

Screening & Treatment and Data Subcommittee Minutes
Region I IPP AB Meeting
November 9, 2011

Participants

- Susan Lane (Conn)
- Heidi Jenkins (Conn)
- Marcy Moyel (MA)
- Roberta Moss (MA)
- Laura Smock (MA, Chair)
- Christina Lombardo (MA)
- Elizabeth Tarrant (MA)
- Hillary Johnson (MA)
- Evelyn Kieltyka (ME)
- Sarah Elie-Bennett (ME)
- Lindsay Pierce (NH)
- Barbara McNeilly (RI)
- Michael Gosciminski (RI)
- Rebecca Lavoisier (VT)
- Daniel Daltry (VT)
- Marie Kazianus (JSI)

A. Regional Goals and Objectives

- i. All states handle Objective 5.1 (i.e. rescreening) differently
 1. The ideal rescreen time frame is 3 months (posited by CDC)
 2. 'Improve capacity' may be different by state

B. CSPA Performance Measures

- i. The performance measures are optional next year, but the region can choose to keep them
- ii. The subcommittee would like to delete CSPA performance measures 3A and 3B for all states
- iii. The subcommittee would like to keep CSPA performance measures 2A and 2B, but change the language
 - a. New language: Take out IPP from language and replace with **“All agencies (family planning clinics) participating in IPP”**
- iv. It is better to look at positivity in an entire facility rather than just among IPP tests
 1. This data should be comparable with what states have done in past years, so it is comparable across time (this data doesn't need to be comparable across states)
- v. New proposed Performance Measure: Among clients who test positive for CT...rescreen at 3-6 months
 1. One major issue is the use of private labs
 - a. With Planned Parenthood, you can still capture that data
 2. Another limitation is that the individual will go to another site for treatment
 3. Staff availability may be a concern for this PM as it will be time consuming
 4. Is this an indicator of quality care? It seems like these are imperative
 5. A time frame of 12 months will confuse sites, however we can always consider it a rescreen between 3-12 months and then break it down by 3-4 months, etc
 - a. It will be more analysis and the analysis can only happen once a year

6. A program goal should be to follow CDC guidelines and having rescreening at 3-4 months (it doesn't matter that positivity will be higher, rescreening is important)
 7. **Decision: 2-part measure. 1.) Change wording to 3-4 months regionally and look at percent rescreened. 2.) What is the positivity?**
 8. The time frame was affecting the positivity rate
 - a. E.g., this was happening in VT – the rescreen rate was 15% and the positivity rate was less than 3%. It negatively affected 3% positivity goal.
 9. It is up to FP clinics to implement EPT
 10. Positivity is a surveillance measure Not a PM
 11. Some states feel they need positivity data to help increase rescreening
 12. We should reframe positivity as a yes/no question, so it can be kept a PM
 13. **Part 2: 100% of states will collect positivity rate on rescreening and keep off PM**
 - a. Positivity is tracked via the IPP database
 - b. Stay away from funding sources in determining data
 - c. **Time to treat for all GC cases – is a possible PM**
 - i. **Try to cover majority of morbidity**
 - ii. **To follow treatment on something Steve recommends this instead of CT**
 - iii. **Vote passed to change this – look at 'treated according to guidelines'**
 14. Do we need a standardized definition of FP clinics? Or is it ok that we all have slightly different definitions?
 15. **Two new measures developed.**
 - vi. **Performance Measures – revised and optional for next year**
 1. **Among clients of all clinics (not just IPP), the proportion of women with positive GC tests that are treated according to CDC recommended treatment guidelines within 14 and 30 days of the date of specimen collection.**
 2. **Among clients of IPP Family Planning Clinics who test positive for CT, the percentage of clients rescreened for CT at 3 to 4 months.**
- C. There will be a separate call for people who want to discuss processes
- D. Looking at screening by CPT codes to get it closer to HEDIS measure looking at non-clinician visit
- i. Revisit this type of analysis going forward