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Quality Contraceptive Services Provider Training:

An Overview of Current Approaches & Tools

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Presenters

Karen Silver

- Senior Advisor for Communications and Outreach, Office of Population Affairs (OPA)

Brittni Frederiksen, MPH, PhD

- Health Scientist, Office of Population Affairs (OPA)

Jacki Witt, JD, MSN, WHNP-BC, FAANP

- Project Director, National Clinical Training Center for Family Planning (NCTCFP)

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HHS Office of Population Affairs Overview

- The HHS Office of Population Affairs (OPA) advises the Secretary and Assistant Secretary of Health on a range of family planning and reproductive health issues and administers the Title X family planning program

- Title X is a federal program that assures the delivery of quality family planning and related preventive health services, with priority for services to individuals from low-income families

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Title X Family Planning Program

The Title X program provides a broad range of family planning methods and related preventive health services

In 2015, more than 4 million individuals received services through more than 3,900 Title X funded service sites

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Purpose

To provide information about ways to:

- Train clinical providers/staff to deliver quality contraceptive care
- Modify the training in settings affected by Zika

Audience

Managers of Title X and other programs that provide services to non-pregnant individuals of reproductive age (e.g., state Medicaid, FQHCs, private health plans) who are interested in finding ways to build their staff's competency to provide quality contraceptive care

Overall Goal

Suggest & demonstrate strategies for delivering client-centered family planning services that meet individual client needs

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Learning Objectives

1. Discuss core competencies needed to provide contraceptive care
2. Describe key approaches & tools to train health care workers about contraceptive care available from the Title X National Training Centers
3. Explain the components of an effective training design to train clinical providers to delivery quality contraceptive care
4. Describe how to adapt a training to integrate Zika-related counseling and education

Providing Quality Family Planning Services

- Comprehensive, evidence-informed guidelines for the delivery of family planning and related preventive health services

- *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)* offers the first national evidence-informed guidelines for the delivery of family planning services

- Family planning programs should have a system for quality improvement

The Training Topics

1. Contraception 101/Full Range of Methods
2. Client-Centered Care
3. Pregnancy Intention Screening
4. LARC Specific Information
5. Referral
6. Logistical & Operational Functions
7. Contraceptive Care in the Context of Zika

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Core Competencies for Contraceptive
And Other Related Family Planning Services in the Context of Zika

CLINICAL STAFF

Counseling & Education

1. Provide respectful and client-centered care focused on meeting clients' needs.

   1a: Establish and maintain rapport with the client.
   1b: Approach all clients, including marginalized and vulnerable populations, in a nonjudgmental and nondiscriminatory manner with respect for individual dignity.
   1c: Show respect for clients' choices, as well as their right to consent for, or refuse care.

2. Screen all clients for their pregnancy desires and/or reproductive life plan.

   2a: Include the full range of potential desires/intentions in screening.
   2b: Include the possibility of changing desires/intentions in screening.

3. **Provide Zika education and risk assessment in the context of the client's reproductive intentions.**

   3a: Provide basic information about Zika, its transmission through both mosquito bites and sex, and its association with negative pregnancy outcomes.
   3b. Conduct individualized risk assessment for Zika infection with consideration for whether client or partner(s) live in an area with active Zika transmission, have traveled to an endemic area, or whether they plan to travel to an endemic area.
   3c. Discuss pregnancy goals within the context of risk for Zika infection.
   3d. Provide information about strategies to prevent Zika infection and its consequences.

4. Provide contraceptive counseling and services to all clients wishing to prevent pregnancy in a client-centered manner that prioritizes patient preferences and reproductive autonomy.

   4a: Assess which methods are safe for the client to use, takeing into account their medical history and the Centers for Disease Control and Prevention (CDC) guidelines.
   4b: Provide culturally and linguistically appropriate health education **related to risk for Zika infection and contraception and pregnancy options,** in a manner that can be readily understood and retained by the client, with attention to health literacy and numeracy, using visual aids, as needed.

The Competencies

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Training Topic 1: Contraception101

Core Competency 4

Provide contraceptive counseling and services to all clients wishing to prevent pregnancy in a client-centered manner that prioritizes patient preferences and reproductive autonomy.

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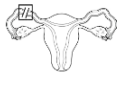
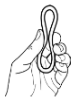
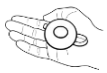
Birth Control Method Options

Most Effective ← → Least Effective

	Female Sterilization	Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness Based Methods	Spermicides
															
Risk of pregnancy*	.5 out of 100	.15 out of 100	LNG: .2 out of 100 CopperT: .8 out of 100	.05 out of 100	6 out of 100	9 out of 100			12 out of 100	18 out of 100	21 out of 100	22 out of 100	12–24 out of 100	24 out of 100	28 out of 100
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	Permanent		Lasts up to 3–12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month	Every time you have sex					Daily	Every time you have sex
Menstrual side effects	None		LNG: Spotting, lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.			None						
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/ weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation			None	Allergic reaction, irritation	None	Allergic reaction, irritation
Other considerations	Provides permanent protection against an unintended pregnancy.		LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.			No hormones	No hormones. No prescription necessary.		No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can increase awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.

Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.

