A. Welcome

Attending:

AB:
Marcy Moyel
Jenny Sheehan
Bill Dumas
Tom Bertrand
Evelyn Kieltyka
Jennah Godo
Roberta Moss
Eunice Froeliger
Jennifer Stearns
Sue MacRae
Drew Thomits
Denise Rondeau
Susan Lane
Arthur Kazianis
Linda Han
Gary Budnick
Christine Lombardo
Barbara McNeilly
Fran Cohen
Kelly Dougherty
Angela Cumberbatch
Jill Clark
Daniel Daltry
Robert Ireland

JSI:
Jen Kawatu
Kim Watson
Fong Lui
Katie Martocci
Michael Chen
Jessica Ogarek

CDC/Guests:
Steve Shapiro
Kathy Desilets

B. CDC Update

- Topics: Budget, CSPS update, Current Project Priorities
    - Budget:
        - Budget cuts are affecting larger states, such as Texas. Much of region I has not been effected because of the small size of the states. Reductions are around 5-10%.
            - A reduction of budget will lead to more women with PID and permanent infertility because fewer women will be screening and treated.
                - In MA- 4 STD clinics will be closing this year, and by July 1, 2009 there will be no funding for STD clinics
                - NH has had budget cuts as well and are still paying higher prices for azythr.
                - FP MA – Each FP agency got 11% cut
    - CSPS updates:
        - Program consultants are working on technical reviews, should be completed by end of year
        - PGO negotiation calls are being made, should be complete by end of week

- IPP –
  - Many states did not understand what was being asked
  - Congressional mandate is clear on what IPP funds should be spent on, when CSPS budgets are submitted they should follow guidelines
- Data-
  - Many states don't use local data to plan their budgets
  - There is a reason for the 3% positivity – funds need to be shifted if a clinic does not have 3% positivity, or something needs to be done to get them up to 3%
  - Screen all women under 26
- 5 year corporative agreement
  - Division of STD prevention priorities: IPP, Service integration, health disparities, data driven plans/programs, evaluation using performance measures

o GC update
- Money has been added to grant to support travel for regional GC meetings
  - Audience will overlap with IPP AB meetings
  - Additional attendees will be STD program managers, STD epidemiologists
- This meeting will be either the day before the AB meeting, or a stand alone day
  - Consensus is have an extra day at June Meeting
  - Because of low GC morbidity in Region I, a half day meeting might be enough

o Performance measure update
- Timeliness of treatment for CT and GC
- CT -
  - 2005-2007 - Reg. I –range from 84-86%
  - 2006-2006 - National – 65-70%
  - There are no national goals, but perhaps there should be benchmarks to measure what needs to be done for a program to be effective
- GC –
  - 2005-2007 - Reg. I – 85 – 87%
  - 2005-2006 - National – 65-70% (probably lower than 65% in 2007)

o CSPS 2009 –
- Emphasis on continuing required IPP activities
- Performance Measures –
  - Looking at screening coverage using FP data (FPAR)
  - Proportion of tests, by age using IPP data
- National objectives-

        - Pregnancy test only – data show that women coming in for pregnancy test only, if they agree for a CT test as well, positivity is around 20%
        - Native American/Alaska Native health care delivery systems in each project area
    - Questions
        - Why is Region 1 screening coverage lower?
            - Might be different conventions for eligible to be screened than other regions

C. Kathy Desilets

- Screening Coverage
    - Encourage people to test in episodic visits
    - Went to state STD program – where they gave her the IPP project, before moving on to the FP program
        - Region I has a really good data system. Might want to consider how to capture the PT only visits so we can figure out how to count them and see what services they get
        - IPP project is the other side of the FP program, and it is a big initiative in helping women stay healthy and be able to have children if they want

- There are researchers who believe that screening and treating is doing more harm than good – Women are not developing immune systems based on all the treating
    - Is there any research about how many are able to clear the infection without treatment?
        - Men are able to clear infection more easily than women. Thoughts are that women clear it after a while.

