

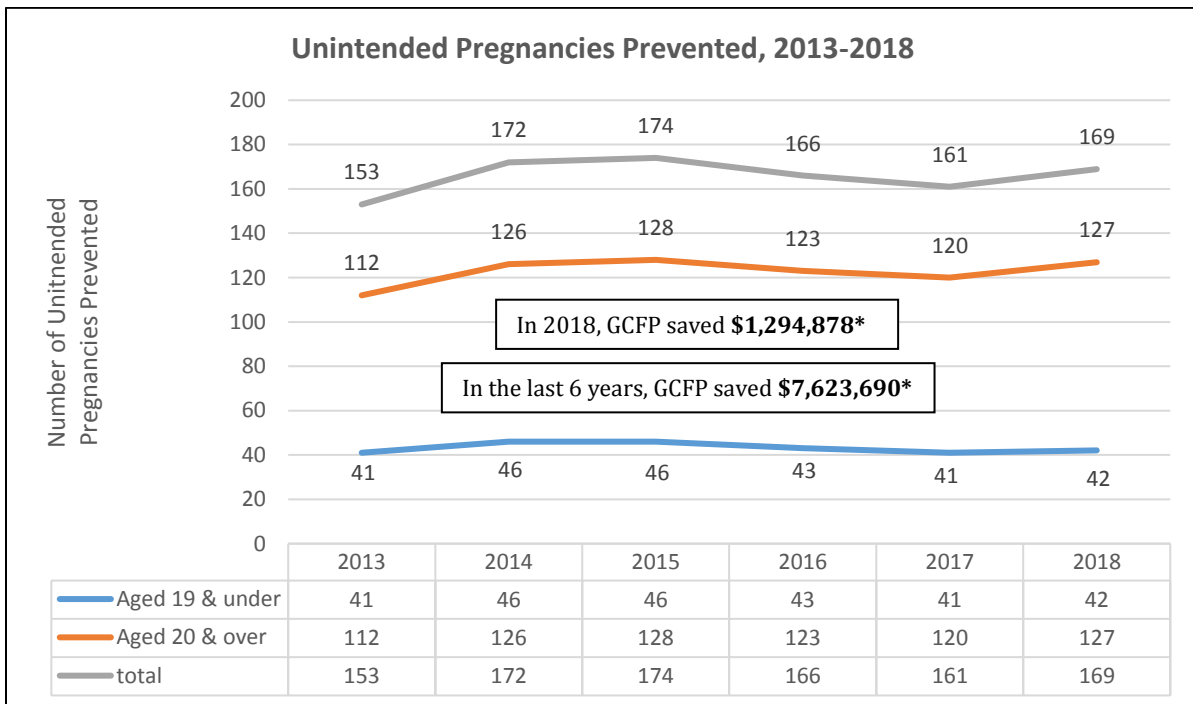
# Greene County Family Planning 2018 Annual Report

Greene County Family Planning (Family Planning) is open for business despite a political climate where Title X Family Planning access is facing the most fundamental programmatic change since its inception in 1972. Pending lawsuits may prevent some or all of these changes from going into effect on May 3, 2019, and until we receive directives, we will continue to offer comprehensive reproductive and related services to the constituents of Greene and surrounding counties. While the field of family planning continues to be in the center of a political debate, abortion has always been prohibited by the Title X program.

At its very core, Family Planning is a public health program with the following goals:

**Prevent unintended pregnancies and help promote and plan healthy births:**

We offer a range of effective to highly effective contraceptive methods with same day access and low cost.



