



Family Planning Quality Improvement

Increasing Access to Care & Daily Production

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About – Family Planning

- The Family Planning Program is a federal (Title X) and state (FPNV) funded program that provides a broad range of family planning services that are voluntary, confidential, and provided regardless of ability to pay.
- Southern Nevada Health District (SNHD) has been a Family Planning provider for the residents of Clark County since 1983. The program expanded through the Southern Nevada Community Health Center (SNCHC), a Federally Qualified Health Center (FQHC) program, servicing patients at two direct sites. As an FQHC, the Family Planning program is a required service. Services include:
 - Birth Control
 - Preconception and Reproductive Health Counseling
 - Sexually Transmitted Infection Testing and Treatment
 - Women's Cancer Screening
 - Basic Infertility Services
 - Pregnancy Testing and Counseling
 - HIV Prevention (PrEP and PEP) and Testing
 - Discounted medications for eligible patients under the 340B Program
- SNCHC's population of Family Planning patients are primarily uninsured female adults (2024).
 - Gender: Female 96.5%; Male 3.5%
 - Age Group: Adolescents 2.4% ; Adults 97.6%
 - Insurance status: Public Insurance 15.5%; Private Insurance 12%; Uninsured 72.5%

About – Service Integration

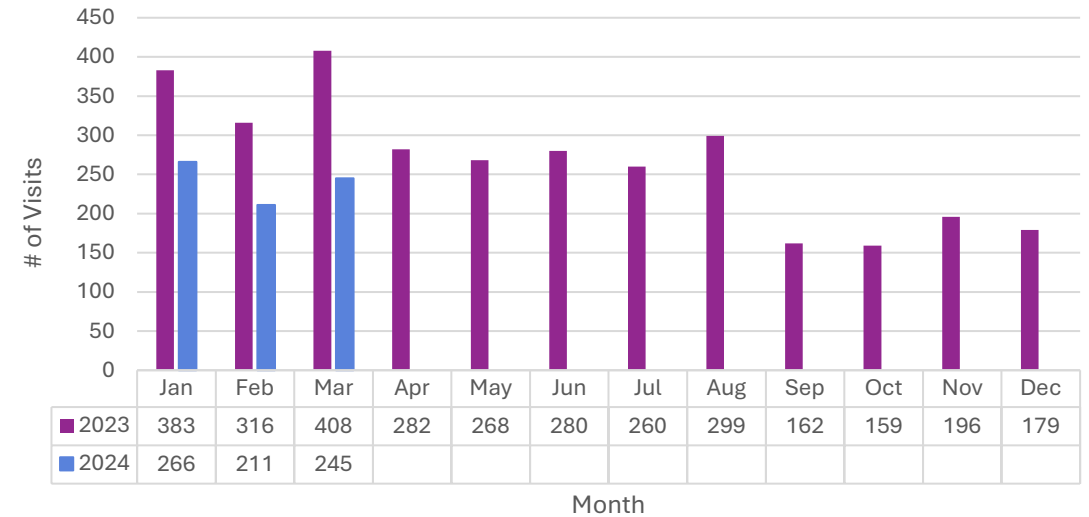
- Service Integration & Outlook
 - With increasingly limited resources, a rise in patient demand, and the need for fiscal growth, SNCHC began planning for a transition and rebranding to more fully integrate services.
 - Service integration would leverage the limited resources to address not only Family Planning related concerns but also provide opportunities to increase STI testing and create a point of entry for both men and women who need services in this space.
 - As integration plans evolve, the health center team continues to develop new work flows to maximize services.



