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FAMILY PLANNING IN COMMUNITY HEALTH CENTERS: RESULTS OF A NATIONWIDE STUDY

Welcome and Introductions:

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Featured Speaker:

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THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH
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Featured Speaker:

Susan Wood, PhD

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**George Washington University School of Public Health
and Health Services**

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Family Planning in Community Health Centers

Results from a Nationwide Study

Sara Rosenbaum, JD

Susan Wood, PhD

May 2, 2013

Agenda

Introduction

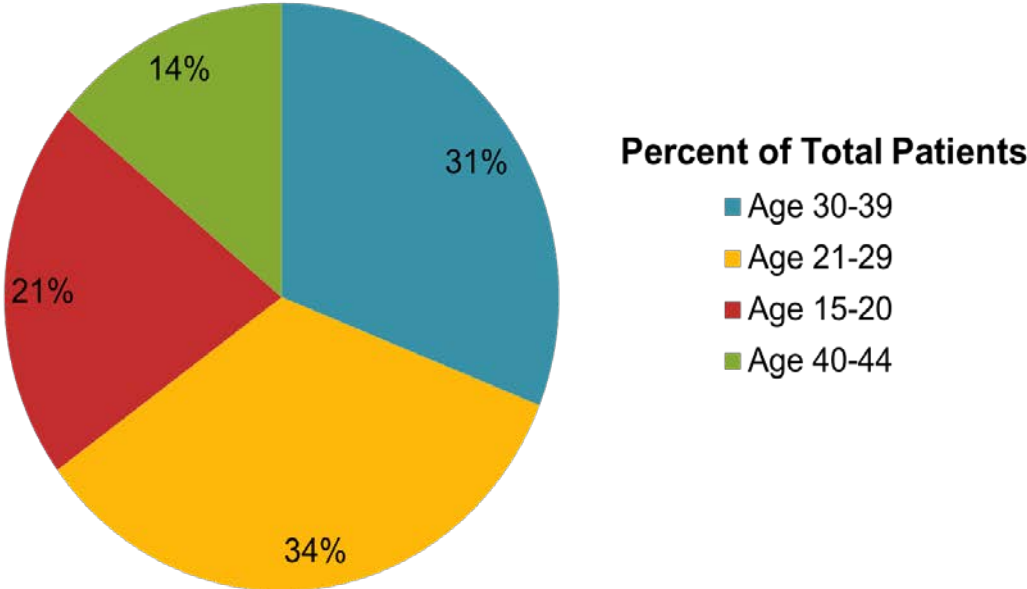
Study Methods

Key Findings

Discussion

Recommendations

5.6 Million Women of Childbearing Age Were Seen at Community Health Centers in 2010



2010 UDS, HRSA

Study methods

Original survey fielded April-October 2011

959 Federally-qualified health centers

Specific questions regarding:

contraceptive services, onsite availability of prescriptions drugs/devices, approaches to special populations, staffing arrangements, screening, testing, and treatment practices, collaborations with other providers, confidentiality, practice management, and funding

Asked about largest site and all sites

Study methods

Administered via email to 959 CMOs and EDs of 1,130 section 330 grantees

Followed-up with sites to ensure completion

423 respondents represent 1,940 sites offering primary comprehensive care

44% response rate

Respondents and non-respondents had similar patient mixes (proportion insured, uninsured, women of childbearing age)

Respondents tend to be larger than non-respondents

Comprehensive Range of Methods: Index Score

- Adapted from CDC categorization of contraceptive methods
- Scoring mechanism allotted one point for prescription availability of each method with additional points allocated for on-site delivery or dispensing
- Used in regression analysis to describe factors associated with comprehensive scope of services

Comprehensive Range of Methods: Index Score

Table 1. Select Contraceptive Methods in Comprehensiveness Index

Oral contraceptives/extended oral contraceptive regimen*

IUD: Mirena and/or ParaGard*

Injectables*

Patch and/or vaginal ring*

Barrier methods including male/female condoms, and/or diaphragm/cervical cap, and/or sponge

