

SUMMARY

**REGION VIII IPP REGIONAL ADVISORY COMMITTEE MEETING
NOVEMBER 6-7, 2008**

To: Region VIII IPP Regional Advisory Committee
Cc: Affiliated Members
From: JSI Research and Training Institute – Yvonne Hamby, Lori Nichols, Mary McCrimmon
Date: December 4, 2008
Attachments: RAC Member List (Attachment #1)
Work Group Member List (Attachment #1)
IPP Acronyms/Glossary (Attachment #1)
Presentation Slidesets (Attachments #2 and #3)
Priority Action Plan Forms (Attachment #4)

1. Attendance

Attendance					
Colorado:	Montana:	North Dakota:	South Dakota:	Utah:	Wyoming:
<u>Attending:</u> Christine Mandl—FP Kelly Voorhees—STD <u>Absent:</u> Laura Gillim-Ross—Lab	<u>Attending:</u> Liz Johnson—FP Susie Zanto—Lab Laurie Kops—STD	<u>Attending:</u> Sandy Fetzer—FP Mike Trythall—Lab Julie Wagendorf—STD	<u>Attending:</u> Dave Morgan—STD <u>Absent:</u> Terry Disburg—FP Chris Carlson—Lab	<u>Attending:</u> Penny Davies—FP Tom Sharpton—Lab Emily Holmes—STD	<u>Attending:</u> Janet Andrews—FP Claudia Rogers—Lab Julie Tarbuck—STD (for Canyon Hardesty)
Other: <u>Attending:</u> Rick Steece—NCLC David Sullivan—CDC Scott Tulloch—IHS Jill Leslie—OFP Laura M. Grogan—OFP Lori Nichols—JSI Yvonne Hamby—JSI Mary McCrimmon—JSI					

2. Topics Discussed

- a) [CDC Programmatic Update](#)
- b) [Regional Office-Family Planning Update](#)
- c) [Region VIII Update](#)
- d) [Indian Health Service Update](#)
- e) [Laboratory Update](#)
- f) [Work Group Roundtables on Strategies to Implement Regional Priorities](#)

- g) [Round-robin – What one thing did you take away from yesterday’s meeting?](#)
- h) [Performance Measures Trends](#)
- i) [Private Provider Communication Strategy](#)
- j) [Presentation on EPT Toolkit Prototype](#)
- k) [State Roundtables](#)
- l) [Work Group Roundtable Report-backs](#)

3. Meeting Overview:

- David Sullivan from CDC provided the programmatic update which included discussion on budget cuts and the status of technical reviews that are currently underway for the CSPS applications. A new project priority for CDC is the Program Collaboration Service Integration (PCSI) which will serve as a model for pooling screening services. David also announced that due to the focus of targeted GC services in the last CSPS application, a small amount of funding will be made available to assist the regions in providing GC-focused meetings as an add-on to the regional IPP meetings.
- Jill Leslie from OPA provided the Regional Office / Family Planning Update which included an overview of the mission and structure of Title X. Jill also provided an update on the evaluation project proposals submitted by JSI that are currently under consideration: 4 proposals being considered as 1 large project with related activities.
- Yvonne Hamby and Lori Nichols from JSI provided the Infrastructure Update which included: 1) an introduction to the National Chlamydia Coalition (NCC) on which Yvonne participates and represents the IPP, 2) the Region VIII IPP Priorities and Program Model, and 3) proposed changes to the meeting structures/format for the RAC, Steering Committee and Work Groups. The overall consensus among the group was that the full RAC should continue to meet twice a year.
- Scott Tulloch from Indian Health Service provided the IHS update which included information on: 1) a collaboration between US and Canada to assess similarities and share strategies around intervention and education (i.e., the “I Want the Kit” project), 2) a peer education initiative titled Native STAND in which high school students nominate a peer to participate in a training curriculum focused on making good choices, and 3) the Stop Chlamydia Project in which data is now being collected to provide positivity rates, which will be published in the next release of CDC’s surveillance report. The RAC needs to discuss and decide upon the most efficient method for receiving and distributing the Stop Chlamydia data to regional partners.
- Rick Steece, National Chlamydia Laboratory Coordinator provided the Laboratory update which included: 1) a summary of the Department of Defense Roundtable, and 2) information on new laboratory guidelines that will be published following the January 2009 National Laboratory Meeting. The new guidelines are intended to address performance characteristics of CT/GC screening, selection of screening tests, and lab confirmation. Rick brought an article titled, “Examining Collaborative Efforts in STD Screening and Treatment,” which JSI will distribute to the RAC.

