

## Greene County Family Planning 2013 Annual Report

Greene County Family Planning (GCFP) is one of 207 sites funded by the New York State Department of Health through Federal Title X funds to provide accessible reproductive health care services to women and men. Under direction of our Medical Director, Dr. Lawrence Perl, our programs provide services to men and women, especially low-income individuals and those without health insurance. For every one dollar spent on preventing a pregnancy, \$5.68 is saved in Medicaid costs that would have gone to pregnancy related care. In 2010 that amounted to a net government savings of \$10.5 billion, and, of those, Title X clinics saved \$5.3 billion. (2014 Guttmacher report). When GGFP staff provides a visit for a long acting contraceptive method, Medicaid pays \$336.00 for the visit, insertion and STD tests; and \$189-\$325 for devices that last from 5-10 years, compared to the average uncomplicated delivery cost of \$9,000.00.

Our program provides:

- Contraceptive (birth control) education, counseling and methods to reduce unintended pregnancies and to improve birth spacing and outcomes;
- Counseling and testing for HIV and hepatitis C;
- Testing and treatment for sexually transmitted infections;
- Routine screening for breast and cervical cancer; and,
- Health education in community settings to promote reproductive health, to prevent unintended pregnancy and to promote access to reproductive and preventive health services.

Toward that end, we describe below the highlights of 2013, and review the outcomes of the goals we had set for the year.

### Highlights of 2013:

1. We were one of seven NYS agencies selected to participate in a family planning collaborative with the goal of increasing the numbers of women leaving with an effective method and to increase of the numbers of women using a long acting reversible contraceptive method (LARC) method. These methods include the intrauterine devices and the Nexplanon rod. These methods are highly effective (99%) and once placed require no further effort on the part of the client. They are referred to as “get it and forget it” methods and at baseline 14.8 % of our clients were using LARC’s. Over six months time, the entire staff worked on this goal and were rewarded by being recognized as having the highest percent of clients in all of New York State using a long acting reversible method at 36%. The national and NYS averages are 12%; we are excited to be 3 times higher than the national average. The end result of the utilization of these LARC methods is a reduction in pregnancy rates as many of the national studies have shown, and we are hopeful that outcome will prevail in Greene County.
2. We achieved the second year of meaningful use stage one by successfully meeting many measures for consistent, competent patient care using our electronic medical record



system. These measures are set by the Centers for Medicare and Medicaid and staff worked hard as a team to ensure they were all met. The second year incentive payment was \$25,500, which will be used to maintain and upgrade the software and hardware needed to continue using electronic records.

3. Participation by our health educator on the “P.A.S. It On” community based task force to increase the awareness of, and prevention of, heroin use and prescription drug overdoses in Greene County. Organizing community forums throughout the county high schools in conjunction with PTSA’s is the goal for 2014.
4. In September of 2013, we received a grant for the National Family Planning and Reproductive Health Association to increase the awareness and availability of using the Copper IUD for emergency contraception. This paralleled our participation in the collaborative where the use of a copper IUD for emergency contraception (EC) was discussed and encouraged. Prior to July 2013, we had not ever offered the copper IUD for EC. In July 2013, the Centers for Disease Control released their first ever guidelines outlining best practice for contraceptive use, which included offering the copper IUD for emergency contraception. With this grant money, we:
  - a. Hired a consultant from locally owned KathodeRay, to start a Facebook page specifically for the copper IUD and named it ‘Plan C’ as a spin off from plan B. The page has been steadily growing in the number of likes, and the promotional advertising has been well received. If the person wants to learn more, they click into the connection which brings them into the Plan C page on our website. Our advertiser has been keeping track of the engagement rate and feels the campaign is growing appropriately. [www.planc4mefacebook.com](http://www.planc4mefacebook.com)
  - b. Hired Channel 10 news to create a You-Tube video, made in our office with our staff, that describes the use of a copper IUD for emergency contraception. This video is shown randomly to a targeted audience of women aged 18-44 who reside in a 50 mile radius of the clinic. If after watching the 15 second video (which they cannot shut off) they click for more information, they are directed to the Plan C page of our website for more information. The rate of clicks has steadily risen since it began in December and is in the 2.7% click range, which compares very favorably to 0.02%, which is the national average.
  - c. Created a billboard that promoted the awareness of Plan C when “accidents happen.” The billboard was put in three separate locations in Greene County: one in Cairo, one in Hunter and one in Catskill.
5. Greene County Family Planning’s outreach and education program strives to improve the health of individuals by partnering with schools, colleges, community- based organizations (CBO’s), faith- based organizations (FBO’s), parent groups, PTSA groups, local government agencies, and other public health providers that work with vulnerable or at risk populations. We encourage the participation of families, parents, and/or other adults in the role of parenting in the decision of minors to seek family planning services and promote healthy, positive family relationships. Our Health Educator designs presentations and educational sessions on the basic understanding of reproductive health issues for all levels of education and comprehension and adapts them for specific needs. In 2013, our health educator provided:
  - a. School education programs that reached 963 students from elementary to college level

