

Implementing the Program Guidelines

Where are we now? Where are we headed?



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Tampa, Florida

Objectives



During this presentation I will describe:

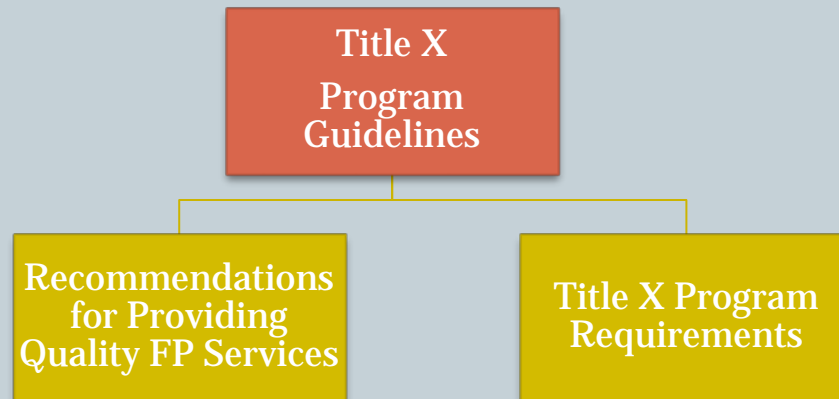
- **The Title X program guidelines**
- **A vision for implementation efforts**
- **The “crosswalk”/new program review tool**
- **Training products that will be released soon**
- **Other efforts to support QFP implementation**

A Refresher
The Revised Title X Program
Guidelines
Released in April 2014

New Title X Program Guidelines

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- 1) *Providing Quality Family Planning Services (QFP)*
Recommends how to provide family planning services in an evidence-informed manner.
- 2) *Title X Program Requirements*: Defines program requirements for grantees funded under the Title X program – primarily statutory and regulatory.



Framework for Family Planning, Related and Other Preventive Services

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Family planning services

- Contraceptive services
- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility services
- Preconception health
- Sexually transmitted disease services

Related preventive health services

(e.g., screening for breast and cervical cancer)

Other preventive health services

(e.g., lipid disorders)

Flow Diagram of Family Planning & Related Services

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Determine the need for services

Reason for visit is related to preventing or achieving pregnancy

Initial reason for visit is not related to preventing or achieving pregnancy

Contraceptive Services

Pregnancy testing and counseling

Achieving Pregnancy

Basic infertility services

Acute care
Chronic care management
Preventive services

Assess need for services related to preventing or achieving pregnancy

If needed, provide services

If services are not needed at this visit, re-assess at subsequent visits

Clients should also be offered these services, per recommendations

STD services

Preconception health services

Clients should also be offered or referred for these services, per recommendations

Related preventive health services



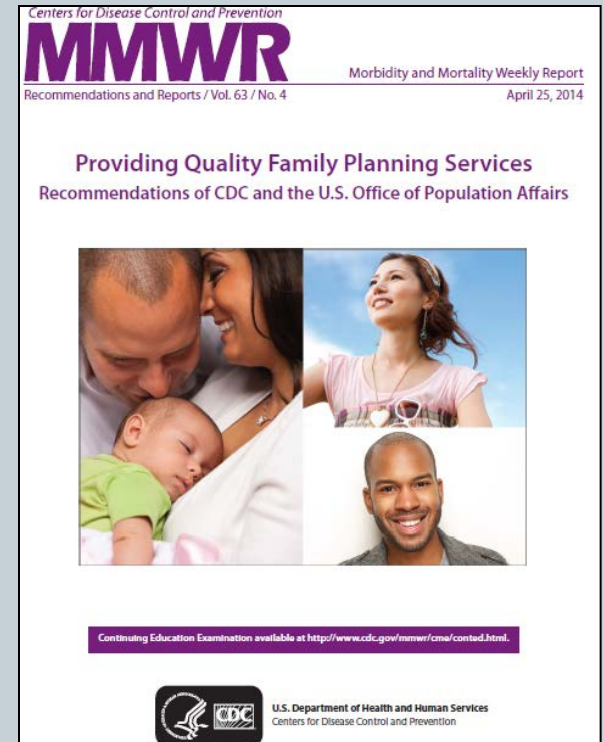
The Quality Family Planning Recommendations (QFP)
Integrate & Fill Gaps in Other Guidelines
for the Family Planning Setting

A Vision to Guide Implementation Efforts

A Vision To Guide Our Work



The Title X network will be recognized as the premier provider of family planning services. The administrative and organizational context of the network will support the sustained delivery of high quality care, as defined in the Title X program guidelines.



