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Health Centers and Family Planning

Implications of the 2014 Quality Family Planning Services Guidelines Issued by CDC and OPA

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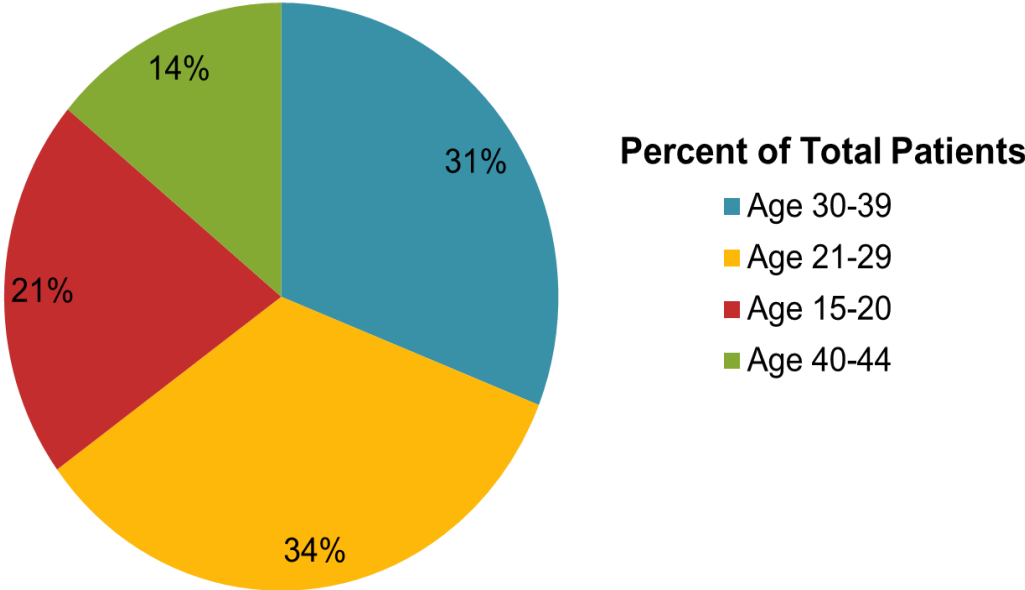
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5.6 Million Women of Childbearing Age Were Seen at Community Health Centers in 2010



2010 UDS, HRSA

2013 Study methods

Original survey fielded April-October 2011

959 Federally-qualified health centers

Specific questions regarding:

contraceptive services, onsite availability of prescriptions drugs/devices, approaches to special populations, staffing arrangements, screening, testing, and treatment practices, collaborations with other providers, confidentiality, practice management, and funding

