

IPP and Data-Driven Programs

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Region X IPP Meeting

January 2008

IPP and Data-Driven Programs

- Core IPP activities
 - Administration
 - Coordination
 - Communication
 - Data management and analysis
 - Program promotion
- Data has always been a component of IPP
- **To what extent should and will data drive IPP?**
- **And, what the heck is a data-driven program?**

Data-Driven Programs

- Organized activities designed with and informed by empirical data
- Data-driven programs generally:
 - Review and use findings from related programs and research
 - Generate reliable and valid program data
 - Use evidence to plan programs
 - Implement evidence-based decision making
- Data-driven planning and evaluation helps ensure the best use of resources
- ‘Data-driven’ implies program monitoring and evaluation

Data-Driven Programs

- **The challenge: data and program dancing together**
- Defining
 - Data—clinical, lab, epi, policy
 - Project goals
 - Ways to engage
 - Managing conflict; reaching consensus
 - Change
 - How to change a dead light bulb (good)
 - How to build a better mousetrap (good)
 - How to change a dead mouse (not so good)
 - Change over time—performance measurement

IPP as Data Driven

- History of technical advances
 - Selecting lab tests
 - Pooling specimens
 - Updating clinical services and treatment options
 - Revising lab slips based on empirical findings
- Data driven
 - Using and assessing screening criteria
 - Managing tests performed outside criteria
 - Raising and monitoring the coverage issue
 - Monitoring trends
 - CDC priority to increase screening among women age < 25

Driving Data Futures

- It's hard to make predictions, especially about the future (Yogi Berra)
- Expand questions asked and populations assessed
 - Going beyond CT as outcome
 - CDC's new focus on gonorrhea
 - Increased attention to reproductive health consequences
 - Timely treatment
 - Clinic-level CT thresholds and program participation
 - Look at STD clinics, schools, older women, WSW, men

- Expand critical review of data results
- Balance use of latest findings against possible ‘alternative explanations’
 - Trends and hypotheses (e.g. arrested immunity) or
 - Unmeasured variables (networks) or
 - Changes in population over time and clients served
- Use other data sources to assess program—IPP, case reports, U.S. Census, NSFG estimates...?
- **What are project limits and priorities?**

Data Driving Challenges

- Empowering data in the decision making process
 - Competing program priorities—CDC, intra-regional
 - Funding issues and program performance
 - Professional perspectives and training
- Organizational change process
 - Identifying priorities and dealing with differences
 - Conflict and consensus
 - Addressing where decisions are located—local, state and regional perspectives
- New (and old) ways to do program monitoring and evaluation

Region X Data Projects

Some Context

- Even with a limited lab slip/data form, many possible data projects and analyses
- Pros/cons of large IPP data sets with few data elements
- Project limits
 - Purpose
 - Design
 - Time
 - Resources

'Secrets' of Region X Data Projects

- **The key to happiness? Humans are social animals**
- Collaborate
 - Jeanne, Roxanne, Lisa, Linda#1, Devika, Reena, Linda#2, Kathryn, Mark, Todd, Chris, Bill, Kelly, Scott, Debbie, Linda#3, Stu, Catherine, Steven, Wendy, Sharon
- Try to connect with others; try not to get in the way
 - Matt, Delia, Bill, Joan, Pat, David#2, Yvonne, Lori, Stephanie
- Ask for help, but try first
- Disseminate—posters, oral presentations, journal articles, routine project reports
- Improve dissemination—tie results to program; use program to inform analysis priorities; produce more/better

Recent Region X Data Analyses

- Gonorrhea in FP clinics, 2003-2006
- CT screening and risk factors among women over age 24
- CT among men seen at Region X STD clinics, 2000-2006
- CT among Asian and Native Hawaiian/Other Pacific Islander women age 15-24 in Region X FP clinics, 2000-06
- Transmitting and merging IPP electronic and hard-copy data between lab, Ahlers and program
- CT among women who have sex with women (WSW) attending FP, STD and other Region X clinics
- CT, number of partners and partner treatment among women who had reported CT infection in past year

- Data-driven management: Sharing lab cost data to improve clinics' adherence to selective screening criteria
- Chlamydia among American Indian/Alaska Native women: Comparing Indian Health Service and IPP clinic populations in Region X
- Cervicitis in women attending STD clinics in WA state
- Race/ethnicity and chlamydia, 1997-2006
- Trends in gonorrhea incidence, chlamydia prevalence and rates of PID and ectopic pregnancy in WA, 1992-2005
- Analysis of chlamydia screening in the U.S. (Region X)—stochastic modeling
- Analyses TBD
 - IPP and the WA case reporting system
 - IPP and reinfection

Other Important Data

- Group Health Cooperative
 - Their process, analyses and results will potentially impact Region X IPP (and other regions') program and data activities
- Other issues within IPP
 - Lab-data innovations
 - Future local research and program activities
 - Communication and coordination across clinical, lab and data
 - Cross-regional

IPP and Data-Driving—A Recent Example

- What are the consequences of a CT control program?
- Epidemiology of CT—Are we losing ground?
- During the past few years debates have ‘raged’ over the impact of programs to:
 - Detect and treat cases of chlamydia
 - Provide services to sex partners of infected individuals
- Program results have varied
 - Across countries and programs
 - Within countries and programs over time
 - Based on case rates and prevalence (positivity)
 - Based on chlamydia results or RH consequences
- But in last 10 years, increases in positivity and case rates

- These issues have been highlighted in recent articles and conferences
- The issues ‘crystallized’ at ISSTDR July 2007
 - Rekart summarized his and Brunham’s evidence for the ‘arrested immunity’ hypothesis
 - Miller provided a cautionary exploration of possible alternative explanations for research and program results
 - Kretzschmar showed that sometimes CT trends made sense and sometimes they didn’t
 - Low said that definitions (of systems and activities) and research designs needed strengthening
 - Gift modeled the effectiveness of different screening strategies for men and women
 - Everyone wants more and better data

- We need:
 - Better-designed efforts
 - Better measures
 - More rigorous tests of possible explanations
 - Greater use of existing data systems
- We also need more communication between program managers and researchers
 - National STD Prevention conference, March 2008
 - ISSTDR
 - Other venues and opportunities

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