



September's Care Management Webinar

Wednesday, September 18, 2024

CountyCare
A MEDICAID HEALTH PLAN



Kai Tao, ND, MPH, CNM (she/her)

It is my pleasure to introduce Kai, a dedicated and accomplished women's health provider with a remarkable career spanning maternal, child, and reproductive health. With extensive experience in health policy, program development, and clinical operations, Kai's passion for advancing women's health is evident. In 2018, she founded Juno4Me, an innovative digital platform that connects individuals with skilled contraceptive care providers.

- Kai is a Certified Nurse Midwife at Northwestern Medicine's Prentice Women's Hospital and has held leadership roles, including Deputy Commissioner at the Chicago Department of Public Health and VP of Clinical Operations for Planned Parenthood of Illinois. She has played a pivotal role in shaping healthcare policy, having co-created the Illinois Family Planning Action Plan.
- Kai's academic background includes a Master of Science and Nursing Doctorate from the University of Colorado Health Sciences Center and a Master of Public Health from the Harvard School of Public Health. In addition to her clinical and policy work, she serves on multiple perinatal health committees and as a board member for the Health and Medicine Policy Research Group.
- Please join me in welcoming Kai.



Advancing Reproductive Well-being and Supporting Healthy Birth Spacing



WHO WE ARE



Reproductive health care providers, policy wonks, educators, data geeks, and committed advocates.

WHAT WE DO



De-silo, de-stigmatize, and normalize birth control as basic health care.

WHY WE DO IT



So that every person can decide if, when, and under what circumstances to be pregnant and parent.

Learning Objectives



1. Integrate routine screening for contraceptive needs and desires into your routine workflow for people of reproductive age.
2. Articulate the basics of all FDA-approved birth control methods available today.
3. Inform clients of available coverage programs to access reproductive care at no cost.
4. Adopt tools to strengthen reproductive well-being and healthy birth spacing through screening, counseling and referrals.

Advancing clients reproductive well-being and healthy birth spacing

through establishing birth control as basic healthcare.





Birth control is basic health care that gives people the opportunity to decide if, when and under what circumstances to be pregnant and parent, protect against STIs, support gender-affirming care, and manage health conditions.

- Supports optimal 18- 23 months birth spacing interval that's associated with improved maternal health outcomes including decreased risk of anemia, pre-term labor, preeclampsia.
- Supports improved child health outcomes including decreased risk of low or very low birth weight, small for gestational age, birth defects, or infant death

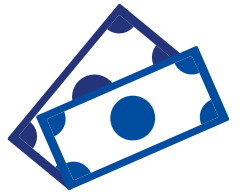
Reproductive well-being means caring for women across the lifespan – not only when they are pregnant. And yet...

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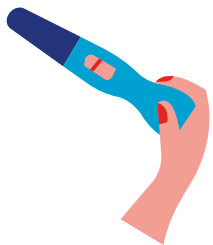
99% of sexually experienced women will use at least one form of birth control in their lifetime but only **1 in 5** receives contraceptive counseling at community health centers.

1 in 4 people using birth control do so for reasons unrelated to pregnancy prevention, including preventing STIs or managing a health condition.

1 in 6 Illinois women of reproductive age reported needing to see a doctor within the last 12 months but could not because of cost.



1 in 3 health or hospital systems in IL are religiously affiliated and do not offer birth control for pregnancy timing, spacing, or prevention, including in the post-partum period.



38% of women in Illinois reported experiencing an unplanned or mistimed pregnancy in 2020.

Systemic racism, discrimination, and coercion prevent people of color and people with few resources from accessing the information and care they need to be as healthy as possible in their reproductive lives.

Promoting reproductive well-being through routine screening

ICAN! aims to de-silo, destigmatize and **normalize birth control as basic health care**, including through integrating screening for contraceptive needs and desires into routine social and medical practices for clients of reproductive age.

- Invites the client to have the space to bring up what may feel like a sensitive topic.
- Encourages timely preconception care and opportunity to optimize physical and mental health.
- Opens the conversation about sexual activity and STI/HIV screening and prevention



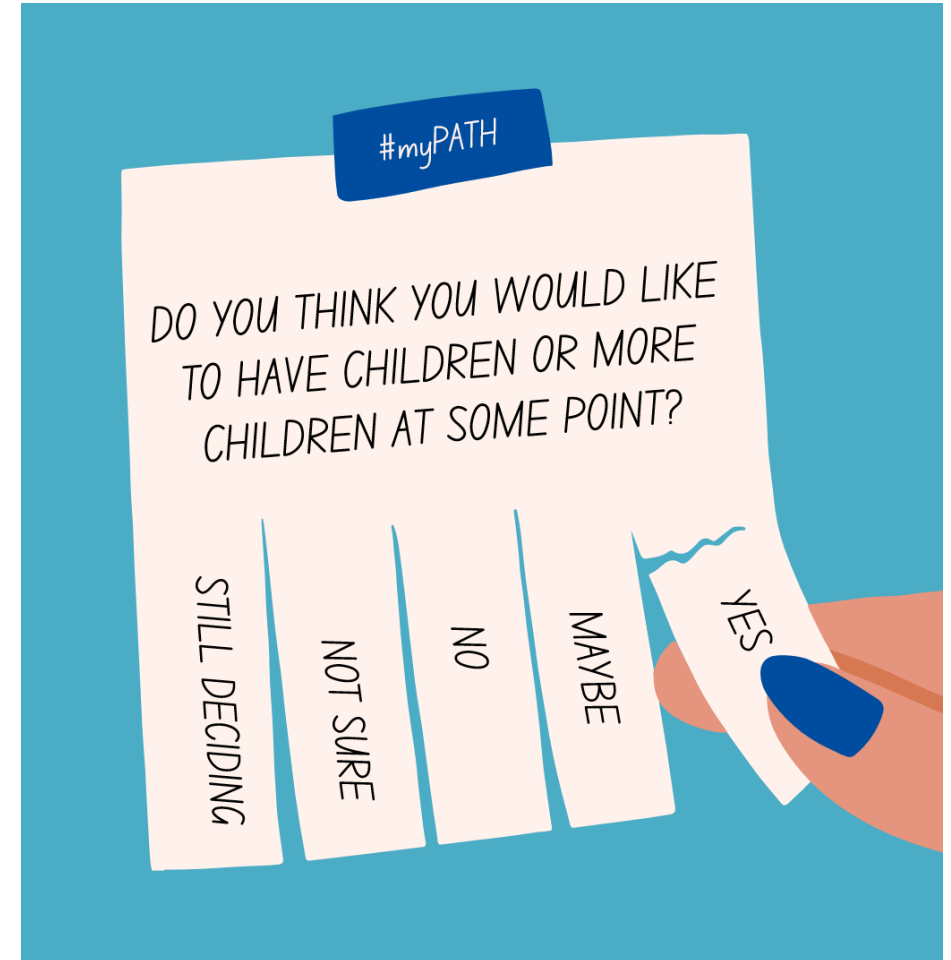
The PATH to reproductive well-being

PA: Parenting/Pregnancy Attitude

T: Timing

H: How important is pregnancy prevention

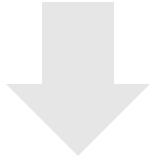
- Desilos, destigmatizes, and normalizes birth control as basic healthcare.
- Invites one to share their attitudes around pregnancy and parenting.
- Applies to any gender, age, or sexual orientation.
- Supports active listening and person-centered care. *"What else is important when you think about your birth control?"*
- Aligns with Reproductive Justice principals.



What else is important to you about your birth control method?