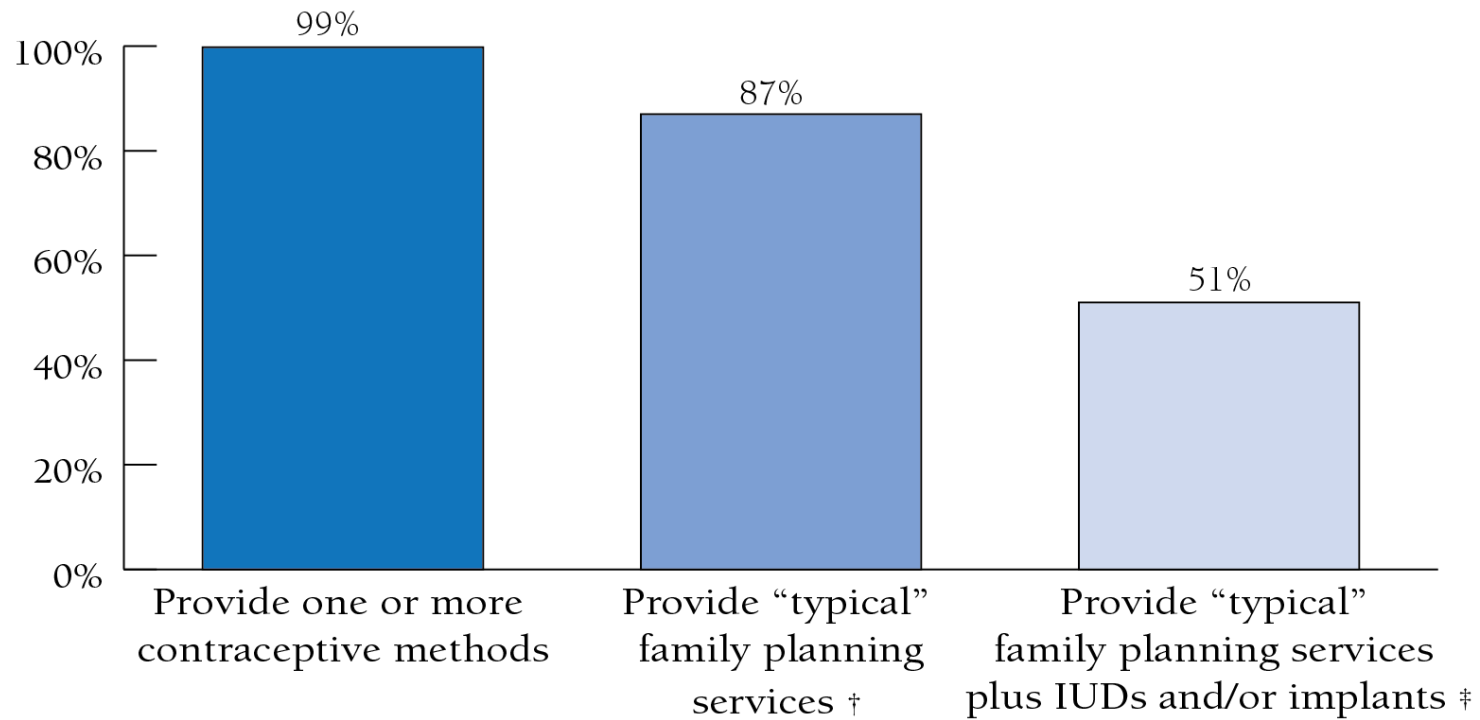
Asked about largest site and all sites

Case study methods

Six in-depth and three targeted case examined:

- Best practices and successful strategies in providing family planning and reproductive health services
- Internal and external factors that act as either barriers to or facilitators of care
- Identified gaps in care among patient populations

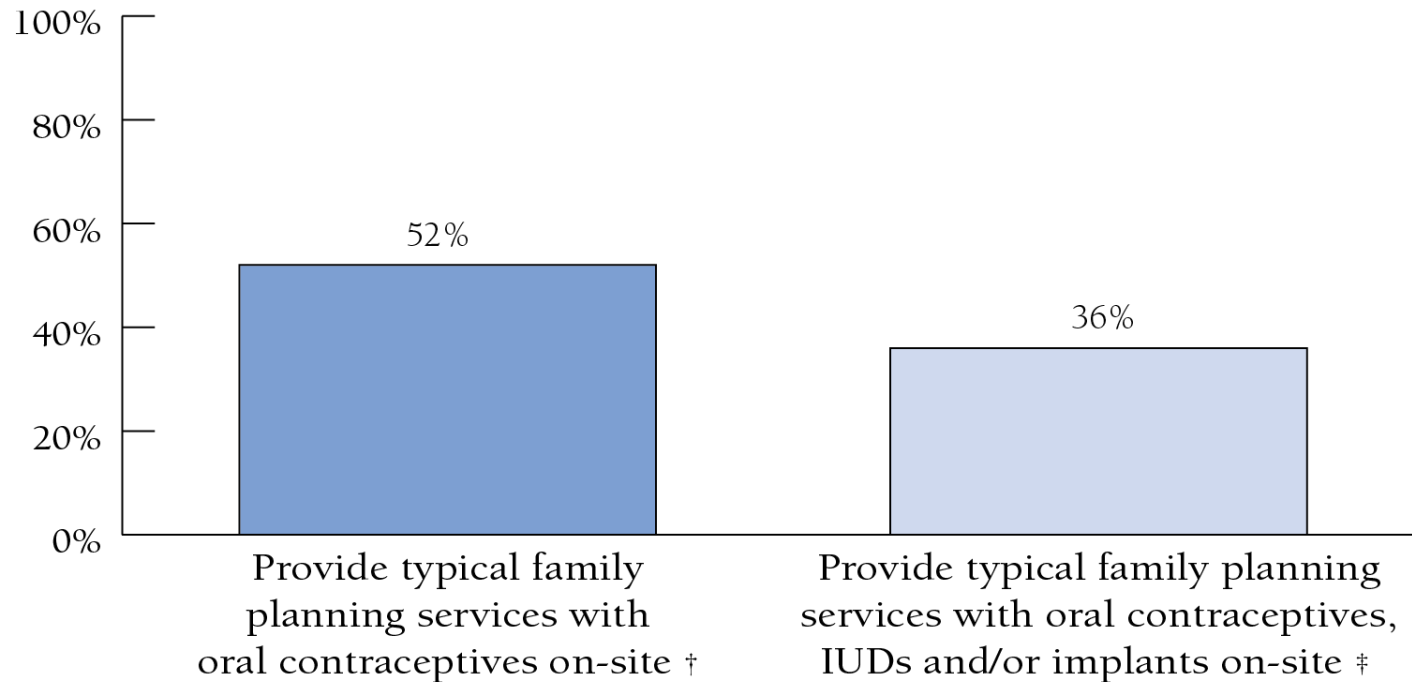
Health Center Provision of Family Planning Services



