NFPRHA Regional Meeting
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Special Topics in Quality Family Planning (QFP) Services

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So…What's The "Big Deal" About The QFP?

- Completes, and ties together, the CDC "suite" of family planning guidelines
- Prioritizes the core content of contraceptive services
- Defines the "borders" between family planning and other preventive services
- Specifies which interventions are recommended *for each* of the 7 family planning service types
- Emphasizes the role and content of contraceptive counseling
- Refines the content of male family planning services

The QFP in 4 Sound Bites

- Scope of family planning services
  - Pregnancy prevention → prevention + achievement
- Focus of the family planning visit
  - Exam room → consultation room
- Model of contraceptive counseling
  - Directive → informed choice → shared decision making
- Content of clinical care
  - Five CDC Guidelines + QFP "fills in the gaps"

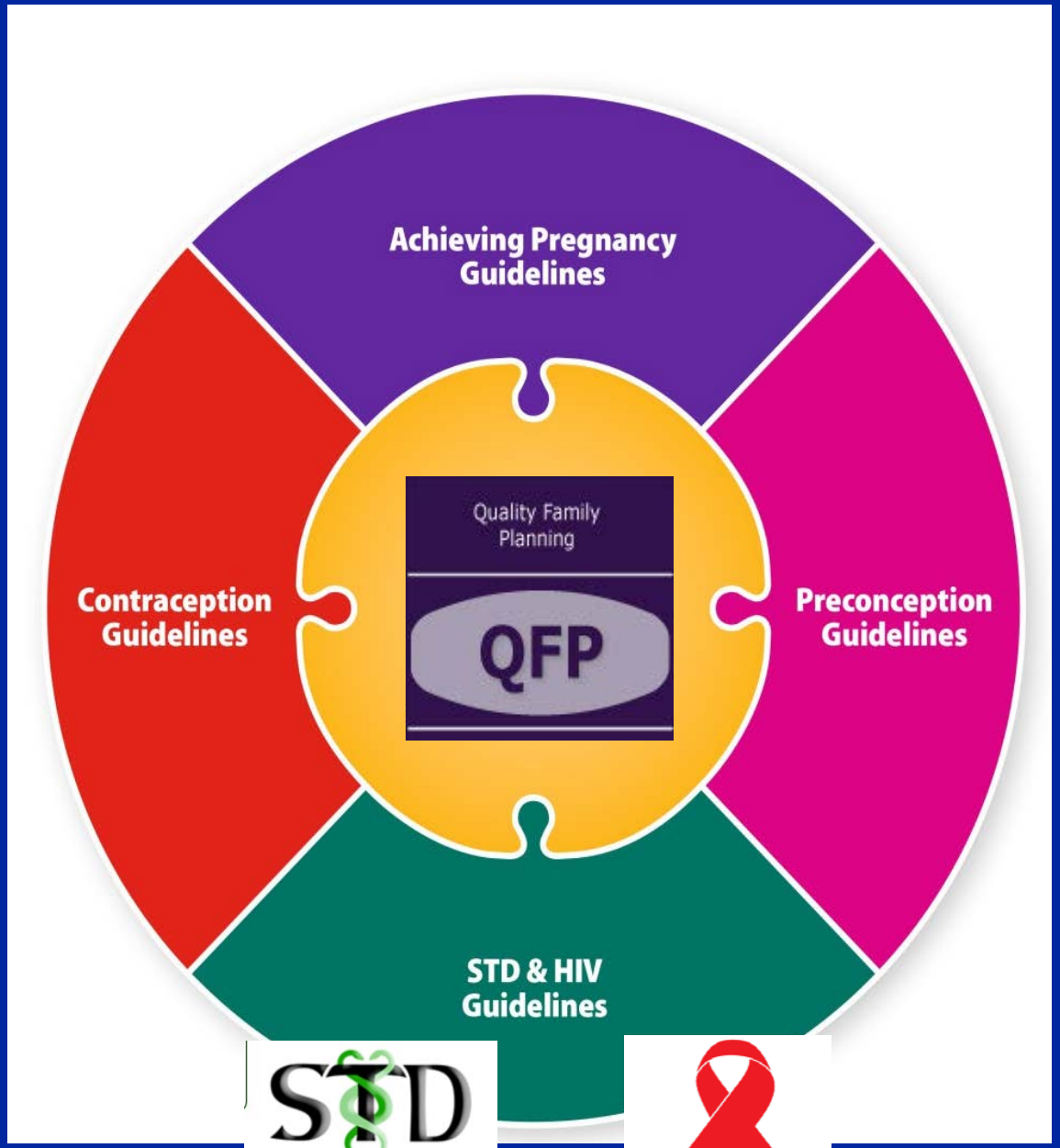
The "Suite" of CDC Family Planning Recommendations

United States Medical Eligibility Criteria for Contraceptive Use

US MEC

United States Selected Practice Recommendations for Contraceptive Use

US SPR



Show Your Love Preconception Health

STD Treatment Guidelines 2010

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 63 / No. 4
April 25, 2014

Providing Quality Family Planning Services

Recommendations of CDC and the U.S. Office of Population Affairs

Continuing Education Examination available at http://www.cdc.gov/mmwr/cme/conted.html.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Filling The "Gaps"

- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility
- Preconception health
- Preventive health screening of women and men
- Contraceptive counseling

Checklist

Family planning and related preventive health services

for women

Family Planning National Training Center
www.fpntc.org

		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				✓		

		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
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						✓[4]
	Mammography						✓[4]

Does The QFP "Add New Services" to Title X?

