



Bixby Center
for Global
Reproductive
Health



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Family Planning Provider Education and Training in California

HIGHLIGHTS:

- Providers enrolled in California's Medicaid family planning expansion program Family PACT receive support and training from Family PACT and, from Title X funding, administered by the California Family Health Council (CFHC).
- Clinicians at Title X funded clinics are more likely to attend training for each training type compared to clinicians at non-Title X funded clinics.
- Family PACT webinars were the most frequently used training for all types of clinicians.
- Web-based training is particularly important for rural and/or small clinic sites.

Background

Nearly two million low-income Californians receive publicly funded family planning services each year. Providers of family planning services are expected to deliver care that is appropriate to the client's needs and consistent with current evidence-based clinical guidelines. Publicly-funded family planning services are offered through California's Medicaid (Medi-Cal) and its family planning expansion program, Family PACT (Planning, Access, Care, and Treatment), as well as through federal Title X grant funding administered by the California Family Health Council (CFHC).

Family PACT and Title X offer support and training activities to their clinician provider networks. In this brief, we describe available training opportunities and clinician participation for three provider groups that participate in Family PACT: public providers who receive Title X funding; public providers who do not receive Title X funding; and private providers who are not eligible for Title X funding.

Training opportunities for reproductive health providers in California

FAMILY PACT TRAINING

Family PACT provides no cost family planning services to uninsured residents with income at or below 200 percent of the Federal Poverty Guideline. Family PACT is the largest Medicaid expansion program in the United States and in fiscal year 2009 10 served 1.82 million low-income Californians.¹ The extensive network of over 2,000 enrolled clinician providers includes private and public sector providers ranging from OB/GYN, family medicine, pediatrics and internal medicine solo and group practices to women's health clinics, community primary care clinics, federally qualified health centers, and student health centers.

Family PACT provides a variety of professional education opportunities to its enrolled clinician providers, including clinical practice guidelines, webinars (live and recorded), online training modules, and method-specific hands-on training. Continuing education credit is available for physicians, nurse practitioners, and physician assistants (CME: Continuing Medical Education; CEU: Continuing Education Units).

TITLE X SPONSORED AND CO-SPONSORED TRAINING

Public sector providers enrolled in Family PACT are eligible to compete for federal Title X funds. Title X grants are used to conduct outreach to vulnerable populations, improve infrastructure, or provide training opportunities to providers. Title X grantees follow stringent administrative, programmatic, and clinical guidelines and receive extensive technical support and oversight from CFHC.

CFHC offers seminars and conferences on clinical and administrative topics. It also co-sponsors seminars with the Center for Health Training (CHT) and the California Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Prevention Training Center of the California Department of Public Health. Some of these trainings are also available to non-Title X providers. Additionally, CFHC provides on-site staff training as part of its technical assistance to Title X grantees.

THIRD PARTY TRAINING

Other training opportunities include those offered by any other third party entity, such as a medical or nursing school, a professional organization (such as the Association of Reproductive Health Professionals), and organizations that sponsor CME events (such as topic-specific conferences).

Methodology

In May 2010, we conducted a survey of all 2,237 clinician providers enrolled in Family PACT. The response rate was 48%, resulting in a total of 1,072 completed surveys. Questions assessed clinic access and operational efficiency, such as expanded clinic hours, use of technology, outreach to certain hard-to-reach populations, and on-site services. Additionally, the survey assessed the type of professional education available at the practice site and whether clinicians participated in a reproductive health training activity in the prior two months.

Clinics differ in their emphasis on professional growth opportunities that are made available to clinicians. We combined provider education initiatives in four categories based on the amount of effort or finances the clinician had to invest:

- 1. Clinic-initiated, on-site:** staff meetings or trainings where clinical practice topics are discussed, as well as the internal distribution or posting of clinician alerts.
- 2. Self-directed, on-site:** on-site provider education that requires clinician initiative, such as taking advantage of available professional journals and in-office access to Internet programs or courses.
- 3. Clinic-sponsored, off-site:** Time and fees paid by employer for clinician to attend continuing education events such as classroom-based training or training offered by an affiliated umbrella organization.
- 4. Self-paid, off-site:** Expenses to attend training events paid by clinician.

