Integration of Family Planning Services Into an STD Clinic Setting

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Denver Public Health
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Disclosures

• Dr. Judith Shlay has no relevant financial disclosures
Objectives

• DESCRIBE THE DEVELOPMENT AND OPERATIONS OF HAVING AN INTEGRATED STD/FAMILY PLANNING PROGRAM

• DESCRIBE THE PROVISION OF LONG ACTING REVERSAL CONTRACEPTION IN AN STD CLINIC SETTING

• HIGHLIGHT THE IMPACTS OF SERVICE INTEGRATION AND LESSONS LEARNED
Why integrate family planning with STD Care?

• Unintended pregnancy has significant individual and public health consequences

• Similar behaviors lead to both STIs and unintended pregnancy

• Patients seeking STD services may not have another source for FP services
Our program

- Offers FP services at least once a year to eligible males/females presenting for STD services
- Refers to primary care for ongoing contraceptive/reproductive care needs
- Offers continuity services for teens and high-risk women who require additional support to avoid unintended pregnancy and STI/HIV
Services for women

- STI screening, testing, and treatment

- Family Planning:
  - Preconception counseling
  - Pregnancy testing
  - Initial contraception (3-months) and/or emergency contraception
Services for women

- Contraception offered at the STD/FP clinic:
  - Oral contraceptives
  - Transdermal patch
  - Vaginal ring
  - DMPA
  - IUDs and progestin-only implant
  - Condoms
  - Emergency contraception

- Referrals for sterilizations
Services for men

• STI screening, testing, and treatment

• Family Planning:
  - Involve men in pregnancy planning and prevention
  - Provide accurate information on available methods, benefits of spacing children, safe pregnancy/delivery
  - Preconception counseling
  - Contraception: offer condoms, female-directed methods discussed

• Emergency contraception

• Referrals for vasectomies
Study: “Initiating contraception in sexually transmitted disease clinic setting: A randomized trial”

**Objective:** To determine effectiveness of STD clinic initiated contraceptive care

<table>
<thead>
<tr>
<th>Results</th>
<th>Intervention Group</th>
<th>Control Group</th>
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<tbody>
<tr>
<td>Medium Time to Transition</td>
<td>79 days</td>
<td>115 days</td>
</tr>
<tr>
<td>Rates of Effective Contraceptive Use at 4 and 8 months</td>
<td>50%</td>
<td>22%</td>
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<tr>
<td>Pregnancy Outcomes</td>
<td>24% (15% lower than control)</td>
<td>28%</td>
</tr>
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Source: Shlay et al. Obstet Gynecol 2003;189:473
Study: “Integration of family planning services (FPS) into a sexually transmitted disease clinic setting”

- Source: Shlay et al, Sex Transm Dis 2013;40:669
Streamlining Clinic Processes

Registration

Triage
- Identify symptoms
- Interest in FP Services

New Pt Visit
- Sexual history
- STI testing
- Physical exam
- FP, if applicable
- NP, RN

STD Follow-up
- STI follow-up
- Physical exam prn
- FP, if applicable
- NP, RN, LPN

Express Visit
- Sexual history
- STI screening
- FP, if applicable
- LPN, RN, NP

FP Visit Only
- FP only
- NP, RN
Study: “Integration of family planning services (FPS) into a sexually transmitted disease clinic setting”

<table>
<thead>
<tr>
<th>Clinic Operations Data</th>
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<tr>
<td><strong>Total Additional Cost</strong></td>
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<tr>
<td><strong>Additional Staff Time</strong></td>
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<tr>
<td><strong>Staff Satisfaction</strong></td>
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<tr>
<td><strong>Patient Satisfaction</strong></td>
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Study: “Integration of family planning services (FPS) into a sexually transmitted disease clinic setting”
Poll #1

It is safe to provide same day IUDs in an STD clinic setting

• Yes
• No
• Don’t know
LARC provision in a sexually transmitted disease clinic setting