Control of Method

- Client
- Partner
- Provider



Mode of Action

- Hormonal
- Non-hormonal
- Barrier



Ease & Comfort of Use

- Does/does not require a pelvic exam
- Frequency of use/of clinic visits
- Does/does not require touching one's genitals
- Has/has no impact on pleasure
- Side effects
- Nonsurgical or surgical
- Risks
- Discreetness



Ease of Discontinuation

Protection from STIs

Cultural Acceptability

Affordability

Non-Contraceptive Benefits



Ease of Access



- Clinic or hospital
- Purchase in store/pharmacy
- Mailed via pharmacy
- Purchase on-line
- Public space

Duration of Effectiveness



- Short-acting
- Long-acting reversible
- Permanent

Ican'

Reproductive Justice

means placing the individual and their unique life realities at the center of the provider-client relationship.



The TRUER Care Approach:

- T**rauma-informed
- R**espectful
- U**nconscious bias aware
- E**vidence-based
- R**eproductive well-being centered

CDC's Screening for STIs

and contraception go hand-in-hand.

Partners

- Are you currently or have you ever had sex? In recent months, how many partners have you had? What is the gender of your partners? Do you or your partner(s) currently have other partners?

Practices

- What kinds of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?

Protection from sexually transmitted infections

- Do you and your partner(s) discuss STI prevention? If so, what methods do you use (internal/external condoms)? How often do you use this method?

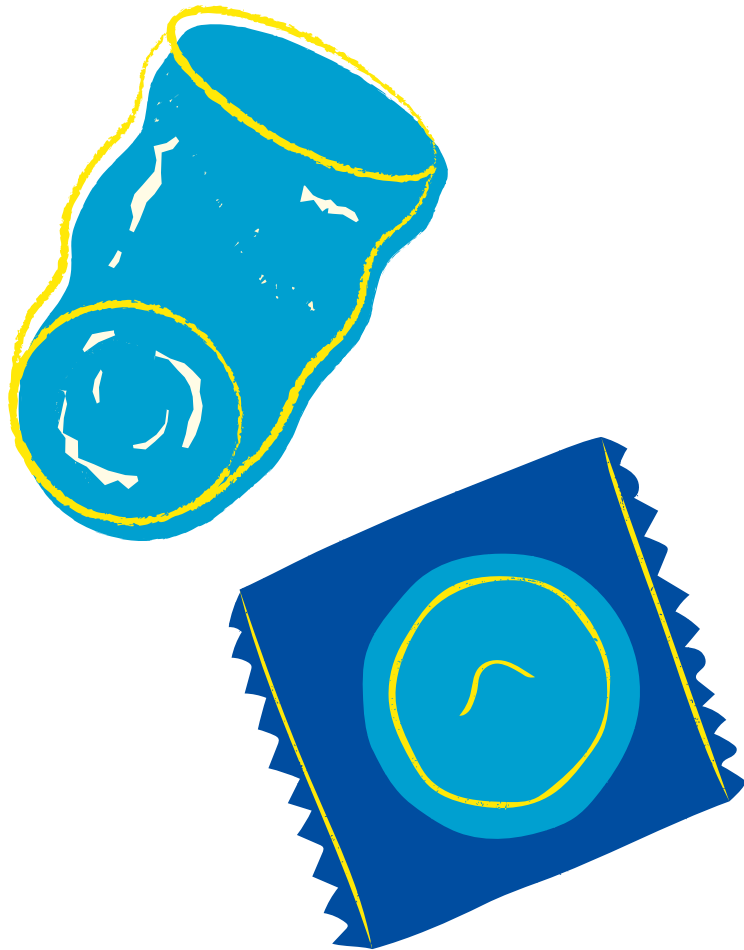
Past history of sexually transmitted infections

- Have you ever been tested for STIs or HIV? Would you like to be tested?

Pregnancy intention

- Do you think you might like to have (more) children at some point?

Condoms are the only form of birth control that protects against STIs



In 2012, 335 babies were born with congenital syphilis. In 2022 the number of babies born with congenital syphilis increased to 4000 babies.

CDC found that of people who gave birth to babies with congenital syphilis, 40% had received no prenatal care.

Remind your clients that they can ask for a prescription to get internal or external condoms covered by Medicaid.



Integrating routine screening into your case management practice

**Where are these questions located in your workflow/schedule/curriculum?
What templates can be modified to ensure screening is routinely offered?**

How could you integrate routine screening into your existing practice?

- STI education
- Preconception counseling
- Interconception counseling/interpregnancy care
- Postpartum care

What question(s) will you use to ensure active listening and shared decision-making with your client?



"Tell me about what's important to you in picking a birth control that helps you prevent being pregnant until you're ready?"

"Yes, you are right and that makes a lot of sense... not being sure is very normal...."

"I hear you saying that you want more information about how this method works.."

"Thank you for sharing your experience, it sounds like you have a lot on your plate."



The Birth Control Basics

A 101 of FDA-approved birth control methods available today



Hormonal Methods

**THICKENS
CERVICAL
MUCUS
AND/OR
PREVENTS
OVULATION**

FREQUENCY

USE

HORMONES

THE PROS

THE CONS

**OTHER
INFO**



PILL

91% effective

At the same
time daily

Take daily by mouth,
Rx required

Combined (estrogen +
progestin) or progestin only

Reduced PMS, cramps,
bleeding & acne. Lowers
risk of repro cancers.

Nausea, breast
soreness early on.

Progestin only pills
for those that cannot
take estrogen.



PATCH

91% effective

Weekly for 3 weeks.
No patch 4th week

Apply on the back, butt,
belly. Rx required.

Estrogen + progestin

Reduced PMS, cramps,
bleeding & acne. Lowers
risk of repro cancers.

Nausea, breast
soreness early on.
One color- beige.

Hormones secreted
through sticky band-
aid, may irritate skin.



RING

91% effective

Wear three weeks,
remove 4th week

Insert anywhere in the
vagina (like a tampon),
Rx required.

Estrogen + progestin

Reduced PMS, cramps,
bleeding & acne. Lowers
risk of repro cancers.

Nausea, breast
soreness early on, store
in fridge if >3 months.

Monthly and yearly
rings. Can remove with
sex but < 3 hours daily.



SHOT

94% effective

Every three
months

Injection into arm,
butt, belly usually by
a provider.

Progestin

Reduced or no
bleeding after
several months.

May change appetite.
Irregular bleeding and
spotting early on.

Longer time to
return to baseline
fertility.



**PROGESTIN
IUD**

99% effective

Every 3-7
years

Inserted into uterus via
the cervix by a provider.

Progestin

Treatment for heavy, painful
bleeding. Reduced or no
bleeding after several months.

Unpredictable bleeding,
early on. Insertion may
cause heavy cramps

Effective as EC
within 5 days of
unprotected sex.



IMPLANT

99+% effective

Every five
years

Inserted under skin in
upper arm by provider.

Progestin

Reduced or no
bleeding after
several months.

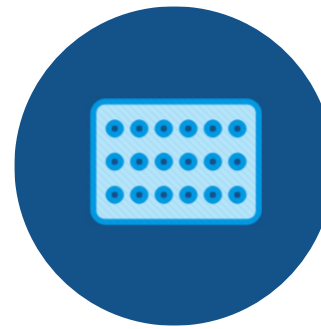
Unpredictable spotting
more common, mild
pain with insertion.

Not visible to others
but you can feel it.