Natural family planning

Emergency contraception*

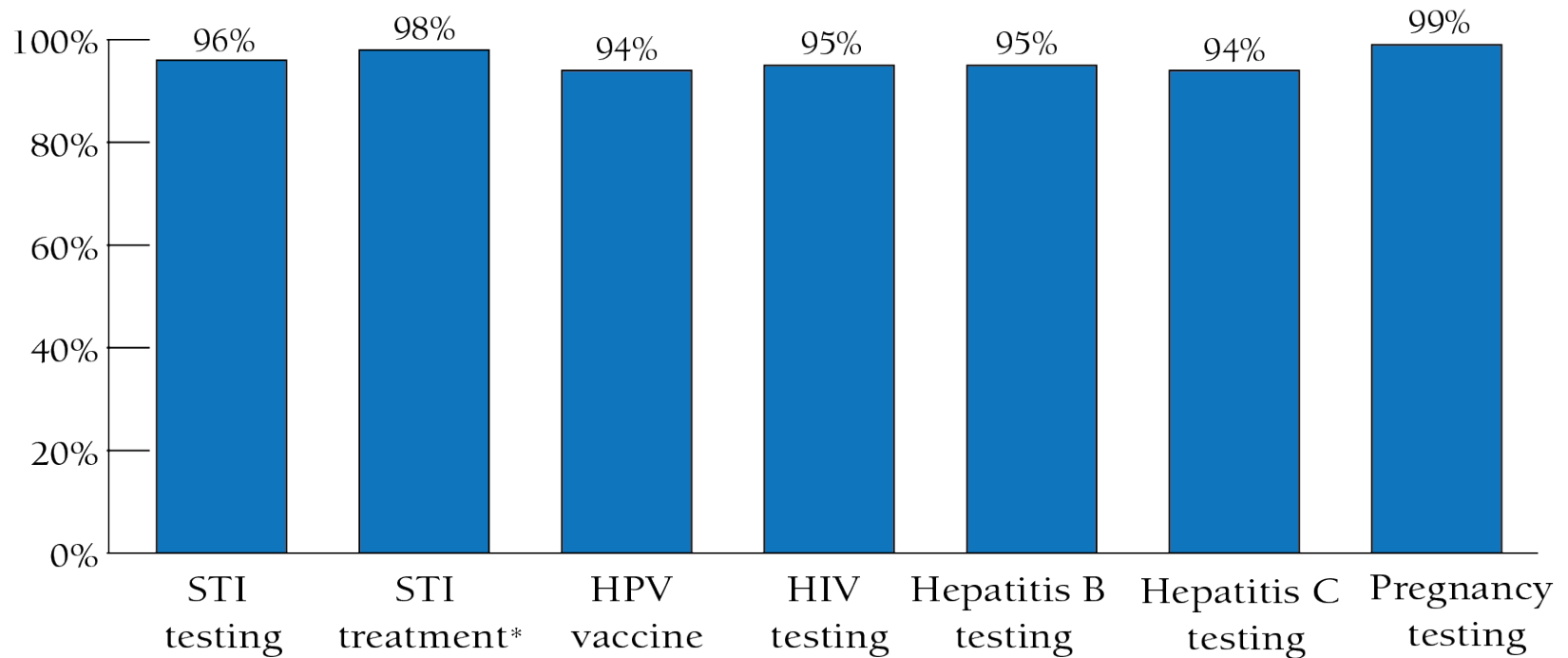
* Methods were weighted with additional values for on-site delivery or dispensing

Case study methods

Six in-depth and three targeted case examined:

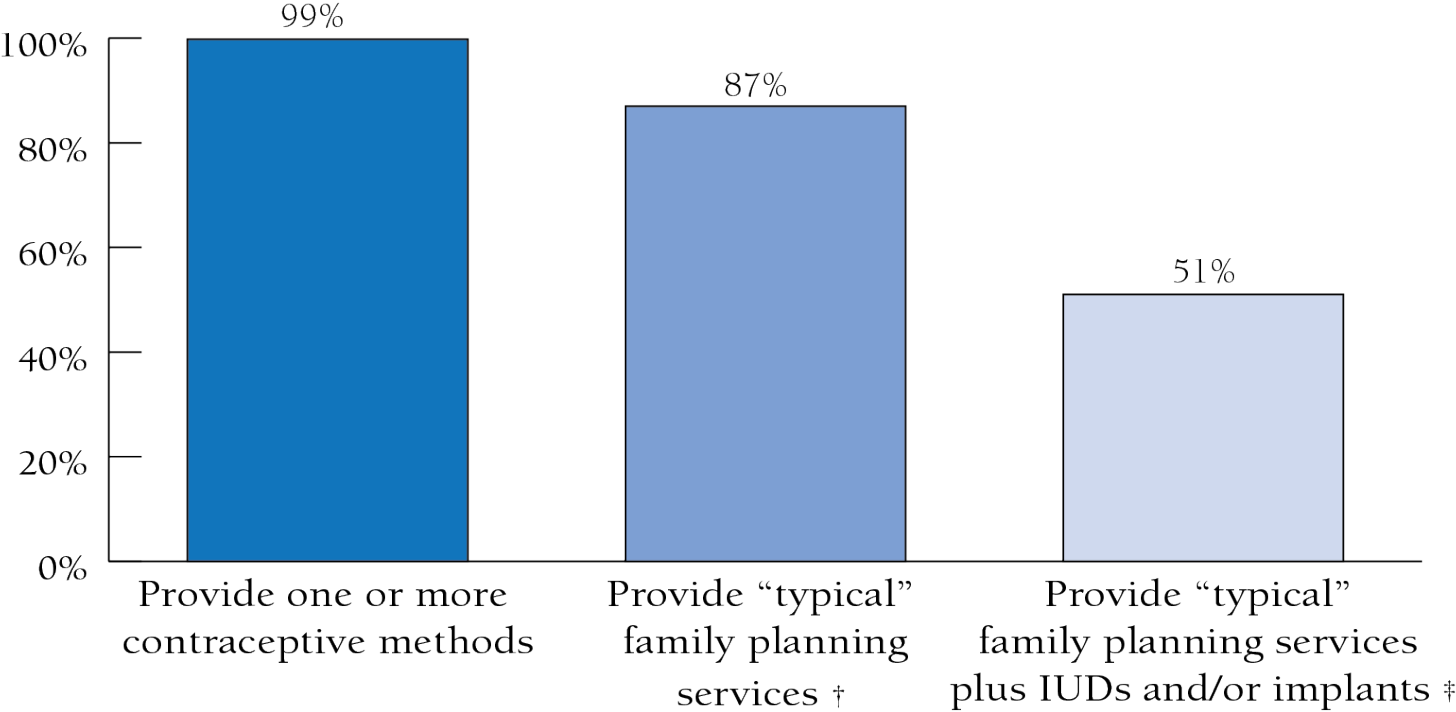
- Best practices and successful strategies in providing family planning and reproductive health services
- Internal and external factors that act as either barriers to or facilitators of care
- Identified gaps in care among patient populations

Figure 8. On-site Pregnancy Testing and Infectious Disease Testing and Treatment At Largest Health Center Sites



* On-site treatment includes the prescription, or prescription and dispensing of medication, at a health center's largest site.

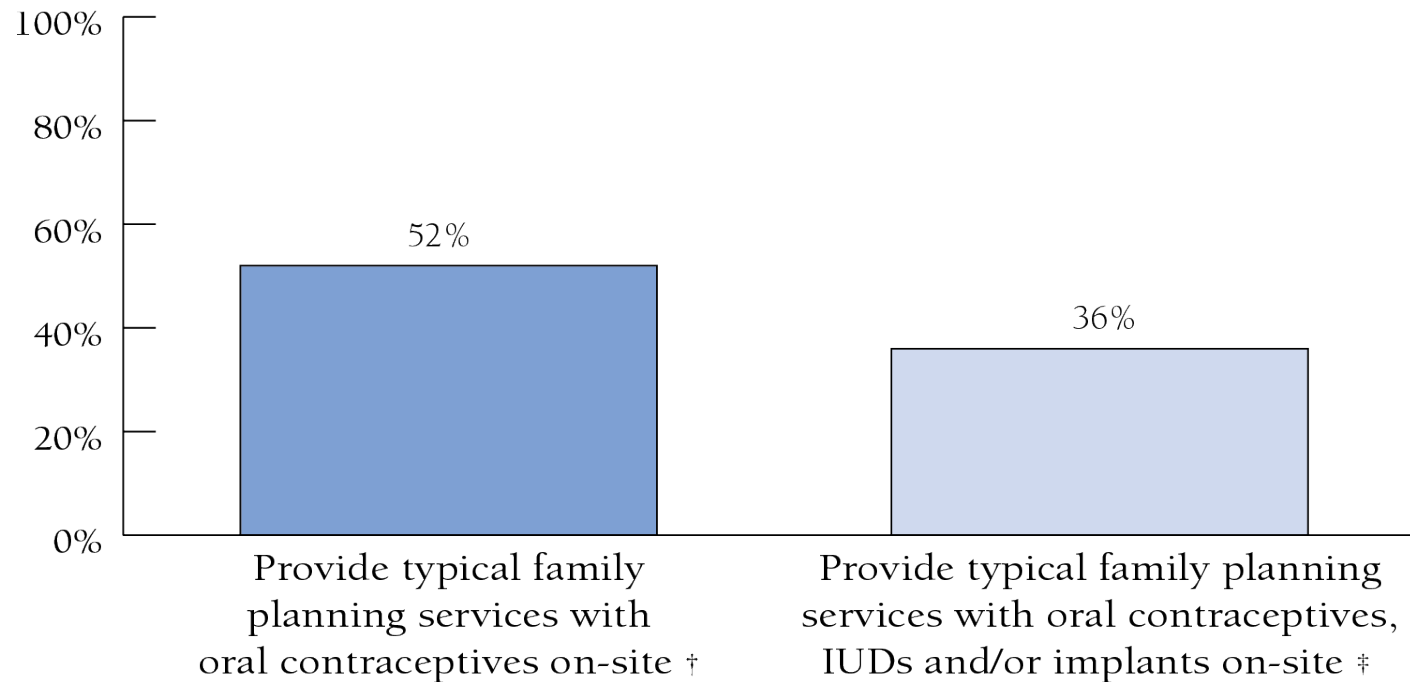
Health Center Provision of Family Planning Services



