

**Women's Health-Family Planning/Reproductive Health Services  
Priority Practices**

<b>Quality Indicator</b>	<b>Practice Description</b>
<b>Pregnancy Testing</b>	
<b>New patients receiving prescription contraceptive services and supplies at the same visit following a negative pregnancy test.</b>	All new pregnancy test patients with negative pregnancy tests results (not desiring pregnancy) will receive a primary (prescription) method at the same visit. Quick start is recommended for method effectiveness.
<b>New patients receiving a <i>standard</i> Dual Protection Kit following a pregnancy test.*</b>	All new patients receiving a pregnancy test will receive a standard Dual Protection Kit* (including males and female condoms, and emergency contraception). Supplies are provided to patients with health care coverage (payment source).  A prescription is provided for emergency contraception if patient is private pay (no payment source) and unwilling to purchase supplies.  Use of regular OHCs for emergency contraception (with instructions) is acceptable for private pay patients without health care coverage.
<b>Patients (new or established) with positive pregnancy test result and assessed as likely to proceed with pregnancy.</b>  <b>Receiving the following intervention:</b>	All pregnancy test patients with positive test results and likely to proceed with pregnancy will receive intervention and formal (actively assisted and managed) referrals to facilitate timely continuity of care into pregnancy services. Patients should have health care coverage with broadest benefits to support pregnancy related care.  Continuity of care is a core maternal and child health standard of practice within the WH-FP/RH Program. All family planning patients receive intervention to facilitate timely and appropriate continuity of care, including intervention that supports early entry into prenatal care and pregnancy support services, including Badger Care Prenatal Care Coordination (PNCC).
<b>See Quality Indicators Below: 1-8</b>	
<b>[1]: Receiving Badger Care Express Enrollment (at the clinic visit) for Forward Health prenatal care benefits</b>	Pregnant patients are screened for Forward Health eligibility and provided the opportunity to complete Express Enrollment and assistance is provided as needed. Patients receive anticipatory guidance and assistance to complete the enrollment process.  Patients will be assessed for health care coverage eligibility with broadest benefits to support pregnancy related care.
<b>[2]: Receiving a formal referral** (including written consent for Prenatal Care Coordination (PNCC) follow-up</b>	Coordination of services between family planning and pregnancy-related services, including PNCC and WIC, is critical for the Continuity of Care standard.  Patients will be screened for PNCC eligibility.  A "managed referral" to facilitate connection with PNCC is the standard of care: more than patient information and recommendations and health teaching only.  **A "formal" (or "managed") referral has the following components: the provider is actively involved in facilitating the connection with the referral source, provides anticipatory guidance and logistical assistance, and provides follow-up to determine if the referral connection was made.
<b>[3]: Receiving a PNCC Pregnancy Assessment* by the clinic at same or subsequent visit</b>  <i>*(PNCC Pregnancy Questionnaire)</i>	Family planning providers are strongly encouraged to directly provide all or partial PNCC services to ensure patient access, convenience, and responsiveness. The pregnancy assessment is an important intervention for short-term care coordination into pregnancy related care.
<b>[4]: Receiving follow-up to determine status of Forward Health enrollment and PNCC connection</b>	Continuity of care requires actively managed referral and follow-up to support and motivate successful connections with pregnancy-related services. This is particularly important for patients eligible for PNCC and therefore considered at higher pregnancy risk.  WH-FP/RH services are an important part of the Maternal and Child Health services. Continuity of care throughout the life cycle of reproduction, growth and development is a key MCH principle of practice.
<b>[5]: PNCC patients receiving third trimester family planning intervention</b>	Pregnant patients, eligible for PNCC, will receive actively managed referral and follow-up to support and motivate connections with a PNCC provider.

