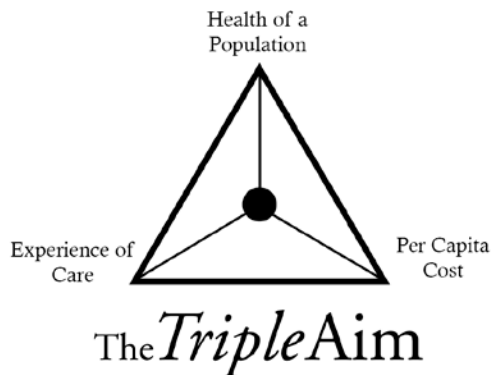


[INSERT NAME OF CLINIC]

## A Title X Essential Community Provider (ECP)

[INSERT NAME OF CLINIC] is a Title X **Essential Community Provider (ECP)** serving [INSERT GEOGRAPHIC AREA]. [INSERT TOTAL LOCAL ESTIMATE NUMBER OR PERCENT FROM TITLE X MAPPING TOOL] low-income women of reproductive age need family planning services in [INSERT GEOGRAPHIC AREA]. Our clinic serves as a gateway to health care for many individuals seeking preventive care services. Our clinic's relationships with local partners serve to mitigate the need for more intensive and costly health care services by linking our clients to essential primary care and health services.



[INSERT NAME OF CLINIC] supports the “Triple Aim” to:

- 1) *Improve the health of the defined population,*
- 2) *Enhance the patient care experience (including quality, access and reliability), and*
- 3) *Reduce, or at least control, the per capita cost of care.<sup>1</sup>*

[INSERT NAME OF CLINIC] helps to **improve the health of populations** by:

- ❖ Reducing the total cost of care by supporting a key determinant of health: the ability to determine the number and spacing of childbearing.
- ❖ Using an electronic health record (EHR) system to exchange timely and accurate information with clients, other providers, and health plans.
- ❖ Collecting and reporting on measures consistent with Healthcare Effectiveness Data and Information Set (HEDIS) measures and National Quality Forum (NQF) measures, including those endorsed for the Centers for Medicare & Medicaid Services (CMS) meaningful use incentive program. For example, during [INSERT TIMEFRAME]:
  - [INSERT PERCENT] of women 21-64 years of age received cervical cancer screenings (CMS124v4, NQF # 0032).
  - [INSERT PERCENT] women 16-24 years of age identified as sexually active received at least one screening for chlamydia during the measure period (CMS153v4, NQF #0033).
  - [INSERT PERCENT] of patients aged 18 and older received high blood pressure screening and a recommended follow-up plan (CMS22v4).
  - [INSERT PERCENT] of patients aged 18 years and older received their Body Mass Index (BMI) and a follow-up plan if the BMI was outside of normal parameters (CMS69v4, NQF #0421).
  - [INSERT PERCENT] of patients aged 18 years and older received tobacco screening one or more times within 24 months and received cessation counseling if they were tobacco users (CMS138v4, NQF # 0028).

During [INSERT TIMEFRAME], [INSERT NAME OF CLINIC] helped **improve the patient experience of care** by:

- ❖ Adhering to evidence-based guidelines such as [Providing Quality Family Planning Services, Recommendations of CDC and the U.S. Office of Population Affairs](#).
- ❖ Providing [INSERT NUMBER OF] clients with access to a wide range of onsite family planning services, including Long-Acting Reversible Contraception methods, case management, and referrals to other providers.
- ❖ Providing [INSERT NUMBER] individuals with health insurance enrollment services.
- ❖ Serving as a usual source of care for six in ten Title X patients.<sup>1</sup>

6 in 10 women served by Title X family planning clinics consider it their usual source of care.

**Reducing the per capita cost of health care** during [INSERT TIMEFRAME] by achieving a below-market average cost per visit of [INSERT COST PER VISIT].