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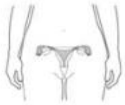
Comparing Effectiveness of Family Planning Methods

More effective
Less than 1 pregnancy per 100 women in 1 year


Implants

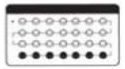

IUD


Female sterilization


Vasectomy


Injectables


LAM


Pills


Patch


Vaginal ring


Male condoms


Diaphragm


Female condoms


Fertility awareness methods


Withdrawal

Spermicides

Less effective
About 30 pregnancies per 100 women in 1 year

How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months

Injectables: Get repeat injections on time

Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time

Condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

Withdrawal, spermicides: Use correctly every time you have sex

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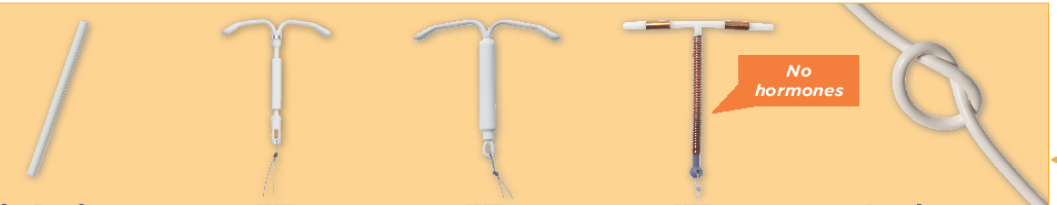
HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

Really, really well



	The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
Works, hassle-free, for up to...	3 years	3 years	5 years	12 years	Forever

Less than 1 in 100 women

Okay

	The Pill	The Patch	The Ring	The Shot (Depo-Provera)
For it to work best, use it...	Every. Single. Day.	Every week	Every month	Every 3 months

6-9 in 100 women, depending on method

Not so well

	Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women
For each of these methods to work, you or your partner have to use it every single time you have sex.				

12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.

BEDSIDER Bedsider.org

Bixby Center for Global Reproductive Health

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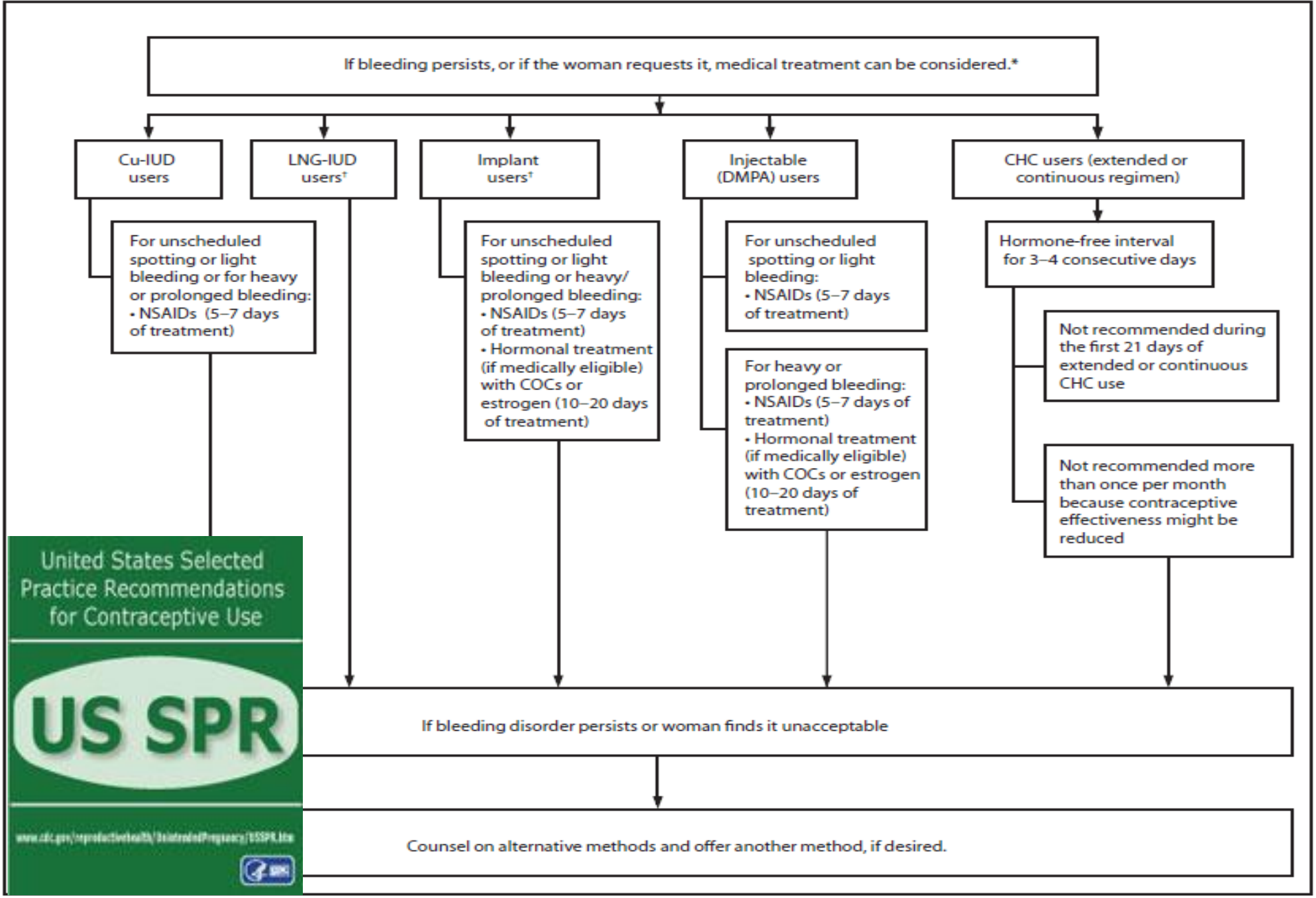
Safety and Clinical Management Recommendations

