ORHP

Oregon Reproductive Health Program

Clinical Practice Standards Update

November 2022

Oregon Health Authority

Agenda

Introductions in the chat

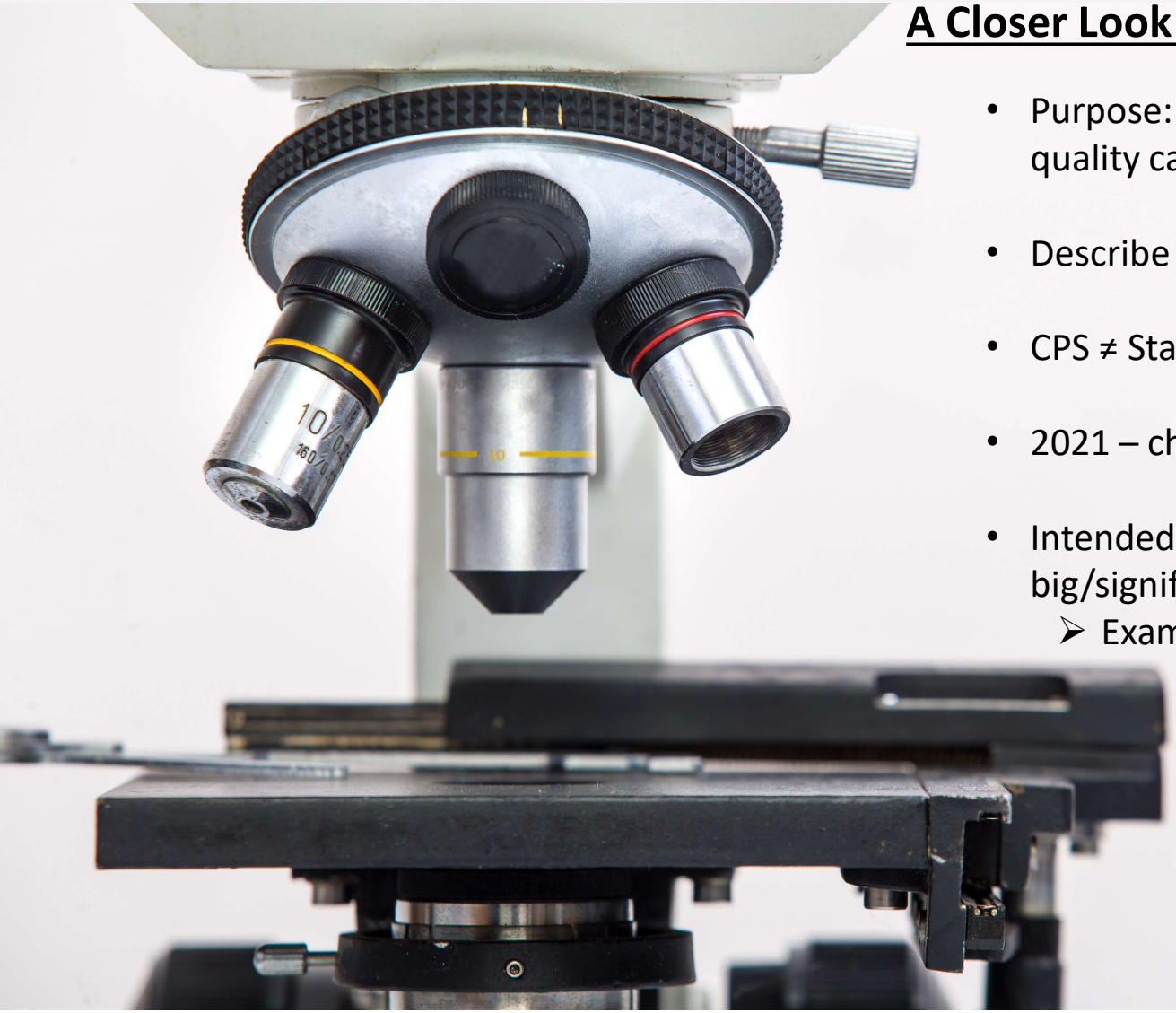
- Name
- Pronouns if you would like
- Agency
- Role

Purpose of CPSs

Walkthrough of changes

Clarification on standing orders/RN dispensing

Questions



A Closer Look at the Clinical Practice Standards

- Purpose: to ensure all clients receive the same high-quality care, in accordance with national standards
- Describe best practice for clinical care.
- CPS ≠ Standing order
- 2021 – changed from policies to CPSs
- Intended to be updated yearly, more often if big/significant practice changes
  - Example: 2021 CDC STI Treatment update
- Revised this year with 3 things in mind:
  - Updates to practice
  - Simplification
  - Client-centeredness

Oregon Health Authority

RHCare Clinical Practice Standards (CPS's)

- Reproductive and Sexual Health
- Agency Certification
- RHCare Clinical Practice Standards (CPS's)
- Reproductive Health Clinic Resources
- Reproductive Health Program Newsletters
- Client-Centered Resources
- Program Element 46
- Partner Resources
- Resources for Accessing Care
- RH Community Outreach
- RH Program COVID-19 Resource Hub
- Contact Us

RHCare agencies are required to adopt and follow the RHCare Clinical Practice Standards (CPSs). The CPSs are based on national standards of care and ensure that all clients receive the same high quality reproductive health services.

To adopt the CPSs, agencies' Health Officer, Medical Director, or medical designee* must review all RHCare Clinical Practice Standards and attest that certified RHCare clinics will follow them in all RHCare visits.

**A medical designee is a clinician who is trained and permitted by state-specific regulations to perform all aspects of the physical assessments recommended for contraceptive, related preventive health, basic infertility care. They must work at the agency on a regular basis, have prescribing and medical decision-making authority, and be familiar with RHCare requirements and the agency's staffing and clinical practices.*

Note: If your agency cites different national standards of care than those cited in these CPSs, your agency will be responsible for keeping your CPSs up to date.

Clinical Practice Standards

The RH Program is committed to keeping its CPSs current, which means that as national standards of care change so must the Clinical Practice Standards. The most recently revised CPSs are posted below. If the title and date are bolded it means it was updated recently. To view a summary of the most recently updated CPSs, see **Clinical Practices Standards Changes Table**.

Agencies are expected to revise their CPSs to align with the CPSs posted on the RH Program website within 3 months. Agencies that cite different national standards of care than those cited by the RH Program are expected to keep their CPSs up-to-date.

Basic Infertility Services	**10/2022**
Coitus Interruptus (Withdrawal)	1/2021

Pharmacy - Dispensing Medications	**10/2022**
Preconception Health Visit	1/2021

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Abstinence	Removed	
Autoclave Pre-Sterilization and Maintenance	Removed	Removed non-clinical CPSs. Available upon request.
Basic Infertility Services	Updated recommendations, Revised language	Changed minor history-talking and exam components to align with national protocol. Changed gendered/heteronormative language.
Cleaning and Disinfecting	Removed	Removed non-clinical CPSs. Available upon request.
Core Reproductive Health Services	Change in National Standards, Revised wording	Added recommendation to screen for anxiety, per USPSTF. Added recommendation to educate all clients about PrEP, per CDC. Height and weight are no longer routinely required for all visits. Simplified language about offering advance provision of EC.
Emergency Contraception	New evidence-based recommendations, Align with CDC SPR	Added 52mg LNG IUD for EC. Changed need for backup method after taking UPA from 14 days to 7 days, per CDC SPR. Added shared decision-making for starting DMPA, implant, or IUD on same day as UPA per CDC SPR. Changed recommendation about discarding breastmilk for 1 week after taking UPA - no longer required per FDA-approved labeling. Simplified language about advance provision of ECPs.
Hormonal Contraceptive Patch	Change in National Standard	Added information on continuous use of the patch, per ACOG.
Lactational Amenorrhea Method	Clarification	Removed the bullet point "Clients with conditions that make pregnancy an unacceptable risk should be advised that LAM might not be appropriate for them because of its relatively higher typical-use failure rate." Typical use of LAM is higher than typical use of most other methods including CHCs.
Intrauterine Contraception	Change in National Standards, Revised wording	Updated use of Mirena through 8 years per FDA approval. Allowed for counseling on extended use of Paragard through 12 years. Changed nomenclature to conform with WHO/SFP recommendation (Copper/hormonal IUDs instead of IUD/IUS). Added from SPR: Misoprostol is not recommended for routine use before IUD insertion, and paracervical block with lidocaine may reduce pain during IUD insertion. Optional use of antiseptic on cervix (not supported by evidence, per Contraceptive Technology 21st edition).

