❑ **Implementation of Expedited Partner Therapy (EPT)**
- ❑ **Improve access to confidential health care services for adolescents and young adults**

Division of STD Prevention Priorities

- **Prevent STI-related infertility**
- **Prevent STI-related HIV transmission and acquisition**
- **Prevent STI-related cancers**
- **Prevent STI-related outcomes of pregnancy**
- **Strengthen STD prevention capacity and infrastructure**
- **Reduce STD health disparities**
- **Address the effects of social and economic determinants and costs of STDs and associated complications among specific populations**

STD and IPP future directions

Future Strategic Priorities

- ❑ Prevention through Healthcare**
- ❑ Program Collaboration and Service Integration (PCSI)**
- ❑ Reduce health disparities**
 - Address social determinants of health**
- ❑ Use a more holistic and combined prevention approach**

Rationale for Future Strategic Priorities

- ❑ Anticipated changes in health systems
- ❑ Opportunities for leveraging our prevention efforts
- ❑ Declining public health infrastructure and need to prioritize work based on resources

Drivers of Change

- **Increased proportion of people with insurance coverage**
 - **Availability of preventive services provided without cost sharing**
- **The expansion of community health centers and their likely role as primary care providers for priority STD populations**
- **Expansion of Medicaid while not obviating the need to preserve safety net services**
- **Investment in health information technology**

Impact of Change

- ❑ **Changes may require reconsideration of some aspects of program activities delivered by public health departments**
 - **Less direct service delivery**
 - **More assessment, policy development and assurance**
 - **More safety net services**
- ❑ **Requires a population health focus for STD programs**
 - **Understanding the population**
 - **Impacts on the population**

Critical questions during these critical times

Future of health care reform:

- ❑ Issue: Which components of the legislation are particularly relevant for STD, FP and RH programs**
- ❑ Issue: How do traditional public STD and FP clinics become part of the medical home**
- ❑ Issue: How do traditional public STD and FP clinics bill for services and maintain patient confidentiality**

Critical questions during these critical times

Health Information Technology (HIT):

- ❑ Issue: How can the changes in HIT strengthen STD public health surveillance and STD, FP and RH assessment and assurance activities**
- ❑ Issue: How can STD and FP providers invest in HIT and meaningful use of data to strengthen their services and describe program impact**

Critical questions during these critical times

Collaborating with Community Health Centers (CHCs) and other private sector providers :

- ❑ Issue: As CHCs and other private sector providers become a more prominent provider of STD prevention and FP services, how should CDC and HDs respond?**
- ❑ Issue: How can HD STD, FP and RH programs assess the coverage and quality of preventive care provided by CHCs and primary care providers in their communities?**
- ❑ What is the role of our Title X FP partners ?**

Critical questions during these critical times

Medicaid Expansion:

- ❑ Issue: How should the STD and FP HD programs take advantage of the changes that are occurring with Medicaid (ie., significant expansion of coverage and a new philosophy)?**
- ❑ Issue: What opportunities are there for STD and FP HDs to collaborate with Medicaid regarding improving quality of care?**

Critical questions during these critical times

Sustaining safety net services

- ❑ Issue: Even with the expansion of coverage, there may be important obstacles to the delivery of critical STD, FP and RH services to at-risk populations.**
- ❑ Issue: How can HDs determine if they need to continue direct provision of services? If such services are needed, how can they obtain the resources to sustain ongoing service delivery (i.e., billing etc)?**
- ❑ Issue: How can HDs assess and address the extent to which the “essential community providers” included in their State’s qualified health plans can adequately provide the care needed by STD and FP at-risk populations**

To answer these critical questions during these critical times

- How do we realign our staff so they are “fit for purpose”**
 - How do the STD public health departments assess and assure that IPP activities are implemented on a population level**
 - How do the FP programs assess and assure that FP activities are implemented on a population level**

- What is the role of FP and RH partners in the future of IPP?**

Prevention Through Healthcare

Role of STD Programs

- ❑ Conduct STD surveillance activities**
- ❑ Foster partnerships and collaboration between STD public health programs and health care providers serving at-risk STD populations**
 - Provide guidance, training and technical assistance
- ❑ Assess prevention performance and program impact**
- ❑ Assure quality of STD prevention services in health care settings serving at-risk STD populations**
- ❑ Monitor access to health care and identify safety net needs**

Prevention Through Healthcare Role of STD Programs

- ❑ Create STD specialty clinics as part of the medical home**
- ❑ Ensure STD clinicians are part of the essential provider network**
- ❑ Establish reimbursement mechanisms for STD diagnosis, treatment and partner services**
- ❑ Upgrade IT systems to levels comparable to health care systems with meaningful use of data**

Prevention Through Healthcare

Role of FP Programs

- ❑ Assess FP program performance and program impact**
- ❑ Assure quality of FP services in FP settings**
- ❑ Monitor access to health care and identify safety net needs for FP services**
- ❑ Utilize IPP network for evaluation, demonstration projects and implementation research**

Prevention Through Healthcare

Role of FP Programs

- ❑ Create FP specialty clinics as part of the medical home**
- ❑ Ensure FP clinicians are part of the essential provider network**
- ❑ Establish reimbursement mechanisms for FP services**
- ❑ Upgrade IT systems to levels comparable to health care systems with meaningful use of data**

Promoting Health Equity and Reducing Health Disparities

- ❑ **Incorporating social and structural approaches to STD prevention such as:**
 - **Community Mobilization**
 - **Integration of STD Services**
 - **Policy Interventions**
 - **Contingency funding**
 - **Economic and Educational Interventions**
 - **Promoting science on disparities**

Summary of Discussion

- Change is coming
- Indecision and inaction is not an option
- IPP is a model for STD prevention that is sustainable as health care systems changes
- Assessment, Assurance and Policy Development may be more of a focus
- Service delivery of screening may be less of a focus except for safety net services

Thank you!

Questions?

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention

