



School of Medicine

Progress Report and Renewal Funding Request

Organization

Name: University of Louisville Foundation
Address: 2323 S. Brook Street, 104-C Fairfax Bldg.
City, State, Zip: Louisville, KY 40292
Tax ID#: 23-7078461

Contact Person(s)

Name: Tanya Ellis Franklin, MD, MSPH
Title: Ryan Residency Training Program Director
Asst. Professor-UofL Dept. of OB/GYN & Women's Health
Email address: Tanya.franklin@louisville.edu
Telephone number: 502-561-7463 office, [REDACTED]

Person Responsible for Signing Grant Agreement:

Name: Michael J. Curtin
Title: Asst. Treasurer and Authorized Representative
Email: mjcurt01@louisville.edu
Address: University of Louisville, Office of the VP for Finance, 20 Grawemeyer Hall
Louisville, KY 40292

Person to Send Grant Agreement:

Name: Tanya Ellis Franklin, MD, MSPH
Title: Ryan Residency Training Program Director
Asst. Professor-UofL Dept. of OB/GYN & Women's Health
Email address: Tanya.franklin@louisville.edu
Telephone number: [REDACTED] 502-561-7463 office
Address: 550 S. Jackson St. 2nd Floor, Ambulatory Care Bldg. Louisville, KY 40202

Original Grant Request

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Financial Contact Information

Name of financial contact person at your organization: U of L Dept. of OB/GYN & Women's Health – B.
Joann McGuffin, Title: Accountant
Email address: bjmcgu01@louisville.edu
Phone number: (502) 561-7440
Address (if different than above): ACB 2nd Floor, 550 S. Jackson St. Lou., KY 40202

Stock Info

Name of financial company: [REDACTED]
Contact name: [REDACTED]
Phone: [REDACTED]
Email: [REDACTED]
Account #: [REDACTED]
DTC #: [REDACTED]

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I. Program Background

Prior to the start of the Ryan Residency Training Program at the University of Louisville (UofL), the OBGYN residency program provided opt-in training to learn abortion care procedures and techniques at EMW Women's Surgical Center in Louisville, KY. Very few residents took advantage of the opportunity to learn medical and surgical abortions counseling and procedures. From 2004-2008, two residents out of 24 participated in this educational opportunity. Since implementation of the Ryan Training program, every resident is expected to participate in training as part of the Family Planning rotation which provides a complete range of involvement for residents and medical students.

II. Program Overview

The goal of the Ryan Residency Training Program is to provide formal training in contraception, family planning, and medical and surgical pregnancy terminations. At the start of the program July 1, 2011, this formal training was combined with the Postgraduate Year 2 (PGY-2) Reproductive Endocrinology (REI) rotation that was a total of eight weeks. The first four weeks were designated for Family Planning training for UofL OB/GYN Residents. The rotation has evolved and now serves as a stand-alone four-week rotation for UofL residents.

The Family Planning rotation also provides training to the University of Kentucky (UK) residents. This rotation is combined with the "Norton Hospital OB" five-week block rotation for PGY-2 and PGY-3 residents. The rotation provides didactic sessions and patient care opportunities to learn first trimester and second trimester ultrasound dating, electric and manual vacuum aspiration, dilation and evacuation, paracervical analgesia administration, intravenous sedation administration, medical abortion, medical and surgical management of failed pregnancy, and contraception counseling.

The Department of Obstetrics and Gynecology has established the expectation that each resident will participate in the Family Planning rotation. Expected participation includes attendance at EMW Women's Surgical Center, the private abortion clinic. This expectation also applies to residents who opt-out of direct abortion provision.

For one academic year 2012-2013, the Ryan Program provided training to the UofL Department of Pediatric (Peds) Residents. The Ryan Program rotation for Peds residents is for all residents, primarily PGY-1 and PGY-3, rotating through the "Adolescent Pediatric Rotation" for the calendar month. Since July 1, 2015 the UofL Family Medicine residents have rotated in the Ryan Family Planning Clinic on Monday mornings as a part of their "Women's Health Rotation".

Service Overview

U of L Obstetrics and Gynecology

Family planning services available at the UofL Health Sciences Center Campus includes comprehensive contraceptive services, medical and surgical management of miscarriage, and surgical induced abortion in cases of fetal anomalies and maternal health indications on a case-by-case basis. Induced abortions without medical indications are not permitted on the University campus. Services are primarily provided in the office setting. However, therapeutic abortion procedures occur solely in the hospital setting.