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Abstinence	Removed	
Autoclave Pre-Sterilization and Maintenance	Removed	Removed non-clinical CPSs. Available upon request.
Basic Infertility Services	Updated recommendations, Revised language	Changed minor history-talking and exam components to align with national protocol. Changed gendered/heteronormative language.
Cleaning and Disinfecting	Removed	Removed non-clinical CPSs. Available upon request.
Core Reproductive Health Services	Change in National Standards, Revised wording	Added recommendation to screen for anxiety, per USPSTF. Added recommendation to educate all clients about PrEP, per CDC. Height and weight are no longer routinely required for all visits. Simplified language about offering advance provision of EC.
Emergency Contraception	New evidence-based recommendations, Align with CDC SPR	Added 52mg LNG IUD for EC. Changed need for backup method after taking UPA from 14 days to 7 days, per CDC SPR. Added shared decision-making for starting DMPA, implant, or IUD on same day as UPA per CDC SPR. Changed recommendation about discarding breastmilk for 1 week after taking UPA - no longer required per FDA-approved labeling. Simplified language about advance provision of ECPs.
Hormonal Contraceptive Patch	Change in National Standard	Added information on continuous use of the patch, per ACOG.
Lactational Amenorrhea Method	Clarification	Removed the bullet point "Clients with conditions that make pregnancy an unacceptable risk should be advised that LAM might not be appropriate for them because of its relatively higher typical-use failure rate." Typical use of LAM is higher than typical use of most other methods including CHCs.
Intrauterine Contraception	Change in National Standards, Revised wording	Updated use of Mirena through 8 years per FDA approval. Allowed for counseling on extended use of Paragard through 12 years. Changed nomenclature to conform with WHO/SFP recommendation (Copper/hormonal IUDs instead of IUD/IUS). Added from SPR: Misoprostol is not recommended for routine use before IUD insertion, and paracervical block with lidocaine may reduce pain during IUD insertion. Optional use of antiseptic on cervix (not supported by evidence, per Contraceptive Technology 21st edition).

4. Labs:
   a) Pap test, if indicated per the *Reproductive Health Well Visit CPS*; and
   b) STI tests, per the *STI Screening CPS*.
   c) Additional tests may be ordered if indicated based on client presentation but are outside the scope of RH Program covered services. These include:
      - Semen analysis
      - Pelvic ultrasound and/or hysterosalpingogram
      - Thyroid stimulating hormone (TSH) - if ovulatory dysfunction or signs of thyroid disease
      - Serum progesterone (to confirm ovulation) drawn mid-luteal phase (e.g., cycle days 27-29 for someone with 35-day cycles)
      - Ovarian reserve testing for clients who are over age 35 years; have a family history of early menopause; have a single ovary or history of previous ovarian surgery, chemotherapy, or pelvic radiation therapy; have unexplained infertility; or who are planning treatment with assisted reproductive technology (ART)
        1) Follicle-stimulating hormone (FSH) and estradiol drawn on cycle day 2–4
        2) Anti-mullerian hormone (AMH) drawn any day

PLAN:

1. Refer client to an OB/GYN, urologist, and/or infertility specialist:
   a) Client capable of becoming pregnant:
      - If unable to conceive within 1 year of actively trying, or actively trying for six months if 35 years of age and older;

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Abstinence	Removed	
Autoclave Pre-Sterilization and Maintenance	Removed	Removed non-clinical CPSs. Available upon request.
Basic Infertility Services	Updated recommendations, Revised language	Changed minor history-talking and exam components to align with national protocol. Changed gendered/heteronormative language.
Cleaning and Disinfecting	Removed	Removed non-clinical CPSs. Available upon request.
Core Reproductive Health Services	Change in National Standards, Revised wording	Added recommendation to screen for anxiety, per USPSTF. Added recommendation to educate all clients about PrEP, per CDC. Height and weight are no longer routinely required for all visits. Simplified language about offering advance provision of EC.
Emergency Contraception	New evidence-based recommendations, Align with CDC SPR	Added 52mg LNG IUD for EC. Changed need for backup method after taking UPA from 14 days to 7 days, per CDC SPR. Added shared decision-making for starting DMPA, implant, or IUD on same day as UPA per CDC SPR. Changed recommendation about discarding breastmilk for 1 week after taking UPA - no longer required per FDA-approved labeling. Simplified language about advance provision of ECPs.
Hormonal Contraceptive Patch	Change in National Standard	Added information on continuous use of the patch, per ACOG.
Lactational Amenorrhea Method	Clarification	Removed the bullet point "Clients with conditions that make pregnancy an unacceptable risk should be advised that LAM might not be appropriate for them because of its relatively higher typical-use failure rate." Typical use of LAM is higher than typical use of most other methods including CHCs.
Intrauterine Contraception	Change in National Standards, Revised wording	Updated use of Mirena through 8 years per FDA approval. Allowed for counseling on extended use of Paragard through 12 years. Changed nomenclature to conform with WHO/SFP recommendation (Copper/hormonal IUDs instead of IUD/IUS). Added from SPR: Misoprostol is not recommended for routine use before IUD insertion, and paracervical block with lidocaine may reduce pain during IUD insertion. Optional use of antiseptic on cervix (not supported by evidence, per Contraceptive Technology 21st edition).

Recommendation Summary

Population	Recommendation	Grade
Children and adolescents aged 8 to 18 years	The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	B
Children 7 years or younger	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety in children 7 years or younger. See the Practice Considerations section for additional information regarding the I statement.	I

Recommendation Summary

Population	Recommendation	Grade
Adults age 64 years or younger, including pregnant and postpartum persons	The USPSTF recommends screening for anxiety in adults, including pregnant and postpartum persons.	B
Older adults age 65 years or older	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety in older adults.	I

Generalized Anxiety Disorder 2-item (GAD-2)