- Non-contraceptive family planning services historically have been a part of Title X, but not well defined…
  - Achieving pregnancy and basic infertility
  - Preconception health
  - Pregnancy testing and counseling
- Not expected that these services will be provided to every client, but should be available to those in need of them

QFP: Achieving Pregnancy

- Address needs of clients who have been trying to get pregnant for less than 12 months
- Screening including medical history, current IPV/SV, alcohol & other drug use, tobacco use
- Counseling on fertility awareness & techniques to predict ovulation, lifestyle influences

ASRM (2008), ACOG (2007)

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QFP: Basic Infertility Services

- Address needs of clients who
  - Have failed to achieve pregnancy after 12 months or more of regular unprotected intercourse
  - Earlier assessment may be justified in some cases (e.g., for women aged >35 years)
  - Screening history and exam for female clients
    - Medical history
    - Alcohol & drug use
    - Tobacco use
    - Blood pressure
    - BMI
    - Thyroid enlargement
    - Breast secretions
    - Signs of androgen excess
    - Pelvic exam

(ASRM 2004)

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QFP: Preconception Health Services

- Preconception health services should be offered to female and male clients
- Priority populations
  - Removal of IUC or implant to become pregnant
  - Trying to achieve pregnancy, including negative preg test visits
  - Basic infertility services
  - Clients at high risk of unintended pregnancy

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QFP: Preconception Health Services

- Aim to identify and modify biomedical, behavioral, and social risks
- Promote health before conception, reducing pregnancy-related adverse outcomes
  - Low birth weight
  - Premature birth
  - Infant mortality
- Improve women's and men's health even if they choose not to have children

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QFP: Preconception Services for Men

- Address men as partners in both preventing and achieving pregnancy including:
  - Direct contributions to infant health & fertility
  - Role in improving the health of women
- Improve the health of men, regardless of pregnancy intention

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QFP Recommendations: Counseling & Education

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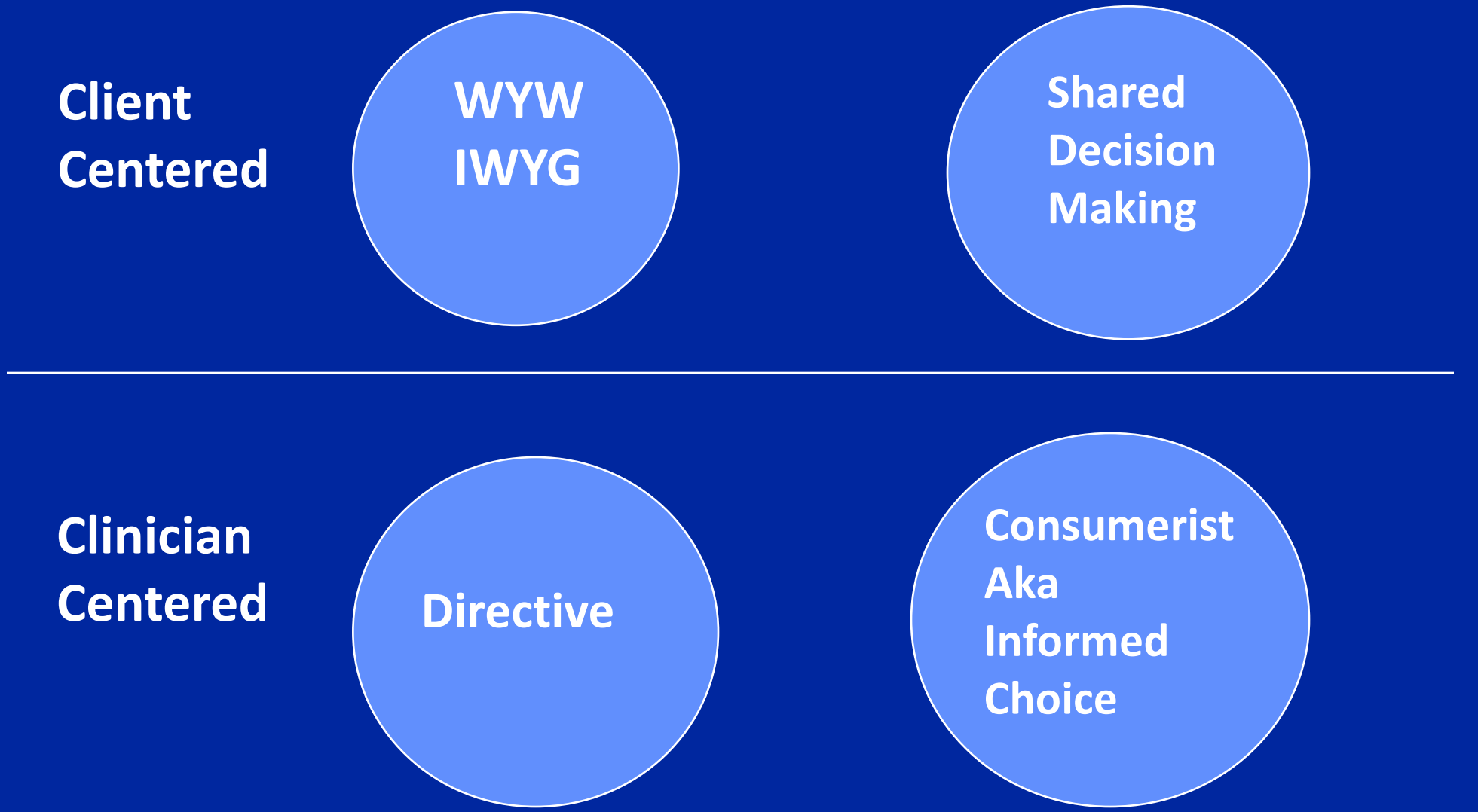
Approaches to Contraceptive Counseling



