A New Vision for Family Planning and Women’s Health Centers
pathways for success + sustainability
Background

As the lead administrator of the Title X family planning program in California – the nation’s largest Title X network - California Family Health Council (CFHC) helps support 66 health care organizations provide quality sexual and reproductive health care at more than 340 health centers collectively serving more than one million women, men and teens each year. Out of this expansive Title X provider network, CFHC distributes Title X funds to seven Planned Parenthood affiliates and two stand-alone family planning and women’s health care organizations operating 110 health centers. Family planning patients at these organizations represent more than 70% of all Title X patients served in California.

In 2013, CFHC launched an initiative to explore pathways for success and sustainability for family planning and women’s health care providers as the health care environment shifts and evolves over the next several years. As part of this initiative, CFHC convened CEOs and other administrative and clinical service leaders from these organizations in the fall of 2013 to explore viable pathways for adapting to changes in the health care landscape and public policies needed to support them. Convening content was created from individual interviews conducted with participating CEOs. CFHC later developed an action planning tool to support a deeper dive into outlining the steps and resources needed to support and advance a particular pathway. Participants were also offered a consulting coach to help guide organizational leaders through the action planning tool and process.

In the spring of 2014, family planning and women’s health center leaders reconvened to discuss trends observed since the first wave of outreach and enrollment into Medi-Cal, California’s Medicaid program and Covered California, the state’s insurance marketplace. Participants also shared progress made over the six month period in between convenings and challenges that remain. Health care reform experts presented best practices and tools for better health outcomes, data and market analysis and revenue generation and led participants through a discussion of a shared vision for family planning and women’s health centers over the next ten years.

This report highlights the pathways for success and sustainability discussed throughout the initiative and the challenges that must be overcome for family planning and women’s health centers to remain vital access points for care in the communities they serve.
The Patient Protection and Affordable Care Act (ACA) served as a catalyst for health system reforms that have been evolving for decades. The health care system is moving from rewarding and reimbursing volume to linking payment to value and quality. This has prompted providers and payers to develop new ways of working together to deliver care and measure patient health outcomes. The “Triple Aim” of improving health outcomes and patient satisfaction with their health care while reducing costs, continues to drive changes that are supported by the ACA. Trends toward integration of services demand greater collaboration and coordination among providers than ever before. Efforts to improve patient-centered care also require knowledge of a patient’s preferences and priorities. Shifts toward population management have sparked a need for more sophisticated data reporting about health status, quality of care and resource use.

Family planning and women’s health market and utilization trends that pre-date the ACA had already begun to impact health center revenue and service delivery. Clinical guideline changes regarding the annual “well-woman” visit and less frequent Pap smear testing along with new regulations allowing over-the-counter dispensing of emergency contraception reduced utilization of traditionally high-volume services. Increased use of long-acting reversible contraceptives has also contributed to an overall decrease in patient visits. In addition, budget reductions to the federal Title X family planning program and state-level changes to family planning program benefits and coverage have contributed to a reduction in health center revenue at a time when significant investments are being made to support and expand the primary care safety net.

In California, ACA implementation has already impacted family planning and women’s health providers and their patient populations. Changes in the Medi-Cal program facilitated increased eligibility for Californians living at or below 138% of the federal poverty level and continue to shift service delivery toward a private “Managed Care” model. Some family planning and women’s health centers in California estimate that up to 50% of patients now receiving care through Family PACT (the state’s family planning program) could transition into Medi-Cal, which offers much lower reimbursement rates. In addition, some also estimate that about 30% of their patients could move from Family PACT to private insurance with subsidies through Covered California – the state’s insurance marketplace – enabling and often requiring these patients to choose a new provider. Family planning and women’s health centers are also facing increased competition as more health care organizations are incentivized to provide family planning services to qualify as a full-service patient centered medical home.
Shifts in the health care economy and market trends rewarding care integration and pro-active population management compel family planning and women’s health providers to envision, redefine and clarify their optimal role in the mainstream health care system. Family planning and women’s health providers have historically operated in a highly specialized (sub)market, relying primarily on public family planning funds to care for growing and increasingly complicated patient populations.

In the past, family planning and women’s health providers largely had limited exposure to health plan contracting and generally have not participated in care coordination or population management with primary care providers. Prior to the implementation of the ACA, family planning and women’s health providers served primarily as safety net providers providing a limited scope of services to a defined – mostly uninsured - patient population. Their business model was based on an alignment of their organizational missions and the health care services that could be linked to a reimbursement mechanism. For family planning and women’s health centers in California, that largely meant providing services covered and reimbursed by Family PACT.

