

Welcome to the OPA Webinar!



Title X Program Guidelines Revision Process

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The webinar will begin momentarily- please stand by...

Expert Work Group Meeting



Presentation Overview:

- 1. Background and purpose of the Title X Program Guidelines**
- 2. Overall goal of Title X Program Guidelines revision**
- 3. Review of the Title X Program Guidelines revision process, progress to date and next steps**

Program Guidelines



- DHHS uses Program Guidelines in lieu of or in addition to codified program regulations
- Program Guidelines are the agency's opportunity to tell applicants and recipients what their project should consist of, as well as other relevant information
- Program staff generally develop Program Guidelines to clarify the Program Statute/Regulations and provide information to potential recipients about how to implement the program

Purpose of the Title X Guidelines



- To assist ***current and prospective grantees*** in understanding and utilizing the family planning service grants program:
 - **Grant application and award process**
 - **Project management & administration**
 - **Financial management**
 - **Clinic management and clinical service requirements**
- Although primary target audience of the guidelines is Title X grantees, these guidelines can and do serve as a “standard of care” for other stakeholders

Brief Background



- Original guidelines established in 1970 following the enactment of Public Health Service Act 42 U.S.C. 300 authorizing the establishment of the Title X program
- Current guidelines were updated in 1980 and in 2001
- Address largely legal and regulatory requirements of Title X program

Why Revise the Title X Guidelines?



OPA's perspective on the limitations of existing guidelines:

- Guidance on clinical practices do not meet current nationally recognized standards of care and in some instances are too prescriptive or restrictive
- Guidelines do not incorporate evidence-based standards of care and best practices
- Do not allow for timely updates and revisions based on medical, technological, and other advancements

Why Revise the Title X Guidelines?



OPA's perspective on the limitations of existing guidelines:

- Current structure organizes all content--legal, administrative, and clinical expectations into one comprehensive document
- Updating or augmenting content relating to clinical expectations requires review of the entire document including content relating to the law, statute, and administrative requirements
- Updating/revision is slow due to the fact that all content (even that which has not changed) must be reviewed

“Ideal” Guidelines



- **Should address current Title X priorities**
- **Should provide clear guidance on administrative, financial and clinical program requirements without being too prescriptive or restrictive**
- **Should be consistent with national standards of care**
- **Should be current and reflect strong evidence base and best practices**
- **Should lend themselves to update/revision in a timely manner**

Overall Goal of Revision Process



Goal of the revision process: to update the Title X Program Guidelines and make them more responsive to emerging issues

Objective 1: identify a structure for the guidelines that:

- **advises grantees about administrative, management and clinical expectations and requirements**
- **incorporates the most current national standards of care and evidence-based and best practices**

Objective 2: identify content areas/domains that guidelines should encompass

Objective 3: establish a process through which guidelines can be regularly maintained and updated

Guidance Revision Process: Phase 1



Guidance Revision Process: Phase 2



Expert Work Group Members

**1st Expert
Work Group
Meeting
04/ 2010**



**Develop Plan for
Revision Process
05-08/2010**



**2nd Expert
Work Group
Meeting
08/2010**

- IOM
- CMS
- ACOG
- PPFA
- HRSA
- ARHP
- CHC

- FP RTC
- FP MTC
- FP CTC
- NFPRHA
- SFPA
- FPCA

Expert Work Group Meeting Objectives



- Explore possible paradigms and structures for the Title X Guidelines (Expert WG Meeting #1)
- Explore requirements and domains of content that should be addressed by the Title X Guidelines (Expert WG Meeting #2)
- Explore processes for ensuring that the guidelines are updated in a timely manner and reflect current standards of care and best practices



Expert
Workgroup
consultation

Work Group Meeting #1: April 15-16, 2010



Explore possible paradigms and structures for the Title X Guidelines

Questions the Work Group Addressed:

- What are the strengths and weaknesses of the current Title X Guidelines structure?
- What are advantages or disadvantages of other possible structures or paradigms?
- What paradigm would be most useful or effective for Title X grantees?