DRAFT



A Vision (cont.)



The staff's relationship with the client will be of primary importance, and care will be delivered in a fully client-centered manner. Clients will choose to use Title X service sites because they feel respected, listened to and perceive that they receive quality care from well-trained staff that is a great value for their dollar.

Title X service sites will serve both as centers of excellence in family planning for all women, and as essential safety net providers for low-income women, men and adolescents.



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A Vision (cont.)



Health personnel will want to work within the Title X system because of its reputation for excellence, in which staff are supported and rewarded for excellent performance. Staff will be motivated to provide the best possible care because they believe it will lead to improved health outcomes and because they want clients to have the best possible experience with the clinical encounter.



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“The Crosswalk”/New Program Review Tool

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“The Crosswalk” -Update

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- The crosswalk links the Program Requirements and QFP and provides implementation strategies that grantees can use to operationalize the Guidelines.
- Will ultimately be used as the new CPRT



Development of the crosswalk

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When will we get to see the new
Crosswalk/CPRT?



Development of the CPRT

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OK,
SO WHAT'S
NEXT?

Draft CPRT
sent for
clearance
(January-
February 2015)

Comments and
revisions sent
to OPA and
incorporated
(March 2015)

OPA releases
crosswalk to
grantees and TA
contractor .
May pilot with a
few grantees
(March 2015)

Program
Review
consultants
trained on
CPRT(April
2015)

New CPRT fully
in use
(May-June
2015)

Grantee Policies

Satisfactory	Unsatisfactory

Staff Training

Satisfactory	Unsatisfactory

Evidence elements documented by reviewer	Quality Rating
0	RED
1-2	BRONZE
3-4	SILVER
5	GOLD

Title X Program Requirement	Implementation Strategy	Evaluation										
<p>8.1 Voluntary Participation</p> <p>Family planning services are to be provided solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)).</p> <p>Clients cannot be coerced to accept services or to use or not use any particular method of family planning (42 CFR 59.5 (a)(2)).</p> <p>LINK TO QFP: <i>A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered, which includes providing services on a voluntary basis. See Appendix C for the key principles of providing quality counseling. These principles are useful when developing counseling protocols that ensure voluntary participation.</i></p>	<p>Grantees institutionalize administrative procedures (i.e., staff training, clinical protocols, and consent forms) to ensure clients receive services on a voluntary basis.</p> <p>Evidence Includes:</p> <ul style="list-style-type: none">• Grantee has written policies and procedures that specify services are to be provided on a voluntary basis. If the grantee sub-contracts for services to be performed, the grantee’s policies and procedures and contract language specifies that all sub-recipients provide services solely on a voluntary basis.• Documentation at service sites demonstrates (e.g., staff circulars, training curriculum and records) staff has been informed on at least once during their period of employment that services must be provided on a voluntary basis.• Clinical protocols used by service sites include a written statement that clients may not be coerced to use contraception, or to use any particular method of contraception.• General consent forms at service sites inform clients that services are provided on a voluntary basis.<ul style="list-style-type: none">a.) Medical chart reviews at service sites demonstrate that each client has signed a general consent form acknowledging that services are voluntary.• Observation of counseling process at service sites demonstrates that it is client-centered (see Appendix C of QFP), participation in the program is voluntary and clients are not coerced to use any particular method of contraception	<table><tr><th>Evidence elements documented by reviewer</th><th>Quality Rating</th></tr><tr><td>0</td><td>RED</td></tr><tr><td>1-2</td><td>BRONZE</td></tr><tr><td>3-4</td><td>SILVER</td></tr><tr><td>5</td><td>GOLD</td></tr></table>	Evidence elements documented by reviewer	Quality Rating	0	RED	1-2	BRONZE	3-4	SILVER	5	GOLD
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5	GOLD											

A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or sub-recipient (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).

