

HEALTH WORKFORCE¹ PILOT PROJECTS

ABSTRACT

APPLICATION: 171

ACCESS THROUGH PRIMARY CARE (APC) PROJECT

Demonstrating the Role of Advanced Practice Clinicians
in
Expanding Early Pregnancy Care

APPLICANT/SPONSOR:

Regents of the University of California
C/o Advancing New Standards in
Reproductive Health (ANSIRH)
Bixby Center for Reproductive Health
1330 Broadway Street, Suite 1100
Oakland, CA 94612

PROJECT DIRECTOR:

Molly Battistelli

SPONSOR TYPE:

Non-Profit Education Institution – Governmental Agency Engaged In Health and Education Activities

PURPOSE:

Teach new skills to existing categories of health care personnel.
Demonstrate the role of advanced practice clinicians in expanding early pregnancy care.

APPLICATION CHRONOLOGY:

Application submitted	August 22, 2005
Application Reviewed and Approved for Completeness	November 8, 2005
Public Meeting	January 19, 2006
Public Hearing	November 15, 2006
Project Approved	March 31, 2007 – March 31, 2008
Project Report & Extension Request #1 Received ²	January 16, 2008
Extension Request #1 Approved	April 1, 2008 – March 31, 2009
Project Report & Extension Request #2 Received	January 30, 2009
Extension Request #2 Approved	April 1, 2009 - May 15, 2009
Extension Request #3 Approved	May 16, 2009 - September 16, 2009
Extension Request #4 Approved	September 16, 2009 – March 31, 2010

ESTIMATED COST AND FUNDING SOURCE:

Estimated Project Cost & Funding
Project Cost Over 3 Years: \$3,943,000

Funding Sources as of February 2008

John Merck Fund	\$ 150,000
Educational Foundation of America	\$ 140,000
Packard Foundation	\$ 153,000
Anonymous Foundation	<u>\$3,500,000</u>
	\$3,943,000 Total

¹ Health Manpower Pilot Projects (HMPP) name changed to Health Workforce Pilot Projects (HWPP) 2007.

² Extension requests may be granted for periods of time up to one year as determined by the OSHPD Director.

PROJECT DESCRIPTION:

Selected passages from the HMPP #171 Application.

The Advancing New Standards in Reproductive Health (ANSIRH) program at the University of California, San Francisco (UCSF) is sponsoring the Access through Primary Care (APC) Project. The project seeks to demonstrate and evaluate the role of advanced practice clinicians in providing first trimester aspiration abortion and miscarriage management as part of coordinated early pregnancy care. Training advanced practice clinicians in aspiration abortion as part of early pregnancy care will address the critical shortage of abortion providers in California. It will create providers in underserved areas that need them the most, assist with better follow-up and complication management, and integrate abortion services into previously existing health care networks.

The Access through Primary Care Project seeks to accomplish the following goals: (1) increased access to early abortion services, particularly in rural and underserved areas; (2) improvement in patient safety by allowing early diagnosis and management of unintended pregnancy; (3) improvement in patient and clinical satisfaction by integrating abortion services in existing women's primary care; and (4) improvement in overall women's health care delivery by coordinating early pregnancy care and thereby reducing costs associated with such care and referrals.

Trainee Project Objectives

Original Total # of Trainees Sought: 51-57

Revised Total # Trainees: 47-49

Actual Number of Trainees as of September 16, 2009: 15

Training Site Objectives

Proposed Number of Training Sites: 8

Actual Number of Training Sites as of September 16, 2009: 4

PROJECT OBJECTIVES:

Selected passages from the HMPP #171 Application.

Short-Term Objectives (Year 1-3):

- ◆ Form and engage a Stakeholder Advisory Group comprised of representatives from health professional organizations, including relevant educational, licensing and regulatory agencies; health plans and health insurance companies; liability insurance carriers, and employers.
- ◆ Develop evidence-based clinical practice guidelines and core competencies for a range of reproductive health options, including management of early pregnancy loss, prompt diagnosis of ectopic pregnancy, and management of early unintended pregnancy using existing professional models (Year 1).
- ◆ Develop a model curriculum in early, unintended pregnancy care including aspiration abortion for advanced practice clinicians.
- ◆ Educate a selected group of licensed advanced practice clinicians in specific skills and knowledge required for first trimester pregnancy termination or complications (Years 1-2).
- ◆ Demonstrate and evaluate advanced practice clinician utilization by providing technical assistance and professional consultation to the clinicians as they integrate early pregnancy management into primary care practice settings (Years 2-3).
- ◆ Collect, analyze and disseminate process and outcomes data including monitoring of patient safety, staff acceptance, patient and clinician satisfaction, training process, and practice or system resources/barriers on an ongoing basis (Years 1-3).

Long-Term Objectives (Years 3-5):

May not be accomplished during the course of the HMPP Project

- ◆ Develop and evaluate indicators for assessing the impact of expanded pregnancy care and

abortion practice by advanced practice clinicians on abortion access in California, particularly in underserved areas.

- ◆ Disseminate our abortion training and utilization model to other faculties and states interested in expanding the pool of primary care abortion providers.

BACKGROUND AND HISTORY OF THE PROJECT:

Selected passages from the HMPP #171 Application.

Need for Project – The sponsor has indicated that women in the United States seek abortion for nearly one quarter of all pregnancies and for approximately half of all unintended pregnancies (Finer & Henshaw, 2004). Abortion rates have decreased overall during the past decade, they have risen among poor and low-income women, in part due to limited access to family planning services (Jones, Darroch, Henshaw, 2002). Therefore, access to safe abortion and the means to prevent unintended pregnancies are among the most fundamental reproductive health care needs of women. Applicant indicates that of the 1.3 million abortions that occur annually in the United States, approximately 236,000 take place in California (Finer, & Henshaw, 2003). Also stated is that nearly 90% of all abortions occur during the first 12 weeks of pregnancy, and 58% take place at 8 weeks gestation or less (Elam-Evans, 2003). The access to early abortion services is an important public health goal (Bartlett et al., Paul, Lichtenberg, Borgatta, Grimes, & Stubblefield, 1999).

A key way to increase access to abortion and family planning services is to expand the types of practitioners that are trained to offer such care. Advanced practice clinicians (Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants), are particularly well-suited to the task. Their expertise in preventive services, including counseling, patient education and case management is particularly apropos to the care of women. They are likely to practice in primary care settings... have been providing women's health care services, i.e., pregnancy and family planning services, for well over 30 years. Currently, they routinely perform many of the components involved in aspiration and medication abortions.

The applicant states that it is important to establish the professional standards, educational preparation as well as clinical competencies for an emerging area of practice such as abortion care.

LAWS AND REGULATIONS PERTINENT TO THE PROPOSED PROJECT:

- The Nurse Practice Act: Business and Professions Code, Section 2700 et. seq. California Code of Regulations: Title 16, Section 1402 et seq.; Section 1474.
- The Physician Assistant Practice Act: Business and Professions Code, Section 3500 et seq.; California Code of Regulations: Title 16, Section 1399.545.
- The Medical Practice Act: Business and Professions Code: Sections 2051 and 2253.
- Health and Safety Code, Division 107, Part 3, Chapter 3, Article 1, commencing with Section 128125, the Health Workforce Pilot Projects Program.

California Code of Regulations: Title 22, Division 7, Chapter 6.