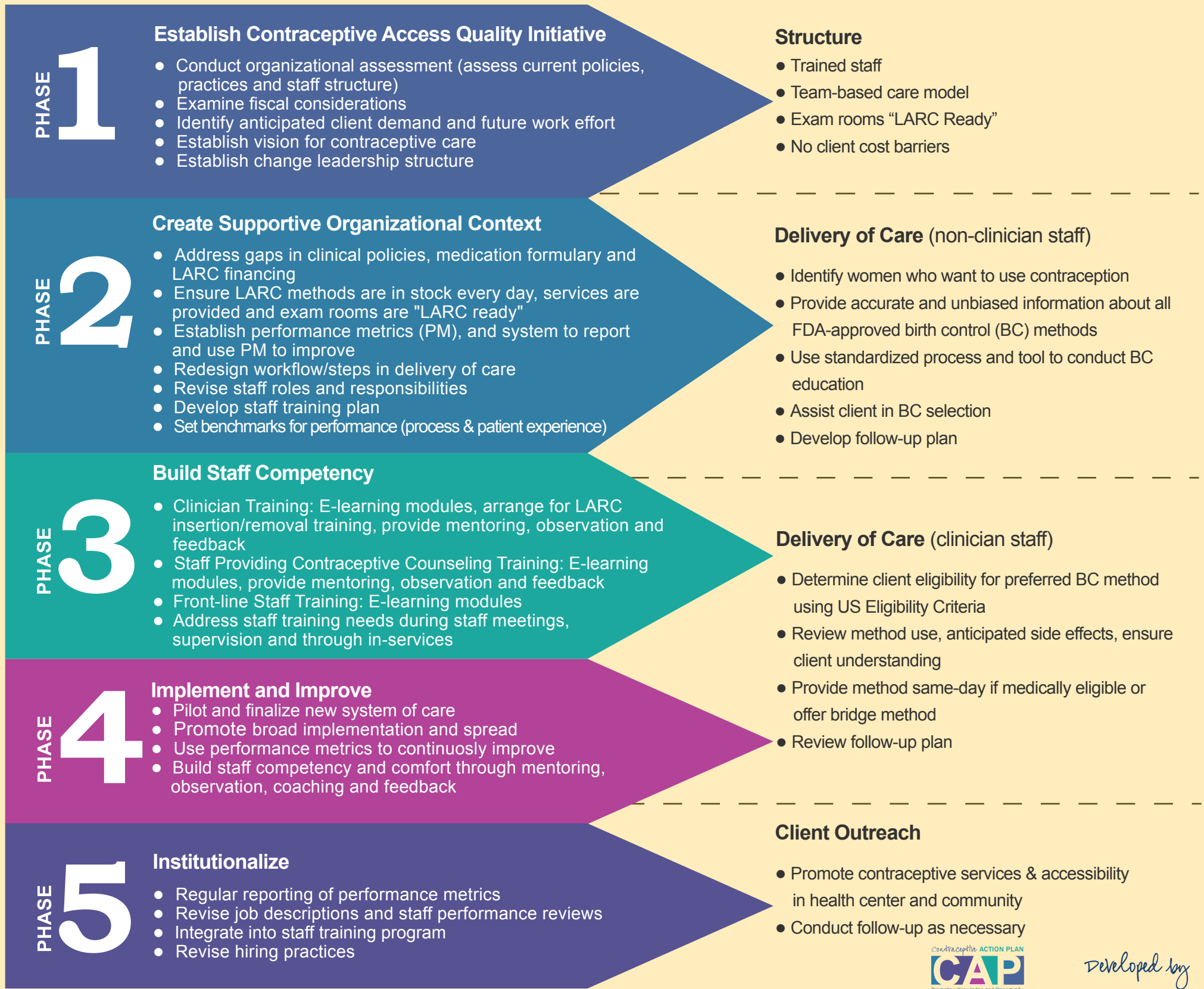


CONTRACEPTIVE ACTION PLAN

IMPLEMENTATION MODEL

PROGRAM MODEL



PHASE 1

Establish Contraceptive Access Quality Initiative

- Conduct organizational assessment (assess current policies, practices and staff structure)
- Examine fiscal considerations
- Identify anticipated client demand and future work effort
- Establish vision for contraceptive care
- Establish change leadership structure

Structure

- Trained staff
- Team-based care model
- Exam rooms "LARC Ready"
- No client cost barriers

PHASE 2

Create Supportive Organizational Context

- Address gaps in clinical policies, medication formulary and LARC financing
- Ensure LARC methods are in stock every day, services are provided and exam rooms are "LARC ready"
- Establish performance metrics (PM), and system to report and use PM to improve
- Redesign workflow/steps in delivery of care
- Revise staff roles and responsibilities
- Develop staff training plan
- Set benchmarks for performance (process & patient experience)

Delivery of Care (non-clinician staff)

- Identify women who want to use contraception
- Provide accurate and unbiased information about all FDA-approved birth control (BC) methods
- Use standardized process and tool to conduct BC education
- Assist client in BC selection
- Develop follow-up plan

PHASE 3

Build Staff Competency

- Clinician Training: E-learning modules, arrange for LARC insertion/removal training, provide mentoring, observation and feedback
- Staff Providing Contraceptive Counseling Training: E-learning modules, provide mentoring, observation and feedback
- Front-line Staff Training: E-learning modules
- Address staff training needs during staff meetings, supervision and through in-services

Delivery of Care (clinician staff)

- Determine client eligibility for preferred BC method using US Eligibility Criteria
- Review method use, anticipated side effects, ensure client understanding
- Provide method same-day if medically eligible or offer bridge method
- Review follow-up plan

PHASE 4

Implement and Improve

- Pilot and finalize new system of care
- Promote broad implementation and spread
- Use performance metrics to continuously improve
- Build staff competency and comfort through mentoring, observation, coaching and feedback

Client Outreach

- Promote contraceptive services & accessibility in health center and community
- Conduct follow-up as necessary

PHASE 5

Institutionalize

- Regular reporting of performance metrics
- Revise job descriptions and staff performance reviews
- Integrate into staff training program
- Revise hiring practices

