

How to Begin: Determining a Client's Need for Services Webinar

Responses to Q & A

QUESTION #1:

Do we have to use a transitional statement or the questions that were on the slides in the presentation?

SUE: You are not required to use those specific statements. The transitional statements and confirming statements provided today are examples. They are designed to be helpful to you. You can certainly use those or you can develop your own. The main thing is make sure the transitional statements you are using are client-centered. The ones that were developed are the kinds of statements you would want to make with any client, taking into consideration the services and questions you might be asking are sensitive services. So, make sure you acknowledge that some of the questions may seem personal but that they are questions that are asked of all clients and are necessary for providing the best possible quality care for them.

QUESTION #2:

If a client comes in for services other than preventing pregnancy such as birth control for acne, is this a service we can offer?

SUE: The question is if this is a client that is reproductive age in terms of being able to cover this service. Regardless of whether the specific oral contraceptive also helps with acne, if she is also needing a pill for birth control purposes it certainly is something you can offer. We have had questions in the past about people who have maybe had a tubal ligation or are post-menopausal and are not at risk for having an unintended pregnancy or not seeking to achieve pregnancy. In those cases it is not that you can't serve those people but it is whether the folks are family planning users or can be counted as part of FPAR.

For purposes of the Title X family planning program, folks are always interested in who they can count. So anybody that receives information, counseling or clinical services related to preventing or achieving pregnancy does count. But let's say you provided someone with an IUD in the recent past and she now comes to your clinic because she thinks she has been exposed to a sexually transmitted infection. The question might be, can you still count her as a family planning user? Does that count as a legitimate encounter? My answer to that would be yes, even though the services you are providing that day are not specifically related to preventing or achieving pregnancy, you are going to be asking the person questions about how is the method working for her, is she having any problems with it as well as providing services related to her chief complaint that day which is coming in because she thinks she has an STD exposure. Hopefully that is helpful.

QUESTION #3:

What can you do if your midwife does not want to do male exams, and what can the program do so that it can be seeing more male patients?

One of the important things to remember is the Title X family planning program is for males as well as females. Forcing providers to do something is not appropriate, but you need to be very aware that it is required that you make services available to males as well as females and under the same provisions. If a male client comes in, and if their family income puts them at or below 100 percent of the poverty, it is at no cost to them. The sliding fee scale is up to 250% of poverty. If you can't provide the services on-site, you should be at least providing a referral. But, you should be providing those services on-site.

Participant Comment:

To the question about male exams, for clinicians that are interested in expanding their skills the national STD Prevention and Training Centers offer AWESOME options for half-day to 3-day clinical training in STD exams and services. Regional (they're all over the country) - Highly recommended :)

QUESTION #4:

STD services are provided at no cost to the client but family planning visit are on a sliding fee scale. If an STD visit turns into a family planning visit, how do we explain to the client that they may have to pay?

SUE: In a Title X family planning agency, STD services as well as family planning services should be on a sliding fee schedule. I am not sure why STD services would be provided at no cost and family planning services would be provided on a sliding fee schedule.

QUESTION #5:

What do you do when a client becomes overwhelmed or unable to understand or unwilling to accept your messages and information?

SUE: I may turn this back over to the Cardea folks who do a lot more of the helping folks with being sensitive how clients are receiving information. My basic opinion is you can usually tell if you are being client-centered and if you are having clients reflect back to you. You can tell when clients are glazing over. I will turn this back to my Cardea friends and ask them if they can help in responding to this one.

KIMBERLY: Thanks, Sue. I will pick up on what you just said about reflecting feelings. If you see a client is overwhelmed and this isn't the right time for counseling and education, one could respond and say something like, "You look like you are feeling rather overwhelmed (or) I see you looking down. Tell me more about what you are feeling." If a person is explaining, "I just

don't have time to be here right now... I have to pick up my child at the baby-sitter," or whatever the issue or concern or reason is, it's advisable to provide what's critical at the moment and ask the person to come back at another time and reschedule another visit. Johanna, would you like to add to that?

JOHANNA: I would totally agree. Also we will be covering some counseling skills in the rest of the series. It will come up in reproductive life planning and contraceptive counseling. You can do a whole training on counseling skills and how to address the different needs of clients in terms of being client centered. So tune in to more of our webinars and you will learn more about that.