† Percent of grantee's primary medical care sites that offer what is here defined as a “typical” service package, including: STI testing/treatment, plus oral contraceptives, plus one other contraceptive method (e.g., injectables, IUDs, emergency contraception pills, condoms, hormonal implants).

‡ Percent of grantee's primary care sites that offer STI testing/treatment, plus oral contraceptives, plus IUDs and/or hormonal implants, plus one other contraceptive method.

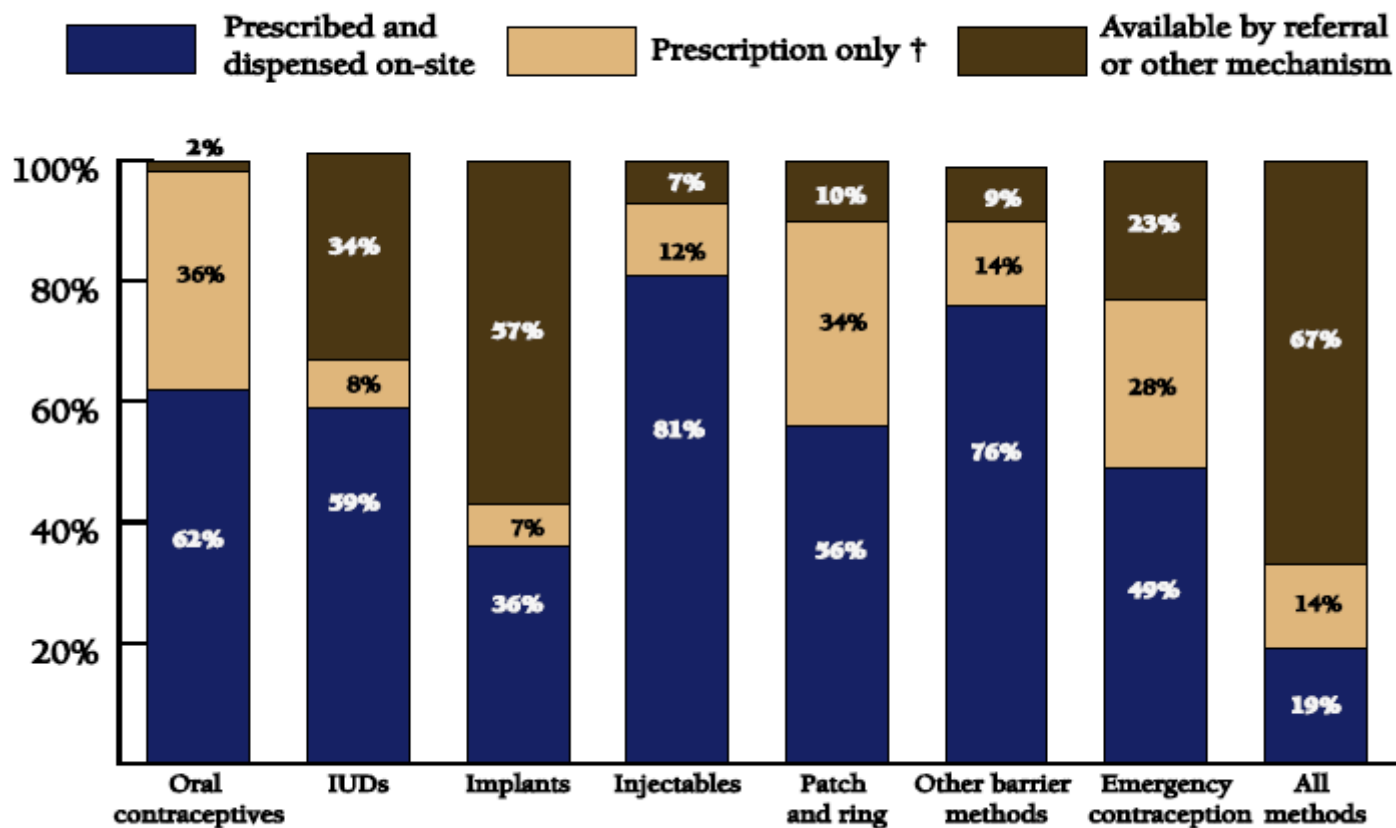
Health Center Providing On-site Oral Contraceptives



