
INTEGRATING TITLE X FAMILY PLANNING & STI PROGRAMS – SERVICE DELIVERY RECOMMENDATIONS

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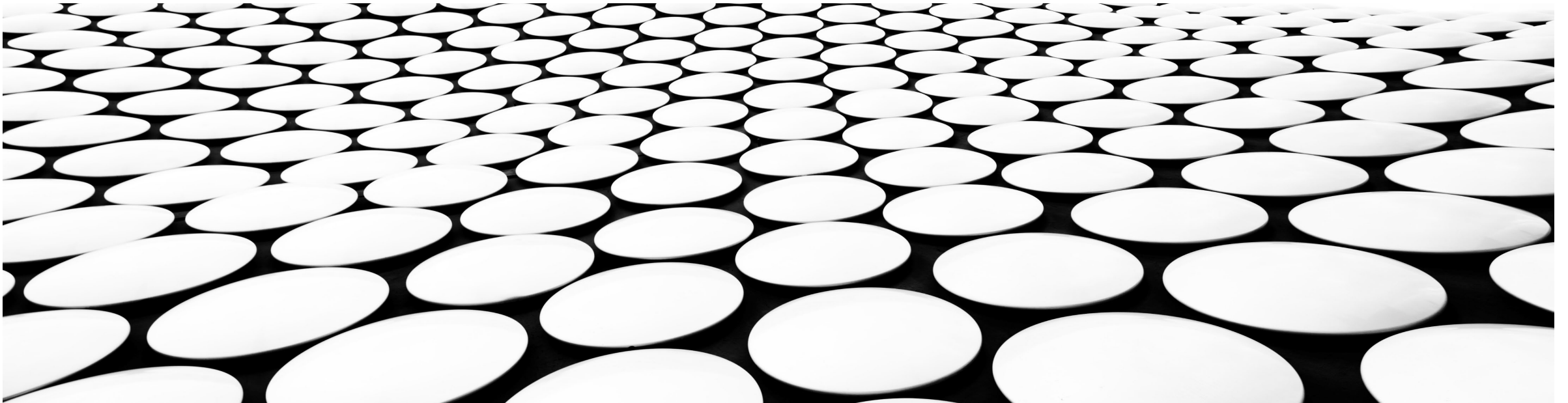
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PRESENTATION OBJECTIVES



1

Describe the assessment process used in MDHHS's Title X Family Planning and STI Integration Learning Pilot.

2

Interpret key findings from the Integration Learning Pilot.

3

Identify MDHHS's clinical service delivery determinations and integration recommendations.

BACKGROUND

Reproductive Health Services

Focus
Preventing pregnancy or achieving pregnancy

+

Sexual Health Services

Focus
Communicable disease prevention and management

=

Service Integration Opportunity

Typically, clients at-risk of pregnancy are also at-risk for STIs, exceptions do apply

BACKGROUND

Opportunity Offers Challenges



Maintaining individual program integrity



Providing high-quality client-centered care for all clients

ASSESSMENT PROCESS

Data Collection

- ✓ Policy/protocol review
- ✓ Clinician observation
- ✓ Chart review
- ✓ Staff interviews



Thank you!