Projects should institutionalize administrative procedures (e.g., staff training, clinical protocols, and consent forms) to ensure clients' receipt of family planning services is not used as a prerequisite to receipt of other services from the service site.

Evidence Includes:

- The grantee has written policies and procedures that prohibit their service sites, and any sub-recipient service sites from making the acceptance of family planning services a prerequisite to the receipt of any other services.
- Documentation (e.g., staff circulars, training curriculum) indicates staff has been informed at least once during their period of employment that a client's receipt of family planning services may not be used as a prerequisite to receipt of any other services offered by the service site.
- Clinical protocols include a written statement that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
- General consent forms state that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
- Medical chart review demonstrates that each client has signed a general consent form stating receipt of family planning services is not a prerequisite to receipt of any other services offered.

Evidence Review

Grantee Policies

Satisfactory	Unsatisfactory

Staff Training

Satisfactory	Unsatisfactory

Protocols

Satisfactory	Unsatisfactory

Consent Forms

Satisfactory	Unsatisfactory

Chart Review

Satisfactory	Unsatisfactory

Other (specify)

Satisfactory	Unsatisfactory

Program Review Tool

- Compliance Ratings

Satisfactory	Unsatisfactory
✓	

- Quality Ratings

Evidence elements documented by reviewer	Quality Rating
0	RED
1-2	BRONZE
3-4	SILVER
5	GOLD

Training Resources

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New Recommendations for Quality Family Planning Services

[Got QFP Questions?](#)

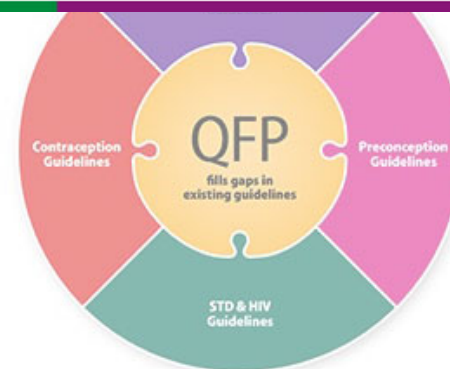
www.fpntc.org/resources/new-recommendations

define what family planning services to offer during a health care visit, and describe *how* to provide them—to women and men. The *Title X Program Requirements* focus on Title X statutory and regulatory policies.

Program Guidelines

QFP KEY RESOURCES

- ▶ [Providing Quality Family Planning Services MMWR & CE Credit](#)
- ▶ [QFP One-Page Overview](#)
- ▶ [Clinical Pathway for Family Planning Services for Women and Men of Reproductive Age](#)
- ▶ [Family Planning and Related Preventive Health Services Checklists for Women and Men](#)
- ▶ [The Revised Title X Program Guidelines Video](#)



The Quality Family Planning Recommendations (QFP) Integrate & Fill Gaps in Other Guidelines for the Family Planning Setting

[ENLARGE](#)

DID YOU KNOW?

QFP-related training



Key ***training products*** to be developed this year:

- **Contraceptive services**

- E-learning course on contraceptive services (counseling, front staff, finance/admin)
- Instructional and job aids
- IUD insertion training

- **Clinical Services**

- Virtual clinic
- Virtual 'coffee breaks' about serving clients who want to become pregnant, infertility, and preconception health, new STD guidelines