With millions of Californians gaining coverage as a result of the state’s implementation of the ACA, family planning and women’s health providers have expanded opportunities to:

- Diversify their reimbursement mechanisms
- Offer a wider range of services to a growing, newly insured population
- Enhance partnerships and contribute added value to their local health systems

Family Planning and Women’s Health Centers Play an Essential Role in the Health System

In 2013, the 110 Title X funded family planning and women’s health centers in California collectively served more than 830,000 women, men and teens. As mentioned earlier, this represents more than 70% of all Title X patients in the state. Heavy reliance on family planning and women’s health centers for comprehensive, quality sexual and reproductive health care is not only a California phenomenon. Nationally, four out of ten patients report that they visit these essential community providers as their only source of care. Six in ten patients report wanting their sexual and reproductive health care needs met at family planning and women’s health centers, even if they access other health services elsewhere.
Don’t wait until you think you have it perfect. Start and things will change and doors will open and you will have opportunities to expand.

Health care reform efforts heavily rely on primary care as a vehicle to improve quality, provide patient-centered care and reduce costs associated with inappropriate use of specialty and inpatient care. Purchasers and health plans are investing in primary care innovation, with an expectation that shifting resources to primary care-based population management and care coordination will improve care and reduce costs. Provider networks are centered on primary care and generally provide family planning services within the context of family medicine or as a specialty service offered by obstetric and/or gynecology providers. Family planning and women’s health centers in California are working to identify their optimal role in an increasingly integrated primary care system.

At this time, very few family planning health centers in California offer comprehensive primary care. Although some communities in California are saturated with primary care providers, there are communities with a clear need for additional primary care providers or for providers that will accept Medi-Cal patients in their practices. Results from patient surveys conducted by family planning and women’s health providers overall show that the majority of their family planning patients want to receive comprehensive primary care from their facilities. As a result, many have been carefully weighing the decision to begin providing comprehensive primary care and some have already begun to expand their scope of services to include some level of primary care. While it is not realistic or ideal to permanently limit primary care expansion to low-acuity conditions or a limited set of services, some providers are starting with a “primary care light” model as a realistic way to enter the primary care arena.
Strategic Considerations

Identify Revenue to Start Up Primary Care
Expanding a family planning health center’s scope of services to include comprehensive primary care requires contracting with payers in order to generate revenue, but contracting with payers requires a primary care track record including data about utilization, cost and quality. Family planning and women’s health centers that have started to offer primary care services have done so by generating alternative revenue to fund the initial phase of the scope expansion while they pursue long-term payer contracts. Additionally, family planning providers are often eligible Medicaid providers and can leverage Medicaid billing as a transitional source of income while they build a more diversified payer panel. This initial funding generally includes fundraising through individual donors, foundation grants and patient revenue.

Expand and Evolve Primary Care Delivery
Family planning and women’s health centers that have been offering comprehensive primary care at some locations are under pressure to expand services to meet the growing need in other regions. For these centers, the strategic considerations are about organizational capacity, projected patient profile and anticipated return on investment. In addition, some of these health centers are now considering pursuing NCQA Patient Centered Medical Home (PCMH) recognition as a way to show capacity to participate in advanced primary care networks and anticipated state and federal pay-for-performance programs and other initiatives.

One Size Does Not Fit All
Family planning and women’s health centers serving multiple communities often operate in vastly different health care markets. Patient, provider and payer profiles can often make primary care expansion feasible in one region, but nearly impossible in another. Family planning and women’s health centers are creating agency-wide strategic initiatives that might include integrating comprehensive primary care in one region, developing creative business partnerships in another and expanding sexual and reproductive health specialty services in another service area.

Key Questions
1. Is there a need for primary care providers in your region?
2. Are your patients interested in receiving primary care from you?
3. Are there payers in your region that need to add provider capacity to their networks?
4. Do you have appropriate staff, Board members and financial capacity to make the necessary changes?
Offering Primary Care

A stand alone urban family planning and women’s health center’s Board of directors approved the integration of primary care into current practice after nearly three years of planning. The planning phase included a regional needs assessment, analysis of operations data, fundraising and in-depth education and deliberation with the staff and Board. The health center also spent time and resources addressing staff capacity for change and helping staff and volunteers see the long-term vision and how they fit into the work being done. The health center launched primary care services in 2014 using a “retail” primary care model, focusing on existing patients ages 12 – 65 – who pay a set fee per visit. At the same time the health center worked to secure contracts with local health plans eager to add primary care capacity to their networks. In addition, this health center is working to expand its behavioral health services and working on securing additional contracts for these services, which are in high demand in the region.