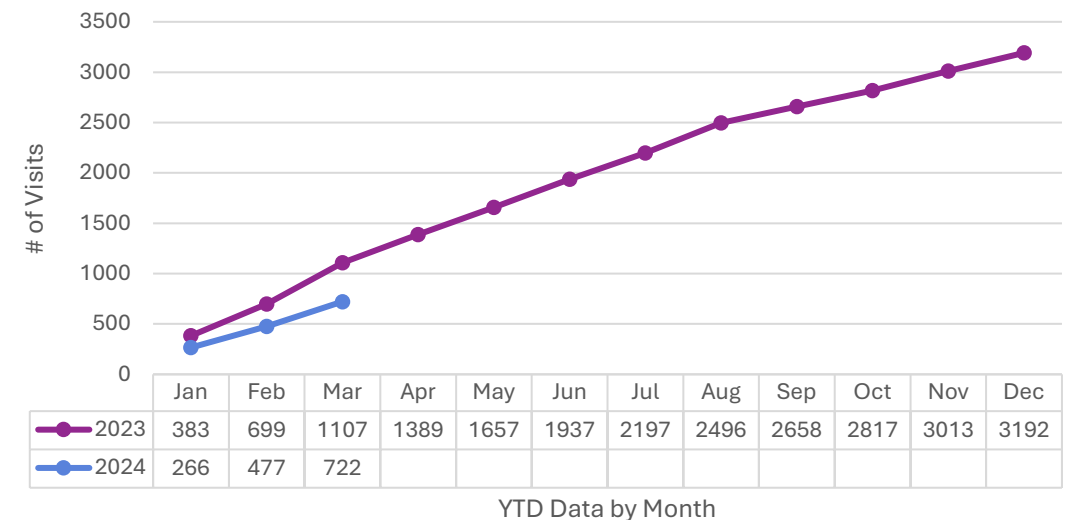
What's the Issue?

- Prior to the start of the project period, the SNCHC Family Planning program experienced setbacks over a period of several years:
 - Relocation (from Nellis, to Bonanza, to Fremont)
 - Staffing changes (from 3 provider FTEs to 1)
- As a result, in 2023, there was a yearlong decline in access to services, causing a decrease in visit counts and overall productivity.

SNCHC Family Planning – Visits by Month

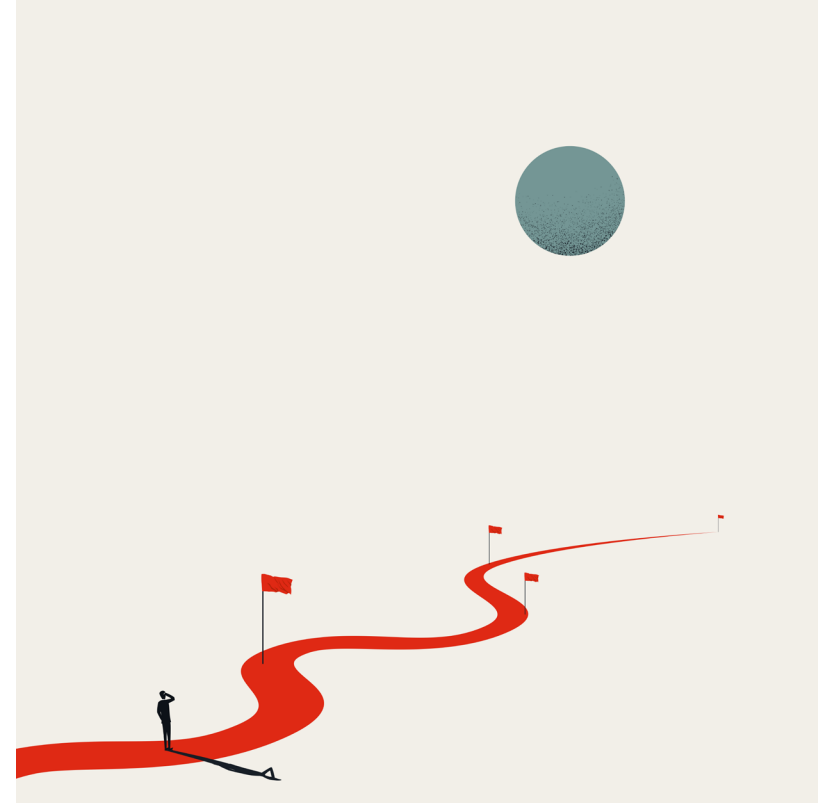


SNCHC Family Planning - Visits YTD



Why it's Important

- Increase Access*
 - Increasing access means we can serve more patients, provide better care, and create more touch points for patients by addressing their needs sooner.
- Part of the Title X Program Expectations and Deliverables
- Increase Revenue*
 - Generating more activity will provide opportunities for increased revenue, long-term sustainability, and potential for growth and expansion.
- Provide comprehensive Family Planning (FP), an entry point into Primary Care, and other related preventative health services, with a focus on low-income families.