D. Regional Goals/Objectives – Report Back

- Objective 1.1
    - **Current Goal:** By 2010, increase CT screening by 10% of sexually active 15-24 year old women and men. Using 2004 data as the baseline, increase from 28,694 to 32,563 in IPP sites.
    - **Changes:** Change wording: By end of calendar year 2011, obtain a positivity rate of 6% or higher of sexually active 15-24 year old men and women in IPP sites (IPP Paid tests).
        - Clinics that cannot reach that positivity will have to reallocate their funding
- Objective 1.2
    - **Current Goal:** Annually, with assistance from JSI, develop, monitor, update and disseminate regional plan and guidelines.

  - **Changes:** Changed wording: By December 31 of each calendar year ,with assistance of JSI , develop, monitor, update and disseminate regional plan and guidelines.

- Objective 2.1
  - **Current Goal:** Each Program Area will transmit complete data to Region I within prescribed time limits which are distributed at the beginning of each calendar year to the data managers.
  - **Changes:** Changed wording: Each program area will transmit completed quarterly data to Region I within prescribed time limits which are distributed at the beginning of each calendar year to data managers by JSI.

- Objective 2.2
  - **Current Goal:** By 2010, no more than 5% of women more than 25 years of age with no risk factors will be screened in IPP-funded clinics (i.e., 95% will be screened according to regional screening criteria).
  - **Changes:** Move to priority area 1
    - Changed wording: By end of calendar year 2010, no more than 5% of women more than 25 years of age with no risk factors will be screened in IPP-funded clinics.
      - Thinking about changing to be positive: By 2010, 95% of women older than 25 years of age screened in IPP-funded clinics will have risk factors (ie – 5% of women older than 25 screening will have no risk factors).

- Objective 3.1
  - **Current Goal:** 90% of Chlamydia-positive patients, including all positive clients in IPP funded clinics, regardless if IPP was the funding source for all patient tests, will be appropriately treated within 14 days after date of specimen collection to the provider of positive test.
  - **Changes:** Add GC: 90% of Chlamydia and Gonorrhea-positive patients, including all positive clients in IPP funded clinics, regardless if IPP was the funding source for all patient tests, will be appropriately treated within 14 days after date of specimen collection to the provider of positive test.

- Objective 3.2
  - **Current Goal:** 95% turnaround time within 3 working days from receipt of specimen in lab to reported results.
  - **Changes:** No changes to the language. Currently most states meet the guidelines, with a the states not meeting it are not far off

- Objective 3.3
  - **Current Goal:** 60% of sample specimens will be received in the lab within 3 calendar days from date of specimen collection; 95% will be received within 6 calendar days of date of specimen collection.

  - **Changes:** Wanted to look at this from a different perspective, focused more on those that were not received by 6 days
    - For a 3 month period – identify 100% of the providers that do not meet objective

- Objective 3.4
  - **Current Goal:** Increase the number of New England states that have legal and or regulatory systems in place to support EPT to six
  - **Changes:** Want to get rid of this goal because it is too difficult to regulate with state laws. It shouldn't be an objective, but something for each state to work towards.

- Objective 4.1
  - **Current Goal:** 100% of laboratories will ensure minimal standards for additional testing on all positives in conformance with CDC laboratory guidelines.
  - **Changes:** No changes to this goal

- Objective 5.1
  - **Current Goal:** At least 20% of all patients diagnosed with Chlamydia will be re-screened 3-4 months after completion of treatment.
  - **Changes:** Changed wording: By end of calendar year 2010, there will be an increase of 5% of women rescreened within 3-4 months of completion of treatment
    - Not sure how to measure this right now because we don't know what the baseline is, but we are going to work towards measuring rescreening.

- Objective 5.2
  - **Current Goal:** Annually, with assistance from JSI, maintain and update the Region I website, including updated links to and from other relevant sites.
  - **Changes:** Changed wording: By December 31 of each calendar year, with assistance of JSI, maintain and update the Region I website including updated links to and form other relevant sites.

