Clarification of New Changes in the Revised FY14-15 Family Planning Agreement Addendum

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So why do we need a revised AA and when do we have to start implementing these changes?

• April, 2014 the Office of Population Affairs (OPA) and the Centers for Disease Control and Prevention (CDC) released the Title X Program Requirements as well as the clinical portion called Providing Quality Family Planning Services (QFP) which now serve as our legal documents that direct our family planning services in our clinics.

• These two documents now replace the 2001 Program Guidelines.

• OPA/Title X has given a 10/1/14 implementation date for grantees and service sites (with monitoring for these changes to begin in 2015).

III. Scope of Work and Deliverables - Changes

• All Title X sections have been revised to reflect the current section numbers in the references for all of the quotations in the document.

• 1. The Local Health Department shall utilize the 2014 Office of Population Affairs (OPA) Title X Program Requirements as well as the CDC’s Providing Quality Family Planning Services (QFP) guidance to develop and implement written policies for family planning services that include:

  • 1b. **DELETED** “Tracking mechanisms for follow-up of abnormal clinical and laboratory findings.”
  • 1c. **ADDED** “non-directive counseling must be used with all family planning patients in need of this service.”
  • 1d. **DELETED** “Follow-up of family planning patients with positive pregnancy tests to assure patients have access to health care providers. Non-directive counseling must be used with all patients.”
Section III continued

• 1h. **DELETED** ‘Provision of emergency contraception on-site or by referral’.

• 1i. **REVISED** Deleted first two sentences on deferment of physical exam and now only patients who decline recommended preventive screening tests or procedures require a written declination form.

• 1k. **DELETED** "Increasing staff awareness of disparities in health status and service delivery...This should be inclusive of orientation for new staff as ongoing continuing education for existing staff”.

• 1l. **DELETED** "Promoting customer friendly service that meets the needs of populations that are underserved...conduct annual environmental assessment to ensure customer satisfaction and staff utilization of knowledge”.

• 1s. **REVISED** Changed OPA Instruction Series to Program Policy Notice (PPN).

• 1t. **DELETED** “Establishment of a policy addressing bad debt write off and addressing aging of outstanding accounts”.

• 1u. **REVISED** Deleted “denied due to outstanding account balances” in regards to services provided.

• 1v. **REVISED** Added "as well as Human Trafficking” in regards to assurance of NC State Statute reporting laws.

• 1w. **REVISED** Added “QFP and Medical Eligibility Criteria (MEC)” as nationally recognized standards of care. Deleted the last sentence in this paragraph regarding inconsistencies between Title X and national standards of care. Added “These guidelines must be signed annually by the physician responsible for the family planning clinic.”

Section III Continued

• 1. **DELETED** ‘Establishment of a policy addressing bad debt write off and addressing aging of outstanding accounts’.

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• 1v. **REVISED** Added “as well as Human Trafficking” in regards to assurance of NC State Statute reporting laws.

• 1x. **REVISED** Added “QFP and Medical Eligibility Criteria (MEC)” as nationally recognized standards of care. Deleted the last sentence in this paragraph regarding inconsistencies between Title X and national standards of care. Added “These guidelines must be signed annually by the physician responsible for the family planning clinic.”

Section III continued

• 2a. **REVISED** this to read, “Based on the reason for the visit, services are offered in accordance with QFP and properly documented in the client’s medical record. Refer to Attachment D-1 for contents of services.”

• 2b. **REVISED** this to read, “A physical assessment, as indicated, on all patients (male and female) at the clinical visit. Refer to Attachment D-1 for contents of physical assessment.”

• 2c. **DELETED** “Revisit schedules must be individualized...”

• 5. **REVISED** Removed “initial and annual” and replaced with “clinical” and added QFP from list of national guidelines.

• 8b. **DELETED** “Patient education must be documented in the patient record. Required education offered outside the family planning clinic shall be assessed...Refer to Flow Sheet for education requirements.”
Section III. Continued

- 8c. REVISED to read, “Patient method counseling must be included in the patient’s record. Methods counseling is individualized dialogue with the patient. Refer to Attachment D-1 for requirements (Title X, QFP). Methods counseling is individualized dialogue that must be included in the patient’s record either as a check box (electronic medical records) or as a written statement in the chart. The ‘Teach Back’ method may be used to confirm the patient understands. Refer to Attachment D-1 for details.”

- 8d. DELETED The last sentence in this was deleted “A list of healthcare providers who can provide HIV risk assessment…are not provided in the family planning clinic.”

- 8e. REVISED to read, “All minors shall be: (1) offered counseling on how to resist coercive attempts to engage in sexual activities, (2) assured that the counseling sessions are confidential and if follow up is necessary, every attempt will be made to assure the privacy of the individual; and (3) parental involvement is encouraged (OPA, PPN 2014-01)

- 9. Informed Consents (Section rewritten)

- 9a. REVISED now reads, “The client’s written informed voluntary general consent (written in a language understood by the patient or translated and witnessed by an interpreter) to receive services such as examinations, laboratory tests, and treatment must be obtained prior to the client receiving any clinical services.”

