

Expanding Access to Quality Sexual + Reproductive Health Care for Community College Populations

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California Family Health Council

CFHC champions and promotes quality sexual + reproductive health care **for all**.

- Promote **QUALITY** sexual and reproductive health (SRH) care service delivery
- Champion **ACCESS** to and use of comprehensive sexual and reproductive health care services and information for all
- Advance innovative **RESEARCH** in sexual and reproductive health technologies



Strategies for SRH Access

- Develop and implement a federal and state **public policy platform** to ensure access to quality, comprehensive sexual and reproductive health care in a changing health care environment
- Provide consumers with evidence-based sexual and reproductive health **information** to promote healthy decision-making
- Increase **consumer awareness** of changes in health care coverage, access and where to obtain care



Strategies for Promoting Quality SRH Service Delivery

- Create and implement a CFHC **Training Center** to share and promote best practices in sexual and reproductive health care
- Develop and utilize **curricula** that support the **integration** of quality sexual and reproductive health into primary care delivery
- Create and enhance strategic **partnerships** that promote quality sexual and reproductive health care in diverse delivery settings



Presentation Outline

Expanding Access to SRH Services

- Affordable Care Act (ACA) status + overview
- Sexual + reproductive health care benefits under the ACA
- CA policies post-ACA for young adults

Improving SRH Services

- Evidence-based national SRH guidelines
- Tiered contraceptive counseling
- Reproductive Life Plan integration into health care visits



Snapshot of Affordable Care Act Enrollment in California



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Coverage Options

<p>UNDER 26 YEARS OLD Stay Covered Under Your Parent's Plan</p> <p>(If parents have private insurance plan)</p> <p>Starting January 1, 2015, if you are covered under your parent's plan you will be able to:</p> <ol style="list-style-type: none"> 1. Ask your health plan to send your sensitive health information to you directly. 2. Feel safer using your health insurance for the health care you need. <p>Learn more: myhealthmyinfo.org</p>	<p>MEDI-CAL \$0-\$15,856 Individual Income/Year</p> <p>You are eligible to sign up for Medi-Cal</p> <ul style="list-style-type: none"> • Sign up at any time • For Citizens, Legal Permanent Residents, and Deferred Action (DACA) students <p>Learn more and sign up at coveredca.com or (800) 300-1506</p>	<p>COVERED CALIFORNIA \$15,857-\$45,960 Individual Income/Year</p> <p>You can buy insurance through Covered California with Discounts</p> <ul style="list-style-type: none"> • Sign up during the next enrollment period: Nov. 15 2014 - Feb. 15, 2015 OR sign up within 60 days after you: 1) lose your insurance; 2) move to or from another state; 3) get married or divorced; 4) have a baby. • For Citizens and Legal Permanent Residents <p>Learn more and sign up at coveredca.com or (800) 300-1506</p> <p>Make more! You can still buy insurance through Covered California without discounts</p>
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California Enrollment

4.1 million newly insured

- 2.7 million Medi-Cal
- 1.4 million Covered California
 - 1,222,320 with subsidies
 - 161,762 young adults



Health Care Reform + SRH Care in California

ACA Implementation in California: Preventive Services

Services that must be provided **without cost** to patients include:

- Contraception (all FDA approved including EC)
- STD screening
- Some cancer screenings
- Depression screening
- Domestic violence screening + counseling



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New Women's Health Protections + Benefits

- Women's preventive services provided **without** co-pays
- No more gender rating
- OB/GYN without referrals
- DV not a pre-existing condition

This is GREAT but...

Will individuals with health insurance
under another person's plan

**FEEL SAFE ENOUGH
TO USE IT?**



This is GREAT but...

Will a young adult (18-26) covered under a parent's health plan

FEEL SAFE ENOUGH TO USE IT?



Have you heard a student say?

"I won't go to my regular doctor because I don't want my mom/dad to find out."

"I went to my regular doctor using my parent's health insurance and my mom/dad found out I got a pregnancy test/ birth control / abortion/ STD test."

"My parent found out I was prescribed Prozac / Adderall..."



