



NYPATH NEWS

NYPATH UPDATE

NYPATH (New York Promoting and Advancing Teen Health), is an exciting new initiative for healthcare providers who serve adolescents in primary and specialty care settings throughout New York State (NYS). The project represents a unique partnership between the Columbia University Heilbrunn Department of Population & Family Health (HDPFH), Physicians for Reproductive Choice & Health (PRCH), the New York State Department of Health (NYSDOH), the ACT for Youth Center of Excellence (COE), the New York chapter of the Society for Adolescent Health and Medicine (SAHM) and other adolescent medicine experts. The purpose of the project is to increase clinician capacity to provide high quality sexual and reproductive healthcare (SRH), and other preventive healthcare services to adolescents.



Over the past several months, NYPATH staff have been involved in designing and implementing a statewide needs assessment, developing and refining an exciting Introductory Training Module focused on key innovations in adolescent sexual and reproductive health, continuing to outreach to medical

providers throughout New York State who provide services to adolescents, planning training events and conferences, and developing content and template designs for the website. We have talked with many providers who are enthusiastic about the project and are providing us with wonderful ideas for the website. We welcome input from all of our colleagues throughout New York State; please do not hesitate to contact us with ideas, feedback and interesting clinical scenarios and/or questions.

NYPATH Needs Assessment

NYPATH is recruiting medical providers to participate in telephone interviews which will help us to gain insight into the “landscape” of adolescent health care services throughout NYS. We are interested in learning which providers serve teens, what type of services are available, what (if any) service gaps exist, and/or what training opportunities are available. This knowledge will help inform our training programs and activities.

We have developed a needs assessment tool which will be administered via a pre-arranged telephone interview. The interviews will take approximately one hour and will be conducted by one of our student assistants from the Mailman School of Public Health.

Please contact us if you are interested in becoming a NYPATH Key Informant.



Judy Lipshutz, MSW, RN: Project Director:
jl545@columbia.edu

Erica Gibson, MD, Principal Investigator:
eg2446@columbia.edu

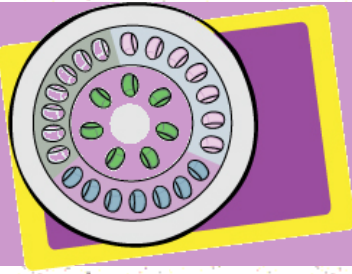
INSIDE THIS ISSUE.....

NYPATH UPDATE	1
NOT ONLY ON SUNDAY: QUICK START	2
NY SAHM SPOTLIGHT	3
ACCESSING FPBP	3
NYPATH KICK-OFFS & ON-SITE TRAINING	4
HPV VACCINE GOES CO-ED	4



You can initiate contraceptives on the day of appointment, regardless of the day of the patient’s last menstrual period? For more information, see article on page 2....





NOT ONLY ON SUNDAY: The Quick Start Method of Contraceptive Initiation



Susanna is a 17 year old sexually active female who comes to you requesting birth control pills several weeks after initiating sexual activity for the first time. She tells you that she used condoms the first few times, but has stopped using them. Her last menstrual period (LMP) started 10 days ago. When can Susanna reasonably start birth control?

Have you ever had a patient become pregnant while waiting to start contraception? This all too common occurrence is not only frustrating but also preventable. Traditionally, medical providers have been taught to start hormonal contraception at the time of menses; however, research has demonstrated that women (including adolescents) can safely start birth control any time during their menstrual cycle. This type of birth control initiation is often referred to as the **QUICK START method**.

WHAT IS QUICK START?

- ★ Provides the opportunity to provide contraception at times of high motivation (e.g. negative pregnancy test, emergency contraception visit).
- ★ There is no need for a patient to wait for menses to begin birth control.
- ★ Quick Start can be used to initiate the pills, ring, patch, injection, or implant without delay.

HOW DOES QUICK START WORK?

- ★ Confirm negative pregnancy test.
- ★ Provide contraceptive counseling and obtain informed consent.
- ★ Conduct screening history to rule out contraindications to method of choice.
- ★ Provide emergency contraception if indicated (within 120 hours after unprotected sex).
- ★ Start method immediately, regardless of time in cycle (if you have methods available onsite at your health center you can have the patient start right there in front of you under direct observation).
- ★ Advise patient to use condoms as contraceptive back-up during the first week.
- ★ Advise ongoing condom use along with birth control (dual method use) to protect against pregnancy and infection.
- ★ Advise patient to return in 3-4 weeks for pregnancy test, especially if no withdrawal bleed at end of first cycle (with combined hormonal methods).
- ★ Advise patient using Depo-Provera to return in 3-4 weeks for pregnancy test regardless of withdrawal bleed.
- ★ Provide appointment for more comprehensive care as needed.