- 9b. REVISED now reads, “Consent must include statement that receipt of family planning services is not a prerequisite to receipt of any other services offered in the health department.”

- 9c. REVISED now reads, “Agencies have the choice of continuing the use of the contraceptive method specific consent forms or to use the ‘Teach Back’ method with documentation in the patient’s record with a check box or written statement of the method being used (Title X, QFP).”

- 9d. REVISED now reads, “If a contraceptive method specific consent form is used, it must be signed by the client before a prescription contraceptive method is provided. Specific education and consent forms for the contraceptive method provided must be part of the project’s service plan. Informed consent (either as the ‘Teach Back’ or method specific consent form) must include information that is provided in Attachment D-1 (Title X, QFP).”

- 10e. REVISED replaced “followed” with “addressed” in regards to follow up to problems, conditions, and abnormal findings.

- 12. REVISED replaced the current references in this section to “45 CFR 74.44; 45 CFR 92.36 and (NC Pharmacy Regulations, 450 CFR 74.21)”
TIME FOR QUESTIONS ON SECTION III

Changes to Performance Measures/Reporting Requirements – Section IV

Paragraph 3 is replaced in its entirety
• 3a. REVISED this was revised to reflect what is currently being reported in the semi-annual STI/Pap Survey Monkey and reads, “The Local Health Department must report the total number of tests performed for chlamydia, gonorrhea, syphilis, and HIV for all family planning patients served in their agency. Local programs must report the unduplicated number of patients tested by gender and age group (<15, 15-17, 18-19, 20-24 and 25 and over). For HIV tests only, local agencies must also report the number of positive tests.”

• 3b. UNCHANGED

Changes to Funding Guidelines or Restrictions Section VI

• This section was REVISED to reflect the correct URL links to the Title X Program Requirements: http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf

• And the CDC Providing Quality Family Planning Services (QFP): http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf
This Agreement Addendum Revision #2 replaces Attachment D in its entirety with this Attachment D-1

Title X Clinical Services for Females

- No longer a distinction between initial and annual components in regards to physical assessment and lab tests
- **DELETED** “In utero exposure to diethylstilbestrol (DES) in the history section”
- **ADDED**: #12. “Depression screen when staff-assisted depression care supports are in place R” in the history section
- **ADDED**: #13 “Screen for intimate partner violence and provide or refer women who screen positive R” in the history section

Changes to Title X Clinical Services for Females - Continued

- **Annual/Return history continued** – 2. Depression screening when staff-assisted care supports are in place R and 3. Screen for intimate partner violence and provide or refer women who screen positive R”

- Physical Assessment:
  - 2. **DELETED** “*” and statement within parenthesis for breast exam
  - 3. **DELETED** “*” and statement after pelvic exam
  - 5. **DELETED** “over 50 R/*” for colorectal cancer screening and changed to “I”
  - 6. **DELETED** “STI and HIV screening/testing I/*” in this section
  - 9. **DELETED** “R/*” for Thyroid and changed to “I” (used when providing an infertility assessment or symptomatic)
  - 10. **DELETED** “R/*” and changed to “I” for heart/lungs/extremities
  - 11. **DELETED** “R/*” and changed to “I” for abdomen
Changes to Title X Clinical Services for Females Continued

LABS:
- **1. DELETED** – Anemia Assessment
- **2. REVISED** – Added Infertility Prevention Project (IPP) and CDC STD Screening Guidelines after gonorrhea screening for clarity. No longer required with IUD insertion unless required per STD Screening Guidelines.
- **3. REVISED** – Same addition of guidelines after chlamydia screening and same criteria for IUD insertion.
- **4. DELETED** – Vaginal wet mount
- **5. REVISED** – Added the CDC recommendations for screening for syphilis for clarity.
- **7. DELETED** – Urinalysis
- **8. REVISED** – Added the CDC recommendations for screening for clarity.
- **9. ADDED** – Diabetes testing

Changes to Title X Clinical Services for Males

- Similar changes as in female clinical services in regards to no distinction between components in physical assessment and labs.

HISTORY:
- **13. ADDED** – "Depression screening when staff-assisted depression care supports are in place R"
- **1. DELETED** under the Annual/Return History: “1. Update personal history R, 2. Update family medical R, 3. Update social (including sexual) history R”, and **REPLACED WITH**: “1. Client return visits (excluding routine supply visits) include an assessment of the client’s health status, current complaints, evaluation of birth control methods and opportunity to change methods R 2. Depression screening when staff-assisted depression care supports are in place R”

Changes to Title X Clinical Services for Males Continued

- **Physical Assessment:**
  - **1. REVISED** “I” to “R” for height and weight
  - **2. REVISED** “I” to “R” for calculate Body Mass Index (BMI)
  - **12. DELETED** STI/HIV screening/testing

- **Labs:**
  - **1. DELETED** – Anemia assessment
  - **6. DELETED** – Urinalysis
  - **8. ADDED** – Diabetes Testing
Changes to Title X Flow Sheet for Female Patients

