

Family Planning Update for ADPH Staff

**Satellite Conference and Live Webcast
Tuesday, September 18, 2012
2:00 - 4:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

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Pap Changes

- **The new Pap smear screening guidelines are followed by Family Planning (FP) and the Alabama Breast and Cervical Cancer Early Detection Programs (ABCCEDP)**
- **ABCCEDP patients now receive Pap with HPV testing routinely in the health department**

Pap Changes

- **Transitional issues – when is Pap due?**
 - **29 year old low risk FP patient with negative pap**
 - **May go ahead with Pap and HPV test at age 30, OR**
 - **Is it acceptable to wait 3 years to perform Pap/HPV test?**

Pap Changes

- **ABCCEDP low risk patient with negative Pap**
 - **May do Pap with HPV test at next annual visit**

Pap Changes

- **ASCUS/HPV negative results are treated the same as a negative result**
 - **No longer required to repeat smears in one year**

Pap Changes

- No ECC results
 - Manage based on Pap result
 - Example: ASCUS/HPV+ result with no ECC will require referral for colposcopy
 - Do not repeat smear due to lack of endocervical component

Pap Changes

- No ECC results
 - No abnormal Pap history
 - If no abnormal Pap history and/or no abnormal findings upon exam such as a suspicious lesion, repeat smear in one year
 - Manage based on results

Pap Changes

- No ECC results
 - Abnormal Pap history
 - If patient has history of abnormal Pap but deemed low risk, return to routine screening Paps based on age
 - If patient deemed high risk for screening Paps, continue routine annual smears

ADPH High Risk Patients

- Patients with the following will be deemed high risk for CIN 2/3 and will require annual smears
 - Results:
 - ASC-H
 - ASCUS, cannot exclude a more severe lesion

ADPH High Risk Patients

- LSIL, cannot exclude a more severe lesion
- HSIL or worse
- Plus
 - Did not receive colposcopy, colpo/ treatment records, or recommendations are unobtainable

ADPH High Risk Patients

- Patient indicates a verbal history of ablative treatment such as cryotherapy or LEEP and records are unobtainable

OR

ADPH High Risk Patients

- There is a discrepancy between the Pap and colposcopy results (ex: HSIL Pap with colposcopy biopsies indicating CIN I) and no additional follow-up or treatment was recommended per provider; or provider opted to not do a colposcopy, etc.

Pap Smear Management

- What about high risk factors such as chronic steroid use if patient is under 21?
 - Perform annual smears regardless of age
 - If under 21: request Pap only
 - If 21 or older: request a reflex HPV test if ASCUS

Pap Smear Management

- Results:
 - ASCUS/HPV positive
 - LSIL
 - Negative Pap with HPV positive result

Pap Smear Management

- Plus:
 - Patient did not receive the colposcopy, records are unobtainable, or the referral provider opted to repeat smear only

Pap Smear Management

- Solution:
 - Two consecutive negative Pap smears at least 6 months apart before going to routine screening smears based on age

Pap Smear Management

- Unsatisfactory result
 - Repeat smear as soon as possible / feasible
 - No need to wait 3 months
- If results remain unsatisfactory, patient may need referral for colposcopy

Pap Smear Management

- Update the Pap history annually on the CHR-12 A

Pap Smear Management

- Pap smear requisition:
 - Do not make copies
 - Order more forms when sending in Pap specimens
 - Include pertinent Pap history on the form for the lab (Important!)

Pap Smears

- Pap smear requisition:
 - Use the correct label to indicate the program

```

CHECKBOX, PAPER LABEL          CHR: 081123999
SSN:           R: 0             DB: 10/01/1989
MRD:           SEX: F DATE: 01/15/2009
ADD: STREET          → ( )FP ( )MAT ( )ABCCEDP
      CITY AL 36123             PH:
  
```

Pap Case Study #1

- 30 year old with following history:
 - ASCUS/HPV + at age 25
 - Did not receive colposcopy
 - Did not return for follow-up
 - Back for annual exam at age 30
 - Negative Pap/HPV + results
- Do we repeat smear in one year or refer for colposcopy?

Pap Case Study #1

- Preference is to refer due to persistent HPV

Pap Case Study #2

- 28 year old with HSIL Pap results
 - Referred for colposcopy with results indicating “Negative for Dysplasia”
 - What do we do?

Pap Case Study #2

- If provider did not perform cervical treatment such as LEEP, and the recommendation from provider only indicated repeat smears, recommend referral to alternative provider
- Patient needs further assessment

Pap Case Study #3

- 33 year old has ASCUS/HPV neg results with absence of endocervical component
 - Pap repeated in 3 months per prior protocol
 - Results indicate ASCUS with no ECC again
- What is recommended?