Between the Expert Work Group Meetings: April-August 2010



OPA and CDC:

- Identified key steps and detailed the Guidelines revisions process/timeline
- CDC reviewed relevant literature (IOM; Bruce 1990; Becker 2007)
- OPA identified the “Must” requirements in the current Title X Guidelines that are substantiated by Statute or Regulations, as well as those that are not
- CDC drafted a possible “Organizing Framework” for portions of the Program Guidelines
- OPA and CDC mapped the Title X “Must” requirements and “Should” recommendations to the organizing framework as a usability test

Work Group Meeting #2: August 30-31, 2010



Explore requirements and domains of content that should be addressed by the Title X Guidelines

Questions the Work Group Addressed:

- Are the requirements and domains in the current guidelines appropriate for the intended use?
- What criteria should be used in the selection of domains?
- What other areas should be included? What is missing?
- What terminology for the Guidelines should be used?

Major Meeting Outcomes



Expert Work Group provided feedback on :

- 1. Possible structure/paradigm for the Program Guidelines**
- 2. Those requirements/domains that are important/essential for quality family planning services (e.g., must be included in Title X Guidelines) and should be included in evidence search**
- 3. Those requirements/domains that may be important to include in Title X Guidelines, but need evidence-based guidance or other justification that validates/supports why it should be included or how to perform effectively**

DRAFT Title X Program Requirements and Program Guidance Sections

Derived from:
Title X Statute
Title X Regulations
Grants Policy
Statement & Others

Informed by:
CDC; ACOG;
ACS; USPSTF &
Others

Program Requirements

Introduction

Title X Statute, Regulations
and Legislative Mandates

Applicable Federal Law
and Regulations

Project Administration &
Management

Required Services

Program Guidance

Introduction

Title X Clinical
Requirements

Quality Clinical Services

Effective Service Delivery
Infrastructure



**DRAFT Title X Program
Requirements Section:
Under Construction**



DRAFT Program Requirements Section

Derived from:
Title X Statute
Title X Regulations
Grants Policy
Statement & Others

Program Requirements

Introduction

Title X Statute, Regulations
and Legislative Mandates

Applicable Federal Law and
Regulations

Project Administration &
Management

Required Services

DRAFT Program Requirements Section



Program Requirements Section will:

- Generally interpret the Title X Statute and Regulations in operational terms
- Provide a general orientation to the Federal perspective on family planning
- Provide guidance on other Federal and grants management requirements
- Succinctly present Program Requirements, according to law and regulation

DRAFT Program Requirements Section



This section will be derived from:

- Title X Statute
- Legislative Mandates
- Title X Regulations
- Federal Administrative Regulations
- OMB Circulars
- Grants Management Policy
- OPA Program Instructions



DRAFT Title X Program Guidance Section: Under Construction



DRAFT Program Guidance Section

Program Guidance

Introduction

Title X Clinical Requirements

Quality Clinical Services

Effective Service Delivery
Infrastructure

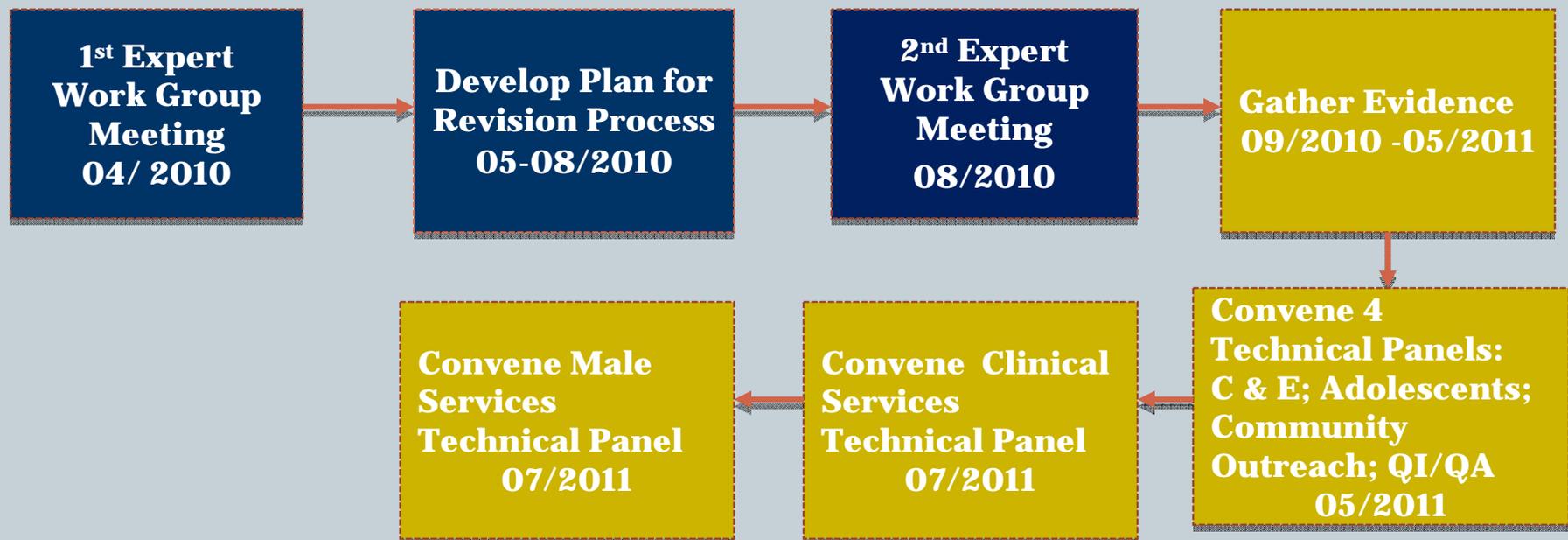
Informed by:
CDC; ACOG;
ACS; USPSTF &
Others