Ahlers data annual report, Greene County Family Planning, 2013-2018

Translated into dollars:

- In one year, the program has saved:  
169 (2018 total) x \$12,770\* = \$2,158,130 x 60% = **\$1,294,878\*\***
- Over six years, the program saved :  
995 (2013-2018 total) x \$12,770\* = \$12,706,150 x 60% = **\$7,623,690\*\***

*\*The cost of a **publicly funded birth** in 2010 averaged \$12,770 for prenatal care, labor and delivery, postpartum care and 12 months of infant care. National and State Estimates for 2010, New York: Guttmacher Institute, 2015.*

*\*\*Amounts are based on Medicaid client estimates.*

**Prevent the spread of Sexually transmitted diseases and HIV:**

We offer testing and treatments for all of the most common STD's including chlamydia (1,165 tests), gonorrhea (1,160 tests), HPV and herpes. All at-risk clients are encouraged to be screened

for HIV. In 2018, 829 clients were given pretest counseling with 454 HIV test's performed. **We counsel on abstinence as primary prevention**, and then encourage the use of condoms and the adoption of safer sex behaviors to reduce the risk of HIV and STD's. We also offer HIV pre-exposure prophylaxis as a risk-reduction measure to prevent the spread of HIV.

**Improve birth outcomes:**

All clients, men and women, are asked about their reproductive life plan, helping determine when they want to have their first child. We counsel and assist them to improve their health prior to conception by quitting smoking, avoiding illicit drugs, controlling their diabetes, high blood pressure and obesity. We have a strong referral system with our Maternal Child Health (MCH) Public Health Nurse who follows ante- and postpartum women to ensure healthy outcomes for mother and child.

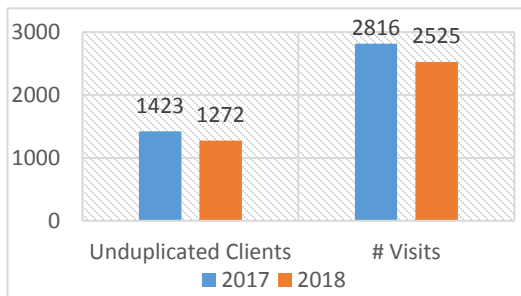
**Facilitate early detection and treatment of reproductive cancers:**

Women are screened for colon, cervical, thyroid, breast, skin, endometrial and ovarian cancers; and men are screened for colon, thyroid, and skin cancers, as well as the much rarer testicular and breast cancers. Since we are a small clinic, we can follow up with clients to make sure they are seen and cared for by specialists.

Without these vital services, Greene County residents would have no access to low cost, sliding fee, or free reproductive health care.

