**Value Proposition of [INSERT NAME OF CLINIC],**

**A Title X Family Planning Provider**

[INSERT NAME OF CLINIC] provides Title X family planning services in [INSERT GEOGRAPHIC AREA]. Title X is the only federal program dedicated to providing family planning and related preventive services.[[1]](#footnote-1) [INSERT TOTAL LOCAL ESTIMATED NUMBER OR PERCENT]of women ofreproductive age (15–44) with low-incomes at or below 250% FPL are in need of family planning services in [INSERT GEOGRAPHIC AREA]. Annually, [INSERT NAME OF CLINIC] serves [INSERT NUMBER] female and [INSERT NUMBER] male clients for family planning and reproductive health services. Of the clients [INSERT NAME OF CLINIC] serves on an annual basis, [INSERT PERCENT] are uninsured. The clinic serves as a gateway to health care for many individuals seeking preventive health care services and links clients to primary care and social service agencies, mitigating the need for more intensive and costly health care services. [INSERT NAME OF CLINIC] supports the Triple Aim[[2]](#footnote-2) to: 1) improve the health of populations; 2) enhance the client care experience; and 3) reduce, or at least control, the per capita cost of care.

**IMPROVE THE HEALTH OF POPULATIONS**

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

* Using [INSERT NAME OF EHR SYSTEM] to exchange timely and accurate information with clients, other providers, and health plans.
* Collecting and reporting measures consistent with Healthcare Effectiveness Data and Information Set (HEDIS) and National Quality Forum (NQF), including those endorsed for the Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability Program (formerly known as the Meaningful Use Incentive Program). For example, during [INSERT TIMEFRAME]:
	+ [INSERT PERCENT] of women 21–64 years of age received cervical cancer screenings consistent with guidelines (CMS124v5, NQF #0032).
	+ [INSERT PERCENT] of clients had at least three HPV vaccines with different dates of service on or between the client’s ninth and thirteenth birthdays (NQF #1407).
	+ [INSERT PERCENT] women 16–24 years of age identified as sexually active received at least one screening for chlamydia during the measurement period (CMS153v5, NQF #0033).
	+ [INSERT PERCENT] of clients 18 years of age and older received high blood pressure screening and a recommended follow-up plan if blood pressure was pre-hypertensive or hypertensive (CMS22v7).
	+ [INSERT PERCENT] of clients 18 years of age 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 clients 18 years of age and older received tobacco screening one or more times within 24 months and received cessation counseling if they were tobacco users (CMS138v7, NQF #0028).
	+ [INSERT PERCENT] of clients 18 years of age and older were screened for unhealthy alcohol use using a standardized tool and received appropriate follow-up care if they screened positive (NQF #2152).
	+ [INSERT PERCENT] of clients 12 years of age and older were screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan was documented on the date of the positive screen (CMS2v8, NQF #0418).
	+ [INSERT PERCENT] of clients ages 15–65 who have been tested for HIV within that age range (CMS349v1).

**IMPROVE THE CLIENT EXPERIENCE**

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

* Providing [INSERT NUMBER OF] clients with access to a wide range of on-site family planning services, including the client’s contraceptive method of choice (i.e., natural family planning, contraceptive pills, patch, ring, injectable contraception, intrauterine devices [IUD], and implant), case management, and referrals to other providers.
* Providing [INSERT NUMBER OR PERCENT] of clients with same-day contraception, when the client is not pregnant and when not otherwise medically contraindicated, including IUDs and implants.
* Adhering to evidence-based guidelines such as [Providing Quality Family Planning Services, *Recommendations of CDC and the U.S. Office of Population Affairs*](http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf).
* Providing [INSERT NUMBER] individuals with health insurance enrollment services.
* Providing high-quality care to clients as indicated by [INSERT PERCENT] of our clients reporting a positive clinic experience, as stated in our patient satisfaction survey.

**REDUCE PER CAPITA COSTS**

During [INSERT TIMEFRAME], [INSERT CLINIC NAME] **reduced the per capita cost of health care** with a total net savings of [INSERT DOLLAR AMOUNT]. Specifically, [INSERT CLINIC NAME] services saved the state and service area the following:

* [INSERT DOLLAR AMOUNT] related to maternal and birth-related gross costs from contraceptive services provided.
* [INSERT DOLLAR AMOUNT] related to miscarriage and ectopic pregnancy gross costs.
* [INSERT DOLLAR AMOUNT] in gross costs by providing STI testing.
* [INSERT DOLLAR AMOUNT] in gross costs from providing pap and HPV testing and vaccinations.

**About Title X**

* 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 supports a broad range of family planning and preventive health services, including confidential contraceptive care, STI screening, HIV testing, and screening for breast and cervical cancer.
* The Title X network comprises over 3,858 service sites throughout 50 states, the District of Columbia, and U.S. territories.[[3]](#footnote-3)
* In 2017, the Title X program supported a national network of 89 grantees and 3,858 service sites grounded in a common standard of high-quality, evidence-based reproductive health services. In 2017, the program served 4,004,246 clients.[[4]](#footnote-4)
* In 2014, the Title X network of providers helped prevent 904,000 unintended pregnancies. Without the services provided by these clinics, the U.S. rates of unintended pregnancy, unplanned birth and abortion each would have been 33% higher, and the teen pregnancy rate would have been 30% higher.[[5]](#footnote-5)
* Nationally, Title X clinics save over $7 for every $1 spent in the health care system.[[6]](#footnote-6)
* Nationally, Title X clinics serve as a usual source of care for six in 10 Title X clients.[[7]](#footnote-7)
* Family planning clients are typically young—64% of service site clients are under the age of 30.[[8]](#footnote-8)
* A total of 3,541,235 million U.S. women were served by the Title X network in 2017.[[9]](#footnote-9)
* By helping women avoid unintended pregnancies, a net public savings of $7 billion in 2010 was attributable to services provided at Title X clinics.[[10]](#footnote-10)
1. U.S. Department of Health and Human Services, Office of Population Affairs. (2018). Office of Population Affairs. Retrieved from: <https://www.hhs.gov/opa> [↑](#footnote-ref-1)
2. Institute for Healthcare Improvement. (2018). The IHI Triple Aim. Retrieved from: <http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx> [↑](#footnote-ref-2)
3. Office of Population Affairs. (2018, August). Title X family planning annual report—2017 national summary. Retrieved from <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf> [↑](#footnote-ref-3)
4. Office of Population Affairs. (2018, August). Title X family planning annual report—2017 national summary. Retrieved from <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf> [↑](#footnote-ref-4)
5. Frost, J. J., Frohwirth, L. & Zolna, M. R. (2016). Contraceptive needs and services, 2014 update. Guttmacher Institute. Retrieved from <https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf> [↑](#footnote-ref-5)
6. Frost JJ et al. [Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program](https://www.guttmacher.org/article/2014/10/return-investment-fuller-assessment-benefits-and-cost-savings-us-publicly-funded), *Milbank Quarterly*, 92(4):696–749. [↑](#footnote-ref-6)
7. 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> [↑](#footnote-ref-7)
8. Ibid. [↑](#footnote-ref-8)
9. Office of Population Affairs. (2018, August). Title X family planning annual report—2017 national summary. Retrieved from <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf> [↑](#footnote-ref-9)
10. 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> [↑](#footnote-ref-10)