

Clinical Component – CDC’s Teen Pregnancy Prevention Project:
Integrating Services, Programs, and Strategies through Community-wide Initiatives
TEMPLATE – COMMUNITY-BASED CLINICAL PROVIDER ASSESSMENT

Please complete this ASSESSMENT on the provision of healthcare services for adolescents at your health center. *Please note that for the purposes of this ASSESSMENT, the term “adolescents” refers to all young women and men between the ages of 12-19 years.*

SECTION I: CLINICAL PROVIDER PROFILE – GENERAL INFORMATION

1. Please provide the following information for your health center.

Health center Name:	Sweet Home Health Center
Mailing Address:	
City:	
State:	
Zip Code:	
Phone:	
Fax:	
E-mail:	

2. Please provide contact information for yourself (Contact 1), as well as other “key contacts” at your health center who have responsibilities for managing or overseeing health center practices, policies, and procedures.

	Contact 1	Contact 2	Contact 3	Contact 4
First Name:	Sam	Jackie	Rachel	
Last Name:	Doctor	Manage	Outter	
Title/Position:	Medical Director	Practice Manager	Adolescent Outreach Coordinator	
Phone:				
Fax:				
E-mail:				

3. Which of the following best describes the health center? Check all that apply.

	Family practice	X	Community health center
X	Pediatric practice (age range:)		Community college
X	Adolescent clinic (age range:)		Four-year college
	Obstetrics and gynecology only		School-based health center
	Publicly funded family planning		School-linked health center
	Hospital-based ambulatory care (teaching)		Job Corps
	Hospital-based ambulatory care (non-teaching)		Foster care
	Mobile clinic		Substance abuse treatment center
	County health department	X	Other (specify: FOHC)

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4. Which of the following best describes the service area for the health center?

	Urban
X	Suburban
X	Rural
	Other (specify:)

5. Please answer the following questions about your health center by checking the appropriate box.

Does the health center...	YES	NO
Have a pharmacy on-site that dispenses hormonal contraception?	X	
Participate in the federal 340B drug purchasing program?	X	
Have access to the Internet for all staff?		X

6. Which Electronic Medical Records (EMR) system(s) does your health center use?

	eClinical Works (eCW)
	Centricity
	Epic
	NextGen
	Other
X	None – IN PLANNING STAGE – eClinical Works

SECTION II: STAFFING STRUCTURE

7. Please specify the number of full-time equivalent (FTE) employees at the health center according to job title for all employees that have direct patient contact (column A) and for employees who provide direct services to adolescents (column B). For example, an Advanced Practice Clinician (APC) working an average of 40 hours/week is considered 1 FTE (record in column A). If that APC was available 20 hours per week to see adolescent clients specifically, but did not do so at any other time, they would also be available at 0.5 FTE to provide direct services to adolescents (column B).

Health Center Employees with Direct Patient Contact	(A) All #FTE employees at the health center	(B) #FTE employees who provide direct service to adolescents
Physicians (MDs/DOs)	4	1
Physician Assistants	0	0
Midwives	0	0
Advanced Practice Clinicians	5	1
Advance Practice Nurses	1	0
Registered Nurses	1	.5
Medical Assistants	3	1
Health Educators	1	.5
Social Workers	0	0
Mental Health Practitioners	0	0
Pharmacists	1	0
Front Desk/Clerical	2	2
Other (specify:)		
Total:	18	6

8. Please indicate the number of full-time equivalent (FTE) employees at the health center according to job title for all administrative staff with no direct patient contact (column A) and for administrative staff who support the provision of services for adolescents (column B).

Administrative Staff with no direct patient contact	(A) All #FTE employees at the health center	(B) #FTE employees who provide direct service to adolescents
Fiscal (Budget)	2	.5
Information technology (IT)	1	.25
Health Center Manager	1	.5
Other (Outreach Coordinator and Medical Director)	2	.5 OC and .35 Medical Director
Total:	5	2.1

SECTION III: HEALTH INSURANCE BILLING PRACTICES AND REVENUE

9. Please indicate the percentage of revenue (for all patients) your practice receives from each of the following sources.

%	Source of Revenue
28	Medicaid Fee for Service
8	Medicaid Family Planning Waiver
	Medicaid Managed Care
3	Commercial Insurance
11	Sliding Fee Scale (Patient pays for a portion of the charges out-of-pocket)
2	Full Pay (Patient pays for the full cost of service out-of-pocket)
22	Grant Revenue (example: Title X, 330, Private Foundation)
26	Federally Qualified Health Center or FQHC look-alike Wrap- Around Funds
	Other [Please describe]
100%	Total revenue for all sources

10. Please indicate the percentage of revenue the practice receives for adolescent visits (for patients aged 12-19 years) by source. Cannot separate Revenue such as Grants....