† Percent of grantee's primary medical care sites that offer what is here defined as a “typical” service package, including: STI testing/treatment, plus oral contraceptives on-site, plus one other contraceptive method (e.g., injectables, IUDs, emergency contraception pills, condoms, hormonal implants).

‡ Percent of grantee's primary care sites that offer STI testing/treatment, plus oral contraceptives on-site, plus IUDs or hormonal implants, plus one other contraceptive method.

Figure 4. Prescribing and Dispensing of Contraceptive Methods Among Largest Health Center Sites

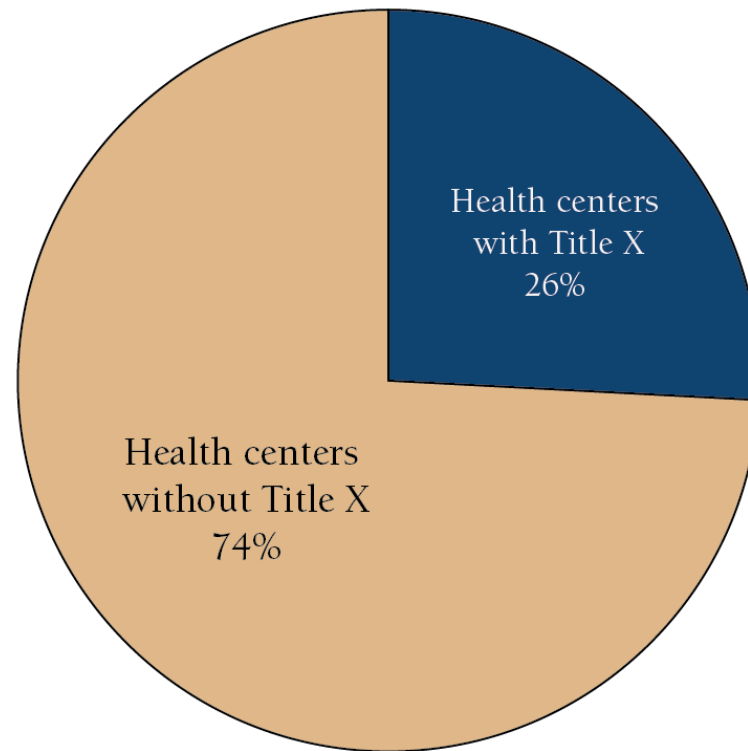


† Prescription only means that the health center site provides prescription and, in some cases, client obtains contraceptive method from outside pharmacy and returns to clinic for administration or insertion, as appropriate.