† Percent of grantee's primary medical care sites that offer what is here defined as a "typical" service package, including: STI testing/treatment, plus oral contraceptives, plus one other contraceptive method (e.g., injectables, IUDs, emergency contraception pills, condoms, hormonal implants).

‡ Percent of grantee's primary care sites that offer STI testing/treatment, plus oral contraceptives, plus IUDs and/or hormonal implants, plus one other contraceptive method.

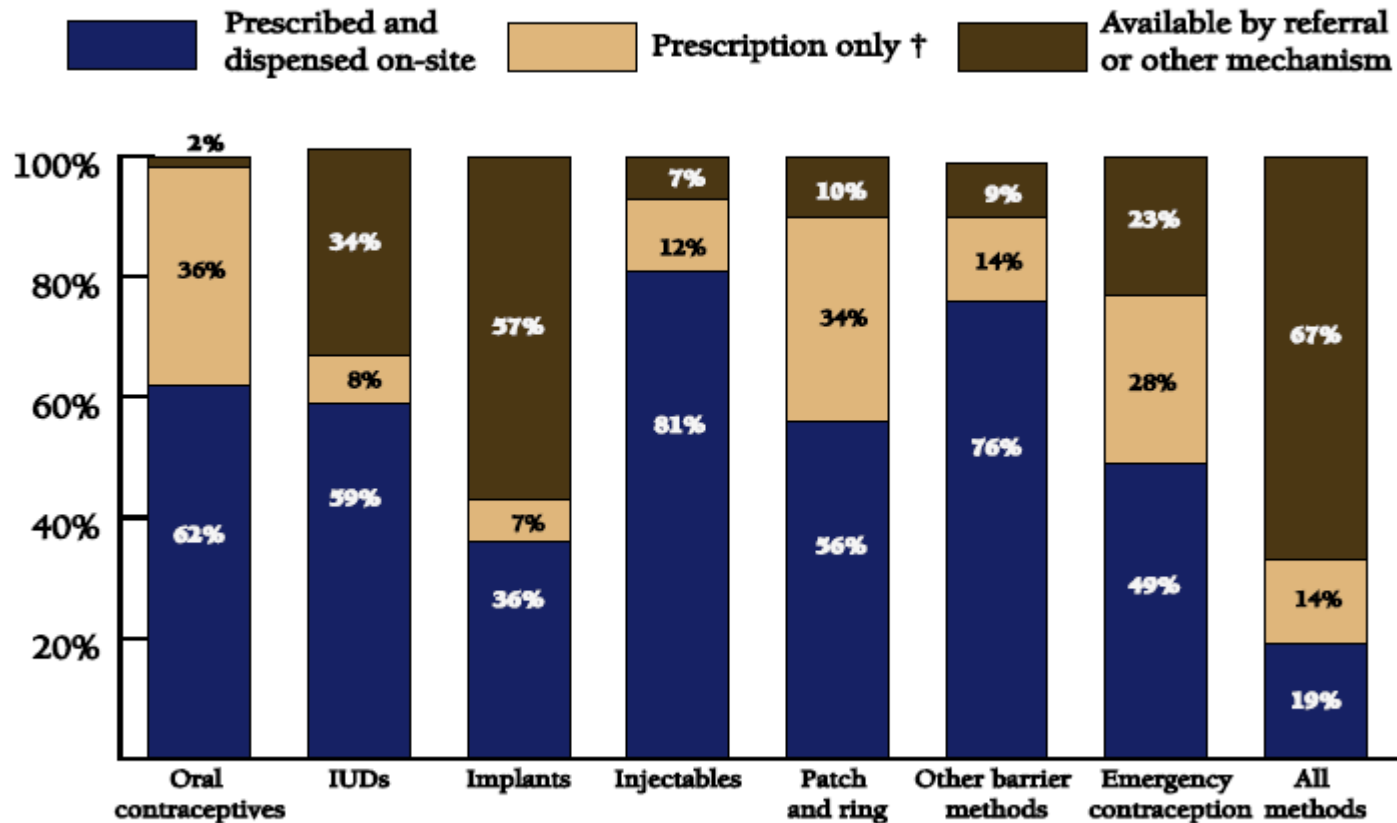
Health Center Providing On-site Oral Contraceptives