Lessons Learned

- There is a clear need for primary care services among the existing patient population and they are happy to access this care from their sexual and reproductive health provider.

- Health plan contracting is a lengthy process, even when there is interest on both sides.

- Anticipate hiring needs as much as possible, including existing staff role changes or expansions.

- Contracting for ancillary services, such as lab and imaging can be a challenge and should be addressed early in the process.
Family Planning and Women’s Health Providers: Adding Value as Health System Partners

Family planning and women’s health centers are established, trusted partners in the communities they serve. In the past however, the majority of partnerships they have engaged in have been informal and not clearly defined. Family planning and women’s health centers are finding current and emerging market trends are enabling new and innovative partnerships. In order to achieve long-term sustainability, some providers are developing formal financial partnerships to increase and diversify revenue sources and ensure coordinated and continuous care for their patients.

Strategic Considerations

Invest In and Collect Robust Data
Family planning and women’s health providers often have to educate potential partners - including health plans and other provider organizations - about the scope, quality and value of their services. Providers that can share trend data about quality measures, costs of doing business and patient experience with health plans and regulatory agencies, will have greater contracting leverage than those who are unable to produce current reports.

Understand Market Potential to Partner with FQHCs
Federally Qualified Health Centers (FQHCs) and family planning and women’s health providers have a long history of partnering and providing care to the same communities and patient populations. These overlaps make FQHCs and family planning and women’s health centers natural partners for developing strategic and formal relationships to improve local care coordination and better manage population health. In some regions, creative alliances are being developed to co-locate or subcontract services without a formal merger or loss of individual organizational identity to improve patient access to quality care. While developing formal partnerships will be mutually beneficial and even necessary in some communities, regional differences in FQHC markets make them more feasible in some areas than others. In communities with a strong FQHC presence, there is a less compelling need for family planning and women’s health centers to offer comprehensive primary care, but there may be more of a need for specialty provider partners to ensure patient access to quality and time sensitive sexual and reproductive health services.

Care Coordination with County Health Systems
Several counties in California operate health plans or primary care systems. In many cases, like with the FQHCs, there is overlap between county primary care patients and family planning and women’s health center patients. Family planning providers are working with counties on partnerships related to care coordination, prenatal care, behavioral health and other services. In some cases, the family planning or women’s health center serves as a subcontractor to the county. In other cases, the county functions as a health plan and the family planning provider contracts as part of the county’s provider network.

“Partners are enthusiastic in theory... but then we [have to figure out] where to go from there.”

California Family Health Council
Key Questions

1. Are there trusted and stable potential partners in your region?
2. Do you have the HIT platforms needed to co-manage patients and share patient information?
3. Do you have financial reserves that can sufficiently protect you against some initial financial risk?
4. Do you have a seat at the table in local health system meetings to promote your role as an essential community provider and valuable partner in your region?
5. What gaps in health access could a partnership fill?

Adding Value as Health System Partners

One family planning agency serves a large geographic region that includes both rural and urban centers. The agency has been working to develop strategic partnerships in several regions. They began with a detailed community needs assessment that included key stakeholder interviews asking community partners what services they would like to see from the organization.

This provider is considering and pursuing a number of key partnerships including:

- Co-locating services with an FQHC that needs to expand sexual and reproductive health capacity. The family planning provider serves as a subcontractor to the FQHC and is subject to FQHC billing criteria. Patients are considered FQHC patients, rather than patients of the family planning provider. The family planning provider delivers health services at their own health center and is able to bill as an FQHC subcontractor at the FQHC rate for those services. The FQHC has been able to expand services in regions of high need without needing to develop internal capacity to do so. The family planning provider is able to serve a defined group of patients at a beneficial reimbursement rate.

- The provider is looking at replicating this model with other partners, modeling the “Intel Inside” business strategy of embedding one company’s product into many others. This provider believes that they can offer capacity expansions to multiple primary care partners and retain and market the organizational brand by doing so.

- Several health plans in the region have expressed an interest in adding primary care providers to their networks. The family planning organization is exploring options for primary care and/or specialty care contracting.
Family Planning and Women's Health Providers: Owning a Place in Specialty Care

Family planning and women's health providers often function as obstetric and/or gynecology (OB/GYN) practices. Many women rely on family planning providers as their only source of care and for that reason, under the ACA, no longer need a referral to visit their OB/GYN. Women can self-select an OB/GYN practice as a “primary care provider” (PCP) for purposes of managed care PCP assignment. However, for health plan contracting and payment purposes, family planning and women's health centers are characterized as either primary care providers or as specialists. Health centers that do not offer comprehensive primary care are considered a specialty practice by health plans. This designation offers opportunities for growth, as OB/GYN specialty practices have a perpetual patient base and higher reimbursement rates than primary care.