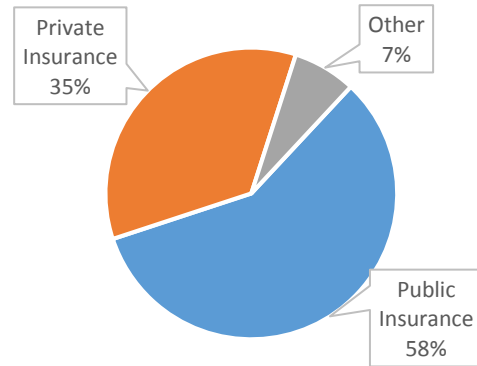
**Demographic information:**

Patients Served/Number of Visits

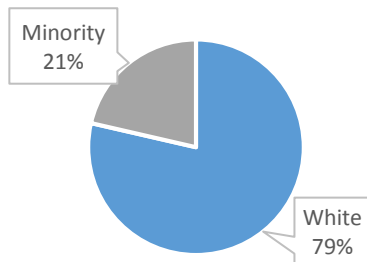


*We had a three month absence of a provider in 2018*

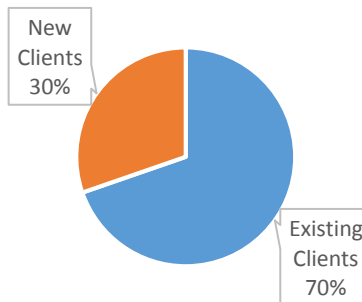
Payor Mix



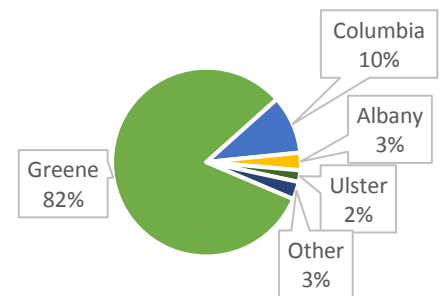
Race



Client Base

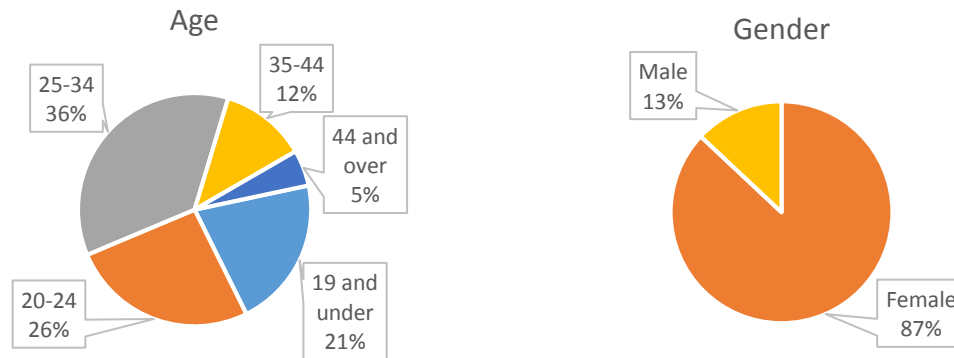


Client's County of Residence



We continue to serve those with the highest needs:

- **Income:**
  - 47% of our clients are at or below 100% of the federal poverty level (FPL);
  - In Greene County, 16% of Greene County residents, and 21.3% of children under age 18 are under 100% of the FPL, indicating we are serving the targeted low income population.



We attempt to be fiscally sound by:

- Enrolling uninsured clients in eligible health plans through our on-site certified application counselor,
- Billing third party insurances, and
- Ensuring all claims are accurate and timely.

#### Review of 2018 Goals:

1. **Improve the rates of screenings initiated in 2017 around smoking cessation, maternal child health, depression screening and genetic testing.**

| Smoking Cessation       | Maternal Child Health Referrals | Depression Screenings |   | Genetic Testing                |
|-------------------------|---------------------------------|-----------------------|---|--------------------------------|
| 148 counseling sessions | 12                              | 56% screened          | 20% screened positive and were referred | 28 women eligible and screened |

2. **Begin providing telehealth services to facilitate access to our services, and provide cost savings for our clients while maintaining revenue:**

*We were unable to accomplish this goal in 2018 due to competing priorities.*

3. **Address anticipated staffing changes around retirements, and replacement for the Medical Director.**

*In 2018 we hired a new Medical Director and a new health educator, promoted a staff nurse who completed her training and became a clinic Nurse Practitioner (NP), hired the RN from the county jail after it closed, and one full-time NP retired and returned per-diem.*

- a. *The Medical Director, Dr. Suzanne Mesidor, previously worked as a staff OB/GYN at Columbia Memorial Hospital, and is currently the medical director of the women's clinic at the Stratton VA hospital in Albany. She is very knowledgeable and helped complete the colposcopy orientation of one of our NP's, reviewed and assisted with the updates all of our policies, and reviewed our Quality Improvement program to ensure our readiness for our NYSDOH IPRO review in August 2018.*
- b. *Our health educator is newly graduated with her Masters of Public Health, but is known to us from her summer 2017 internship focusing on maternal and child health. She*

*brings an enthusiasm and the evidence based lens to apply to the work. She is also interested and savvy regarding social media and has started a Family Planning Instagram page to keep abreast with current trends.*

**4. Improve clinic efficiency by monitoring, scheduling, staffing, and revenue.**

*In 2018 we received:*

*a. Cost and fee analysis:*

*Through the NYS Family Planning training center, we received technical assistance to take an in-depth look at our fees and costs. A new fee schedule was implemented for the first time in six years, keeping us competitive and financially sound.*

*b. Technical assistance and review to prepare for value based payment system:*

*Technical assistance from the Healthcare Association of New York State (HANYNS) through Delivery Service Reform Incentive Payment (DSRIP) funding provided an in-depth look at the services we provide and the value they bring to the community. It was beneficial to see patients' top diagnosis codes outside of family planning. This information was instrumental in securing a contract with Fidelis.*

