

**NWX-OS-OGC-RKVL**

**Moderator: Sue Moskosky  
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01:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants will be on listen only until the question and answer session. Today's conference is also being recorded, if you have any objections you may disconnect at this time.

I'd now like to turn today's meeting over to Ms. Marilyn Keefe. Thank you. You may begin.

Marilyn Keefe: Hi everyone and welcome. This is Marilyn Keefe from the Deputy Assistant Secretary for Population Affairs. OPA is pleased to host this webinar today to discuss the Title X program guideline's revisions process. Obviously there is a lot of interest based upon the number of you that are on the call at the moment.

This has been a long time coming. The guidelines were last revised as you all know a decade ago. A lot has happened since then though that merits this review, which is the goal of providing evidence based or evidence informed guidelines creating a process for keeping them current and informing future research efforts. Although some of you have already been involved (in the)

process and more are about (to be involved) we know that many others are anxious to learn what has taking place to date, what activities are slated to take place, the timeline for this (activities) and production of a final (unintelligible) and how and when a broader group will have an opportunity to comment.

Our two presenters today are Sue Moskosky from OPA, and Lorrie Gavin from CDC. They've both been in the throes of guidelines now I think for more than a year now. Sue as you know is the director for the Office of Family Planning here at HHS, she's also worked at the regional level as an RPC and it's a certified women's health nurse practitioner who's spent 15 years of her career providing family planning, prenatal and other preventive health services and educating nurse practitioners students for the Title X family planning program.

Our second speaker is Lorrie Garvin. Lorrie is a senior scientist with the division of reproductive health at CDC. He's had extensive program and (research) experience in both (unintelligible) and international settings and is an expert in adolescent sexual and reproductive health. Lorrie is currently the acting chief for the Applied Sciences Branch for the Division of Reproductive Health at CDC. And we know that although Lorrie may technically work for CDC, she is an intrical part of the Family Planning team at OPA and we think of her as a staffer here. So take it away Sue.

Sue Moskosky: Okay, thank you very much. I want to thank everybody for joining the call today. And I know that the Title X guidelines have been the revision process is of great interest to all of you and that there are many questions about the process, such as why it's taking such a long time.

So we hope that today's call will give you a fuller understanding of maybe behind the scenes and just to let you know there will be an opportunity for everyone to ask questions after the presentation and that process will be facilitated by the call operator. So let's get started. What we'll be presenting today will include a background and focus of the Title X program guidelines, the overall goals for the Title X program guidelines (unintelligible) and a review of the guidelines revision process, progress to-date and next step.

In terms of program guidelines, they are generally used by the Department of Health and Human Services to provide additional explanation in more understandable language, of statutes, regulations and other program requirements, as well as additional information that's relevant to federally funded grantee. Program staff generally develop the program to clarify the program statutes and regulations, and provide information to potential recipients as well as actual recipients about how to implement the program.

With regard to the Title X guidelines their purpose is to assist current and prospective grantees in understanding and utilizing the families planning service grants program. And it includes four different sections grant application and award process, project management and administration, financial management and clinic management and clinical services requirements.

And although as you all know the primary target of the - target audience of the guidelines of the Title X grantees, these guidelines can and do serve as a standard of care for other stakeholders and we want to make sure that as we move forward that the future of guidelines that are underdeveloped now do also serve as a standard of care for other stakeholders.

As most of you know already, the current Title X guidelines have been in place for more than ten years. And previous to the 2001 guidelines, the guidelines were originally established in 1970 and revised in 1980. Largely, the guidelines have addressed the legal and regulatory requirements of the Title X programs, but in addition they have included requirements and guidance for client services in clinic (unintelligible).

And so why do we need to revise the guidelines as if it's not already readily apparent. We really have already started on a process to revise the guidelines even before we were evaluated by the Institute of Medicine. And when we were evaluated by IOM, they included the recommendation to revise the guidelines which just added additional push to us being able to go ahead with the process that we're embarking right now.