- Work groups met to discuss and document their strategies for implementing the remainder of their 2005-2008 regional priorities. JSI provided a tool to help guide the work groups through the process of thinking about their next steps and success indicators. Highlights from their action plans were presented during the “Report-Back” session at the end of Day 2. Their written action plans were used to revise the Regional Plan. Copies of these action plans are attached to this summary.
- David Sullivan (CDC) and Yvonne Hamby (JSI) provided an update on Performance Measure Trends including: 1) the 14-day time-to-treatment measurements, for which Region VIII is operating above the national rate (note: while there currently is no national standard, this information should be used to mark progress) and 2) the CT test utilization data for our region which is not as favorable with approximately 45 percent of women 25 years and younger being screened vs. the target goal of 80 percent screening coverage. The discussion highlighted the incongruity between the populations that are included in the FPAR data with those populations supported through IPP.
- Kelly Conroy, MSPH Student Intern provided an update on the Private Provider Communication Strategy pilot project which has been designed to promote CT screening among private providers. A drafted tri-fold reminder card with screening and treatment information was presented to the RAC for feedback. The RAC suggested that phone contact (by state STD partners) be made prior to the mailing of the cards and additional follow-up be made by phone vs. mail. Work groups could be used to vet the appropriate information (e.g. lab or screening info).
- Kelly Vorhees, Clinical Services Work Group Chairperson provided an introduction and update regarding the development of the EPT Toolkit. This web-based resource is intended to help clinicians, legislators and state health officials promote and implement the use of EPT within their state. The resources have already been vetted through the Clinical Services Work Group and the preliminary website will be available by early 2009, at which time feedback from all RAC members will be encouraged. Hard copy of the toolkit content was also available onsite for anyone interested in reviewing the material.

4. Discussion:

- a) CDC Programmatic Update: David Sullivan, Program Consultant (presentation developed by Steven Shapiro, CDC)
(see attached slide set)
- o Budget
CDC is operating under a continuing resolution until ~March 2009, at last year's funding levels **less 1.747%**. Although no official word yet, rumor has it that cutbacks are forthcoming.
- o CSPS Process Update
 - o Technical Reviews – Currently underway
 - o Budget Reviews – Procurement Grants Office negotiation calls are being conducted
 - o Chlamydia Evaluation Initiative – No funds are currently available

If funding levels increase, the division will make a determination of how that extra money will be distributed. The recent special project proposals won't necessarily be funded—rather it will probably be opened up again for new proposals.

David recommended that programs use any unobligated funds because carryover funds will not be allowed.

- o Current Project Priorities
PCSI – Program Collaboration Service Integration – The intention behind this initiative is to provide more of a “one-stop shop” for clients to come in for screening, including HIV testing/referral and Hepatitis B testing/referral. This also is a more cost effective way to pool and utilize limited funds. The top 3 priorities are integrated surveillance, training and funding. Currently, there is no CDC-funding attached to this initiative (it is more philosophical), though there may be funds available to assist with this in the future, particularly through I.H.S. for AI/AN agencies. It is also important that this collaboration be reciprocal, i.e., not only FP clinics being willing to integrate STD/HIV, and even Hepatitis B (via 317 funding—adult vaccination dollars), but also STD programs being willing to integrate reproductive health services. The Denver Metro Health Clinic is a good model for an STD clinic that integrates reproductive health into their services.
- o Regional Gonorrhea Meetings
Because GC is on the rise, accompanied by an increase in resistance to standard treatment, it is an area of continued focus for CDC. They will conduct a round of regional meetings which will be piggy-backed onto regional IPP meetings over the next year. These meetings are intended primarily for STD program managers. A small allocation of funds will be made available to assist with completing these meetings.

- b) Regional Office-Family Planning Update: Jill Leslie, Regional Health Advisor/Program Consultant
(see attached slide set)

- o Title X Regulations
Changes to Title X regulations are being pushed by Secretary Leavitt before the end of the current administration. These include determining that certain contraceptive methods are “abortifacients” and as such, would no longer be made available in Title X clinics!

It was suggested that JSI obtain more information about OPHS’s National Vaccine Program for potential collaboration/sharing of funds for FP and/or STD clinics to be able to offer vaccines such as hepatitis B.

Feedback from the RAC was that state partners might want to discuss how patients are defined to ensure that patients are being counted accurately/appropriately.