Results

TABLE 1: Training by Provider Type

	Provider Type			All (n=1072)
	Title X	Non-Title X Public	Private	
	(n=239)	(n=308)	(n=525)	
	%	%	%	
TRAININGS ATTENDED				
Title X trainings (CFHC, CHT, and STD/HIV Training Center)	22	12	7	12
Family PACT web-based training	31	26	24	27
Family PACT CME/CEU training	14	13	4	9
Family planning topic provided by third party	20	9	9	11
TRAINING TYPES AVAILABLE				
Clinic-initiated, on-site	89	78	52	68
Self-directed, on-site	85	80	73	78
Clinic-sponsored, off-site	90	69	42	61
Self-paid, off-site	21	18	12	15

TRAININGS ATTENDED:

- Clinicians at Title X-funded clinics are more likely to attend training for each training type. As expected, CFHC trainings were primarily attended by Title X providers. Additionally, clinicians working at Title X sites were twice as likely to have attended training on a family planning topic offered by a third party than clinicians working at non-Title X public and at private provider sites.
- Family PACT webinars were the most frequently used training for all types of clinicians.
- Family PACT CME/CEU training (e.g., intrauterine contraceptive insertion practicum) was an important source of training for public providers with 14 percent of Title X and 13 percent of non-Title X sites.

TRAINING TYPES AVAILABLE:

- Providers at Title X-funded clinics were more likely to have access to all the training opportunities.
- Public providers in general appear to have a wider variety of training opportunities available than private providers.
- While 90 percent of providers at Title X-funded clinics had some kind of supported, off-site training, 69 percent of non-Title X public providers and only 42 percent of private providers did.

TABLE 2: Training by Clinic Size

	Small Clinics (<=2 FTE)			Large Clinics (>2 FTE)		
	Title X	Non-Title X Public	Private	Title X	Non-Title X Public	Private
	(n=102)	(n=140)	(n=434)	(n=137)	(n=168)	(n=91)
	%	%	%	%	%	%
TRAININGS ATTENDED						
Title X trainings (CFHC, CHT, and STD/HIV Training Center)	20	9	7	23	14	8
Family PACT web-based training	30	21	22	32	31	37
Family PACT CME/CEU training	13	11	4	15	14	9
Family planning topic by third party	17	9	7	23	10	14
TRAINING TYPES AVAILABLE						
Clinic-initiated, on-site	83	70	51	93	84	62
Self-directed, on-site	79	73	71	90	86	81
Clinic-sponsored, off-site	86	60	37	93	77	64
Self-paid, off-site	23	10	12	19	24	9

In order to further explore training options, clinics were broken down by the number of full time equivalent clinicians (FTEs) providing family planning services at the site. Clinics with two or fewer full-time clinicians providing family planning services were classified as small, and those with more than two FTEs were classified as large.

TRAININGS ATTENDED:

- Web-based Family PACT trainings were most popular regardless of clinic size.
- In general, providers at larger clinics were more likely to report attending any of the trainings.

TRAINING TYPES AVAILABLE:

- A higher percentage of Title X sites facilitated their clinicians’ professional growth by providing training either on-site or paying for the off-site training.
- One-fourth of non-Title X public providers in large clinics reported that their clinicians participated in training opportunities even if they had to pay for it themselves.
- Small private providers reported fewer clinic-initiated training opportunities for their clinicians than larger private provider sites. This is not surprising, but it reinforces the importance of using web-based technologies as a large proportion of these clinicians (71 percent) were able to participate in on-site training opportunities.