Share

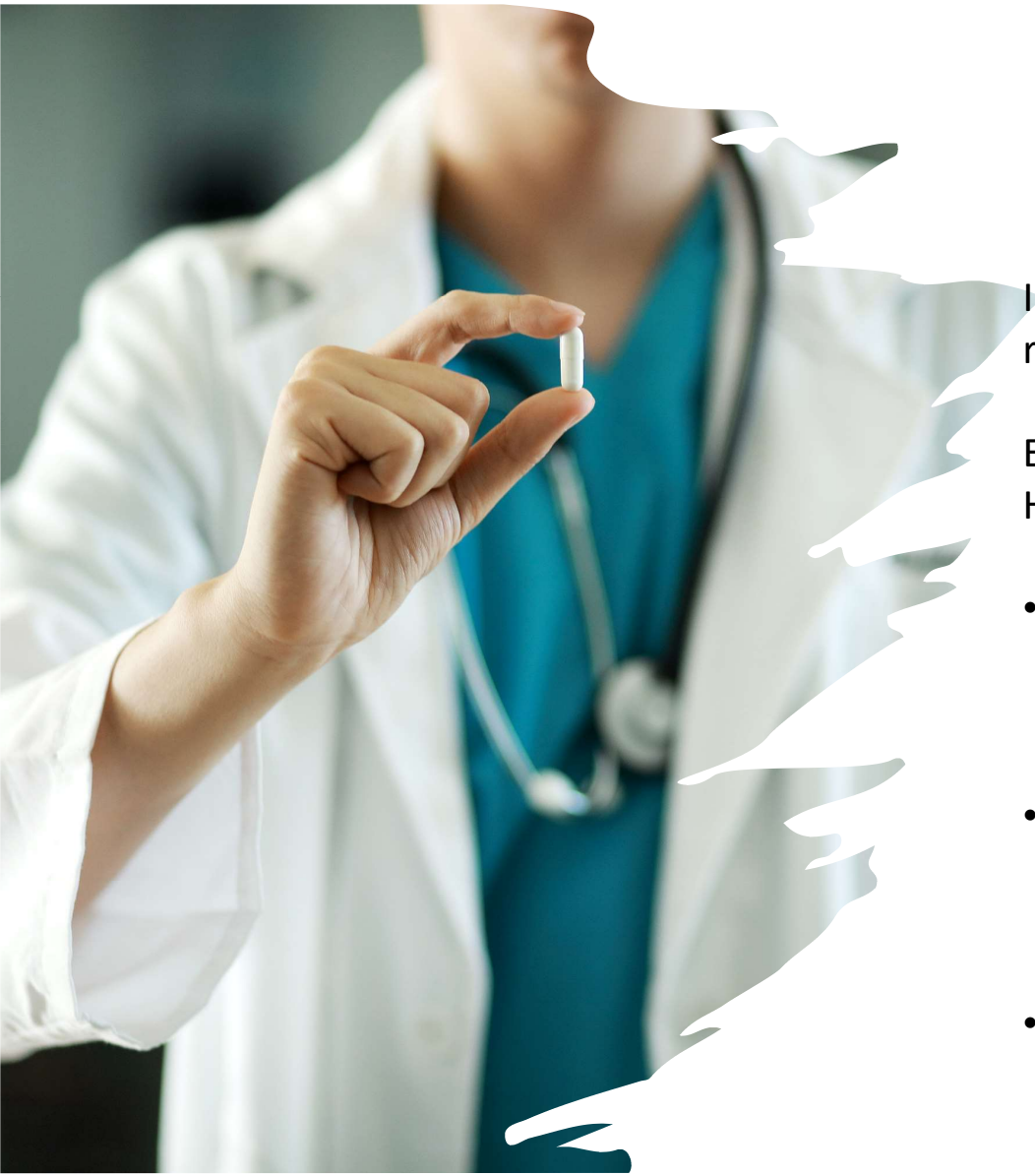
The Generalized Anxiety Disorder 2-item (GAD-2) is a very brief and easy to perform initial screening tool for generalized anxiety disorder.[1]

Over the **last 2 weeks**, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	○ 0	○ +1	○ +2	○ +3
2. Not being able to stop or control worrying	○ 0	○ +1	○ +2	○ +3

GAD-2 score obtained by adding score for each question (total points)

Interpretation:

A score of 3 points is the preferred cut-off for identifying possible cases and in which further diagnostic evaluation for generalized anxiety disorder is warranted. Using a cut-off of 3 the GAD-2 has a sensitivity of 86% and specificity of 83% for diagnosis generalized anxiety disorder.



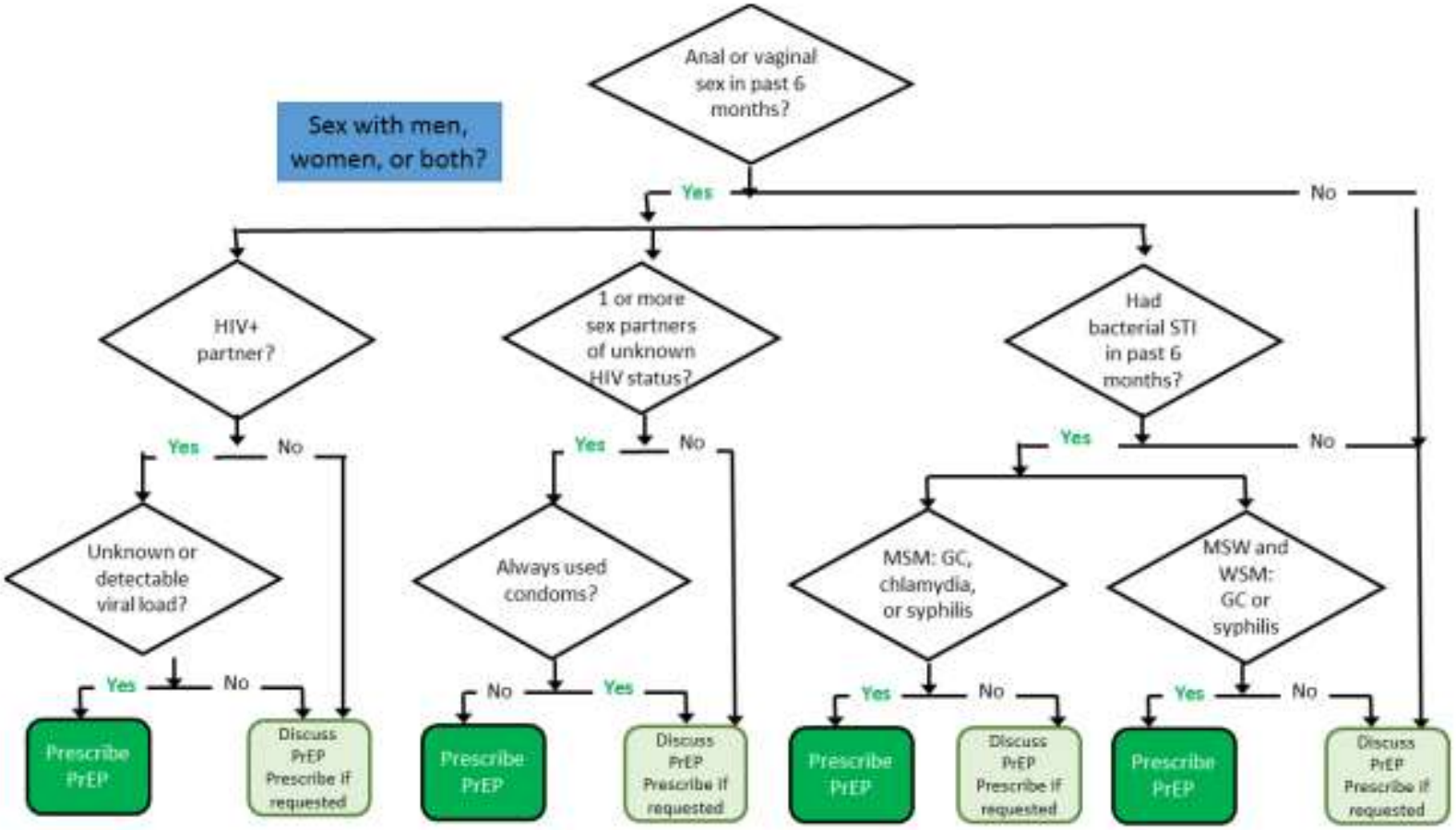
CDC December 2021 Update: Inform all sexually active adults and adolescents about PrEP

In 2018, only 18% of persons who would benefit from PrEP received an Rx.

