

The 2014 Annual Report: Greene County Family Planning

For more than 40 years, Greene County Family Planning (GCFP) has been an essential community partner providing comprehensive reproductive health care to women, men and teens of Greene County. The goals of GCFP are to:

1. Reduce unintended pregnancies and the need for abortions;
2. Curb the spread of STD's and HIV;
3. Improve birth outcomes; and
4. Facilitate early detection and treatment of breast, testicular, cervical and endometrial cancer.

Greene County Family Planning is also the County's provider for Sexually Transmitted Disease (STD) services.

Towards these goals we report the highlights of 2014

1. Long Acting Reversible Contraceptive (LARC): We continue to have some of the highest rates of women (36% - 2014) leaving with a LARC method among the 49 New York State Title X funded agencies. (In 2013, the NYS average was 14.3% and the US average 11 %; GCFP's rate was 27%)

The tables below demonstrate how the goals to prevent unintended pregnancies and help promote and plan healthy births are being addressed by our agency.

Table 1 demonstrates improvement in the percent of desired pregnancies, as well as a reduction in the total percent of pregnancies.

Table 1: Pregnancy rate percentage 2013-2014

	2014	2013
Pregnancies as percent of total client count	7%	10%
Pregnancy desired now	43%	23%
Pregnancy not desired/desired later	49%	62%

Table 2 demonstrates an improvement in the numbers of pregnancies averted due to the counseling and services provided at Greene County Family Planning. (Ahlers data annual report, Greene County Family Planning, 2014)

Table 2: Pregnancies averted 2013-2014

	19 and under	20 and over	Total
2013	41	112	153
2014	46	126	172

2. Plan C: We have received NYS recognition for the success of our “Plan C” campaign. In 2014 as a result of our participation with the National Family Planning and Reproductive Health Association (NFPRHA), GCFP received a grant to implement the use of a copper intrauterine device (IUD) for emergency contraception. We geared our efforts towards educating patients about this most effective method of Emergency Contraception (EC) and took steps to implement same day access for our patients.
 - a. Any female patient seeking Plan B (the morning after pill) meets briefly with the Public Health Nurse (PHN). The PHN will review their contraceptive method, teach them about the difference in effectiveness of Plan B versus Plan C (copper IUD), and discuss the benefits to using a 10-year form of contraception. If they meet criteria guidelines, female patients who choose Plan C are given an immediate appointment with one of the Nurse Practitioners (NP) for the insertion.
 - b. During the six month grant period, 29% of women chose Plan C versus Plan B. This resulted in our clinic being ranked the highest of the five agencies in the United States who received the NFPRHA grant.
 - c. Our statistics show that 65% of women continue to use their IUD one year later.
 - d. The Deputy Director was asked to be a guest faculty presenter outlining our findings and procedures to other family planning providers. The goal was to encourage, educate, and, hopefully, implement these EC techniques to increase use within other practices.
3. Meaningful Use: We earned \$25,000 in meaningful use incentive funds for 2013 by meeting the stage one, year one measures specified. This was used to pay for capital improvements which included: structurally updating and enlarging our dirty utility room, acquiring space for a complete pharmacy with generator and alarm back up for the vaccine refrigerator, developing a designated nurse’s exam room and adding one additional exam/treatment room. The incentive money was also used to upgrade 5 outdated tablet computers essential for our clinicians to document patient Electronic Medical Records (EMR) and upgrade all desktop computers from Windows XP to Windows 7, which was mandatory for compatibility with our EMR software and security.
4. Albany College of Pharmacy and Health Sciences (ACPHS): For the first time ever, Family Planning hosted four ACPHS students for one week clinical rotations. The students were highly motivated, educated, and interested in the workings of a family planning clinic. In addition to working directly with patients, counseling on education side effects, smoking cessation counseling and writing SOAP (subjective, objective, assessment, plan) notes, they prepared presentations for staffs of Public Health, Family Planning and the Dept. of Human Services on medication related topics.