Quick Start Reflections *By Susan Neuwirth-Guerra, FNP (New York Presbyterian Hospital)*

As a nurse practitioner who has been providing contraceptive methods using Quick Start, I thought that I would share some of my experiences with those of you who may be using Quick Start for the first time. It can be a little scary, especially if you first learned, as I did, that you were supposed to "have or have just finished your period" in order to start a birth control method. I felt uncomfortable and nervous at first, even with the guidance and support of my medical director. Of course, it's a natural reaction when you do new things... you're supposed to feel uncomfortable and anxious! I can remember one specific instance. It was my third or fourth time advising a patient to Quick Start oral contraceptives under direct observation. I was still reluctant and not yet completely comfortable with the protocol. The patient swallowed the first birth control pill... and I looked at her and said: ***Congratulations, you are now on the pill!*** The patient looked back at me, and I could see the relief and excitement in her face. She was as nervous and anxious about Quick Start as I was. I realized then how important it is to act and speak with confidence. Hesitation to use Quick Start is understandable, even for experienced providers. It takes practice and experience to become comfortable with Quick Start, but you will soon realize that it is much easier and more acceptable than waiting for menses. I continue to congratulate patients who have just "Quick Started" because it allays any fears and allows us to segue into a discussion about condom use.

Quick Start References

1. Hatcher RA, Trussell J, Nelson, A, et al., eds. Contraceptive Technology. 19th ed. New York: ArdentMedia, Inc.; 2007, 226-227.
2. Reproductive Health Access Project Quick Start Algorithm: http://reproductiveaccess.org/contraception/quickstart_algorithm.htm
3. Westhoff, C., Heartwell, S., Edwards, S., Ziemann, M., Cushman, L., Robilott, C., Stuart, G., Morroni, C. & Kalmuss, D. (2007). Initiation of Oral Contraceptives Using a Quick Start Compared With a Conventional Start. *Obstetrics & Gynecology*, 109 (6), 1270-127.

New York Society for Adolescent Health & Medicine (NY SAHM) Spotlight

NY SAHM is an organization of professionals from across the state who are committed to adolescent health. NY SAHM provides networking opportunities, a forum for sharing resources, and a compendium of expertise in adolescent health. Our members are from across the state and from a variety of disciplines. Recent NY SAHM activities include:

- ★ **Fall Social Event:** Each year, NY SAHM uses video-conferencing to connect professionals at sites across the state. This past December, we held a meeting simultaneously in Buffalo, Rochester, and NYC connected by Google+ Hangout software. Speakers in both Rochester and NYC addressed the topic of the event, "Reaching OUT: Making Services Accessible to GLBTQ Youth." We had a phenomenal turnout of over 80 people across the state.
- ★ **Regional Chapter Award:** Each year NY SAHM awards an "unsung hero" in adolescent health in NYS with our "New York Regional Chapter Award". This year, we honored Anita Brakman from Physicians for Reproductive Choice in Health (PRCH). Anita manages the Adolescent Reproductive and Sexual Health Education Project (ARSHEP) sponsored by PRCH. She is responsible for and manages the content, dissemination and support of the program that sends out thousands of CDs to pediatric, family medicine and OB-GYN residency programs to improve the sexual and reproductive care that providers give to adolescents. We were excited to recognize her achievements for adolescent health. Ms. Brackman is also integrally involved with the development of training modules and website development for NYPATH.

Upcoming NY SAHM Activities

- ★ **The SAHM Annual Conference** in New Orleans, March 14-17: For more information go to www.adolescenthealth.org.
- ★ **The NY SAHM Advocacy Workgroup:** We are currently picking our topic of focus for the upcoming year. More information to come!

To learn more about membership or to get on the listserv, please contact newyorkSAHM@gmail.com

Reducing Financial Barriers to Providing SRH Care to Adolescents: Accessing the Family Planning Benefit Program (FPBP)

The **Family Planning Benefit Program (FPBP)** is a limited form of NYS Medicaid which is focused on providing family planning services. Eligible individuals can get free annual exams, most FDA approved methods of birth control, EC/Plan B and more. Anyone who is of reproductive age can apply for the program, however there are some requirements based on immigration status. Income levels are substantially higher than traditional Medicaid, in order to provide free services to a greater number of people who otherwise might have limited access to reproductive health services. Minors who are seeking confidential services can apply based on their own income, as they are considered high risk for unplanned pregnancies. For further information see:

http://www.health.ny.gov/health_care/medicaid/program/longterm/familyplanbenprog.htm.

Information and training is available at no cost under a grant from the NYSDOH. The training provides information and materials which will enable health care facilities to help adolescents access this key sexual and reproductive health care assistance program. There are four programs throughout NYS based on county location. See contact information below.