%	Source of Revenue
26	Medicaid Fee for Service
18	Medicaid Family Planning Waiver
	Medicaid Managed Care
2	Commercial Insurance
3	Sliding Fee Scale (Patient pays for a portion of the charges out-of-pocket)
1	Full Pay (Patient pays for the full cost of service out-of-pocket)
27	Grant Revenue (example: Title X, 330, Private Foundation)
23	Federally Qualified Health Center or FQHC look-alike Wrap- Around Funds
	Other [Please describe]
100%	Total revenue for all sources

11. What proportion of patients are uninsured?

%	Patient Population
37	All Patients
41	Adolescent patients aged 12-19 years

SECTION IV: REFERRALS AND LINKAGES

12. Please indicate the types of materials and strategies used to increase awareness of health center services, and which of these are tailored specifically for adolescents, by checking the appropriate box.

Type of Material/Strategy	Available		Tailored Specifically for Adolescents	
	YES	NO	YES	NO
Referral Guide	X			X
Website	X			X
Hotline or Informational Call Center	X			X
Health Center Brochure	X		X – separate one for teens	
Flyer	X			X
Outreach/Education	X		X	
Social Media		X		X
Referral network for services not				
Other (specify:)				

13. Please answer the following questions about your health center by checking the appropriate box.

Does the health center...	YES	NO
Refer adolescent clients out for reproductive health services or contraception?		X
13a. If yes, where are adolescent clients referred out for reproductive health services or contraception?		

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14. Please indicate all types of providers/organizations that your health center has developed linkages with to enhance access to contraceptive and reproductive health services among adolescents. Check all that apply. By “formal linkages” we mean written agreements to work with these providers or organizations to enhance access to reproductive health services that your health center provides; by “informal linkages” we mean no written agreement exists.

Provider/Organization Type	Formal Linkages	Informal Linkages
Family practice		
Pediatric practice		
Community health center		
Job Corps		X
Foster Care Agency	X	
Substance Abuse Treatment Agency	X	X
Mental health/Counseling Agency	X	
Community based organization		X
High School		
After School Program		X
Community college		X
Four-year college		
GED Program		
Other (specify:)		

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SECTION V: ADOLESCENT PATIENT DEMOGRAPHICS

15. Please answer the following questions about your health center by checking the appropriate box.

Does the health center...	YES	NO
Provide health care services to adolescent females ?	X	
Provide health care services to adolescent males ?	X	

16. Please complete the following tables (or use the attached Microsoft Excel worksheets). Complete Table 1 for FEMALE adolescents and Table 2 for MALE adolescents.

Table 1. FEMALE Adolescent Clients (Unduplicated) and Visits by Race/Ethnicity, Age Group, and Year

FEMALES Race/Ethnicity and Age Group (Years)	# Adolescent Clients (Unduplicated)		# Adolescent Visits	
	CY2009	CY2010	CY2009	CY2010
Hispanic/Latino(a) – All Races*				
12-14	18	11	31	18
15-17	12	22	22	39
18-19	9	7	17	12
Total	39	40	69	69
Black or African American (Non-Hispanic)				
12-14	56	95	105	170
15-17	174	187	292	333
18-19	161	163	285	305
Total	391	445	682	807
White (Non-Hispanic)				
12-14	122	151	216	254
15-17	203	216	321	339
18-19	221	235	347	371
Total	546	602	884	964
Other (Non-Hispanic)				
12-14	3	3	6	5
15-17	8	10	19	19
18-19	7	11	17	19
Total	17	24	42	42
Unknown Race and Ethnicity				
12-14	0	0	0	0
15-17	0	1	0	0
18-19	0	0	0	0
Total	0	1	0	0
All Races and Ethnicities				
12-14	199	260	357	446
15-17	397	436	653	730
18-19	398	417	666	707
Total	994	1112	1676	1883

* Count data for all clients that indicated Hispanic/Latino(a) ethnicity, regardless of race.