Family Planning clinic sessions are in a shared space within the resident continuity clinic and university attending private practice on the 4th floor of the Healthcare Outpatient Center (HCOC). It is located one block from the the University of Louisville Hospital. Therefore, the office site is shared with resident continuity care clinic, colposcopy clinic, high risk obstetrical clinic, and pre-operative gynecology clinic sessions that occur throughout the week. The clinic has 30 exam rooms. Family Planning patients are seen two half days each week with two dedicated exam rooms on those days (Monday AM and PM) and a newly hired Licensed Practical Nurse (LPN) during our scheduled clinic time. The family planning clinic is integrated into the routine services that we provide for women through our department.

The Family Planning Clinic has been the primary referral center for the city of Louisville and surrounding regions for medically-complicated patients with increasing volume since the start of the Ryan Residency Training program in 2011 and additional Family Planning services. It is customary to send a dictated letter to each referring physician regarding procedure performed, choice of contraception, implications, treatment plan and follow-up.

Since the start of the Ryan Program, Dr. Franklin has provided therapeutic surgical terminations up to 24 weeks gestation at UofL on a case-by-case basis determined by the hospital therapeutic abortion policy. The procedures performed in the hospital setting include:

- Manual Vacuum Aspiration (MVA) in the emergency room through 12 weeks for early pregnancy failure
- Electric vacuum aspiration/Dilation and Curettage (D&C) in the operating room through 12 weeks for therapeutic abortion or early pregnancy failure
- Dilation and Evacuation (D&E) in the operating room through 24 weeks for fetal anomalies, maternal health indications, or fetal demise
- Therapeutic Induction of labor for fetal anomalies, maternal health indications, or fetal demise with no limits in gestational age

Some surgical procedures have been moved from the Hospital OR to the University Attending Private Offices where operating space has been provided and is equipped to perform:

- Manual vacuum aspiration in the outpatient setting through 12 weeks gestation for early pregnancy failure (EPF)
- Electric vacuum aspiration in the outpatient setting through 12 weeks for early pregnancy failure (EPF)

It is the intention to move additional surgical procedures from the Hospital OR to the University Attending Private Offices including:

- D&C and D&E in the outpatient setting through 23 weeks for therapeutic indications

Patients are counseled in contraception in the Family Planning Clinic. This is a PGY-1 and PGY-2 rotation that provides skills that will carry throughout their residency. All hormonal and non-hormonal contraceptive options are discussed. LARC methods are offered as well. Prior authorization is obtained prior to the patients' appointments if a LARC device is desired ahead of time. If a LARC de-

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vice is determined at the time of the office visit, then all efforts are made to place devices on the same day. This training and supervision is provided by Dr. Franklin and Dr. Bergin. Patients are referred from the induced elective abortion clinic for further gyn care and contraception support. English and Spanish flyers describing services are distributed to EMW patients who desire referral to UofL for GYN care (Appendix A and B).

Clinical Volume:

At the UofL Family Planning Clinic, we currently accommodate patients every Monday morning with a total of sixteen 15-minute appointment slots. The addition of secured office procedure time for Monday afternoons has provided the Family Planning Division with office-based procedure time. Hysteroscopies, Essures, and MVAs are performed then. Since the addition of these office-based procedures, approximately \$110,000 for YR3 (\$95,000 for YR2) in billable services was generated for the

| UofL Patient Volume | | | |
|---------------------------------|-----|------|------|
| Gestational age/procedure | YR1 | YR 2 | YR 3 |
| 1st trimester | | | |
| Medical Management of EPF | 5 | 15 | |
| Medical Abortions | n/a | n/a | |
| OR D&C (5wks-12wks) | | | |
| MVA | 10 | 12 | |
| EVA | 5 | 5 | |
| 2nd trimester | | | |
| D&E 13-22 weeks | 6 | 10 | |
| Induction of labor | 6 | 8 | |
| Contraception | | | |
| IUD Insertions/Removals | 25 | 95 | |
| Essure* | 5 | 6 | |
| Implant Insertion/Removals | 20 | 128 | |

department that was previously unavailable in the office. Approval was obtained in September of 2013 for additional office-based procedures including 2nd trimester D&E and additional hysteroscopic procedures, but the current structure and support for the program has not allowed the initiation of these procedures. Performing these procedures in an office-based environment not only will provide additional revenue for the department, but also will improve efficiency and flexibility in patient care.