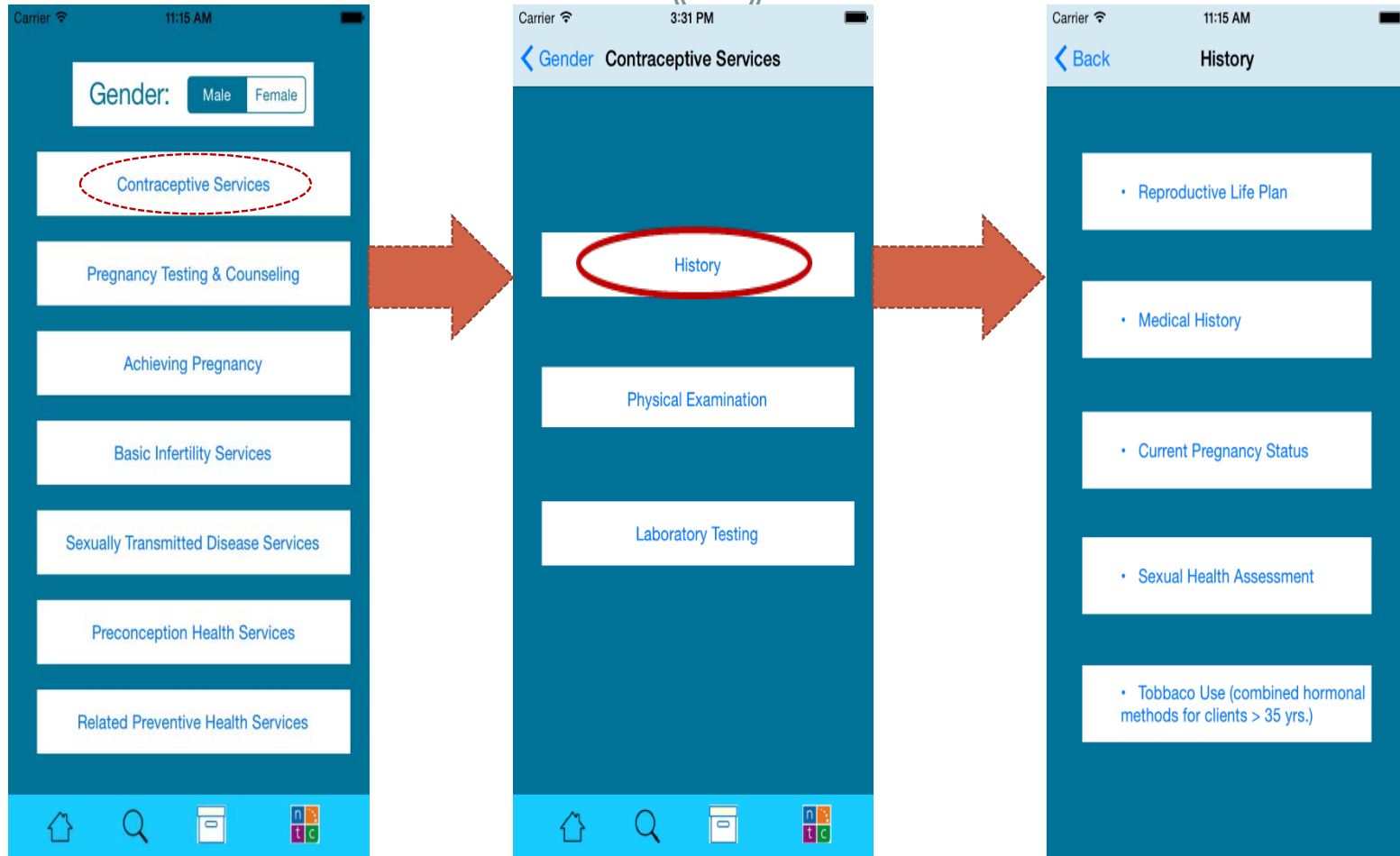
QFP Mobile App:

Putting the QFP Recommendations in the Palm of Your Hands



- Serve as a companion tool to understand and access information on the QFP Recommendations for women and men
- Link to the FPNTC website to access up-to-date trainings, job aids, and other resources to help implement the QFP
- Provide links to other relevant resources such as the CDC's STD Treatment Guidelines, MEC and SPR
- App will be available for both Android and Apple devices
- FREE to download!