Key Characteristics of Health Centers that provide more comprehensive methods

- More likely to have Title X funding
- More likely to be medium or large size
- More likely to be located in self-described urban or suburban setting
- More likely to be located in the West
- More likely to employ staff includes Ob-Gyn and FP counselors

Figure 13. Percent of Health Centers where the
Largest Site Received
Title X Family Planning Funding



**Figure 3. Use of Family Planning Counseling
At Largest Health Center Sites, By Type of Clinician**

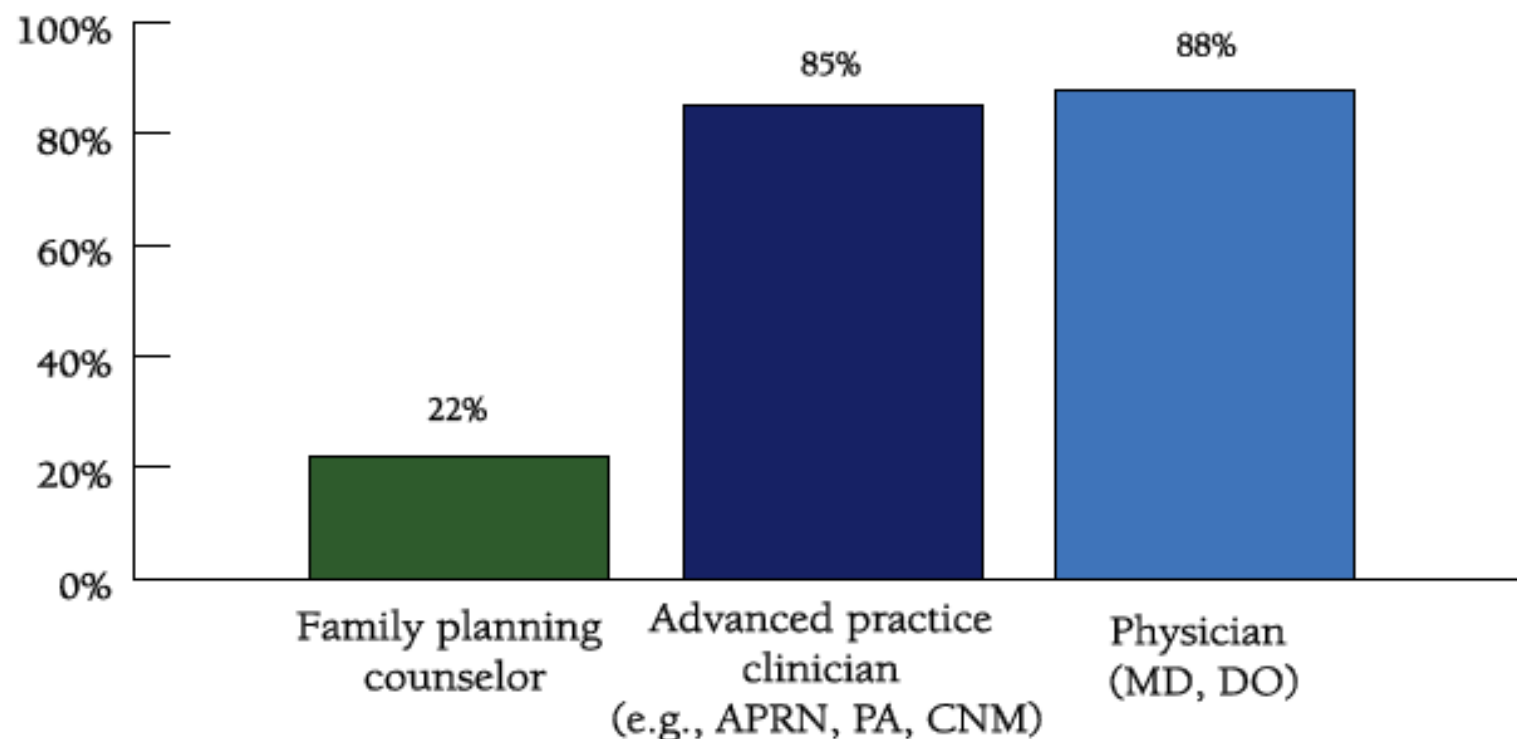
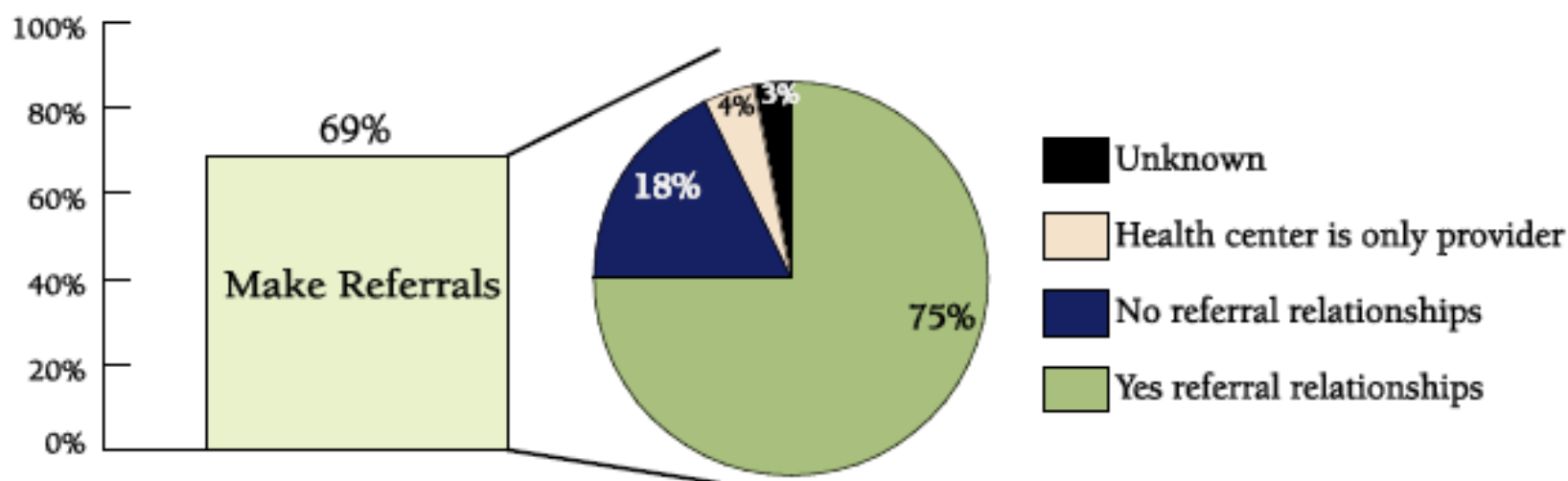