2014

2016

2016


If bleeding persists, or if the woman requests it, medical treatment can be considered.*
Cu-IUD users
LNG-IUD users†
Implant users†
Injectable (DMPA) users
CHC users (extended or continuous regimen)
For unscheduled spotting or light bleeding or for heavy or prolonged bleeding:
• NSAIDs (5–7 days of treatment)
For unscheduled spotting or light bleeding or heavy/ prolonged bleeding:
• NSAIDs (5–7 days of treatment)
• Hormonal treatment (if medically eligible) with COCs or estrogen (10–20 days of treatment)
For unscheduled spotting or light bleeding:
• NSAIDs (5–7 days of treatment)
For heavy or prolonged bleeding:
• NSAIDs (5–7 days of treatment)
• Hormonal treatment (if medically eligible) with COCs or estrogen (10–20 days of treatment)
Hormone-free interval for 3–4 consecutive days
Not recommended during the first 21 days of extended or continuous CHC use
Not recommended more than once per month because contraceptive effectiveness might be reduced
United States Selected Practice Recommendations for Contraceptive Use
US SPR
If bleeding disorder persists or woman finds it unacceptable
Counsel on alternative methods and offer another method, if desired.

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Age		Menarche to <20 yrs:2		Menarche to <20 yrs:2		Menarche to <18 yrs:1		Menarche to <18 yrs:2		Menarche to <18 yrs:1		Menarche to <40 yrs:1	
		≥20 yrs:1		≥20 yrs:1		18-45 yrs:1		18-45 yrs:1		18-45 yrs:1		≥40 yrs:2	
						>45 yrs:1		>45 yrs:2		>45 yrs:1			
Anatomical abnormalities	a) Distorted uterine cavity	4		4									
	b) Other abnormalities	2		2									
Anemias	a) Thalassemia	2		1		1		1		1		1	
	b) Sickle cell disease‡	2		1		1		1		1		2	
	c) Iron-deficiency anemia	2		1		1		1		1		1	
Benign ovarian tumors	*(including cysts)*	1		1		1		1		1		1	
Breast disease	a) Undiagnosed mass	1		2		2*		2*		2*		2*	
	b) Benign breast disease	1		1		1		1		1		1	
	c) Family history of cancer	1		1		1		1		1		1	
	d) Breast cancer‡												
	i) Current	1		4		4		4		4		4	
	ii) Past and no evidence of current disease for 5 years	1		3		3		3		3		3	
Breastfeeding	a) <21 days postpartum					2*		2*		2*		4*	
	b) 21 to <30 days postpartum												
	i) With other risk factors for VTE					2*		2*		2*		3*	
	ii) Without other risk factors for VTE					2*		2*		2*		3*	
	c) 30-42 days postpartum												
	i) With other risk factors for VTE					1*		1*		1*		3*	
	ii) Without other risk factors for VTE					1*		1*		1*		2*	
	d) >42 days postpartum					1*		1*		1*		2*	
Cervical cancer	Awaiting treatment	4	2	4	2	2		2		1		2	
Cervical ectropion		1		1		1		1		1		1	
Cervical intraepithelial		1		2		2		2		1		2	
		1		1		1		1		1		1	
		1		3		3		3		3		4	
		1*		1*		1*		2*		1*		1*	
	PE	1		2		2		2		2		4	
	PE	1		2		2		2		2		3	
		2		2		2		2		2		4	
	gulant												
	PE	2		2		2		2		2		4*	
	PE	2		2		2		2		2		3*	
	ives)	1		1		1		1		1		2	
	on	1		2		2		2		2		4	
	zation	1		1		1		1		1		2	
	zation	1		1		1		1		1		1	
		1*		1*		1*		1*		1*		1*	

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Diabetes	a) History of gestational disease	1		1		1		1		1		1	
	b) Nonvascular disease												
	i) Non-insulin dependent	1		2		2		2		2		2	
	ii) Insulin dependent	1		2		2		2		2		2	
	c) Nephropathy/retinopathy/neuropathy‡	1		2		2		3		2		3/4*	
	d) Other vascular disease or diabetes of >20 years' duration‡	1		2		2		3		2		3/4*	
Dysmenorrhea	Severe	2		1		1		1		1		1	
Endometrial cancer‡		4	2	4	2	1		1		1		1	
Endometrial hyperplasia		1		1		1		1		1		1	
Endometriosis		2		1		1		1		1		1	
Epilepsy‡	*(see also Drug Interactions)*	1		1		1*		1*		1*		1*	
Gallbladder disease	a) Symptomatic												
	i) Treated by cholecystectomy	1		2		2		2		2		2	
	ii) Medically treated	1		2		2		2		2		3	
	iii) Current	1		2		2		2		2		3	
	b) Asymptomatic	1		2		2		2		2		2	
Gestational trophoblastic disease‡	a) Suspected GTD (immediate postevacuation)												
	i) Uterine size first trimester	1*		1*		1*		1*		1*		1*	
	ii) Uterine size second trimester	2*		2*		1*		1*		1*		1*	
	b) Confirmed GTD												
	i) Undetectable/non-pregnant ß-hCG levels	1*	1*	1*	1*	1*		1*		1*		1*	
	ii) Decreasing ß-hCG levels	2*	1*	2*	1*	1*		1*		1*		1*	
	iii) Persistently elevated ß-hCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2*	1*	2*	1*	1*		1*		1*		1*	
	iv) Persistently elevated ß-hCG levels or malignant disease, with evidence or suspicion of intrauterine disease	4*	2*	4*	2*	1*		1*		1*		1*	
Headaches	a) Nonmigraine (mild or severe)	1		1		1		1		1		1*	
	b) Migraine												
	i) Without aura (includes menstrual migraine)	1		1		1		1		1		2*	
	ii) With aura	1		1		1		1		1		4*	
History of bariatric surgery‡	a) Restrictive procedures	1		1		1		1		1		1	
	b) Malabsorptive procedures	1		1		1		1		3		COCs: 3 P/R: 1	
History of cholestasis	a) Pregnancy related	1		1		1		1		1		2	
	b) Past COC related	1		2		2		2		2		3	
History of high blood pressure during pregnancy		1		1		1		1		1		2	
History of Pelvic surgery		1		1		1		1		1		1	
HIV	a) High risk for HIV	2	2	2	2	1		1*		1		1	
	b) HIV infection					1*		1*		1*		1*	
	i) Clinically well receiving ARV therapy	1	1	1	1	If on treatment, see Drug Interactions							
	ii) Not clinically well or not receiving ARV therapy‡	2	1	2	1	If on treatment, see Drug Interactions							

