

Office of Family Planning

Family PACT Program

May 4, 2016

Background



OFP Mission:

- ▶ The Office of Family Planning (OFP) is charged by the California Legislature “to make available to citizens of the State who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families”.
- ▶ As of July 1, 2015, OFP is lead on the policy direction for Medi-Cal family planning services.
- ▶ Goal:
 - Ensure low-income California women and men have access to the health education, counseling, and family planning services they need to reduce the likeliness of unintended pregnancy and improve their reproductive health.

Family PACT Program



- ▶ OFP administers the **Family Planning, Access, Care, and Treatment (Family PACT)** program
- ▶ Family PACT provides comprehensive family planning services to eligible low income men and women.
 - In FY 13-14, served 1.68 million income eligible men and women of childbearing age through a network of 2,283 public and private providers.
 - Includes services of comprehensive education, clinical services, and counseling relating to family planning.

Family PACT Services



Family planning services & supplies

- FPACT covers all classes of FDA-approved contraceptives

Family planning-related services

- medical diagnosis and treatment services provided pursuant to a family planning service
 - STI Diagnosis and Treatment, PAPs, UTI

Health education and counseling

Family PACT Program



- ▶ Client Eligibility:
 - California resident
 - $\leq 200\%$ Federal Poverty Level
 - Must have medical necessity for family planning services.
 - No other source of health care for family planning services or meet Other Health Care (OHC) criteria

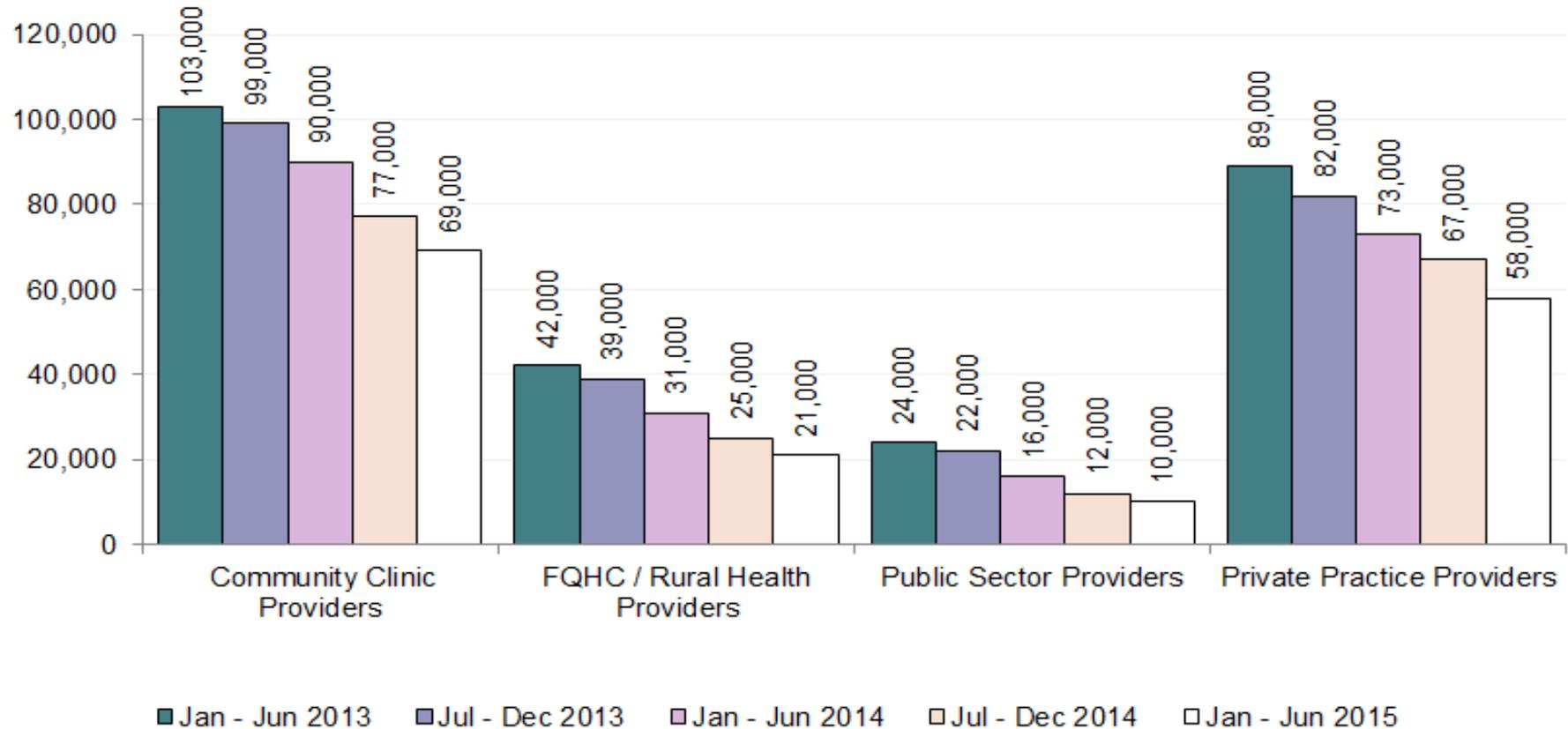
Changes in Clients Served in Family PACT



- FY 13/14 Family PACT served 1.68 million
- FY 14/15 Family PACT served 1.38 million
- FY 15/16 On track to serving over 1 million clients (based on preliminary data)

Demographics of client population have not changed proportionally with reduction in clients served.