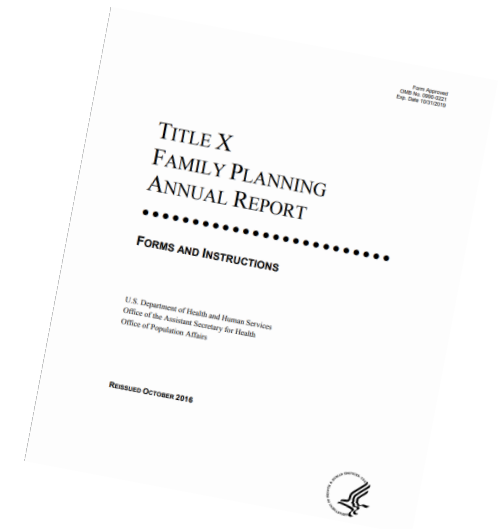
FAMILY PLANNING EVALUATION



Quality Family Planning Service Elements - STI Services



Family Planning User & Encounter Definitions



FAMILY PLANNING EVALUATION



Quality Family Planning Service Elements STI Services

Female Checklist

- ✓ Reproductive goals
- ✓ Medical history
- ✓ Sexual health assessment
- ✓ Immunizations – HPV & HBV*
- ✓ Chlamydia*
- ✓ Gonorrhea*
- ✓ Syphilis*
- ✓ HIV/AIDS*
- ✓ Hepatitis C*

Male Checklist

- ✓ Reproductive goals
- ✓ Medical history
- ✓ Sexual health assessment
- ✓ Immunizations – HPV & HBV*
- ✓ Genital exam – if clinically indicated
- ✓ Chlamydia*
- ✓ Gonorrhea*
- ✓ Syphilis*
- ✓ HIV/AIDS*
- ✓ Hepatitis C*

Sliding Fee
Scale
Application

*Indicates that screening is suggested only for those persons at highest risk or for a specific subpopulation with high prevalence of an infection or condition.

FAMILY PLANNING EVALUATION



Family Planning User & Encounter Definitions

Family Planning User

- ✓ Individual who has at least one family planning encounter at Title X service site during reporting period

Family Planning Encounter

- ✓ Face-to-face contact or virtual contact using telehealth technology between an individual and a family planning provider and written record of services provided must be documented in client record

Not Family Planning User

- ✓ Sterilized individuals of reproductive age who are not existing clients
- ✓ Post-menopausal clients
- ✓ New clients receiving STI services, but no counseling, education, or clinical services aimed at avoiding unintended pregnancy or achieving intended pregnancy
- ✓ New clients receiving STI services who receive condoms or counseling about using condoms, but does not receive counseling, education, or clinical services aimed at avoiding an unintended pregnancy or achieving an intended pregnancy
- ✓ Clients required/mandated to receive clinical service (e.g., court ordered STI testing)

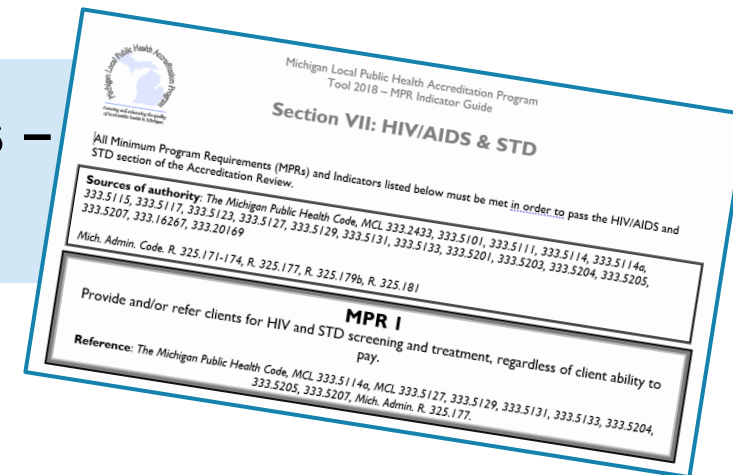
STI PROGRAM EVALUATION – CORE PUBLIC HEALTH FUNCTION



CDC Recommendations for Providing
Quality STD Services



Local Public Health Accreditation Standards –
HIV/AIDS & STD



STI EVALUATION

Sexual History and Physical Exams

Prevention

Screening

Partner services

Evaluation of STI-Related Conditions

Laboratory

Treatment

Referrals

STI EVALUATION



Key things we looked for during visit...