- ❖ On average, for every dollar spent on family planning services in 2010, Title X clinics achieved a cost savings of \$7.09 to the health care system.<sup>2</sup>

The U.S. health care system spends significant dollars addressing unintended pregnancies, preterm births, breast and cervical cancers, and sexually transmitted infections (STIs). For example:

- ❖ Unintended pregnancies cost the U.S. an estimated \$21 billion in public funding in 2010 alone.<sup>3</sup>
- ❖ Each year, preterm births cost the U.S. at least \$26 billion.<sup>4</sup>
- ❖ In 2014, the U.S. spent an estimated \$17.2 billion on breast cancer care.<sup>5</sup>
- ❖ In 2014, the U.S. spent an estimated \$1.3 billion on cervical cancer care.<sup>6</sup>
- ❖ Each year the U.S. spends at least \$15.6 billion on STI treatments, including HIV.<sup>7</sup>

Title X clinics save over \$7 for every \$1 spent in the health care system.

Comprehensive family planning and related preventive health services is at the heart of Title X services at [INSERT NAME OF CLINIC], contributing to the reduction of preventable health care costs.

<sup>1</sup> Frost, J. J. (2013, May). U.S. women's use of sexual and reproductive health services: Trends, sources of care and factors associated with use, 1995–2010. Retrieved from <https://www.guttmacher.org/pubs/sources-of-care-2013.pdf>

<sup>2</sup> Frost J. J., Sonfield, A., Zolna, M. R., & Finer, L. B. (2014). Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program, 2014. *The Milbank Quarterly*, 92(4): 667-720. Retrieved from [https://www.guttmacher.org/pubs/journals/MQ-Frost\\_1468-0009.12080.pdf](https://www.guttmacher.org/pubs/journals/MQ-Frost_1468-0009.12080.pdf)

<sup>3</sup> Sonfield, A. & Kost, K. (2015, February). Public costs from unintended pregnancies and the role of public insurance programs in paying for pregnancy-related care: National and state estimates for 2010. Guttmacher Institute. Retrieved from <http://www.guttmacher.org/pubs/public-costs-of-UP-2010.pdf>

<sup>4</sup> Butler, A. S., Santa, E. J., & Cox, T. L. (2006, July). Preterm Birth: Causes, consequences, and prevention. Institute of Medicine. Retrieved from <https://iom.nationalacademies.org/-/media/Files/Report%20Files/2006/Preterm-Birth-Causes-Consequences-and-Prevention/Preterm%20Birth%202006%20Report%20Brief.pdf>

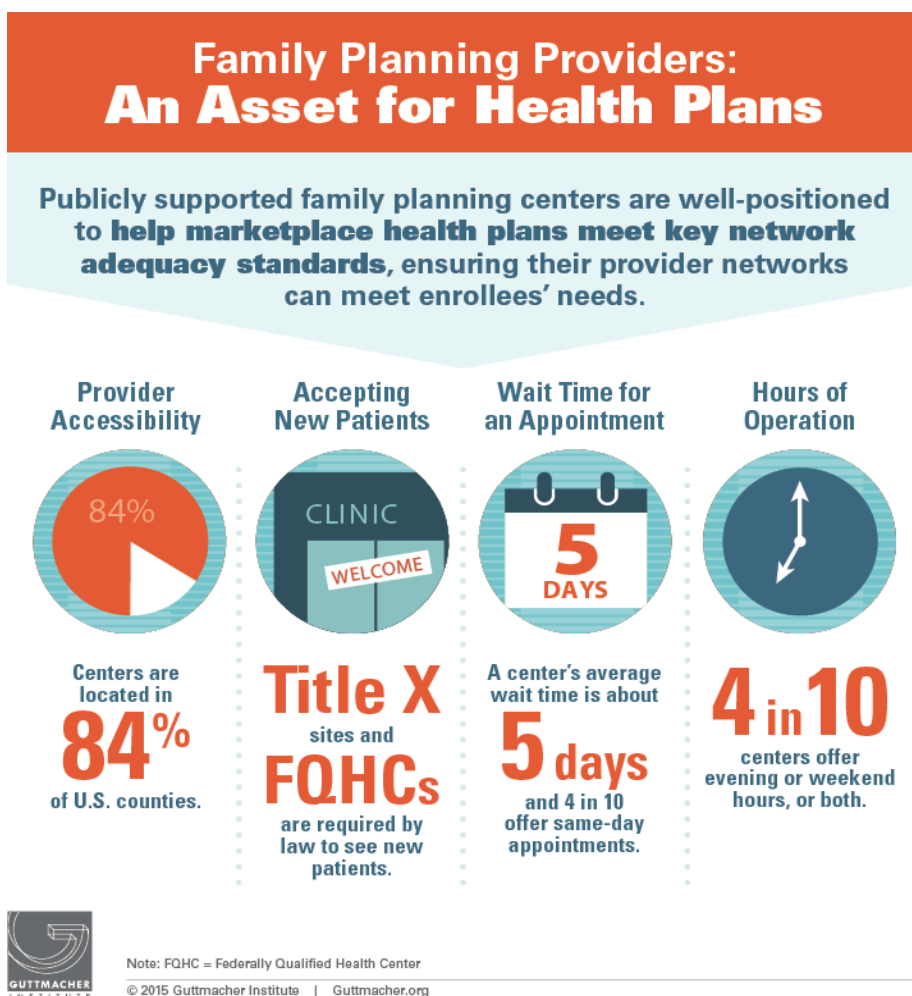
<sup>5</sup> National Cancer Institute. (2014, November 5). A snapshot of breast cancer. Retrieved from <http://www.cancer.gov/research/progress/snapshots/breast>