Abbreviations: C=continuation of contraceptive method; CHC=combined hormonal contraception (pill, patch, and, ring); COC=combined oral contraceptive; Cu-IUD=copper-containing intrauterine device; DMPA = depot medroxyprogesterone acetate; I=initiation of contraceptive method; LNG-IUD=levonorgestrel-releasing intrauterine device; NA=not applicable; POP=progestin-only pill; P/R=patch/ring ‡ Condition that exposes a woman to increased risk as a result of pregnancy. *Please see the complete guidance for a classification to this classification: www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm.

United States Medical Eligibility Criteria for Contraceptive Use

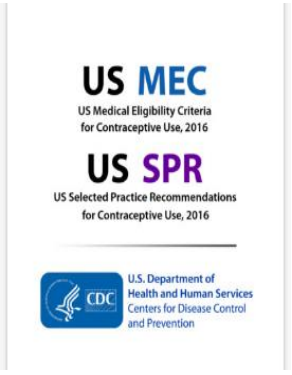
US MEC

Theoretical or proven risks usually outweigh the advantages

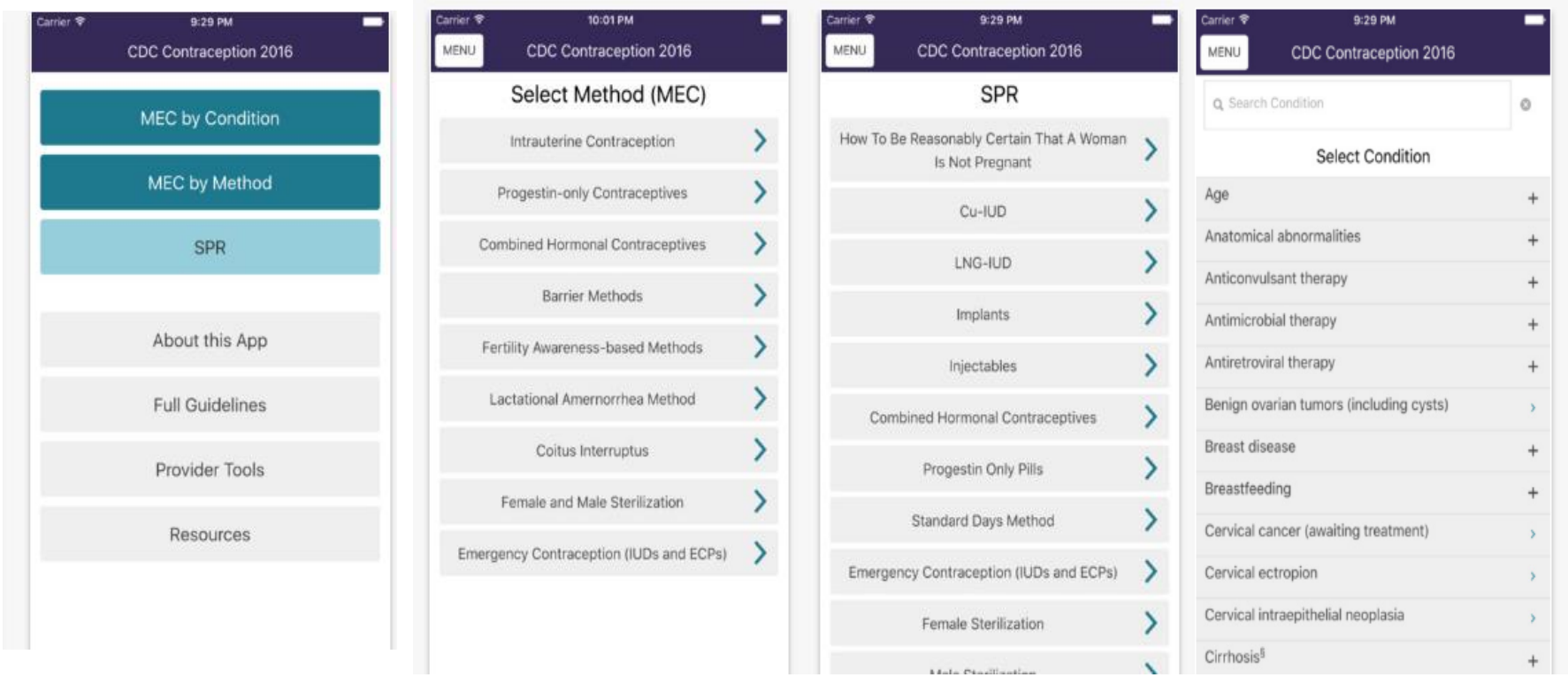
Unacceptable health risk (method not to be used)

Free and User-Friendly

Download the 2016 US MEC & US SPR app



- An easy to use reference
- Combines information from both.. It
- Streamlined interface for quick & easy guidance
- Available for iOS and Android operating systems