Observation

- ✓ Client centered
- ✓ Client comfortability
- ✓ Sexual history
- ✓ Testing services offered
- ✓ Prevention methods offered/given
- ✓ Service available regardless of ability to pay
- ✓ Sex Positive interaction
- ✓ Length of Visit

Record Review

- ✓ Offered EPT
- ✓ Mention of 3-month retest
- ✓ Testing services offered/done
- ✓ Prevention methods offered/given
- ✓ Syphilis and HIV testing for HR patients (minimum)

KEY FINDINGS

- Integrated models vary A LOT
- Reproductive health care services are not for everyone; STI-only clients will always exist
- Electronic health record (EHR) systems can support or impede integration
- Integrated service delivery does not always mean same-visit services/treatment
- Expanded billing opportunities does not always mean additional revenue
- Change can be hard; client identification during scheduling/intake and cross-training can mitigate

INTEGRATION CONSIDERATIONS

**Appointment
Scheduling**

EHR/EMR Systems

**Intake Forms/Risk
Assessment**

**Marketing or
Advertisement**

**Medications from
340B Program**

Pharmacy

Physical Space

Policies & Procedures

Resource Allocation

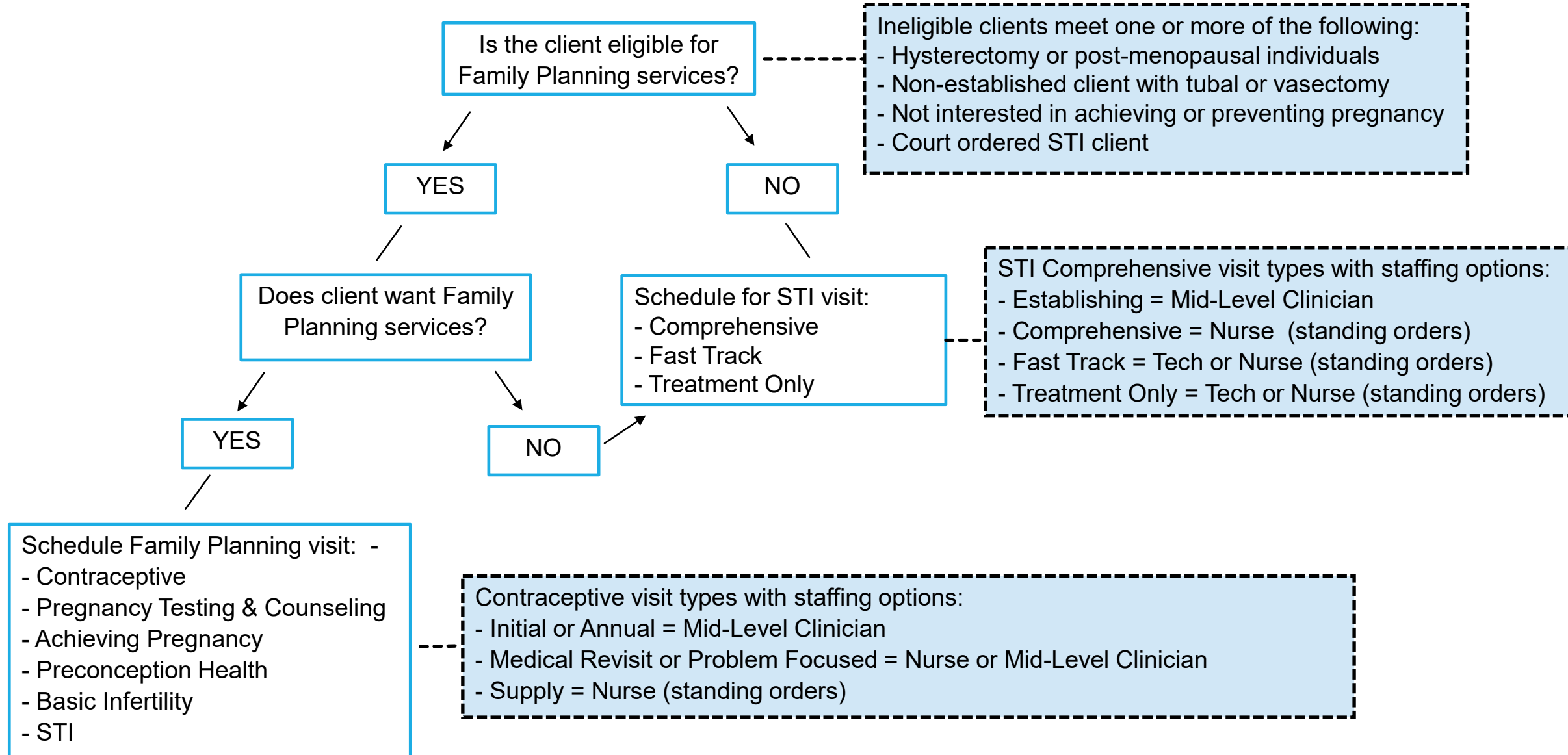
**Staff Roles &
Responsibilities**

Staff Training

Supervision

Supply Management

BASIC INTEGRATION SCHEDULING



DETERMINING VISIT TYPE BY REASON FOR VISIT

■ Program Eligibility Questions

- Record client's age or date of birth
- Are you able to become pregnant?
- Would you like to speak with our provider about achieving or preventing pregnancy?

■ Screening Clients for Risk

- Are you or a [recent] partner experiencing any signs or symptoms of a sexually transmitted infection?
- Were you referred here for STI testing by a partner or someone else? (Dr., DIS)
- Are you concerned you may be pregnant or gotten someone else pregnant?

■ Demographic Questions

- What is your monthly household income? Number of people in your household?
- Do you have health insurance? What is your plan? May we bill your insurance for these services?
- Who is your primary doctor? What were you last seen for?