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Table 2. MALE Adolescent Clients (Unduplicated) and Visits by Race/Ethnicity, Age Group, and Year

MALES Race/Ethnicity and Age Group (Years)	# Adolescent Clients (Unduplicated)		# Adolescent Visits	
	CY2009	CY2010	CY2009	CY2010
Hispanic/Latino(a) – All Races*				
12-14	21	17	23	19
15-17	13	19	15	21
18-19	10	10	11	12
Total	44	46	49	53
Black or African American (Non-Hispanic)				
12-14	49	59	54	67
15-17	185	164	213	187
18-19	176	157	201	182
Total	410	380	468	436
White (Non-Hispanic)				
12-14	121	102	133	115
15-17	226	254	260	290
18-19	215	186	245	216
Total	562	542	638	621
Other (Non-Hispanic)				
12-14	1	3	1	3
15-17	10	14	12	16
18-19	9	12	10	14
Total	21	29	24	33
Unknown Race and Ethnicity				
11-14	0	0	0	0
15-17	0	1	0	0
18-19	0	0	0	0
Total	0	1	0	0
All Races and Ethnicities				
12-14	193	181	212	204
15-17	434	451	500	514
18-19	410	366	467	424
Total	1037	997	1179	1142

* Count data for all clients that indicated Hispanic/Latino(a) ethnicity, regardless of race.

16a. Please specify the data source used to complete Tables 1 and 2 above. (Potential data sources: Billing, pharmacy management, electronic medical records (EMR), or other administrative and/or reporting databases.)

Hand Count and Billing Records

SECTION VI: USE OF HORMONAL CONTRACEPTION AND IUD BY ADOLESCENTS

17. Please complete the following tables (or use the attached Microsoft Excel worksheets).

Table 3. FEMALE Adolescent Clients (Unduplicated) and Number Provided Hormonal Contraception or IUD, by Age Group, and Calendar Year†

FEMALES	# Adolescent Clients (Unduplicated)	
Overall	CY2009	CY2010
All Unduplicated Clients (Total)		
12-14	193	181
15-17	434	451
18-19	410	366
Total	1037	997
Provided Hormonal Contraception or IUD		
12-14	8	11
15-17	98	103
18-19	138	129
Total	244	243
% Contraceptive Coverage*		
12-14	4.1%	6.1%
15-17	22.6%	22.8%
18-19	33.7%	35.2%
Total	15.4%	13.1%

**Calculated as the proportion of all unduplicated clients provided hormonal contraception or IUD.*

†Note about gathering data: Data should be pulled for unduplicated adolescents by hormonal contraception or IUD adopted or continued, at the time of exit from their last encounter (visit) to the health center in the given reporting period (CY2009 and CY2010). If the client reports using more than one method of birth control, report the most effective one as the primary method.

17a. Please specify the data source used to complete Table 3 above. (Potential data sources: Billing, pharmacy management, electronic medical records (EMR), or other administrative and/or reporting databases.)

Hand Count and Billing Records

SECTION VII: STAFF TRAINING

18. Please indicate whether All, Some, or none of all health center staff (including clinical staff) have received training in the following areas in the past two years.

In the past two years, staff received training on...	All	Some	None
Stages of Adolescent Development			X
State- specific Minors' Rights to Consent and Confidentiality laws or provisions			X
Sexual abuse and reporting laws (state-specific)			X
Cultural Competency		X	
Continuous Quality Improvement		X	
Options Counseling		X	
Youth-Friendly Services			X
Addressing the needs of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Youth			X

19. Please indicate whether All, Some, or None of the clinical staff have received additional training in the following areas in the past two years.

In the past two years, clinical staff received training on...	All	Some	None
Contraceptive Services for Adolescents		X	
Use of the Quick Start method for initiation of hormonal contraception		X	
IUDs for Adolescents			X
Hormonal Implants			X
Emergency Contraception		X	
Pap Smear Guidelines		X	
Breast Exam Guidelines		X	
Conducting a sexual health assessment/history for an adolescent		X	
STI testing for adolescents		X	
HIV testing for adolescents		X	
Male sexual and reproductive health services			X
Continuous Quality Improvement		X	
Options Counseling		X	
Youth-Friendly Services		X	
Addressing the needs of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Youth			X

SECTION VIII: IMPLEMENTATION OF EVIDENCE-BASED REPRODUCTIVE HEALTH PRACTICES

20. Please answer the following questions about your health center by checking the appropriate box.

Does the health center provide the following services on-site?	YES	NO
Pregnancy testing	X	
Standard HIV testing	X	
Rapid HIV testing	X	
Chlamydia and Gonorrhea (CT/GC) testing	X	
CT/GC testing using urine or vaginal swab specimens	X	