Checklist

Family planning and related preventive health services

for women

		Family planning services (provide services in accordance with the appropriate clinical recommendation)					
	Screening components	Contraceptive services[1]	Pregnancy testing and counseling	Basic infertility services	Preconception health services	STD services[2]	Related preventive health services
History	Reproductive life plan	✓	✓	✓	✓	✓	
	Medical history	✓	✓	✓	✓	✓	✓
	Current pregnancy status	✓					
	Sexual health assessment	✓		✓	✓	✓	
	Intimate partner violence				✓		
	Alcohol & other drug use				✓		
	Tobacco use	✓ *(combined hormonal methods for clients ≥35 years)*			✓		
	Immunizations				✓	✓[4] *(HPV & HBV)*	
	Depression				✓		
	Folic acid				✓		

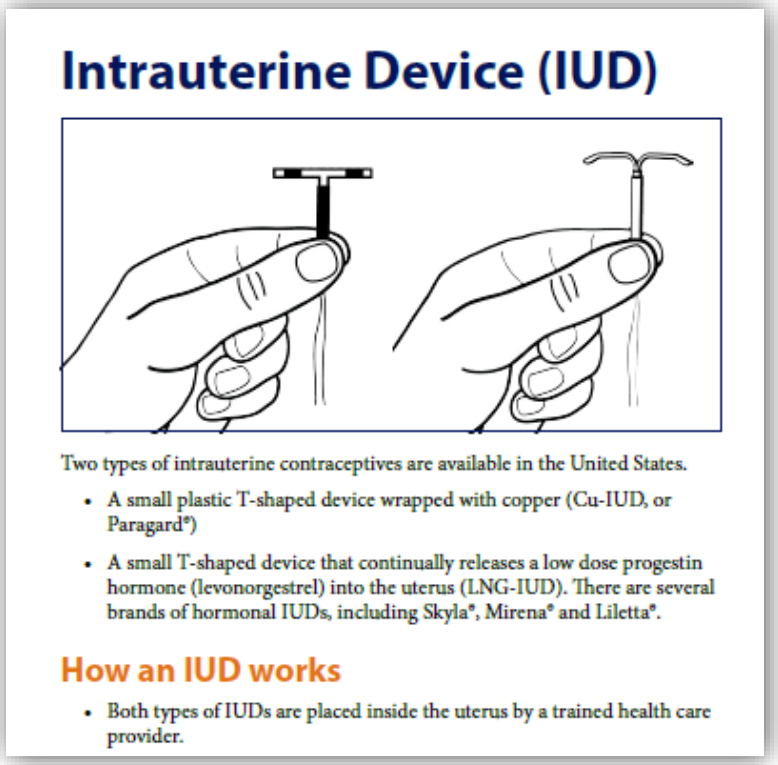
Physical examination	Height, weight & BMI	✓ *(hormonal methods)*[3]		✓	✓		
	Blood pressure	✓ *(combined hormonal methods)*			✓[4]		
	Clinical breast exam			✓			✓[4]
	Pelvic exam	✓ *(initiating diaphragm or IUD)*	✓ *(if clinically indicated)*	✓			
	Signs of androgen excess			✓			
	Thyroid exam			✓			
Laboratory testing	Pregnancy test	✓ *(if clinically indicated)*	✓				
	Chlamydia	✓[5]				✓[4]	
	Gonorrhea	✓[5]				✓[4]	
	Syphilis					✓[4]	
	HIV/AIDS					✓[4]	
	Hepatitis C					✓[4]	
	Diabetes				✓[4]		
	Cervical cytology						
	Mammography						

Full Range of Contraceptive Methods

- Provide education regarding the full range of contraceptive methods

- Explaining Contraception: job aid, one-page overview for each of the contraceptive methods available

  http://fpntc.org/training-and-resources/training-tools-explaining-contraception



Intrauterine Device (IUD)

Two types of intrauterine contraceptives are available in the United States.

- A small plastic T-shaped device wrapped with copper (Cu-IUD, or Paragard®)
- A small T-shaped device that continually releases a low dose progestin hormone (levonorgestrel) into the uterus (LNG-IUD). There are several brands of hormonal IUDs, including Skyla®, Mirena® and Liletta®.

How an IUD works

- Both types of IUDs are placed inside the uterus by a trained health care provider.

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Steps in Providing Contraceptive Services

- Establish and maintain rapport with the client
- Obtain clinical and social information from the client
- Work with the client interactively to select the most effective and appropriate contraceptive method
- Conduct a physical assessment related to contraceptive use, when warranted
- Provide the contraceptive method along with instructions about correct and consistent use, help the client develop a plan for the selected method and for follow-up, and confirm client understanding

Training Topic 2: Client-Centered Care

Core Competency 1. Provide respectful and client-centered care focused on meeting clients' needs.

What Is the Goal of a Contraceptive Encounter?

- To decrease rates of unintended pregnancy
- To increase access to the full range of contraceptive methods
- To optimize inter-pregnancy intervals

To help clients clarify what they want and help them get it.

Patty Cason RN, MS, FNP-BC

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5 Principles for Providing Quality Counseling

- Establish and maintain rapport with the client
- Assess the client's needs and personalize discussions accordingly
- Work with the client interactively to establish a plan
- Provide information that can be understood and retained by the client
- Confirm client understanding

Contraceptive Counseling Process Guide

Shared Decision Making

Help client clarify for themselves what is important to her or him

So she or he can:

- Obtain necessary information
- Make choices
- Fulfill their own goals

Shared Decision Making

Additional Resources: Client-Centered Care

FPNTC Website – www.fpntc.org

- Quality Contraceptive Counseling and Education: A Client-Centered Conversation eLearning course
- Providing Quality Contraceptive Counseling & Education: A Toolkit for Training Staff
- Anna's Contraceptive Counseling Visit: A Video that Models Client-Centered Counseling in Action

Cultural Awareness in Contraceptive Services & Training

Think Cultural Health

Features information & resources for health care professionals to learn about culturally and linguistically appropriate services.