Young Adults + Sensitive Health Services Can Lead to Harm

Top 3 health care services young adults seek:

1. Mental Health Services
2. Birth Control
3. STD Screenings + Treatment



Lack of Confidentiality Protections - Impact

- Patients forgo care for sensitive issues.
- Survivors of violence choose not to seek care when there is risk an abusive partner may find out.
- Patients with private insurance choose to enroll in public insurance plans to avoid privacy breaches.
- Or Worse...



Current Laws to Protect Confidentiality

- HIPAA protects the confidentiality of health information held by covered providers and insurers.
- California statutes also protect the confidentiality of health information held by providers and insurers.
- Other laws and regulations may apply



Unauthorized Disclosures of Confidential Health Information to Policy Holders

Common insurance communications that can reveal patient information:

- Explanation of Benefits forms
- Denial of Claims notices
- Quality improvement surveys
- Requests for additional information
- Payment of claims notices



New Confidentiality Protections in California Law Under SB 138

SB 138 (Hernandez) – the Confidential Health Information Act

- Passed and signed in 2013
- Took effect January 1, 2015
- Requires compliance when Confidential Communication Requests are submitted when:
 - Individuals seek sensitive services
 - Individuals believe disclosure could lead to harm or harassment



How Does it Work?

1. Patient **submits confidential communication request** to insurer verbally or in writing.
2. Patient must **provide an alternate address and/or preferred form of communication** as part of CCR.
3. Insurer has **7 or 14 days** to implement.
 - CCR lasts until the patient sends in another one or tells the insurer that he/she wants to cancel it.
 - The CCR does not limit provider from talking to patient or patient's insurer.



SB 138 Eligibility

- Individual seeking any health service if disclosure of information could endanger patient
- Individual seeking sensitive services
 - Reproductive health services
 - STD services
 - Sexual assault services
 - Mental health
 - Drug treatment



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Helping Students Keep it Confidential

Increasing Awareness

Community colleges have a unique opportunity to increase awareness among students about the new privacy protections

When?

- When students enroll in courses
- When campus providers refer students to outside health care services to be covered by student's family plan
- Before students graduate and resume coverage under a parent



Increasing Student Awareness

Possible Strategies for Increasing Awareness amongst Students

- Train peer health educators about the new privacy protections
- Train health center and mental health providers and staff about the new privacy protections and how to support students in submitting the information to insurance plans
- Place information on university student health web pages
- Place educational materials inside student health centers



Increasing Student Awareness

Privacy Protection Education Materials

- student enrollment packets
- websites
- health e-newsletters
- student graduation/alumni packets



myhealthmyinfo.org



Thank You. Questions?

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Stay Connected

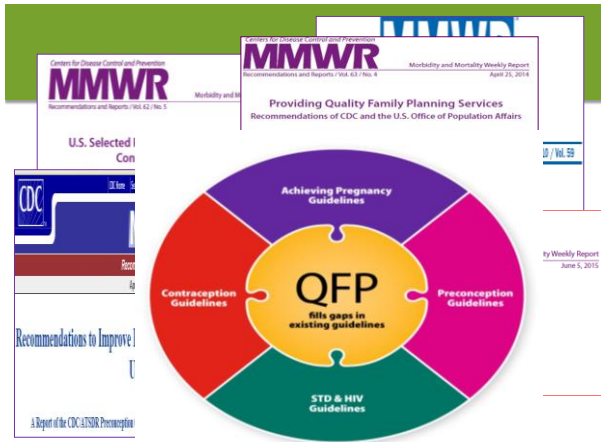
- Follow us @CalFamHealth
 - Like us on facebook.com/calfamhealth
- Sign-up to get updates: <http://bit.ly/XYizHV>



Improving Sexual + Reproductive Health Care Services for Community College Students



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QFP: Routine Sexual History

The Five P's

- Partners
- Sexual Practices
- Pregnancy Plans/Prevention
- Protection from STDs
- Past history of STDs + Testing