- What type of medications are you taking? What types of medication allergies do you have?
 - ✓ Are you already on birth control? Was this something you stopped taking? Record reason for stopping.
 - ✓ Are you satisfied with your current method? Would you like to talk about a different type of method(s)?
- Would you be interested in any other services or programs offered by our agency?

VISIT TYPES BY STAFFING & SCHEDULING NEEDS

Visit Type	Patient Characteristics	Staffing			Scheduling Timeframe				
		Clerk or Tech	Nurse	Mid-Level Clinician	5 – 15 min	15 – 20 min	20 – 30 min	30 – 45 min	45 – 60 min
Comprehensive Family Planning Visit, including full STI panel	Patients due for initial or annual with or without symptoms; non-established patient with symptoms desiring Family Planning services	X	X	X		X ^{1,3}	X ¹	X ²	X ⁴
Contraceptive Services (Initial or Annual Visit)	Patient desiring Family Planning services	X	X	X		X ^{1,3}	X ¹	X ²	X ⁴
Contraceptive Services (Medical Revisit or Problem Focused Visit)	Established patient	X		X					
Contraceptive Service (Supply or Quick Start)	Established patient or quick starting under standing orders	X	X		X ⁵	X ⁶			
STI Comprehensive Visit (Establishing Visit ⁷)	Patients with symptoms, partner referral, or more than two sex partners in last year	X	X	X			X		
STI Comprehensive Visit	Patients with symptoms, partner referral, or more than two sex partners in last year	X	X				X		
STI Fast Track	Low risk, no symptoms, 90-day retest, court ordered	X	X			X			
STI Treatment Only	Lab confirmed case	X	X			X			

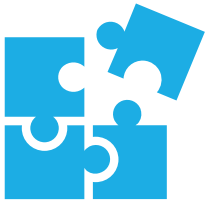
¹Initial visits without a pap and/or breast exam may range 15 to 30 minutes; ²Initial visits with a pap and/or breast exam may range 30 to 45 minutes; ³Annual visits may range 15 to 20 minutes; ⁴Visit time may be longer if patient has symptoms (e.g., rule out vaginitis); ⁵Supply visits typically range 5 to 10 minutes; ⁶Quick start visits typically range 15 to 20 minutes; ⁷Establishing visit is performed by a mid-level clinician