So initially we had had, behind the scenes, preparations to launch a process for revising the guidelines even before that. In terms of the limitations on the existing guidelines folks fully realize that the guidance on the clinical practices in the current guidelines do not meet current nationally recognized standards of care in some cases and also in some instances, they are too prescriptive or too restrictive. They don't incorporate evidence based standards of care and practices and they don't allow it. I think it's pretty obvious since we've only revised them on average every ten to 20 years that they don't allow for the timely updates and revision, based on medical, technological and other advancements that have come into play.

Also the current structure of guidelines organizes all of the contents both the legal, administrative as well as the clinical expectations since it's one comprehensive document, which makes it really difficult to update or augment any of the contents relating to clinical expectations without

reviewing the entire document and opening it up to possible changes and law statute and administrative requirements.

So it makes it difficult and also a slow process to look at all of the content even that which hasn't changed to before you can revise that which could be changed. So what we believe in terms of what current guidelines or ideal guidelines should look like, but they really should address current Title X priorities, they should also provide clear guidelines on administrative, financial and clinical program requirements without being too prescriptive or restrictive. They should be consistent with national standards of care and they should be current and reflect strong evidence and best practices as well as those parts that need to be more current should lend themselves to update and revision in a timely manner.

So one of the things I wanted to mention is that the process that we are embarking on right now or that we have been in process with for over a year now, is a very different process than we've ever used in the past and we probably should have called it something different than Title X guidelines revision. Something like guidelines overhaul or something of that nature because it's really not a revision process like we've used in the past. If that were the case we could have already had the guidelines out but we really are looking at a very - we're using a very evidence based process to revise the guidelines at this point.

So the overall goal of the revision process is to update the program guidelines and make them more responsive to emerging issues. And so the first objective when we put together the expert workgroup was to identify a structure for the guidelines that advises grantees about the administrative management and clinical expectations and requirements in time incorporates the most current national standards of care and evidence based and best practices.

And our second objective was for us to identify content areas and domains that the guidelines should cover and to establish a process through which the guidelines can be regularly obtained and updated. So where we are right now and I'm going to take you through the process in terms of where we've come from and where we are at this point.

So the first step in this process besides the behind the scenes work that OPA had done here, was that we identified folks and stakeholder groups that we thought should be involved in advising us on what the structures and what the domain should include in terms of guidelines. And so we convened a first expert workers meeting in April of 2010. So exactly a year ago now. And between May and August of 2010 we developed a process for the revision - developed a plan for the revision process and we did that behind the scenes after getting input from the expert work group. And then we convened the second expert workers meeting to be bought to actually review and make recommendations and react to the plan that we had developed. So we held this second expert workers meeting in August of 2010.

At this point and we'll talk more about this when I turn it over to Lorrie Gavin, but we are in the process right now of gathering evidence I hope we'll talk more about that process and that process will be ongoing through May of this year. And then we'll be convening four technical panel on counseling and education, adolescent's services, community outreach and participation and quality assurance, quality improvement. And those technical panels will be convened in May of this year.

We'll also be convening a clinical services technical (unintelligible) in July of this year as well as a male services technical panel that will also be convened in July of this year. So that's where we are right now also after we've

convened, gathered all the evidence, convened a technical panel, we'll be holding a third meeting of our expert workgroup to review the results of the technical panels and the evidence that's been gathered and that meeting will occur in September of this year. And at that point we will be developing the first step of the guidelines.

So that first step of the guidelines will be developed in September and October of 2011 and after that first draft, is developed that that will be the first opportunity for the expert workgroup and grantees in the field to review and provide feedback. So those draft guidelines will be sent out to the fields in at least according to our timeline right now in November of this year. So that's phase one of the process.