What You Want Is What You Get

- **Example**: "if you want the Pill, let's make sure it's safe for you"
- Little or no information sharing beyond medical history
- Client is active; clinician is passive, unless there is a method contraindication
- **Risks to the client**
  - Client may not know (much) about other options
  - Client choice may be biased by misinformation
  - Clinician has no input, unless contraindications

Directive Counseling

- **Example:** "here's my opinion of the best method for you"
- Fits the illness model of a clinician-client relationship
- Clinician is active; client is passive
- Advice may be biased by the client's age, sexual or pregnancy history, socio-economic status, or race/ethnicity
- **Risk to the client**
  - The client may feel pressured by the clinician
  - The method may not be best for her lifestyle, relationship, or acceptance of side effects
  - Relatively higher risk of discontinuation

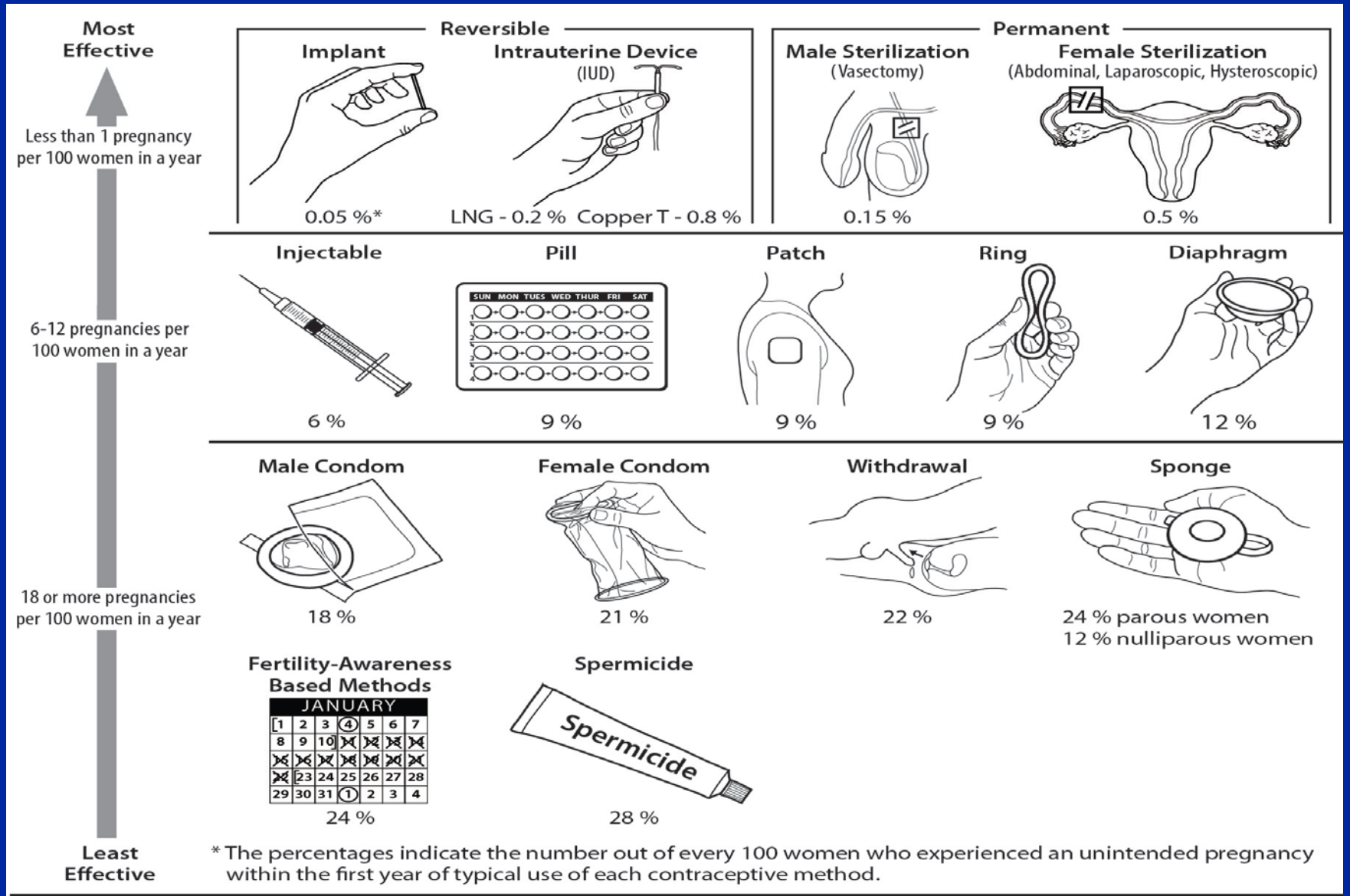
Consumerist Counseling

(aka: Informed Choice)