Equitable provision of PrEP to populations at highest risk of HIV acquisition is not occurring.

- Black persons constituted 42% of new HIV diagnoses in 2018 but only 6% of Black persons with indications for its use were estimated to have received a prescription.
- Hispanic/Latino persons constituted 27% of new HIV diagnoses but only 10% of Hispanic/Latino persons with indications for its use had received a prescription.
- While women are 19% of persons with new HIV diagnoses, they comprise only 7% of those prescribed oral PrEP

Figure 2 Assessing Indications for PrEP in Sexually Active Persons



Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update Clinical Practice Guideline

- Assess height/weight/BMI when clinically indicated.
- Not required for all visits.
- Will not be part of chart audit.

Advance Provision of Emergency Contraception

Old language: "The decision to offer and dispense future-use EC should be made on an individualized basis and should include shared decision making between the provider and the client. The practice of offering and dispensing future-use EC to *all* clients has had no impact on unintended pregnancy rates. Data shows that clients who had EC available at the time of unprotected intercourse either didn't take it at all or took it incorrectly. Additionally, the practice of providing EC to all clients represents a significant cost to the agency. Clients requesting (those that self-identify that they need or want) EC for future use and those using less reliable methods of contraception (tier 3 methods) might benefit most from having future-use EC made available."

New language: "Consider offering advance provision of emergency contraception to all clients who desire to prevent pregnancy. See *Emergency Contraception CPS* for more information."

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Abstinence	Removed	
Autoclave Pre-Sterilization and Maintenance	Removed	Removed non-clinical CPSs. Available upon request.
Basic Infertility Services	Updated recommendations, Revised language	Changed minor history-talking and exam components to align with national protocol. Changed gendered/heteronormative language.
Cleaning and Disinfecting	Removed	Removed non-clinical CPSs. Available upon request.
Core Reproductive Health Services	Change in National Standards, Revised wording	Added recommendation to screen for anxiety, per USPSTF. Added recommendation to educate all clients about PrEP, per CDC. Height and weight are no longer routinely required for all visits. Simplified language about offering advance provision of EC.
Emergency Contraception	New evidence-based recommendations, Align with CDC SPR	Added 52mg LNG IUD for EC. Changed need for backup method after taking UPA from 14 days to 7 days, per CDC SPR. Added shared decision-making for starting DMPA, implant, or IUD on same day as UPA per CDC SPR. Changed recommendation about discarding breastmilk for 1 week after taking UPA - no longer required per FDA-approved labeling. Simplified language about advance provision of ECPs.
Hormonal Contraceptive Patch	Change in National Standard	Added information on continuous use of the patch, per ACOG.
Lactational Amenorrhea Method	Clarification	Removed the bullet point "Clients with conditions that make pregnancy an unacceptable risk should be advised that LAM might not be appropriate for them because of its relatively higher typical-use failure rate." Typical use of LAM is higher than typical use of most other methods including CHCs.
Intrauterine Contraception	Change in National Standards, Revised wording	Updated use of Mirena through 8 years per FDA approval. Allowed for counseling on extended use of Paragard through 12 years. Changed nomenclature to conform with WHO/SFP recommendation (Copper/hormonal IUDs instead of IUD/IUS). Added from SPR: Misoprostol is not recommended for routine use before IUD insertion, and paracervical block with lidocaine may reduce pain during IUD insertion. Optional use of antiseptic on cervix (not supported by evidence, per Contraceptive Technology 21st edition).

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Abstinence	Removed	
Autoclave Pre-Sterilization and Maintenance	Removed	Removed non-clinical CPSs. Available upon request.
Basic Infertility Services	Updated recommendations, Revised language	Changed minor history-talking and exam components to align with national protocol. Changed gendered/heteronormative language.
Cleaning and Disinfecting	Removed	Removed non-clinical CPSs. Available upon request.
Core Reproductive Health Services	Change in National Standards, Revised wording	Added recommendation to screen for anxiety, per USPSTF. Added recommendation to educate all clients about PrEP, per CDC. Height and weight are no longer routinely required for all visits. Simplified language about offering advance provision of EC.
Emergency Contraception	New evidence-based recommendations, Align with CDC SPR	Added 52mg LNG IUD for EC. Changed need for backup method after taking UPA from 14 days to 7 days, per CDC SPR. Added shared decision-making for starting DMPA, implant, or IUD on same day as UPA per CDC SPR. Changed recommendation about discarding breastmilk for 1 week after taking UPA - no longer required per FDA-approved labeling. Simplified language about advance provision of ECPs.
Hormonal Contraceptive Patch	Change in National Standard	Added information on continuous use of the patch, per ACOG.
Lactational Amenorrhea Method	Clarification	Removed the bullet point "Clients with conditions that make pregnancy an unacceptable risk should be advised that LAM might not be appropriate for them because of its relatively higher typical-use failure rate." Typical use of LAM is higher than typical use of most other methods including CHCs.
Intrauterine Contraception	Change in National Standards, Revised wording	Updated use of Mirena through 8 years per FDA approval. Allowed for counseling on extended use of Paragard through 12 years. Changed nomenclature to conform with WHO/SFP recommendation (Copper/hormonal IUDs instead of IUD/IUS). Added from SPR: Misoprostol is not recommended for routine use before IUD insertion, and paracervical block with lidocaine may reduce pain during IUD insertion. Optional use of antiseptic on cervix (not supported by evidence, per Contraceptive Technology 21st edition).

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Abstinence	Removed	
Autoclave Pre-Sterilization and Maintenance	Removed	Removed non-clinical CPSs. Available upon request.
Basic Infertility Services	Updated recommendations, Revised language	Changed minor history-talking and exam components to align with national protocol. Changed gendered/heteronormative language.
Cleaning and Disinfecting	Removed	Removed non-clinical CPSs. Available upon request.
Core Reproductive Health Services	Change in National Standards, Revised wording	Added recommendation to screen for anxiety, per USPSTF. Added recommendation to educate all clients about PrEP, per CDC. Height and weight are no longer routinely required for all visits. Simplified language about offering advance provision of EC.
Emergency Contraception	New evidence-based recommendations, Align with CDC SPR	Added 52mg LNG IUD for EC. Changed need for backup method after taking UPA from 14 days to 7 days, per CDC SPR. Added shared decision-making for starting DMPA, implant, or IUD on same day as UPA per CDC SPR. Changed recommendation about discarding breastmilk for 1 week after taking UPA - no longer required per FDA-approved labeling. Simplified language about advance provision of ECPs.
Hormonal Contraceptive Patch	Change in National Standard	Added information on continuous use of the patch, per ACOG.
Lactational Amenorrhea Method	Clarification	Removed the bullet point "Clients with conditions that make pregnancy an unacceptable risk should be advised that LAM might not be appropriate for them because of its relatively higher typical-use failure rate." Typical use of LAM is higher than typical use of most other methods including CHCs.
Intrauterine Contraception	Change in National Standards, Revised wording	Updated use of Mirena through 8 years per FDA approval. Allowed for counseling on extended use of Paragard through 12 years. Changed nomenclature to conform with WHO/SFP recommendation (Copper/hormonal IUDs instead of IUD/IUS). Added from SPR: Misoprostol is not recommended for routine use before IUD insertion, and paracervical block with lidocaine may reduce pain during IUD insertion. Optional use of antiseptic on cervix (not supported by evidence, per Contraceptive Technology 21st edition).

