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

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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

<table>
<thead>
<tr>
<th>Reproductive Health Services</th>
<th>Sexual Health Services</th>
<th>Service Integration Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td><strong>Focus</strong></td>
<td>Typically, clients at-risk of pregnancy are also at-risk for STIs, exceptions do apply</td>
</tr>
<tr>
<td>Preventing pregnancy or achieving pregnancy</td>
<td>Communicable disease prevention and management</td>
<td><strong>+</strong></td>
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</tbody>
</table>
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
### Quality Family Planning Service Elements

#### STI Services

<table>
<thead>
<tr>
<th>Female Checklist</th>
<th>Male Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Reproductive goals</td>
<td>✓ Reproductive goals</td>
</tr>
<tr>
<td>✓ Medical history</td>
<td>✓ Medical history</td>
</tr>
<tr>
<td>✓ Sexual health assessment</td>
<td>✓ Sexual health assessment</td>
</tr>
<tr>
<td>✓ Immunizations – HPV &amp; HBV*</td>
<td>✓ Immunizations – HPV &amp; HBV*</td>
</tr>
<tr>
<td>✓ Chlamydia*</td>
<td>✓ Genital exam – if clinically indicated</td>
</tr>
<tr>
<td>✓ Gonorrhea*</td>
<td>✓ Chlamydia*</td>
</tr>
<tr>
<td>✓ Syphilis*</td>
<td>✓ Gonorrhea*</td>
</tr>
<tr>
<td>✓ HIV/AIDS*</td>
<td>✓ Syphilis*</td>
</tr>
<tr>
<td>✓ Hepatitis C*</td>
<td>✓ HIV/AIDS*</td>
</tr>
<tr>
<td></td>
<td>✓ Hepatitis C*</td>
</tr>
</tbody>
</table>

*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 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).

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STI PROGRAM EVALUATION –
CORE PUBLIC HEALTH FUNCTION

CDC Recommendations for Providing Quality STD Services

Local Public Health Accreditation Standards –
HIV/AIDS & STD
<table>
<thead>
<tr>
<th>STI EVALUATION</th>
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</thead>
<tbody>
<tr>
<td><strong>STI EVALUATION</strong></td>
</tr>
<tr>
<td>Sexual History and Physical Exams</td>
</tr>
<tr>
<td>Prevention</td>
</tr>
<tr>
<td>Screening</td>
</tr>
<tr>
<td>Partner services</td>
</tr>
<tr>
<td>Evaluation of STI-Related Conditions</td>
</tr>
<tr>
<td>Laboratory</td>
</tr>
<tr>
<td>Treatment</td>
</tr>
<tr>
<td>Referrals</td>
</tr>
</tbody>
</table>
### Key things we looked for during visit...

<table>
<thead>
<tr>
<th>Observation</th>
<th>Record Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Client centered</td>
<td>✓ Offered EPT</td>
</tr>
<tr>
<td>✓ Client comfortability</td>
<td>✓ Mention of 3-month retest</td>
</tr>
<tr>
<td>✓ Sexual history</td>
<td>✓ Testing services offered/done</td>
</tr>
<tr>
<td>✓ Testing services offered</td>
<td>✓ Prevention methods offered/given</td>
</tr>
<tr>
<td>✓ Prevention methods offered/given</td>
<td>✓ Syphilis and HIV testing for HR patients (minimum)</td>
</tr>
<tr>
<td>✓ Service available regardless of ability to pay</td>
<td></td>
</tr>
<tr>
<td>✓ Sex Positive interaction</td>
<td></td>
</tr>
<tr>
<td>✓ Length of Visit</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Appointment Scheduling</th>
<th>EHR/EMR Systems</th>
<th>Intake Forms/Risk Assessment</th>
<th>Marketing or Advertisement</th>
<th>Medications from 340B Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>Physical Space</td>
<td>Policies &amp; Procedures</td>
<td>Resource Allocation</td>
<td>Staff Roles &amp; Responsibilities</td>
</tr>
<tr>
<td>Staff Training</td>
<td>Supervision</td>
<td>Supply Management</td>
<td></td>
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</tbody>
</table>
BASIC INTEGRATION SCHEDULING

Is the client eligible for Family Planning services?