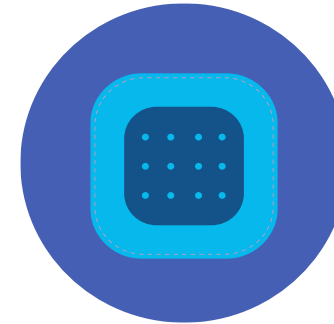
Combined Hormonal Contraception

- Decreases cramps and bleeding
- Short, predictable withdrawal bleeds
- Option of skipping withdrawal bleeding (except patch)
- Decreases acne
- Decreases risk of ovarian and endometrial cancer
- Treats / prevents further development of endometriosis, fibroids, PCOS, HMB, cyclic migraine, PMDD

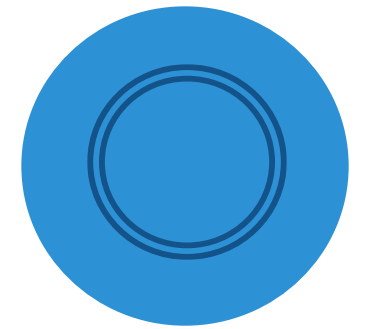
Pills



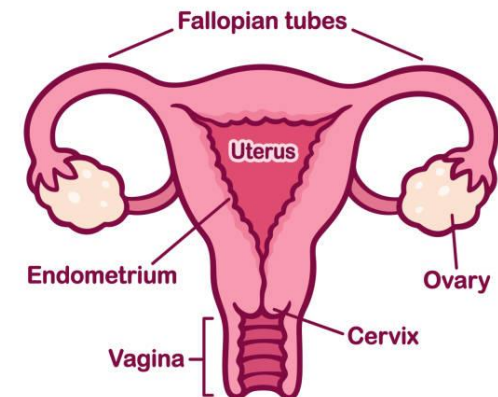
Patch



Ring



Estrogen and progestin prevents egg from being released from the ovaries. Progestin thins the endometrium which prevents implantation of fertilized egg and thickens cervical mucus preventing sperm from reaching the egg.



Depo shot

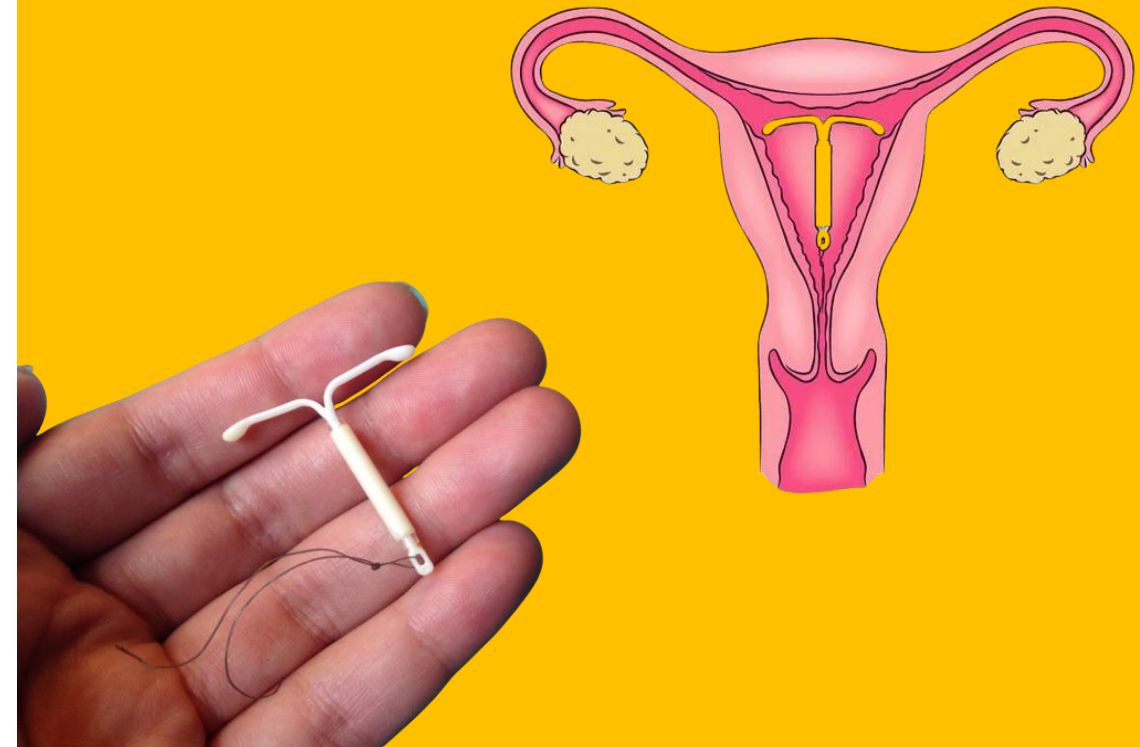


- Intramuscular or subcutaneous progestin injections every 12-14 weeks
- Different formulations / not interchangeable!
- Irregular bleeding first 3-6 months then can expect no or lite spotting
- Longer time to return to baseline fertility
- No limit on length of treatment, no role for DEXA
- BONUS: Decreases sickle cell events, seizures
- Weight gain- 1 in 3 (unpredictably) more at risk than others, >5% increase in weight in 6 months indicates likely continued weight gain

Intrauterine device (IUD) with hormones

- Efficacy *superior* to tubal ligation
- Not associated with infertility
- Reduces risk of/treats endometrial hyperplasia and cancer
- FDA approved for heavy menstrual bleeding for up to 5 years
- Lightens menses or may cause amenorrhea
- Shrinks myomas
- Offered immediately post placenta
- Progestin inhibits fertilization and decreases ovulation with thickening cervical mucus (thereby decreasing sperm mobility) and thinning uterine lining

- *Liletta / Mirena* now labeled for 8 years, remove anytime
- *Kyleena, Skyla* – differences largely clinically irrelevant
- Multiple other IUDs available internationally



Contraceptive arm implant



- Nexplanon (only one brand in the USA)
- 3-year approval; **effective for 5 years, remove anytime**
- US approval 2006 (as Implanon)
- Single implantable rod with progestin that works to prevent ovulation, thin uterine lining, thicken cervical mucus
- Place anytime if negative urine HCG
- Can't see unless pushing on the arm
- Efficacy SUPERIOR to tubal ligation
- Irregular, non-cyclic bleeding is expected, 1 of 3 may stop bleeding after 1st year
- Offered prior to birth discharge

Non-Hormonal Methods



EXTERNAL OR INTERNAL CONDOMS

79%-85% effective

PREVENTS SPERM FROM SWIMMING TO AN EGG

FREQUENCY

Every time you have sex

USE

Rolled onto an erect penis or insert into the vagina

THE PROS

ONLY method that prevents HIV/STIs. Pair w/another method for dual protection.

THE CONS

Requires careful removal after each use. Add lube to avoid tears.



VAGINAL GEL SUPPOSITORY

93% effective

Every time you have sex

Insert gel intravaginally immediately or up to 1 hour before each act of sex

Immediate effectiveness only when you need it. Serves as a lubricant. Pair w/another method for back up

Require insertion of gel with each ejaculation. May have mild burn/itch with initial use.



WITHDRAWAL

78% effective

Every time you have sex

Remove penis before ejaculating

Doesn't affect your cycles. Available anytime with cooperative partner.

Requires control to ejaculate outside of, away from vagina



FERTILITY AWARENESS

76-88% effective

Daily via tracking app or calendar

Daily tracking of temperature, vaginal mucus, and periods

Doesn't affect your cycles. Good for tracking ovulation if trying to get pregnant.

Must have regular cycles. No sex (or use a condom) during most fertile days.