Phase two will start in December and so after the process of sending the guidelines the draft guidelines out for review and feedback will be collating combing all of the feedback that we've gathered in December, and we'll be convene (unintelligible) third meeting of the expert work group to review the feedback that we've received from everyone in the field. And at that point we will be moving forward with developing a second draft of the guideline in February and January of 2012. And after development of the second draft of the guidelines will be the second opportunity for folks (unintelligible) guidelines to be able to able to provide comments and react to them at that point.

So we are anticipating that the final draft of the guidelines will be prepared between May and August of 2012 and at the point that we have final draft guidelines, we'll go through a final approval process between August and October of 2012 and hold an extended workgroup meeting focused on dissemination of the guidelines and we anticipate that the guidelines will then be released in the fall of 2012.

In terms of the expert workgroup meeting members (we want to) make sure that the folks that participated in helping to guide this process really represented the stakeholder, all of the relevant stakeholder groups. And so you can see that we have representatives from Institute Of Medicine, Centers for Medicaid and Medicare services, the (Planned Parenthood) Federation of America, HRSA, ARHP, CHCs, Family Planning and Regional Training Centers, The Male Training Centers, The Clinical Training Centers, representatives from (NEFRA) The state Family Planning, Administrators and Family Planning Councils of America. And you've noticed that CDC is not listed up here because CDC is really a partner with us in this whole process.

So they are not necessarily an expert workgroup member they are actually a partner to OPA in this process throughout the whole process and are playing a extremely integral role.

In truth of the expert workgroup meeting objective when we had the first expert workgroup meeting consultation that was as we mentioned a year ago now and that was to actually look at possible paradigms and structures for the Title X and guidelines. And one of the things that we looked at was, do we actually just develop guidelines nearing the current guidelines or should we look at a different process in a different format for the guidelines.

So at that first expert workgroup meeting was the feedback that we received was that the group really did agree with us that probably the best thing to do would be to separate those pieces in the guidelines that were guided by regulatory and statutory requirements from those that really needed to be updated and current on a regular basis.

So the second workgroup meeting we actually explored the requirements and domains of content that should be addressed by the Title X guidelines, aside from what's in the statute and regulations. And we also started exploring processes for ensuring that the guidelines are updated in a timely manner and that they going forward could be kept current with standards of care and best practices.

So at the first workgroup meeting which happened April of 2010, the questions that you asked for, what are the strengths and weaknesses of the current meeting of 2001 Title X guidelines, and what are the advantages and disadvantages of other possible structures or (unintelligible)? And what kind of a paradigm would (unintelligible) (people are affected) for Title X grantees as well as for still serving as a model of how reproductive health care should be provided in a greater role.

So, between the expert workgroup meetings between April and August of 2010, OPA and (unintelligible) side by side to (unintelligible) key steps and detail the guidelines revision process and timeline. CDC started reviewing relevant literature from (Bruce and Beckers) (unintelligible) medicine and then OPA identified the must requirements in the current Title X guidelines that are substantiated by statute of regulations as well as those that are not.

And CDC drafted a possible organizing framework for portions of the guidelines and then OPA and CDC together mapped out the Title X must requirements and should recommendations to the organizing (unintelligible) work as (unintelligible).

So our second workgroup convened in August of 2010 and we actually explored requirements and domains of content that we thought should be addressed by the Title X guidelines and so what we were looking at are those

areas where there are regulatory or statutory language that required a particular domain but that there is no specific guidelines that's given. Things that the workgroup addressed were; are the requirements and domains in the current guidelines appropriate for the intended use, what criteria should we use in the selection of domain, what other area should be included, what's missing and what terminologies of the guidelines should be used. And that last question is actually one that we are still grappling with. We are not exactly sure whether we'll call both sections of the guidelines, guidelines still or whether we'll use some other terminology.

So outcomes of that meeting included feedback from the expert workgroup on possible structure and paradigm for the program guidelines. And giving us feedback on those requirements and domains that are important or essential for quality family planning services and that should be included in the evidence search. And those requirement or domains that might be important included in the guidelines but that need evidence based guidance or other justifications that validate or support why it should be included or have a effectively.