Pap Case Study #3

- If this patient has no prior abnormal Pap history and is otherwise deemed low risk, she may return to routine screening based on age, with next smear due 5 years from the date of the negative HPV result

FIT Test

- Fecal Immunochemical testing was added to FP protocol in April 2012
 - Colorectal screening is a mandate of Title X

FIT Test

- Screen annually on female FP patients 50 years of age and older and those with risk factors such as strong family history of colorectal cancer or polyps, etc.
 - ABCCEDP also utilizes this protocol

FIT Test

- Take home kit
 - Does not require a change in diet or medication before testing
- Two samples preferred with each kit

FIT Test

- **Lab Worksheet (CHR-11) – FIT test was added to the form**
 - The nurse is to mark the date the kit is provided to the patient
 - Upon return of specimen and reading of the results, make a separate entry on the form with a new date

FIT Test

- **FIT kits are ordered through PSS**
 - Available in cases of 25 kits
 - Item # 263405
- **Level 1 follow-up is required if positive result is identified**

Safety Screening

- **Safety screening**
 - Added to CHR-12 to address abuse, coercion, and human trafficking required by Title X
- **Should be done annually and social worker should be brought in to assist with a safety plan if needed**

Safety Plan

SAFETY SCREENING

Patient interview:

1. Do you feel safe in your home? Always __ Sometimes __ Never __
2. Are you or a loved one being hurt, threatened or emotionally abused in any way? Y __ N __

Provider observations:

3. Are there visible signs of physical abuse or trafficking? (bruises, depression, etc.) Y __ N __
4. Does patient appear to be submissive or fearful? Y __ N __
5. Is patient accompanied by potential abuser? Y __ N __
6. Was SWICC requested to assist? Y __ Not indicated __

Describe as appropriate _____

Options Counseling Label

FP OPTIONS COUNSELING: Pregnancy Test +
LMP _____ EDC _____

- Options counseling to include: (1) prenatal care and delivery, (2) infant care, foster care or adoption; and (3) pregnancy termination.
- Stressed importance of prenatal care as soon as possible.
- Referrals to Prenatal Provider, Medicaid, and WIC.
- Pt. Verbalized understanding of information.

Provider Signature _____

Implant - Nexplanon

- **Nexplanon has been incorporated into protocol**
- **New consent form and fact sheet are available on ADPH Document Library**
 - Consent form is in the process of being loaded into PHALCON in English and Spanish

Nexplanon

- “Implanon/IUD Removal Consent Form” has been updated in English and Spanish
 - On ADPH Document Library
- Coding the encounter form is key for billing

Nexplanon

- If Nexplanon is not palpable, the radiopaque rod is now visible with x-ray
- The x-ray has been requested to be covered through Plan First but is still pending
- Continue to utilize the ultrasound with Implanon

PHALCON

- PHALCON/Encounter Form changes:
 - Implanon insertion with removal was omitted
 - Now must mark each if both are done
 - FOBT changed to FIT Test
 - Nexplanon consent form is being added to PHALCON

Family Planning

- NSAIDs – Nonsteroidal anti-inflammatory drug such as ibuprofen (e.g. Advil, Motrin)
 - 400 mg every 4 - 6 hours for up to 3 days
 - No more than 1200 mg in a 24 hour period

Family Planning

- Counsel patient regarding potential for GI upset with increased dosage
- Indicated for heavy or prolonged menses or BTB with the Patch, ring, Depo, Implant, IUD, COCs, and POPs

Common Diagnosis and Contraceptive Issues

- Changes include:
 - Name changed to “Contraceptive Management of Patients with Risk Factors”
 - FYI consults are now called “written consults”

Contraceptive Management of Patients with Risk Factors

- **Changes include:**
 - Addition of management for “Overweight” BMI to protocol
 - Overweight defined as BMI of 25-29, however, we identify it as a risk factor from 27-29
 - Nursing management included throughout the section

Contraceptive Management of Patients with Risk Factors

- **General recommendations for patients with two or more risk factors now includes new exceptions**
 - Review each case individually
- **TB (Active) – this also includes patients undergoing preventative treatment (INH)**

CHR

- **Use CHR Tabs**
- **Use the CHR-1 as a Problem List**
- **Nurses should write abnormal findings on CHR-11 and 12A and B in red**
- **Place CHR records with most recent activity on top**

CHR

- **Audits indicate much improvement in the documentation of patient history**
- **Example:**
 - The age of first degree relative at the time of diagnosis is included with documentation of breast cancer

Documentation

- **Make sure to document that patient complaints were addressed**
- **Make sure and sign off abnormal lab results with name and date**
 - Not initials, etc.