KIMBERLY: Sounds good. I would add that another point when thinking about client education and counseling. This is to really target the most important things that the client needs to know.

SUE: I think we have time for maybe one more. This is the last question I will answer today, and the folks at Cardea will address how we will answer any additional questions being asked.

QUESTION # 6:

Do additional preventative services like labs for TSH and lipids and that type of thing need to be provided on a discounted basis?

SUE: The answer to that is really based on how someone fills out a Title X application for Title X funds, as they identify what services they are going to be providing within the scope of their Title X project. So if you indicated that as part of your Title X project, part of the basic family planning services you are going to provide are these additional lab tests, I should say these are usually preventative services, but not Title X required services as listed here. But, if you have identified them as being within your Title X project, you would have to provide them on a sliding fee schedule. However, most would not say these are Title X family planning services provided in the family planning project. So, in this case, the answer would be "no" they don't have to be provided on a discounted basis. They are not the family services you put in your application.

Your regional office staff can be helpful if folks are wondering what type of things have to be included in an application. For example, all contraceptive methods – you can't have some contraceptive methods on the sliding fee schedule and others not. Those are required Title X services. Required STD services such as chlamydia or gonorrhea screenings, those are specifically Title X and should be included on the sliding fee schedule. There are folks that can help you with answering these types of questions and I would urge you all to ask. You don't want to have to actually slide more things than you have to slide. But you want to make sure patients get the services they need. So thank you very much with these questions. These are very, very good questions.

ADDITIONAL QUESTIONS THAT WERE ASKED BY PARTICIPANTS BUT NOT ANSWERED DURING THE WEBINAR:

QUESTION #7:

Could you provide more examples of transitional statements specifically related to contraceptive services?

If the reason for the visit is for contraception, no transitional statement is needed other than to move towards a discussion about method options and other services. Here are examples of a client in for a non-contraceptive reason and you want to offer contraceptive services:

a) Client is here for a pregnancy test and does not want to be pregnant:

It sounds like you're relieved to have a negative pregnancy test. Let's talk about the level of comfort and confidence you have with the birth control method you're using. Were you using it when you had this pregnancy scare? Would you like to talk about more effective methods?

b) Client is here for abnormal bleeding.

(Discuss Reproductive Life Plan)

I'd like to ask you some questions, unrelated to the reason of your visit. Some of them may feel personal, however we ask these questions of all our clients to help us provide quality, preventive health care.

- What are your thoughts about having children in the future?
- (If she does want children, but not right now) Are you using a method of birth control right now? What kind?
 - (If no) We have a wide range of safe, effective and easy-to-use birth control methods. Would you like more information about them?
 - (If yes) Would you like to hear about even more effective methods, or do you have any questions about the one you're using?

QUESTION #8:

How can you get a client to open up to a provider?

Start by creating rapport. Be warm and welcoming while still professional. Be aware of your body language, facial expressions and tone to make sure any possible personal biases or other stressors influencing your day are not communicated to the client. You're there to help and not judge anything your client says or has done. Use active listening skills – open ended questions that allow the client to talk, reflecting feelings, paraphrasing to confirm understanding etc.

Clients need to also be assured that services are confidential, and anything discussed is between you, the client, and potentially other staff on a need to know basis. However, if the client indicates that he or she is hurting oneself or someone else, or if your client is being hurt, you may need to contact someone for help. Most importantly, you need to help your client feel respected and that he or she can trust you. This is time well spent and will ultimately lead to your ability to meet their needs in a more comprehensive and client-centered way. (This is just a very quick summary response – this topic is often addressed in depth in training.)

QUESTION #9:

How do you recommend handling visits in which a client's initial stated reason for visit is different than what the client states when they get to the exam room? This can be challenging for clinic workflow.

It's important to give your clients enough time to talk so that you're aware of the needs they have. Perhaps the unexpected reason for the visit is higher priority than the initially stated reason. Acknowledge that you understand they have other concerns, and that you're only able to address _____ today (if that is truly the case). Explore whether or not there is another floater staff person that could continue to address their needs, and if not, offer a follow up appointment at an appropriate time, depending on the level of urgency.