

Priority Action Plan Form: 2005-2008 Regional Plan Priorities

GOAL: Implement feasible, effective, and appropriate practices for partner management.

Activity: Develop and implement plans to encourage the use of Expedited Partner Therapy among IPP providers.

Activity 1: Develop EPT Toolkit

Activity 2: Market, maintain and evaluate the EPT Toolkit - *moved to 2009-2011 Priorities*

What still needs to be accomplished in order to complete this priority?

- Review of Draft EPT Toolkit pages by full RAC
- Once feedback from RAC has been incorporated, EPT Toolkit to be made available to the public

Person responsible for ensuring priority's completion:

- Kelly Voorhees

Other individuals necessary for priority completion:

- Clinical Services work group members
- RAC members (review of EPT Toolkit in progress)
- Infrastructure staff (to launch publicly accessible site once pages have received approval by RAC)

When will the priority be completed?

- Review of Draft EPT Toolkit to be completed by January 21, 2009.
- Official launch date is targeted for February 4, 2009.

What are the remaining action steps to complete this priority?

- Finalize EPT Toolkit web pages with any remaining feedback received from full RAC.

Indicators of success:

- Launch of web-based EPT Toolkit

THIS ACTIVITY HAS BEEN COMPLETED

Priority Action Plan Form: 2009-2011 Regional Plan Priorities

GOAL: Implement feasible, effective, and appropriate practices for partner management.
(*Note: Carried forward from 2006-2008 Priorities*)

Activity: Continue to develop and implement tools for the use of Expedited Partner Therapy among IPP providers through marketing, maintenance and evaluation.

What is the impact of this priority?

The impact of this priority will lead to improved (i.e., recognized) legality and functional use of EPT in Region VIII states. When EPT is available, it can lead to reduced reinfection rates, as well as an improvement in the number of partners treated.

How does this priority support regional success?

EPT, used effectively, should prove to be a valuable tool to help achieve the IPP goal of reducing the rates of chlamydia diagnoses and subsequent preventable infertility-related sequelae across Region VIII.

How does this priority support my program's success?

EPT, when used effectively, can lead to reduced reinfection rates, as well as increase the likelihood that partners of diagnosed individuals are treated in circumstances when those partners may not otherwise be treated. Programs will benefit from having the option of utilizing EPT practiced by IPP and non-IPP funded, public, and private providers, as well as in the partner location and notification work of the disease intervention specialists (DIS) in STD prevention programs.

Person responsible for ensuring priority's completion:

- Clinical Services work group members

Other individuals necessary for priority completion:

- RAC members
- JSI staff

What is the timeframe for the priority?

Activity 1 (Marketing): Plan developed by December, 2009. Marketing efforts will be ongoing.

Activity 2 (Maintenance): Plan developed by December, 2009. Maintenance efforts will be ongoing.

Activity 3 (Evaluation): Plan developed by December, 2009. Initial evaluation completed by December, 2010.

What is the target completion date?

Activity 1 (Marketing): Ongoing to December 31, 2011.

Activity 2 (Maintenance): Ongoing to December 31, 2011.

Activity 3 (Evaluation): December 31, 2010, then ongoing to December 31, 2011.

What are the action steps for implementing the priority?

Activity 1 (Marketing):

- Obtain baseline information of which clinics can use it? Which clinics are participating? How many EPT packets are being distributed?
- Determine how and to whom the toolkit should be marketed

- Implement marketing efforts.

Activity 2 (Maintenance):

- Determine a schedule and ownership for maintaining/updating the toolkit.
- Determine cut-off date be for posting or retiring materials? (i.e., how many years old can they be?)
- Determine mechanism and ownership for receiving/submitting new/additional EPT-related materials to toolkit.

Activity 3 (Evaluation):

- Develop EPT logs – utilization/how many clinics with availability to partner therapy use it?
- Develop baseline of reinfection rate prior to implementation of EPT.