- **Example:** "here are all of the methods available to you, including the pros and cons"
  - *Foreclosed*: info about a limited number of methods
- Clinician is active but makes no recommendation; the client is passive until the time to make a decision
- Maximizes client autonomy
- **Risk to the client**
  - Clinician has no input, unless contraindications
  - Client may not integrate the information given with her values and personal preferences

Tiered Effectiveness

Informed Choice+ Directive Counseling



Shared Decision Making

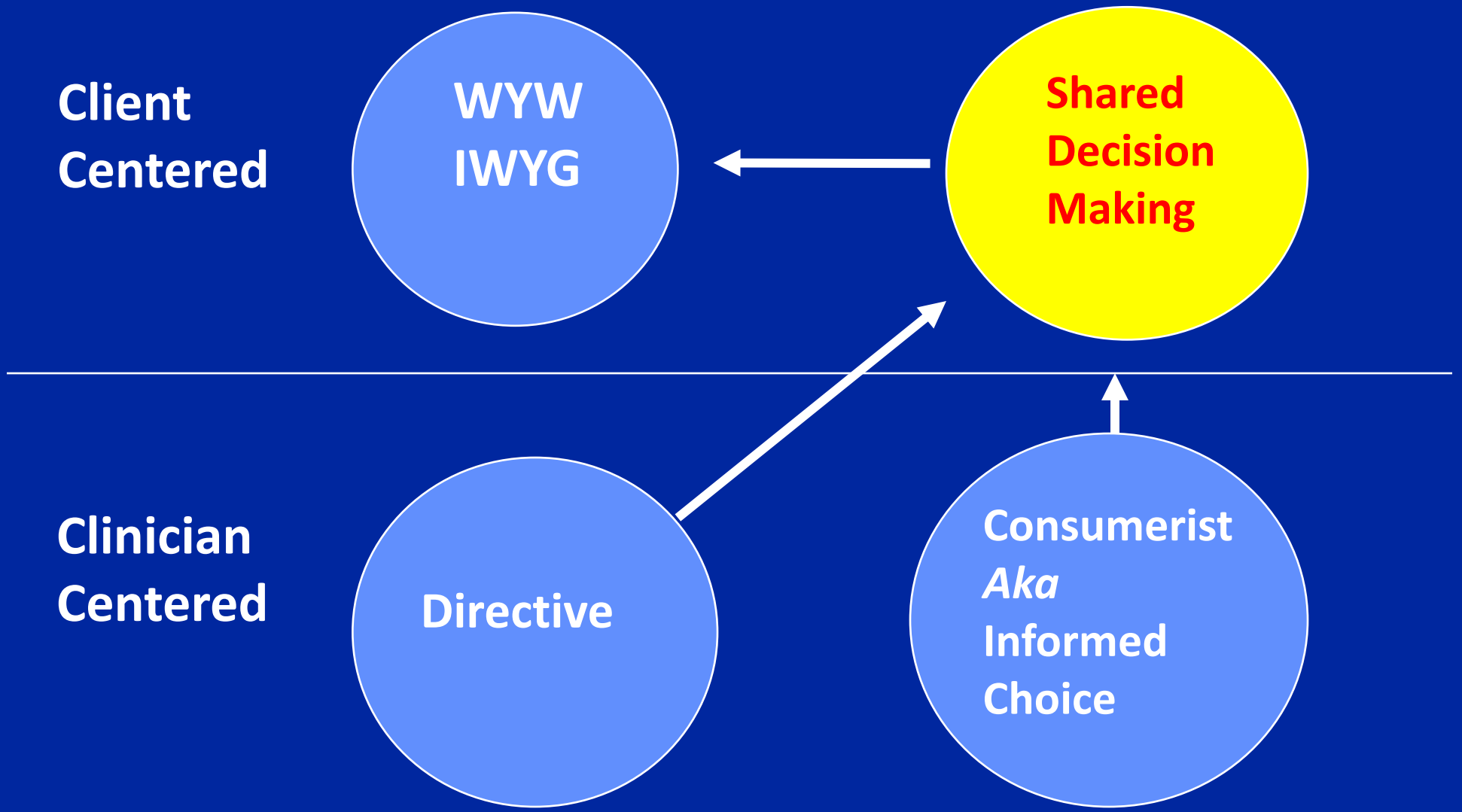
- **Example:** "what are you looking for in a method?"
- *Relational communication*: explore the client's "back-story"
- *Task oriented communication*
  - Provide information about potential methods
  - Account for the client's medical history
  - Identify client method preferences
  - Ensure that preferences are not biased by misinformation
  - Reach a mutually acceptable decision
- **Risks**
  - Takes clinician time and skill