- o Evaluation Project Proposal
The 4 evaluation project proposals that Region VIII/JSI submitted previously (for the 1% funding, as well as for the infrastructure special project funding that wasn’t ultimately awarded) will be bundled as one and submitted by Jill Leslie to the Regional Health Administrator for consideration for the 1% R&E funding. \$10.3M is available nationwide. However, we are competing against childhood obesity, a high profile project area at this moment.

- c) Region VIII Update: Yvonne Hamby, JSI Research and Training Institute
(see attached slide set)

- o National Chlamydia Coalition (NCC)
Yvonne was selected to represent the national IPP on this recently-formed coalition. In collaboration with Partnership for Prevention, the Division of STD Prevention (DSTDP) successfully launched the new National Chlamydia Coalition (NCC) on June 5, 2008. The NCC is comprised of non-profit organizations, healthcare professional associations, advocacy organizations, and local, state, and federal government representatives dedicated to elevating the importance of Chlamydia screening and treatment, and increasing screening rates among adolescents and young adults.

NCC's overall mission is to improve and protect the sexual and reproductive health of adolescents and young adults by increasing rates of Chlamydia screening among adolescent and young women. Specifically, the NCC will:

- o Increase awareness of the importance of Chlamydia screening for sexually active women 25 years of age and under through public education;
- o Identify and address barriers faced by healthcare providers in adhering to Chlamydia screening guidance;

- Advocate for increasing access to and use of Chlamydia screening and treatment services; and
- Encourage research to enhance the prevention of Chlamydia and its medical and social consequences.

In addition to the Steering Committee, three other subcommittees were formed to address public education/awareness, provider barriers/awareness, and policy/advocacy. These subcommittees meet regularly via conference calls and Webinars to identify priority activities. The NCC is supported by a new Web community, developed by CDC's NPIN to facilitate information sharing among NCC members and their committees. The next in-person meeting of the entire NCC is scheduled for November 19, 2008. CDC's National Chlamydia Coordinator, Raul A. Romaguera, DMD, MPH, is the liaison to the NCC.

Yvonne's role will include acting as the clearinghouse for information, guidelines and other materials that the regional IPP committees have developed in order to share these back to the appropriate NCC committee. Yvonne is also participating on the Public Education/Awareness Subcommittee. Since their first meeting in June, the committees have been getting established, setting priorities, and gathering information. Yvonne has been trying to get a sense of how she can best participate and represent all the great work that the Regional IPPs do to promote best practices for CT/GC screening. After the November meeting, she expects to have a much better feel for how and where she can call upon regional colleagues to share their expertise.

- Region 8 IPP Priorities 2009 and Beyond:

Yvonne encouraged the RAC to think creatively about how to best utilize the limited funds to maintain what we have been doing while expanding the project to meet new requirements. Another consideration is how we can link our regional priorities to CDC's national priorities.

The national group is now grappling with the issue of how to measure the IPP's impact on reducing PID and ectopic pregnancy. Rick Steece noted that David Fine has some good data that shows a reduction in the national PID rate. JSI will consider having David Fine present on this issue at a future meeting. Other data sources might be the HEDIS dataset, as well as data from hospitals and/or large health insurers. One issue is the fact that the definitions of PID are varied and diverse.

- Regional/structure process changes:

JSI presented for discussion some proposed changes to the committee structure and meeting processes.

Goals of the Proposed Changes

- Reduce RAC meetings to one annual face-to-face meeting per year
- Increase length of meeting from 1.5 days to 2.5 days

- Restructure steering committee composition, meeting frequency and roles/responsibilities
- Restructure work group meeting frequency to occur during months where RAC and Steering Committee don't already meet

The group requested time to process these proposed changes and table the topic until later in the day – for outcomes, see summary from “Work Group Roundtable Report-backs.”

**d) Indian Health Service Update: Scott Tulloch, CDC Assignee to IHS Division of Epidemiology & Disease Prevention
(see attached slide set)**

○ US/Canada Collaboration

This collaboration involved looking at Northern Native populations who share a lot of similar issues. They conducted 2 separate needs assessments: urban populations, and village-level populations; and used these reports to frame their next steps. Research, programs, and community-based organizations (CBO's) were brought together for a 2-day meeting to address the needs of this population, which also included small-group work focused on clinical services, interventions, and education. An additional goal was to identify action items for future collaborative work. One of those action items was to ask Charlotte Gados to add Alaska to her states for the “I Want the Kit” project. They will seek CDC year-end funding for processing costs. Their partners in Canada are also interested in pursuing participation in the Gados project. They are also exploring the use of EPT for treatment, thereby eliminating the need for the patient to go to the clinic for the test or the treatment.