**2018 Highlights**

1. Screening Brief Intervention and Referral to Treatment (SBIRT) is a screening process to elicit information regarding alcohol and substance abuse by our patients, counsel on options to reduce use, and refer for services outside of our scope. Training was held for all clinical staff in 2018 and SBIRT screening was added as part of the intake process. This has been a big lift for staff, but having internal knowledge of and access to harm reduction services has been beneficial to increasing staff comfort.
2. Medication Assisted Treatment (MAT) was initiated after we received a Public Health grant in response to the high rate of overdose deaths in Greene County (one of the highest in NYS). Our clinic is uniquely situated as a "low threshold clinic," defined as a program where harm reduction strategies are a goal of services. In 2018, we identified a gap in providers prescribing buprenorphine; clients reported buying it on the streets because they could not access it anywhere in our county. In response, two NPs completed the required training, and in January 2019, we began offering MAT services with buprenorphine. Our first two patients were accessing routine family planning care when screening revealed they were current opioid users not in treatment.

By providing this service in our clinic, we are not only addressing the lack of Substance Use Disorder (SUD) providers, but helping at-risk clients to assess their reproductive life plan, including the decision to plan for a healthy pregnancy or prevent an unplanned pregnancy. Services also include screening and treatment for STDs, HIV, and Hepatitis C, for which clients are at increased risk. Our walk-in access reduces barriers to care and promotes an environment without stigma, and our approach of "No wrong door" creates another path for at-risk individuals in our community.

**3. Social Media and advertising:**

| INSTAGRAM (new)<br>Stats as of March 2019 |               |             |                |                |
|---|---------------|-------------|----------------|----------------|
| Followers                                 | Profile Views | Impressions | Website Clicks | People Engaged |
| 46  | 175           | 1,012       | 2              | 157            |

YouTube: A video was created to showcase the clinic and clinic staff. The wide reach of this video demonstrates that this is an effective way to engage people in the community.

<https://youtu.be/UMfTmAphd0Q>

| YouTube Video   |         |
|-----------------|---------|
| Impressions     | 109,119 |
| Engagements     | 70,032  |
| Click Thru Rate | .283    |

| Facebook       |         |
|----------------|---------|
| People Reached | 83,378  |
| Impressions    | 118,773 |
| Likes          | 222     |

Facebook:

In 2018 the greatest number of post likes came from:

- Females ages 18-24 (22,004 likes), and
- Males ages 18-24 (12,871 likes)

4. We were interviewed and staff was given credit in an article featured during breast cancer awareness month:  
<https://www.hudsonvalley360.com/article/breast-cancer-survivor-runs-awareness>
5. DSRIP: We were featured as a best practice for screening and follow up for depression and were asked to present on a DSRIP regional call. Through our participation in DSRIP, we now are sent a discharge summary from local emergency rooms when our patients are seen. This data sharing allows us to follow up with patients who we have not seen recently who may be in need of a checkup, and if we know they have no primary care provider, work towards connecting them to services.
6. Our poster presentation titled “*Improving Health Outcomes for Mothers and Babies in Greene County*” won first place at the New York State Perinatal Association annual conference in June 2018. This featured work started in July 2017 with our public health intern, now current health educator.
7. Student Interns: We continue to be a sought after site for students from multiple disciplines to learn about the work of Public Health in the community, hosting several nursing students from Columbia Greene Community College, The Sage Colleges, and SUNY IT in 2018.

The following is an excerpt from a Sage BSN student after spending a day in our clinic.