Indicators of success:

Activity 1 (Marketing):

- Online toolkit marketed according to plan with focus on IPP providers first
- Increase in website usage documented through an increase in number of participating clinics
- Increase in website usage linked to increase in number of EPT kits distributed

Activity 2 (Maintenance):

- Online toolkit maintained according to schedule and documents kept current and relevant

Activity 3 (Evaluation):

- Continued use of PDPT
- Obtain baseline data so that reinfection rates can be measured against consistency in EPT use. This will require clear definition of “reinfection.”

Region VIII Goal & National IPP Priority Area: Improve timely treatment for persons diagnosed with chlamydial infection and their partners.

Relates to Region VIII Priority Area 13.

Activity: Objective 1: Conduct a regional assessment and survey to identify baseline information and potential best practices around the time elapsed between diagnosis and treatment of CT.

What is the impact of this priority?

Activity 1 (Collect Baseline Data): Information would be available as to how each state collects performance measure data that are provided to CDC. Having this information will help determine where similarities and differences exist in the data collection methods. Where there are differences, opportunities can be identified for striving towards uniformity and how and what data is collected. Once criteria have been established, Region VIII will move forward by determining how they may be improved (e.g. length of treatment).

Activity 2 (Survey Best Practices): Information would be available regarding effective methods currently being used to keep the elapsed time between diagnosis and treatment of CT to a minimum.

How does this priority support regional success:

Activity 1 (Collect Baseline Data): Collecting baseline measurements of time-to-treatment will provide an opportunity to evaluate how improvements can be made regarding time elapsed between diagnosis and treatment, including developing standard measures and establishing target time frames.

Activity 2 (Survey Best Practices): Disseminating information regarding best practices helps promote timely treatment of persons (and their partners) diagnosed with CT.

How does this priority support my program's success:

Activity 1 (Collect Baseline Data): Collecting baseline measurements of time-to-treatment will provide an opportunity to evaluate how improvements can be made regarding time elapsed between diagnosis and treatment, including developing standard measures and establishing target time frames.

Activity 2 (Survey Best Practices): Disseminating information regarding best practices helps promote timely treatment of persons (and their partners) diagnosed with CT.

Person responsible for ensuring priority's implementation and completion:

Activity 1 (Collect Baseline Data): Kelly Voorhees with Julie Tarbuck/Canyon Hardesty

Activity 2 (Survey Best Practices): Dave Morgan

Other individuals necessary for priority implementation and completion:

Activity 1 (Collect Baseline Data): Clinical Services work group members

Activity 2 (Survey Best Practices): Clinical Services work group members

What is the timeframe for the priority?

Activity 1 (Collect Baseline Data): January through December 2009

Activity 2 (Survey Best Practices): January 2010 through December 2011

What is the target completion date?

Activity 1 (Collect Baseline Data): December 31, 2009

Activity 2 (Survey Best Practices): December 31, 2011

What are the action steps for implementing the priority?

Activity 1 (Collect Baseline Data):

- Collect information on how each state estimates T2T as part of performance measures for CDC
- Evaluate how a regional estimate could be created – look at whether/how CDC creates a regional estimate; and look at the way that each state defines T2T
- Identify what types of TA, tools or support that the project areas or the region as a whole could use to better collect the data around T2T measures.
- Conduct a regional survey aimed at collecting best practices around treatment verification.

Activity 2 (Survey Best Practices):

- Develop a treatment verification best practices survey
- Disseminate the survey and facilitate the collection of results.
- Analyze results of treatment verification survey and develop a draft report to be shared and finalized in collaboration with the Clinical Services workgroup.

Indicators of success:

Activity 1 (Collect Baseline Data):

- A completed regional assessment that looks at both state and regional levels measurement of baseline info of time elapsed between diagnosis and treatment
- Defining how each state collects info about T2T
- Document the similarities and differences between how each state collects info about T2T
- Identification of opportunities for standardizing engagement between programs around data collection activities.

