NMDOH Family Planning Program (FPP) Protocol Q&A

August 28, 2017 webinar and FAQ's

Questions are categorized by "General FPP Questions" (applicable for both Public Health Offices and Provider Agreement Sites); "Questions for Public Health Offices" (which only apply to PHOs); and "Questions for Provider Agreement Sites" (which only apply to Provider Agreement Sites).

We hope this helps to clarify for everyone, but if additional questions arise, please contact the NMDOH Family Planning Program. Thank you.

General FPP Questions

(applicable for both Public Health Offices AND Provider Agreement Sites):

1. Question: **Should we screen for STDs before an IUD placement?**

   Answer: As outlined in the 2016 Selected Practice Recommendations (https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/intrauterine.html#a_timing), if STD screening guidelines have been followed, most women do not need additional STD screening at the time of IUD insertion, and insertion should not be delayed. If a woman with risk factors for STDs has not been screened for gonorrhea and chlamydia according to CDC STD treatment guidelines, screening can be performed at the time of IUD insertion, and insertion should not be delayed. Women with current purulent cervicitis or chlamydial infection or gonococcal infection should not undergo IUD insertion (U.S. MEC 4).

2. Question: **How long do you need to wait, if at all, to insert an IUD in a woman who you just treated for GC/CT and wants an IUD?**

   Answer: The FPP Protocol advises that a clinician should "assure that the client's record contains a negative chlamydia and gonorrhea test result within the last 3 months" before inserting an IUD. Although this is slightly more conservative than recommendations in the 2016 Selected Practice Recommendations (which state that routine screening is adequate for most women), it balances the recommendation that "Women with current purulent cervicitis or chlamydial infection or gonorrhea should not undergo IUD insertion" (U.S. MEC 4). https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/intrauterine.html#a_timing

   But, due to the sensitivity of the GC/CT NAAT test in detecting bacterial DNA (even if dead), it may take 3-4 weeks following treatment to obtain a negative GC/CT result. Since current GC and CT treatment is highly effective, waiting this long for a negative test result may cause an unreasonable delay in insertion.

Therefore, in consultation with the client, and depending on signs/symptoms/risks for re-infection, the clinician may choose to:

- Wait for at least 3-4 weeks after treatment to test for GC/CT, and plan to insert the IUD once a negative result is documented;
- Wait for at least 3-4 weeks after treatment to have the client return for IUD insertion with testing – and follow-up on lab results appropriately;
- Wait at least one week after treatment for uncomplicated GC/CT (two weeks for PID) for IUD insertion, place the IUD, and have the client return at 3-4 weeks post-treatment for testing to document a negative result.

As noted above, an IUD should not be inserted if a client has purulent cervicitis identified at the time of insertion.

3. Question: **I understand the importance of documenting the Reproductive Life Plan (RLP), but how often should it be documented in the client's chart?**

Answer: A RLP outlines the client's personal goals about becoming pregnant.

Each client should be encouraged to clarify decisions about her/his RLP (i.e., whether the client wants to have any or more children, and if so, the desired timing and spacing of those children). Ideally, this should be done at each family planning visit because it may change over time.

4. Question: **Do you have any other guidance on how to get to the protocol and forms from the FPP website?**

Answer: Yes! The FPP has a guide that leads you step by step to the protocol, and forms. Please contact the FPP if you'd like this tool, and we'll be sure to share.

5. Question: **How do I know what is required documentation for each type of FPP visit (pregnancy test, BCM supply pick up, etc.)?**

Answer: The FPP Protocol has a chart that can be used to identify what is needed for documentation for each type of visit for FPP (The orange and blue tables on pages 9 and 10 of Section 1).

In addition, at a minimum, all Title X clients should have measurements of BP, weight, height and BMI documented at every FP visit (page 14 of Section 1).

Questions specific to Public Health Offices:

(NOTE: the following questions are specific to Public Health Offices).

