Contraceptive Access Assessment

RHNTC
REPRODUCTIVE HEALTH
NATIONAL TRAINING CENTER

Use this tool to assess access to the full range of contraceptive methods at your agency. After completing this assessment and noting areas for improvement, use the strategies, action steps, and resources in the Increasing Access to Contraception Toolkit to improve access to contraception for your clients.

	Describes us well	Almost there	Just getting started	Does not describe us
Strategy 1: Strengthen Organizational Commitment to Contraceptive Access				
We have a clear organizational vision for contraceptive access that emphasizes client-centered care (focused on the client's needs, values, and preferences) in line with Title X expectations.	○	○	○	○
We have a policy and procedures describing the process for ensuring quality service delivery for all consistent with nationally recognized standards of care.	○	○	○	○
We have a policy and procedures describing the process for ensuring that individuals are not pressured or coerced to receive contraceptive services or to use or not use any particular contraceptive method.	○	○	○	○
We have systems in place to regularly gather client feedback on access to and experience with contraceptive services at our site (e.g., client experience surveys, focus groups/listening sessions).	○	○	○	○
We have systems in place to evaluate contraceptive access.	○	○	○	○
We have systems in place to implement quality improvement activities related to increasing contraceptive access.	○	○	○	○
Strategy 2: Optimize Clinic Infrastructure and Operations for Contraceptive Access				
We clearly and accurately promote our contraceptive services through mass communication (e.g., website, social media).	○	○	○	○
We provide clear and accurate information about our contraceptive services to individual clients (e.g., at check-in, over the phone, through the portal).	○	○	○	○
We have a policy for participation in the 340B Drug Pricing Program.	○	○	○	○
We have an inventory system to maintain on-site stocking of contraceptive methods.	○	○	○	○
We stock and have available on site a broad range of FDA-approved prescription methods, including:				
Copper intrauterine device (IUD)	○	○	○	○
Hormonal IUD	○	○	○	○
Hormonal implant	○	○	○	○
Hormonal injection	○	○	○	○
Oral contraceptive pills	○	○	○	○
Contraceptive patch	○	○	○	○

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Vaginal ring	○	○	○	○
Diaphragm	○	○	○	○
Male/external condoms	○	○	○	○
Female/internal condoms	○	○	○	○
Spermicide	○	○	○	○
Emergency contraceptive pills (EC)	○	○	○	○
We train and support staff responsible for billing and coding on accurate coding for contraceptive services.	○	○	○	○
We train and support staff responsible for billing and coding on how to promptly manage denials of reimbursement for contraceptive services.	○	○	○	○
We offer flexible clinic hours, including evenings and weekends.	○	○	○	○
Strategy 3: Routinely Screen for Reproductive Desires and Provide Client-Centered Contraceptive Counseling				
We use an evidence-based, client-centered approach to screening for reproductive desires (e.g., PATH, OKQ, SINC, RHSSQ).	○	○	○	○
We provide information on a broad range of FDA-approved contraceptive methods, including methods not provided on site.	○	○	○	○
We provide client-centered contraceptive counseling to help each client select a contraceptive method that aligns with their needs, values, and preferences.	○	○	○	○
We recognize and support clients interested in using contraceptive methods for reasons other than contraception (e.g., STI/HIV prevention, menstrual regulation, acne).	○	○	○	○
We cultivate an awareness of how our backgrounds and experiences influence the information we share, the language we use, and how we counsel clients.	○	○	○	○
We provide instructions and ensure client understanding about how to use their selected method correctly and consistently, including how to access it, optimize use, discontinue or switch methods, manage side effects, and anticipate problems (e.g., late dosing).	○	○	○	○
We train staff on contraceptive methods and method-specific eligibility criteria.	○	○	○	○
We train staff on client-centered contraceptive counseling approaches and skills.	○	○	○	○
We train staff on contraceptive method misinformation and myths and how to counsel clients.	○	○	○	○
Strategy 4: Establish Systems to Ensure Timely Access to a Client's Desired Contraceptive Method				
We offer same-visit ("quick start") initiation for a broad range of contraceptive methods, including IUDs and implants.	○	○	○	○

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Clients are able to receive the following prescription and non-prescription methods on the same day they request them:				
Copper IUD	○	○	○	○
Hormonal IUD	○	○	○	○
Hormonal implant	○	○	○	○
Hormonal injection	○	○	○	○
Oral contraceptive pills	○	○	○	○
Contraceptive patch	○	○	○	○
Vaginal ring	○	○	○	○
Diaphragm	○	○	○	○
Male/external condoms	○	○	○	○
Female/internal condoms	○	○	○	○
Spermicide	○	○	○	○
EC pills	○	○	○	○
If we are unable to provide the client's contraceptive method of choice on the same day they request it, we offer a bridge method of contraception.	○	○	○	○
We train all clinicians on insertion and removal of long-acting reversible contraceptive (LARC) methods, such as IUDs and implants.	○	○	○	○
We offer clients an extended contraceptive supply (a 6 to 12 month supply of combined hormonal methods, like the pill, patch, or ring) at the time of visit.	○	○	○	○
We provide information and counseling on self-care contraceptive options (DMPA-SC, over-the-counter progestin-only pills, fertility awareness-based methods) as needed.	○	○	○	○
We offer EC to all clients, as appropriate, including offering an advance supply.	○	○	○	○
We offer contraceptive services via telehealth, as appropriate.	○	○	○	○
We have a strong referral network for contraceptive methods we do not provide on site. For example:				
• We have at least one local referral agency for each contraceptive method unavailable on site.	○	○	○	○
• We have a mechanism for warm handoff to referral agencies when a contraceptive method is unavailable on site.	○	○	○	○
• We track referrals and outcomes in our electronic medical record.	○	○	○	○
• We have a protocol in place to track the availability of relevant contraceptive methods at referral agencies.	○	○	○	○

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• We have a protocol in place to monitor the cost of relevant contraceptive methods at referral agencies.	◯	◯	◯	◯
Strategy 5: Implement Strong Front Desk Staff Practices to Reduce Financial Barriers for Clients				
We have an income verification policy to standardize reasonable efforts to verify income.	◯	◯	◯	◯
We train all front desk staff on income verification, sliding fee scales, and confidential billing.	◯	◯	◯	◯
We inform clients about self-pay, sliding fee schedules, and insurance enrollment options, to ensure access to services without delay and regardless of ability to pay.	◯	◯	◯	◯
We screen for confidential billing needs by asking all clients if they have concerns with documentation being sent to their home.	◯	◯	◯	◯

This resource was supported by the Office of Population Affairs (Grant FPTPA006030). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.