21. Please answer the following questions about your health center by checking the appropriate box.

Does the health center provide the following forms of contraception (via <u>prescriptions</u> and/or <u>dispense on-site</u>)?	Prescriptions		Dispense On-site	
	YES	NO	YES	NO
Emergency contraception for females	X		X	
Emergency contraception for males		X		
IUDs		X		X
Hormonal Implants (Implanon)		X		X
Hormonal Contraceptive Pills	X		X	
Hormonal Injection (Depo-provera)	X		X	
Patch		X		X
Ring	X		X	

22. Please indicate how often (Always, Sometimes, or Never) the health center performs the following activities by checking the appropriate box. (Our policy is to do it all the time when indicated)

How often does your health center...	ALWAYS	SOMETIMES	NEVER
Offer adolescents the option of initiating hormonal contraception using the Quick Start method (starting birth control the day of the visit)?		X	
Offer Quick Start initiation of hormonal contraception after an adolescent client has a negative pregnancy test?		X	
Offer Quick Start initiation of hormonal contraception when an adolescent client is provided with Emergency Contraception where the pregnancy test is negative?		X	
Offer adolescents the option of having and IUD inserted using the Quick Start method?		X	
Provide Emergency Contraception (EC) to female adolescents for future use (advance provision)?	X		
Provide Emergency Contraception to male adolescents?			X

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How often does your health center...	ALWAYS	SOMETIMES	NEVER
Provide adolescents with time alone with a health care provider at every visit ?	X		
Take or update a reproductive/sexual health history or assessment at every visit ?		X	
Follow current guidelines for Pap screening (routine Pap screening begins at age 21 or 3 years after initiation of sexual intercourse)?		X	
Offer “ fast track ” or streamlined visits with limited waiting time that includes access to hormonal contraception for adolescents?		X	

23. Which of the following services does the health center require an adolescent patient to receive prior to prescribing or dispensing hormonal contraception?

Service is required prior to dispensing hormonal contraception	YES	NO
Pap Smear	NP	MD
Pelvic Exam	NP	MD
Breast Exam		X
STD Testing		X
HIV Testing		X
Blood Pressure	X	
Weight		X

SECTION IX: ACCESSIBILITY OF SERVICES FOR ADOLESCENTS

24. Please answer the following questions about your health center by checking the appropriate box.

Does the health center...	YES	NO
Require adolescent clients to make an appointment to access care?	X	
Offer same day appointments for adolescent clients?		X
Accept adolescent clients who walk-in for service?	X	

25. How do adolescents make appointments? Check all that apply.

<input checked="" type="checkbox"/>	Call for an appointment which is answered by a health center staff person
<input type="checkbox"/>	Call for an appointment which is answered by a centrally located call center
<input type="checkbox"/>	On-line appointment scheduling
<input type="checkbox"/>	Other (specify: _____)

26. Please indicate the daily hours of operation for the health center, the hours during which the health center provides access to contraceptive and reproductive health services (RHS), the hours during which the health center provides RHS for adolescents. For example, a health center may be open a total of 11 hours on Monday, from 8:00am until 7:00pm, and on that same day make available reproductive health services(RHS) from 2:00pm until 6:00pm, for a total of 4 hours of RHS provision. The same health center offers RHS for adolescents from 3:00pm to 5:00pm, for a total of 2 hours of adolescent RHS. **Then, specify the number of appointments available for adolescents daily.**

		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Hours of operation	Start	7:00am	8:00am	8:00am	8:00am	8:00am		
	End	3:00pm	5:00pm	7:00pm	5:00pm	1:00pm		
Hours of RHS provided	Start	7:00am	8:00am	10:00am	8:00am	8:00am		
	End	3:00pm	5:00pm	7:00pm	5:00pm	1:00pm		
Hours of adolescent RHS provided	Start	12:00pm	8:00am	12:00am	8:00am			
	End	3:00pm	5:00pm	7:00pm	1:00pm			

27. Please indicate the number of appointments available daily for adolescents at your health center.

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Number of available appointments for adolescents	28	32	36	32	20		

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28. Please answer the following questions about your health center by checking the appropriate box.