○ Native STAND – Peer Education Curriculum

This is a very holistic curriculum targeted to high school students, including 26 modules. It has been tested and verified as effective for administration by a variety of methods, e.g., after-school program, regular school curriculum component, etc. The curriculum is currently available to 4-5 potential pilot sites including Turtle Mountain and Family Cloud.

○ Stop Chlamydia Project

This project has been ongoing for approximately 10 years and involves conducting CT screening in tribal communities and providing medication to those site participating in the screening. Region VIII provides about ¼ of the tests for this project. Until a few years ago, only positives were recorded but now that both positives and negatives are collected, positivity data is available. IHS is also working harder to help connect the IPP regional projects with their respective AI/AN partners.

Data will be shared more broadly, beginning with the next release of CDC's surveillance report. They are in the process of preparing regional surveillance reports. Scott posed that it would be best to funnel the Stop Chlamydia surveillance data back to our region—something for the RAC to discuss/decide. They are again partnering with CDC to

produce an updated report, probably summer 2009 (data will be through 2007). The reports will be updated annually, probably electronically.

- Urban Indian Populations
(*Urban Indian Health Institute)
Very significant health disparities compared to the general population for things like accidental deaths, diabetes, alcohol-related deaths.
- Urban vs. On-reservation
Only 1% of I.H.S. funding goes to urban Indian programs.
- e) Laboratory Update: Rick Steece, National Chlamydia Laboratory Coordinator
(see attached slide set)
- Department of Defense Roundtable

Dr. Joel Gados, a recently-retired Army Colonel, has been key in initiating a re-interest in the Department of Defense's (DOD) public health role. The DOD went to CDC to request collaboration. There is now a special DOD liaison in the CDC director's office. A June 2008 meeting took place that included many federal health and military representatives, as well as health organization representatives. At a few pilot centers such as Tripler Army Medical Center (in Honolulu) they are monitoring for drug-resistant gonorrhea under a project called Gonorrhea Isolate Surveillance Project (GISP) (see <http://www.cdc.gov/std/gisp>). Resistance cannot currently be found using a nucleic acid amplified test, only through culture. Screening techniques/procedures vary greatly among military health centers. Stigma continues to be a very big problem for STDs among military personnel. Another big issue is the fact that military health providers are unable to conduct partner services for non-military partners.

- New Laboratory Guidelines
Susie Zanto is on the Syphilis Work Group, which is working simultaneously on lab guidelines. APHL said it will publish notes from the January 2009 consultation meeting, so that even though the revised published guidelines won't be available until at least spring 2010, laboratorians will at least get an idea of the direction they will likely take. Penny asked whether private labs follow the CDC lab guidelines; to which Rick replied that they do.
- f) Breakout Session: Work Group Roundtables on Strategies to Implement Regional Priorities - see summary from "Work Group Roundtable Report-backs."

g) Round-robin – what one thing did you take away from yesterday’s meeting?

- Learning what other states are doing.
- JSI needs to occasionally “prod” on issues that need follow-up.
- Region VIII is one of the highest-functioning of the regions. (David has ND, SD, CO & WY) There is a feeling of unity and purpose in this region. In many ways the region is several steps ahead of everyone else on EPT, especially with the toolkit.
- Research in our region could bring in more revenue – we need to do more.
- Enjoyed hearing about the DOD collaboration project. There are some parallel issues between military and Indian Country.
- With help from other RAC members, the persistence study will get off the ground with a new regional focus.
- The committee can’t make assumptions – need to check in to make sure that everybody is on the same page before moving forward.
- Enjoyed hearing about the Native STAND project, and other ways to reach out to AI/AN populations.
- Being new to the RAC, it was good to be able to learn how the states are working together, and how the IPP is connected.
- The way that people work together on the committee and in each of the work groups is really good.
- Hadn’t heard the 3% threshold before (new member).
- Realized that the 3 state program partners really need to get together more often to discuss project issues.
- Why can’t CDC clarify the inconsistent targeted age stratification?!
- (New member) Finally figuring out how JSI and the RAC work together and what information she needs to get from “back home.”
- The creative ways of working around issues such as the “I Want the Kit” project to address the confidentiality.