Family planning and women's health centers that choose to be classified as specialists are considering pursuing National Committee on Quality Assurance (NCQA) recognition as Patient Centered Specialty Practices (PCSP). This creditation is an adjunct to the NCQA Patient Centered Medical Home (PCMH) recognition that many primary care providers are achieving across the country. PCSP practices are considered to be preferred partners in the primary care-specialty referral process because they have demonstrated capacity for collaboration and care coordination. NCQA PCSP recognition offers family planning and women's health providers an opportunity to be formally acknowledged for many of the quality improvement, care coordination and patient tracking activities that are already in place. In addition, there could likely be enhanced payments and incentives PCSP designated providers.

Strategic Considerations

Strong Collaborative Partnerships are Necessary for PCSP Recognition

Family planning and women's health providers must have strong collaborative relationships with primary care providers and other specialists in order to achieve NCQA PCSP recognition. They must demonstrate that they systematically track and follow-up on all referrals, lab and imaging studies and that they can conduct population management for patient reminders and recall. Specialty practices must also show proof of collaborative communications with primary care providers, other specialists, hospital inpatient and emergency departments to ensure that patient care is carefully coordinated. In regions where family planning and women's health providers do not have - or are unable to develop - strong primary care partners, this type of recognition may not be feasible.

Short-Term Benefits

NCQA PCSP recognition offers an opportunity to show that family planning and women's health providers are on the same page and “speak the same language” as other members of their local health care system delivering patient-centered, efficient care. This recognition provides proof of value-added and could be an important leverage point in both securing and negotiating health plan contracts for specialty care services. It could also serve as an effective marketing tool to both attract and maintain new and existing patients and partners. Family planning and women's health centers have historically been leaders in the provision of quality sexual and reproductive health care. Gaining PCSP recognition is third-party validation of the quality care they provide. In addition, going through the application process can affirm the efficient clinical and operational practices that are already in place and also highlight the systems changes needed to be sustainable in the evolving health care landscape.
Potential Long-Term Gains
The investments necessary to achieve NCQA PCSP recognition can be significant in both time and resources. California health plans have not yet begun incentivizing PCMH or PCSP recognition in any meaningful way, although federal funding agencies are now starting to provide enhanced rates for community health centers that achieve PCMH recognition. It is likely that PCSP recognition could be connected to enhanced reimbursement in the not-too-distant future but the connection between upfront investment and direct increase in payment will not be immediately realized.

Key Questions
1. Do you have trusted and stable primary care partners in your region?
2. Do you know who the primary care provider is for all of your patients?
3. Do you have strong EHR systems that include robust reporting, electronic orders and patient portal access? Do you participate in Meaningful Use?
4. Do you have a way to track if your patients visit the hospital or emergency room?

Family Planning and Women’s Health Providers: Expanding Scope with Behavioral Health

The behavioral health benefits mandated by the ACA have created a new market for mental health and substance use services. There is an existing shortage of behavioral health providers and many family planning and women’s health centers already provide some level of behavioral health care, offering an important and viable business opportunity for some providers.

Strategic Considerations

Move from “counseling” to Behavioral Health
Family planning and women’s health providers offer patients high quality sexual and reproductive health care including patient-centered health education and “counseling.” Many health centers include training in behavioral health principles for clinical and non-clinical health center staff. Family planning and women’s health centers are exploring building on this foundation of patient-centered education and support to build formal behavioral health programs. Several health centers are implementing or considering partnering with LCSW, MFT or MSW training programs to serve as supervised training sites.

Streamline Billing Process with Behavioral Health Benefits Managers
Larger health plans often use a subcontractor to manage behavioral health benefits. These companies maintain lists of preferred providers in the community who are authorized to offer services to members. Health centers with existing behavioral health programs are finding that they can secure favorable contract terms relatively easily, given the shortage of behavioral health providers in almost every community. Behavioral health contracts are often limited in scope and include a pre-approved specified number of visits or hours of service, offering a much more streamlined billing process than medical benefit contracts. This makes this pathway worth considering, particularly for providers with existing staff capacity to do so.
Develop Infrastructure for “Warm Handoffs”

By expanding scope of services to include behavioral health, family planning and women’s health providers have an opportunity to leverage future need. The patient-centered model of care includes the goal of integrating behavioral health with primary care. Providers that are able to develop infrastructure for “warm handoffs” between primary care and behavioral health providers stand to benefit from contracting and financial incentives in the near future.