**Aligns with overarching SNCHC Strategic Goals*

Our Goal

- The SNCHC Family Planning Program goal is to **increase the number of patient visits by 10%** beginning April 1, 2024 (start of project period), until March 31, 2025 (end of project period).

Baseline	2,807 patient visits (YTD April 2023 – March 2024)
Goal (10%)	3,088 patient visits (YTD April 2024 – March 2025)



Our Team

Team Members	Role
Bernie Meily, Merylyn Yegon	Manager/Facilitator
Cassandra Major	Clinical Office Supervisor/Meeting Scribe/Data Information Liaison
Felicia Sgovio, Claudia Garcia	QMC/Intern/Meeting Scribe/Data Information Liaison
Dr. Robin Carter	Medical Director/SME
Adrienna Young, APRN, Josefina Ascano, APRN, Victoria Allen, APRN	Providers/SME
Yoli Villalobos, Daisy Andrade, Yvonne Royval, Beatriz Valdez-Ayala	Medical Assistant/SME
Tina Servando	Senior Community Health Nurse/SME
Joannah Delarmente, Xcelza Manaloto, Maria Mendoza, Mayra Avalos, Julie Bingham	Community Health Nurse/SME
Jocelyne Duarte, Krystal Camarena	Lead PSR, Senior Administrative Assistant, Front Office SME
Call Center Staff	Appointment Reminder Outreach

What We Did

PDSA - Plan, Do, Study, Act	Completed	Results (# of Visits)	%
<ul style="list-style-type: none"> • Increase referrals from other clinical programs • Schedule appointments from requests made via Healow (patient portal) • Increase outreach activities • Project promotion activities; implement CPEP • Contact patients on the no-show log • Offer patient incentives during outreach activity by scheduling appointment and showing up • Provider integration – cross-train a Family Health (FH) provider into Family Planning (FP) services • Integrated CHWs as part of the care team to address Social Determinant of Health SDoH 	Q2 2024	Q2 2023: 830 Q2 2024: 883	6.3%
<ul style="list-style-type: none"> • MA outreach calls – moving patient appointments up sooner when there is a cancellation or opening • Provider integration – continue training FH provider into FP • Identify other opportunities – QMC to shadow Family Planning teams 	Q3 2024	Q3 2023: 721 Q3 2024: 797	10.5%
<ul style="list-style-type: none"> • Increase provider support – Nurse Practitioner (NP) to see FP patients on Tuesdays • Increase clinical staff support – additional medical assistants to support NP on Tuesdays • Appointment reminders – Call center to inform new/procedure patients to arrive one hour early • Strategic scheduling via FP staff to avoid scheduling past 6 months • Annual visit outreach – Pull report of patients who are due for their annual visit; call and schedule patients • Work with Office of Communications to expand marketing. 	Q4 2024	Q4 2023: 534 Q4 2024: 887	66.1%