**h) Performance Measures Trends: David Sullivan & JSI
(see attached slide set)**

- Region VIII is well above national rates for timeliness of Ct treatment: 14-days. They are also very high for GC: As a region, 2007 was 91%-14-days for timeliness of treatment.
- Question: How are the time-to-treatment performance measures being factored in on a national level? Response: There is no current national standard. A national standard can’t be established because every program area is so different. The intent is to look at performance measures as a tool to mark program area progress. It might also be difficult to set regional standards.
- It is also important to be aware that performance measures will be changing fairly regularly, so anticipate this.
- Ct test utilization looks at whether we are directing tests to the target age group (15-24 YO) appropriately.

- Screening coverage is looking at among the clients attending FP clinics at least once during a calendar year. FPAR data is used to capture this. So it is NOT tied to looking at what the IPP supports.
- Looking at the 3% positivity threshold, apply the performance measures to see where we're directing our tests, as well as the screening coverage, before making a decision to shift funds.
- We should be at 80% of 25 and under – we're only at about 45%.

**i) Private Provider Communication Strategy: Kelly Conroy-Regional Office MSPH Student Intern
(see attached slide set and handout)**

- There are a few other regions that are at about the same point in the process as Region VIII; in particular, Region V. No other regions appear to have implemented anything yet.
- HEDIS data is difficult to get (expensive), it's only released every year, and only reflects national level data, which makes it difficult to break down by state/region. However, JSI is trying to work these issues out to be able to utilize this data.
- Turn it into a small poster size for the exam area wall, and include some additional information, such as:
 - Funding information
 - CPT codes
 - Approx. cost of tests
 - Medicaid reimbursement rates for tests
 - Positivity rate for their state
- Create an additional poster for patients to be able to read while in the exam room.
- It's also important to note that the doctor isn't necessarily the most appropriate target—the nurse, clinic administrator would probably be more appropriate.
- All information should be vetted by the appropriate work group; e.g., testing should be vetted by the Laboratory Services Work Group.
- Contacts with the pilot sites will be established via each state's STD program. A preliminary step in the process needs to be added: States will initiate by a phone call with each pilot site.
- For the formal roll-out of the program, a follow-up phone call would be better than a follow-up letter.

**j) Presentation on EPT Toolkit Prototype: JSI & Kelly Voorhees, CDPHE (Clinical Services Work Group Chairperson)
(see attached slide set)**

- Time frame: Web-based toolkit go live by beginning of new year; feedback from all RAC members prior to that.
- Each state will decide/advise how best to market this within their states. Jill suggested that state health officers would be the most appropriate conduit.
- The toolkit is a resource for a variety of entities: clinicians, state health directors, legislators—it's really up to each state to decide.

- k) State Roundtables: RAC members were encouraged to meet with their state partners to discuss any issues related to their state/regional IPP activities. The following list of potential discussion items were provided to the groups.

CDC Programmatic Issues

1. How can we meet the increased demand for community health service CT screenings with limited funds?

Family Planning Issues

1. How do we meet the increased need for CT screenings that comes with the Family Planning expansion grants.

Indian Health Service

1. What collaborative relationships could we draw upon to help support screening among American Indian/Alaska Natives, particularly urban Indian populations?
2. What assistance can JSI provide to help develop partnerships that could better serve AI/AN populations?

Laboratory Issues

1. What are the health care delivery trends in our state that would either compliment or hinder contracting with private labs?
2. If sites are shifting to private labs, how can they be assured that they are receiving quality services and that labs can provide IPP data?

Private Provider Communication Strategy

1. How does this strategy compliment what we are already doing or are planning to do in our state?
2. What assistance can JSI provide to help us implement this strategy?
3. What are the health care delivery considerations in our state that would either compliment or hinder this strategy?
4. What collaborative relationships could we draw upon to help support this strategy?

Program Area Performance Measures

1. What are the caveats to the time-to-treatment performance measure?
2. How is data for this performance measure collected? And who is collecting it?
3. How are we (regionally and as a state) doing?
4. Should states set goals, keeping in mind that Lab has a time-to-treatment regional goal? And/or should we set a regional standard?
5. What assistance can JSI provide to help us report on performance measures?

EPT Toolkit

1. How does this toolkit compliment what we are already doing or are planning to do in our state?
2. What are the political/legal considerations in regard to EPT within our state?
3. Are there any topics that could/should be added to the toolkit?

4. What collaborative relationships could we draw upon to help support this toolkit?
5. What assistance can JSI provide to help us implement EPT?

