

Title X Clinical Overview for New Agencies

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Objectives for Today



- Understand the Goals and Objectives of the Office of Family Planning, Office of Population Affairs Title X Family Planning Program
- Review Title X Clinical Guidelines and Requirements
- Understand the rationale for using the *Quality Family Planning Services Recommendations from Centers for Disease Control and Prevention and the US Office of Population Affairs*



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/cma/contad.html>.

The Beginning of a Great Program



- 1965 The first federal program to give subsidies to help low-income families with contraceptive services. Part of President Lyndon Johnson's War on Poverty program. Coincided with the 1965 Supreme Court (in Griswold v. Connecticut) which gave **married** couples the right to use contraception, ruling that it was protected in the Constitution as a right to privacy. (26 states-NO to unmarried women!)
- 1970 **Title X** passed with strong **bipartisan** support for Title X. Championed by Congressman George H.W. Bush and signed into law by Richard Nixon.
- 1975 Bill passed authorizing a network of family planning centers to be built across the U.S. By 2014, some 4,400 centers were in operation.

A Great Program



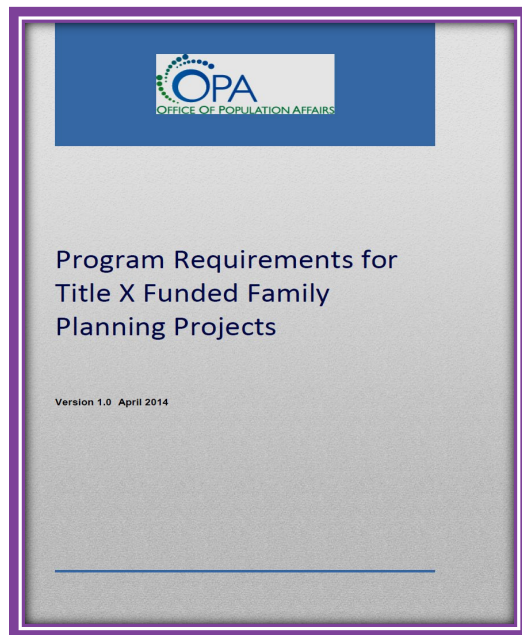
- Family planning is one of the 10 great public health achievements of the twentieth century, on a par with such accomplishments as vaccinations. (CDC)
- The ability of individuals to determine their family size and the timing and spacing of their children has resulted in significant improvements in quality of life, health and in social and economic well-being for women and families.
- Smaller families and increased child spacing have helped decrease rates of infant and child mortality and morbidity, improve the social and economic conditions of women and their families, and improve maternal health.

Title X Funded Agencies



- Provide access to contraceptive services, supplies, and information.
- Provide education and counseling regarding all contraceptive choices
- Counsel regarding pregnancy history, intentions and goals.
- Provide education and counseling as to the best method that is compatible with patient's own Reproductive Life Plan and health, personal, sexual, spiritual factors.

Two Major Resources to Guide Title X Agencies in Providing Quality Sexual and Reproductive Health Care



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

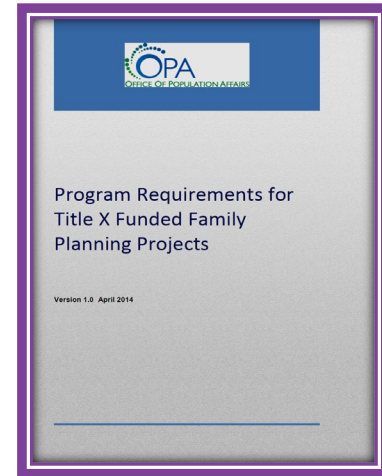


Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>.



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

Title X Requirements Knowing the “Musts” and the “Shoulds”



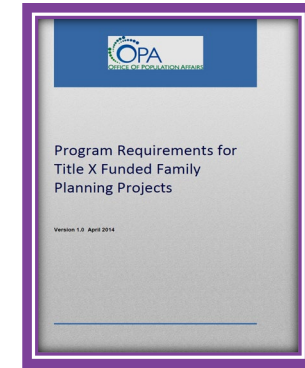
“Must” (Required)

Mandatory program policies such as all the elements of Adolescent Counseling.

“Shoulds” (Strong Recommendations)

Recommendations for clinical and patient education services developed by CDC, OPA and other experts to help agencies fulfill the intent of Title X and provide quality sexual and reproductive health services.