Figure 8. Routine Referral Relationships Among Service Area Family Planning Providers and Largest Health Center Sites



Recommendations from 2013

- 1. Develop Core Health Center Family Planning Guidance that Adapts to Health Center Practice Settings Emerging HHS Policy on Family Planning Practice**
- 2. Establish a Family Planning Practice Re-Design and Quality Improvement Effort as Part of an Overall Primary Health Care Quality Initiative**

Recommendations from 2013

- 3. Bring Value-Based Purchasing and “Health Home” Techniques to Family Planning**
- 4. Foster Health Center/Title X Family Planning Program Collaborations**

CDC/OPA Quality Family Planning Services

Family Planning – preventing or achieving pregnancy

Related Preventive Health Services – ex: breast cancer and cervical cancer screening

Other Preventive Health Services – ex: cholesterol screening

Family Planning is a gateway encounter to primary care

Other clinical visit may be a gateway to family planning services

Recommendations for HRSA

- 1) Convene as workgroup that assists HRSA in translating the QFP guidelines into health center practice
 - integration across services
 - models of collaboration/affiliation with other service sites
- 2) Develop minimum program expectations and performance measures
 - QFP evaluation measures
 - development of actionable measures relevant to FQHCs

Recommendations for HRSA

3) Provide supplemental funding to support onsite service expansion

- targeted funds have an impact

4) Support technical assistance and training, and regional quality improvement initiatives

- clinical training

- adolescent care

- address staff concerns

Recommendations for HRSA

- 5) Develop value-based purchasing models for family planning services
 - innovative approaches for FP payment for FQHCs and other providers through Medicaid to fully capture family planning costs including counseling