

Greene County Family Planning 2020 Annual Report

MISSION STATEMENT: *Providing confidential, compassionate, and professional care, we strive to promote positive health and sexual behaviors through education, prevention, and treatment.*

For 48 years Greene County Family Planning (Family Planning) has been a trusted source of reproductive health care for men, women, and teens of Greene County.

Coronavirus (COVID-19):

In 2020, the COVID-19 pandemic forced us to change our business model, meet our clients where they were, and provide the best care possible. Despite multiple constraints, our clinic remained open every day for in-person urgent needs. In March, we implemented a telemedicine model of providing care to enhance in-person care. Telemedicine provided a secure platform to see patients in their homes and provide ongoing support to all patients, but especially those in our Medication Assisted Treatment (MAT) program. The number of overdoses in Greene County went up dramatically in 2020, and the demand for our MAT services rose as well. Greene County Family Planning remains one of the only sources of reproductive health care in Greene County, and the only provider of low threshold access to life saving MAT for opioid use disorder.

In 2020 we saw 1,037 clients for 2,770 visits, including 539 telemedicine visits (19.4% of all visits). While the total number of clients seen was down 24% from 2019, we had a 34% increase in MAT visits in April 2020 at the onset of the pandemic and continued to add new MAT clients, a reflection of the growing opioid crisis in the community.

2020 Challenges/Barriers:

1. Access to services: COVID-19 health and safety protocols greatly diminished access to clients; to offset this, we initiated telehealth services. This was well received and has continued to be an option for health care delivery today.
2. COVID-19 screening: The increased scrutiny needed to screen incoming clients for illness, and not offering walk-ins contributed to a decrease in visits. Initially we did not allow walk-ins so that we could prescreen for COVID-19, but we are happy to be offering them again.
3. Free condom access: Prior to COVID-19, clients and the public could access free condoms at our front desk. To reduce exposure and barriers, we moved condoms to the rear entrance of the county building.
4. Teens: The pandemic provided barriers to obtaining care especially for adolescents who were not in school. Our health educator was unable to provide in-person outreach after March. As a result, the numbers of teens (19 and under) attending our clinics fell by 28%. In an effort to counteract this, we released a YouTube video (<https://youtu.be/5kVR3SbuJIs>) highlighting our telemedicine services, which ran from June through November. The video had a unique reach of 135,035 people for a total of 135,053 impressions, for a video completion rate of 98.5%.
5. STD diagnosis and treatment: During 2020, gonorrhea rates went up by 57% in Greene County. If left untreated, Gonorrhea is an infection that can lead to health complications and poor reproductive outcomes. In an effort to overcome this, we promoted the expanded CDC policy of expedited partner treatment for gonorrhea and trichomoniasis, and began to dispense gonorrhea treatments for partners directly from our pharmacy stock to reduce rates.

6. **Funding:** The New York State Family Planning program withdrew from the federal Title X program. Fortunately the loss of federal funds was offset by the NYSDOH, keeping our grant at the same rate.
7. **Staffing:** The workload from the pandemic was undertaken by all branches of Public Health including Family Planning. From the beginning, Family Planning staff collaborated and volunteered to work weekends to support COVID-19 contact tracing efforts, deliver quarantine orders, and answer phones. In 2020, Family Planning staff provided 2,567 hours for COVID-19. This increased workload was in addition to staffing shortages due to one Nurse Practitioner’s medical leave and another’s retirement.

Despite the above barriers, the goals for 2020 were modest and achieved:

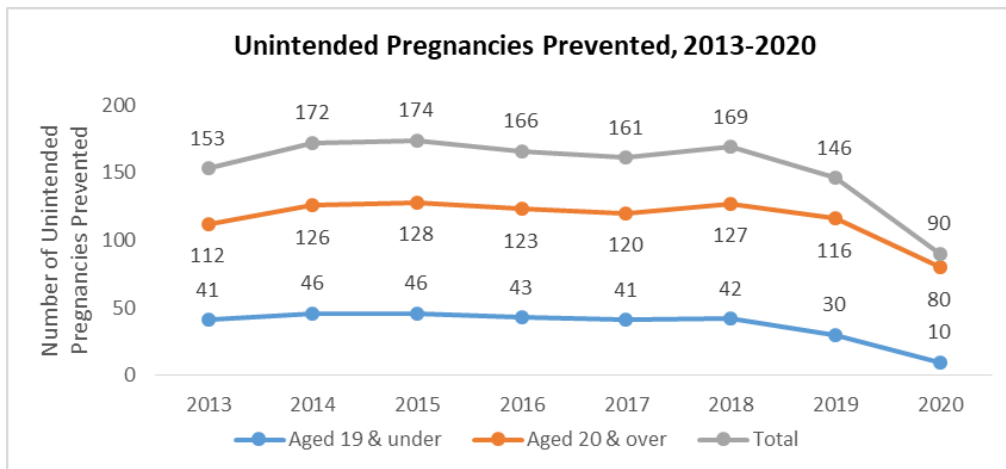
1. Continue to provide safe, confidential care through clinic visits and telemedicine to meet the needs of the community we serve in spite of the obstacle of the pandemic.
2. Maintain fiscal responsibility to the community by maximizing our resources and working diligently to keep costs down, and still provide safe compassionate care.
3. In July 2020, Family Planning and Greene County Mental Health began meeting bi-weekly with the goal of increasing collaboration to improve access for our clients. Staff sent bi-directional referrals using the same electronic medical record, Medent, which led to improvements in care for some of the most vulnerable citizens of Greene County. The goal of co-location of services was advanced in 2021 with an MSW and NP seeing clients in the Family Planning clinic in Catskill.

