



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

December 4, 2019

The Honorable Nancy J. King
Chair
Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh
Chair
House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

Re: 2019 Joint Chairmen's Report (p. 99) – Training on Integration of Family Planning and Preconception Counseling into Primary Care

Dear Chairs King and McIntosh:

Pursuant to language set forth in the 2019 Joint Chairmen's report (p. 99), the Maryland Department of Health is required to:

work with interested stakeholders to identify training options that encourage primary care and other appropriate health care providers to integrate family planning counseling and preconception counseling into routine care. MDH should report on recommendations for implementing a training program.

If you have questions about this report, or would like additional information, please contact me or my Chief of Staff Tom Andrews at (410) 767-0136 or thomas.andrews@maryland.gov.

Sincerely,

Robert R. Neall
Secretary



**Training for Incorporation of Family Planning Counseling and Preconception Counseling
into Primary Care Settings**

Robert R. Neall
Secretary of Health

Introduction

The 2019 Joint Chairmen’s Report, page 99, requires the Maryland Department of Health (Department) to:

- Work with interested stakeholders to identify training options that encourage primary care and other appropriate health care providers to integrate family planning counseling and preconception counseling into routine care; and
- Make recommendations for implementing a training program.

The Department solicited input for the report from interested stakeholders including Planned Parenthood of Maryland, the American Academy of Pediatrics (AAP), MedChi, the Maryland Nurses Association, the Nurse Practitioner Association of Maryland, the Maryland Affiliate of the American College of Nurse-Midwives (ACNM), and the Mid-Atlantic Association of Community Health Centers. Supplemental information was obtained from stakeholders such as the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians (AAFP), and the National Institute for Children’s Health Quality.

In 2017, the Maryland Title X Family Planning Program (MFPP) released updated Administrative Guidelines for Title X Family Planning Delegate Agencies (delegates).¹ The guidelines task participant delegate sites, including Federally Qualified Health Centers (FQHCs) and local health departments with providing services that are directly related to preventing unintended pregnancies as well as achieving planned pregnancies that result in healthy birth outcomes. These strategies include contraceptive services, pregnancy testing and counseling, services to assist with achieving pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services.

American College of Obstetricians and Gynecologists

ACOG is the professional organization for obstetricians/gynecologists in the United States and provides evidence-based practice recommendations and committee opinions on a wide range of women’s health issues. In January 2019, ACOG released Committee Opinion Number 762: Prepregnancy Counseling (Committee Opinion).²

The Committee Opinion states that the goal of prepregnancy care is to reduce the risk of adverse health effects for a woman, fetus, and neonate by working with the woman to optimize health, address modifiable risk factors, and provide education about healthy pregnancy. Prepregnancy counseling should include a review of a patient’s immunizations, an assessment for immunity, and other appropriate screenings and tests.

¹ “Maryland Title X Information.” Maryland Department of Health, Apr. 2017, https://phpa.health.maryland.gov/mch/Documents/Family_Planning_Guidelines/2017/2017_Family_Planning_Administrative_Guidelines.pdf.

² “ACOG Committee Opinion No. 762.” *Obstetrics & Gynecology*, vol. 133, no. 1, 2019, doi:10.1097/aog.0000000000003013. https://journals.lww.com/greenjournal/FullText/2019/01000/ACOG_Committee_Opinion_No_762_Prepregnancy.53.aspx

The Committee Opinion reinforces preconception counseling as an important tool to provide education and reduce the risk of adverse health effects for the woman, fetus, and neonate. This tool can help a physician or provider work with the woman and her partner to optimize health and address modifiable risk factors, including unintended pregnancies, which make up 45 percent of pregnancies yearly in the United States.³ Preconception counseling recommends that women avoid interpregnancy intervals shorter than six months, and promotes intervals greater than 18 months as an optimal goal.

American Academy of Family Physicians

AAFP represents physicians who provide preventive health services and care for chronic disease for both men and women. In a September 2016 position paper, AAFP supported proactive, individualized care for women and men.⁴ AAFP recommends this care be focused on improving maternal health and reducing maternal and fetal mortality and morbidity. AAFP also supports comprehensive family planning, which would allow women and their partners to prevent unintended pregnancies and increase the chances of conception when pregnancy is wanted.

AAFP recognizes that there are long-standing barriers to quality preconception care. Racial and age-related health disparities result in higher rates of unintended pregnancy and maternal and fetal morbidity and mortality within the affected populations. The position paper notes that the women most in need of counseling are the least likely to receive it. AAFP calls upon family physicians in all settings to lead health care changes and integrate preconception care and family planning into routine primary care visits, and stresses comprehensive counseling for health risks and challenges, including mental health issues; immunizations; medications; and lifestyle risks, such as tobacco, alcohol, or drug usage.