TABLE 3: Training by Provider Specialty

	Family Plan/Women’s Health			Primary Care/Multi-Specialty		
	Title X	Non-Title X Public	Private	Title X	Non-Title X Public	Private
	(n=112)	(n=49)	(n=215)	(n=125)	(n=257)	(n=304)
	%	%	%	%	%	%
TRAININGS ATTENDED						
Title X trainings (CFHC, CHT, and STD/HIV Training Center)	20	31	7	23	8	8
Family PACT web-based training	31	47	22	31	22	26
Family PACT CME/CEU training	11	18	5	18	11	4
Family planning topic by third party	27	16	7	14	8	10
TRAINING TYPES AVAILABLE						
Clinic-initiated, on-site	91	76	50	87	78	54
Self-directed, on-site	85	84	71	86	79	74
Clinic-sponsored, off-site	91	78	43	90	68	41
Self-paid, off-site	19	20	17	22	17	8

TRAININGS ATTENDED:

- There were no differences among Title X provider sites by specialty in the proportion of sites having attended a Family PACT web-based trainings in the prior two months.
- Among Title X sites, a higher proportion of primary care sites had clinicians participating in Family PACT skills training.
- Among Title X sites, family planning specialty sites were more likely to use third party training.
- Among non-Title X public providers, training was reported more often among those whose site specialty is family planning/women’s health.

TRAINING TYPES AVAILABLE:

- A higher proportion of Title X sites specializing in family planning/women’s health offered clinic-initiated or clinic-sponsored training than Title X sites with a primary care specialty.
- A higher percentage of primary care private offices offered on-site professional growth opportunities than private providers with a family planning specialty.

Training by Rural/Urban Designation *(see Table 4 on next page)*

TRAININGS ATTENDED:

- Family PACT internet training was used equally by clinicians at rural and urban provider sites.
- Among non-Title X public providers, a higher proportion of providers in urban areas participated in Title X sponsored or co-sponsored trainings and Family PACT practicums. Among private providers, a higher proportion of rural providers participated in Title X and Family PACT events.

TABLE 4: Training by Rural/Urban Designation

	Urban			Rural		
	Title X	Non-Title X Public	Private	Title X	Non-Title X Public	Private
	(n=205)	(n=163)	(n=476)	(n=34)	(n=145)	(n=49)
	%	%	%	%	%	%
TRAININGS ATTENDED						
Title X trainings (CFHC, CHT, and STD/HIV Training Center)	22	14	7	21	9	10
Family PACT web-based training	32	27	24	29	26	25
Family PACT CME/CEU training	15	15	4	9	10	6
Family planning topic by third party	20	14	9	24	4	6
TRAINING TYPES AVAILABLE						
Clinic-initiated, on-site	89	80	53	88	75	49
Self-directed, on-site	86	80	72	79	80	84
Clinic-sponsored, off-site	89	71	42	97	68	43
Self-paid, off-site	22	22	11	15	14	14

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*At time of study.

REFERENCES:

1 Bixby Center for Global Reproductive Health. University of California, San Francisco. Family PACT Program Report, FY 2009-10. Sacramento, CA. 2011.

TRAINING TYPES AVAILABLE:

- A higher percentage of rural private providers provided self-directed, on-site training than urban private providers.
- Among Title X providers, a larger percentage of rural clinics provide clinic-sponsored, off-site training opportunities than clinics located in urban areas.

DISCUSSION

- In general, a higher proportion of clinicians working at a Title X clinic participate in clinical training opportunities. These training opportunities include those that are clinic-initiated as part of the Title X funding and other trainings that offer professional growth. Web-based trainings are convenient, low cost, and widely used in California’s Family PACT provider network. This venue facilitates the professional enhancement of clinicians who may be less able to participate in other training opportunities such as those working at rural and/or small clinic sites. These convenient and accessible training opportunities need to be complemented by skills training and availability of proctors.
- Face-to-face trainings are an important complement to internet based trainings and an important professional enhancement venue that seems to be particularly attractive to public providers.
- Non-Title X-funded public provider sites that specialize in family planning/women’s health are more engaged in training opportunities than those specializing in primary care. This trend was not observed for private providers. On the contrary, a higher proportion of private providers specializing in primary care participated in training opportunities.
- In sum, the synergy of Title X and Family PACT training events for primary care and family planning providers is expected to facilitate the delivery of high quality reproductive health services in California.