Title X Services “MUSTS”- Required

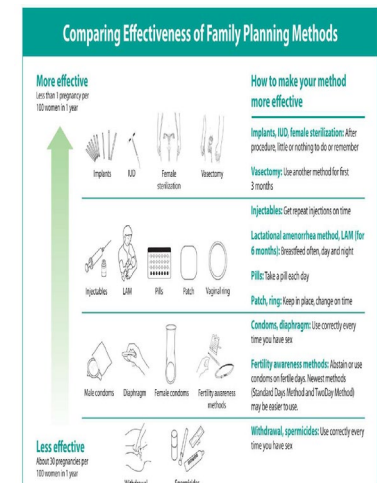


Agencies must have written protocols:

- Clinical, Male, Infertility Basic Level-I, Contraceptive, STI, Pregnancy Testing, Disability and Adolescent Services and for Patient Education and Counseling, Domestic and Intimate Partner Violence Screening and Counseling and Medical Emergencies.
- Written protocols also **must** include the procedures for the provision of each service, be in accordance with nationally recognized standards of care and kept current, updated, and approved and signed by Medical Director every 1 to 2 years.

Title X Services “MUSTS”- Required

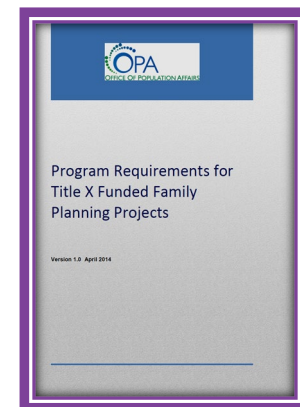
- Offer a wide selection FDA-approved contraceptives to effectively manage the contraceptive needs of clients
- Assess patient needs, preferences, knowledge-base, **Reproductive Life Plan.**
- Educate and counsel using a culturally sensitive approach and at a level appropriate for patient comprehension/educational level.
- Provide specific, clear, easily understandable contraceptive and other instructions and assess patient understanding of them.



Title X Services “MUSTS”

Complete medical history is documented at the initial visit and is updated at subsequent visits. Must include such elements as past medical, family, sexual health history, social history, partner sexual health history and social history if available, current meds, allergies, immunizations including Rubella titer

- For females (in addition to the above): Past and present Contraceptive use with details, menstrual cycle and OB/Gyn history, STI history including HIV/HBV and HBV vax, RLP
- For males (in addition to the above):
 - Contraceptive use – self and partner, RLP
 - STI history including HIV/HBV
 - Urological conditions



“Musts” and the Sexual Health History

Sexual History must be taken and include information about:

Partners, Practices, Prevention of Pregnancy, Protection from STIs, and Past History of STI

The 5’Ps is a useful approach for the sexual history-taking process.

Two excellent tools

<https://www.cdc.gov/std/treatment/sexualhistory.pdf>

https://www.fpntc.org/sites/default/files/resources/supplemental/fpntc_qfp_std_5p_crd_2015.pdf

Title X Patient Visits and Reproductive Life Planning



An approach to helping a patient:

- Consider personal life and goals and the ways in which having a baby would fit into their lives at any given time, e.g. over the next year or two.
- Clarify their pregnancy intention and move toward the corresponding health behaviors.
- Determine need for an immediate preconception health plan. (Help reduce maternal and infant mortality and morbidity.)

For both females and males

Title X Patient Visits and Reproductive Life Planning

Approach using specific questions such as:

Do you think you want to be pregnant in the next year?

What do you think are your chances of becoming pregnant over the next few months?

Are there any changes in your life you think you should make before becoming pregnant/before your partner becomes pregnant?



Title X Patient Visit

Connection between Reproductive Life Plans and Preconception Care

- Identify, educate and counsel about lifestyle, environmental and genetic risk factors that could be harmful for pregnancy (woman and baby).
- Promote healthy behaviors and make needed life changes before conception to reduce a range of medical and other problems.
- Improve women's and men's health even if they choose not to have children.



Title X Preconception Health Visit

Discussion of reproductive life plan

Medical history

Focus on teratogenicity

Sexual health assessment

Lifestyle factor screening, intervention and referral/treatment.