† Percent of grantee's primary medical care sites that offer what is here defined as a “typical” service package, including: STI testing/treatment, plus oral contraceptives on-site, plus one other contraceptive method (e.g., injectables, IUDs, emergency contraception pills, condoms, hormonal implants).

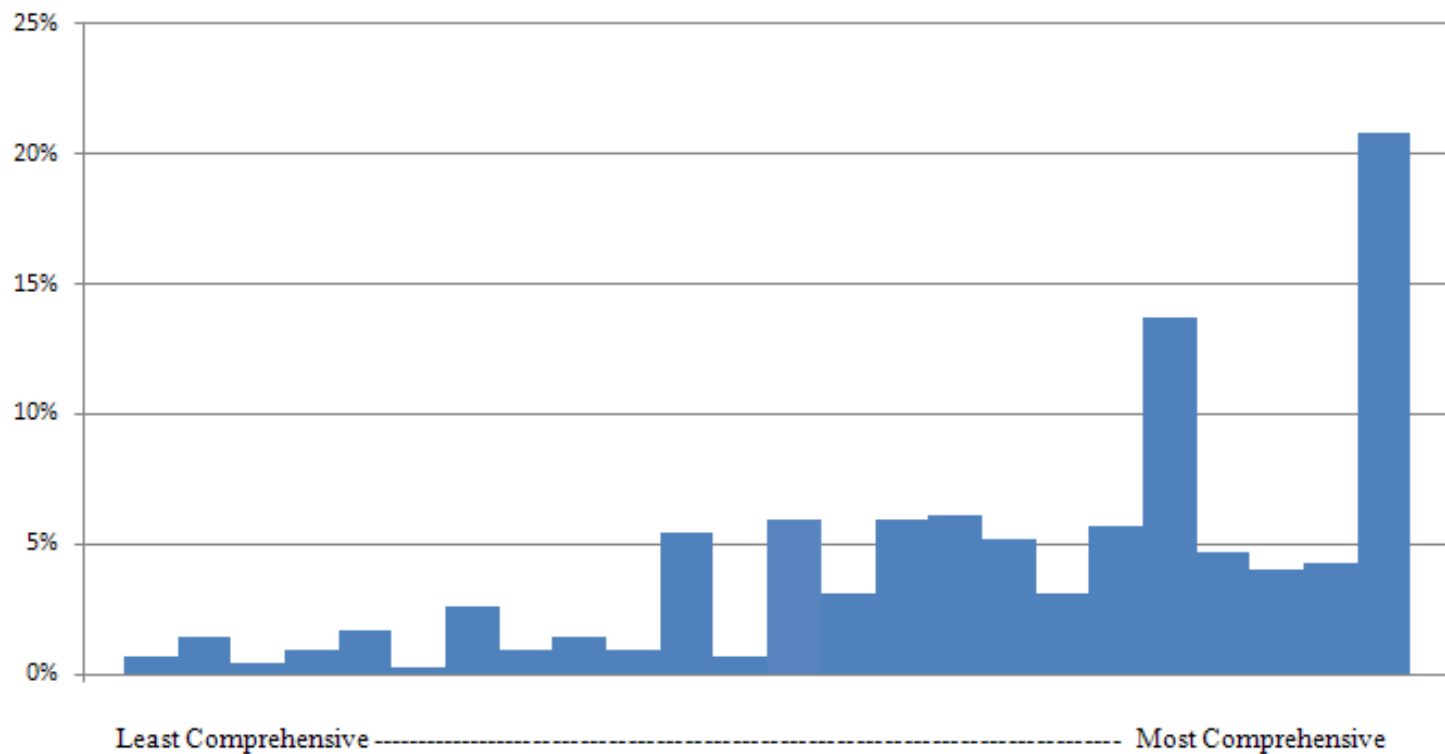
‡ Percent of grantee's primary care sites that offer STI testing/treatment, plus oral contraceptives on-site, plus IUDs or hormonal implants, plus one other contraceptive method.

Figure 4. Prescribing and Dispensing of Contraceptive Methods Among Largest Health Center Sites



† Prescription only means that the health center site provides prescription and, in some cases, client obtains contraceptive method from outside pharmacy and returns to clinic for administration or insertion, as appropriate.