Domains for Evidence Search



- **Community Outreach, Participation and Barriers to Access**
- **Contraceptive Counseling and Education**
- **Adolescent Services**
- **Quality Assurance/Quality Improvement**
- **Clinical services for female clients**
- **Clinical services for male clients**

Guidance Revision Process: Current Efforts



Gathering the Evidence



- **Systematic reviews of the scientific literature**
- **Documentation of “innovative practices”**
- **Synthesis of professional recommendations on clinical aspects of care**

Systematic Reviews: Key Steps



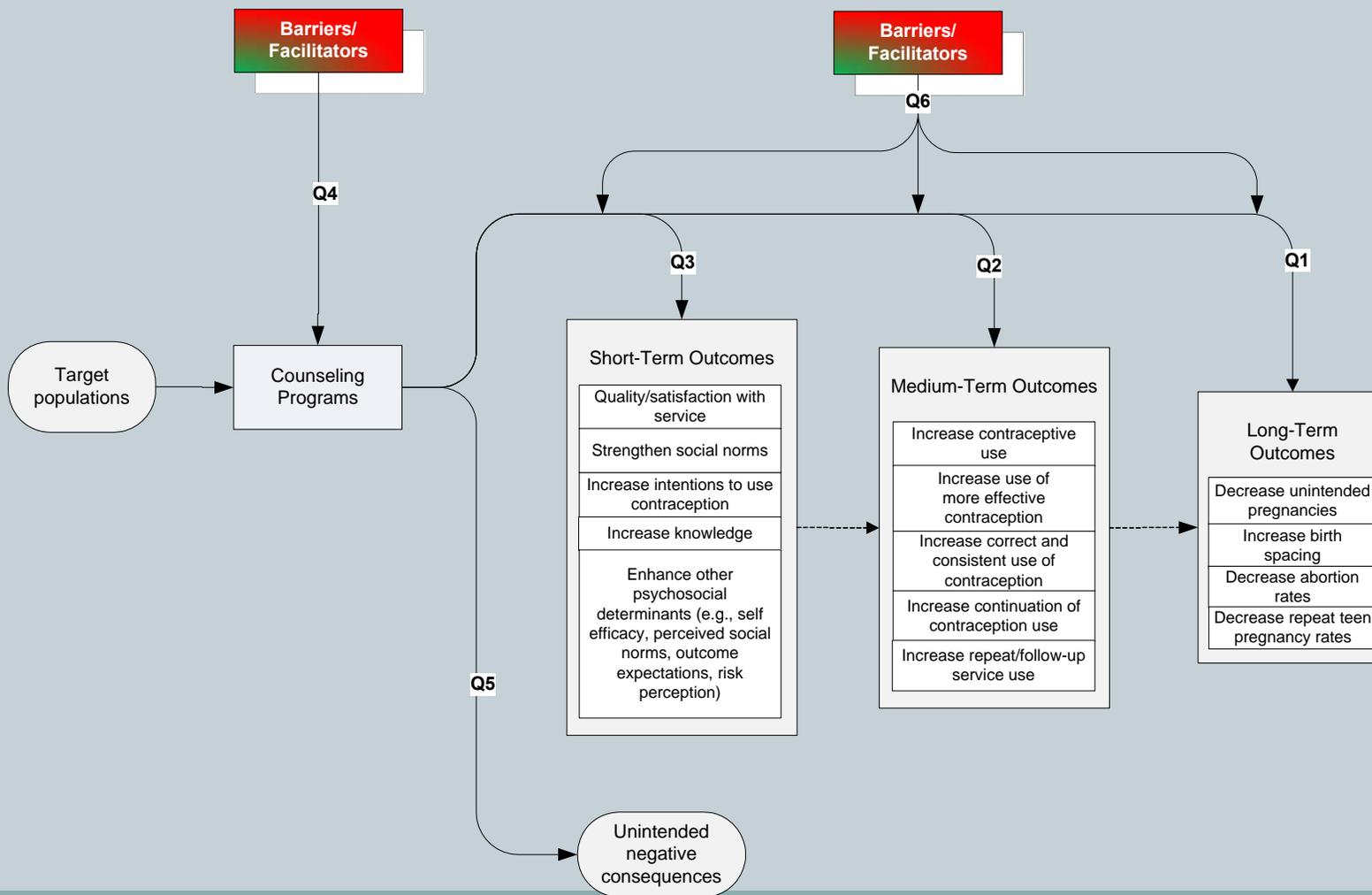
- Define terms
- Develop key questions
- Develop search terms/strategy
 - Key terms to capture appropriate literature
 - Define inclusion & exclusion criteria
- Search in multiple electronic databases
- Screen abstracts to identify those that meet retrieval criteria
- Review full papers – apply inclusion criteria
- Grade the ‘quality’ of identified studies
- Summarize the evidence base