Shared Decision Making

Explore the client's "back-story"

- Attitude about future fertility
  - "Would you like to have kids someday?"
  - If yes, "When do you think that might be?"
- Attitude about prevention vs. delay of pregnancy
  - "How important is it to prevent pregnancy until then?"
- Prior experience with contraceptive method(s)
- Attitude toward side effects
- Interest in non-contraceptive "life-style" attributes of method
- Women controlled method vs. shared with partner

Approaches to Contraceptive Counseling



Five Principles of Quality Counseling

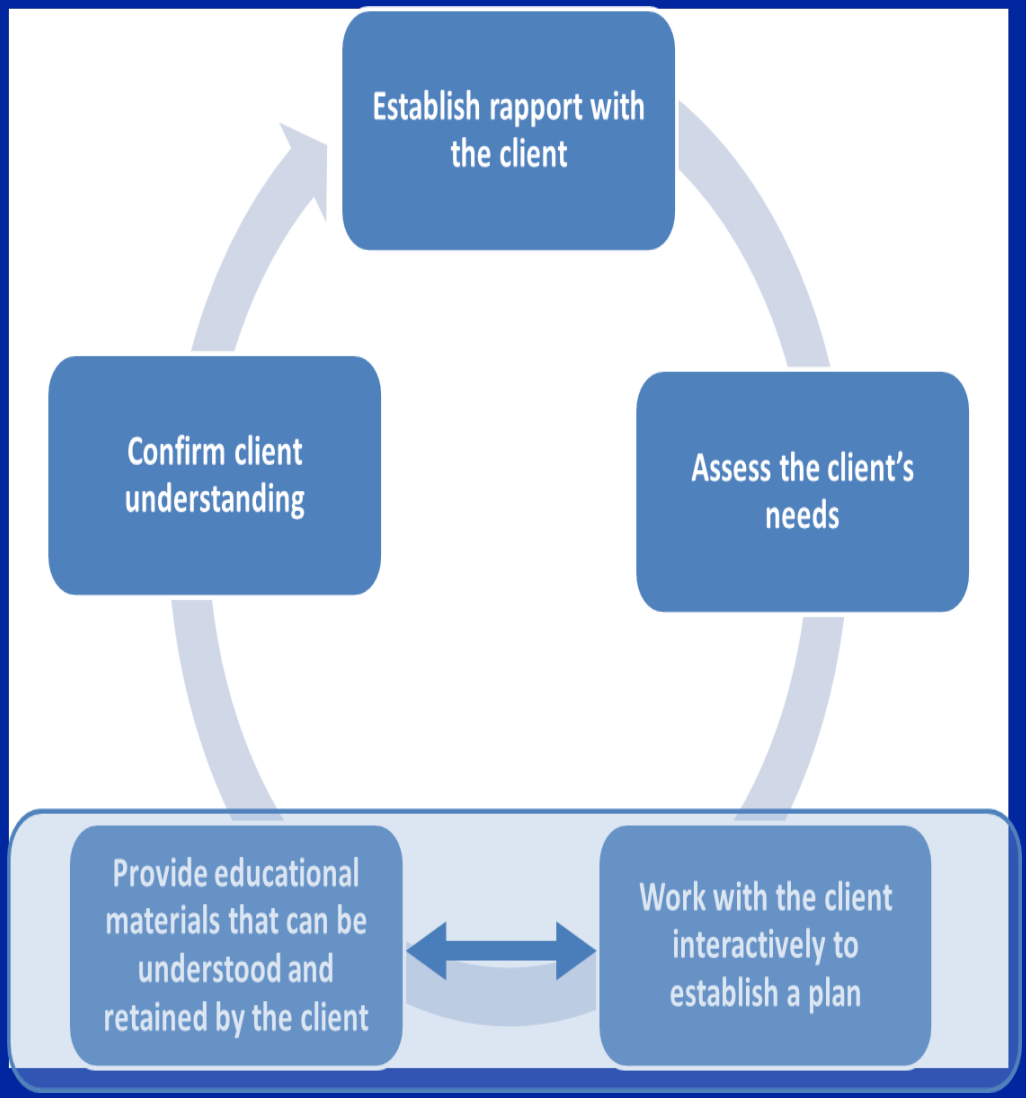
1: Establish and maintain rapport with the client