Figure 5. Distribution of Comprehensive Methods Index Score



Key Characteristics of Health Centers that provide more comprehensive methods

- More likely to have Title X funding
- More likely to be medium or large size
- More likely to be located in self-described urban or suburban setting
- More likely to be located in the West
- More likely to employ staff includes Ob-Gyn and FP counselors

Figure 13. Percent of Health Centers where the
Largest Site Received
Title X Family Planning Funding

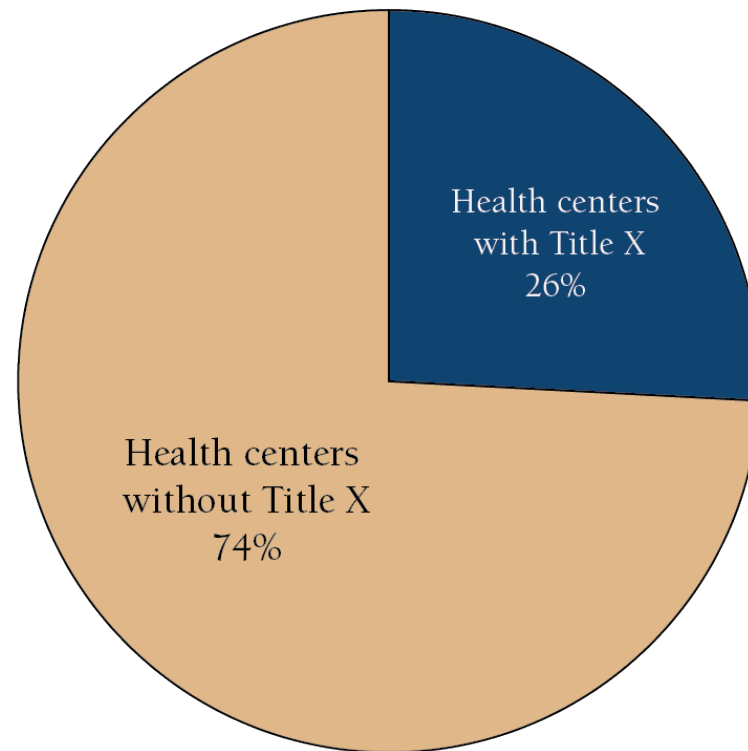
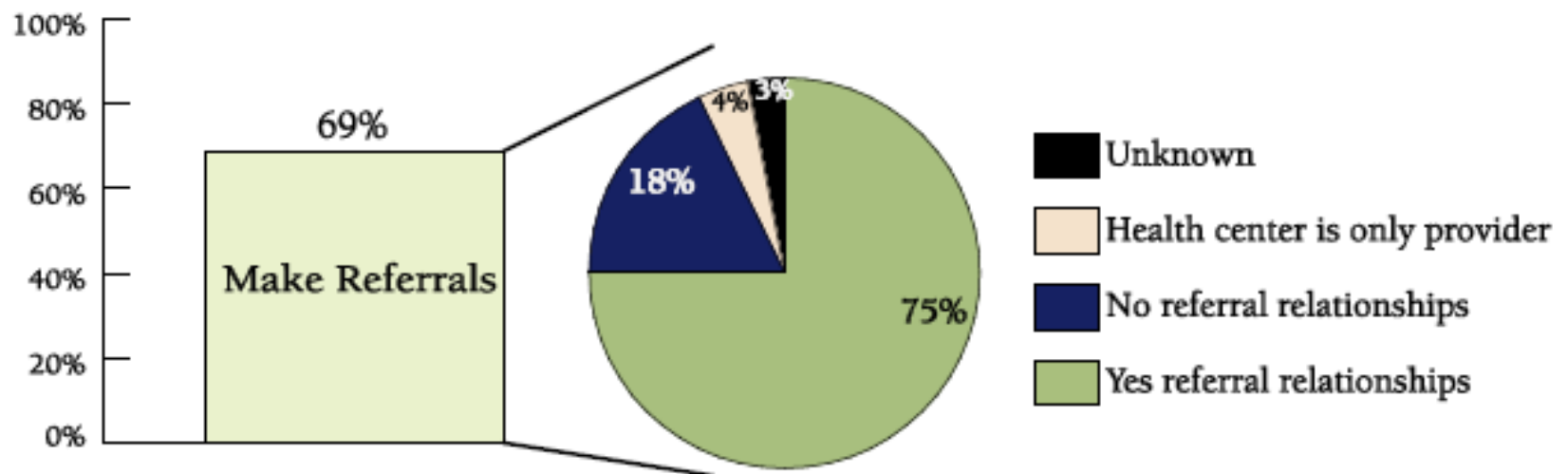
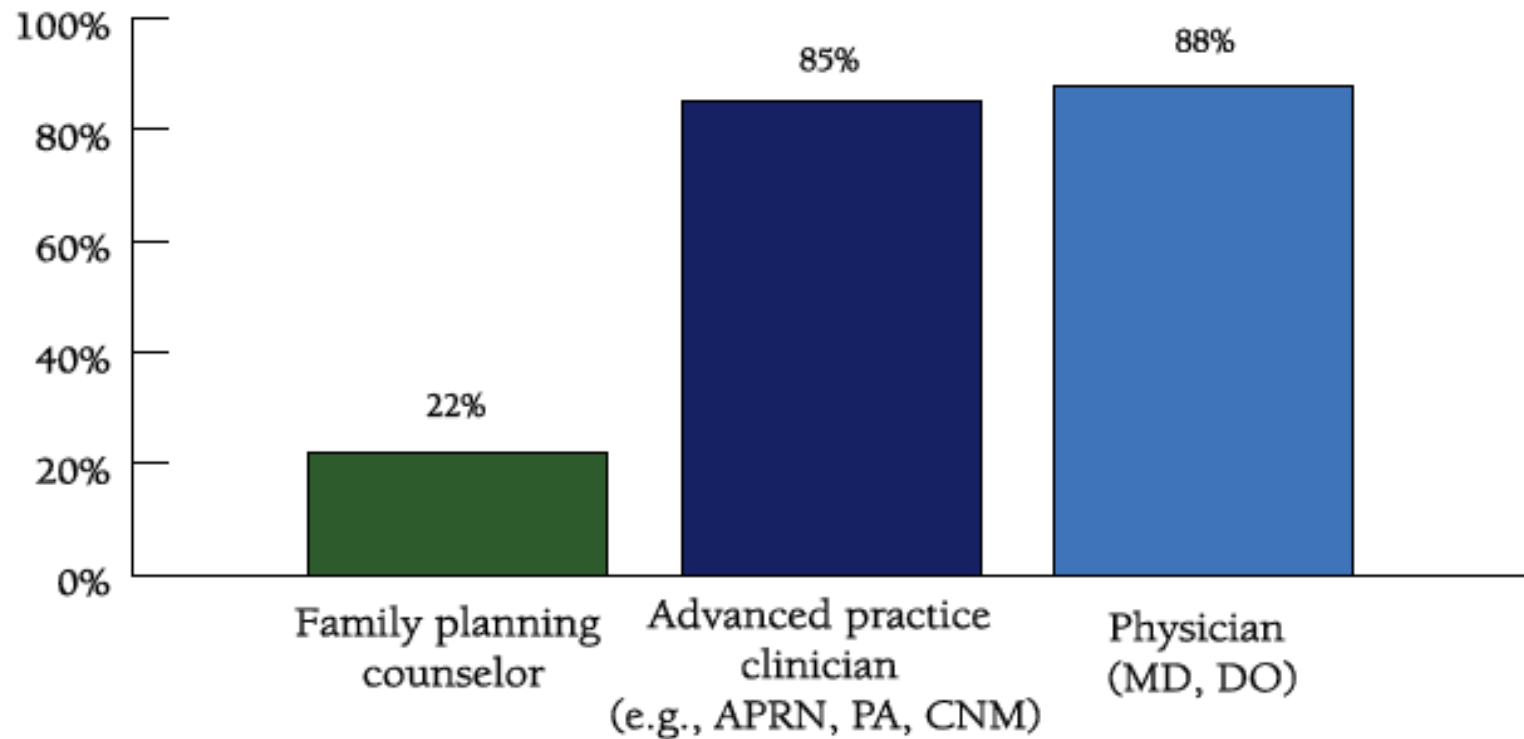