Nutrition, exercise and stress management needs, folic acid

- Domestic Violence/Intimate partner violence
- Alcohol and drug use
- Tobacco use
- Immunizations
- Depression
- High blood pressure
- Diabetes
- And more – Clinical Guidelines <https://www.cdc.gov/mmwr/pdf/rr/rr5506.pdf>



Screening for Sexual Coercion, Domestic Violence/ Intimate Partner Violence

Sexual coercion, intimidation and violence is common in many adolescent and adult male and female's lives. Leads to a range of physical and mental health problems.

1. Within the past year have you been hit, slapped, kicked, or otherwise physically hurt by someone?
2. Are you in a relationship with a person who threatens or physically hurts you?
3. Has anyone physically forced you to have sexual activities that made you feel uncomfortable?
4. Do you feel that someone has emotionally talked you into doing something sexually that made you feel uncomfortable?

STI Services per CDC STI Guidelines for Screening, Testing, Treatment

Who Should be Screened for CT/GC?

Females	<ul style="list-style-type: none">• < 25 annually, 25+ if at risk• Pregnant <25, if at risk
MSM	<ul style="list-style-type: none">• At least annually• Exposed sites: genital, rectal, throat
Hetero males	<ul style="list-style-type: none">• High prevalence settings
HIV +	<ul style="list-style-type: none">• At least annually• All exposed sites
Patients on PrEP	<ul style="list-style-type: none">• Every 3 months
Post-Tx	<ul style="list-style-type: none">• All patients, 3 months after treatment



CDC 2015 STD Tx Guidelines www.cdc.gov/std/treatment
Plus: Guidelines for HIV care and PrEP



Title X Adolescent Services



Adolescents must be informed of the following:

- Choice of abstinence
- Resisting sexual coercion
- Family Involvement - parent/trusted adult involvement
- Confidentiality/ Limits of confidentiality
- All FDA approved Contraceptive options

All elements of adolescent counseling must be documented as having been offered.

Adolescents should be informed LARCs are safe and effective for many adolescents, including those who have not been pregnant or given birth. Important to dispel myths, misinformation and fears.

Title X Adolescent Services

California State Law

No Parental Consent needed for patients age 12 and up:

- STD/HIV Prevention, Testing & Treatment
- Pregnancy Testing

NO Parental Consent needed for patients of any age:

- All contraceptive services (except sterilization)

Title X Services and the Role of Quality Assurance Activities

Quality assurance activities must include:

- Clinical standards by which conformity is maintained.
- Tracking system to ensure timely patient notification and follow-up as needed.
- Ongoing medical records audits for conformity with protocols and Title X requirements.
- Peer review
- Ways in which findings will be addressed and success measured.

Resources

Government Resources

Providing Quality Family Planning Services

<https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

Update 2017

<https://www.cdc.gov/mmwr/volumes/66/wr/mm6650a4.htm>

QFP App for Mobile and Desktop

<http://www.ctcfp.org/qfp-app-for-desktop/>

National Family Planning and Reproductive Health Association

<https://www.nationalfamilyplanning.org/>

National Training Centers; specific trainings and resources available

www.fpntc.org

Clinical Guidelines 1 of 2

•Family Planning

- Putting Quality Family Planning into Practice Series Toolkit

<https://www.fpntc.org/resources/putting-qfp-practice-series-toolkit>

Contraception

- [U.S. Medical Eligibility Criteria for Contraceptive Use 2016, CDC](https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html)

<https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html>

- [U.S. Selected Practice Recommendations for Contraceptive Use 2016, CDC](https://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1.htm)

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1.htm>

Preconception Care and other preventive services

- [Recommendations to Improve Preconception Health and Health Care 2006, CDC](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm)

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

- [U.S. Preventive Service Task Force](https://www.uspreventiveservicestaskforce.org/)

<https://www.uspreventiveservicestaskforce.org/>

Clinical Guidelines 2 of 2

Sexually transmitted diseases

- [STD Treatment Guidelines 2015, CDC](https://www.cdc.gov/std/tg2015/default.htm)

- [HIV Testing Guidelines 2018, CDC](https://www.cdc.gov/hiv/testing/index.html)

Basic Infertility

https://www.fpnctc.org/sites/default/files/resources/2017-10/nctc_inf_protocol_2017.pdf

A Guide to Sexual Health History Taking

<https://www.cdc.gov/std/treatment/sexualhistory.pdf>

Professional Medical Associations cited in QFP

- American Congress of Obstetricians and Gynecologists
- Bright Futures Guidelines/American Academy of Pediatrics
- American Society for Reproductive Medicine
- American Urological Association

Thank you!

Questions?