Sexual History Taking Issues

- Most often overlooked, or not updated in charts: **Partners** and **Practices** (can change, A LOT!)
- **Myth:** “The patient will bring up any sexual questions and concerns”
 - Studies show patients want to discuss
 - Studies show providers nervous about asking
 - I will if you will: if the provider starts, patient will follow
- **Myth:** “The patient will self-refer for birth control and STD concerns”



Taking Partner + STD Histories

Sexual Practices and Risk

- Number and gender of current of partners
- Type of sex and when
- Condom use

STD History

- Type and when
- Test history and outcomes
- Vaccination History



Missed Opportunities for STD Screening

- Pregnancy test only
- Contraception method initiation or follow-up
 - Pill/Patch/Ring/Condom Refills
 - Depo-Provera injection
- Emergency contraception (EC)
- UTI/Vaginal discharge or lesions/abdominal pain
- Initial and Annual Well Woman Exam (WWE)

Menstrual + Pregnancy Hx... Add Pregnancy Intention!

Reproductive Health Vital Signs

- LMP Date (plus flow, spotting, cycle length)

Sample Form for Recording Menstrual History

1. Date of last menstrual period:
2. Periods come every ___ days and last ___ days.
3. Periods are: Regular Irregular Painful Light Moderate Heavy
4. Yes No Do you have bleeding or spotting in between your periods?

- Pregnancy History and Intentions
 - Currently pregnant; partner pregnant
 - Past pregnancies and outcome
 - Pregnancy/Family Goals (Reproductive Life Plan)



Pregnancy Testing + Counseling

Pregnancy testing is a reason many clients first seek family planning services

Pregnancy testing visits should include:

- Discussion of reproductive life plan
- Medical + Sexual history
- Pregnancy test
- Confirmation of result with client
- Options Counseling
- Referral, as appropriate



Pregnancy Testing

- When was your LMP?
- Have you had sex since that day?
- Have you used a birth control method every time since that day?
- EC candidate?
- Options counseling and referrals



Reproductive Life Plan (RLP)

What is a RLP?

- A self-assessment of reproductive goals
- Consider other life goals
 - Education
 - Work/Career
 - Family Planning
- We assist or guide as needed



“One Key Question”

Home Ask Yourself Clinicians Public Health Advocates Donate Take Action Events Why? About OFRH

One Key Question®

Would You Like to Become Pregnant in the Next Year?

Do I want to become pregnant in the next year?



www.onekeyquestion.org

Alternate RLP questions

How would it be if you were to become pregnant over the next few months?

What are your pre-pregnancy goals?

How would you feel if you became pregnant now?

What do you plan to do until you are ready to become pregnant?



Asking about Pregnancy Intention and Contraceptive Use

Only 7% of control group declined to provide pregnancy intention info when asked at PC visit

PCPs more likely to document BCM use (64% vs. 32%) if they asked about pregnancy intention 1st

- and PCPs more likely to document use of a more effective BCM when a potentially teratogenic medication was Rx'd

Routine documentation of pregnancy intentions and contraceptive use in primary care practices is:

- feasible and acceptable
- potentially reduces unsafe prescribing and PCP liability

Schwarz, et al, Contraception, 2010



Asking the “Key Question” If the answer is “NO”...

Provide information about how to avoid getting pregnant TODAY

- Discuss All Methods- ***Start with “Top TIER Methods”***
- Also: Having UPIC now?
- “Quick Start”
- Emergency Contraception
- Speak with a provider or health educator today



Key Components of Contraceptive Counseling

For each method:

- What is it?
- How does it prevent pregnancy?
- How well does it prevent pregnancy?
- How long is it effective?
- Who should use it?
- What do people like about it?
- Non-contraceptive benefits
- Possible side effects
- Possible complications and warning signs



Birth Control is Safe

Remind your patients:

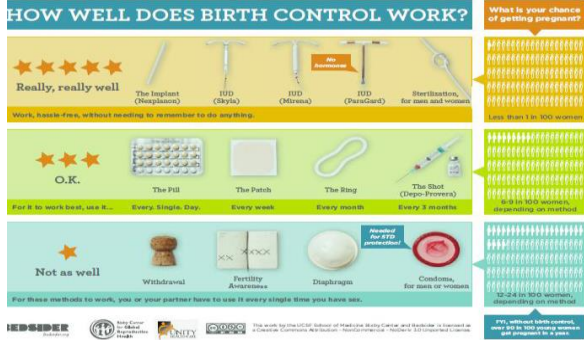
- Birth control methods are safe (safer than pregnancy!)
- Put the risk in perspective
- Encourage your patient to be honest about health to make sure the method is safe for them
- Hormonal methods can prevent cancer of the uterus and ovaries and decrease menstrual period symptoms (heavy bleeding, cramps, acne)
- Hormonal methods can reduce acne, lighter periods with fewer cramps, reduce PMS, etc.



US Medical Eligibility Criteria



Tiered Effectiveness Approach



Dispelling Myths about Intrauterine Devices (IUCs)

MMWR Morbidity and Mortality Weekly Report
 Recommendations and Reports • Vol. 62, No. 5
 June 21, 2013

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 CDC

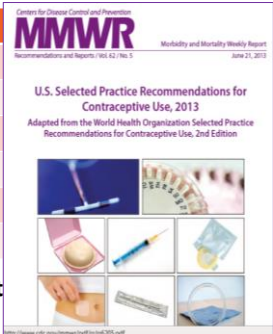
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SPR Appendix B: When To Start Using Specific Contraceptive Methods

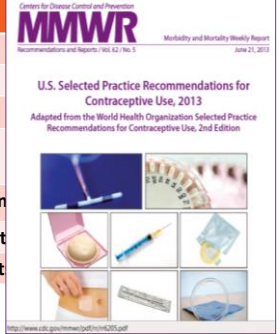
Method	When to start
Cu-IUC	Anytime
LNG-IUS	Anytime
Implant	Anytime
Injection	Anytime
CHC	Anytime
POP	Anytime




* After the first day of menstruation



SPR Appendix C: Exams And Tests Needed Before Method Initiation

- Examination
- Blood pressure
- Clinical breast examination
- Weight (BMI)
- Bimanual examination, cervical inspection
- Cervical cytology (Papanicolaou smear)
- STD screening with laboratory test
- HIV screening with laboratory test



OOPS! EMERGENCY CONTRACEPTION: BIRTH CONTROL THAT WORKS AFTER SEX				
Types of Emergency Contraception	How well does it work?	How soon do I have to use it?	How do I use it?	Where can I get it?
 ParaGard IUD	Almost 100% effective	Within 5 days	It's placed in the uterus by a doctor Keeps working as super effective birth control.	From a doctor or a clinic Say it's for EC so you are scheduled correctly.
 Ella	Less effective if obese. Try an IUD.	ASAP Works better the sooner you take it, up to 5 days.	Take the pill as soon as you get it. Remember to use it every time you have unprotected sex.	From a doctor or a clinic Get an extra pack for future emergencies.
 Plan B One-Step or a generic	Less effective if obese. Try ella or an IUD.	ASAP Works better the sooner you take it, up to 5 days.	Take the pill(s) as soon as you get it. Remember to use it every time you have unprotected sex.	At a pharmacy, no prescription needed. Get an extra pack for future emergencies.

EC – Operational Considerations

- Total Care Team can be involved in EC provision with proper training
- Front Office staff identifies EC candidates
- EC pills can be dispensed per protocol
- Can you stock all forms of EC onsite?
- Train all staff to assess RLP and offer IUD as EC
- Consider clinic flow issues and provider availability for same-day IUD insertions



Quality SRH Services for Community College Students

Take Home Points...

- Integrate SRH into all health center visits
- Ask and chart each patient's pregnancy intention ("One Key Question" = a vital sign!)
- Tailor contraceptive counseling to each patient's RLP
- Start with the Top Tier Methods
- Anticipatory Guidance for side effects
- Contingency planning; dispensing more months supply



Thank You. Questions?

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Join us Online or In-Person for More Sexual +
Reproductive Health Trainings

CFHCLearning.org