Key Questions

1. Do you have licensed behavioral health professionals already on staff?
2. If so, could these staff roles be expanded to develop behavioral health capacity?
3. Do the health plans in your region work with behavioral health management subcontractors?
4. Are your medical providers willing to co-manage patients with behavioral health specialists?
5. Do you have established relationships with behavioral health providers in the communities you serve?

Expanding Scope with Behavioral Health

A large, multi-county family planning and women’s health provider has been offering behavioral health counseling for many years. By participating as teaching sites for MFT and LCSW trainees, this health care organization has been able to offer ongoing counseling visits at little or no cost to patients with minor mental health concerns and relationship issues. In one of their service sites, they have finalized a contract for behavioral health care with a Medi-Cal managed care health plan and its behavioral health benefits management subcontractor.

The contract offers reimbursement rates that are financially acceptable to the provider and connection to a network that refers patients to their health centers and allows the sites to refer out patients with more complex needs. The provider believes that this is an important addition to their scope of services to support the overall health and well-being of their clients.
Care Coordination
Family planning and women's health providers can expand their care coordination infrastructure by focusing on existing patients first. Building on existing care management, such as referral and behavioral health management, family planning providers can build or strengthen relationships with their existing patients' primary care providers. Pro-actively co-managing care for these patients so that services are not duplicated or missed will position family planning and women's health providers as valuable partners in the system. By developing this capacity for existing patients and documenting the work thoroughly, providers can create a robust care coordination infrastructure that could be a service line eligible for health plan reimbursement.

Workforce Training Programs
Family planning and women's health centers have an opportunity to diversify revenue by leveraging the need for ongoing health center staff training. Some health centers have developed patient care and procedure-based training programs for clinical staff and offer Continuing Medical Education units for their products. Others have training programs for medical assistants, health educators, promotores and/or community health workers.

Provider Networks
Family planning and women's health providers can be valuable partners in primary care by offering family planning services through a large network of affiliated providers. This might be in the form of an Independent Practice Association (IPA) or other provider network that contracts directly with health plans for members that prefer to receive care in a family planning or women's health setting and would benefit from co-management with primary care providers for other health care needs.

Participation in Accountable Care Organizations
Accountable Care Organizations (ACOs) are increasingly being developed across the health care spectrum. Family planning and women's health centers are exploring participation in viable alternative care structures in their communities, on either the primary care tier or the specialty care tier. Participation in ACOs has many advantages, including access to stable patient populations, new referral source development and participation in additional avenues for performance-based compensation.

Consolidating Locations
Reducing service sites to focus resources on high volume areas is another option for consideration where needed and appropriate. Conversations regarding administrative consolidation, joint ventures or mergers with trusted partners should also be explored. These pathways are often difficult to discuss with staff and Board members but can be necessary for enhancing long-term sustainability.

Providing Online Services
Some family planning and women's health centers are already practicing some form of telemedicine to address workforce shortages, particularly in rural and hard to reach communities. A new frontier being explored is providing online services for STD testing and treatment, birth control refills and emergency contraception. Commerce laws, reimbursement mechanisms and rates and clinical quality guidelines must all be taken into account when exploring this opportunity.
Using Targeted Marketing and Data Analysis to Enhance New Patient Outreach

Rather than relying on traditional mass marketing methods, health centers are beginning to see the benefits of targeted marketing using both existing patient data and other data sources. This strategy helps ensure health centers are attracting the right patients for the right services to leverage clinical expertise and optimize resources. Utilizing approaches similar to those embraced by Amazon and Google, health centers are looking at micro-segmenting market data to target marketing resources toward individuals with the highest likelihood of needing and accessing the services the health center wants to promote.

Patient Education

By April 2014, more than two million Californians enrolled in new health insurance coverage through Medi-Cal and Covered California. As trusted providers in their communities, family planning and women's health centers have always played an important role in educating their patients to help them make informed decisions about their health care. Patient education must now extend to informing patients about new coverage options, how to enroll and how to stay enrolled so they can have continuity of care. Patients also need to know that regardless of their health coverage status, they can continue going to their family planning and women's health provider of choice - if they remain uninsured or have a Medi-Cal Managed Care plan. In California, Medi-Cal enrollees in Managed Care plans can go out of network for sensitive services like sexual and reproductive health care. If patients have private insurance, they should encourage their plans to partner with their family planning and women's health provider if they don't already.