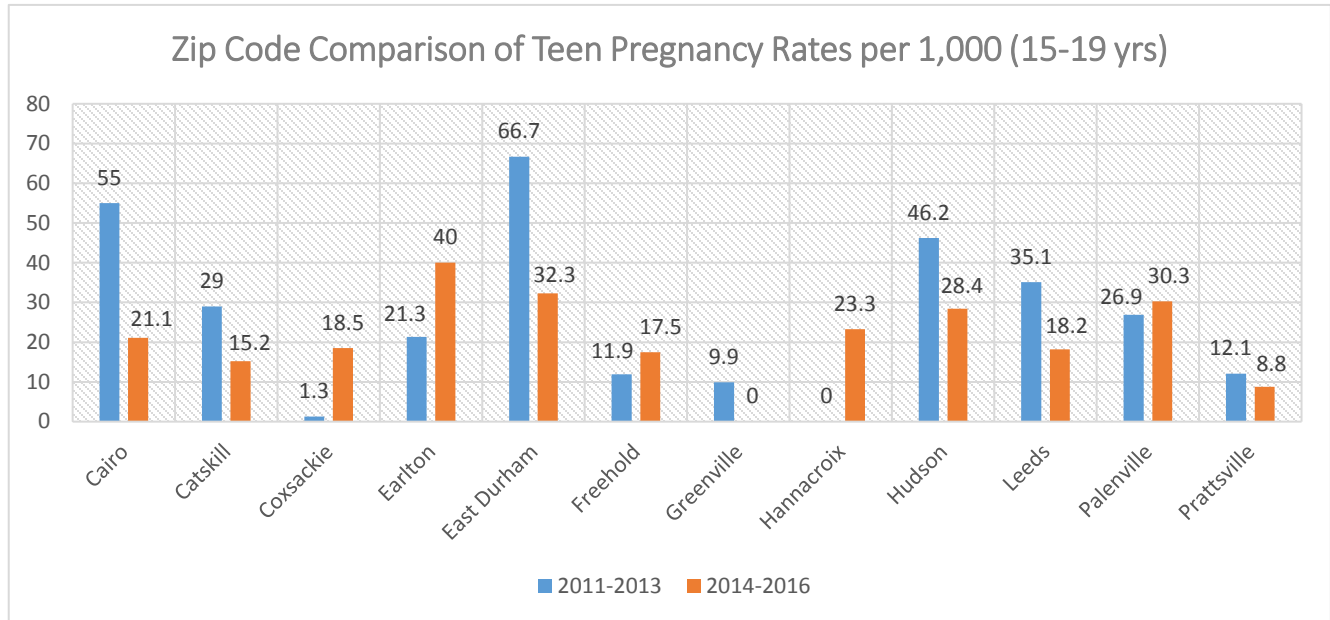
*“My clinical day at the Greene County Public Health’s Family Planning Clinic reignited my passion for respectful and ethical healthcare. In all interactions with clients the staff strove to provide care without bias or judgment to the clients seeking screening or treatment for STIs, diagnosis of pregnancy, HIV screening or pre-exposure prophylaxis (PrEP).*

*In my own nursing practice, I hope that I can gracefully navigate ethical dilemmas as the nurses and NPs at the Greene County Public Health Family Planning Clinic do. I am inspired by the quality of their patient education, devotion to follow up with clients in need, and deep respect for their patients’ choices. These principles should guide ethical healthcare practices at all institutions.”*

**2019 Challenges:**

- The following graph represents the changes in teen pregnancy rates within the towns we serve. Overall, the County rate decreased from 19.5% to 15.4%. The towns/school districts where we have had the most outreach efforts (Catskill, Cairo, and Greenville) show the

biggest drops in teen pregnancy rates. Based on this information, we will target those areas with significant increases, which include Hannacroix, Earlton, Coxsackie, and Freehold.



Source: NYS Vital Statistics Data 2011-2013 from June 2015 and 2014-2016 from June 2018

### 2019 Goals:

- Stay abreast of programmatic and training requirements that may accompany the initiation of the new Title X guidelines, including a competitive grant re-application.
- Begin providing telehealth services to facilitate access to our services, and provide cost savings for our clients while maintaining revenue.
- Improve screening for intimate partner abuse and human trafficking.
- Partner with our mental health and substance abuse community providers to improve recovery for patients seen for opioid use disorder treatment.
- Target our outreach to the communities and schools identified above through social media, community events, and in-school events to increase knowledge and access of our services and decrease teen pregnancy rates in the long term.

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

Respectfully submitted,

Laura Churchill, DNP, FNP-BC, Deputy Director of Public Health/Director of Clinical Services