2: Assess the client's needs

3: Work interactively to establish a plan

4: Provide materials that can be understood and retained

5: Confirm client understanding



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Contraceptive Counseling in a Nutshell

- **Not…**
  - What method do you want?
- **Instead…**
  - What do you want in a method?

Case Study

- 33 year old G_3P_3 established patient seen for family planning health screening visit
- Using metformin for type 2 diabetes
- Mutually monogamous relationship
- Recent fasting lipid profile normal
- LMP 3 weeks ago; using condoms for contraception
- Cervical cytology test 2 years ago was negative
- Screened negative for HIV in each of her 3 pregnancies

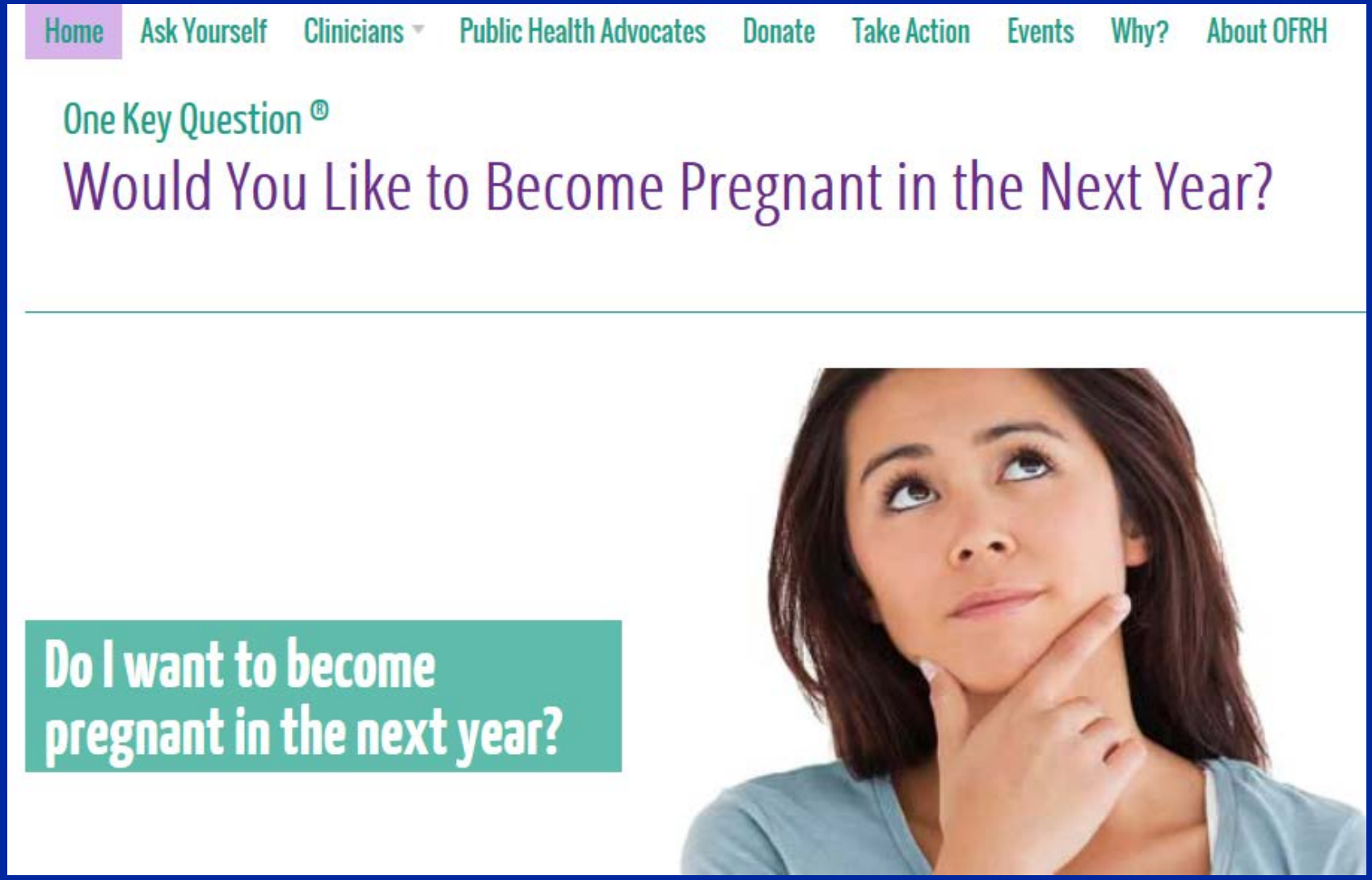
Case Study

- Would like to start oral contraceptives…today if possible
  - 13 cycles of monophasic dispensed
- Face-to-face time: 23 minutes; 18 minutes counseling
- What needs to be done in regard to…
  - Counseling?
  - Method choice?
  - Screening tests?
  - Encounter coding?
  - Out-of-pocket cost sharing (e.g., co-payment)?

Reproductive Life Plan Questions

- Do you hope to have any (more) children?
- How many children do you hope to have?
- How long do you plan to wait until you next become pregnant?
- How much space do you plan to have between your pregnancies?
- What do you plan to do until you are ready to become pregnant?
- What can I do today to help you achieve your plan?

“One Key Question”



www.onekeyquestion.org

US MEC 2010: Diabetes