5. Strategic Planning: In the spring of 2014, Family Planning and Public Health staff participated in a strategic planning process. During this process, it was identified that a public health Maternal Child Health (MCH) nurse could be cross trained to learn family planning and assist when we had staffing shortages. As a result of this cross training, the MCH nurse is available to cover when the GCFP PHN is not available; can meet prenatal patients in the clinic to assess their interest in home visits, and can be present in the clinic when the postpartum patients come in for their appointments. The presentation of a familiar face does much to ease patients' anxieties. An additional advantage for the MCH nurse is that when she sees postpartum women in their homes and discusses contraceptive options, she is fully versed in clinic operations and procedures.
6. Education & Outreach: Increased the total number of people reached from 2013 by 1000 due to additional health fairs visited, increased sessions with newly formed community-based collaborations and availability of the Health Educator during teen clinics to assist clients with visits and offer counseling. The clinic was promoted at all community events (as an extension of the public health department) to increase the knowledge of and accessibility to services, and to bring positive public relations to the department.

A review of our work to achieve the 2014 goals:

1. **In order to increase our revenue, increase the number of insurance providers with contracts who participate with GCFP:**
In 2014 we became credentialed with three additional insurance providers. Between that and the effects of the Affordable Care Act (ACA), our payer mix shifted with a slight increase in private insurance and Medicaid managed care clients. In 2014 our third party revenue increased by 26% over 2013.
2. **Achieve meaningful use stage II:**
In 2014 we were in stage I, year two. To achieve meaningful use, the practice must meet standards set by the Health Information Technology for Economic and Clinical Health (HITECH) Act and the practice must conduct an annual security review. The security review revealed new requirements that all copiers/printers must be encrypted. This implementation delayed the certification until March of 2015 for the last quarter of 2014, but we anticipate the full amount of \$25,500 will be received.
3. **Prepare and pass an anticipated 2014 program review by the Federal Governments Office of Population Affairs:**
Family Planning and Public Health staff spent several months preparing for the day long inspection and prepared many items for review before the team arrived. On September 12th, the program was reviewed by a team comprised of one NYS and four federal program evaluators. The areas reviewed were clinical, fiscal, administrative and general overall operations. The reviewers were impressed with the revenue

increases, the percent of women who use a highly effective birth control method, those participants using a LARC, and the friendly caring atmosphere within the clinic.

- a. *Clinically there were no areas that required a plan of correction and we were praised for the comprehensive nature of the care provided and the robust quality assurance program.*
- b. *The fiscal audit revealed we needed to: revise the financial form to include an assessment of family income (vs. personal income, a federal statute), have a mechanism in place to verify the data collection and reporting to the federal agency was correct, and follow the federal grant guidelines to slide the co-pays for those that meet the guidelines. A plan of correction for each of these areas was accepted by the auditors.*
- c. *The administrative audit cited us for our community committees not having enough representation from our target populations. A plan of correction for this involves holding focus groups within each of four areas: a co-ed substance abuse recovery group, teen high school group, a predominantly African-American housing project apartment group, and a male residential substance abuse recovery group. The findings of these focus groups will be reported to the combined Educational Materials Advisory Committee and the Program Review committee. This plan of correction was accepted by the evaluators as well.*

4. Implement the newest Title X guidelines for practice which are anticipated to be released on June of 2014:

In April 2014, the Title X guidelines changed for the first time in 21 years. We have incorporated several of these new standards including: incorporating the question of the clients reproductive life plan into the electronic health record, removing the barrier of a complete exam to start contraception, and developing a plan for when a client needs preconception counseling. A requirement to have formal linkages for primary care has not yet been met, and we continue to work towards fully incorporating all of the recommended changes.

5. 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 sign ups where it is appropriate and desired by jail staff:

In September of 2014, an NP and PHN have made monthly to bi-monthly visits to the jail to screen inmates for STD's including Chlamydia, gonorrhea and syphilis, provide rapid HIV and Hepatitis C finger stick testing, and offer risk reduction education. Our certified application counselor has also been meeting with inmates to pre-enroll them into Medicaid so when they are released, or if they become hospitalized, they will have health insurance.

