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DATE: DECEMBER 29, 2008

TO: FAMILY PLANNING, ACCESS, CARE, AND TREATMENT)
PROVIDERS (FAMILY PACT)

SUBJECT: FAMILY PACT PROGRAM LETTER 08-04, FAMILY PACT *CLINICAL PRACTICE ALERTS*:

- PRECONCEPTION CARE AND FAMILY PLANNING SERVICES
- HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND FAMILY PLANNING SERVICES

The Office of Family Planning issues *Clinical Practice Alerts* to provide guidance to Family PACT providers on current clinical and programmatic issues. The two enclosed *Clinical Practice Alerts* have been developed to provide state-of-the-art information on the following topics:

- Preconception care services in the family planning setting derived from 2006 Centers for Disease Control and Prevention (CDC) recommendations; and
- HIV screening, based on 2006 CDC recommendations and consistent with guidelines from the California Department of Public Health's Sexually Transmitted Diseases Control Branch and the Office of AIDS.

You are encouraged to share this information with all of the clinicians and health education counselors in your practice that provide care to Family PACT clients.

Clinical Practice Alerts provide an interpretation of the Family PACT Program Standards. Providers should refer to the *Policies, Procedures, and Billing Instructions* manual for the complete text of the standards, official administrative practices, and billing information. For the purposes of this and other *Clinical Practice Alerts*, the term "shall" indicates a program requirement while the term "should" is advisory and not required.

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Additional copies of these documents and resources such as the Family PACT Benefit Grid can be downloaded from our Web site at: www.familypact.org. If you have questions or comments regarding these *Clinical Practice Alerts*, please contact Michael Policar M.D., M.P.H., Chair, Family PACT Clinical Practice Committee, at (916) 650-0424.

Thank you for participating in the Family PACT Program. We hope these *Clinical Practice Alerts* are useful to your practice.

Sincerely,

ORIGINAL SIGNED BY

Laurie Weaver, Chief
Office of Family Planning

Enclosures

PRECONCEPTION CARE AND FAMILY PLANNING SERVICES

While most women are seen in family planning clinics with the intent of *avoiding* pregnancy, there are distinct opportunities to provide education and counseling regarding a healthy pregnancy, if and when the client chooses to become pregnant in the future. Family PACT has adopted the following policies, which are based upon 2006 Centers for Disease Control and Prevention recommendations.¹

KEY POINTS

- The goals of preconception care are to optimize the woman's health, to minimize risks during pregnancy to her and to her fetus, to improve pregnancy outcomes, and to provide information to make informed decisions about future reproduction.
- Unplanned pregnancies can pose a risk to the woman and/or fetus due to exposure to reversible and preventable risk factors.
- There are several situations in which preconception care can be addressed as part of family planning services. The most important opportunities are at visits for pregnancy testing, removal of an intrauterine contraceptive or implant, during a visit for infertility, and when providing care to women with Type I and II diabetes mellitus.
- Women seen at initial and health screening visits should be asked key questions about their current "reproductive life plan."

QUESTIONS AND ANSWERS

What is preconception care?

There has been increased recognition that achieving a healthy pregnancy outcome is strongly influenced by a woman's health status and lifestyle prior to conception. Preconception care is a set of interventions that focus on health promotion and disease prevention in women of childbearing age intended to improve the health status of a woman *and* that of her fetus/newborn.

Why is birth spacing important?

A shortened inter-pregnancy interval is defined as less than 18 months from the last delivery to the next conception. There is a correlation between a shortened inter-pregnancy interval and increased medical risk to both the mother and her child.² Therefore, a vital component of family planning care includes the effective use of a contraceptive method until the next pregnancy is intended.

What is a "reproductive life plan?"

It is a set of personal goals about having (or not having) children based on personal values and resources, and a plan to achieve those goals. Questions that should be asked during the initial comprehensive health history, and at subsequent updates, include:

- Do you hope to have any (more) children? How many children do you hope to have?
- How long do you plan to wait until you (next) become pregnant?
- How much space do you plan to have between your pregnancies?
- What do you plan to do until you are ready to become pregnant?
- What can I do today to help you achieve your plan?

Why is preconception care an especially important issue for family planning providers?

Ideally, prenatal care begins before conception. Providers who see women for family planning visits have contact with women of childbearing age that allow for several "teachable moments." Since about half of all pregnancies in the United States are unplanned, preconception care can be addressed even if the client states that she is not planning a pregnancy now.