Documentation

- **Do not write in the margins**
 - Use the CHR-12B for additional documentation
- **Clearly counsel patients**

Documentation

- Document applicable counseling such as:
 - “Talked to patient about the Quit Line”
 - “Discussed sexual coercion”
 - “Recommended calcium use with Depo”

Communication with Dr. Thomas

- Abnormal mammogram results **MUST** be sent to Dr. Thomas in a timely manner!!
 - Do not wait until all subsequent records become available
- Example: Report of BiRad 4 result not sent in until 4 months later

Communication with Dr. Thomas

- Have information ready before calling Dr. Thomas for a consult
- Example:
 - Case involving irregular bleeding
 - Contact made prior to examination of patient
 - Perform exam prior to call

BC/BS Reminders

- Check eligibility of patient through the BCBS website to be sure the plan is still active, spelling of the name on the policy is correct, etc.
- If no BCBS card and no other way to check eligibility = Charge Patient
- Incorrect data in PHALCON = No Payment!!

BC/BS Reminders

- **DO NOT** mark encounter as complete until all the fields are entered
- Policy Number:
 - There must be a policy number in PHALCON in order to bill!!!
 - PLEASE SHARE WITH YOUR CLERICAL STAFF!!

Bill Insurance Tab

- Check Bill Insurance:
 - The client has BC/BS even if they have Medicaid
 - They do not need confidentiality
 - The client has a billable BC/BS visit

Bill Insurance Tab

- **Check Do Not Bill:**
 - When they have BC/BS coverage and they **DO NOT** want the EOP going to their home – they request confidentiality

Bill Insurance Tab

- **Check N/A:**
 - When they have Medicaid only
 - When they present with PEEHIP (EDU) insurance.
 - ADPH is not eligible as a provider
 - When they have no insurance coverage

BC/BS Billing Criteria

- **NP visits**
 - Initial
 - Annual
 - GYN problem*
 - Periodic revisit / deferred PE visit *
- * **Must include a diagnosis code**

BC/BS Billing Criteria

- **RN only visits**
 - Periodic revisit / deferred PE visit when Depo is administered*
- * **Must include 4 digit NP provider number**

Coming Soon

- **Smoking Cessation program for Plan First patients coming in October**
- **The program involves counseling through the Alabama Tobacco Quitline and prescription for smoking cessation products**

Smoking Cessation

- **The nicotine patch will be the only product used by the ADPH**
- **First providers will have other options such as nicotine replacement gum/lozengers/nasal spray, Chantix, Zyban, etc.**

The Tobacco Problem in Alabama

- Nearly one in four Alabamians smoke
 - Alabama has one of the highest prevalence rates in the nation

The Tobacco Problem in Alabama

- Reports indicate that 24% of Alabamians were smokers in 2011
 - This number does not include usage of other types of tobacco

Women and Tobacco Use in Alabama

- Almost 21% of women in Alabama smoke
 - For ages 19-55 the prevalence rate is 26%

What Do I Need to Do?

- Ascertain tobacco use at FP visit
- Determine quantity / day
- Advise regarding smoking cessation project and determine willingness to participate

Role of the NP

- If patient is interested, complete:
 - Medicaid Prior Authorization Request Form
 - The prescription

Alabama Medicaid Pharmacy Smoking Cessation For Pregnant Women and Plan First Recipients Prior Authorization Request Form		
FAX: (800) 748-0116	Fax or Mail to	P.O. Box 3210
Phone: (800) 748-0130	Health Information Designs	Auburn, AL 36832-3210
PATIENT INFORMATION		
Patient Name _____	Patient Medicaid # _____	
Patient DOB _____	Patient Phone # with area code _____	
PRESCRIBER INFORMATION		
Prescriber Name _____	NPI# _____	License# _____
Phone # with area code _____	Fax # with area code _____	
Address (optional) _____		
<small>I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency. I will be supervising the patient's treatment. Supporting documentation is available in the patient record.</small>		
Prescribing Provider _____		Date _____

DRUG/CLINICAL INFORMATION	
Drug requested* _____	Strength _____
Drug Code _____	Qty. per month _____ Days supply _____
Duration of therapy _____	<input type="checkbox"/> Initial Request <input type="checkbox"/> Renewal Request
Is the recipient currently pregnant or within 60 day post partum period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the recipient currently enrolled in the Outline program through the Department of Public Health and has the recipient completed a counseling session with a Outline representative in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the patient a Plan First Recipient? <input type="checkbox"/> Yes** <input type="checkbox"/> No	
**If yes, please include a copy of the Department of Public Health's Alabama Tobacco Outline Patient Referral/Consent Form signed by the recipient with the prior authorization request.	
*If the requested drug is a brand name drug with an exact generic equivalent available, the FDA (MedWatch) Form 3500 must be submitted to HID in addition to the PA Request Form.	
DISPENSING PHARMACY INFORMATION	
May Be Completed by Pharmacy	
Dispensing Pharmacy _____	NPI# _____
Phone# with area code _____	Fax# with area code _____