Reverse-Engineering Payer Contracts

Family planning and women's health providers in California serve hundreds of healthy patients every day, making them valuable assets in their local health systems. These providers can and should leverage their value to ensure that the full scope of services they provide are fully reimbursed by third party payers. This requires a strong understanding of a health center's service set and an ability to identify and articulate the ways their services fit into a patient's total health plan. By “reverse engineering” contracts, family planning and women's health centers can expand the set of services they can bill for and negotiate to participate in pay-for-performance pools. Contracts that include vague descriptions of services that are billable should not be accepted. Family planning and women's health providers must also be able to bill for preventive services under the preventive code set in the Evaluation and Management section of the Current Procedural Terminology manual. In addition, since OB/GYN care is primary care for women, family planning and women's health providers should be able to participate in incentive programs for positive preventive care outcomes.

“A year ago, we were all charged to ‘get contracts’. Six months ago, it was ‘get good contracts’. Now we know a lot more about contracts… but we have to continue to evolve the definition [and our understanding of] what ‘good contracts’ means.”
Top 10 Components of an Ideal Contract for Family Planning and Women’s Health Providers

- **Ability to bill for services at the usual, customary and reasonable (UCR) rate for your area, or higher.** The UCR is the amount paid for a medical service based on what providers in your geographic area usually charge for the same or similar service.

- **Authorization to render and be reimbursed for “incident-to” services – treatment of certain conditions that become apparent in the course of a service delivery event**

- **Authorization to provide follow-up care for conditions diagnosed without a requirement to refer out for services that can be performed in-house**

- **Commitment to reimburse for all FDA-approved methods of contraception without restrictions**

- **An agreement for a separate fee schedule for contraceptive methods dispensed, administered or placed onsite**

- **Participation in payer pay-for-performance incentives**

- **Promise to meet the threshold of industry standard timely filing and other billing requirements**

- **Guarantee of payment within a reasonable timeline (30 days).**

- **Contractual agreement to treat all claims from a health center as pre-approved.**

- **Systems that ensure confidentiality of service delivery without compromising reimbursement from the plan**

Family planning and women’s health centers should try to **AVOID contracts that:**

- **Require a patient to obtain a referral from the plan for any service**

- **Allow payers to dictate what products are offered and who is in the network through “all products” clauses**

- **Limit patient visits per year to a particular provider**

- **Call for onerous post-visit utilization review**

- **Impose marketing restrictions**

- **Include provisions that could compromise confidentiality protections**
Moving Toward a Data-Driven Practice

There is no one-size-fits-all approach to family planning and women’s health center success, but the ability to accurately gather, report and analyze data is central to all sustainability efforts. Health centers with fully implemented EHR reporting systems have a clear business advantage due to their ability to extract both clinical and utilization information from EHR and practice management systems.

Providers that can share trend data about quality measures, the cost of doing business and patient experience with health plans and other partners are more likely to:

- Have greater contracting leverage
- Be included in provider networks
- Achieve performance incentives

Essential Data

Cost of Delivering Care
Cost analysis is central to sustainability. A strong understanding of the real cost of providing care can lead to getting adequate reimbursement through better contract negotiation, management and billing practices. Greater sophistication around cost and cost containment can fuel innovation and influence more strategic resource allocation moving forward.

Clinical Quality Measures
Quality measure reporting is not a new concept, but it is an evolving one. Providers are now asked to provide quality data at an individual provider or small provider team level. Financial incentives are increasingly tied to showing improvement in quality, rather than simply reaching a specific benchmark. Accurate and ongoing reporting of quality measures requires an investment in IT infrastructure, as well as investment in staff that can analyze, interpret and act on the data.
Patient Experience Indicators
Patient experience measures are increasingly being used to measure quality and safety and to influence performance incentives. Patient engagement on advisory councils is central to the patient-centered care model and patient involvement in improvement activities is a new model for quality improvement. Patients who embrace self-care and open communication with providers are more likely to be engaged as full partners in their own care and more likely to take on self-management and ownership over their health behaviors and outcomes.

Population Management Profiles and/or Registries
Population management is a central function of primary care and key to managing both the cost and clinical outcomes of patient populations. Providers must be able to group populations of patients according to health status and service need. Ideally, general preventive screenings and education are offered to all patients, those with moderate risk are provided with more frequent contacts and self-management tools and those with the highest risk profile will require more time and resources. Patient-level data to track what level of services each patient needs is essential to population management and requires robust EHR reporting capacity and/or patient registries.

Moving Toward a Data-Driven Practice
A large, multi-site provider has had EHR and data reporting systems for many years. The agency is now developing an all-patient registry format to track utilization, costs and clinical outcomes over time. This evolution of data needs came about as the provider was conducting internal capacity and needs analyses and realized that they couldn’t easily track any given patient’s care trajectory over time.