- Resources
  - Fact sheets - Audio/video - Scientific papers - Toolkits

- The Guide to Providing Effective Communication & Language Assistance Services
  - Will help your organization consider the cultural, health literacy, and language needs of your clients. Designed for health care administrators, providers & executives

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Training Topic 3: Pregnancy Intention Screening

Core Competency 2. **Screen all clients for their pregnancy desires and/or reproductive life plan.**

- 2a: Include the full range of potential desires/intentions in screening.
- 2b: Include the possibility of changing desires/intentions in screening.

One Key Question

By asking women **"Would you like to become pregnant in the next year?"** primary care clinicians can more fully support women's preventive reproductive health needs, such as preventing an unintended pregnancy or preparing for a healthy pregnancy.

Open-Ended Questions

What are your thoughts about pregnancy right now?

Follow-up with clarifying questions.

If interested in pregnancy, ask:

"Are you currently trying to get pregnant, or thinking about getting pregnant soon?"

Depending on response:

- Provide preconception care related to optimizing fertility and pregnancy outcomes (including addressing health issues that can affect pregnancies)

  OR

- Provide contraceptive counseling for short term delay in pregnancy

Resources:
Pregnancy Intention Screening

- Pregnancy Intention Screening: A New Solution to an Old Problem Webinar
- CDC 'My Reproductive Life Plan' Job Aid

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Training Topic 4: LARC Specific Information

Core Competency 8.

Provide placement and removal of the long-acting reversible methods of contraception (LARC), as indicated by the preference of the client.

Training Topic 4: LARC Specific Information

Core Competency 10. Address scheduling and clinic flow needs for streamlined family planning services.

- 10a: Address inventory and supply chain issues in order to insure timely provision of all methods, including injectable hormonal methods, IUDs and implants, for all clients requesting them.
- 10b: Establish a goal of same day provision of all methods.

Training Topic 4: LARC Specific Information

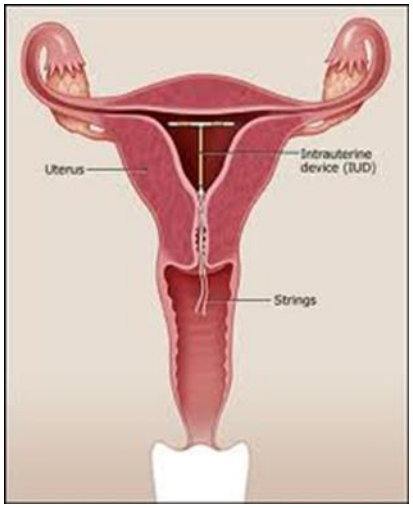
Core Competency 14. Maintain a robust referral network and processes for referral

and follow up for services not provided

(i.e., IUD placement and removal;

implant placement and removal;

abortion, prenatal care, etc.)



LARC Specific Information

Contraceptive Access Change Package

- Most and Moderately Effective Methods
- Access to LARC

Four Best Practices

1. Stock a broad range of contraceptive methods
2. Discuss pregnancy intention and support patients through evidence-informed, patient-centered counseling
3. Develop systems for same-visit provision of all contraceptive methods, at all visit types
4. Utilize diverse payment options to reduce cost as a barrier for the facility and the patient

LARC Specific Information

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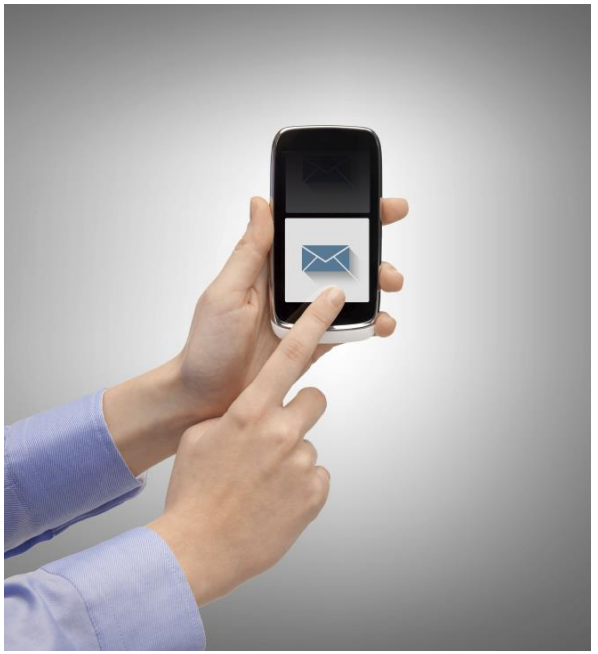
Resources

- NCTCFP LARC Link Database
- NCTCFP LARC Training & LARC Mentor Program
- *Helping your clients prevent unintended pregnancy "Now" and "Later": Evidence-Based use of EC and IUDs* webinar
- Guide to IUD and Implant Reimbursement
- State Medicaid Payment Approaches to Improve Access to LARC Fact Sheet
- ACOG LARC Program
- Beyond the Pill

Training Topic 5: Referral

Core Competency 14. Maintain a robust referral network and processes for referral and follow up for services not provided (i.e., IUD placement and removal; implant placement and removal; abortion, prenatal care, etc.).