What should be done at a visit that includes preconception care?

The recommended components of preconception care are a review of current and past medical conditions and infectious diseases, prior immunizations, possible teratogen exposure (including prescribed and non-prescription drugs and environmental toxins), genetic issues, nutrition, domestic violence, smoking and alcohol use, substance abuse, psychosocial issues, and financial planning.

- Daily use of folic acid 0.4 mg tablets should be recommended at least three months prior to conception. While not a Family PACT benefit, it is inexpensive and can be purchased in any pharmacy without a prescription. Or, if the client is using a multi-vitamin, select one that includes folic acid.
- Women who smoke cigarettes should be advised to quit and offered appropriate referrals for smoking cessation programs.
- Advise women attempting pregnancy to stop (or at least minimize) consumption of alcoholic beverages.

Should patients have a dedicated preconception care appointment?

While it is unusual for a non-pregnant woman to visit her provider for the express purpose of evaluating her health before she becomes pregnant, preconception assessment and counseling is a Family PACT benefit (use the S50 primary diagnosis code).

¹ CDC Morbidity and Mortality Weekly Report <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

² Conde-Agudelo A, et. al., Birth Spacing and Risk of Adverse Perinatal Outcomes A Meta-analysis. JAMA. 2006;295:1809-1823.

PRECONCEPTION CARE AND FAMILY PLANNING SERVICES (CONT.)

What are the opportunities for addressing preconception care within the context of the Family PACT Program?

- After a positive pregnancy test result, the client should be advised regarding the immediate initiation of folate and cessation of alcohol use and cigarette smoking. For women planning to continue their pregnancies, sexually transmitted infection (STI) screening, including human immunodeficiency virus (HIV) screening, should be *deferred* until initiation of prenatal care in order to avoid duplication of services.
- Women who have a negative pregnancy test and who are attempting pregnancy, those seen for infertility services, or women who are having an intrauterine contraceptive or implant removed for the purpose of becoming pregnant should be offered preconception education and advice. Some experts also recommend an HIV serology for women at risk before beginning infertility evaluation and treatment, as a positive result may affect the client's decision to proceed.
- Women known to be Type I or Type II diabetics who are seen for family planning services should be reminded of the importance of blood sugar control before pregnancy, even if they are not currently attempting pregnancy.
 - Confirm that a relationship exists with a primary care physician who is involved in the medical management diabetes, and if not, to refer for same.
 - Unless performed recently, women with risk factors should be referred for screening for Type II diabetes before becoming pregnant, including clients with:
 - Overweight or obesity (body mass index greater than 27)
 - Polycystic ovarian syndrome (PCOS)
 - A first degree relative with diabetes
 - A history of gestational diabetes or a pregnancy outcome suspicious for Type II diabetes such as baby born greater than nine pounds or an unexplained stillbirth

APPLICATION OF FAMILY PACT STANDARDS

1. Informed Consent

- Clients shall be advised of the availability of contraceptive services and STI prevention and management services including education and counseling, testing, and treatment.
- The consent process shall be provided in a language understood by the client and supplemented with written materials.

2. Confidentiality

- Clients shall be advised that California law mandates reporting of HIV, syphilis, pelvic inflammatory disease, gonorrhea, and chlamydia to the local health jurisdiction for prevention, control, and, in some cases, contact management. Client information shall be reported on the Confidential Morbidity Report within seven days of identification.

3. Access to Care

- Contraceptive and STI services shall be provided without cost to all Family PACT clients.
- Referral resources for medical and psychosocial services beyond the scope of Family PACT, including domestic violence and substance abuse, shall be made available to clients. Services not listed in the Family PACT *Policy, Procedures, and Billing Instructions* (PPBI) are not reimbursable by the program.

4. Availability of Covered Services

- Family PACT providers must provide access to, or referral for, contraceptives listed in the PPBI and offer timely, basic STI prevention and management onsite.
- Screening, testing, and treatment for STIs as listed in the PPBI shall be made available to clients as a condition of delivering services under Family PACT.

5. Scope of Clinical and Preventive Services

- Clinicians delivering services are expected to have professional knowledge and skills about medical practice standards pertaining to contraceptive services and STI prevention and management services.
- Documentation shall record clinical findings and justification for services in medical record.