Key Questions for Counseling & Education



Key Question #	Question
1	Is there a relationship between counseling programs and improved long-term outcomes of family planning services (e.g., decrease unintended pregnancies, increase birth spacing, decrease abortion rates, decrease repeat teen pregnancy rates)?
2	Is there a relationship between counseling programs and improved medium-term outcomes of family planning services (e.g., increase contraceptive use, increase use of more effective contraception, increase correct and consistent use of contraception, increase continuation of contraception use, increase repeat/follow-up service use)?
3	Is there a relationship between counseling programs and improved short-term outcomes of family planning services (e.g., improve quality/satisfaction with service, strengthen social norms, intentions to use contraception, increase knowledge, enhance other psychosocial determinants)?
4	What are the barriers and facilitators facing clinics to adopting and implementing counseling programs in the family planning setting?
5	Are there any unintended negative consequences associated with counseling programs when used in the family planning setting?
6	What are the barriers and facilitators facing clients to adopting positive outcomes after receiving counseling in the family planning setting?

Analytic Framework for COUNSELING & EDUCATION



Electronic Databases Searched

Database	Data limits	URL for search platform
Cumulative Index to Nursing and Allied Health Literature (CINAHL)	01/01/1985 through 02/28/2011	http://ebscohost.com/
The Campbell Library	01/01/1985 through 02/28/2011	http://www.campbellcollaboration.org/library.php
The Cochrane Library	01/01/1985 through 02/28/2011	www.thecochranelibrary.com
Database of abstracts of reviews of effects (DARE)	01/01/1985 through 02/28/2011	http://www.crd.york.ac.uk/crdweb/
EMBASE	01/01/1985 through 02/28/2011	http://ebscohost.com/
MEDLINE	01/01/1985 through 02/28/2011	http://ebscohost.com/
PsycINFO	01/01/1985 through 02/28/2011	www.apa.org/psychinfo
PubMed (pre MEDLINE)	01/01/1985 through 02/28/2011	http://ebscohost.com/
UK National Health Service Economic Evaluation Database (NHS EED)	01/01/1985 through 02/28/2011	http://www.crd.york.ac.uk/crdweb/
US National Guideline Clearinghouse (NGC)	01/01/1985 through 02/28/2011	www.guidelines.gov
HealthSTAR	01/01/1985 through 02/28/2011	http://www.kfinder.com/newweb/Products/hstar.html
POPLINE	01/01/1985 through 02/28/2011	http://www.popline.org/
Education Resource Information Center (ERIC)	01/01/1985 through 02/28/2011	http://www.eric.ed.gov/
UK National Institute of Clinical Excellence (NICE)	01/01/1985 through 02/28/2011	http://www.nice.org.uk/
Evidence for Policy and Practice Information (EPPI) database of evidence	01/01/1985 through 02/28/2011	http://eppi.ioe.ac.uk/cms/
TRIP	01/01/1985 through 02/28/2011	http://tripdatabase.com/