DIAPHRAGM, CAP, SPONGE

71-88% effective

Every time you have sex, during and for a few hours after

Inserted into vagina to cover the cervix

Doesn't affect your cycles and can be used for many years without replacing.

Must be used with spermicide foam or gel which may irritate the vagina.



COPPER IUD

99+% effective

Lasts 12 years, can remove sooner

Inserted into uterus via cervix by a provider

Doesn't affect your cycles, lowers risk of repro cancers. Effective as EC within 5 days.

May increase cramps and bleeding. Effective as EC within 5 days of unprotected sex.

Non-hormonal copper IUD

- Cu 380 / ParaGard – numerous international versions available
- Approved for 10 years, **effective for 12, remove anytime**
- Efficacy comparable to tubal ligation
- 40% reduction endometrial cancer
- Heavier bleeding and cramps - keep NSAIDs handy
- Copper is cytotoxic to sperm - decreases motility and viability
- Immediate return to baseline fertility upon removal



Permanent, non-reversible methods



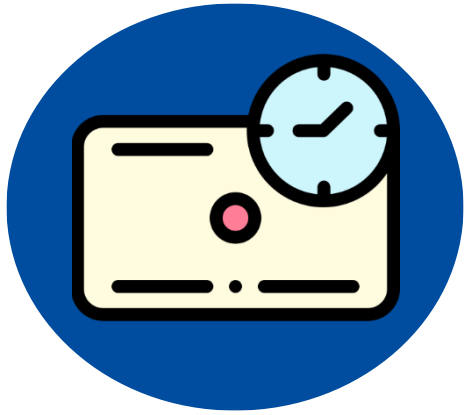
Vasectomy

- Non-scalpel procedure done at a clinic to cut the vas deferens, no sutures needed. Normal non-sperm ejaculations several months after procedure. Requires local numbing medicine and up to 1-2 days for recovery.
- Most common procedure for high income and/or highly educated white males.
- Requires 30-day consent if under Medicaid.



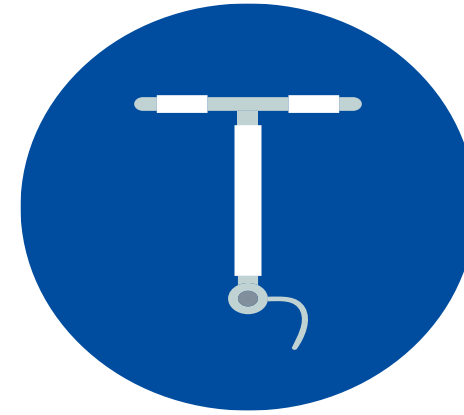
Tubal Ligation

- Surgical procedure via belly button with 2 small incisions done at a hospital to cut and clip fallopian tubes (or done simultaneously with c-section). Requires anesthesia and up to 2 weeks for recovery.
- More common for BIPOC, low resourced individuals.
- Requires 30-day consent if under Medicaid.
- Confirm hospital is not religiously affiliated if planning postpartum.



Two kinds of EC pills

- Plan B (comes in many names) is available without Rx for any age and covered by Medicaid.
- Ella requires Rx and is best if >155lbs.
- May cause nausea and irregular period. Take ASAP within 3-5 days after unprotected sex.
- Do pregnancy test in about 2 weeks.



Two kinds of EC IUDs

- Copper or progestin IUDs are more effective than EC pills.
- Insertion should be ASAP within five days of unprotected sex.
- Provides birth control for 8-12 years after use as EC, can remove sooner.

Client concern scenarios

PRIVACY



SIDE EFFECTS



EFFICACY



Available Coverage Programs

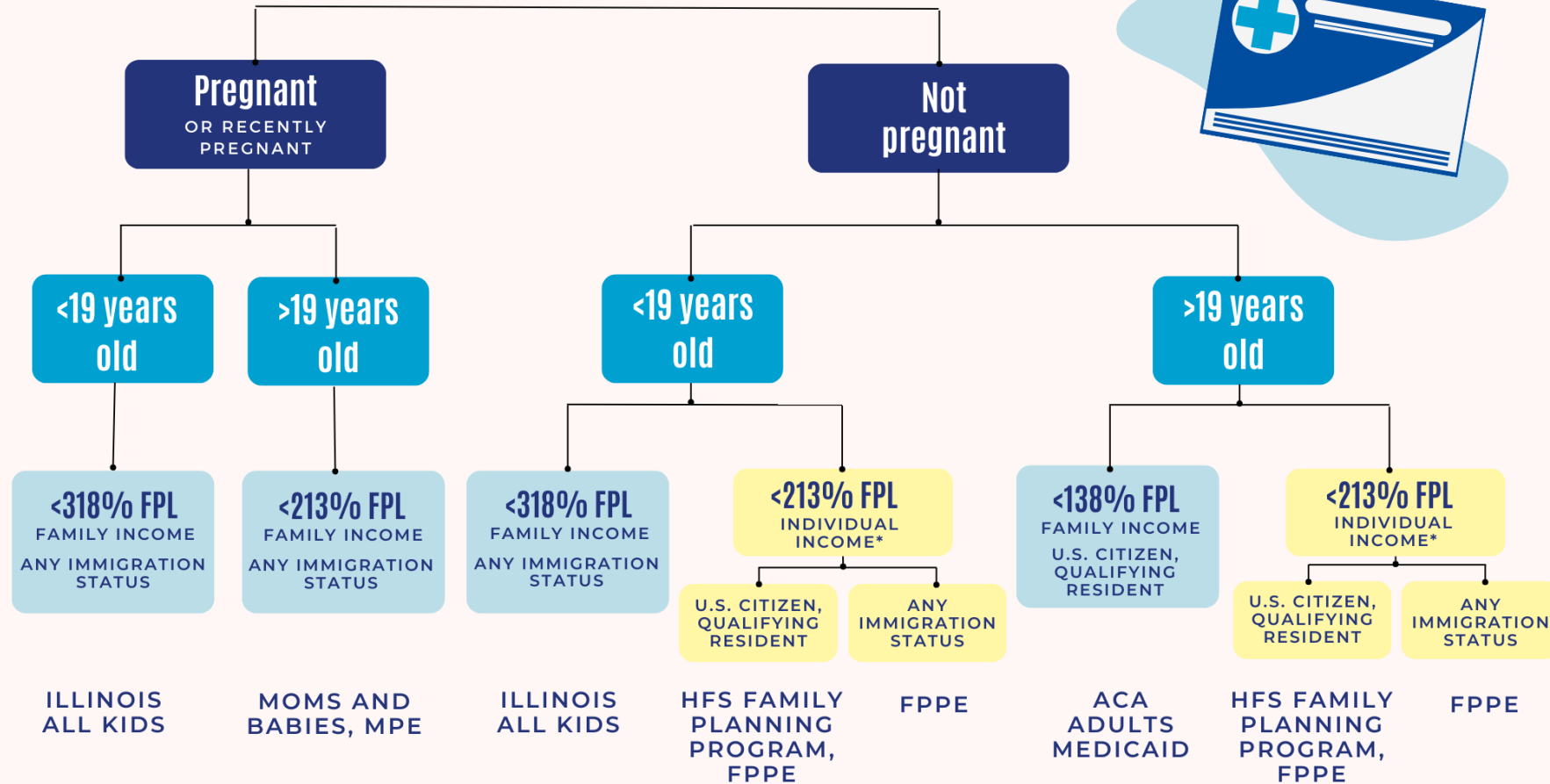


COMMON MEDICAID PROGRAMS FOR PEOPLE OF REPRODUCTIVE AGE

ican!