- b. Family education that reached 60 participants via parenting classes
- c. Community education that reached 208 community members
- d. Outreach activities that reached approximately 500 persons, including teens and adults

**Review of goals set for 2013:**

- 1. To be fiscally sound and appropriate by keeping close tabs on our County and grant budgets. To be watchful of any budget reductions that may occur due to sequestration and anticipate areas that might need to be cut:**

*This goal has been met. We were fortunate that our 2013 budget lines were not impacted directly by sequestration cuts. We did incur additional third and fourth quarter expenses for the purchase of long acting reversible contraceptives that were beyond what we had predicted, but this was offset by the resulting additional revenue. As a result of the use of the electronic medical billing and the care taken when billing, our revenue from third party billing exceeded our predictions and was \$384,313, a 24 % increase over 2012.*

- 2. To meet the growing needs of our clientele, by improved efficiency with electronic records, having fully booked clinics, walk in teen clinic times, and explore the option of additional walk in times:**

*Significant progress was made towards this goal:*

- a. *We used the electronic medical records system to maximize the schedule times to allow for us to fully book appointments. Our numbers of family planning clientele remained stable with 1157 unduplicated clients for 2513 visits; we had 108 STD, and 32 cancer services visits.*
- b. *Our Nurse Practitioners share coverage of teen walk in clinic, which occurs each Wednesday from 3-6pm. No appointment is needed and teens are educated, counseled and offered the range of services to meet their needs. Since July 2013, we saw 36 teens through our walk in clinic.*
- c. *We started a campaign for "Man up Monday" where men could walk in for appointments from 1-3PM. We advertised with fliers; our health educator promoted it, but we have not had the increased numbers of appointments that we had hoped for.*

- 3. Implement a Medent Patient Portal which will allow our clients to access their lab and test results, receive confidential e-mails, schedule appointments and improve communication:**

*This goal has been met with the implementation of the patient portal in July of 2013, however, the roll out was slow at first. Those clients that do use it are able to view all of their labs, ask questions by private messages and request appointments. The clients are also able to review their own medical records, make updates and share copies of their labs with their other providers. This ownership of the medical record and the ability to share it with other providers is the cornerstone of the electronic medical record system which also reduces waste and cuts costs for the entire medical system.*

- 4. Implement social media campaign on the updated County website which will allow us to market our clients and continue to recruit new ones:**

*This goal has been met. In the Fall of 2013, with the help of our consultant KathodeRay, we updated our website. It now contains a greater selection of information about our services, how to pay for them, and has the link to our patient portal. Additional social media outreach was described above. The leap from no use of social media to two separate types was an accomplishment, and we are hopeful to continue to expand this area and provide a richer sense of community.*

