



# Strategies Title X Providers are Using to Meet Clients' Family Planning Needs during the COVID-19 Pandemic

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# Disclaimer

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# Agenda

- Overview of the Trends in Family Planning Service Provision project
- Clinics' initial response to COVID-19
- Adaptations to clinic services
- How clinics plan to move forward
- Conclusion

# Overview: Trends in Family Planning Service Provision Project

- Mixed methods study
- In March 2020, added questions related to the pandemic
- Conducted 33 semi-structured interviews with Title X staff
- Findings drawn from an informal analysis of interview data

# Clinics' Initial Response to COVID-19

- Clinics had to determine:
  - Whether to stay open
  - Which services to prioritize
  - How to balance family planning and COVID-related emergency response services



*“So, when [the pandemic] first hit, we basically canceled any screening services. We wanted to make sure that all of our clients got their birth control...we just put anything off that we could put off.”*

*“Being a federal clinic, we did not close. We remained open. And actually, we were one of the few centers that started doing COVID testing.”*

# Clinics' Initial Response to COVID-19

- Clinics also had to determine:
  - How to adapt to evolving guidelines
  - How to balance remote and in-person services
  - How to protect staff safety
  - How to protect client safety



*“The first word that comes to mind is ‘constantly’. Every week is a new adjustment or micro-adjustment to what we put in place the week before [...] We experienced just an internal challenge around making unprecedented decisions as a team.”*



# Clinic adaptations during the COVID-19 pandemic

- Timely delivery of contraceptive methods
- Use of technology to deliver family planning services
- Adapting to social distancing requirements for in-person care

# Timely delivery of contraceptive methods

- Reserving limited in-person appointments for insertion or removal of long-acting reversible contraceptives (LARC)
- Incorporating new approaches for administering contraceptive injections
- Being flexible in the distribution of other contraceptive methods

# Reserving in-person appointments for LARC

- Some clinics use waiting lists
- Bridge methods sometimes necessary



*“Oh, we prioritize certain services certainly now they can get them. There was a while where we had most things on hold. But if someone was demanding their LARC out or what-- we saw people. We saw some people each day based on a priority.”*

# New approaches for administering contraceptive injections

- Curbside administration of Depo
- Extending the interval for Depo to 15 weeks
- Changing Depo to a self-administered, subcutaneous injection



*"And for Depo, the interview is done while they're in their car outside on the phone, okay. And then for their Depo shot, they'll pull around to the side. And we... [have] an extra entrance where we can go out and give the Depo shot."*

# Flexible distribution of other contraceptive methods

- Extending prescriptions without requiring a check up
- Curbside or drive through prescription pick up
- Mailing prescriptions home
- Sending prescriptions directly to the pharmacy
- Expedited clinic pick-ups



*“The overall goal is to get them their contraceptives [...] So, **however that can get done is how we try to operate.**”*



# Use of technology to deliver family planning services

- Investing in telehealth infrastructure
- Using technology to streamline in-person services

# Investing in telehealth infrastructure

- Building and updating patient portals
  - Some with integrated video call systems
- Developing mobile-friendly forms
- Sending automated text messages



*“We had gotten a new electronic health records system just about a year ago [...] So we just need to put a ton of energy in a short amount of time to getting our telehealth system integrated into our EHR. [...] Ours is integrated into our main EMR, which was a lot more work to get set up. But in the end, it's more useful.”*

# Use of technology to streamline in-person services

- Completing background forms
  - Online portal
  - Over the telephone
- New check-in procedures
  - Over the phone
  - Outside kiosk
- Conducting hybrid visits



*“With our preventive care, with our annuals, we split those visits in half where half of the visit is a telehealth, where they do all the history, all the talking. And then the other half, if they need pap or a mammogram referral or anything like that, then they come in for a shorter amount of time.”*

# Adapting to social distancing requirements for in-person care

- Reducing or eliminating waiting rooms
- Relocating services to the outdoors
- Reorganizing client flow inside the clinics



## Reducing or eliminating waiting rooms

*“[We] have people who wait out in their cars and chairs along the sidewalk. We have people in the waiting room. Sort of these layers of people waiting to come in and be seen.”*



## Relocating services to the outdoors

*“We also did get two pods outside. So they look a lot like the metal container-type things but they aren't metal. But that's essentially the rough shape. So currently have two providers who are outside and seeing patients in those little pods. And then we also have parking lot visits for people who don't want to come upstairs.”*





## Reorganizing client flow inside the clinics

*“We created a runner system where the patient walks in the door and gets COVID screening and then is directed in the room that they're going to be seen to eliminate waiting area time and everybody social distanced.”*

# Moving forward

- Telehealth services
- Digital infrastructure





*“I think realizing that we have these barriers in place, whether it was, ‘Oh, you need to come in every 12 months for your birth control prescription renewal,’ or ‘No, we can't. We're not able to prescribe you that without a face-to-face visit.’ And those things were kind of unquestioned barriers that we all just sort of accepted. And then realizing how quickly they were able to bust through them, that's what we really need to do. I guess I just don't think you can go back on to that stuff.”*



*“One good thing about COVID was the telehealth that we can actually access them at home, and they don't have to come in and get childcare. So that I can say was a big change that really did help a lot of people with childcare issues.”*

# Moving forward

- Challenges
- Policies and regulations affecting the continuation of adaptations





*“I'm hoping the telephone visit. But that really depends on insurance agencies, if they'll continue to fund those, to cover those. They never did in the past so we rely heavily on our government to okay that with insurance companies.”*

# Conclusion

- During the pandemic, family planning clinics implemented strategies to meet clients' needs:
  - Continue delivering contraceptive methods
  - Develop and improve their technology infrastructure
  - Streamline in-person services
- These adaptations have removed some barriers to service utilization that existed before the pandemic and may have important implications for the future of family planning service delivery



# Thank You!

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