Family PACT Clients Served, by Six Month Service Period: Provider Type



Family PACT & Medi-Cal

- Alignment Family PACT and Medi-Cal formularies
 - No TAR needed for patch and ring
 - Onsite dispensing of patch and ring
 - Increase # of OC cycles dispensed onsite
- Adopted the 2015 STD Guidelines
- Medi-Cal unbundled post-partum LARC placement



Accelerating Evidence into Action



THE 6|18 INITIATIVE

EVIDENCE SUMMARY

Prevent Unintended Pregnancy

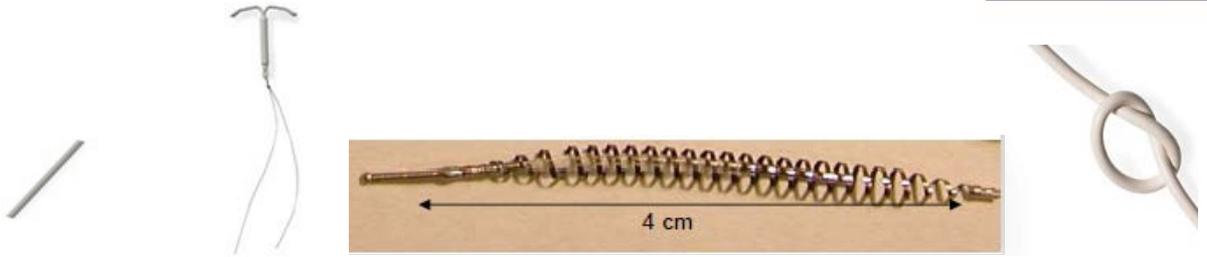


<http://www.cdc.gov/sixeighteen/pregnancy/index.htm>

Available Contraceptives

● **MOST EFFECTIVE**

● Less than 1 pregnancy per 1000 women in a year



● 6-11 pregnancies per 100 women in a year



● 12 or more pregnancies per 100 women in a year



● **LEAST EFFECTIVE**



LARC Methods

- ▶ ParaGard —the 10 year copper IUD
- ▶ Mirena —the 5 year hormonal IUD
- ▶ Liletta —the 5 year hormonal IUD
- ▶ Sklya —the 3 year hormonal IUD
 - Approved by FDA for placement in adolescents
- ▶ Nexplanon – the 3 year implant

Patient-held myths: IUC

MYTH	REALITY
Women who have not carried a pregnancy are not candidates	<ul style="list-style-type: none">• IUCs are safe for virgins• Expulsion rates are comparable whether or not women have previously delivered a term pregnancy
IUCs cause abortions	<ul style="list-style-type: none">• IUCs prevent fertilization

Provider- held myths: IUC

MYTH	REALITY
Higher risk of ectopic pregnancy	<ul style="list-style-type: none"> • Risk of pregnancy much lower than women not using IUC
Higher risk of PID	<ul style="list-style-type: none"> • No increased risk • Theoretical risk at time of insertion if CT/GC+ • Screening for CT/GC only recommended if risk factors
Higher risk of STD	<ul style="list-style-type: none"> • No increased risk of STI acquisition

Myth of the Appropriate Patient



- ▶ “Appropriate patients”----- IUD use is:
 - **OK** for nulliparous women
 - **OK** for adolescents
 - **OK** for women with history of:
 - Ectopic pregnancy
 - PID
 - STD
 - Abnormal pap

One Key Question®

“Would you like to become pregnant in
the next year?”

Barriers: Pre-placement tests

No routine testing required pre-placement

- ▶ No testing needed prior to the day of placement
- ▶ Pregnancy test as needed on the day of placement
- ▶ Other tests *only if indicated* :
 - CT/GC if due for screening or if at risk
 - Pap *only* if due for screening
 - Hgb or hct if indicated by history

Cost Barrier

- ▶ Stock available on-site
 - Cost of keeping devices in stock
 - Low or inadequate reimbursement
- ▶ Billing challenges
 - E&M **OK to bill** same day as placement
 - Procedure code plus E&C

Provider Level Barriers

- Lack of trained providers
 - Primary care providers
 - Family medicine
 - Pediatrics

- Provider not up to date
 - Regarding placement protocols
 - Contraindications to placement

Provider Level Barriers

Inadequate training or expertise...