Extended use of Long-Acting Reversible Contraceptives (LARCs)

Paragard for 12 years
(evidence-based)

Mirena for 8 years
(FDA approved)

Liletta for 8 years
(evidence-based)

Nexplanon for 5 years
(evidence-based)

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Pharmacy Dispensing	New product	Changed sample formulary (attachment 1) to include Phexxi.
Pregnancy Test Visit	Clarification	Allows for any trained staff to provide pregnancy testing - not limited to clinicians and RNs. Deleted repetitive information.
Reproductive Health Well Visit	Align with Title X requirements, Encourage shared decision-making	Removed information/requirement for non-RH screenings (lipids, diabetes, colorectal cancer, etc). Providers should still offer/refer for these screenings but they are outside the scope of RHCare. Allowed for shared decision-making re: clinical breast exam and age to begin mammograms, per ACOG.
STI Screening, Testing and Treatment	Change in Standards, Streamline information	Combined screening, testing, and treatment CPSs into one. Updated to align with the new OHA STD/TB/HIV Program STI screening recommendations released in 2022. These include: --routine universal screening for syphilis --routine universal screening for Hepatitis B --anyone who requests screening should receive it CPS provides links to CDC STI Treatment Guidelines, rather than copying and pasting that information into the CPS itself.
Subdermal Implant	Change in National Standard	Allowed for counseling on extended use of Nexplanon through 5 years.
Vaginal spermicides and pH modulators	New product	Added information about Phexxi.
All birth control methods	Revised language	Removed list of category 3 and 4 conditions; provided link to US MEC. Clarified language around who can provide methods to clients with category 3 conditions. "Plan" components that were repeated in each method-specific CPS were deleted and moved to the Core RH Services CPS. Increased amount of supplies that RNs can dispense under a standing order to 1 year. Clients still must see prescribing provider to continue their method beyond that time. Added language to encourage dispensing a 1-year supply whenever possible.

MUST CARRY A VAGINAL pH MODULATOR	
Vaginal pH modulator	• Phexxi®
MUST CARRY SPERMICIDE *(must carry or offer one that is appropriate to use with a diaphragm or a cervical cap)*	
Spermicides	• Delfen Jelly/Foam • Encare Suppositories • Gynol Jelly • VCF Foam • VCF Film • Other (list here)
MUST CARRY AT LEAST ONE COMBINATION PILL WITH 35 MCG OR LESS EE	
Combined Oral Contraceptive Pills – ?? mcg EE/ ?? mg progestin (e.g. levonorgestrel, norethindrone, drospirenone)	• List here
Combined Oral Contraceptive Pills – ?? mcg EE/ ?? mg progestin (e.g. levonorgestrel, norethindrone, drospirenone)	• List here

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Pharmacy Dispensing	New product	Changed sample formulary (attachment 1) to include Phexxi.
Pregnancy Test Visit	Clarification	Allows for any trained staff to provide pregnancy testing - not limited to clinicians and RNs. Deleted repetitive information.
Reproductive Health Well Visit	Align with Title X requirements, Encourage shared decision-making	Removed information/requirement for non-RH screenings (lipids, diabetes, colorectal cancer, etc). Providers should still offer/refer for these screenings but they are outside the scope of RHCare. Allowed for shared decision-making re: clinical breast exam and age to begin mammograms, per ACOG.
STI Screening, Testing and Treatment	Change in Standards, Streamline information	Combined screening, testing, and treatment CPSs into one. Updated to align with the new OHA STD/TB/HIV Program STI screening recommendations released in 2022. These include: --routine universal screening for syphilis --routine universal screening for Hepatitis B --anyone who requests screening should receive it CPS provides links to CDC STI Treatment Guidelines, rather than copying and pasting that information into the CPS itself.
Subdermal Implant	Change in National Standard	Allowed for counseling on extended use of Nexplanon through 5 years.
Vaginal spermicides and pH modulators	New product	Added information about Phexxi.
All birth control methods	Revised language	Removed list of category 3 and 4 conditions; provided link to US MEC. Clarified language around who can provide methods to clients with category 3 conditions. "Plan" components that were repeated in each method-specific CPS were deleted and moved to the Core RH Services CPS. Increased amount of supplies that RNs can dispense under a standing order to 1 year. Clients still must see prescribing provider to continue their method beyond that time. Added language to encourage dispensing a 1-year supply whenever possible.

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Pharmacy Dispensing	New product	Changed sample formulary (attachment 1) to include Phexxi.
Pregnancy Test Visit	Clarification	Allows for any trained staff to provide pregnancy testing - not limited to clinicians and RNs. Deleted repetitive information.
Reproductive Health Well Visit	Align with Title X requirements, Encourage shared decision-making	Removed information/requirement for non-RH screenings (lipids, diabetes, colorectal cancer, etc). Providers should still offer/refer for these screenings but they are outside the scope of RHCare. Allowed for shared decision-making re: clinical breast exam and age to begin mammograms, per ACOG.
STI Screening, Testing and Treatment	Change in Standards, Streamline information	Combined screening, testing, and treatment CPSs into one. Updated to align with the new OHA STD/TB/HIV Program STI screening recommendations released in 2022. These include: --routine universal screening for syphilis --routine universal screening for Hepatitis B --anyone who requests screening should receive it CPS provides links to CDC STI Treatment Guidelines, rather than copying and pasting that information into the CPS itself.
Subdermal Implant	Change in National Standard	Allowed for counseling on extended use of Nexplanon through 5 years.
Vaginal spermicides and pH modulators	New product	Added information about Phexxi.
All birth control methods	Revised language	Removed list of category 3 and 4 conditions; provided link to US MEC. Clarified language around who can provide methods to clients with category 3 conditions. "Plan" components that were repeated in each method-specific CPS were deleted and moved to the Core RH Services CPS. Increased amount of supplies that RNs can dispense under a standing order to 1 year. Clients still must see prescribing provider to continue their method beyond that time. Added language to encourage dispensing a 1-year supply whenever possible.

Mammography

Old language: Screen clients ages 50-74 every 2 years with film mammography The decision to begin biennial screening prior to age 50 should be an individualized one.

New language: Clients should be offered screening mammography starting at age 40 years. If they have not initiated screening in their 40s, they should begin screening mammography by no later than age 50 years. Clients should have screening mammography either every 1 or 2 years based on an informed, shared decision-making process.

Clinical Breast Exam

Old language: Do not routinely perform clinical breast exam. Clinical breast exams will be performed only when indicated by history and clinical presentation.

New language: Clinical breast examination *may be offered* to asymptomatic clients in the context of an informed, shared decision-making approach

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Pharmacy Dispensing	New product	Changed sample formulary (attachment 1) to include Phexxi.
Pregnancy Test Visit	Clarification	Allows for any trained staff to provide pregnancy testing - not limited to clinicians and RNs. Deleted repetitive information.
Reproductive Health Well Visit	Align with Title X requirements, Encourage shared decision-making	Removed information/requirement for non-RH screenings (lipids, diabetes, colorectal cancer, etc). Providers should still offer/refer for these screenings but they are outside the scope of RHCare. Allowed for shared decision-making re: clinical breast exam and age to begin mammograms, per ACOG.
STI Screening, Testing and Treatment	Change in Standards, Streamline information	Combined screening, testing, and treatment CPSs into one. Updated to align with the new OHA STD/TB/HIV Program STI screening recommendations released in 2022. These include: --routine universal screening for syphilis --routine universal screening for Hepatitis B --anyone who requests screening should receive it CPS provides links to CDC STI Treatment Guidelines, rather than copying and pasting that information into the CPS itself.
Subdermal Implant	Change in National Standard	Allowed for counseling on extended use of Nexplanon through 5 years.
Vaginal spermicides and pH modulators	New product	Added information about Phexxi.
All birth control methods	Revised language	Removed list of category 3 and 4 conditions; provided link to US MEC. Clarified language around who can provide methods to clients with category 3 conditions. "Plan" components that were repeated in each method-specific CPS were deleted and moved to the Core RH Services CPS. Increased amount of supplies that RNs can dispense under a standing order to 1 year. Clients still must see prescribing provider to continue their method beyond that time. Added language to encourage dispensing a 1-year supply whenever possible.