VIEW A COMPREHENSIVE LIST OF ILLINOIS MEDICAID PROGRAMS [HERE](#)

MY PATIENT/CLIENT IS:



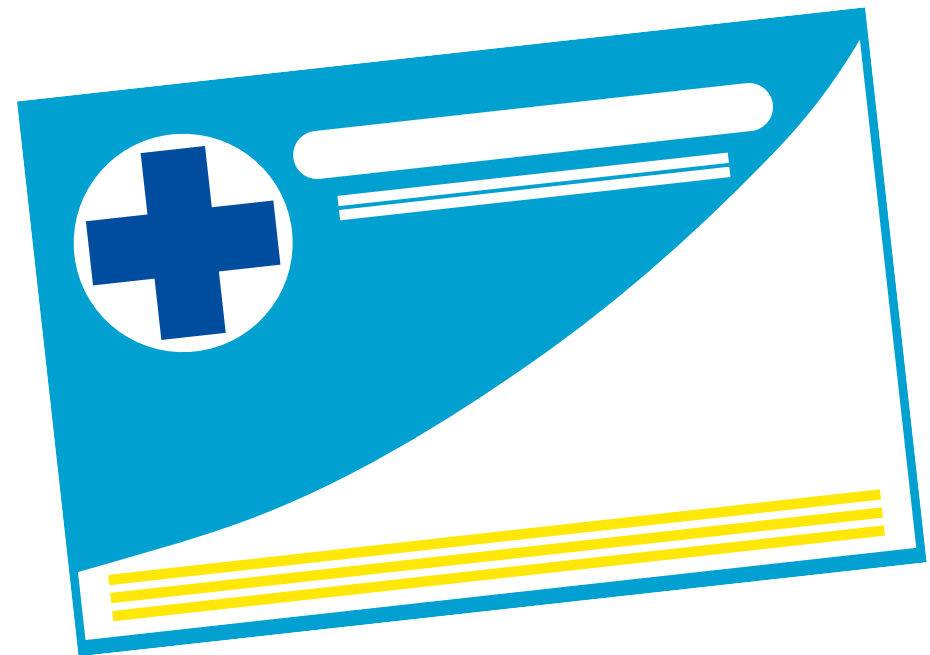
MPE: MEDICAL PRESUMPTIVE ELIGIBILITY
FPPE: FAMILY PLANNING PRESUMPTIVE ELIGIBILITY
*COUNTED AS A HOUSEHOLD OF TWO

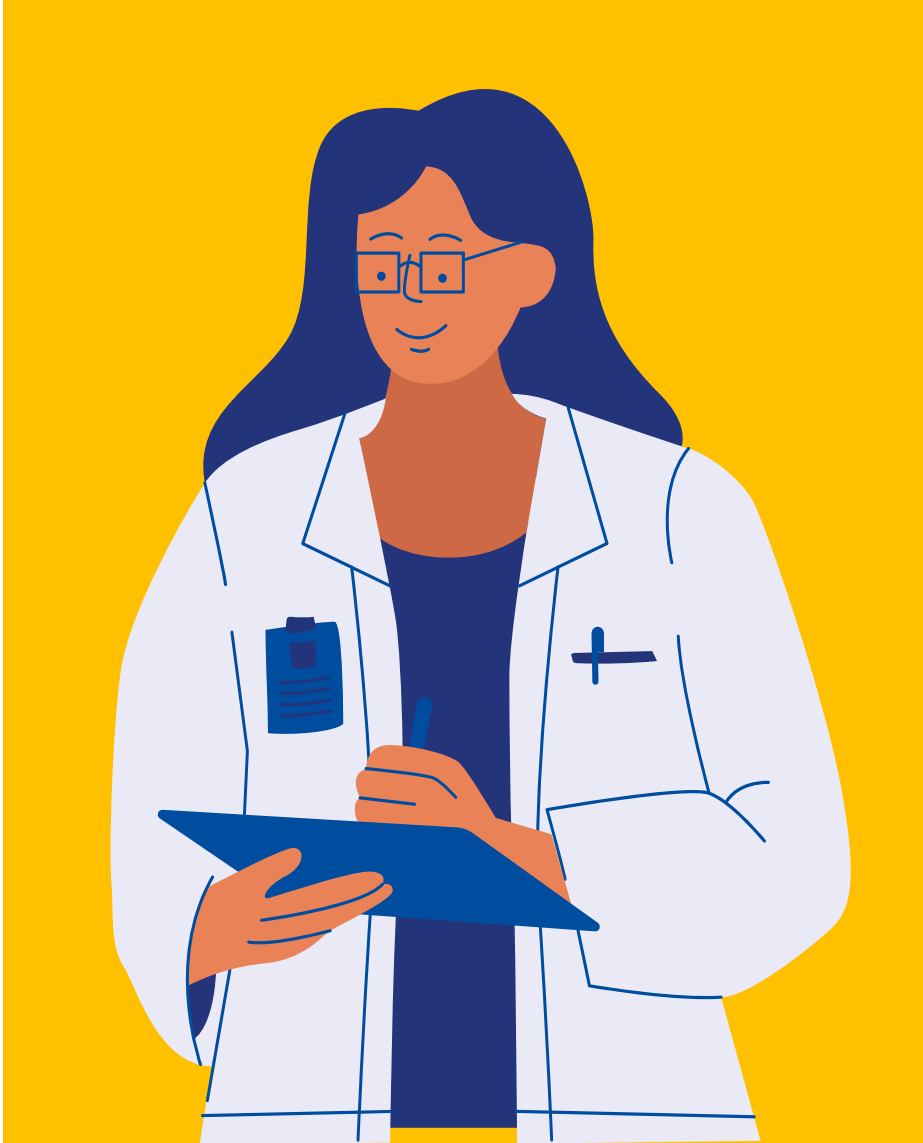
FULL BENEFITS PROGRAM ALTERNATIVE BENEFITS PROGRAM

ican!

Connecting Communities to Birth Control Coverage

- **The HFS Family Planning program is a new alternative Medicaid benefits program** that covers primary and preventive care services including all FDA-approved birth control.
- This program can be a **default program for individuals who do not qualify for full Medicaid** or have private insurance that they do not want to use because of confidentiality or cost concerns.
- Let's work to ensure the **1.2 million newly eligible individuals** can enroll in coverage to access the care they need.





Covered services include:

- Annual check-up (CBC, lipid, HgbA1C, etc..)
- All FDA-approved birth control (tubal, vasectomy)
- STI testing and treatment including syphilis
- HIV testing, PEP, and PrEP
- Screening for breast (mammogram/BRCA1,2), cervical (pap), and colorectal cancer (cards)
- Follow up for abnormal pap smears (colpo, LEEP)
- Treatment for genital/urinary infection & abnormal uterine bleeding (ultrasound)
- HPV, hepatitis B, and COVID vaccines



You can apply as an individual if:

- You're a resident of Illinois.
- You make \$3,600 a month or less before taxes.
- You are not currently pregnant.
- And you don't already have state or federally-funded insurance such as Medicaid.

You should also know that coverage is open to:

- People of all genders.
- People of all ages.
- People with private insurance that doesn't cover birth control, has high OOP costs, or with confidentiality concerns.
- People of all citizenship status (through FPPE).

Immediate, temporary coverage



- Family Planning Presumptive Eligibility (FPPE) is immediate, temporary coverage **open to people of all citizenship status**.
- To enroll in FPPE, patients **self-attest** that they meet income requirements and are an IL resident with a registered FPPE provider.
- Even if patients do not qualify for ongoing coverage, any services rendered during the FPPE period will still be **fully covered**.