So at the end of the workgroup meeting \_ the two workgroup meetings that we've held so far, we actually decided that we were going to organize the guidelines and the two different sections you see on the left hand side program requirements are on the left hand side that would be program requirements that would be made up of an introduction section, titles and statutes regulations and legislative mandates applicable set of laws and regulations, project administration and management and required services.

And this will be the section of the guidelines that actually derive from the titles and statutes from the regulations from grants policy, so these is the section of guidelines that wouldn't have to change on a regular basis.

And then the right hand side of the guidelines in this paradigm here we are calling it program guidance that may not end up being the main that it get's called long term, would be the part of the guidelines which would be able to be changed on a regular basis. It would include titles and clinical requirements but it would also include quality clinical services, effective service delivery, infrastructure and it would actually be guided or informed by nationally recognized standards of care and evidence based standards and it could be updated or changed on a regular basis. And we would have some sort of a review process that would occur regularly.

So in terms of the Title X requirement section on the left had side that we talked about first, that part is under construction and as I mentioned before this is the section of the guidelines that would be derived from the Title X statutes, and the Title X regulations as well as other types of laws that are applicable to Title X services. And it will generally interpret the Title X statute regulations but in operational terms it will provide a general orientation to the federal perspective on family planning. It will provide guidance on other federal and grants management requirements and then hopefully it will succinctly represent program requirement according to the law and regulations.

Also as we mentioned before, this is what that section will be derived from in addition to all of the Title X statutes and regulations and legislative mandates also (unintelligible) circulars grant management policy and then program instructions and they're probably other documents but those will all be like federal requirements that are in law or statutes.

In terms of the right hand sider or what we are calling the Title X program guidance section, that section is also under construction and as I mentioned

before that that particular section is going to be informed by nationally recognized standards of care and professional organizations like CDC or agencies like CDC or U.S. Preventive Services Task Force ACOG, American Cancer Society and others. And so this will be the section of guidance that we would be updating and keeping current on a regular basis and there would be some sort of a review process for that that would happen on a timely basis probably similar to the review process used for the medical eligibility criteria for contraceptive use and we'll be working with CDC as well as other folks on the expert workgroup to identify exactly how that process would occur.

So at this point, I just wanted to mention that before I hand it off to Lorrie, that we are in the process as I mentioned of doing evidence based searches and these are the actual areas where we have identified that there is actually a need for guidance but in terms of whether it's stipulated in programs regulation or statutes, these are areas where there is really not any specific requirements that are listed in the statute or regulations other than the fact that we are required to provide these services.

These are the areas that we are in the process of doing evidence based searches and where there will be technical panels that will be convened to give us individual feedback after they've reviewed the information that's provided to them. And so I'm going to turn it over to Lorrie to talk about what that process looks like. Lorrie, take it away.

Lorrie Gavin: Thank you Sue and good afternoon everyone. I want to take a minute just to reorient you back to the specific steps in the revision steps that I'm going to be discussing. Earlier in the presentation, Sue laid out the overall guidelines revision process and this slide shows a subsection of that larger process.

At this point I'm going to give you more detail about the yellow, yellowish green boxes. I'll describe what we are doing over the approximately nine month period. In other words the process of gathering the evidence and planning to convene a series of technical panels composed of experts to review that evidence. But before I begin I want to also acknowledge the large number of staff whose work I'll be representing in the coming slides. More than ten CDC staff and four staff from our contract Manila Consulting have been responsible for getting this work done.

Over the past several months, we've gathered three types and are continuing to gather three types of evidence on the priority domains that Sue just mentioned. Systematic reviews of the scientific literature, documentation of innovative practices, and the synthesis of professional recommendations on clinical aspects of care. I'm going to describe each of these activities in turns.

