

Family Planning Meeting

- A. PTO screening updates, ideas, and best practices
 - 1. CT is using supplemental funds to pilot a PTO initiative
 - 2. Others have tried to increase, but barriers include:
 - i. Patient and staff perception that this is meant to be a quick, cheap visit and they do not want to load on a lot of activities
 - ii. Time
 - 3. A question is asked if the same urine can be used and if they are strict about the 1 hour before test no urination rule
 - i. Meeting participants agree they are not strict about this rule and they do use the same urine as pregnancy test
 - 4. Preliminary data finds a higher rate than in other populations
- B. Re-screening updates, ideas and best practices
 - 1. Agencies from across the region are all trying to increase but are having a harder time increasing rates than anticipated
 - a. Various tickler and reminder systems are in place
 - b. PPNNE feels it has significantly increased its rates
 - 2. Approaches include: texting, emails, reminder letters, reminder phone calls, making appointment before they leave
 - 3. Suggestion is made to reframe it as “to make sure the treatment worked” instead of “to see if you get it again” [sic] given the 77% efficacy of Azithromycin
 - a. Although it is NOT a test of cure, representatives felt it would be more likely to get someone back in if they felt this was the reason and not assuming they would get exposed again
 - b. Although it is important not to reduce faith in the treatment, reframing it as a necessary part of treatment to ensure efficacy was felt to increase the chance of getting patients to return
- C. Health Disparities – tabled
- D. Health Reform – tabled