This section was completely rewritten to better provide details to required education as well as patient method counseling. The first section is:

The client should receive and understand the information she needs to make informed decisions and follow treatment plans. This requires careful attention to how information is communicated. The following strategies can make information more readily comprehensible to clients:

1. Educational materials should be clear and easy to understand.
2. Information should be delivered in a manner that is culturally and linguistically appropriate.
3. The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment.
4. Whenever possible, natural frequencies and common denominators (i.e., 1 in 100 using an IUC or implant is likely to get pregnant within 1 year, etc.) are used in the education activity.
5. Balanced information on risks and benefits of the contraceptive method chosen should be presented and messages framed positively.
6. Active client engagement should be encouraged and each visit should be tailored to the client's individual circumstances and needs.

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Title X Female Education Continued

Required Female Client Education

7. Information needed to make an informed decision about family planning
8. Based on the sexual risk assessment, reduction of risk of transmission of STIs and HIV for those who screen positive for high risk
9. Understand BMI greater than 25 or less than 18.5 is a health risk (Weight management educational materials to be provided if client requests)
10. Promote daily consumption of multivitamin with folic acid to those who are capable of conceiving
11. Provide reproductive life planning counseling (See Box 2 in QFP for details)
12. Adolescents must be told that services are confidential, parental involvement is encouraged and how to resist sexual coercion.
13. Adolescents should be provided intervention to prevent initiation of tobacco use
14. Stop tobacco use, implementing the 5A counseling approach
15. Encourage biennial screening mammogram for women aged 50 and older and <50 if conditions support providing the service to an individual patient

Optional Information as Indicated

Female and male reproductive anatomy and physiology; fertility regulation for those seeking pregnancy or use of Fertility Awareness Methods; nutrition, and exercise

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Title X Female Education Requirements Continued

Patient Method Counseling

Method counseling is individualized dialogue that must be included in the client's record either as a check box (electronic format) or as a written statement. The 'teach back' method may be used to confirm the client understands. It covers:

1. Results of physical assessment and labs (if performed)
2. Typical use rates for method effectiveness
3. How to use the method consistently and correctly
4. Protection from STIs
5. Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24 hour number, where to seek emergency services outside of hours of operation)
6. How to discontinue method selected, information on backup method, use of emergency contraception if indicated by method
7. When to return for a follow up (planned return schedule)
8. Appropriate referral for additional services as needed
Changes to Title X Flow Sheet for Male Patients

This section was completely rewritten to better provide details for required education as well as patient method counseling. The first section is (same as for female patients):

The client should receive and understand the information she needs to make informed decisions and follow treatment plans. This requires careful attention to how information is communicated. The following strategies can make information more readily comprehensible to client:

1. Educational materials should be clear and easy to understand.
2. Information should be delivered in a manner that is culturally and linguistically appropriate.
3. The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment.
4. Whenever possible, natural frequencies and common denominators (e.g., 1 in 100 using an IUD or implant is likely to get pregnant within 1 year, etc.) are used in the education activity.
5. Balanced information on risks and benefits of the contraceptive method chosen should be presented and messages framed positively.
6. Active client engagement should be encouraged and each visit should be tailored to the client's individual circumstances and needs.

Title X Male Education Continued

Required Male Client Education

7. Information needed to make an informed decision about family planning
8. Based on the sexual risk assessment, reduction of risk of transmission of STIs and HIV for those who screen positive for high risk
9. Understand BMI greater than 25 or less than 18.5 is a health risk (Weight management educational materials to be provided if client requests)
10. Provide reproductive life planning counseling (See Box 2 in QFP for details)
11. Adolescents must be told that services are confidential, parental involvement is encouraged and how to resist sexual coercion.
12. Adolescents should be provided intervention to prevent initiation of tobacco use
13. Stop tobacco use, implementing the 5A counseling approach

Optional Information as Indicated

Female and male reproductive anatomy and physiology; fertility regulation for those seeking pregnancy or use of Fertility Awareness Methods; nutrition, and exercise

Title X Male Education Requirements Continued

Patient Method Counseling

Method counseling is individualized dialogue that must be included in the client’s record either as a check box (electronic format) or as a written statement. The “Teach Back” method may be used to confirm the client understands. It covers:

1. Results of physical assessment and labs (if performed) R
2. Typical use rates for method effectiveness R
3. How to use the method consistently and correctly R
4. Protection from STIs R
5. Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24 hour number, where to seek emergency services outside of hours of operation) R
6. How to discontinue method selected, information on backup method, use of emergency contraception if indicated by method R
7. When to return for a follow-up (planned return schedule) R
8. Appropriate referral for additional services as needed R
Questions on Attachment D-1?

For additional follow up questions from a provider in the clinical perspective, contact Dr. Cheren at lisa.cheren@dhhs.nc.gov

For additional follow up questions from a policy perspective, contact Dr. Cheryl Kovar at cheryl.kovar@dhhs.nc.gov