

Attachment 2a – Public Comments

1. Comment on the Centers for Disease Control and Prevention (CDC) Notice: Survey of Sexually Transmitted Disease (STD) Provider Practices in the United States (0920-16BFQ) 2016-23925

the American people do not need to be gouged to pay for these surveys to be done every year. every 5 years is often enough. this agency is just a big spender and we need to cut the size of govt down. they spend too much and do nothing to really help America. I am totally opposed to this unnecessary collection of information.

2. Comment on the Centers for Disease Control and Prevention (CDC) Notice: Survey of Sexually Transmitted Disease (STD) Provider Practices in the United States (0920-16BFQ) 2016-23925

The CDC indicates, in the Federal Register notice, that they intend to use the AMA Masterfile as the sample frame for the survey. The AMA Masterfile is costly and has been shown to be of inferior quality, with regard to address accuracy, when compared to NPPES (free) and SK&A.

I highly recommend review of this article whereby the authors attempted to verify contact information for physicians across three different sample frames (AMA Masterfile, NPPES, and SK&A).

<http://rd.springer.com/article/10.1007/s11606-015-3380-9>

I would strongly urge the CDC to reconsider the sample frame for this study.



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Mary T. Bassett, MD, MPH
Commissioner

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December 1, 2016

www.regulations.gov

Re: Proposed Data Collection - Survey of Sexually Transmitted Disease (STD) Provider Practices in the United States (*Centers for Disease Control and Prevention - Docket No. CDC-2016-0096*)

To Whom It May Concern:

The New York City Department of Health and Mental Hygiene (the Department) appreciates the opportunity to provide comments regarding the Centers for Disease Control and Prevention (CDC) proposed "Survey of Sexually Transmitted Disease (STD) Provider Practices in the United States." The Department commends CDC for initiating this proposed data collection.

CDC asked for comments on whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility.

The Department acknowledges the lack of detailed national data on physician STD practices. Thus, it is critical to our collective disease control and prevention efforts to assess medical providers' understanding of policies and practices for STD care delivery, awareness of CDC's STD treatment guidelines and actual practices when it comes to STD care and treatment. A national survey will assist us in better understanding the opportunities and gaps among providers who administer STD prevention and treatment services.

The Department believes that this information will be helpful, but also encourages CDC to be sure the data are generalizable. Every jurisdiction is unique, so it is critical that any conclusions are reflective of the limitations and opportunities present within that jurisdiction.

In regards to the breakdown of providers by specialty or whether they are public or private providers, the Department reminds CDC that public health funding for STD prevention has consistently decreased nationwide. This funding environment has impacted publicly-funded STD clinics and local health department capacity to do provider outreach and enhance STD prevention and treatment efforts, despite rising STD rates. All results from this survey should be reflective of the limited capacity of public health and public providers.

CDC also asked for comments on ways to enhance the quality, utility, and clarity of the information to be collected.

The Department urges CDC to collaborate with and seek input from local health departments, as many health departments have pre-established relationships with providers and are much more aware of capacity, awareness, and understanding among providers that serve patients in their jurisdictions.

While CDC is focused on assessing provider understanding of its guidelines, it is also critical that providers respond to questions that assess general awareness of statutes and recommendations specific to their states and jurisdictions (e.g. "I am aware of laws in my state that govern STD practices). CDC should also include a link to one or multiple resources that list each state's STD-related statutes, like CDC's "State Statutes Explicitly Related to Sexually Transmitted Diseases in the United States, 2013" available online at: <http://www.cdc.gov/std/program/final-std-statutesall-states-5june-2014.pdf>.

Finally, the Department encourages CDC to ensure that data from this survey are available to health departments at the state, regional, and/or local level to be able to better assess gaps within each jurisdiction. While the Department understands that the survey will only go out to 5,000 physicians nationwide and, thus, that breaking down information to the local level may not be truly representative of the activities in that locality, any additional information to assist local health departments in their provider education efforts can enhance disease control and prevention efforts and improve the sexual health of their constituents.

Sincerely,



Jay K. Varma, MD
Deputy Commissioner
Division of Disease Control

Response to December 1, 2016 Public Comment from NYC (See Att2c NYC)

From: Leichter, Jami (CDC/OID/NCHHSTP)

Sent: Thursday, December 15, 2016 2:27 PM

To: Varma, Jay (CDC health.nyc.gov) <Jvarma@health.nyc.gov>

Subject: response to comments (Survey of STD Provider Practices in the United States)

Dear Dr. Varma,

Thank you for submitting comments to our proposed data collection - Survey of Sexually Transmitted Disease (STD) Provider Practices in the United States (Centers for Disease Control and Prevention - Docket No. CDC-2016-0096). We are glad that you agree the information gathered from this data collection is needed and will be helpful. We have addressed each of your comments below to provide additional information.

Generalizability of the data

We have designed the survey to be generalizable. Specifically, data will be representative of providers from five key specialties and for public and private providers at a national-level. We are also attempting to have representative data for each U.S. Census Region.

Consider decreases in public health funding when examining results for public providers

This is an excellent comment and we agree that this is a necessary consideration. In fact, in a recent publication currently under review, we have discussed this issue in relation to STD services offered by local health departments (from a separate survey of state and local health departments).

Collaborate and seek input from local health departments as they may be more aware of capacity etc. in their jurisdictions & providing information at state, regional, local level

Although we agree that it would be useful to have data generalizable at the state or local level, we did not have the budget to support a survey of this magnitude. However, our survey design should provide generalizable data for specialty, public/private and Census region. Thus, we are hopeful that these data could be used by local health departments in discussions with providers in their jurisdictions.

Provider awareness of statutes and recommendations in their states

During survey development, we considered asking “knowledge” related items including awareness of state statutes. However, survey length can have a negative impact on response rate. Therefore, in order to keep the survey to ~20-30 mins in length, we omitted any items not focusing on provider practices and policies. Additionally, we have made plans to link provider practices to the policies listed on our website and other policy datasets that we have. Finally, we agree that we wanted providers to be more aware of CDC’s STD page (which provides information including the compendium of state statutes); therefore, we direct respondents to this website when they complete the survey.

We thank you for your feedback.

Best,

Jami

Jami Leichter, PhD

Team lead, policy science

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