NYC, Orange, Putnam, Rockland, & Westchester:

Carmina Bernardo, Planned Parenthood of NYC; Phone: 212-274-7277; e-mail: carmina.bernardo@ppnyc.org

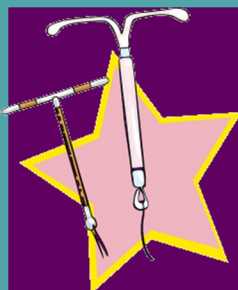
Nassau & Suffolk: Liz Costantino, Planned Parenthood of Nassau County; Phone: 516-750-2656; e-mail: Liz.costantino@ppnc.org

Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Sullivan, Ulster, Warren, Washington:

Sue Wendelgass, Planned Parenthood Mohawk Hudson; Phone: 518-374-5353, ext. 229; e-mail: s.wendelgass@ppmhchoices.org

Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chenango, Chemung, Cortland, Delaware, Erie, Genesee, Livingston, Monroe, Niagara, Onondaga, Ontario, Orleans, Otsego, Oswego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, Yates:

Judith Sauer, Planned Parenthood of the Rochester/Syracuse Region; Phone: 585-546-2771, Ext. 343; e-mail: jsauer@pprsr.org



NYPATH Planning Kick-off Training & Other On-site Training Throughout NYS

NYPATH is planning kick-off training events in several regions throughout NYS. The kickoff events are designed to inform providers about resources available through NYPATH, and to provide clinical training focused on recent innovations in providing adolescent-friendly, patient-centered reproductive health services. NYPATH and the PRCH Adolescent Reproductive and Sexual Health Project (ARSHEP) have collaboratively designed an introductory training module which provides information on all the latest hot topics in adolescent medicine.

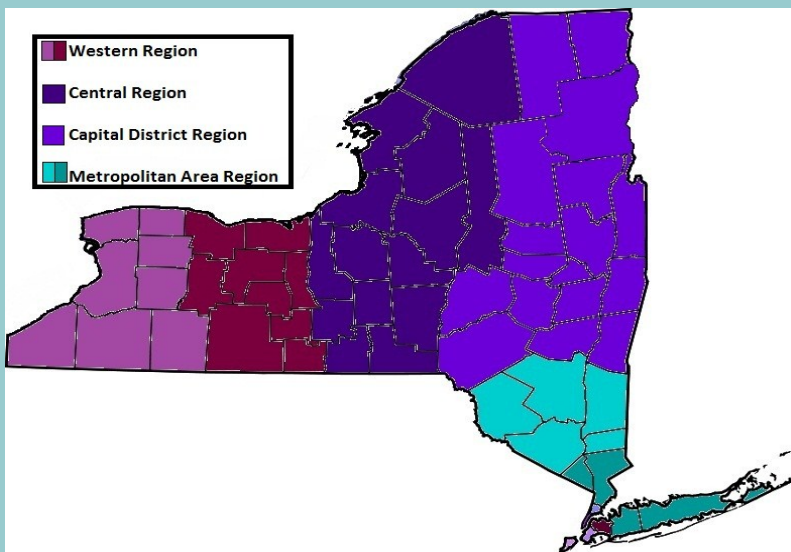
The module entitled **“The Time is Now: Providing Adolescent-Friendly Sexual and Reproductive Healthcare”** provides an overview of healthcare delivery strategies which can facilitate the provision of patient-centered sexual and reproductive healthcare to adolescents. Strategies discussed include: pregnancy testing upon request, Quick Start contraceptive initiation, emergency contraception when needed and in advance of need, providing pelvic exams as needed but not as a condition for contraceptive initiation, providing LARCS (Long-Acting Reversible Contraceptives) to adolescents, dispensing multiple cycles of hormonal contraception, dual method use, STI/HIV testing and treatment, and expedited partner therapy for Chlamydia.

Onsite Topic-Specific Training

NYPATH is also available to provide topic specific adolescent and sexual reproductive health training throughout NYS. Examples of topics include: Contraceptive Updates (including Long Acting Reversible Contraceptives), Quick Start Overview, STI Overview, Expedited Partner Therapy, Sexual History Taking, and many more.

The NYPATH team is in the process of identifying medical providers and other collaborators who might be interested in co-hosting these events. We are interested in finding sites that are centrally located to allow providers from several surrounding counties to attend. For further information, contact Judy Lipshutz, MSW, RN at jl545@columbia.edu or 212-304-5237.

NYPATH Regions



HPV Vaccine Goes Co-Ed

In October 2011, the Advisory Committee on Immunization Practices (ACIP) of the CDC recommended that males ages 9 to 26 should *routinely* receive the HPV4 vaccine (Gardasil). While the HPV4 vaccine was approved and then recommended for young women ages 9 to 26 in 2007, then approved for males 9 to 26 in 2009 this recommendation for *routine* use in boys is new. While many men who get HPV may never develop symptoms, some may develop genital warts, penile cancer, anal cancer, or oropharyngeal cancer.

References

1. Kaiser Family Foundation HPV Fact Sheet:
<http://www.kff.org/womenshealth/upload/7602-03.pdf>
2. Recommendations on the Use of Quadrivalent Human Papillomavirus Vaccine in Males — Advisory Committee on Immunization Practices (ACIP), 2011:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>
3. Centers for Disease Control and Prevention. HPV and Men – Fact Sheet:

To Become Involved With NYPATH contact:

Judy Lipshutz, MSW, RN: Project Director: jl545@columbia.edu

Erica Gibson, MD: Principal Investigator: eg2446@columiba.edu

*Thank
you*