6. Question: **When can I submit a CE&O (Continuing Education & Outreach) Survey?**

Answer: Surveys are open from the time you are sent the link for the month, until 5:30 p.m. of the 15th on the following month.

If the 15th falls on a weekend, the survey will close at 5:30 p.m. on the following Monday.

7. Question: **I work at multiple PHOs. Can I enter more than one CE&O survey?**

Answer: Yes. The survey is designed to allow multiple entries for each individual. This means you can attend an event, go back to your office and enter your data into Survey Monkey. Then complete another survey for the event you do the following day, week, etc. The same applies to multiple offices. However, please make sure you list the correct PHO for each entry.

8. Question: **Where do I find the current fillable form for the Fee Collection monthly report?**

Answer: Currently the FPP is finalizing the fillable Fee Collection monthly report. When it is complete, it will be posted under forms on the internet. Please contact the FPP if you need any guidance.

9. Question: **When I refer a client for FPP Sterilization, do they need gonorrhea and chlamydia testing?**

Answer: Gonorrhea and chlamydia testing is not done routinely for every sterilization referral client, it would be based on risk factors (please refer to the FPP Protocol for further guidance).

10. Question: **There are special supplies that our PHO clinic would like, but they are not on the Pharmacy formulary. How can we obtain them?**

Answer: For PHOs, funds collected from FPP Fee collection for your Region can be used for purchasing items to support the delivery of family planning clinical services in the Region. Annually, the FPP sends an email to RDs, DNSs and Region Administrators with the amount of fee collection for the Region in the previous calendar year. However, if your Region needs to make a FP related purchase you can check to see if there are funds available, at any time of the year. We encourage you to work with your DNSs and Regions to coordinate with the FPP.

11. Question: **Can a client be given progestin-only pills or Nuvarings under the Public Health Nurse Quickstart standing order?**

Answer: No, the Public Health Nurse (PHN) Quickstart standing order currently only includes combined hormonal OCPs (not progestin-only pills) and DMPA. If the client wants another option, the PHN will need to get a verbal order from a clinician, or have the client return for this type of contraception (they can be started on combined hormonal OCPs or DMPA in the meantime, if they'd like).

(NOTE: We will include this for further discussion by our Protocol Reviewers for next year's FPP protocol revisions. If this changes in next year's protocol, you will be notified).

Questions Specific to Provider Agreement Sites:

(NOTE: the following questions are specific to Title X Provider Agreement Sites).

12. Question: **I work in a Title X Provider Agreement Site. Can a client with Medicaid be given Plan B from our Family Planning/Title X supplies, if we are concerned that the client will not go to an external pharmacy to pick it up if we write a prescription?**

Answer: In order to use the 340B Title X Family Planning medications, the client **must** be a Title X Family Planning client (and meet all of the requirements as outlined in your Provider Agreement). Borrowing from the 340B FPP medication stock is considered diversion by the HRSA 340B program.

HRSA Pharmacy 340B requirements state:

In order to receive a 340B drug, an individual must meet the three-pronged definition of an eligible patient established in HRSA guidance. The patient must:

1. Receive services from a health care professional employed by or in contract with the covered entity (Family Planning/Title X sites);
2. Have an established relationship with the covered entity as demonstrated by the covered entity maintaining a medical record for the patient; and
3. Receive a service or services that are consistent with the grant (Title X) by which the covered entity (Family Planning/Title X site) is eligible for 340B.

In the Title X context, any patient that would be counted as a "family planning user" on the Family Planning Annual Report (FPAR) would potentially qualify as a 340B patient.

13. Question: **I work at a Provider Agreement Site and will be placing my first pharmacy order. How do I know when my order is due each month?**

Answer: The excel Pharmacy Order form that you use will help you determine when your order is due each month. When you enter your facility name it will populate the week that your order is due. Remember that the order needs to be sent to the DOH-FPP Pharmacy Orders email, not just to one FPP staff member, and orders should be submitted by Wednesday of your ordering week. When they are late it delays the process for the DOH Pharmacy Warehouse.