United States Medical Eligibility Criteria for Contraceptive Use

US MEC

	OC/P/R	POP	DMPA	Impl	LNG-IUD	Cu-IUD
Hx gestational diabetes	1	1	1	1	1	1
Nonvascular disease						
i. Noninsulin-dependent	2	2	2	2	2	1
ii. Insulin-dependent	2	2	2	2	2	1
Nephropathy/retinopathy/ neuropathy	3/4	2	3	2	2	1
Other vascular disease or diabetes of >20 yrs' duration	3/4	2	3	2	2	1

SPR Appendix C: Exams And Tests Needed Before Method Initiation

United States Selected Practice Recommendations for Contraceptive Use

US SPR

Examination	Needed for
Blood pressure	OC, patch, ring
Clinical breast examination	None
Weight (BMI)	Hormonal methods
Bimanual examination, cervical inspection	IUC, cap, diaphragm
Glucose, Lipids	None
Liver enzymes	None
Thrombogenic mutations	None
Cervical cytology (Papanicolaou smear)	None
STD screening with laboratory tests	None
HIV screening with laboratory tests	None

CDC 2010: Routine STI Screening in Women

STD Treatment Guidelines 2010

Age	18-20	21-25	26-29	30-39	40-49	50-59
CT (Both)	Annually	→	Hi risk	→	→	→
GC (Both)	Hi Risk	→	→	→	→	→
HIV						
	Once, then Hi risk only	→	→	→	→	→
Syphilis	Hi Risk	→	→	→	→	→
Vag trich	Hi Risk	→	→	→	→	→
Hepatitis C - CDC 2012	Hi risk	→	→	→	→	→ →

→ Routine annual screening of sexually active women under 26

→ One time screening of adults born 1945-1965

Routine Cancer Screening in Women

Age	18-20	21-25	26-29	30-39	40-49	50-59
Cervix CA •Cytology •Co-testing	None None	Q 3 yrs		Q5 yrs		
CBE •ACS	None	Q 3 yrs		X	Annual with MG	
Mammogram •ACS •USPSTF	None	Hi Risk	[I]		Annual Q2y [C]	Q2y [B]
Colorectal cancer	None	Hi Risk				[A]