Health plans and other agencies looking to partner with this provider were seeking evidence of population management and reporting capacity that were not possible with the existing system. This provider decided to invest in a registry database to improve population management and resource use. In addition, this provider believes that an upfront investment in a data registry will allow them to more proactively conduct contract negotiations and to conduct more targeted internal marketing to existing patients.
Optimizing Success + Sustainability:
8 Things Family Planning and Women’s Health Providers Should Do NOW

1. Develop a robust data gathering and reporting infrastructure. Fully utilize EHR systems, practice management platforms and associated reporting systems.

2. Leverage current staff capacity, scope and training to expand services (i.e. Family Nurse Practitioners can expand scope to primary care; Social Workers can offer behavioral health counseling).

3. Develop a strong billing infrastructure by investing in staff members that are skilled at billing multiple, diverse payers. Health plans now have a mandate to spend 85% of premiums on medical care, so they have an incentive to work closely with providers to ensure accurate billing.

4. Develop and refine skills and sophistication around contracting. “Reverse Engineer” contracts by identifying and offering services to address unmet need from the health plan perspective, rather than seeking out standard models of contracts offered by the plans.

5. Conduct market analyses by looking at existing patient demographics, clinical profile and resource use to determine patient-specific service needs and “micro-target” marketing resources to offer the right services to the right patients – both current and new.

6. Complete the NCQA PSCP application assessment to determine areas of strengths and identify systems that need improvement. Consider applying to be positioned to receive enhanced rates when PSCP recognition is linked to an increase in reimbursement rates.

7. Augment volume-driven revenue with diversified sources of revenue (i.e. develop population management capacity instead of relying on volume of dispensed contraceptives for ongoing revenue).

8. Expand care coordination infrastructure by focusing on existing patients first. Building on care management systems already in place, family planning and women’s health providers can outreach to their patients’ primary care providers to establish or strengthen relationships.
The pathways and strategies highlighted in this report are being considered and/or implemented by family planning and women's health centers in California. These providers have an unwavering commitment to remaining vital access points for the more than 830,000 women, men and teens that rely on them for quality care each year. They have invested significant time and resources to enhance their long-term success and sustainability and identify their current place in their local health systems - and where they want to be in the future.

**Looking Ahead**

**Recommendations**

Some recommendations and requests for next steps that came out of the success and sustainability initiative include:

- Creating learning collaboratives and cohorts to support deeper pathway exploration and successful implementation
- Planning more focused convenings on sharing best practices and discussing what can be accomplished together on a statewide level
- Creating a contracting and contract management best practices toolkit
- Pooling resources to invest in shared data systems
- Establishing care protocols across the state, developed in conjunction with payers and primary care delivery networks to level the playing field among regions and help ensure all family planning and women's health centers are included in provider networks

In addition, more external resources and expertise are necessary to support the ability of these essential providers to adapt and transform their business models as the health care landscape continues to evolve.

Decision makers on the state and federal levels invested in access to quality sexual and reproductive health care for all have an important role to play.

**Public Policies Needed to Support Sustainability + Access**

The following public policies were identified as needed to support the long-term sustainability of family planning and women's health centers:

- Public family planning programs like Family PACT and Title X must be protected
- Medi-Cal provider reimbursement rates - among the lowest in the nation - must be increased
- Enrollees in qualified health plans in Covered California must be able to go “out of network” for sensitive services like sexual and reproductive health – and providers must receive fair, adequate and timely reimbursement for providing these services
- Women in public and private health plans must have coverage for the full range of FDA approved methods of contraception without restrictions, prior authorization or cost sharing
- Federal investments must be made to support infrastructure and expanded service delivery in family planning and women's health centers, not just primary care settings

By supporting the success and sustainability of family planning and women's health centers, together we can help ensure access to quality sexual and reproductive health care and other vital services for all throughout California and across the country.
AHRQ
www.ahrq.gov

Blue Shield of California Foundation
www.blueshieldcafoundation.org

California Family Health Council
www.cfhc.org

California Quality Collaborative
www.calquality.org

Centers for Medicare and Medicaid Services
www.cms.hhs.gov

Health Resources and Services Administration
www.hrsa.gov

Institute for Health Improvement
www.ihi.org

National Family Planning & Reproductive Health Association
www.nfprha.org

NCQA Patient Centered Medical Home Recognition Program
www.ncqa.org/Home/PatientCenteredMedicalHome.aspx

NCQA Patient Centered Specialty Provider Recognition Program
www.ncqa.org/PCSP

Office of Population Affairs
www.hhs.gov/opa

Robert Wood Johnson Foundation
www.rwjf.org
### Action Planning Tool for Family Planning + Women’s Health Centers

A Guide for Implementing Pathways for Success in a Shifting Health Care Environment