- 5. Implement billing for the STD clinic should NYS pass legislation which will allow it:**

*This goal has been met. In April 2013, New York State passed legislation which for the first time permitted billing clients for STD services with their consent. We were pleased to be able to take advantage of this new law so we might collect increased revenue which for 2013 totaled \$2079. We continue to provide free services to those uninsured Greene County residents who can provide proof of income, and will never turn away someone who requires treatment for a communicable STD as that is one of the public health measures we are tasked to do.*

- 6. Implement policies for the screening and detection of Hepatitis C, a growing epidemic in our community for which we only test high risk clients at present:**

*This goal was met in the end of December 2013. It dovetails nicely with the NYS law which went into effect January 1, 2014, which required all persons born between 1945 and 1965 to be offered a Hepatitis C test.*

- 7. Begin billing Medicaid for the use of language interpretation services, a service which we have always provided free but is now reimbursable:**

*This goal was met. Staff was trained in the need to use the appropriate to capture reimbursement for a service we would otherwise have provided for free. The reimbursement of \$9.55 is a set rate regardless of the number of minutes spent.*

- 8. Ongoing staff training, primarily by web based technology, to keep our staff abreast of current medical care, policies and best practices:**

*This goal was met. In 2013 we provided staff: 21 web based trainings, 15 in house trainings, and 11 off site trainings. The majority of the trainings are required by the Title X program to keep staff updated with current practice. We generally schedule trainings on Wednesday mornings during staff administrative time to minimize any interruption to the clinic schedule.*

#### **Goals for 2014:**

1. In order to increase our revenue, increase the number of insurance providers with contracts who participate with GCFP. As a result of the Affordable Care Act, Greene County has additional insurers that our clients are participating with and we want to be able to continue to provide them services. We have been steadily increasing our insurance contracts and will continue to pursue them.

2. Achieve meaningful use stage II. Stage II MU requires an even greater number of clinic measures being met; for example, 50% of our clients have to have signed up to participate in the patient portal , and of those 5% have to be active users. In order to receive this year's incentive money, all measures must be successfully met for us to qualify.
3. Complete the anticipated 2014 site inspection by the Federal Governments Office of Population Affairs, anticipated for September 2014, in conjunction with the NYS DOH.
4. Implement the newest Title X guidelines for practice which are anticipated to be released on June of 2014.
5. Where it is appropriate and desired by jail staff, collaborate with the Greene County jail by offering free STD, HIV and Hepatitis C testing, as well as share our experience with medical billing and insurance enrollment.
6. Have one of our staff become a Certified Application Counselor which will utilize the insurance marketplace to allow us to sign uninsured men and women up for Medicaid. We currently have a memorandum with the NYSDOH to enroll men and women in the Family Planning Benefit program, a Medicaid carve out program, as well as assist pregnant women with obtaining full Medicaid when they become pregnant so that they can have early prenatal care and a safe birth outcome, so this additional training is in keeping with in our work goals.
7. Continue to provide staff training, primarily by web based technology, to keep our staff abreast of current medical care, polices and best practices.
8. Expand the outreach and education provided by our Family Planning Health Educator with the goal of increasing the number of clients seen in the clinic, and increasing the number of community educational sessions by the following:
  - a. Organize community forums in all county high schools in correlation with the "P.A.S. It On" coalition.
  - b. Increase the number of sessions at substance abuse recovery centers to include more adolescent and adult healthy relationships along with STD's and contraception.
  - c. Develop a teen focus spot in either schools or at our family planning clinic to serve as an educational/counseling area, with hopes of starting a peer mentoring program for our comprehensive sex education program.
  - d. Increase the awareness of STD's with the African-American high risk groups through church affiliations and tabling events.
  - e. Launch and monitor our Family Planning Facebook page to help reach the targeted populations.

Respectfully submitted,  
Laura Churchill MS, FNP-BC  
Program Administrator