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through the clinic (including post-partum contraceptive plans and supplies)	
<b>[6]: Patients returning to the clinic for contraceptive services and supplies post pregnancy test</b>	<p>Healthy birth spacing is a key maternal and child health/reproductive health practice. Continuity of care into and through prenatal care and delivery and into inter-conceptual care is essential for optimal reproductive health.</p> <p>Timely initiation of a primary contraceptive method following delivery requires coordination of care for post partum contraceptive plans and supplies (or service if method is provider initiated, such as depo).</p> <p>Patients will have the opportunity to develop a post-partum contraceptive plan (initiated by a health care provider) in the third trimester, and have dual protection and patient initiated supplies on hand prior to delivery.</p> <p>Patients will receive intervention and patient education described in the Just The Basics paper, "Women's Health: Now and Beyond Pregnancy".</p> <p>Patients will receive intervention following delivery to address initiation of a primary method.</p>
<b>[7]: Patients receiving a STD risk assessment for Chlamydia at same visit as pregnancy test.</b>	<p>All pregnancy test patients will receive risk assessment for Chlamydia and testing as indicated. The need for a pregnancy test is a critical reproductive health event and opportunity for intervention to protect fertility and reproductive health.</p> <p>The need or request for a pregnancy test probably indicates sexual activity without a condom. The circumstances surrounding the need for a pregnancy test often involve a behavior placing patient at increased risk of STD exposure.</p> <p>A pregnancy test service as part of WH-FP/RH Services is more than a laboratory procedure, and an opportunity for further intervention to identify and address patient needs.</p>
<b>[8]: Patients receiving a Chlamydia test (based on the Chlamydia risk assessment) at same visit as pregnancy test.</b>	All patients meeting one of more of the established Chlamydia risk factors will be tested. Urine-based tests for Chlamydia at the time of pregnancy can be conveniently performed.
<b>Contraceptive Services and Supplies</b>	
<b>New female patients receiving a standard Dual Protection Kit.</b>	<p>Dual protection is a core standard of care. All new female patients will receive a standard Dual Protection kit and standard messaging on importance of dual protection, backup contraception, and benefits of female condoms.</p> <p>Supplies provided to patients with health care coverage (payment source) or prescription for emergency contraception if private pay and unwilling to purchase supplies. The use of regular OHC for emergency contraceptive use is an option for private pay patients for whom the cost of even discounted emergency contraceptive pills is not affordable.</p> <p>Use of regular OHCs for emergency contraception (with instructions) is acceptable for private pay patients without health care coverage.</p> <p>All family planning patients are offered and strongly encouraged to have condoms on hand, for back-up or "dual protection," as recommended by the DPH WH-FP/RH Program and ACOG. New patients received the standard dual protection kit.</p>
<b>Established female patients assessed for dual protection supplies on hand at last office visit or supply visit.</b>	<p>All family planning patients are offered and strongly encouraged to have condoms on hand, for back-up or "dual protection," as recommended by the DPH WH-FP/RH Program and ACOG.</p> <p>All established female patients will be assessed for supplies on hand and the need to replenish supplies. Supplies are provided as needed, unless refused. New prescription provided for emergency contraception if private pay and unwilling to purchase supplies.</p>
<b>Initiating new prescription contraceptive methods using Quick Start</b>	<p>WH-FP/RH providers will be responsive to patient contraceptive preferences (for initiating contraceptive methods). Quick start is an evidence-based approach of method management, is safe and effective, and has demonstrated increased initial success with contraception.</p> <p>WH-FP/RH providers will provide patients the opportunity to initiate prescription methods using quick start.</p>