Training Topic 6: Logistical & Operational Functions

Core Competency 9. Develop a plan for continuity and sustainability that considers costs of care.

Core Competency 10. Address scheduling and clinic flow needs for streamlined family planning services.

Training Topic 6: Logistical & Operational Functions

Core Competency 11. Provide culturally and linguistically appropriate educational materials addressing risk for Zika infection, all contraceptive methods and pregnancy options, with consideration for health literacy and numeracy.

Core Competency 12. Provide accurate coding and billing for all family planning services.

Training Topic 6: Logistical & Operational Functions

Core Competency 13. Monitor performance as part of the continuous quality improvement process.

Core Competency 14. Maintain a robust referral network and processes for referral and follow up for services not provided (i.e., IUD placement and removal; implant placement and removal; abortion, prenatal care, etc.).

Training Topic 6: Logistical & Operational Functions

- Scheduling & Clinic Flow Needs (Core Competency 10)
  - The Clinic Efficiency Dashboard is designed to help family planning clinic managers and staff to assess and monitor their productivity, clinic flow, and patient experience over time

Training Topic 6: Logistical & Operational Functions

- Cost Analysis (Core Competency 9)

Designed for administrative and managerial staff, Cost Analysis: It Pays To Know Your Costs is a three-part learning series that includes Focused Cost Analysis (FCA) methodology, Relative Value Units information and how to complete an FCA

Training Topic 6: Logistical & Operational Functions

- Billing & Coding

(Core Competency 12)

- *'Coding with Ann'* Podcast Series, free to stream or download.
- ICD-10 Pocket Card
- Evaluation & Management Coding Job Aids
- NACCHO's Toolbox for Billing and Coding Resources
- Coding in the Reproductive Healthcare Environment

Clinical Performance Measures for Contraceptive Care

- OPA has developed clinical performance measures for contraceptive care that assess the provision of contraception to all women of reproductive age in need of contraceptive services, including postpartum women. In 2016, these measures became the first ever NQF-endorsed clinical contraceptive care quality measures

  - Most & Moderately Effective Methods in All Women (NQF #2903),
  - Access to Long-Acting Reversible Contraception (LARC) (NQF #2904), and
  - Postpartum Most & Moderately Effective Methods and Access to LARC (NQF #2902)

Clinical Performance Measures for Contraceptive Care

- Title X data that is already routinely collected for reporting on the Family Planning Annual Report can be used to calculate the measures and
- There is a Contraceptive Care Measures Calculator on the FPNTC website to aid in calculating the contraceptive care measures using FPAR data
- Contraceptive Access Change Package

Training Topic 7: Zika in the Context of Contraceptive Counseling

3. Provide Zika education and risk assessment in the context of the client's reproductive intentions.

- 3a: Provide basic information about Zika, its transmission through both mosquito bites and sex, and its association with negative pregnancy outcomes.

Training Topic 7: Zika in the Context of Contraceptive Counseling

– 3b. Conduct individualized risk assessment for Zika infection with consideration for whether client or partner(s) live in an area with active Zika transmission, have traveled to an endemic area, or whether they plan to travel to an endemic area.

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Training Topic 7: Zika in the Context of Contraceptive Counseling

- 3c. Discuss pregnancy goals within the context of risk for Zika infection.
- 3d. Provide information about strategies to prevent Zika infection and its consequences

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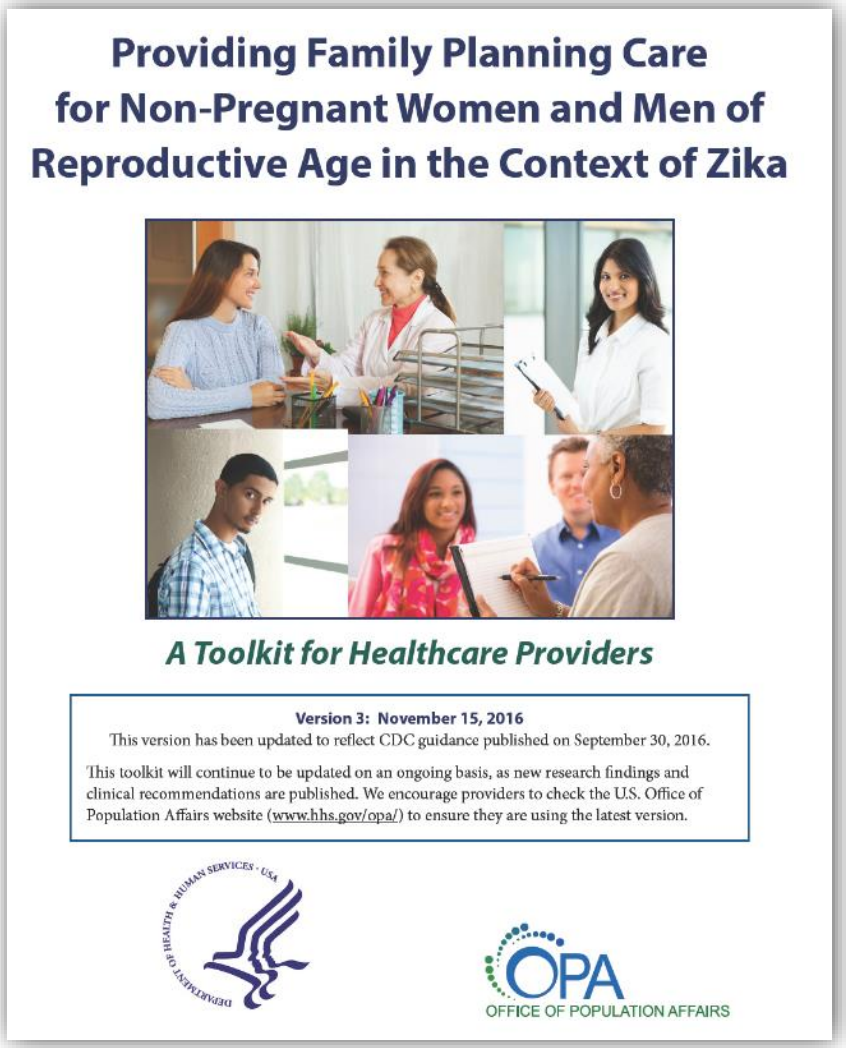
Zika Toolkit