Training Opportunities

Quality Family Planning (QFP), including counseling as well as the Reproductive Life Plan and family planning, is an integral part of MFPP. All of Maryland's family planning program delegates, including local health departments, FQHCs, and private physicians and providers, are required to follow these clinical recommendations, and are evaluated annually in a formal site review to ensure that they have implemented key aspects of QFP in their program. On-site and online educational opportunities are available for MFPP delegates to grow their program and ensure their staff is appropriately trained.

The Family Planning National Training Center (Center) is associated with the Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) to meet the training needs of Title X family planning grantees, delegates, and physicians and other providers.⁵ Within the core family planning training services the Center provides, there are

³ *Ibid.* at 12.

⁴ "Preconception Care (Position Paper)." *AAFP*, American Association of Family Physicians, 4 May 2018, <https://www.aafp.org/about/policies/all/preconception-care.html>.

⁵ "Quality Family Planning Recommendations (QFP)." Family Planning National Training Center, 2017, <https://www.fpntc.org/topics/qfp>.

bundled focus areas including contraceptive services, male services, preconception health, and a toolkit for programs to put the QFP into practice at their site. Many services are available via the Center's free QFP app.⁶

Another online and in-person resource for family planning and preconception care training is the National Clinical Training Center for Family Planning (NCTCFP).⁷ NCTCFP supports high quality clinical skills training as well as resources for physicians and other health care providers both within and outside the Title X system and related public health communities.

In addition to clinical skills training, NCTCFP provides current clinical protocols following national standards and evidence-based support, and trains physicians, providers, and staff. The training center offers technical assistance, in-person long-acting reversible contraception training, and a variety of training approaches. These training approaches include a video hub with resources on contraceptive methods, STIs, substance use, preconception health and counseling, and various screening guidelines.

In addition to these resources, NCTCFP offers webinars, podcasts, and articles summarizing current information about family planning. NCTCFP maintains a page of core competencies training for QFP. The competencies training page provides capacity building to meet the needs for quality family planning and enables physicians and other providers to achieve one or more competencies based on self-directed, targeted, or comprehensive approaches using available resources.

Another possible approach to training Maryland's physicians and providers on integrating preconception care and family planning into routine primary care visits is to partner with an outside organization that has a proven record of training clinicians and staff to maximize opportunities to integrate QFP.

Maryland's Training Needs and Resources

The Department contacted several stakeholders in the field for information about the current need for counseling training in the State and the resources physicians and providers can access to receive such training. The Maryland affiliate of ACNM responded that the majority of midwives are aware of counseling, and that nurse midwife education programs teach family planning and preconception care as core topics; however counseling practices vary in different settings and the Maryland Affiliate of ACNM is not aware of any widely-available support or funding for in-practice providers to receive training on counseling.

Training and use of the QFP is already at work by MFPP delegates, and free resources are available online to supplement delegates' learning and assist with integration of the QFP into their sites. Though QFP is endorsed by national medical organizations, CDC, and OPA, there are no current tools to evaluate its use by non-hospital based or associated offices or practices.

⁶ "QFP Apps." Family Planning National Training Center, 1 Oct. 2017, <https://www.fpntc.org/resources/qfp-apps>.

⁷ "National Clinical Training Center for Family Planning." NCTC, 2019, <http://www.ctcfp.org/>.

Maryland's existing efforts through Medicaid

The Medicaid program funds an Administrative Care Coordination Program, which is operated in each of the 24 local health departments across the state. It is often referred to as the Administrative Care Coordination Unit (ACCU). The ACCU assists Medicaid beneficiaries in accessing their Medicaid benefits. Additionally, the ACCU is responsible for developing and maintaining relationships with providers. The ACCU serves as the local arm of the Medicaid Program and engages with providers about program eligibility, policies, and covered benefits and services under the fee-for-service and managed care systems of care, such as the Maryland Family Planning Program and other medical care programs.

Conclusion

Preconception and family planning counseling presents a key opportunity for physicians and other health care providers to address multiple health issues of both women and men with reproductive potential. Integrating counseling into practice in the State can help physicians and providers address a patient's health risks and challenges and reduce adverse health effects for potential parents, as well as their fetuses and neonates. With counseling, providers can help patients identify and manage chronic diseases, address modifiable risk factors, develop healthy habits, and become educated on topics such as birth control and healthy pregnancy.