6. Education and Counseling Services

- Clients shall receive education on protecting their reproductive health and plans for future pregnancy.
- Client-centered prevention and STI and HIV risk-reduction counseling and education shall be provided.
- Individual education and counseling shall be provided for all clients as set forth in the PPBI.

PROGRAM POLICY

This alert provides an interpretation of the Family PACT Standards regarding care of adolescent clients: Providers should refer to the Family PACT PPBI for the complete text of the Family PACT Standards, official administrative practices, and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term "shall" indicates a program requirement; the term "should" is advisory and not required.

RESOURCES FOR INFORMATION ON PRECONCEPTION CARE

- Korenbrot CC, et al. Preconception Care: A Systematic Review. *Maternal and Child Health Journal* 2002; 6(2):75-88.
- March of Dimes Preconception Health and Health Care <http://www.marchofdimes.com/professionals/19695.asp>.
- Information on folate: <http://dietary-supplements.info.nih.gov/factsheets/folate.asp>.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING AND FAMILY PLANNING SERVICES

Seventy-two percent of new HIV infections in the United States are acquired through sexual transmission, and consequently, family planning service providers play an important role in making HIV screening available to clients. Family PACT has adopted the following policies for HIV screening, which are based upon 2006 Centers for Disease Control and Prevention (CDC) recommendations and consistent with guidelines from the California Department of Public Health's Sexually Transmitted Diseases Control Branch and Office of AIDS.

KEY POINTS

- While 25 percent of people with HIV do not know they are infected, a majority of HIV cases are transmitted by these individuals. After people become aware they are HIV-positive, the prevalence of high-risk sexual behaviors have been shown to decrease.
- The CDC recommends that all adults ages 13-64 know their HIV status and have one HIV screening test as part of routine clinical care offered in a variety of health-care settings, including family planning visits.
- Repeat targeted testing should be offered at least annually for those at high risk of acquisition of HIV infection.
- California law permits opt-out HIV testing -- bypassing the requirement for special counseling or written consent. Opt-out screening increases testing rates, leads to increased treatment for HIV at earlier stages, and is cost-effective.
- The option of rapid HIV testing should be available in sites where there is a significant risk that clients will not return for laboratory test results or where there is a high prevalence of HIV infection.

QUESTIONS AND ANSWERS

Who should be screened with an HIV test?

Screening for HIV infection should be performed once for all clients aged 13–64 years, irrespective of their personal risk factors, unless prevalence of undiagnosed HIV infection in your practice is documented to be <0.1 percent.

- In the absence of existing data for HIV prevalence, providers should initiate routine HIV screening until they establish that the diagnostic yield is less than 1 per 1,000 clients screened, at which point routine screening is no longer warranted.
- Women who receive prenatal care are routinely screened for HIV unless they opt-out of testing. If a prenatal HIV test is negative, further routine HIV screening is not necessary unless one of the re-screening criteria is present.

How often should clients be re-screened?

Health-care providers should screen all persons likely to be at high risk for HIV at least annually.

- Persons likely to be at high risk include injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and men having sex with men or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.
- Health-care providers should encourage clients and their prospective sex partners to be tested before initiating a new sexual relationship.

What is the rationale behind the CDC's 2006 HIV screening recommendations?

Most HIV-infected people access health care, but many are not tested for HIV until they are symptomatic. The primary motivation for the change in HIV screening guidelines is to achieve earlier diagnosis of HIV infection, since

- Effective treatment is available and survival rates are longer when treatment is initiated earlier in the course of the infection; and
- Awareness of HIV infection in most individuals will result in a reduction in high-risk sexual behaviors.

What is Opt-Out HIV screening?

Opt-out HIV screening is performing HIV screening after notifying the client that the test will be performed and that the client may elect to defer or decline testing. Consent is inferred unless the client declines testing.

What are the new consent requirements for HIV screening in California?

Effective January 1, 2008, separate written consent is no longer required.¹ Providers must inform clients verbally that:

- HIV testing is planned
- Information about the test will be provided
- Information about treatment options and further testing needed will be given
- The client has the right to decline the test
- If a client declines the test, the provider must note that fact in the client's medical record

What tests are covered under Family PACT?

- Rapid and conventional Food and Drug Administration-approved HIV diagnostic tests for HIV-1, HIV-2 and HIV-1&2 are covered for women through age 55 and men through age 60 under Family PACT.