- Objective 5.3
  - **Current Goal:** As funds permit, and with assistance from JSI, develop and distribute educational materials to IPP sites
  - **Changes:** Get rid of objective because it is more of an activity, not an objective.

E. Regional Data

- Compared to 2007 data, Q1/Q2 2008 testing is lower
    - If we doubled the Q1/Q2 number of tests to estimate total tests for 2008, the region will be about 9,000 tests lower
    - This probably has to do with funding cuts
- Slight increase in positivity from 2007
- Objective 1.1 – increase screening 10% of sexually active 15-24 year old men and women
    - This objective was written using incorrect numbers and as a whole for region I is unattainable
- Objective 2.2 - no more than 5% of women more than 25 years of age with no risk factors will be screened in IPP-funded clinics
    - As a region – Q1/Q2 2008 shows improvement compared to 2007 data
- Currently working on Longitudinal Analysis
    - Looking at 2003 – 2007 data
    - One problem with this is quality of data – there have been problems with missing data
    - Data has been normalized to CDC guidelines

F. Website

- Should be live by end of the week. Will email AB when live
- URL – www.ipp.jsi.com
- Website Highlights:
    - About – Has information about National IPP Project, Region I IPP and JSI
    - Teens – Has teen friendly information and links to teen friendly websites
    - Epi/Stats – Has link to national surveillance report, region I data reports to download, and state profiles
    - Resources – Articles, Online Training programs, CDC guidelines
    - Meetings – Information about next AB meeting, minutes and materials from prior meetings
    - Advisory Board – Contact list of AB members (email only)
    - Contact Us – JSI contact information
- Input is welcome and should be directed to Jen or Michael
    - Send links/materials you think should be included

G. Chlamydia Rescreening Strategies

- States sent Jennifer their rescreening strategies
- When discussing the rescreening objective there was talk about what is the baseline, and what is an achievable goal, and how do we work together
    - How do we get the data for rescreening rates, right now?
        - MA - Preventative measure residence went through 12 month periods
            - This only worked if tests were sent to them, through using STD MIS. Did not work if test was not sent to state lab
        - RI/NH went through IPP positives and used STD MIS to find rescreening. Missed those that got rescreened somewhere else.

- ME – might be able to, have never crossed data with STD MIS
- VT – Can only monitor if within state lab system.

- One solution to capture the rescreens is to add a rescreen check box to the IPP lab slip
  - Would clinicians know when a patient was there for rescreening
  - If this is done on the state level, then it is a burden on the staff. How often do you need to find out if rescreen?
  - As a practice issue, how are FP people keeping track of people that need to be rescreened
    - Some providers have logs, tickler files
  - What about non-FP?
    - Jails- nothing. Can't even test everyone that wants to be tested
    - STD- They are walk-in care clinics. Hard to set up a mechanism to have patients come back
- Should there be a regional approach to this objective? Do we need to have one consistent approach to increasing our rescreening rates?
  - There are two ideas – one is that this could be done at the state level, looking at data sets from two separate systems (lab system, STD MIS), The other system is that somehow the clinics could look at who got rescreening and who didn't. Maybe we can to a project looking at what was more work/labor intensive.
    - Putting a check box could lead to data cleaning and checking the accuracy of the checkbox
    - Instead of reprinting the forms, we could have them put an R in the comments box and train our data entry person
      - As far as Tapestry – This will not work. It is not reliable.
      - It would be a lot of work to teach clinicians what they need to do
    - For those that have rescreening data – what % are rescreened by the same clinician?
  - Overall – there is not much interest in a regional approach, and that each state approaches it on their own
    - Are other states able to approach this like MA? (Sending out lists of positives?)
      - ME/NH doing this already (ME is using text messages to remind to come back for rescreening)
    - As a region, what is most important is improving rescreening, and at a later date marrying with the objective
      - Perhaps an objective could be - On a regular basis a list of positives needs to be sent to the clinics to improve rescreening.