The first tab of information I'm going to talk about is the systematic review of the scientific literature. This slide shows the key steps in the systematic review process. You define your terms and your concepts, develop key questions, develop search terms and strategies which includes identifying key terms that you think will capture the appropriate literature and identifying inclusion or defining inclusion and exclusion criteria, applying that search strategy in multiple electronic databases, screening the as track to identify those that meet your retrieval criteria, review the full papers that result from that to which you'll then apply your inclusion criteria, then there is the process of grading the quality of the identified study and a final summary of your final evidence phase.

Next I'm going to walk you through in these next few slides, what these set of steps actually looks like in practice. By showing you the process we went through when conducting one of the four systematic reviews we've done. I'm

going to use counseling and education as the example. But we've completed this entire process a total of four times. One is for counseling and education, one is for community outreach and participation, a third time for adolescents and the final one for quality shows quality improvement.

I'm going to go in the counseling example in some depth so that you can understand why it takes so long to complete these reviews. Here are the key questions we developed to guide the counseling and education systematic review. So the first one; is there a relationship between counseling programs and improved long term outcomes of family planning services, is there a relationship between counseling programs and improved medium term outcomes? And you can see examples of how we are defining medium term outcomes.

Third is there a relationship between counseling and improved short term outcomes? And again you can see some examples of short term outcomes. Fourth, what are the barriers and facilitators facing clinics to adopting and implementing counseling programs in the family planning studying? Five, are there any unintended negative consequences associated with counseling programs? And six, what are the barriers and facilitators facing clients to actually adopting the behaviors that we hope that they'll adopt after receiving counseling?

These slide shows what we call an analytic framework and it maps out the key questions on a diagram. I think a really critically important piece to note, is that we are clearly identifying the kinds of outcomes that we want to see resulting from counseling. We distinguished and identified specific short term medium term and long term outcomes. And you can again see the examples there. This is an important part of defining what we mean by evidence based. So the counseling program has to have an impact on at least - provisionally we

are saying a medium term outcome and a long term outcome to be considered evidence base.

This Slide shows the 16 electronic databases to which we can - in within which we conducted our searches. Conducting the searches in the data bases require a fair amount of effort. First we developed a set of search terms that will identify articles on the topic. Then we used those terms to search all 16 databases. Each search was tailored to the unique characteristics of that database and involved an iterative process of refining terms after conducting preliminary searches until a final strategy was decided upon.

This Slide shows a small portion of a search in a database called PubMed, not that to get the results for counseling and family planning, we had to search on several different concepts. Family planning, contraception, counseling and education and then combine them through the usability and connectors.

The searches typically result in the identification of thousands of abstracts for studies that may answer there reviews questions, but it also gives you a lot of abstracts that do not address your key questions. So as a first step in separating out the articles we want from those that we do not want, we developed retrieval criteria and apply them to the abstracts. Here, this slide shows the retrieval criteria we used for the counseling review.

The next step in honing in on the course set of article, is to apply what we are called - what we're calling inclusion criteria, which tell you what kind of studies will be included in the evidence phase. Criteria were developed for each key question and then applied to all the articles that resulted after the retrieval process that I just described.

Here is an example of inclusion criteria for key questions one through three. In many cases, this kind of researcher had to read hundred of full articles to determine if the inclusion criteria applied. This slide puts together the key steps in the process for systematic review of counseling. You can see that when we applied the search terms we identified more than 12, 000 abstracts. This is reduced to 1,152 abstracts when we applied the retrieval criteria. Careful review of each full article to apply the inclusion criteria resulted in the identification of 22 studies. Those 22 studies have been further divided between those that focus on adolescents versus those that focus on adult or adult and adolescents combined.

As a small footnote, I just want to clarify that we actually found more than the 22 articles. We actually have an (edited) base of approximately 60 articles. This is an earlier version of the slide. A second type of information that we gathered is what we are calling innovative practices. We did this because we wanted to capture the wisdom of the field. We knew that the evidence is likely to be seen in many areas and we thought that the innovative practices may be useful to consider for example when developing research priorities to further expand the evidence base.