Because epidemiologic data indicate that the prevalence of HIV-2 in the U.S. is extremely low, CDC does not recommend routine HIV-2 testing in the U.S.² Therefore, the clinician should order a test for HIV-1 *only*, unless the client is from West Africa (where HIV-2 is endemic) or has sex partners from endemic areas, has sex partners known to be infected with HIV-2, or has received a blood transfusion or non-sterile injection in a West-African country.

1. HIV/AIDS testing, Assembly Bill 682 http://www.leginfo.ca.gov/pub/07-08/bill/asm/ab_0651-0700/ab_682_bill_20070918_enrolled.html

2. HIV Type-2 <http://www.cdc.gov/hiv/resources/Factsheets/hiv2.htm>.

HIV SCREENING AND FAMILY PLANNING SERVICES (CONT.)

Should rapid HIV testing be available in my practice or clinic?

Family PACT recommends that clinics make rapid testing available (in addition to conventional testing) if a significant percentage of clients will not return for results or a high HIV prevalence is known to exist at the site.

- Rapid tests (such as OraQuick, Uni-Gold, and Clearview Complete) provide results in about 30 minutes, using Clinical Laboratory Improvement Act (CLIA) waived tests. All of these tests have between 99-100 percent sensitivity and specificity. The OraQuick test can be performed with an oral fluid sample.
- If a result is negative, no further testing is required. A reactive rapid test result is considered to be a “preliminary positive” and must be verified with a (serum) confirmatory test before informing the client of a “confirmed positive” result.

How should a confirmed positive HIV test result be given to the client?

- Results should be stated in a direct, neutral tone. Wait for the patient’s response, and provide for any immediate needs. Most patients are not completely surprised by the test result.
- Address individual needs and concerns
 - Ensure that the patient has a local emotional support network, such as friends, family, partner, or counselor
 - Discuss HIV transmission and treatment, risk reduction, partner notification, and medical care
- Make a short term plan
 - Ask what the client what she or he will do after leaving your office
 - Provide specific, appropriate, written clinical, behavioral health, and social services referrals
 - Provide Partner Counseling and Referral Services (PCRS) to the client.
 - Assess if client has any current or past partners that they would like to notify of possible exposure to HIV.
 - Discuss PCRS disclosure options (self, dual and anonymous third-party notification). Ask if they are planning to disclose their HIV status themselves and assess if they feel prepared to so, or if they would like assistance from the local health department in notifying their partners of exposure while they remain anonymous.
- Documentation in the medical record of the disclosure session should include:
 - Results of the test and a brief summary of the content covered in the counseling
 - Assessment of patient’s emotional/mental status; and
 - Referrals made and plans for future services
- Complete the Adult HIV/AIDS Confidential Case Report and submit to your local health jurisdiction.

APPLICATION OF FAMILY PACT STANDARDS

1. Informed Consent/Language Competence

- HIV screening is included in the general consent for services and does not require a separate written or verbal consent.
- The client must be advised of the right to defer or decline the HIV test.
- The general consent process shall be provided in a language understood by the client.

2. Confidentiality

- Clients shall be advised that California law mandates reporting of HIV as well as syphilis, pelvic inflammatory disease, gonorrhea, and chlamydia to the local health jurisdiction for prevention, control, and, in some cases, contact management. Client information shall be reported on the Confidential Morbidity Report within seven days of identification.

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- Screening, testing, and treatment for STIs as listed in the PPBI shall be made available to clients as a condition of delivering services under Family PACT.

5. Scope of Clinical and Preventive Services

- Clinicians delivering services are expected to have professional knowledge and skills about medical practice standards pertaining to contraceptive services and STI prevention and management services.
- Documentation shall record clinical findings and justification for services in medical record.

6. Education and Counseling Services

- Client-centered STI/HIV risk-reduction counseling and education shall be provided.
- Individual education and counseling shall be provided for all clients as set forth in the PPBI.

PROGRAM POLICY

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RESOURCES FOR INFORMATION ON (SUBJECT)

- MMWR. *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. September 22, 2006, Vol. 55, No. RR-14 <http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>.
- California STD/HIV Prevention Training Center. *Testing for HIV Infection: A Curriculum for Medical Providers in CA*, http://stdhivtraining.org/resource.php?id=190&ret=clinical_resources.