STANDARD:

1. (**insert AGENCY name**) MDs, NPs, PAs, DOs, NDs and RNs will assess for individualized risks for STIs at the client's initial visit, and at a minimum of annually thereafter.
2. (**insert AGENCY name**) MDs, DOs, NDs, PAs, and NPs, will diagnose and treat suspected cases of STI as outlined below. In addition, RNs will treat lab confirmed cases as outlined below.

PROCEDURE:

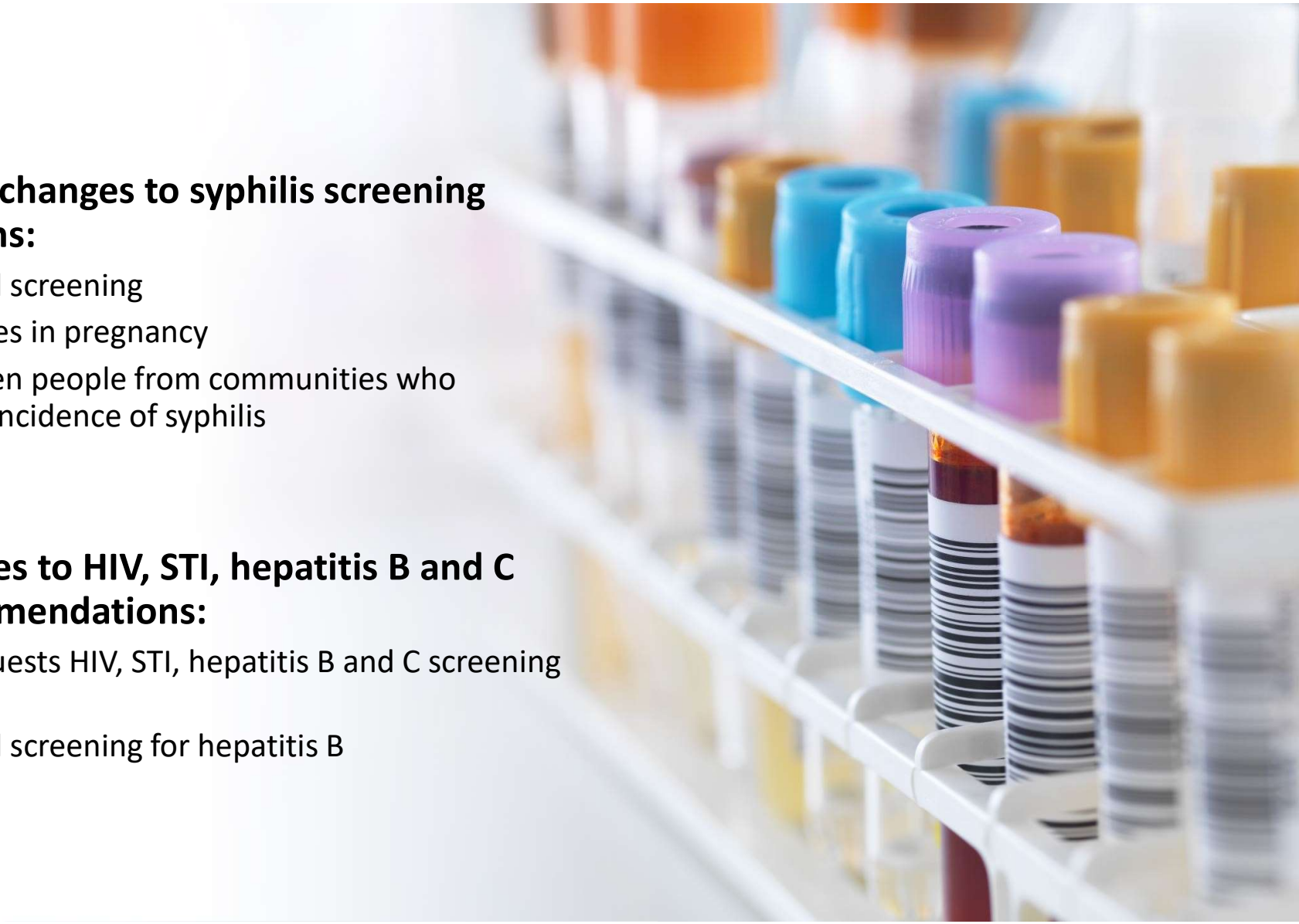
1. Follow the *Core Reproductive Health Services Clinical Practice Standard.*
2. Screen according to the 2022 Oregon STI Screening Recommendations. If client declines recommended screening tests, document in the chart the specific tests that were recommended and that they were declined.
3. If the client is symptomatic, or in the case of a known exposure, follow information on testing and treatment in the CDC STI Treatment Guidelines 2021.
4. Perform testing according to the test kit manufacturer's instructions.
5. Collect blood samples for screening when indicated and send to the appropriate laboratory.
6. Conduct appropriate physical examination of the affected area(s), if indicated, when client presents with symptoms.

Summary of key changes to syphilis screening recommendations:

- Routine universal screening
- Screen three times in pregnancy
- Continue to screen people from communities who experience high incidence of syphilis

Other key changes to HIV, STI, hepatitis B and C screening recommendations:

- Anyone who requests HIV, STI, hepatitis B and C screening should receive it
- Routine universal screening for hepatitis B



Request Materials from the Oregon AETC

Click the images below for PDF versions. Order form for mailed materials is at bottom of the page.