What We Did

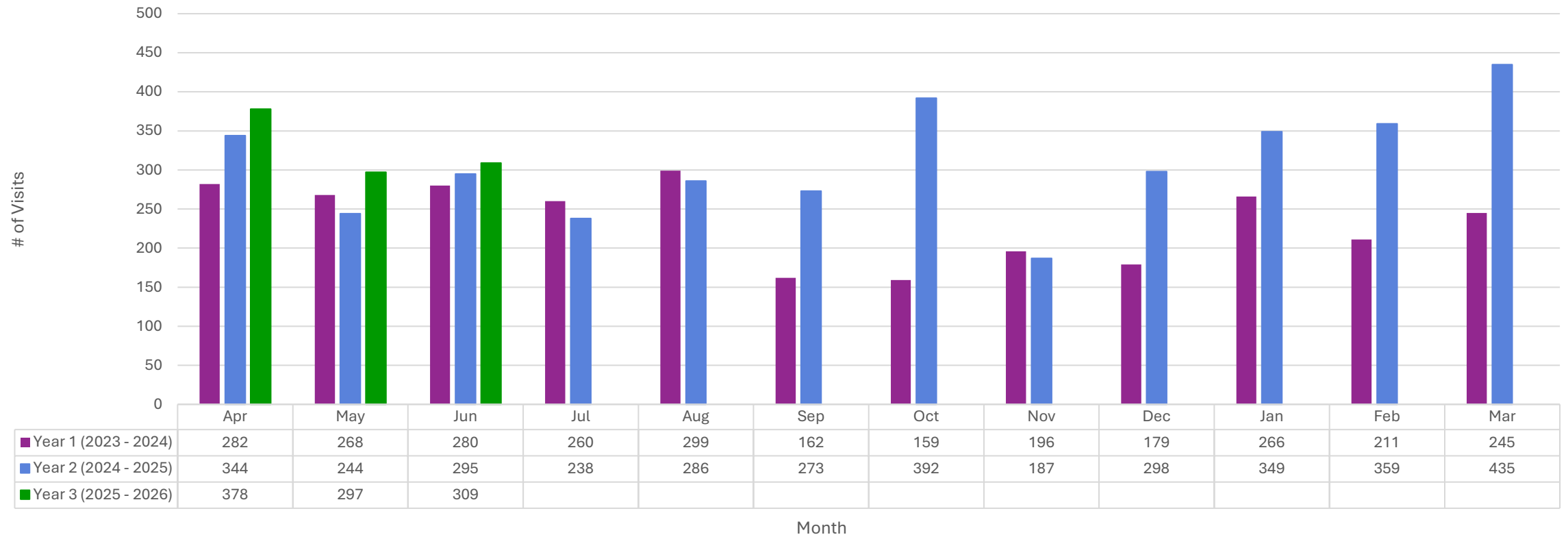
PDSA - Plan, Do, Study, Act	Completed	Results (# of Visits)	%
<ul style="list-style-type: none">• Slot conversion – convert teleaudio/televisit slots• Same day slots – reserve for Sexual Health Clinic overflow (8:40am and 2:40pm)• Advanced appointment reminder calls (2 weeks)• Front office Lead PSR to ensure team is verifying phone numbers• Paperless registration – Healow Kiosk implementation for FP (electronic patient check-in process begins)• Intern to assist with FP QI project – training, shadow/observe team, assist MA, support QMC with data collection• Marketing adds posted.	Q1 2025	Q1 2024: 722 Q1 2025: 1,143	58.3%
<ul style="list-style-type: none">• FP & SHC integration via Title X training• Slot conversion – Open same day slot back up to FP patients (8:40am – 2:40pm); convert to FP INT• New appointment templates – add more appointment slots to support strategic scheduling, integration visits (patients receiving more than one service per day), and same day appointments/walk-ins• Changes to lunches – increased access to mid-day appointments for smoother operations• Paperless registration – continued expansion of Healow Kiosk across programs and sites	Q2 2025	Q2 2024: 883 Q2 2025: 984	11.4%