Are contraceptive and reproductive health services...	YES	NO
Easily accessible by public transportation (within 1 mile of a bus stop, subway stop, etc.)?	X	
Within close proximity (within 1-2 miles) of places where adolescents spend their free time?	X	
Less than 10 miles from area schools?	X	

29. Please answer the following questions about your health center by checking the appropriate box.

Does the health center...	YES	NO
Involve youth in designing services to provide reproductive health care to adolescents?		X
Involve youth in evaluating services to provide reproductive health care to adolescents?		X
Clearly display its hours and services?		X
Produce flyers or pamphlets that advertise its services for adolescents?		X
Advertise its services within the target community (e.g., through radio, local print media, etc.)?		X
Use the Internet (including social media) for education, appointment reminders, and/or communication with clients?		X
Offer discounted services or financing for adolescents?	X	
See adolescents for confidential reproductive health services without parental/caregiver consent?	X	
Use materials that address the needs of lesbian, gay, bisexual, transgender and queer (LGBTQ) youth?		X

SECTION X: CLINICAL PROVIDER ENVIRONMENT

This section collects information that describes the physical health center environment along with the use and application of clinic-based evidence-based interventions.

30. Please answer the following questions about the health center environment.

Does the health center...	YES	NO
Have a separate space/area to provide services for adolescent clients?		X
Have a separate waiting room for adolescent clients?		X
Have a counseling area that provides both visual and auditory privacy?	X	
Have an examination room that provides visual and auditory privacy?	X	
Have teen focused magazines or posters on the walls?		X
Display information (pamphlets, posters, flyers, fact sheets) about an adolescent’s ability to access confidential contraceptive and reproductive health care without parental or caregiver consent.		X
Videos or TV programs showing health related information? (Please specify:)		X
Brief evidence-based or evidence-informed video Interventions designed for adolescents (e.g. “What Would You Do?”)? (Please specify:)		X

SECTION XI: CONTINUOUS QUALITY IMPROVEMENT (CQI)

31. Please answer the following questions about your health center by checking the appropriate box.

Does the health center...	YES	NO
Have specific goals related to reducing teen pregnancy in the community?	X	

31a. Please describe the health center’s goals related to reducing teen pregnancy in the target community.
There is no specific goals

32. Please indicate your health center’s experience using the following performance improvement or continuous quality improvement methodologies to plan, monitor and evaluate health care delivery systems. Check all that apply.

	Continuous Quality Improvement (CQI)
	IHI Model for Improvement including Plan Do Study Act (PDSA)
	Run Collaboratives
X	Clinical Quality Improvement Initiatives
X	Performance Measures
X	Using Data for Program Planning, Monitoring and Evaluation (Data Dashboard)
	Other (specify:)
	None that I am aware of

33. Please answer the following questions about your health center by checking the appropriate box.

Does the health center...	YES	NO
Have staff especially trained and dedicated to identifying and leading quality improvement initiatives?	X	

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34. Please describe a successful effort to improve clinical services undertaken at your health center that resulted in improvement in care for your patients. Include description of target population, goal of improvement, what was done, how success was measured, outcome(s), and why you feel this effort was successful.

Target Population	Adolescent Health
Goal of Improvement	Reduce visit cycle time to improve patient satisfaction and possibly increase the number of patients served.
What was Done to Reach Goal	Identify the average waiting time for each staff member/activity. Brought services such as laboratory and hearing and vision screening to exam room. Scheduled patient evenly throughout the day to reduce over booking.
How was Success Measured	Total time in clinic from sign in to check out, patient satisfaction surveys, number of patients seen.
Outcomes	Improved patient satisfaction, increased number of patients seen, decreased wait time for patient.
Why was it Successful?	Measured a decrease of 18 percent in average visit cycle time. Communicated the problem with staff and got input from staff on methods of improvement. Illicit feedback from staff on design of the implementation of improvements

SECTION XII: CLINICAL PROVIDER SUCCESSES AND CHALLENGES IN THE PROVISION OF CONTRACEPTION AND REPRODUCTIVE HEALTH SERVICES TO ADOLESCENTS

35. Please describe any major barriers or challenges that your health center faces in providing reproductive health care to adolescents (e.g., costs, confidentiality, staff training, etc.). Use as much space as necessary.

1. Ability to get highly reliable contraceptives to be dispensed on site. Specifically, IUDs
2. Several providers resistance to providing contraceptives to teens without a pap or pelvis

36. Please describe successes, best practices and/or special projects that your health center has experienced in the provision of contraceptive and reproductive health care to adolescents. Use as much space as necessary.

1. Having our NP Quick Start patients on contraceptives as a standard practice
2. Exploring developing the use of standing orders. Have the buy in of NPs but not the MD. The NP does the majority of SRH visits at the site.

Thank you for your time and cooperation in completing this ASSESSMENT!