H. **State Reports**

Ongoing progress updates and new information

Rhode Island

- The state is currently working on using un-obligated funds, which have been thinking about bringing an additional Title X site on
- There's a Title X site that will stop services on Dec 1, 2008, which triggered transition preparations (i.e. plan to add a site to make up for this aforementioned impending loss/closure); however, new info came back and this site became extend for an extra year.
    - Some mis-coordination between agencies needs to be resolved.

Connecticut

- No new updates to report at this time.

Massachusetts

- *Clinic closures*, some of which include IPP sites, are happening.
- Expect some minor detrimental impact, but they have been working on strategies to divert people to ensure continual provision of services.
- Have been exploring the interest of *self-swab IPP kits* for *rescreening* 3-4 months after initial exam.
    - But clinicians have expressed no interest; still would want to see patients face-to-face.
- *Recommendation*: When clinics close, have the website be updated more completely so that folks seeking information can use the website as a resource (i.e. so patients will know where to go for specific services and not waste time chasing this info).
- Their current *website* continues to receive good traffic – about 40-50 new visitors per day.
    - 1/3 search engine generated, 1/3 banner-linked, 1/3 direct URL entry.
    - Working with AIDS Action on its website project.
    - Working with high school juniors and seniors to "adopt" their websites and promote them within their community (MySpace and Facebook).
    - Will create "STD Clinics MA" profile page on these social network media as well as in Wikipedia. Especially effective in reaching young people.
    - *Recommends* working with nonprofits, which qualify for Google Grants (search engine optimization) for free in-kind services and products donated.

New Hampshire

- Have done a lot of work on *rescreening*. Sampled 244 positives from IPP sites; 45% have been re-screened.
    - 17% were tested within the 3-4 months ("this part is less exciting").
        - Of this 3-4 month cohort, about 5% re-infected.

- Of the people re-tested overall, about 8% were infected again.

- Lab is working on developing a validation process. Rectal Chlamydia exams are being piloted in high morbidity clinics.
- Michelle Ricco (with substance abuse program) is newly onboard; TBA on Michelle's official start time.

Vermont

- Working continually on rescreening and capturing positivity data.
- Received funding from HIV Prevention Funds to begin new initiative for partner services.
    - They have put in an integrated bid to "in-spot" (?) that will enable capacity to apply fund to syphilis, gonorrhea, and Chlamydia. This HIV initiative would be a two-year grant to cover start-up costs – and will benefit STDs.
    - About $1,400 per year to get into this in-spot.

Maine

- Update on *positivity* progress: one-year pilot – after 2009 will re-assess where sites are at and re-evaluate whether to continue.
- Will disseminate positivity information once a month, but still need to find most efficient fashion.
    - Options: One-page fax, electronic submission? TBA.
- *Chlamydia campaign* is going to involve a video message targeting 15-24 year-old people:
    - For the younger (15-17), target emotional aspect.
    - For the college (18-21) age, target new experiences.
    - For a little bit older (22-24), target different/multiple partners.
        - Have different scripts based on different characters.
        - The premise behind the message: you need to prevent infection and be tested. Themes of "communication" and "relationship" are emphasized.
        - Attention given to male involvement (in addition to engaging females) in talking about Chlamydia.
            - Will also roll out some *PSAs for TV spots*.
            - Details have not been finalized yet, but still keep everyone posted.
            - This update is exciting because ME usually doesn't get money to do stuff like this.
- *Re-screening efforts*: Contracted with FPAM to assess rescreening efforts, and the information collected will be used as baseline.
    - Select 3 sites with high positivity and will pilot 3 different strategies at these sites over the next few months to see which strategy works best.
    - HIPPA compliance issues are still being discussed, particularly in the utilization of text msg, e-mail, etc.

    - Determining a useful approach that connects with the target population.
- Based on meeting in June during which we talked about whether to have verification studies done at state lab for oral and anal Chlamydia screening – looked at prospective records (~6,500 records).
    - But only about 10 cases reported they're having only oral and anal but not vaginal sex.
    - As a result of this low representation, they will abandon this screening from now on (as there is no need).