2022 Oregon STI Screening Recommendations Poster 18 in x 24 in

Oregon Health Authority, August 2022

2022 Oregon STI Screening Recommendations Booklet 5.5 in x 8.5 in

Oregon Health Authority, August 2022

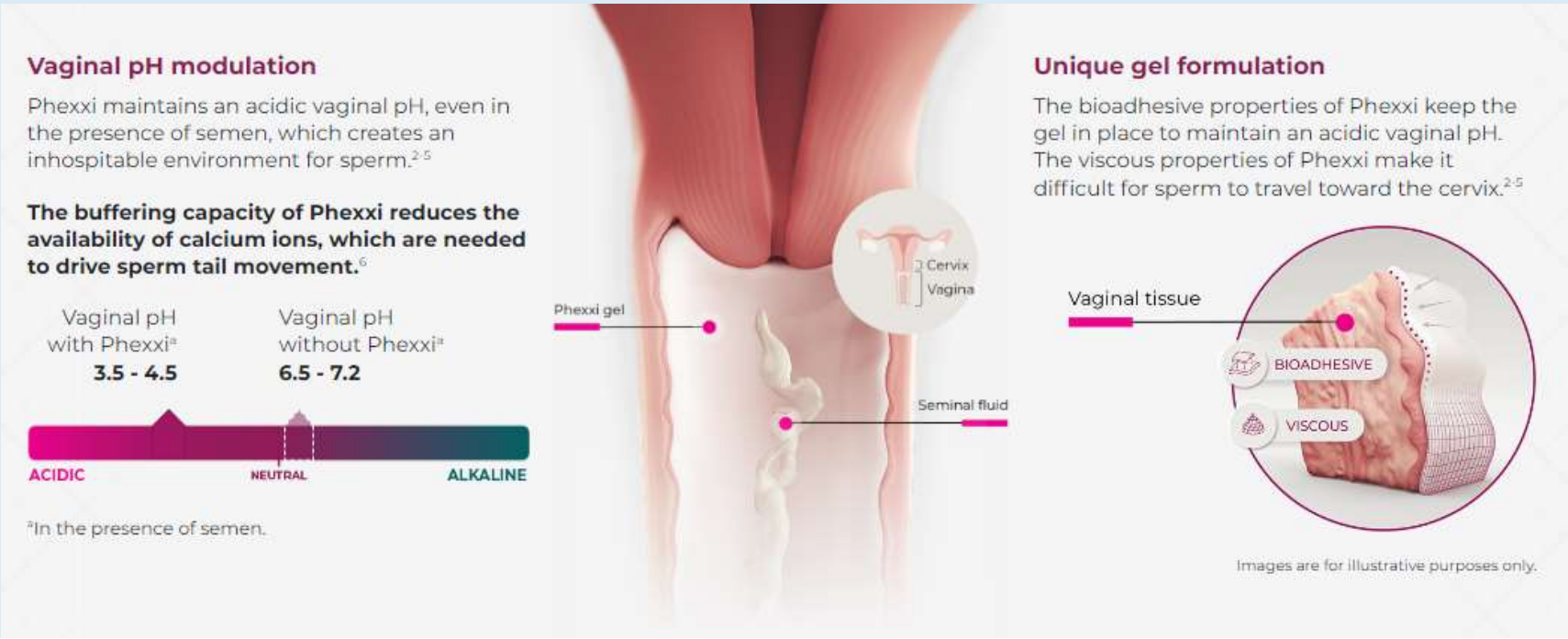
Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Pharmacy Dispensing	New product	Changed sample formulary (attachment 1) to include Phexxi.
Pregnancy Test Visit	Clarification	Allows for any trained staff to provide pregnancy testing - not limited to clinicians and RNs. Deleted repetitive information.
Reproductive Health Well Visit	Align with Title X requirements, Encourage shared decision-making	Removed information/requirement for non-RH screenings (lipids, diabetes, colorectal cancer, etc). Providers should still offer/refer for these screenings but they are outside the scope of RHCare. Allowed for shared decision-making re: clinical breast exam and age to begin mammograms, per ACOG.
STI Screening, Testing and Treatment	Change in Standards, Streamline information	Combined screening, testing, and treatment CPSs into one. Updated to align with the new OHA STD/TB/HIV Program STI screening recommendations released in 2022. These include: --routine universal screening for syphilis --routine universal screening for Hepatitis B --anyone who requests screening should receive it CPS provides links to CDC STI Treatment Guidelines, rather than copying and pasting that information into the CPS itself.
Subdermal Implant	Change in National Standard	Allowed for counseling on extended use of Nexplanon through 5 years.
Vaginal spermicides and pH modulators	New product	Added information about Phexxi.
All birth control methods	Revised language	Removed list of category 3 and 4 conditions; provided link to US MEC. Clarified language around who can provide methods to clients with category 3 conditions. "Plan" components that were repeated in each method-specific CPS were deleted and moved to the Core RH Services CPS. Increased amount of supplies that RNs can dispense under a standing order to 1 year. Clients still must see prescribing provider to continue their method beyond that time. Added language to encourage dispensing a 1-year supply whenever possible.

Vaginal pH Modulators (Phexxi)

- alters/maintains vaginal pH (3.5-4.5) to impair sperm motility
- inserted up to one hour before intercourse
- Side effects: vaginal burning/irritation
- 12 applicators per box
- Product info advises to avoid use in clients with recurrent UTI or pyelo, and not to use with vaginal rings.



Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Pharmacy Dispensing	New product	Changed sample formulary (attachment 1) to include Phexxi.
Pregnancy Test Visit	Clarification	Allows for any trained staff to provide pregnancy testing - not limited to clinicians and RNs. Deleted repetitive information.
Reproductive Health Well Visit	Align with Title X requirements, Encourage shared decision-making	Removed information/requirement for non-RH screenings (lipids, diabetes, colorectal cancer, etc). Providers should still offer/refer for these screenings but they are outside the scope of RHCare. Allowed for shared decision-making re: clinical breast exam and age to begin mammograms, per ACOG.
STI Screening, Testing and Treatment	Change in Standards, Streamline information	Combined screening, testing, and treatment CPSs into one. Updated to align with the new OHA STD/TB/HIV Program STI screening recommendations released in 2022. These include: --routine universal screening for syphilis --routine universal screening for Hepatitis B --anyone who requests screening should receive it CPS provides links to CDC STI Treatment Guidelines, rather than copying and pasting that information into the CPS itself.
Subdermal Implant	Change in National Standard	Allowed for counseling on extended use of Nexplanon through 5 years.
Vaginal spermicides and pH modulators	New product	Added information about Phexxi.
All birth control methods	Revised language	Removed list of category 3 and 4 conditions; provided link to US MEC. Clarified language around who can provide methods to clients with category 3 conditions. "Plan" components that were repeated in each method-specific CPS were deleted and moved to the Core RH Services CPS. Increased amount of supplies that RNs can dispense under a standing order to 1 year. Clients still must see prescribing provider to continue their method beyond that time. Added language to encourage dispensing a 1-year supply whenever possible.

Previous CPSs had copied and pasted category 3 and 4 conditions from US MEC
Now links are embedded in each CPS – go directly to the webpage for that method

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Reproductive Health

CDC > CDC Contraceptive Guidance for Health Care Providers > US Medical Eligiblity Criteria (US MEC) for Contraceptive Use > Table of Contents