Activity 2 (Survey Best Practices):

- Document how each state collects T2T information
- Develop common definition for T2T for all programs to use

Region VIII Goal & National IPP Priority Area: Target/expand Chlamydia screening to young sexually active women and men at risk for infection in public and private settings. **Relates to Region VIII Priority Areas 7, 8, 9.**

Activity: Objective 1: Partner with Indian Health Services (IHS) to conduct a standardized regional assessment to gather data regarding Chlamydia and gonorrhea health care delivery systems to AI/AN populations, as well as surveillance practices among AI/AN populations.

What is the impact of this priority?

- An assessment would help identify CT and GC health care and surveillance practices in critical target populations (AI/AN), in which rates are disproportionately high and resources are disproportionately low.

How does this priority support regional success?

- Due to the high number of AI/AN sites within Region VIII, we would be serving our region by identifying screening and treatment practices among high-prevalence populations to more accurately reflect the true burden of disease in our region.

How does this priority support my program's success?

- By partnering with IHS, we leverage our resources in efforts to reduce the burden of disease in an at-risk population. While targeted screening may initially detect a higher number of cases, when targeted screening is coupled with effective interventions and increased risk awareness, the incidence rates may ultimately decrease in the future.

Person responsible for ensuring priority's implementation and completion:

- Sandy Fetzer and Dave Morgan

Other individuals necessary for priority implementation and completion:

- Scott Tulloch
- Clinical Services work group members
- Greg Welch (STD Coordinator for Aberdeen IHS)

What is the timeframe for the priority?

- January 2009 through December 2011

What is the target completion date?

- December 2011

What are the action steps for implementing the priority?

- Inquire with Greg Welch and Scott Tulloch/IHS as to how they assess surveillance and health care within the AI/AN populations
- Define at least one area in which to work to address this goal.
- Disseminate the results of a standardized assessment used to gather data regarding chlamydia and gonorrhea health care delivery systems to AI/AN populations, as well as surveillance practices among AI/AN populations.

Indicators of success:

- IPP staff will work with I.H.S. area office staff to identify needs based upon disease incidence, define goals, address if I.H.S. is able to reprioritize funding in order to target screening more efficiently and cost-effectively. IPP can provide guidance and leadership. I.H.S. will be encouraged to include plans for delivery of partner services into their overall goals for the Area.

Activity: Objective 2: Conduct a regional assessment to establish baseline information regarding the provision of CT/GC screenings during a pregnancy-test only (PTO) visit.

What is the impact of this priority?

A regional assessment would provide information on how each state collects information regarding the provision of CT/GC screenings during a pregnancy-test only (PTO) visit. This information would be useful in identifying potential opportunities for how our region could increase CT/GC screenings in a potentially high-risk population.

How does this priority support regional success?

- Supports screening a high-risk population.
- Provides an opportunity for testing in a population that might otherwise not receive testing.
- Potentially detects a higher number of CT cases, and through treatment, preserves fertility in those patients.

How does this priority support my program's success?

- Supports screening a high-risk population.
- Provides an opportunity for testing in a population that might otherwise not receive testing.
- Maximizes limited resources within a targeted population.
- Potentially detects a higher number of CT cases, and through treatment, preserves fertility in those patients.

Person responsible for ensuring priority's implementation and completion:

- Liz Johnson

Other individuals necessary for priority implementation and completion:

- Other Clinical Services work group members
- Data Use work group members
- RAC FP representatives outside the work group
- RAC Lab representatives outside the work group
- Infrastructure staff
- Pilot sites

What is the timeframe for the priority?

- 2009-2010

What is the target completion date?

- December 31, 2010

What are the action steps for implementing the priority?

- Decide how to collect information on how many clinics are doing CT testing with PTO clients
- Collect and aggregate the data
- JSI will also utilize RQuip data to estimate # of CT tests among PTO clients (and potentially link positivity also)

Indicators of success:

- Having information on how each state does CT testing for PTO clients
- Expanding CT testing in a high-risk population

- Maximizing resources to find more cases of CT
- Ultimately, decreasing the CT rate in the region