- ▶ To efficiently obtain informed consent
- ▶ To accomplish a successful placement when faced with initial concerns
- ▶ To manage complications

Clinic Level Barriers

- ▶ Lack of simple clinic placement protocols
- ▶ Lack of instruments for multiple placements
- ▶ Scheduling concerns
 - Time for counseling
 - Time for informed consent
 - Need for flexibility

Same Day LARC Placement

- ▶ Why do same day LARC placement?
 - In 2009, ACOG issued a recommendation to adopt *same-day LARC insertion* protocols
 - It reduces unintended pregnancy
 - Eliminate the extra burden of multiple visits
 - Many women do not return for multiple appointments
 - There are virtually no clinical barriers

The real question is- Why not?

A Clinic Visit Becomes A Placement Visit



- ▶ Emergency contraception
- ▶ Pregnancy test
- ▶ Well woman
- ▶ Vaginitis/UTI
- ▶ Family planning

LARC Resources: Family PACT



Search familypact.org:

Search

Have Questions?
Need Assistance?
Call us at 800-541-5555
Email us at fampact@dhcs.ca.gov

A video player thumbnail with a light blue background. At the top, there are logos for the Bixby Center for Clinical and Public Health, CAPTC, and DHCS Family PACT. The main title "Shared Decision Making in Contraceptive Counseling" is centered in a large, dark blue font, with a play button icon overlaid. Below the title, the presenter's name "Christine Dehlendorf, MD MAS" and affiliation "Associate Professor, UCSF Department of Family and Community Medicine" are listed, along with the date "December 15, 2015".

LARC Resources: Family PACT

Same-day placement of LARC;
Solutions to common barriers

Patty Cason MS, FNP-BC
UCLA School of Nursing

Family PACT

Client Access: Website

[Home](#)[Get Covered](#)[Providers](#)[Resources](#)

Welcome to Family PACT

The Office of Family Planning (OFP) is charged by the California Legislature “to make available to citizens of the State who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families”. The purpose of family planning is to provide women and men a means by which they decide for themselves the number, timing, and spacing of their children.

The OFP administers the **Family Planning, Access, Care, and Treatment (Family PACT) program**. Family PACT is California’s innovative approach to provide comprehensive family planning services to eligible low income (under 200% federal poverty level) men and women. Family PACT serves 1.8 million income eligible men and women of childbearing age through a network of 2,200 public and private providers. Services include comprehensive education, assistance, and services relating to family planning.

[Family PACT Overview \(PDF\)](#)

LARC Resources: Beyond the Pill



Bringing the best science to contraceptive care

- Home
- Research
- Training
- Education
- Tools & Materials**
- News
- About Us
- Donate



Tools & Materials

WELL DOES BIRTH CONTROL

Really, really well

Works, hassle-free, for up to...

Device	Duration
The Implant (Nexplanon)	3 years
IUD (Skyla)	3 years
IUD (Mirena)	5 years
IUD (ParaGard)	5 years

Almost 100% effective

ParaGard IUD

Skyla IUD

Mirena IUD

ParaGard IUD

Education Tools

Clinical Resources



UPDATE: EMERGENCY CONTRACEPTION

This Alert replaces the Family PACT Clinical Practice Alert of April 2010 on Emergency Contraception. Emergency contraception (EC) represents a “last chance” to prevent unintended pregnancy. Available forms of EC pills include ulipristal or levonorgestrel.

KEY POINTS

- Ulipristal is more effective than levonorgestrel EC,¹ especially when taken more than 72 hours (3 days) after unprotected intercourse.^{2,3} Ulipristal is effective up to 120 (5 days) after unprotected intercourse.
- Ulipristal has little effect in preventing pregnancy for women who weigh more than 194 lbs (88kg).⁴
- Levonorgestrel EC has little effect in preventing pregnancy for women who weigh more than 154 lbs. (70kg).⁴
- Levonorgestrel EC is available in the United States (U.S.) without a prescription or age restrictions.
- Advance provision of EC pills has not reduced pregnancy rates.⁵

QUESTIONS AND ANSWERS

Who are good candidates for EC?

- Women who have experienced a contraceptive failure such as a condom break or unprotected intercourse in the last five days.
- Women who have missed multiple pills, had a patch detach for more than 48 hours (2 days), or removed a ring for more than 48 hours in the five days prior to intercourse.⁶
- Women who want to “quick start” hormonal contraception.
- When “quick starting” copper IUC, EC pills are not needed because the copper IUC is a highly effective form of EC.

Are there any women who should not be given EC?

- EC is appropriate for any woman who does not desire pregnancy.
- EC is not effective for, and so should not be given to, women with a known pregnancy.
- Ulipristal has not been studied in women with severe renal or hepatic disease or severe uncontrolled asthma.

Are there any age restrictions on use of EC?

- No. Minors have the legal right to self-consent for family planning services, including the use of EC. California law does not require parental notification or consent for the provision of contraception (including EC or an IUC) to minors.⁷
- Levonorgestrel EC pills are available in U.S. pharmacies to men and women of all ages without a prescription.

Contact Information



Family PACT: 916-650-0414

Telephone Service Center:
800-541-5555

Email address: fampact@dhcs.ca.gov