Sneak Peek at Sample Screenshots



QFP-related training, cont.



- **Quality improvement**

- E-learning module on quality improvement (QI), with supplemental tools/resources
- QI Community of Practice (COP), with new resources added each month
- QI case studies

- **Business practices**

- Billing/coding job aids, specific to QFP services



QFP-related training, cont.



Flexible packages of resources

- Build Staff Awareness
- Build Staff Skill
- Support Implementation
- Facilitate Monitoring, Evaluation and Continuous Improvement





Other Efforts to Support Implementation of Quality Family Planning Services

Implementation Science



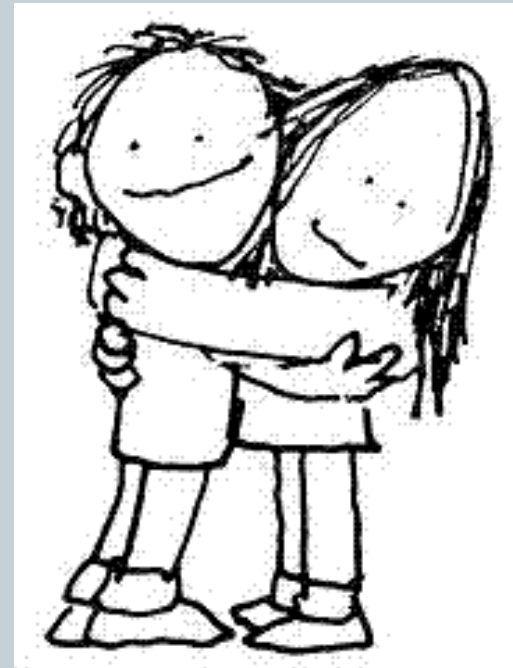
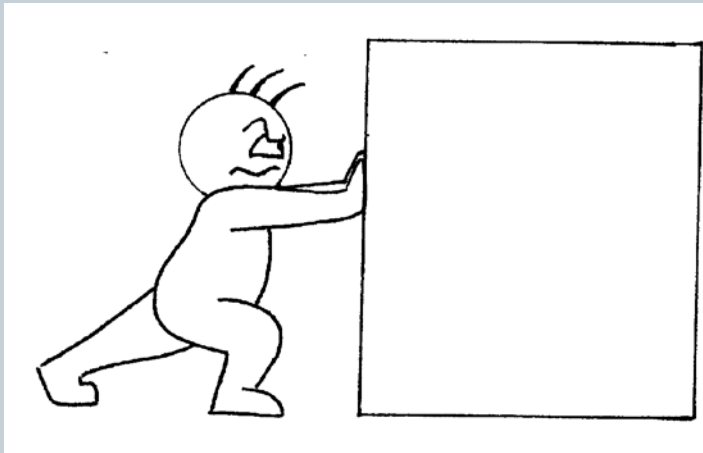
- Implementation = a specified set of activities designed to put into practice an activity or program of known dimensions
- Implementation science = The systematic study of specified activities designed to put into practice activities or programs of known dimensions



Source: University of North Carolina, National Implementation Research Network (NIRN), <http://nirn.fpg.unc.edu/learn-implementation>

Pushing Out vs Taking Up

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Other Efforts to Support Implementation

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- **Clinical performance measures for contraceptive services**
 - Validation & endorsement by national organizations
 - Strong evidence that use of sound measures, as part of a comprehensive quality improvement process, can change clinical practice (Ivers 2012)
- **What do you think? Will this help lead to more ‘uptake’ of the program guidelines in Title X?**

Other Efforts to Support Implementation

- **Support the role played by grantees**
 - Grantees play a critically important role
 - Find ways to strengthen needed “competencies”
 - Develop tools to help grantees establish systems and processes to better support their sub-recipient network
- **What do you think? Will this help lead to more ‘uptake’ of the program guidelines in Title X?**



Summary



- Publishing the program guidelines was not enough! Active efforts are needed to support implementation.
- Many products are being “pushed out”.
- We welcome your thoughts about how to increase the “take up”.

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