YES

- Does client want Family Planning services?

YES

Schedule Family Planning visit:
- Contraceptive
- Pregnancy Testing & Counseling
- Achieving Pregnancy
- Preconception Health
- Basic Infertility
- STI

NO

STI Comprehensive visit types with staffing options:
- Establishing = Mid-Level Clinician
- Comprehensive = Nurse (standing orders)
- Fast Track = Tech or Nurse (standing orders)
- Treatment Only = Tech or Nurse (standing orders)

NO

Schedule for STI visit:
- Comprehensive
- Fast Track
- Treatment Only

- Contraceptive visit types with staffing options:
  - Initial or Annual = Mid-Level Clinician
  - Medical Revisit or Problem Focused = Nurse or Mid-Level Clinician
  - Supply = Nurse (standing orders)

Ineligible clients meet one or more of the following:
- Hysterectomy or post-menopausal individuals
- Non-established client with tubal or vasectomy
- Not interested in achieving or preventing pregnancy
- Court ordered STI client
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?
<table>
<thead>
<tr>
<th>Visit Type</th>
<th>Patient Characteristics</th>
<th>Staffing</th>
<th>Scheduling Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Family Planning Visit, including full STI panel</strong></td>
<td>Patients due for initial or annual with or without symptoms; non-established patient with symptoms desiring Family Planning services</td>
<td>Clerk or Tech</td>
<td>Mid-Level Clinician</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Contraceptive Services (Initial or Annual Visit)</strong></td>
<td>Patient desiring Family Planning services</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Contraceptive Services (Medical Revisit or Problem Focused Visit)</strong></td>
<td>Established patient</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Contraceptive Service (Supply or Quick Start)</strong></td>
<td>Established patient or quick starting under standing orders</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>STI Comprehensive Visit (Establishing Visit)</strong></td>
<td>Patients with symptoms, partner referral, or more than two sex partners in last year</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>STI Comprehensive Visit</strong></td>
<td>Patients with symptoms, partner referral, or more than two sex partners in last year</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>STI Fast Track</strong></td>
<td>Low risk, no symptoms, 90-day retest, court ordered</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>STI Treatment Only</strong></td>
<td>Lab confirmed case</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Consent</th>
<th>Comprehensive Health History</th>
<th>Sexual History (6Ps)</th>
<th>Vitals</th>
<th>STI Labs: HIV and Syphilis, as indicated</th>
<th>Other Labs, as indicated</th>
<th>Exam, as indicated</th>
<th>Assessment</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Family Planning Education and/or Counseling</th>
<th>STI Risk Reduction Counseling</th>
<th>Referrals</th>
<th>Plan</th>
<th>Results/Return</th>
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- **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 X X

- **STI Comprehensive Visit**
  - X X X X X X X X X X X X X X

- **STI Fast Track**
  - X X X

- **STI Treatment Only**
  - 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
### 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.
<table>
<thead>
<tr>
<th>Public Health Emergency Innovations</th>
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<tbody>
<tr>
<td><strong>Family Planning Program</strong></td>
</tr>
<tr>
<td>✓ Telehealth</td>
</tr>
<tr>
<td>✓ Curbside Pick-Up</td>
</tr>
<tr>
<td>✓ Birth Control by Mail</td>
</tr>
<tr>
<td>✓ Exploring Mobile Units - NEW</td>
</tr>
<tr>
<td><strong>STI Program</strong></td>
</tr>
<tr>
<td>✓ Increased Presumptive Treatment</td>
</tr>
<tr>
<td>✓ Expanded Approval of EPT for MSM and Trich</td>
</tr>
<tr>
<td>✓ Telephone or on-line pre-screening</td>
</tr>
<tr>
<td>✓ Exploring Mobile Units - NEW</td>
</tr>
</tbody>
</table>
HOT OFF THE PRESS
Testing Trends
Number of BOL GC and CT tests vs. % positive

- STI clinic tests
- STI GC rate
- STI CT rate
- Family Planning tests
- FamPlan CT rate
- FamPlan GC rate

You Make a Difference....
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
- 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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