Nicotine Transdermal Patch - Rx

- **Heavy smokers (more than 10 cigarettes a day) take:**
 - 21 mg for 6 weeks, then
 - 14 mg for 2 weeks, then
 - 7 mg for 2 weeks then stop
- **Sig: Apply 1 patch each day**

Nicotine Transdermal Patch - Rx

- **Light smokers (less than 10 cigarettes a day), take:**
 - 14 mg for 6 weeks, then
 - 7 mg for 2 weeks then stop
- **Sig: Apply 1 patch each day**

Smoking Cessation

- **Important points about the nicotine patch:**
 - Instruct patient to quit smoking
 - Apply to clean dry area and rotate sites
 - Apply first thing in the morning or at the same time of day

Smoking Cessation

- **Important points about the nicotine patch:**
 - Can wear the patch for 16 or 24 hours
 - If side effects occur such as sleep disturbances or vivid dreams, patient should apply for 16 hours

Role of the Care Coordinator

- **Completes Plan First Smoking Cessation Patient Referral / Consent Form**

ADPH
Plan first
 Medicaid

**PLAN FIRST SMOKING CESSATION PROGRAM
 PATIENT REFERRAL/CONSENT FORM**

Patient's Name: _____ Medicaid # _____ Date: _____

Telephone #: _____ *Best Contact Time: _____ *Daytime _____ *Evening _____

Patient Information

I hereby authorize my healthcare provider to release my contact information and information regarding my tobacco use to the Alabama Tobacco Quitline. This authorization is continuing. I understand that the Alabama Tobacco Quitline will contact me to provide information, offer support in quitting tobacco and will provide progress reports to my healthcare provider. I agree to take part in this program and I understand that my participation is voluntary. I understand that any information I provide will be kept confidential.

Patient/Client Signature for Consent: _____

Comments: _____

I request that the Alabama Tobacco Quitline, operated by IQH, contact my patient for the provision of tobacco cessation services.

Care Coordinator/ Referring Provider:

Print Name _____ Signature _____

Facility/County Health Department Name: _____

Address: _____

Telephone #: _____ Fax#: _____ Date: _____

Would you like the Quitline to send you a brief monthly activity report on your patient? Yes No

Quitline

Alabama Tobacco Quitline
1-800-QUIT-NOW
in Alabama
 Fax to:
 IQH, Alabama Tobacco Quitline
 1-601-899-8650

For additional forms PLEASE COPY or visit <http://www.adph.org/planfirst>

*Quitline office hours: M-F 8am-5pm; Sat. 9am-3:30pm

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Role of the Care Coordinator

- Faxes both forms to Medicaid
 – 1 – 800 – 748 – 0116
- Plan First Smoking Cessation Referral / Consent Form only to the Quitline
 – 1 – 601 – 899 – 8650

Alabama Tobacco Quitline

- Quitline provides master’s level counselors who have completed certified tobacco treatment cessation training
- Quitline offers extended counseling sessions for Plan First participants

Alabama Tobacco Quitline

- Quitlines are evidence-based treatment according to U.S. Clinical Practice Guidelines

Tobacco Quitline Treatment

- Answer questions
- Determine readiness to quit
- Establish individualized plan
- Provide support

Tobacco Quitline Treatment

- **Set quit date**
- **Offer counseling sessions at patient's convenience**
- **Provide patient updates to providers**

Helpful Hints

- **Encourage the patient to start product after they are contacted by the Quitline**
- **Advise patient that when the Quitline staff calls them, they may see an unfamiliar area code (601)**

Helpful Hints

- **Quitline operating hours are:**
 - **8 am – 8 pm, Monday-Friday**
 - **9 am – 5:30 pm, Saturday**
- **Please do not “batch and send” the referrals**

Forms

- **Forms can be obtained at:**
 - **http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.5_Pharmacy_Forms.aspx**
 - **<http://www.adph.org/planfirst>**

Fee Changes Coming Soon

- **The Fee Manual is under new construction**

Fee Changes Coming Soon

- **FP will include new service codes with descriptions AND new fees based on our annual fee assessment**
- **County staff will be provided instructions for the E-Day Sheet when ready**