FAMILY PLANNING & STI VISIT COMPONENTS

Visit Components													
Consent	Comprehensive Health History	Sexual History (6Ps)	Vitals	STI Labs; HIV and Syphilis, as indicated	Other Labs, as indicated	Exam, as indicated	Assessment	Diagnosis	Treatment	Family Planning Education and/or Counseling	STI Risk Reduction Counseling	Referrals	Results/Return Plan
Comprehensive Family Planning Visit, including full STI panel													
X	X	X	X	X	X	X	X	X	X	X	X	X	X
Contraceptive Services (Initial or Annual)													
X	X	X	X	X	X	X	X	X	X	X	X	X	X
Contraceptive Services (Medical Revisit/Problem Focused Visit)													
	X	*		*	*	*	X	X	*	*	*	*	X
Contraceptive Services (Supply/Resupply Visit)													
**	**	**	**	**			**		X†	X	X		X
STI Comprehensive Visit (Establishing Visit)													
X	X	X	X	X		X	X	X	X		X	X	X
STI Comprehensive Visit													
X		X	X	X		X	X	X	X		X	X	X
STI Fast Track													
X		X		X									X
STI Treatment Only													
X		X			X				X				

*Related to reason for visit; **Quick start only visit; †If quick start only visit, indicate in client chart that standing orders are being followed

LEARNING PILOT DETERMINATIONS



Integration Gains

- Traditional STI clients receive expanded access to:
 - ✓ Most or moderately effective contraception
 - ✓ Breast and cervical cancer screenings
 - ✓ Preconception health
 - ✓ Partner services
 - ✓ Referrals for ancillary services
 - ✓ On-site emergency contraception
 - ✓ Sliding fee scale*
- Traditional Family Planning clients receive expanded access to:
 - ✓ STI screening and treatment
 - ✓ Partner services
- Clinic benefits:
 - ✓ Expands STI billing opportunities for mid-level clinicians
 - ✓ Cross-trained staff
 - ✓ Streamlined EHR templates *

