

Family Planning Meeting  
Feedback for Provider Materials  
June 14, 2010

**A. Objectives / Purpose – What do they think of the stated product objectives?**

**B. Audience – Do they want client and provider materials or just provider?**

- Providers should be considered the #1 primary audience, but the materials should also be appropriate for clients (i.e. the materials should be dual purpose)
- The materials should target all levels of staff – not just “clinician” provider
- Client education materials are plentiful, so the materials should mostly focus on providers (although there was some dissent here and others felt a little bit of client focus was appropriate)
- The MA DPH brochure is a good model
- Promotional materials, however, can target both groups simultaneously and effectively

**C. Content – Is the stated content the right content? Add/ subtract/prioritize? What’s most important?**

- The materials should emphasize the screening guidelines and re-screening guidelines
- The materials should both remind existing clinicians and inform new clinicians of the guidelines
- Those developing the materials should consider another way to distinguish between under/over 25 or to phrase the screening criteria
  - i. e.g. Screen all women under 24 annually no matter what – and always (regardless of age) test if the client has multiple partners, has had STD contact, etc.
- The materials should emphasize age-based screening (i.e. screening not based on risk) – one of the biggest risk factors for CT/GC is thinking that you don’t have a risk factor
- The materials should include talking points on routine annual screening in this population
- The materials should include talking points regarding partners and getting them tested
- The materials should include talking points regarding prevention and re-screening
- The materials should address prevalence – there is a mixed view on this, some think it would be useful and some not
- The materials should include the percentage of infections that are asymptomatic

- The materials should include FAQ'S and talking points
- It would **not** be useful to address test technologies
- It would **not** be useful to address treatment
- The materials should explain how to ask good open-ended/MI-style client-centered questions, and should include examples of this
- The materials should include state specifics on if EPT is allowed or not and, if it is, in what way it can be implemented
- There should be two sets of materials – one for under 25 states and one for under 26 states; otherwise, the materials would be too complicated
- The materials should be appropriate for/acceptable to IPP and non-IPP sites

#### D. Formats – How do they like these format examples?

- **Pocket card**
  - The group likes the pocket card
  - The pocked card should be laminated
  - The pocked card will be useful, but it must be SMALL – i.e. no bigger than the size of an Rx pad
  - The Denver example is too big and there is too much information; however, one person liked the PATH message
  - The Rx guidelines are not needed
  - Web links are not needed because providers will not look things up while seeing patients
- **Mini poster**
  - There was a mixed reaction to this
  - This poster might be useful for e.g. clinic assistants, but MD an might not use this poster
  - Client education materials such as posters helps to normalize CT/GC, e.g. a poster that says all women under 25 should be tested
  - They like the purple design with the lips
- **Fact sheet**
  - The fact sheet is useful, but there should be less detail (the NCC takes care of the longer format more than adequately)
- **Other formats?**
  - Mouse pads
  - FAQ's/laminated cards on a ring
  - Pocket card
  - Buttons with screening criteria
  - Score card (with the possibility of having competitive scoring or a reward for high scoring)
- **Webinar?**

- It might be useful to have a webinar every few years
- It could be helpful to include a webinar/online course on score card
- **Longer or just simple formats?**
  - Some materials may be useful to some clinics but not others, which is ok (e.g. mini poster – some liked this, but others have a “no poster” policy)

**E. Dissemination – IPP grantees or JSI?**

- Dissemination would be best through the grantees, with the possibility of having JSI help and house online resources (e.g. toolkit)

**F. Other Comments**

- How can we periodically remind providers to use these materials?
  - These resources will become less effective over time; someone suggests an online course and/or periodic webinars
- What are examples of a good way to roll this out? What are the best practices/experiences?
  - One person suggests providing clinic-specific data to show progress and where sites are compared to benchmarks; it is helpful to instill competition when possible
  - Participants unanimously states that PTO Chlamydia screening is being implemented widely and broadly across all programs
- Could JSI send a template so that states can customize the materials for each agency (especially IPP v. non-IPP sites)?
- A good example to look at:
  - PPFA HPV toolkit – FAQ’s from clients, pocket cards, and laminated cards on a ring that fit in lab coat pocket (this is the most valuable part)