Marketing Ads



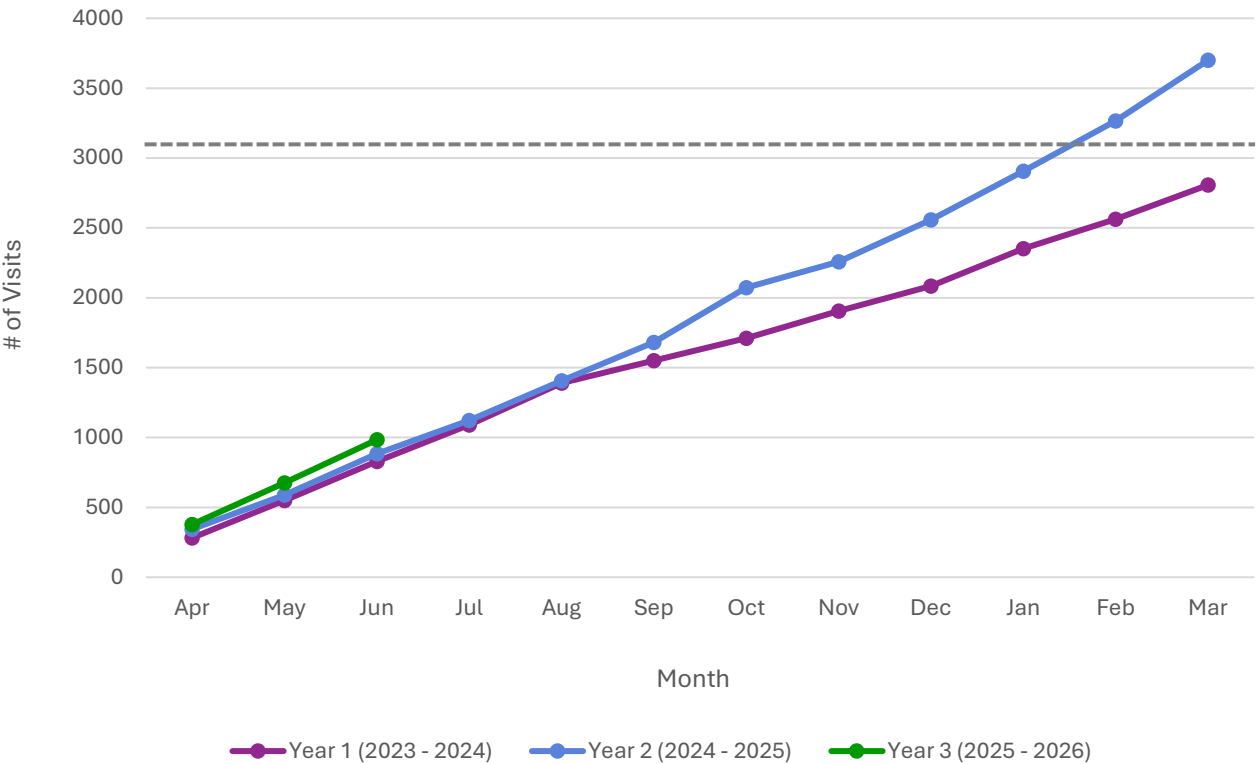
Our Results

SNCHC Family Planning - Monthly Visits (by Project Period)



Our Results - Continued

SNCHC Family Planning - YTD Visits
(by Project Period)



Baseline	2,807 patient visits (YTD April 2023 – March 2024)
--- Goal (10%)	3,088 patient visits (YTD April 2024 – March 2025)

Month (YTD)	2023- 2024	2024 - 2025	%
Apr (start)	282	344	22%
May	550	588	7%
Jun	830	883	6%
Jul	1,090	1,121	3%
Aug	1,389	1,407	1%
Sep	1,551	1,680	8%
Oct	1,710	2,072	21%
Nov	1,906	2,259	19%
Dec	2,085	2,557	23%
Jan	2,351	2,906	24%
Feb	2,562	3,265	27%
Mar (end)	2,807	3,700	32%

Goal Exceeded by 20%

Month (YTD)	2024- 2025	2025 - 2026	%
Apr (start)	344	378	10%
May	588	675	15%
Jun	883	984	11%

Lessons Learned

What worked well:

- Provider and care team integration
 - Addition of provider and care team support had a significant impact
- Outreach calls
- Appointment template changes
- Lunch break changes
- Avoid scheduling extended appointments past 6 months

What became a challenge:

- Reserving same day slots for clinic overflow
 - Best done as needed, as slots are not always fully utilized
- Long Visits
 - Extensive procedures scheduled before lunch or at the end of the shift interrupts clinic flow
 - Visits utilizing the Language Line may prolong the appointment.
- Limited Space
 - When exam room space is limited, working with other teams to borrow their rooms has helped overcome this barrier.
- Patient no-shows
 - Difficult to prevent patients from not-showing to their appointment
 - Patients without childcare may be to rescheduling or cancel



What's Next?



- Future of Family Planning
 - While there are uncertainties about Title X Family Planning, SNCHC will continue to strive for service excellence by shifting gears, as needed, through a multidisciplinary approach.
- Next Steps:
 - Continue to increase access to support financial sustainability and growth
 - Continue to focus on service integration
 - Continued training and development of other health center providers to support FP services
 - Grow in the Medicaid space
 - Ultimately become a Patient-Centered Medical Home to all our patients



Questions?