Search Terms - Counseling

PubMed Search Strategy: Counseling

Set Number	Concept	Search Statement	Number of Hits
1	Family Planning	"Family Planning Services"[Mesh] OR "Family Planning Policy"[Mesh] OR "Reproductive Health Services"[Mesh] OR "Family Planning" OR ("Title X") OR ("Planned Parenthood")	51053
2	Contraception	"Contraception"[Mesh] OR "Contraceptive Agents"[Mesh] OR "Contraceptive Devices"[Mesh] OR ("Birth control") OR "Contraception Behavior"[Mesh]	64662
3	Counseling	"Counseling"[Mesh]	27592
4	Education	"Health Education"[Mesh] OR "Health Education"[All Fields] OR ("Health Educator")	128823
5	Adolescents	"Adolescent"[Mesh] OR "Adolescent Behavior"[Mesh] OR "Adolescent Development"[Mesh] OR "Pregnancy in Adolescence"[Mesh] OR "Adolescent"[All Fields] OR "Adolescent Behavior"[All Fields] OR "Adolescent Development"[All Fields] OR "Pregnancy in Adolescence"[All Fields]	1378164
6	Combine all sets (excluding Adolescent set)	(#1 OR #2) AND (#3 OR #4)	7732
7	Combined all sets with adolescents	#6 AND #5	3182
8	Limit	#6 AND (only items with abstracts, Publication Date from 1985/01/01 to 2010/12/03; not Editorial, Letter, Comment, News, Newspaper Article)	4440 Endnote
9	Limit	#7 AND (only items with abstracts, Publication Date from 1985/01/01 to 2010/12/03; not Editorial, Letter, Comment, News, Newspaper Article)	2077

Retrieval Criteria



- Published between 1985 - present
- Published in the English language
- Article must describe a study that speaks to at least one of the six key questions addressed by this evidence report
- Article must describe a study that occurred in a clinic-based setting where family planning services were provided
- If the same study is reported in multiple publications, the most complete publication will be the long-term reference. Data will be extracted to avoid double-counting individuals