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

Prevent unintended pregnancies and promote and plan healthy births:

We offer a range of effective to highly effective contraceptive methods with same day access, low cost, and counseling to plan a healthy pregnancy.

The table below shows how this clinic’s work prevents unintended pregnancies. The number of pregnancies averted by use of family planning services was calculated by Ahlers software. It is accomplished by estimating the number of pregnancies expected in the absence of the program (on the basis of preprogram contraceptive use) and subtracting the number of pregnancies expected among women using contraceptives.



(Ahlers data annual report, Greene County Family Planning, 2013-2020)

Translated into dollars:

- In one year, the program has saved:
90 (2020 total) x \$12,770* = \$1,149,300 x 52% = **\$597,636****
- Over eight years, the program saved:
1,231 (2013-2020 total) x \$12,770* = \$15,719,870 x 60% = **\$9,431,922****

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 (923), gonorrhea (924), HPV, and herpes. Because of COVID-19, the number of STD tests performed was down by 21%.

All at-risk clients are encouraged to be screened for HIV. In 2020, 787 clients were given pretest counseling with 446 HIV tests performed. Our rates of HIV testing went down by 19%.

We counsel on abstinence as primary prevention, then encourage the use of condoms and 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:

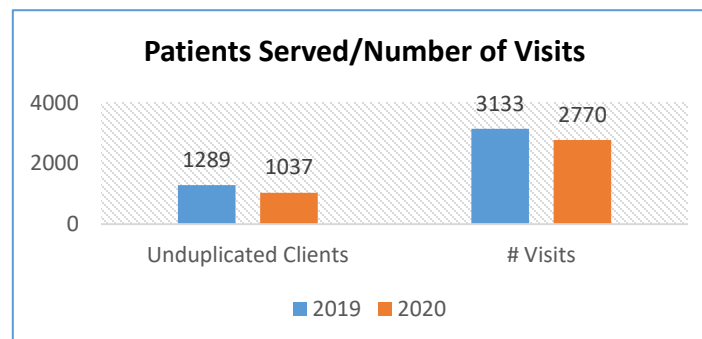
All clients, men and women, are asked about their reproductive life plan, helping them determine when they want to have their first child. We counsel and assist them to improve their health prior to conception by quitting smoking, avoiding illicit drugs, controlling their diabetes, high blood pressure, and obesity. We have a strong referral system with our Public Health Maternal Child Health nurse who follows ante- and postpartum women, and local OB providers to ensure they and their babies have the healthiest outcomes. Women who were actively using heroin were successfully referred into treatment for their opioid use disorder and OB care and had successful outcomes.

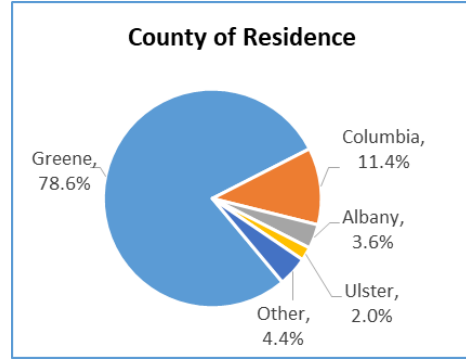
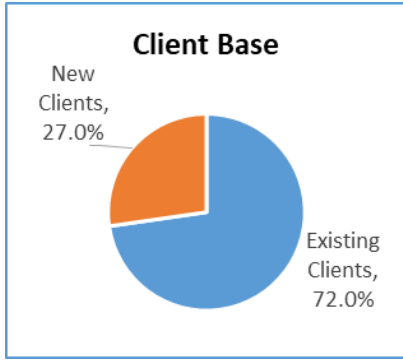
Facilitate early detection and treatment of reproductive cancers.