<sup>6</sup> National Cancer Institute. (2014, November 5). A snapshot of cervical cancer. Retrieved from <http://www.cancer.gov/research/progress/snapshots/cervical>

<sup>7</sup> Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2013, February). CDC fact sheet: Incidence, prevalence, and cost of sexually transmitted infections in the United States. Retrieved from <http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf>

## General Information on Title X

- ❖ The Title X program supports a national network of family planning providers grounded in a common standard of high quality, evidence-based reproductive health services.
- ❖ The Title X family planning program was established in 1970 out of growing recognition of the social, economic, and health benefits of enabling women and couples to better control the number and timing of pregnancies.
- ❖ Title X services include confidential contraceptive care, STI screening, HIV testing, and screening for cervical cancer.
- ❖ The Title X network comprises over 4,000 service sites throughout 50 states, the District of Columbia, and U.S. territories.<sup>8</sup>
- ❖ Family planning clients are typically young – 68% of service site clients are under the age of 30.<sup>9</sup>
- ❖ The Title X network helps prevent unintended pregnancies, totaling one million in 2013 alone, with 186,500 of those among adolescents (aged 19 or younger).<sup>10</sup>
- ❖ The need for publicly funded contraceptive services and supplies continues to grow as the proportion of low-income women increases in the U.S.<sup>11</sup>
- ❖ By helping women avoid unintended pregnancies, a net public savings of \$7 billion in 2010 was attributable to services provided at Title X clinics.<sup>12</sup>



<sup>8</sup> Office of Population Affairs. (2015, August). Title X family planning annual report – 2014 national summary. Retrieved from <http://www.hhs.gov/opa/pdfs/title-x-fpar-2014-national.pdf>

<sup>9</sup> Ibid.

<sup>10</sup> Frost, J. J., Frohwirth, L. & Zolna, M. R. (2015). Contraceptive needs and services, 2013 update. Guttmacher Institute. Retrieved from <http://www.guttmacher.org/pubs/win/contraceptive-needs-2013.pdf>

<sup>11</sup> Ibid.

<sup>12</sup> Frost, J. J., Sonfield, A., Zolna, M. R., & Finer, L. B. (2014). Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program, 2014. *The Milbank Quarterly*, 92(4): 667-720. Retrieved from [https://www.guttmacher.org/pubs/journals/MQ-Frost\\_1468-0009.12080.pdf](https://www.guttmacher.org/pubs/journals/MQ-Frost_1468-0009.12080.pdf)