Enrolling in ongoing HFS FPP coverage

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print | Logged in: | Logout

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Apply for Benefits

Please select Yes or No for each benefit option below

Apply for SNAP (Supplemental Nutrition Assistance Program)? ☐ Yes ☒ No

SNAP (Supplemental Nutrition Assistance Program) helps people and families buy food they need for good health. This program used to be called Food Stamps. [More about SNAP.](#)

Apply for Healthcare Coverage? ☒ Yes ☐ No

Provides access to healthcare benefits to people of all ages in Illinois. [More about healthcare coverage.](#)

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

Apply for Family Planning Program? ☒ Yes ☐ No

The Illinois Family Planning Program is a partial-benefit program that offers coverage for family planning and related services for men and women. **Select this option to apply for the Family Planning services only.** [More about Family Planning Program.](#)

Check “YES” for family planning. Patients will first be assessed for full medical coverage eligibility. If they are not eligible, they will be considered for the HFS FPP.

Individuals going through redeterminations can check “YES” on question 17

Applications may receive three months of retroactive coverage.

17. Are you or anyone living with you interested in the partial-benefit program for Family Planning if no longer eligible for Medical Benefits? ☐ Yes ☐ No

If yes, name of the person(s) who want to Opt-In _____

Becoming an FPPE provider.

Are you a Pharmacy and are participating or wish to participate in the Blood Clotting Factor Hemophilia Program?	Not Completed	
Are you enrolled in the Designated Family Planning Provider/Clinic Program? If yes, provide enrollment date and approving agency.	Not Completed	
If this enrollment is for change of ownership (CHOW) with a new NPI, please enter the old NPI in the comment box	Not Completed	
Do you carry professional liability insurance? If yes, please provide the name of your carrier and the policy coverage limit per occurrence and in aggregate.	Not Completed	

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Join the **200+ sites across IL who have already become an FPPE provider** - email **HFS.MPE.FPproviders@illinois.gov** to request and complete and FPPE provider agreement.

Each provider must go into IMPACT and indicate “YES” for Family Planning Provider/Clinic Program. Complete the IMPACT FPPE checklist to be assigned FP code 103 in the HFS legacy system.

Tools and Resources

to strengthen screening, counseling, and referrals in
your role



Tools for routine screening for contraceptive needs and desires



Person-Centered Reproductive Well-Being Assessment



Preconception, pregnancy planning, infertility



Contraception for pregnancy prevention or spacing



Contraception for STI/HIV prevention, medical reasons

Use reflective strategies: ASK, LISTEN, and LISTEN!

Regardless of which PATH, facilitate shared decision-making with open-ended, probing questions, validation, and affirming/confirming words. It sounds like:

- What I'm hearing you say is...
- Many clients think that and ...
- I would like to be sure I understood what you said...
- I can see why this is concerning and...
- Yes, you are right and...

Client Information

First /Preferred name: _____ Last name: _____
Pronoun(s): _____ DOB: _____
Pregnancy History: G ____ P ____

Q1: Do you think you might like to have (more) children at some point?

Yes (☐) Don't Know/Not sure (☐) No (☐)

Q2: When do you think that might be?

Now/Sometime soon (☐) Not Now/Not Soon (☐) Not Ever (☐)

If applicable, list events, milestones, or dates that are important when thinking about pregnancy:

Q3: How important is it to you to prevent pregnancy (until then)?

Very Important (☐) Somewhat important (☐) Not important (☐)

Q4: What else is important to you in your birth control method? (circle responses)

Remember that barrier methods/condoms are the only method that can decrease the risk of STI's and HIV!

- Confidential/private
- Stops/decreases monthly bleeding
- Start/stop on my own
- Helps with heavy periods
- Helps with medical condition
- No hormones (especially estrogen)
- Helps with bad cramps
- Hassle-free (no daily/weekly reminder)
- Protection from STIs, HIV
- Other: _____

Since you said [Q1 + Q2 response] about having (more) children and it is [Q3 response] important to prevent pregnancy and [Q4 response] is important, let's talk about your options.

Past birth control method(s): _____ Preferred birth control method(s): _____

Scan the QR code to refer your client to a trusted provider who can help them get their preferred birth control method at low or no cost.

Use our Birth Control Options page and Birth Control Quiz to help your clients understand their options at www.ican4all.org.



Birth control quiz & one pagers in multiple languages

Take the Birth Control Options Quiz






































































Bodily autonomy means the ability to own your own body and to make your own choices to protect your freedom, your health, and your future.

Whether you're using birth control to prevent pregnancy, protect against STIs, manage a health condition, or confirm your gender identity—or whether you're not using birth control at all—we believe that there's only one person who should have the final say in that decision—YOU.

Take our quiz to learn more about your options, and use our provider finder tool to get an appointment if you want one!

Start Birth Control Quiz



WITHIN 10 MINUTES POST-PLACENTA													
WITHIN 24 HOURS POSTPARTUM													
1 TO 3 DAYS POSTPARTUM													
3 DAYS TO 3 WEEKS POSTPARTUM													
3 TO 4 WEEKS POSTPARTUM													
4 TO 6 WEEKS POSTPARTUM													
6 OR MORE WEEKS POSTPARTUM													

ican! choose the birth control best for me

In Illinois, anyone 12+ can get birth control and STI testing on their own. Ask your provider to help you find the method that's right for you.

Hormonal Methods

	PILL 91% effective	PATCH 91% effective	RING 91% effective	SHOT 94% effective	PROGESTIN IUD 99% effective	IMPLANT 99%+ effective
THICKENS CERVICAL MUCUS & PREVENTS OVULATION	At the same time daily	Weekly for 3 weeks. No patch 4th week	Wear three weeks, remove 4th week	Every three months	Every 3-7 years	Every five years
FREQUENCY	Take daily by mouth, Rx required	Apply on the back, butt, belly. Rx required.	Insert anywhere in the vagina (like a tampon). Rx required.	Injection into arm, butt, belly, usually by a provider.	Inserted into uterus via the cervix by a provider.	Inserted under skin in upper arm by provider.
USE	Combined (estrogen + progestin) or progestin only	Estrogen + progestin	Estrogen + progestin	Progestin	Progestin	Progestin
HORMONES	Reduced PMS, cramps, bleeding & acne. Lowers risk of reproductive cancers.	Reduced PMS, cramps, bleeding & acne. Lowers risk of reproductive cancers.	Reduced PMS, cramps, bleeding & acne. Lowers risk of reproductive cancers.	Reduced or no bleeding after several months.	Treatment for heavy, painful bleeding. Reduced or no bleeding after several months.	Reduced or no bleeding after several months.
THE PROS	Nausea, breast soreness early on.	Nausea, breast soreness early on. One color—beige.	Nausea, breast soreness early on. Infringe if >3 months.	May change appetite. Irregular bleeding and spotting early on.	Increased vaginal discharge. Insertion may cause heavy cramps.	Unpredictable spotting more common, mild pain with insertion.
THE CONS	Progestin only pills for those that cannot take estrogen.	Hormones secreted through sticky band-aid, may irritate skin.	Monthly and yearly rings. Can remove with sex but < 3 hours daily.	Longer time to return to baseline fertility.	Effective as EC within 5 days of unprotected sex.	Not visible to others but you can feel it.
OTHER INFO						