Women are screened for cervical, thyroid, breast, skin, endometrial and ovarian cancers; and while much rarer, we screen men for testicular and breast cancer. Since we are a small clinic, our patients are followed to make sure they are seen and cared for by specialists. One of our Nurse Practitioners offers colposcopy on-site, and performed 29 in 2020.

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

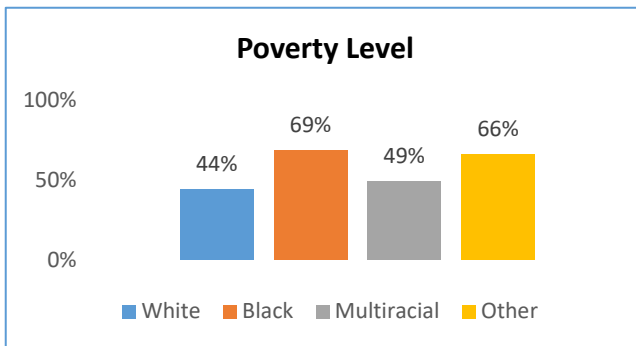
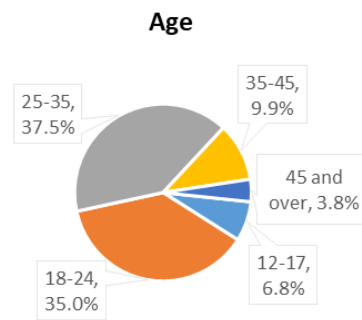
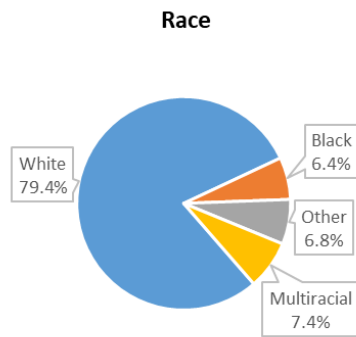
Demographics:



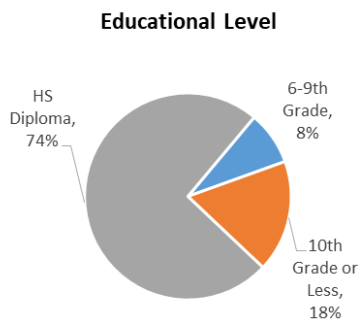


While grant funded for Greene County, we also serve the surrounding areas.

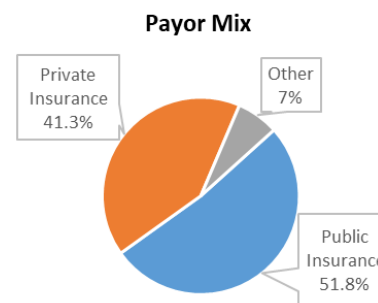
We continue to serve those with the highest needs as required by our grant:



- **Income:** 44% to 69% of our clients are at or below 100% of the federal poverty level; depending on their racial identity.



23% of our clients have less than a high school education.



51.8% of our clients use publicly sponsored health insurance, while 41.3% use private insurance, indicating that we are not reaching our target population.

- High risk zip codes: Catskill-25.6%, Cairo-7.7%, Hudson-6.2%, Coxsackie-5%, Greenville-3.5%, and Leeds 3.4% match our top numbers of teens seen who are at highest risk for pregnancy matched five of the top six high risk zip codes identified by the NYSDOH.

We attempt to be fiscally sound by:

- Enrolling uninsured clients in eligible health plans using our on-site certified application counselor,
- Billing third party insurances, and
- Making sure all claims are accurate and timely. All revenue we generate is used to offset the county share for our services.

Because we are not a mandated county service, we are mindful of the costs to the taxpayers of Greene County and look for opportunities to remain sustainable.

- In 2020, we generated the majority of our revenue from third party health insurance billing.
- By participating in the Delivery Service Reform Incentive Payment (DSRIP) program, we earned over \$113,213 in additional revenue of which \$14,460 was reimbursement for MAT services.
- Through offering MAT for patients with opioid substance use disorder, we generated \$85,131 in additional revenue, and received a \$37.5K in grant funding from the Healing Community Study to support a per-diem Nurse Practitioner providing MAT services.

Goals for 2021:

- Increase access for minorities applying a reproductive justice framework
- Explore the option of adding a second clinic site by co-locating with Greene County Mental Health
- Partner with Greener Pathways to provide mobile services via telemedicine and the Van
- Advertise STD prevention and treatment to reduce rates
- Attract new clients
- Secure support for reimbursement for telemedicine, and advocate for expansion of internet band width supports so clients can access our services remotely

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