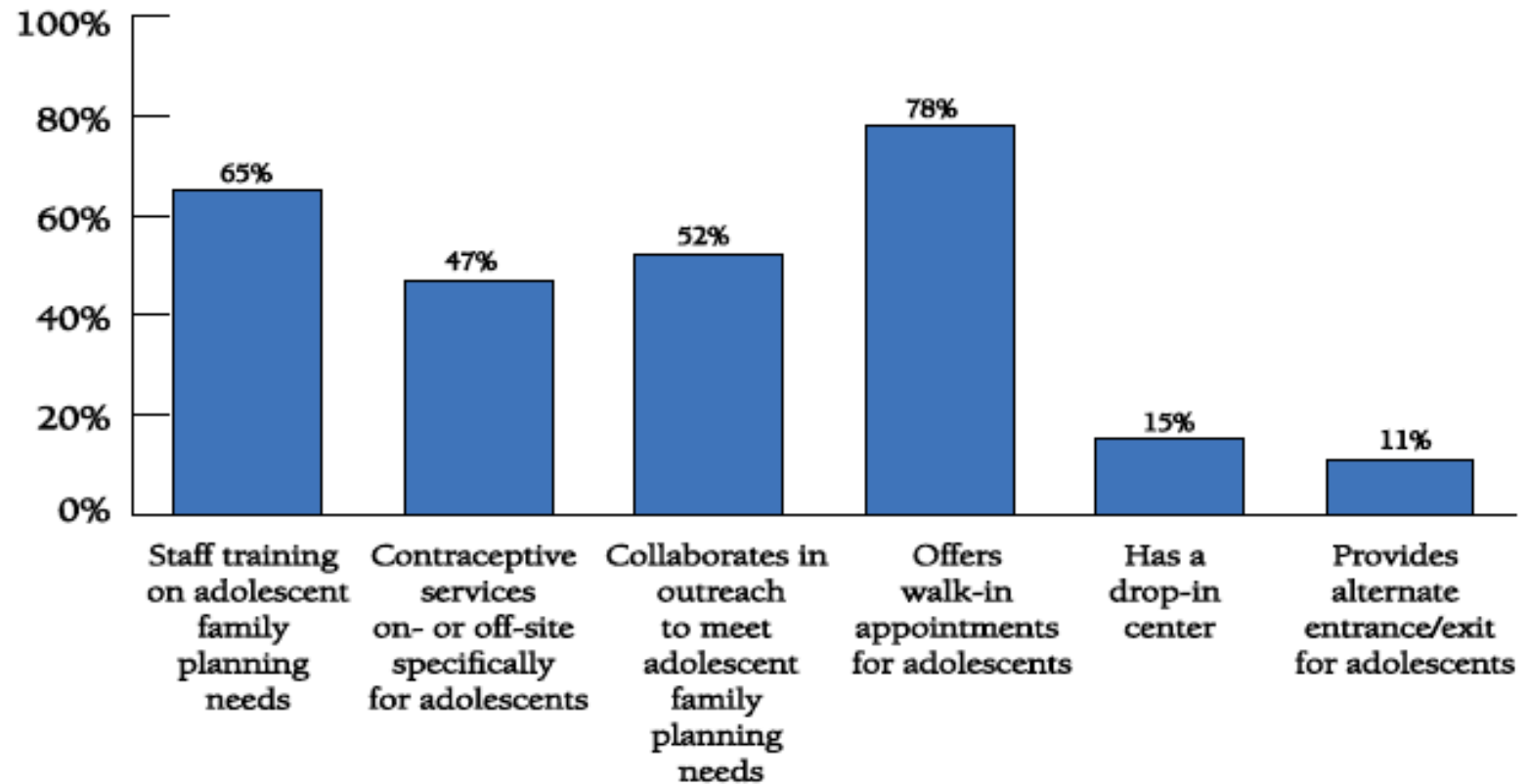
Figure 8. Routine Referral Relationships Among Service Area Family Planning Providers and Largest Health Center Sites



**Figure 3. Use of Family Planning Counseling
At Largest Health Center Sites, By Type of Clinician**



**Figure 7. Adolescent Health Services and Supports
Among Largest Health Center Sites**



Recommendations

- 1. Develop Core Health Center Family Planning Guidance that Adapts to Health Center Practice Settings Emerging HHS Policy on Family Planning Practice**
- 2. Establish a Family Planning Practice Re-Design and Quality Improvement Effort as Part of an Overall Primary Health Care Quality Initiative**

Recommendations

- 3. Bring Value-Based Purchasing and “Health Home” Techniques to Family Planning**
- 4. Foster Health Center/Title X Family Planning Program Collaborations**

Areas for further research

1. Explore how patients use health center family planning services and what are patient preferences for these services.
2. Conduct an in-depth analysis of Medicaid FQHC payment policies and family planning.
3. Examine the community environment for health center practice improvement in the area of family planning.

Health Centers and Family Planning: Results of a Nationwide Study

Health Centers and Family Planning: Results of a Nationwide Study (March 2013)

Report available on-line at

<http://www.rchnfoundation.org/?p=2975> and

http://sphhs.gwu.edu/departments/healthpolicy/publications/Health_Centers_and_Family_Planning.pdf



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Thank You

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