Non-Hormonal Methods

	EXTERNAL CONDOM 85% effective	INTERNAL CONDOM 79% effective	WITHDRAWAL 78% effective	FERTILITY AWARENESS 76-88% effective	DIAPHRAGM, CAP, SPONGE 71-88% effective	COPPER IUD 99%+ effective
PREVENTS SPERM FROM SWIMMING TO AN EGG	Every time you have sex	Every time you have sex	Every time you have sex	Daily via tracking app or calendar	Every time you have sex, during and for a few hours after	Every twelve years
FREQUENCY	Roll on over erect penis	Inserted into the vagina or anus	Remove penis before ejaculating	Daily tracking of temperature, vaginal mucus, and periods	Inserted into vagina to cover the cervix	Inserted into uterus via cervix by a provider
USE	ONLY method that prevents HIV/STIs. Pair with another method for dual protection.	ONLY method that prevents HIV/STIs. Pair with another method for dual protection.	Doesn't affect your cycles. Available anytime with cooperative partner.	Doesn't affect your cycles. Good for tracking ovulation if trying to get pregnant.	Doesn't affect your cycles and can be used for many years without replacing.	Doesn't affect your cycles, lowers risk of reproductive cancers. Effective as EC within 5 days.
THE PROS	Requires careful removal after each use. Add lube to avoid tears.	Requires careful removal after each use. Add lube to avoid tears.	Requires careful removal after each use. Add lube to avoid tears.	Must have regular cycles. No sex (or use a condom) during most fertile days.	Must be used with spermicide foam or gel which may irritate the vagina.	May increase cramps and bleeding. Effective as EC within 5 days of unprotected sex.
THE CONS						

NEW METHOD ALERT! Ask your provider about Phexxi - hormone-free, vaginal gel suppository inserted each time with sex to stop sperm movement.

Permanent Methods

VASECTOMY: 99%+ EFFECTIVE
Non-surgical procedure done at a clinic to cut the vas deferens, no sutures needed. Normal non-sperm ejaculations several months after procedure. Requires local numbing medicine and up to 2 days for recovery.

TUBAL LIGATION: 99%+ EFFECTIVE
Surgical procedure via belly button w/2 small incisions, done at a hospital to cut or remove fallopian tubes. Requires anesthesia and up to 2 weeks for recovery.

Emergency Contraception

THE MORNING AFTER PILL
Two types: 1) Plan B (comes in many names) is available without Rx for any age. 2) Ella requires Rx and is best if >155 lbs. May cause nausea & irregular period. Take ASAP within 5 days after unprotected sex.

THIS IUD
Copper or progesterin IUDs are more effective than EC pills. Insertion should be ASAP within five days of unprotected sex. Provides birth control for 7-12 years after use as EC.

Connect2Care Referral Tool

Connect2Care Form

Many of our health centers now offer telehealth

English

Español

Enter your information.

Name *

First Last

Your Organization *

Email Address *

*so that we can let you know when the referral has been completed

Enter the patients information.

Patient/Client Name *

First Last

Patient/Client Phone Number *



Select Health Care Centers *

I have spoken to the patient/client above and they have agreed for me to fill out this Connect2Care form on their behalf. Patient/client and I both understand that this is only for purposes of communication with ICAN!, myself and the selected health center. Text/Emails are sent to make sure the patient/client can get their contraception of choice without barriers.

☐ Yes, I agree and confirm

- Anyone can make an unofficial referral!
- Find a provider offering all birth control methods and STI care without financial barriers near your client/patient; search by zip code or use the drop-down menu/map
- Your client/patient will receive 3 email and/or text reminders about how to schedule and prepare for their appointment.
- The 3rd notification includes brief survey about their visit - was TRUER care delivered?

Connect communities to coverage

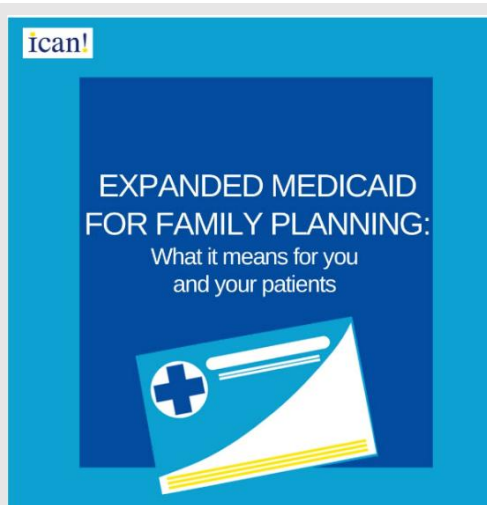
See if you're eligible for the Illinois HFS Family Planning Program

The HFS Family Planning Program offers family planning benefits (birth control coverage) and sexual and reproductive health services at no cost.

Answer a few questions and we'll tell you if you qualify for free birth control and other sexual and reproductive health care benefits.

Start the Quiz (English)

Iniciar prueba (español)



Cobertura inmediata y temporal de los servicios de atención preventiva



Descubre si cumples los requisitos

Presunta elegibilidad para la planificación familiar (FPPE)

Se calcula que 1,2 millones de habitantes de Illinois pueden acogerse a un programa alternativo de beneficios de Medicaid que cubre servicios primarios y preventivos, incluyendo todos los métodos anticonceptivos.

Independientemente de su estado migratorio, las personas de cualquier sexo y edad pueden solicitar **cobertura temporal inmediata** (de 31 a 60 días) declarando que sus ingresos son equivalentes o menos de \$3600 dólares al mes, que residen en Illinois y que no están inscritas en Medicaid. Los solicitantes pueden inscribirse con un proveedor cualificado y pueden solicitar el FPPE dos veces por año normal. **No se requiere prueba de documentación/ciudadanía al solicitar FPPE, y esto no cuenta para la carga pública.**

Servicios cubiertos

- Exámenes médicos y de bienestar anuales
- Pruebas y prevención del VIH (PEP y PrEP)
- Tratamiento de problemas reproductivos, genitales y urinarios
- Vacunas contra el VPH y la hepatitis
- Pruebas y tratamiento de ITS: detección de clamidia, gonorrea, sífilis, etc.
- Todos los métodos contraceptivos aprobados por la FDA: condones, anticoncepción de emergencia, DIU, implante, píldora, parche, anillo, inyección Depo, ligadura de trompas, vasectomía y métodos de conocimiento de la fertilidad
- Detección del cáncer de cuello uterino (citología vaginal o PAP) y tratamiento de las citologías anormales (colposcopia)
- Detección del cáncer de mama (mamografía) y pruebas BRCA
- Vacuna de COVID-19



Programa de planificación familiar de HFS (HFS FPP)

Ciudadanos estadounidenses y personas que hayan vivido legalmente en EEUU por más de 5 años también tienen derecho a 12 meses de cobertura y pueden solicitarla a través del sistema ABE marcando Sí a la planificación familiar.

Información adicional

- Para más información sobre la carga pública: https://docs.google.com/document/d/1JX6r9Ye2h3vT1t_R2ba4DMczGyaEVlv/edit
- Para saber más o hacerte miembro de la ICAN! red de centros de salud o convertirse en proveedor de FPPE, envía un correo electrónico a Jordan Hatcher a: jhatcher@alliancechicago.org

Obtén más información en "Programas anticonceptivos gratuitos" en ican4all.org.



Your role to advance contraceptive equity

1. Integrate **routine screening** for contraceptive needs and desires into your routine workflow for clients of reproductive age by using the PATH model.
2. Provide **person-centered contraceptive counseling** by understanding the basics of modern birth control methods and accessing ICAN! birth control 1-pagers or the birth control quiz.
3. Use the **Connect2Care referral tool** to connect clients to their birth control of choice at a health center providing TRUER care at low or no cost.
4. Ensure clients can **access reproductive care without financial barriers** by becoming a registered FPPE provider or referring to your nearest FPPE provider.