- Zika Toolkit

Overview of Zika-Related Counseling

Figure 1: Family Planning Counseling Process

Assess reproductive goals

↓

Provide Zika risk assessment and education in context of goals

↓

Provide counseling to optimize reproductive health in context of Zika risk

- Client-centered contraceptive counseling
- Pre-conception care

↓

Ensure all clients have received information about strategies to prevent Zika infection

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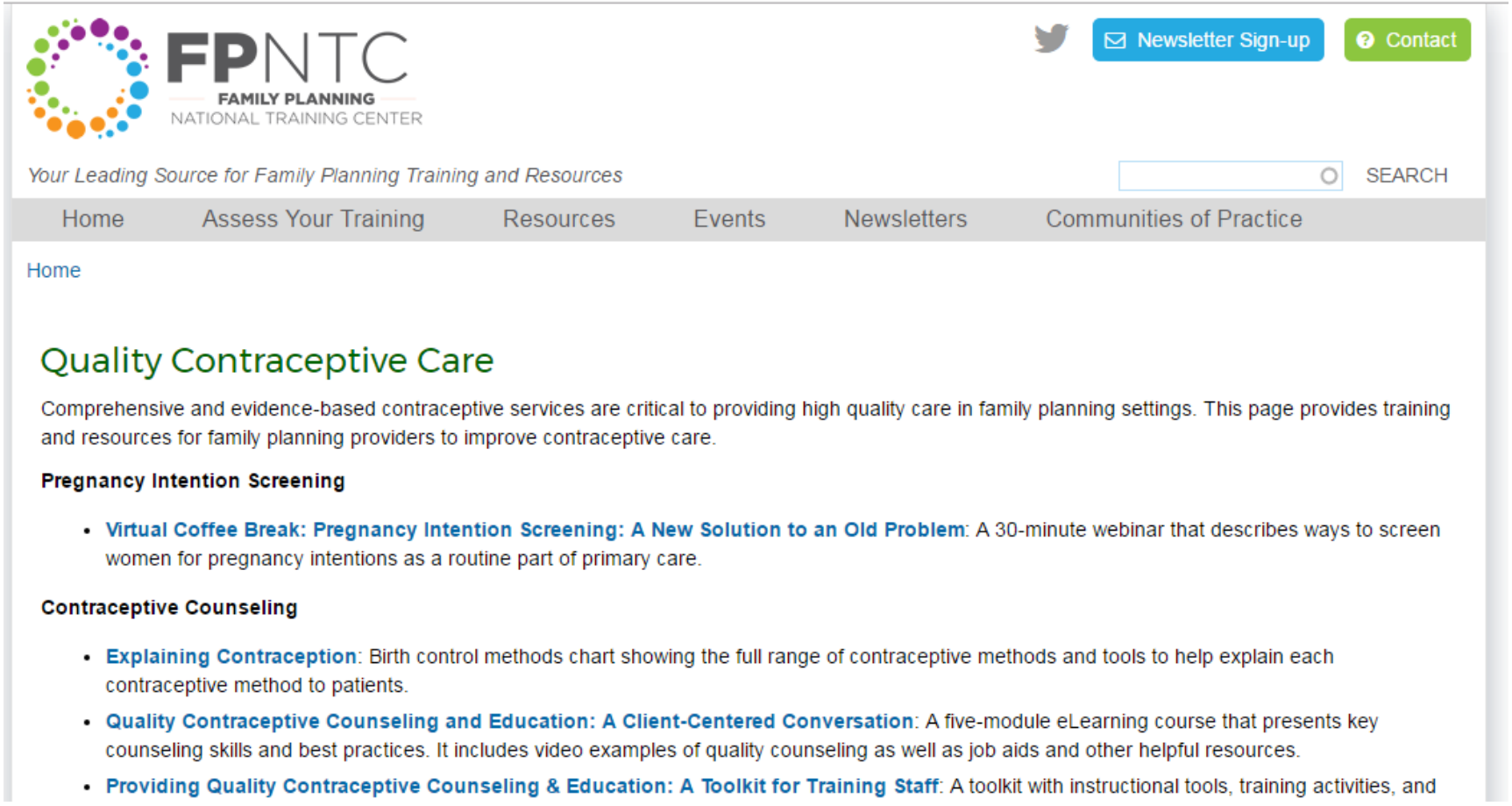
Quality Contraceptive Care Resource Collection

Available at http://fpntc.org/quality-contraceptive-care




SUCCESS
AHEAD

Q&A

If you have a question please utilize the Chat box to the right-hand side of the screen and enter your question. We will try to answer all questions time permitting.

Thank you

Thank you for your time today, we hope this webinar was helpful. The PowerPoint presentation, along with all of the resources covered in today's webinar will be sent via email to all registered attendees.

This webinar was recorded and will be archived and made available to attendees through the www.fpntc.org Resource Collection as well.

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