I. Subcommittee Meetings

Sub-committee chairs with terms lasting two years. Opportunity to re-run or resign. Break into groups.

Lab Sub-Committee

New member intro

CT/GC Testing Guidelines Update

- Working on updating the latest testing guidelines
- (About 2,000) articles reviewed via literature search; helped to identify key questions.
- Then lab consultation in January. Should expect next set of guidelines be formed by the end of next year.

Update on off label testing

- Update on *off-label testing*: bringing in FDA and CLIA together informally.
- Hopefully get some direction on what is considered as acceptable validation.

Update on *transit study*

- Objective 3.2, 3.3. was modified to improve context and details
- Also, added new Objective 3.4 (providers not meeting Objective 3.3) and Objective 3.5 (design region-wide QA education & training tool). Objective 1. No change
- Will explore conducting a 3-month pilot to focus on providers ("violators") who frequently fail to meet expectation for transit study and improve compliance. Scheduled for February through April 2009.
- May 2009 Transit Time study
    - For 2008, done retrospectively using February 2008 data
    - Guidelines: 60% of specimens received within 3 calendar days; 95% received within 6 calendar days
    - Conn: 58.8% with 3 calendar days; 93.4 % within 6 calendar days
    - All other region 1 PHL's within guidelines.

Discuss NCLC conference call from August

- New CDC CT/GC lab guidelines
  - Questions ID'd and categorized
  - Literature search complete
  - Table of Evidence being organized based on lit. review
- Alternate specimens
- NCLC documents posted on other regional websites ("which were really nice"), Region VIII specifically.
- Other topics discussed: IRB, prevalence issues.

Review Reproducibility Data

Sub-committee also did the annual reproducibility study (October 2008).
Looked at 1st 100 positives in October and looked at what % actually repeat
96.8% Region wide
Three states had 100%. The data quality is good.

Agenda Items for Next Time: correspond with subcommittee members

Screening & Data Sub-Committee

- a. and b. agenda items – we dispensed because they were both discussed in the larger group
- c.i – gender check box – garnered a great deal of discussion mostly around
  - Relevance of adding this box to the lab slip. Everyone felt it was an important topic and probably handed best at the counselor interview/history form level. But we agreed to discuss it again at future meetings because the family planning clinics are working on making forms more inclusive of gender identity.
- c.ii – Checkbox for pregnancy test only (PTO) visits. This topic led us into a larger discussion of how we identify clients (under 26 years old) who are at greater risk for Chlamydia. We brought Steve into the conversation to ask about other Regions and what they are doing. He offered to investigate this more thoroughly for our June meeting. Some were concerned that a PTO box would be one more thing for staff to remember to do but others argued that it would allow IPP to link the PTO visit with results thus helping us decide whether to target more IPP testing to this group of patients (assuming higher positivitiy). Susan Lane said that PPC can do this and she offered to review PPC data for PTO and Chlamydia positivitiy for June meeting. Bill brought up the issue of tracking down missing risk data from the under 26 clients and if we are screening based on age only then why should they spend time sending forms back for missing data. So this lead to ask JSI if they could run data looking at risks for women under 26. The idea is to use the data to make decisions about which clients are priority. Then we could consider changing the screening criteria for IPP.
- Other items:

- Provider assessment project interview tool distributed to committee members.
- Chlamydia Analytic Plan distributed with instructions to give feedback to Kim
- Committee members were informed to expect an email from JSI regarding a survey about Cefixine costs and a request for IHS state sources.

- Agenda for next meeting
  - Discuss whether we should add a regional objective regarding partner treatment
  - Further discussion regarding the utilization of risk data for targeted creening
    - JSI data report – Kim is that possible???
    - Report from Susan Lane re: PPC data on PTO's
    - Report from Steve Shapiro regarding how other regions may be using risk data to target screening
    - EPT Updates – Sorry we did not get to this yesterday