We defined the innovative practices as practices that address the priority areas identified by the expert workgroup, were developed and used by practitioners in the field, had some evidence of success and could be replicated. So for example they had the manuals or procedures documented in some form.

Requests for nominations went out to all grantees as well as other leaders in the field and then every nomination was fully described in a series of phone calls and emails. We have a total of 44 innovative practices that have been identified, 17 focus on adolescents, seven on counseling, 13 on community

outreach and participation and seven on quality assurance and quality improvement.

The third and last type of information that we are currently collecting is professional recommendations on clinical care. So for example this would include recommendations regarding contraceptive safety such as CDC's medical eligibility criteria and recommendations for other related screening and treatment paths. We are compiling recommendations as Sue mentioned from a wide range of professional organizations including some of those listed on the slide. We are computing recommendations for both women's and men's health, and here are some of the key questions that are guiding our synthesis of this recommendations, which will be reviewed by a panel of clinical experts this coming summer.

What are the recommendations? What do they say? Are there any inconsistencies between them and what makes most sense in the context of a Title X clinic?

As you can see, we'll have gathered a lot of information by the time we are finished. This last slide addresses the important role played by the technical panels that will convene to help us make sense of all these information. Six technical panels will be convened of which four will be held next month in May, the ones on counseling and education, community outreach, adolescents and (QA QI). Two panels will be looking at clinical services in the month of July for a total of six.

All these members were selected for their expertise in the specific content area. And the job of the technical panel members, is to review the findings in the summaries of information that we have compiled, to consider potential

implications for the program guidelines and to consider future research priorities. With that, I'm going to hand things back over to Sue.

Sue Moskosky: Thanks Lorrie. So just as a review I just want to kind of take you back to where we started and you can see that the blue boxes are where we've already been, so we've already held two expert workgroup meetings. We have a timeline as you've seen. We are now moving into the greenish yellow boxes and as Lorrie just discussed, we'll be convening the technical panels coming up in May through July of this year, and we'll be holding then the third of the expert workgroup meetings to review the results of those technical panels and what the implications are for the guidelines.

At that point in September and October of this year we will be very visibly writing the first draft of the guidelines, and then that first draft of the guidelines will be coming out through the expert workgroup members as well as through many other means to you all for review and feedback in November of this upcoming - of this year that we are in currently. Then we'll be entering what we call phase two and after the guidelines - the first draft of the guidelines have gone out, we'll be - we have a contractor that actually is working closely with us that will be collating all of the feedback that we've gathered and actually there will be a Web site for you all to post your comments to and there will be more information coming out about that.

So all of those comments and feedback that we gather will be shared with the expert workgroup.

We'll be having another meeting to review the feedback and decide how the feedback should be incorporated into the second draft of the guidelines. Those guidelines - the second draft will be developed between January and February of 2012 and a second draft of the guidelines will be coming out we are

proposing in March of 2012 and then a final draft of the guidelines after we've considered the additional feedback that we'll receive from the second draft of the guidelines.

We'll be preparing the final draft of the guidelines between May and August of 2012. The approval process will happen in early fall of 2012 and then we'll be holding an expanded workgroup to decide - to get recommendations on how the guidelines should be disseminated. So it'll be even wider representation because we really do want those whatever is developed to be meaningful to the larger world of family planning even beyond Title X family.

And we will be releasing the final guidelines in the fall of 2012. So in conclusion just want to emphasize the fact that we welcome all feedback and comments on the guidelines as they go through the process and you'll have two opportunities for commenting and providing feedback on the draft guidelines both in November of 2011 and march of 2012 and we hope that folks will really use those opportunities to give us feedback. Give us constructive suggestions. As I mentioned we are in the process of developing a Web site for submission and management of grantee comments and feedback and information on that will be forthcoming.