I) Work Group Roundtable Report-backs

Facilitators and Barriers to Effective Meetings:

- Face-to-face (F2F) meetings are more effective and productive than phone calls
- F2F with work groups and state partners is also important
- 1-day work group and state partner meeting; there is little discussion among state partners outside of the IPP meetings
- Budget limitations
- State travel restrictions often limit state participation
- All participants participate
- Having relevant materials
- Clear agendas for conference calls
- Sometimes we need more time to discuss. Maybe we need more conference calls.
- Facilitators:
 - ◇ All participants' participation
 - ◇ Relevant written materials – clearly marked pages/sheets/sections
 - ◇ Evaluating relevancy of issues to address (does this make sense to us?)
 - ◇ Consistency in conference calls
 - ◇ Clear agendas for conference calls
 - ◇ Need specific instructions to all in group for what to accomplish, prior to meeting
 - ◇ Do work before meeting – be prepared for action

Ideas for Restructuring:

- One large meeting; shorter 2nd meeting for work groups/state partners that starts at 1:00 pm Day 1 with working dinner, ending at 1:00 or 2:00 on Day 2
- Alternate person to travel for a travel-restricted person – might be difficult for another person to jump into the conversation – attendees should also have decision making authority
- Tagging on to other regional meetings – this has a few drawbacks too, though – more time away from office – fatigue
- Eliminate Title X orientation from meeting agenda – have new members review JSI's Title X orientation online
- Putting 2 states together to discuss issues
- Conduct conference calls across more than one work group; chairs need to develop and announce agenda sooner so that all can be invited to participate and be able to decide whether they want to.

Priorities:

- Data Use Work Group (**see also attached Priority Action Plan Forms**)
New variables – Goal is to have revised data system in place by 7/1/09.
Need to contact each state lab to determine state of readiness; need for assistance
Utah will be a pilot lab for the new variables.

- Laboratory Services Work Group (**see also attached Priority Action Plan Forms**)
Pooling study – Waiting on final report from Laura Gillim-Ross which will help us understand what was done, and what the barriers were.

Alternate site specimen collection – Completed. UT has been acting as regional laboratory. JSI included this collaboration in the May 2008 Thursday Report (CDC). How could this be marketed to clinics? MT sent a notice about it to their FP and STD providers. Susie will send this info to JSI to share with the rest of the committee.

Persistence study – Because Claudia has had problems getting enough samples, the work group discussed and decided to open it up to additional states (beyond WY) so that they have enough samples – ongoing.

- Clinical Services Work Group (**see also attached Priority Action Plan Forms**)
EPT toolkit – Toolkit resources are in place and categorized. The next step is to upload the toolkit to the project website, incorporate RAC feedback, and market it to the appropriate entities.

Wyoming has been using EPT for about a year; their next step is to conduct surveys with their providers to assess how it has been going.

5. New Action Items

Owner	Required Action	Due Date	Status
JSI	Distribute the IFHC article made available by Rick Steece titled, "Examining Collaborative Efforts in STD Screening and Treatment"	12/5/08	A copy of the article is included with this meeting summary.
JSI	Clarify the age stratification for IPP data	12/5/08	JSI will request clarification at the national coordinators meeting Nov 18-19 and respond to the RAC via email.
JSI	JSI to get more info about OPHS's National Vaccine Program for potential collaboration/sharing of funds for FP and/or STD clinics to be able to offer vaccines such as hepatitis B.	12/31/08	Follow-up will be shared with RAC via email
Work Group Chairs	Schedule work group conference calls for 2009 and communicate schedules to JSI and RAC.	12/31/08	JSI will assist in developing a calendar of all work group calls to be shared across work groups.
JSI	Add EPT toolkit pages to project website	12/31/08	Website is currently under development
JSI	Distribute the list of providers who have been identified as potential participants in the Private Provider Communication Strategy Pilot Project	12/31/08	JSI has the list available for distribution to the 3 potential states involved in the pilot.
Work Groups	Complete Action Priority Plan Forms and submit to JSI for inclusion in the Regional Plan	1/31/09	JSI is typing up the plan forms that were initiated at the November RAC meeting. Work groups are to complete any remaining priority plans for discussion on their January work group conference calls. The call may be used as an opportunity to gather any info needed to finalize the plans.
RAC	Feedback on EPT toolkit to JSI	1/31/09	Dependent on completion of website development

6. New Decisions

Decision	Comments
RAC meetings will remain at 2-per-year frequency.	

7. Next Meeting: Date TBD

Potential Sessions/Topics	Comments
David Fine present data that shows a reduction in the national PID rate.	
Immunology update	