Questions

Thank you!

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Pharmacy

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Pharmacy Medicaid Program Manager

Jay Shah, Pharm. D.

Pharmacy Medicaid Program Manager

Debyante Onduto, MPH

Pharmacy Program Coordinator

COVID-19

Disease caused by SARS-CoV-2 virus which attacks the lungs.

➤ Symptoms:

- Fever, cough, tiredness, loss of taste or smell, shortness of breath, muscle aches, chills, nausea, vomiting, etc. (symptoms can range from asymptomatic infection to critical illness)

➤ How COVID-19 spreads

- Infected person breathes out very small particles that contain the virus. Other people breathe in the droplets leading to spread of the infection.

➤ Prevention:

- Staying up to date with COVID-19 Vaccinations
- Wearing a mask
- Practice good hand hygiene
- Stay home if you have respiratory symptoms



2024-2025 COVID- 19 Vaccines

Vaccine	Unvaccinated 6 months-4 years	Previously vaccinated 6 months-4 years	Regardless of vaccination status 5-11 years	Unvaccinated 12 years+	Previously vaccinated 12 years+
Pfizer-BioNTech (Comirnaty)	3 doses	1-2 doses depending on number of previous doses	1 dose	1 dose	1 dose
Moderna (Spikevax)	2 doses	1 dose	1 dose	1 dose	1 dose
Novavax **Authorized under Emergency use Authorization on August 30 th 2024**	X	X	X	2 doses	1 dose



Members 6 months and older can earn a \$50 reward for getting the first COVID-19 vaccine

COVID- 19 Available Treatments

- Medications to treat COVID-19 must be prescribed by a healthcare provider and started within 5-7 days of start of symptoms.
- Treatment is recommended for patients that are at higher risk for severe illness.
 - ex. older adults, unvaccinated/not up to date on vaccinations, medical conditions including lung disease, heart disease or weakened immune system
- **Medications: Paxlovid, Lagevrio and Veklury (IV)**

Respiratory Syncytial Virus (RSV)

- **What is RSV:**

- RSV is a highly contagious, seasonal lung infection common in childhood but can affect adults as well. Severe cases of infection can lead to pneumonia and other complications.

- **RSV Season:**

- October-April

- **Symptoms:**

- Congested or runny nose, dry cough, low-grade fever, sore throat, sneezing, headache.

RSV Protection, Prevention and Treatment

- **How to protect and prevent spread:**
 - Cover coughs and sneezes
 - Wash hands often with soap and water for at least 20 seconds
 - Avoid close contact with others
 - Clean frequently touched surfaces
- **Prevention Options**
 - Vaccines available with Center of Disease Control (CDC) guidance
 - Availability of vaccines common in local pharmacies and doctors offices
- **Treatment, if positive for RSV:**
 - Hydration, IV fluids if necessary, and symptomatic control

CDC Recommendations/ Available Vaccines



CDC Recommendations

- All peoples 75 years of age and older
- People ages 60–74 who are at increased risk of severe RSV, meaning they have certain chronic medical conditions, such as lung or heart disease, or they live in nursing homes, receive the RSV vaccine.

Respiratory Syncytial Virus (RSV) Vaccines/Treatment

Vaccine Name	Indication	Dose
Beyfortus	<ul style="list-style-type: none"> For neonates and infants born during or entering the RSV season: <ul style="list-style-type: none"> Administer BEYFORTUS starting from birth. For infants born outside the RSV season <ul style="list-style-type: none"> Administer BEYFORTUS once prior to the start of their first RSV season 	<ul style="list-style-type: none"> Based on weight <ul style="list-style-type: none"> Less than 5kg: 50mg IM injection ≥ 5kg: 100mg IM injection Second RSV season: <ul style="list-style-type: none"> For children up to 24 months of age who remain at high risk: <ul style="list-style-type: none"> 200mg IM injection
mRESVIA	<ul style="list-style-type: none"> For active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in adults 60 years of age and older. 	<ul style="list-style-type: none"> Single dose (0.5 mL) of MRESVIA as an intramuscular injection.
Synagis	<ul style="list-style-type: none"> Indication for prevention of serious lower respiratory tract disease in pediatric patients at high risk of complications from RSV 	<ul style="list-style-type: none"> Dose is 15mg/kg of body weight given monthly as an IM injection with the first dose given prior to commencement of RSV season and then monthly throughout RSV season

Respiratory Syncytial Virus (RSV) Vaccines/Treatment

Vaccine Name	Indication	Dose
<ul style="list-style-type: none"> Abrysvo 	<ul style="list-style-type: none"> Indication for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in people 60 years of age and older Indicated for Pregnant individuals at 32 through 36 weeks gestational age for the prevention of LRTD and severe LRTD caused by RSV in infants from birth through 6 months of age and to prevent severe LRTD caused by respiratory syncytial virus (RSV) in infants from birth through 6 months of age. <ul style="list-style-type: none"> ABRYSVO is given between 32 through 36 weeks of pregnancy. 	<ul style="list-style-type: none"> Dosage: 0.5 mL IM as a single dose
<ul style="list-style-type: none"> Arexvy 	<ul style="list-style-type: none"> Indicated for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus in individuals 60 years of age and older. 	<ul style="list-style-type: none"> Dosage: 0.5 mL IM as a single dose

Flu (Influenza)

➤ What is Influenza?

- Influenza (the flu) is a viral infection affecting your nose, throat and sometimes your lungs

➤ Symptoms:

- Fever, dry cough, headache, tiredness, chills, aching muscles, limb or joint pain, diarrhea, sore throat, fatigue, runny/stuffy nose

➤ How to reduce the spread:

- If sick, limit contact with others to keep from infecting them
- Cover nose and mouth when you cough or sneeze
- Wash hands often with soap and water or an alcohol-based hand rub
- Clean and disinfect surfaces and objects that may be contaminated with viruses that cause flu

For [flu](#), CDC recommends that people stay home, for at least 24 hours, until both are true: your symptoms are getting better overall, and you have not had fever (and are not using fever-reducing medication).

Flu Season/ When to Vaccinate

➤ When is Flu Season?

- In the United States, flu season usually occurs in the **fall and winter**.
- Most of the time flu activity peaks between December and February, although significant activity can last as late as May.

➤ When Should You be Vaccinated?

- While CDC recommends flu vaccination as long as influenza viruses are circulating, **September and October** remain the best times for most people to get vaccinated.

Flu (Influenza) Vaccines/Treatment

Prevention

Drug Name	Indication	Dose
Afluria, Fluarix, Fluzone, FluLaval, Flucelvax Quadrivalent, others	All persons 6 months and older, with rare exception(for example, pregnant people and people with some chronic health conditions), are recommended for annual flu vaccination.	1 injection per year

Treatment:

- In most cases you can treat the symptoms of a mild flu yourself
- Most people will get better by themselves within 7 to 10 days and without any treatment
- There are also several medicines available to ease flu symptoms, such as pain and fever
- If you are sick with flu, **antiviral drugs** can be used to treat your illness (example: Tamiflu).

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Announcements

- Next webinar is October 16th, 2024!
- Slides posted on CountyCare Care Coordination Webpage:
 - <http://www.countycare.com/carecoordination>
- Have feedback? Please share.
 - <https://redcap.link/23k1fzzb>



- Please email questions/concerns: raphael.daniels@cookcountyhealth.org