So if you haven't gotten it so far I don't know that I need to necessarily say this but you can probably tell from the way that we've described the revision process that this is really unlike any previous update or revision process that we've used in the (unintelligible) and we really do believe that the end goal will all be worth the time invested and all of the hard work that many folks have been engaged in. That this really will be evidence based or evidence informed Title X guidelines that will provide a real service and contribution to the greater reproductive health community.

And also we'll be creating a process, a mechanism so that we never go ten years without updating the guidelines and so that we don't have to use other mechanism to keep clinical care and Title X current, because we will be establishing a process and mechanism for keeping the guidelines current similar to the process that's used for the medical eligibility criteria for contraceptive use.

And also the end goals will be to really use the reviewed evidence and the gaps identified to also inform where OPA should put its future research efforts and scarce dollars that we have for research. Because we really do want to be able to increase the evidence based that's out there. As Lorrie mentioned in some cases the evidence was rather thin and so we want to use this opportunity to identify where the big gaps are so that we can actually help to meet some of those research needs. So with that, I'm going to stop and turn it back over to (Melinda) to facilitate the question and answer part of the webinar. So we welcome any questions that any of you have.

Coordinator: Thank you and at this time if you'd like to ask a question, please press star 1 on your touchtone phone. Please unmute your phone and record your name clearly. To withdraw your request, you may do so by pressing star 2. Once again star 1 to ask a question. And it does just take a moment for the first question to come through. Our first question comes from (Debra Dill) your line is open.

(Debra Dill): Hello. Since members have such an influential impact on the final guidelines, could you please elaborate more on the selection process for the expert working groups?

Sue Moskosky: We wanted to make sure that we had people on the expert workgroups that not only represented the folks that are part of the constituency community for

Title X which would you know of course involve the National Family Planning Reproductive Health Association, The Family Planning Councils of America and The Family Planning Administrator as well as PPSA, but we also have people that are actually providers in Title X that may not be specifically selected for representing one of those groups.

So we have a physician who actually provides care in a community health center, a physician who is a medical director of a family program in a big state health department. And then the other groups that we felt like were important to have represented are those folks that actually are setting standards of care and so for instance the ACOG and U.S. Preventive - well we don't have U.S. Preventive Services Task force but they will be a body that we'll be including later on in the dissemination process and in the process for review of the guidelines.

But ACOG and ARHP the Health Resources and Services Administration, we have representatives those from The Bureau Of Primary Healthcare there as well as we'll be including people from the Internal Child Health Bureau technical panels and there are some folks that are represented on the expert workgroup and other folks that we pulled in through the technical panels that actually are enabling us to reach even a wider base of folks.

Also we have representatives from the centers for Medicaid and Medicare services because in the past at least from what we are aware of in the past the Title X guidelines have even been used by certain states in terms of their Medicaid program they've pointed to Title X guidelines as how family planning services - publicly funded family planning services should be provided in those states.

And I think one of our goals is that we move forward with these new guidelines is to reestablish Title X as being setting the standards for how reproductive health care should be provided. Also we have folks that are representing The Clinical Training Center for Family Planning, the Institute of Medicine, one of the people that actually was integral to the work of the Institute of Medicine report on Title X or evaluation on Title X is helping on the panel as well.

So we really did try to cast the net wide in terms of representation on the workgroup. I can't say that we get you know that we necessarily had everybody that might have had some interest in this but it was really a very deliberative and intentional process in terms of who we asked and even got feedback from folks on the expert work at the first expert workgroup meeting and who else we should think about including. And so we'll be you know as we move forward pulling other folks in through various means whether it's through participating on a technical panel or participating in a dissemination workgroup. Lorrie, do you want to add anything?

Lorrie Gavin: No. Actually maybe just one small thing is that the workgroup will be expanded a bit also as you mentioned earlier in the slide as we get into reviewing the draft.

Sue Moskosky: Right.