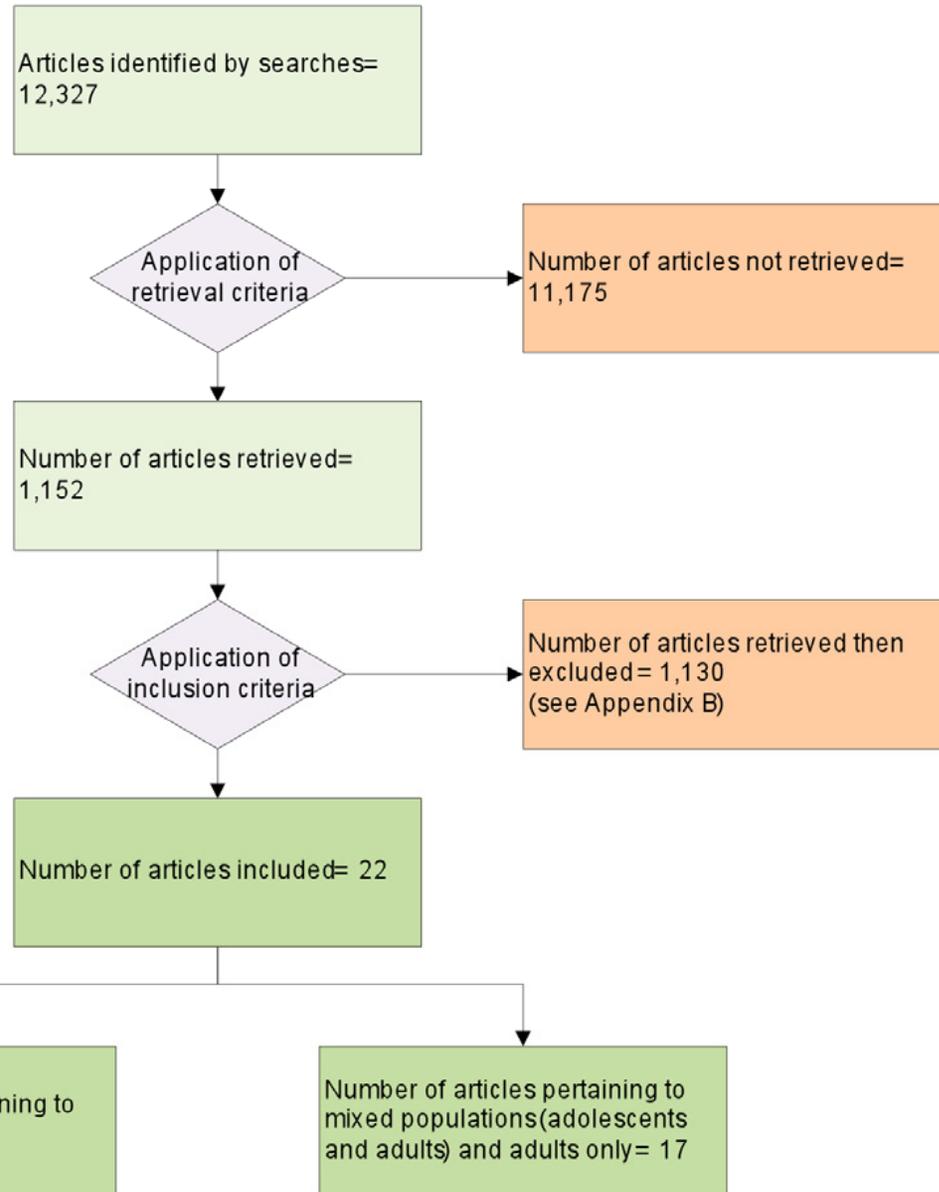
Inclusion Criteria



Key Questions 1 through 3

- Case reports/program descriptions will not be included
- Article must describe a study that attempted to determine if counseling programs in family planning services impact at least one long-term, medium-term, or short-term outcome
- Article must describe a study that includes a comparison e.g., experimental or quasi-experimental design, pre-post test design, case control, or comparing two or more groups in a cross-sectional survey

Flow Diagram Showing Evolution of Databases



Innovative Practices



- **Practices that:**
 - Addressed priority areas (counseling, community outreach, adolescents, QA/QI)
 - Were developed by practitioners in the field
 - Have some evidence of success
 - Could be replicated (e.g., manuals or procedures documented)
- Requested nominations, then every nomination was fully described
- 44 innovative practices were identified:
 - 17 – adolescents
 - 7 – counseling
 - 13 – community outreach and participation
 - 7 – quality assurance/quality improvement