#### STEP ONE: Set the Stage

<table>
<thead>
<tr>
<th>Organization Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Plan Goals</strong></td>
</tr>
<tr>
<td>- Which goals from your organization’s existing strategic plan will this project address?</td>
</tr>
<tr>
<td>- What are your organization’s health care reform goals?</td>
</tr>
<tr>
<td>- What are your organization’s long-term sustainability goals?</td>
</tr>
</tbody>
</table>

#### STEP TWO: Choose Pathway for Exploration + Implementation

<table>
<thead>
<tr>
<th>Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which pathway will your organization explore further and potentially implement?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will you implement this pathway in one site or throughout all sites in your organization?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will this project help you achieve your mission, strategic plan, health care reform, and long-term sustainability goals?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>- What are your project objectives?</td>
</tr>
<tr>
<td>- How are your objectives Specific, Measurable, Achievable, Realistic, and Time-bound (SMART)? i.e. By December 2015, secure joint service agreement with an FQHC.</td>
</tr>
</tbody>
</table>

#### STEP THREE: Conduct Readiness Assessment

<table>
<thead>
<tr>
<th>Assets</th>
<th>Internal</th>
<th>External</th>
</tr>
</thead>
<tbody>
<tr>
<td>What resources and organizational strengths do you have to support success?</td>
<td>Financial</td>
<td>Political</td>
</tr>
<tr>
<td>Operational</td>
<td>Local Delivery System (Partners, Health Plans, Market Demand)</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges / Risks</th>
<th>Internal</th>
<th>External</th>
</tr>
</thead>
<tbody>
<tr>
<td>What barriers exist that may hinder success?</td>
<td>Financial</td>
<td>Political</td>
</tr>
<tr>
<td>What risks are involved in implementing this pathway?</td>
<td>Operational</td>
<td>Local Delivery System (Competitors, Health Plans, Consumer Demand, etc.)</td>
</tr>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs</th>
<th>Internal</th>
<th>External</th>
</tr>
</thead>
<tbody>
<tr>
<td>What additional resources, systems or partnerships do you need to ensure success?</td>
<td>Financial</td>
<td>Political</td>
</tr>
<tr>
<td>Operational</td>
<td>Local Delivery System</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### STEP FOUR: Plan Implementation

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Steps</th>
<th>Action Team Members</th>
<th>Cost</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.e. Primary care services are integrated into the health center by March 2015.</td>
<td>1) i.e. Develop business plan including long-term financial pro-forma to ensure financial success.</td>
<td>CEO, CFO, COO</td>
<td>$3,000: staff time, office supplies</td>
<td>Jan – Mar 2014</td>
</tr>
<tr>
<td></td>
<td>2) i.e. Assess staffing structure and modify workforce to ensure staff capacity necessary for project implementation and long-term sustainability.</td>
<td>CEO, CFO, COO</td>
<td>$2,000: staff time, conferences and meetings, consulting</td>
<td>Apr – Jun 2014</td>
</tr>
</tbody>
</table>

#### STEP FIVE: Measure Success

<table>
<thead>
<tr>
<th>Action Steps (from STEP FOUR)</th>
<th>Output</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Develop business plan including long-term financial pro-forma to ensure financial success.</td>
<td>Senior leadership and Board of Directors understand future cash flow, fixed and current assets and liabilities that will impact successful integration of primary care services.</td>
<td>Health center integrates primary care services and enhances financial viability.</td>
</tr>
<tr>
<td>2) Assess staffing structure and modify workforce to ensure staff capacity necessary for project implementation and long-term sustainability.</td>
<td>Health center maintains appropriate staff capacity to support successful project implementation.</td>
<td>Primary care service integration helps to maintain long-term sustainability.</td>
</tr>
</tbody>
</table>

This Action Planning Tool was developed by California Family Health Council and adapted from Spitfire Strategies Smart Chart for Communications 3.0.
About CFHC

CFHC champions and promotes quality sexual and reproductive health care for all. CFHC achieves its mission through an umbrella of services including: advanced clinical research, provider training, patient education and consumer awareness, public policy and clinic support initiatives. As the lead California administrator of the Title X federal family planning program – the nation's largest Title X system – CFHC partners with a diverse provider network that collectively serves more than one million individuals annually at more than 340 health centers in 38 of California’s 58 counties.

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Participating Organizations

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- Planned Parenthood Mar Monte
- Planned Parenthood of the Pacific Southwest
- Planned Parenthood Pasadena and San Gabriel Valley
- Planned Parenthood Santa Barbara, Ventura and San Luis Obispo Counties
- Planned Parenthood Shasta Pacific
- Women's Community Clinic
- Women's Health Specialists

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www.cfhc.org