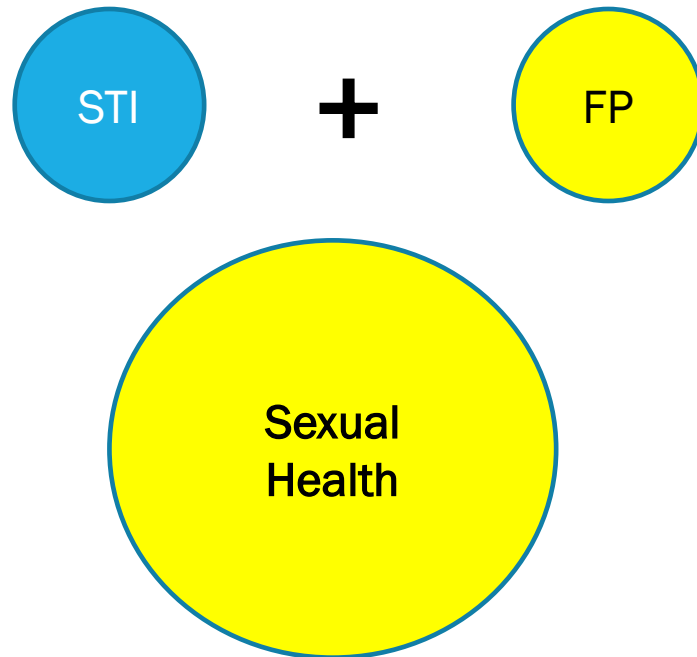
*varies by clinic

SERVICE DELIVERY RECOMMENDATIONS

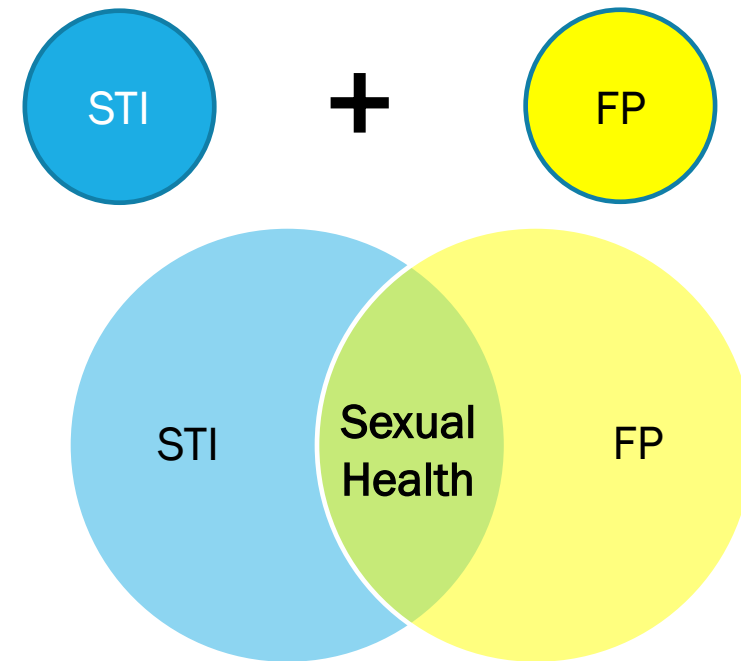
- Guard against coercion and maintain client-centered care
- Utilize scheduling/intake to assess visit type
- Preserve STI-only visits and offer fast-track STI visits
- Combating STIs calls for access to timely testing and treatment
- Provide HIV and Syphilis testing
- Maintain brief nurse run appointments and offer walk-in slots
- Cross train staff on technical and philosophical program elements
- Conduct routine quality assurance checks
- Implement rapid quality improvement cycles

INTEGRATION – PUTTING IT ALL TOGETHER

Danger – Really mostly Family Planning – can no longer see the STI service identity



Goal – Clients who can benefit from integrated services can receive them and clients who need or want only one or the other (STI or FP) can still access it.



PUBLIC HEALTH EMERGENCY INNOVATIONS

Family Planning Program

- ✓ Telehealth
- ✓ Curbside Pick-Up
- ✓ Birth Control by Mail
- ✓ Exploring Mobile Units - NEW