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<p><b>New patients with no current method, initiating a new prescription method of contraception at first visit.</b></p>	<p>WH FP/RH providers will not routinely require an examination prior to initiating a new primary method of contraception, i.e., will not routinely postpone or defer initiating a new primary method of contraception until an examination is completed. A physical examination will not routinely be a prerequisite for initiating a new method per evidence-based practices.</p> <p>Providing patients timely and convenient care and access to services is an important element of community-based services. When examinations are indicated but not immediately available, examinations will be deferred to accommodate the initiation of a contraceptive method.</p> <p>This standard is to enables new patients to leave first visit with their chosen prescription method.</p>
<p><b>STD Screening, Testing, and Treatment</b></p>	
<p><b>New female patients receiving a risk assessment for Chlamydia using SSC</b></p>	<p>Sexually transmitted disease (STD) services (including patient education, screening, testing, treatment, and re-testing) are essential components of community-based family planning/reproductive care accompanying contraceptive services.</p> <p>Epidemiologic-based screening criteria are used to identify patients at a higher relative risk of infection and a priority for testing.</p> <p>Throughout each STD service component, the goals are to: 1) Increase patient awareness of personal STD exposure risk, and 2) Motivate and support patients to adopt behaviors to reduce the risk of STD exposure.</p> <p>Dual Protection is a primary prevention goal toward maintaining reproductive health and protecting fertility.</p>
<p><b>Established female patients receiving a risk assessment (using Chlamydia Risk Assessment Criteria) within the most recent 12 month cycle of care.</b></p> <p>Note: NOT including a returning visit in the year in which patient became a New patient, i.e., NOT including the first 12 month cycle of care that included the initial visit.</p>	<p>Patients are assessed at least annually for potential risk of STD (Chlamydia) exposure.</p> <p>Patients are routinely asked at office visits if they have had any changes with “sex partners” that might have increased their risk of STD exposure.</p>
<p><b>Female patients meeting one or more Chlamydia Risk Assessment Criteria receiving a test at the same visit</b></p>	
<p><b>Female patients testing positive for Chlamydia receiving treatment (medications or prescription) through the clinic.</b></p>	
<p><b>Female patients treated through the clinic receiving subsequent re-tests for Chlamydia</b></p>	<p>Treated patients are re-screened. Reference: CDC STD Guidelines.</p>
<p><b>Health Care Coverage</b></p>	
<p><b>Verifying BC-FPOS status prior to or at each patient visit or service.</b></p>	<p>Health Care Coverage and Benefits Eligibility Screening and Enrollment/Re-enrollment and Referral is a core WH-FP/RH service.</p> <p>Eligibility screening for Badger Care-Family Planning Only Services (and other sources of payment) is routinely performed and enrollment is initiated if patients are eligible.</p> <p>Patients are actively assisted with BC-FPOS enrollment. Temporary enrollment is performed at the same visit. Continuous Enrollment information is obtained and the application is submitted on behalf of patients as needed to complete their enrollment. Patients are assisted in submitting verification documents as needed.</p>
<p><b>Screening patients for BC-FPOS eligibility.</b></p>	

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Completing BC-FPOS Temporary Enrollment for eligible patients	
Obtaining BC-FPOS Continuous Enrollment information (when patient is Temporarily Enrolled) and submitting application on behalf of patient	
Submitting BC-FPOS Continuous Enrollment Verification Documents on behalf of patients	
Patients receiving Continuous Enrollment approval	
<b>Other Health Care Services</b>	
Sexual assault/abuse screening and assessment as part of the sexual history for minors.	<p>All adolescents receiving family planning/reproductive health care services must be assessed for conditions of sexual abuse reportable under Wisconsin law. Family planning providers have an ethical and legal responsibility to assess for sexual assault. This is a specific standard of practice related to reportable sexual assault/abuse among minors.</p> <p>Family planning/reproductive health providers have specific responsibilities under the sexual abuse reporting statutes at s. 48.981 (2m), for care services to minors, and do <i>NOT</i> automatically report sexual abuse based <i>solely</i> on the minor's age and sexual activity so that minors can "obtain confidential health care services".</p> <p>Sexual abuse reports are to be based on specific facts and circumstances defined in law, and an assessment by the health care provider of these circumstances. Knowledge and skills to implement these responsibilities is essential.</p>
<b>Cytology</b>	
Cytology screening initiated no earlier than age 21	ASCCP/ACOG Guidelines for cytology screening, management, and follow-up are followed by WH-FP/RH providers.
<b>Patient Privacy and Confidentiality</b>	
"No-contact" patients records clearly and conspicuously flagged* according to agency policy to prevent unauthorized contact.	<p><b>A health care provider shall not release, deliberately or inadvertently, any information</b> that reveals (directly or indirectly) the identity of <i>any</i> individual (including a minor patient) who has received family planning/reproductive health/sexual health care services, to any third party <i>without prior written consent</i> of the patient who received the FP/RH/SH services.</p> <p><b>Exceptions to the release of family planning/reproductive health care related information</b>, otherwise <i>only allowed with prior written consent of the patient receiving services</i>, are limited to circumstances explicitly identified in statute, or a lawful order from a court of record.</p> <p>All family planning patient information, whether or not in the form of a patient record, is protected from disclosure or release to third parties without prior written consent and release by the patient receiving services. Safeguards must be maintained.</p>
<b>Health Assessment Visit</b>	
Established patients receiving periodic health assessment (wellness) visits	<p>An <b>annual health assessment visit</b>, with or without and exam, is a WH- FP/RH Program Standard of Care.</p> <p>This is a prime opportunity to address a patient's reproductive life plan and health promotion behaviors. It is an appropriate time to discuss reduction of chronic disease risk(s).</p>

Reference: Just the Basics series on HCET website at <http://hcet.info/our-projects/wisconsin-family-planning/>

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