Coordinator: Once again star 1 to ask a question. Our next question comes from (Lynn Smith.) Your line is open.

(Lynn smith): Hi. Could you discuss your rationale for expanding your research back to 1995?

Sue Moskosky: Lorrie you...

Lorrie Gavin: Partly because we wanted to do a comprehensive a review as possible and many of those databases that's how far back they go. We - this is a first time this has been done and we thought it was really important to kind of really capture the full body of evidence. In future revisions we wouldn't do that again of course. We would just kind of update it in the studies that have been established in the time periods from the basically now until the next time moving forward.

(Lynn smith): Okay thank you.

Coordinator: And once again star 1 to ask a question at this time. Thank you so much for standing by. I do have a question coming through one moment. I didn't receive their name your line is open if you queued up for a question you may ask your question.

(Roberta Harsik Beren): Hi are you hearing me? This is (Roberta Harsik Beren).

Sue Moskosky: Yes we hear you.

(Roberta Harsik Beren): Oh great. Hi Sue. My question has to do more with some service delivery aspects of the program. Is anyone looking at specifically at issues that help literacy or cultural competency as we're vetting changes in these guidelines?

Lorrie Gavin: Sue shall I answer that in terms of the review?

Sue Moskosky: Yes go ahead Lorrie

Lorrie Gavin: We are. We are looking at that in the context of our - we've been in a splitting counseling out from education kind of we are thinking conceptually and this will all be reviewed by the technical panel members that their education is kind of a (stub) piece of the counseling process.

And so given that we are focusing intensively on those specific areas the areas of cultural competence will be coming through partly in the education, partly also in a different area of looking at access, removing barriers to access. So it's not a specific focus just on that area but it's emerging in those two priority areas.

Coordinator: And once again star 1 at this time to ask a question. We have a question from (Susan Goldie). Your line is open.

(Susan Goldie): Okay hi. Thank you. Just curious Sue in terms of when the draft guidelines come out whether they will just be open to grantees to comment on or whether they will be open to anybody, the general public, sub grantees? How do you see that working?

Sue Moskosky: Definitely they will be open to you know the Title X the wide Title X community and broad, more broadly than that in terms of whether they will be open for anybody in the public that's probably that's not something we are probably not going to be - we are going to be depending on the expert workgroup members to circulate the draft of the document to folks within their constituency community.

So it will broader than Title X grantees but we don't foresee sending it out for public comments meaning the greater public.

(Susan Goldie): That sounds good to me. I don't know if you can hear me or not.

Sue Moskosky: Yes we can hear you.

(Susan Goldie): Okay.

Sue Moskosky: Feel free you know as you all receive it to send it to your sub-recipient agencies and you know other folks like that because we really do want their feedback.

(Susan Goldie): Good thank you.

Sue Moskosky: You're welcome.

Coordinator: Our next question comes from (Sheldon Barrs) sir your line is open.

(Sheldon Barrs): Hi, hi Sue. I'm just wondering if the slides that you've shown today are going to be available either through the OPA list tab of or on your Web site.

Sue Moskosky: Actually the entire - this entire webinar is recorded so the slides will be available as well as the recording.

(Sheldon Barrs): Great. Will that be on the Web site?

Sue Moskosky: Yes on the OPA Web site.

(Sheldon Barrs): Great. Thank you very much.

Sue Moskosky: You're welcome.

Coordinator: And once again star 1 to ask a question.

Sue Moskosky: Just so that folks know as well it will take a couple of days before they post to the Web site but they will be available.

Coordinator: And thank you for standing by. At this time showing no further questions from the phone.

Sue Moskosky: Okay just wanted, once again to thank everybody.

Hopefully this has given folks a picture of this process and where we are in the process and as we go through we'll be anxious to get your feedback and your comments as we go through the process. So thank you all for participating, we really appreciated it.

Coordinator: Thank you. This does concludes today's conference call, you may disconnect at this time

END