Professional Recommendations on Clinical Care



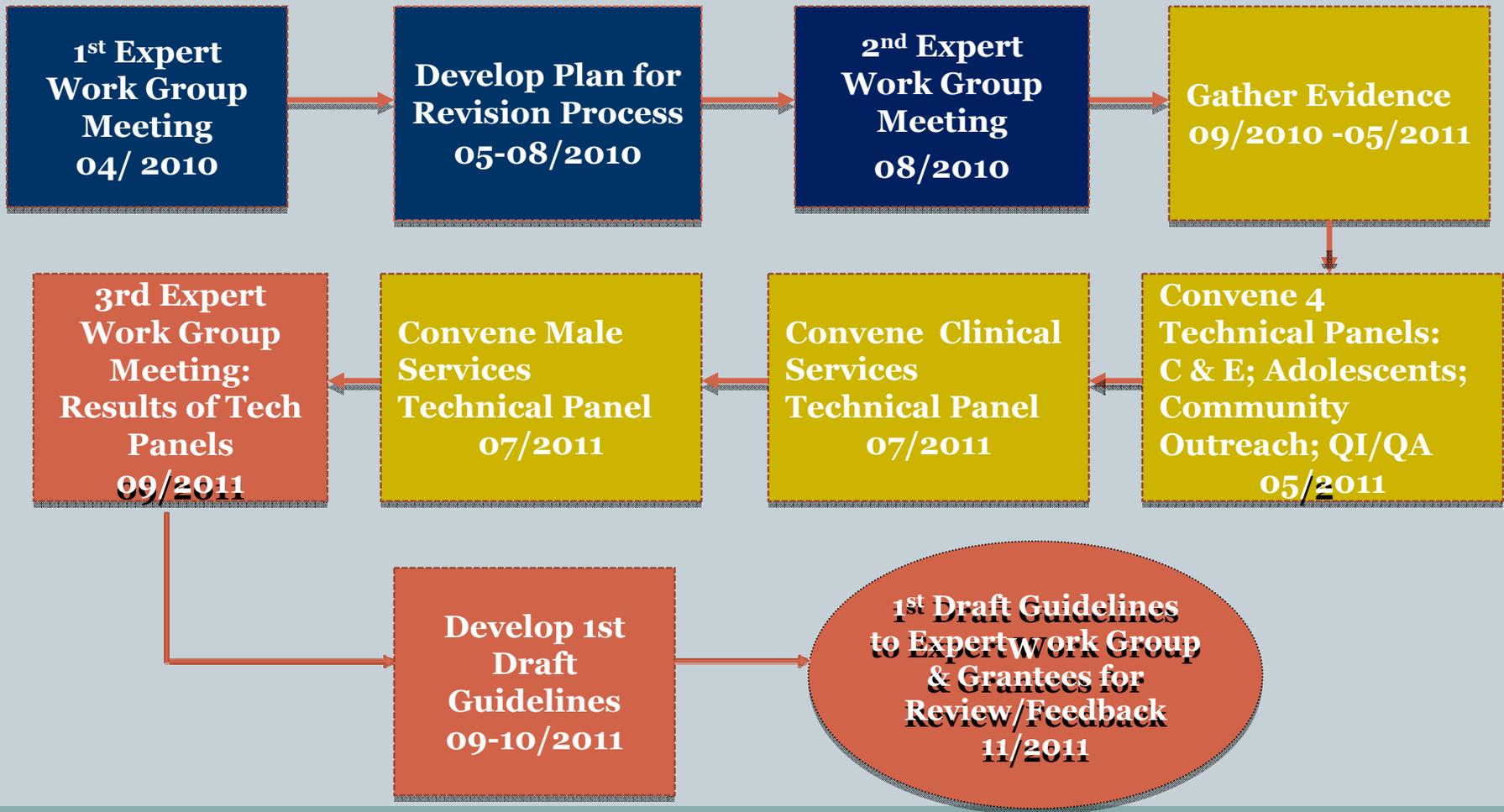
- Compile information from existing professional organizations (e.g., CDC's Division of STD Prevention, CDC's Breast & Cervical Cancer Program, ACOG, AMA, AAP, etc.)
- Consider women's and men's health
- Answer 3-4 key questions about key screening/treatment tasks:
 - What are the recommendations?
 - Are there any inconsistencies?
 - What makes most sense in the context of a Title X clinic?

The Role of the Technical Panels



- **Six Technical Panels will be convened:**
 - Counseling & Education – May 2011
 - Community Outreach – May 2011
 - Adolescents – May 2011
 - QA/QI – May 2011
 - Clinical services (women and men) – July 2011
- **Members selected for their expertise in the content area**
- **Their job is to:**
 - Consider potential implications for program guidelines
 - Consider future research priorities

Guidance Revision Process: Next Steps



Guidance Revision Process: Phase 2



Grantee Feedback



- OPA welcomes all grantee comments/feedback on the Guidelines drafts
- Grantees have two opportunities for commenting and providing feedback on the draft Guidelines
 - ❑ November 2011
 - ❑ March 2012
- OPA is developing a Guidelines website for submission and management of grantee comments/feedback

Title X Program Guidelines



Summary:

- This Guidelines revision process is unlike previous updates/revisions
- The end goals:
 - To produce evidence-based or evidence-informed Title X Program Guidelines that also provide a service/contribution to the greater reproductive health community
 - To create a process/mechanism for keeping the Guidelines current (similar to the MEC approach)
 - To use the review of evidence, and the gaps identified, to inform OPA's future research efforts



Questions?