STI Program

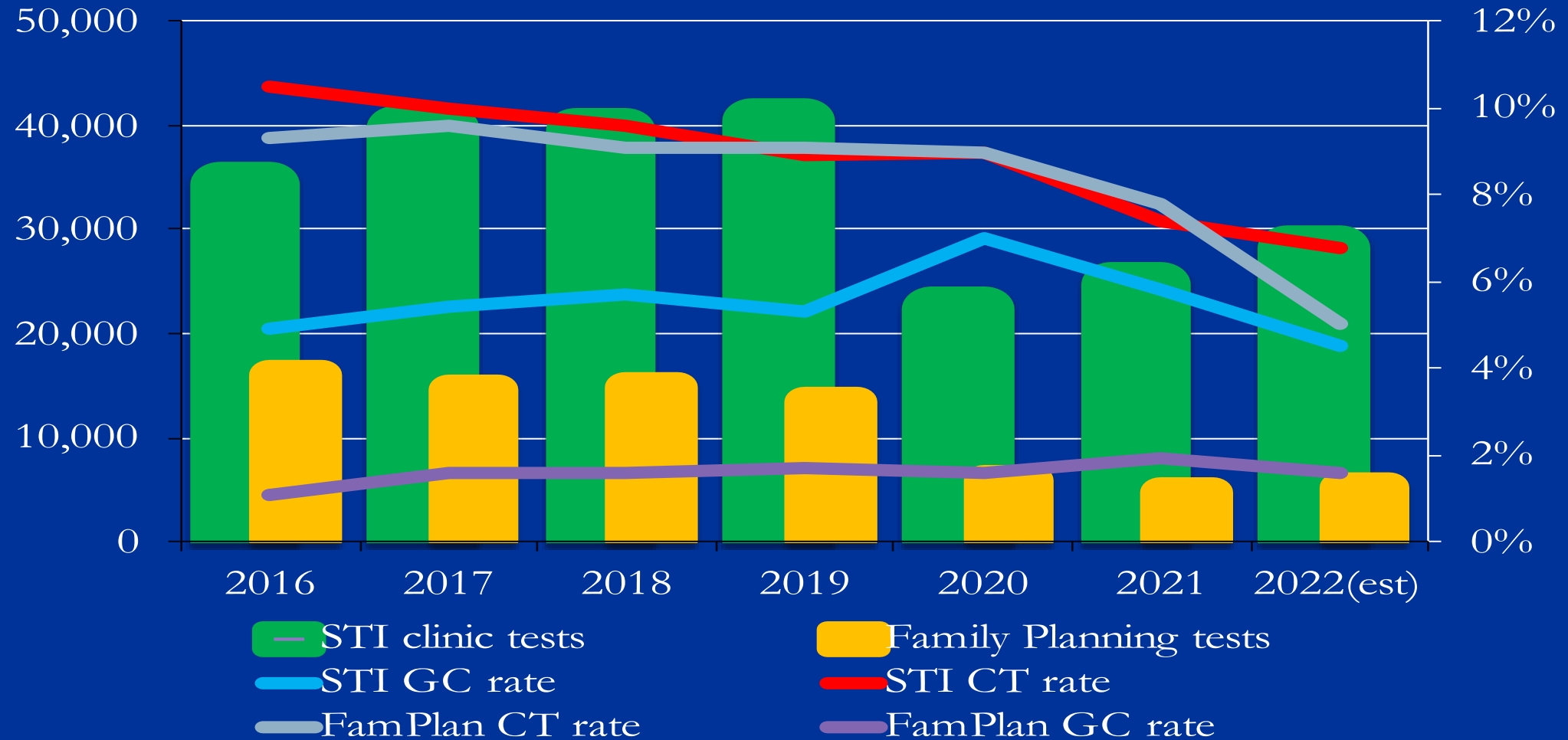
- ✓ Increased Presumptive Treatment
- ✓ Expanded Approval of EPT for MSM and Trich
- ✓ Telephone or on-line pre-screening
- ✓ Exploring Mobile Units - NEW

HOT OFF
THE
PRESS

You Make a Difference....

Testing Trends

Number of BOL GC and CT tests vs. % positive



INTEGRATION RESOURCES

- [Providing Quality Family Planning Services](#)
- [Putting the QFP into Practice Series Toolkit](#)
- [Putting the QFP into Practice Series: STI Services in the Family Planning Setting – Assessment, Counseling, and Education](#)
- [CDC U.S. Medical Eligibility Criteria for Contraceptive Use, 2016](#)
- [CDC U.S. Selected Practice Recommendations for Contraceptive Use, 2016](#)
- [RHNTC - Chlamydia Screening Change Package](#)
- [RHNTC – Contraceptive Access Assessment](#)
- [RHNTC – Contraceptive Access Change Package](#)
- [HHS/OPA - Decision-Making Guide for the Provision of PrEP Services in Title X-Funded Family Planning Service Sites](#)
- [Recommendations for Providing Quality STD Clinical Services](#)
- [NACCHO Planning Toolkit for Using CDC’s Recommendations for Providing Quality STD Clinical Services, 2020](#)
- [CDC Sexually Transmitted Infections Treatment Guidelines, 2021](#)
- [National STD Curriculum](#)
- [STD-Related Reproductive Health Training and Technical Assistance Center – STD Billing and Reimbursement Toolkit](#)
- [MDHHS STD/HIV Billing Toolkit](#)
- [MDHHS Medicaid Provider Manual](#) (See pg. 717 Family Planning Clinics)

QUESTIONS?



Thank you!

CONTACT INFORMATION



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