- LARC provided in STD/FP clinic starting in 2010 included both IUDs and implants
- Initially STI testing (GC/CT) required within 45 days of IUD insertion resulting in two visits to obtain method
- Data reviewed indicating no adverse outcomes from provision of IUDs in clinic
- Processes revised allowing same day IUDs to be offered in late 2013 based on certain screening criteria
LARC provision in a sexually transmitted disease clinic setting

• Criteria for same day insertion
  - Not pregnant based on LMP, current use of contraception, last unprotected intercourse
  - Asymptomatic with no signs/symptoms of cervicitis or PID

• If criteria met, screened for GC/CT at time of insertion with Pap screening up to date or performed at time of insertion

• If symptomatic, STI screening done and patient offered a return visit for IUD insertion

• LARCs performed by NPs
  - If staff not available, same day insertions not offered
LARC provision in a sexually transmitted disease clinic setting: Results

- Comparison of same day versus multi-day IUD insertions from 1/14 - 3/16

- Total number of female clients provided family planning services in this time period – 3,912 women

- Total number who chose an IUD - 315 (8%)
  - Same day group: 155 (49%), with GC/CT testing completed on day of insertion and no positive results
  - Multi-day group: 160 (51%), with 140 negative and 8 positive for GC/CT within 45 days; 12 missing data
    - IUD inserted only after treatment provided for any positive screen

- Post insertion PID within 90 days:
  - Same day group – one related to positive CT diagnosed post insertion
  - Multi-day group – two diagnosed by clinical exam; no positive STI testing

- Based on our findings we think provision of same day IUDs is feasible and appropriate in an STD clinic setting
In April 2016, Denver Health implemented a new electronic health record (EHR) EPIC.

STD/FP clinic converted its specific charting methodology into this new EHR (custom build).

Processes modified to ensure that each person seen is assessed for reproductive health needs at each visit.
1. Select the **BCM Probes & Life Plan** and **BCM Ed & Plan** tabs.
2. Must be filled out for men and women.
1. Select the Sex History tab.
2. Fill out all information.
1. Select the IUD Screening tab.
2. Fill out if patient plans on getting an IUD.
1. Select the Nexplanon Screen tab.
2. Fill out patient plans on getting a Nexplanon.
3. Note: RN’s will never need to fill out the last 4 tabs.
Denver Teen (Ages 15 – 19) Birth Rate

Birth Rate for Teens (Ages 15-19), Denver, 2006-2015

- Denver
- Colorado
- United States
Lessons Learned

• Changing clinical programming takes time and requires buy in from leadership

• All staff need to be trained on how to integrate services to ensure seamless care provision

• Always use data to drive your processes

• Never stop the drum beat
  – Everyone now considers integration of services to be the standard of care
Conclusions

• STD clinics serve high-risk men and women, many of whom use these clinics because they lack access to reproductive health care services.

• Integration of services is feasible, well accepted by staff/patients and provides two valuable services to at-risk populations in a single visit.

• Focuses on overlapping health care issues and behavior.

• An electronic reminder of eligibility in the EHR facilitates enrollment in FP services among STD clinic patients.
Conclusions

• Integrated program appears to reduce pregnancy rates and not increase STI rates
• All types of contraceptive methods can safely be provided in an STD clinic setting including same day IUDs
• Offering these integrated services in an STD setting requires minimal additional time and cost
• STD clinics need to have established processes to bill for clinical services
• Contraceptive services are currently covered through the ACA with first dollar coverage
Sustainability through the provision of integrated services

- Cross train providers to ensure competency and efficiency in reproductive health provision
- Use the EHR to effectively document care provision
- Develop processes to bill for all clinical services provided
- Stockpile LARCS to ensure availability
- Document the impact of programming and highlight this work in the literature to ensure that others know the importance of integrated STD/FP services
Questions

ADDITIONAL INFORMATION:

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