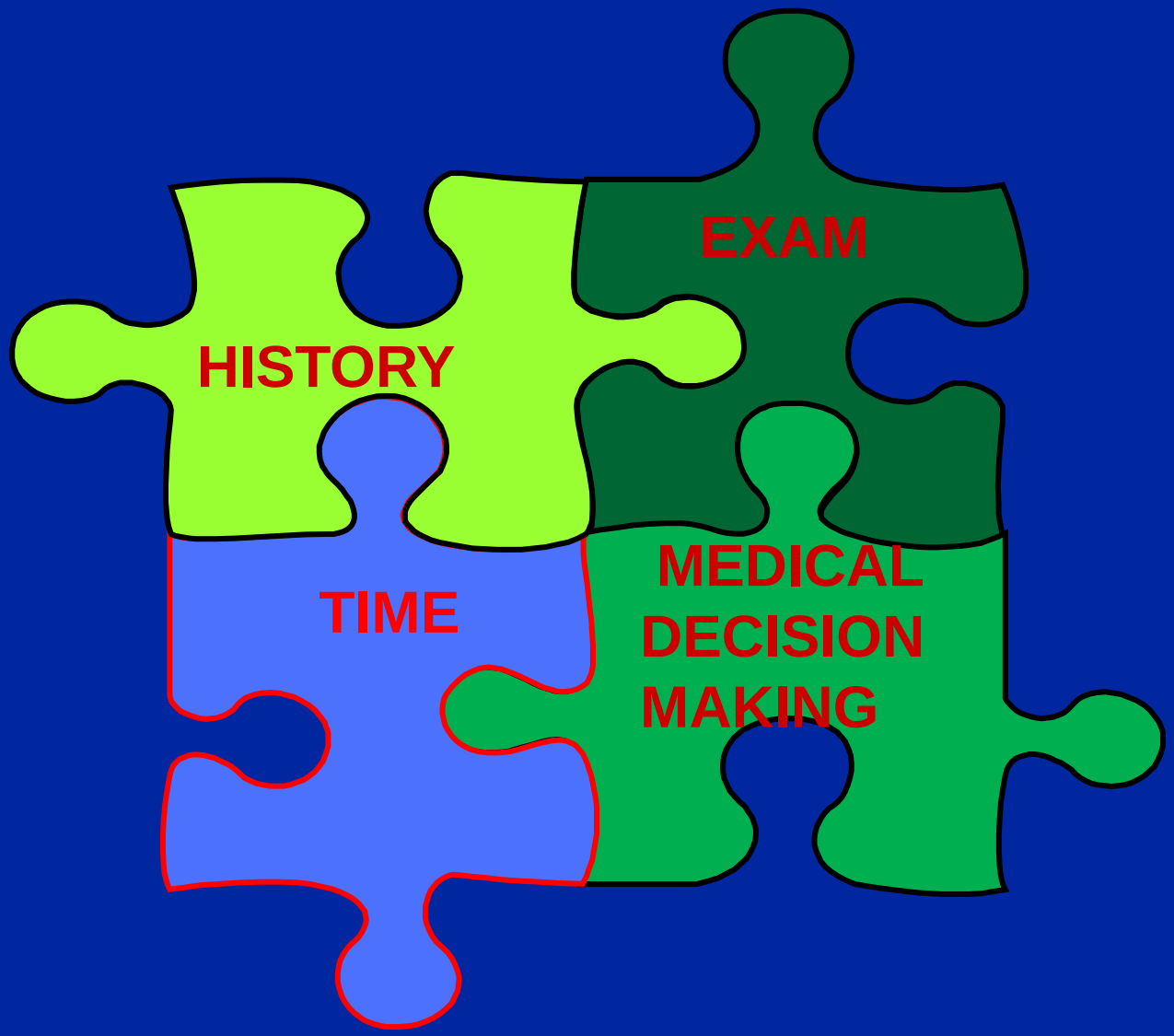
ACOG: Am College of Ob-Gyn
ACS: American Cancer Society

CBE: Clinical breast exam
CDC: Centers for Disease Control
USPSTF: US Prev Services Task Force

Summary of Patient Management

- QFP: counseling based upon shared decision making
- MEC: can use oral contraceptives with same day start
- SPR: assess BP, BMI only (no other physical exam)
- STD: no STI screening tests indicated
- HIV: screening not necessary
- Cancer screening: clinical breast exam Q 1-3 years
- Preconception care:
  - *Discuss preconception glucose control with all diabetics*
- How should I code this visit???

Problem Oriented E/M Visits



Either:

- **Composite of 3 key components (Hx + PE + MDM)**

Or

- **TIME, when greater than 50% of time is spent in counseling**

Problem Oriented E/M:
Face-to-Face Time "Midpoints"

New	Time (typical)
99201	≤ 15 (10)
99202	16-25 (20)
99203	26-37 (30)
99204	38-53 (45)
99205	> 53 (60)

Established	Time (typical)
99211	≤ 7 (5)
99212	8-12 (10)
99213	13-20 (15)
99214	21-33 (25)
99215	>33 (40)

Problem Oriented E/M Visit: *Time Factor*

- "Face-to-face Time" supersedes key indicators if ≥ 50% of total FTF time is spent in counseling & care coordination
  - Includes time spent with patient *and/ or* family members
  - Includes time spent on key components (e.g., exam)
  - Excludes pre- and post-encounter time
  - Excludes accommodation for disability or language
- Must document
  - Total FTF time *and* counseling time (or √ box for >50%)
  - Counseled regarding outcome, risks, benefits of…
  - Answered her questions regarding…

Patient Management

- QFP: counseling based upon shared decision making
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- Cancer screening: clinical breast exam Q 1-3 years
- Preconception care:
  - *Discuss preconception glucose control with all diabetics*
- E/M level: 99214 *based on time*
- ICD-9 diagnosis: V 25.01 (prescription of oral contraceptives)

Summary: What's the Impact of the QFP on Clinical Services?

- Endorses a suite of integrated clinical guidelines
- Endorses "shared decision making" counseling
- Emphasizes that achieving pregnancy is as much a part of family planning as preventing or delaying it
- Provides clinical detail about non-contraceptive FP services for those clients who need it
- Acknowledges the shift that most family planning visits occur in the consultation room, and not the exam room