6. Have one of our staff become a Certified Application Counselor utilizing the insurance marketplace, allowing us to sign up uninsured patients for Medicaid:

In 2014, our principal senior family planning aide, whose job duties entail medical billing and insurance applications, became a NYS certified application counselor. This has been a tremendous asset to our clinic and community. She regularly meets with uninsured clients and assists them with understanding the marketplace, presenting insurance options, and enrolling them in health insurance. With this change, we have fewer clients who are full fee and private fee.

7. Continue to provide staff training, primarily by web based technology, to keep our staff abreast of current medical care, polices and best practices:

In 2014 we held 19 in house/web based trainings, and staff attended 9 off site trainings.

8. Expand the outreach and education provided by our 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. Organizing community forums in all county high schools in correlation with the Prevention Awareness Solutions (PAS) coalition:

Our Health Educator assisted the PAS coalition with community forums in Catskill and Greenville that increased awareness of the problem of heroin use and abuse in our community. The Deputy Director has been a speaker at the forums presenting the risks of STDs, HIV and Hepatitis C from IV drug use, and the risk reduction, screening, and treatment offered at the clinic.

b. Increasing the number of sessions at substance abuse recovery centers to include more information regarding healthy relationships (adolescent and adult), STDs and contraception:

In 2014 our Health Educator provided 28 sessions reaching 130 people in a predominantly male residential facility, as well as attending co-ed mandated group therapy sessions.

c. Develop a teen focus location, either in schools or at our family planning clinic, to serve as an educational/counseling area, to initiate a peer mentoring program for our comprehensive health education program:

This goal was not achieved as the primary focus area; Columbia Greene Community College was not able to commit to the space for us and our partner agencies.

d. Increasing the awareness of STDs within the African-American community through church affiliations and tabling events:

Our Health Educator participated in 8 tabling events reaching close to 300 people. These were conducted at the local community college, a church fellowship day, a Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) People of Color national conference, a housing project's community awareness

fair, and a women's cancer services project's Federally Qualified Health Center (FQHC) event.

e. Launch and monitor our Facebook page to help reach targeted populations:

In the spring of 2014, we hosted a SUNY Albany Public Health student to develop the Greene County Family Planning Facebook page. Prior to that, we had a Facebook page dedicated to our Plan C campaign. She did an excellent job synthesizing the services and creating the page. Our page can be viewed at: www.facebook.com/mygcfp

Unmet goals/challenges of 2014:

1. Reductions in New York State aid formula: our increase in third party revenue had the unfortunate impact of reducing the state aid based on the new formula initiated in 2014. Our state aid was reduced by \$83,567.00 from 2013 to 2014.
2. Higher rates of sexually transmitted infections including Chlamydia, gonorrhea and syphilis reported in 2014 versus 2013 for our clinic.
3. We were unable to obtain an agreement for primary care.
4. We were unable to receive the meaningful use incentive money in the year it was earned
5. Our Medical Director, Dr. Lawrence Perl, retired after over 35 years of service with our agency.

Goals for 2015

1. Continue to maintain a high percent of women who use a LARC method with a goal to increase the rate of usage to 38%.
2. Maintain fiscal integrity by maximizing third party billing and keeping close track of our budget.
3. Continue to utilize cross coverage of staff for maximum efficiency.
4. Successfully apply for and procure the competitive Family Planning grant for 2016-2020.
5. Participate with the Family Planning Center for Excellence to ensure that we are meeting the needs of our target population. This performance measure is the focus of the NYSDOH for 2015.
6. Work diligently towards a formal linkage agreement for primary care services.
7. Expand our education, outreach, and knowledge of the STD prevention services available at GCFP.
8. Launch the new Responsible Adolescent Peer Program (RAPP) initiative in the schools. This peer to peer mentoring program was written and developed by our Health Educator with help from a public health intern. The goal is to train peer educators/leaders to become ambassadors not only for GCFP, but for a collaborative

of community agencies, all working to foster accurate information on the following: reproductive health, prevention & awareness of substance abuse, and the tobacco free alliance.

In closing, I would like to thank the Legislature and Administrator for their support of this vital program.

Respectfully submitted,

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