CDC Contraceptive Guidance for Health Care Providers

US Medical Eligiblity Criteria (US MEC) for Contraceptive Use

Table of Contents

Summary Chart: Hormonal Contraceptive Methods and Intrauterine Devices

Summary

Classifications for Combined Hormonal Contraceptives

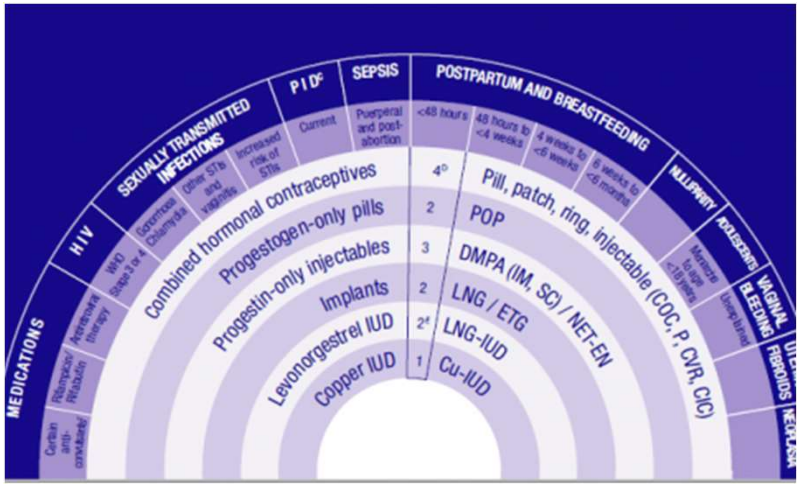
Print

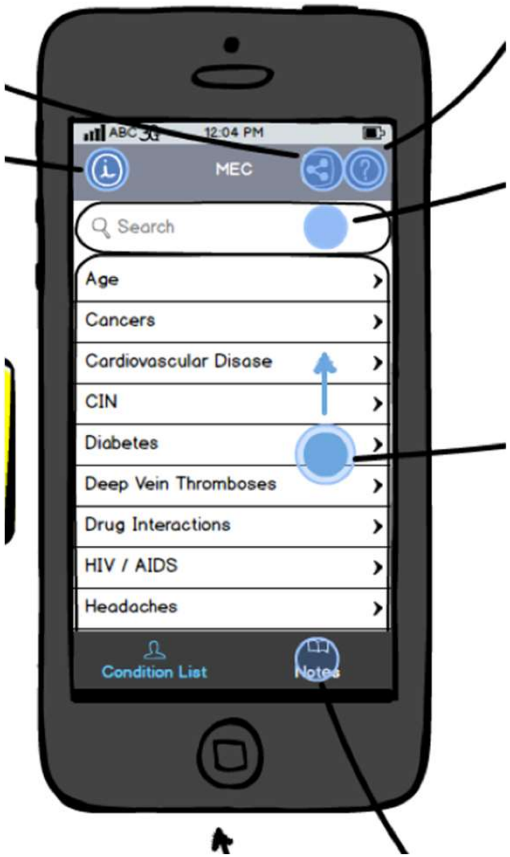
Pages in this Report

US MEC
Introduction
Summary of Changes from US MEC, 2010
Classifications for Intrauterine Devices
Progestin-Only Contraceptives
Lactational Amenorrhea Method
Coitus Interruptus (Withdrawal)
Female and Male Sterilization
Classifications for Emergency Contraception
Summary of Classifications for Hormonal Contraceptive Methods and Intrauterine

US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Hypertension	a) Adequately controlled hypertension	1*		1*		1*		2*		1*		3*	
	b) Elevated blood pressure levels (*properly taken measurements*)												
	i) Systolic 140-159 or diastolic 90-99	1*		1*		1*		2*		1*		3*	
	ii) Systolic ≥160 or diastolic ≥100[2]	1*		2*		2*		3*		2*		4*	
	c) Vascular disease	1*		2*		2*		3*		2*		4*	
Inflammatory bowel disease	(*Ulcerative colitis, Crohn's disease*)	1		1		1		2		2		2/3*	
Ischemic heart disease[3]	Current and history of	1		2	3	2	3	3		2	3	4	
Known thrombogenic mutations[4]		1*		2*		2*		2*		2*		4*	
Liver tumors	a) Benign												
	i) Focal nodular hyperplasia	1		2		2		2		2		2	
	ii) Hepatocellular adenoma[5]	1		3		3		3		3		4	
	b) Malignant[5] (hepatoma)	1		3		3		3		3		4	
Malaria		1		1		1		1		1		1	
Multiple risk factors for atherosclerotic cardiovascular disease	(e.g., older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)	1		2		2*		3*		2*		3/4*	
Multiple sclerosis	a) With prolonged immobility	1		1		1		2		1		3	
	b) Without prolonged immobility	1		1		1		2		1		1	
Obesity	a) Body mass index (BMI) ≥30 kg/m^2	1		1		1		1		1		2	
	b) Menarche to <18 years and BMI ≥ 30 kg/m^2	1		1		1		2		1		2	
Ovarian cancer[3]		1		1		1		1		1		1	
Parity	a) Nulliparous	2		2		1		1		1		1	
	b) Parous	1		1		1		1		1		1	
Past ectopic pregnancy		1		1		1		1		2		1	
Pelvic inflammatory disease	a) Past												
	i) With subsequent pregnancy	1	1	1	1	1		1		1		1	
	ii) Without subsequent pregnancy	2	2	2	2	1		1		1		1	
	b) Current	4	2*	4	2*	1		1		1		1	





Board of Pharmacy

Chapter 855

Division 43
PRACTITIONER DISPENSING

855-043-0700
Community Health Clinic (CHC) - Purpose and Scope

(1) The purpose of 855-043-0700 to 855-043-0750 is to provide minimum requirements of operation for a Community Health Clinic (CHC) to utilize a Registered Nurse to dispense medications. A Community Health Clinic Drug Outlet registration replaces a Family Planning or County Health Drug Outlet registration. A legend or non-prescription drug may be dispensed to a client for the purpose of birth control, caries prevention, the treatment of amenorrhea, the treatment of a communicable disease, hormone deficiencies, urinary tract infections or sexually transmitted diseases by a practitioner who has been given dispensing privileges by their licensing Board, or a Registered Nurse, who is an employee of a clinic or local public health authority (LPHA), and is recognized by the Oregon Public Health Division for the purposes of providing public health services.

(2) Dispensing must be pursuant to the order or prescription of a person authorized by their Board to prescribe a drug or established by the Medical Director or clinic practitioner with prescriptive and dispensing authority.

Board of Nursing

Chapter 851

Division 49
STANDARDS FOR LICENSED NURSE PROTOCOL DEVELOPMENT AND UTILIZATION, COMMUNICATING A PRESCRIBER'S RE-AUTHORIZATION OF A PRESCRIPTION AND RN DISPENSING

851-049-0000
Rule Summary, Statement of Purpose and Intent

(1) ORS 678.150 establishes the Board's authority to supervise the practice of nursing and to determine the scope of nursing practice. Pursuant ORS 678.010(8)(b)(A), the practice of nursing includes executing medical orders prescribed by a physician, dentist, clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist or other health care provider licensed or certified by this state and authorized by the board by rule to issue orders for medical treatment.

(2) When engaging in registered nursing practice, the RN may encounter a medical order for a treatment or a medication that contains inclusion or exclusion criteria that has been pre-identified by the prescriber. As defined by chapter 851 division 006, a medical order for a treatment or a medication that contains inclusion or exclusion criteria pre-identified by the prescriber is a protocol.

Q: Where does it say the number of supplies that can be dispensed by an RN?

A: in the (old) RH Program CPSs

“RNs may provide 3 months and no more than 6 months’ supply of prescription contraceptive methods when initiating a method. RNs are allowed to dispense beyond the initial 6 months only if under a current prescription from the clinic’s prescribing provider.”

b) RNs may provide up to a 12-month supply of contraception under a standing order/protocol when initiating a method. RNs are allowed to dispense beyond the initial 12 months only if under a current prescription from the clinic's prescribing provider.

- When the initial start of the method occurs within a visit with a prescribing provider, the provider will write a prescription for up to 1-year supply and may dispense this amount depending on the client's preference and anticipated use.
- Evidence supports that an extended supply of contraception prevents breaks in use and unintended pregnancy. RNs and providers are encouraged to dispense a 12-month supply whenever possible.

This Photo by Unknown Author is licensed under CC BY-SA

(Agency Name)

SAMPLE Standing order for COCs

This standing order may be implemented by:

Registered Nurses who have the required orientation and training.

Inclusion criteria:

1. Client meets the U.S. Medical Eligibility Criteria for Contraceptive Use category 1 (no restriction) or category 2 (advantages generally outweigh theoretical or proven risks) for this method.
2. Client is initially starting COCs.

Exclusion criteria:

1. Clients with any Category 3 or Category 4 medical condition according to the U.S. Medical Eligibility Criteria for Contraceptive Use.

The medical order:

1. Follow the *Combination Oral Contraceptive Clinical Practice Standard*

2. Follow state pharmacy rules and regulations for dispensing contraceptives.

3. Dispense: ethinyl estradiol 30 mcg/levonorgestrel 0.15 mg 1 pill by mouth daily x ___ cycles

(Brand names: Levlen, Nordette, Levora, Portia, Seasonale, Seasonique)

_____ _____

Health Officer/medical designee (signature) Date

SAMPLE

Questions???

Thank you!

christina.steurer@state.or.us