Our newly added in-office procedures are conducted in our procedure room located in the private faculty practice building space that is currently used by the Reproductive Endocrinology and Infertility (REI) division to perform In vitro-fertilization (IVF). This procedure room is a fully functioning, dedicated procedure space that is equipped with overhead cabinets, sink, single electric procedure table (purchased using Ryan funds), anesthesia machine, complete vital sign monitoring capabilities, and a crash cart. The following chart illustrates the above information.

| In-Hospital /Medical Center Outpatient Clinic Volume | | | EMW Women's Surgical Center | | |
|--|------------------|-----------------------|-----------------------------|-------------------------------|------------------------------|
| Gestational age/procedure | Estimated Volume | Actual Volume End YR3 | Estimated Volume | Actual Overall Volume End YR3 | Ryan Program Volume End YR 3 |
| 1st trimester | | | | | |
| Medical Management of EPF | 5 | 15 | N/A | N/A | N/A |
| Medical Abortions | n/a | n/a | 15 | 1133 | 105 |
| OR D&C (5wks-12wks) | | | | 1375 | |
| MVA | 10 | 12 | 20 | 44 | 44 |
| EVA | 5 | 5 | 150 | 1331 | 249 |
| 2nd trimester | | | | | |
| D&E 13-22 weeks | 6 | 10 | 50 | 321 | 90 |
| Induction of labor | 6 | 8 | n/a | n/a | n/a |
| Contraception | | | | | |
| IUD Insertions/Removals | 25 | 95 | n/a | n/a | n/a |
| Essure* | 5 | 6 | n/a | n/a | n/a |
| Implant Insertion/Removals | 20 | 128 | n/a | n/a | n/a |

NR – Not Recorded – Report not broken down by Trimester procedure, Just Medical/Surgical. N/A – Not applicable.

In 2011, the University of Louisville Hospital was negotiating a merger agreement with Catholic Health Initiative (CHI), a Catholic healthcare organization based out of Denver. This relationship would have jeopardized all reproductive care provided to the most vulnerable populations in Louisville and the entire western part of the state. As a faculty member, Dr. Franklin was limited in her public opinion regarding the merger and the obstacles it would have posed. Dr. Franklin was asked by the Dean of the School of Medicine, the OBGYN department chair, and other high-level hospital administrators to provide a very unique perspective to find solutions within the merger. These family planning solutions included endless discussions about therapeutic abortions, contraception administration, treatment of ectopic pregnancies with methotrexate, and the distribution of emergency contraception to rape victims. Ultimately the merger was unsuccessful. Not only did the community speak very loudly against it, the Attorney General of Kentucky provided a formal opinion and recommendation citing University of Louisville Hospital to be a public entity responsible for teaching and functions as the safety net for the western part of the state. This merger would have compromised the hospital's mission and goals regarding education and care to an underserved population. Based on this opinion, Governor Steve Beshear rejected this proposed merger in 2012.

Later in 2012, another agreement was negotiated between KYOne (formerly Catholic Health Initiative) and the University of Louisville Hospital. This would allow the University of Louisville Hospital to maintain financial control while KYOne would function as the managing partner of the day-to-day business. Under this agreement, the hospital would still have to abide by the catholic religious directives. One exception to this rule was the 3rd floor Center for Women and Infants (CWI). CWI encompasses Labor and Delivery (L&D), the postpartum unit, the Neonatal Intensive Care Unit (NICU) and the Newborn Nursery. CWI became a separate entity within the hospital and would not be restricted by catholic religious directives. This system is known as the "hospital within a hospital". All family planning procedures provided within the hospital setting prior to the KYOne agreement continue to happen at CWI without restriction. Family Planning services have also grown within this new entity such as the Ryan Immediate Postpartum LARC Program. There have been no new barriers to providing reproductive care at CWI due to the Catholic and Religious Directives that in effect in the rest of the hospital. However, due to the political climate and changes in the governorship and state legislature, CWI is reviewing the hospital therapeutic abortion policy and may revise the medically-indicated criteria.

Physician Coverage

Before 2016, in the event of an absence, abortion training was provided by Dr. Ernest Marshall at EMW. This also used to be covered by Dr. Samuel Eubanks, Jr. but in December 2013, Dr. Eubanks passed away suddenly and unexpectedly. This was a tremendous loss for the women of Kentucky and for Dr. Franklin as his mentee. His family and friends, Dr. Marshall his partner for 30 years, and the Reproductive justice community were all touched by his presence and now saddened by his loss. This left only two abortion providers in the state of Kentucky, Dr. Marshall and Dr. Franklin. To keep the services ongoing in Kentucky, Dr. Franklin was able to secure more time away from her University of Louisville generalist work. Dr. Franklin discussed the risk of abortion care becoming less accessible if

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she did not replace the time and commitment of Dr. Eubanks. Dr. Sharmila Makhija, OBGYN chair, approved and supported the request to significantly increase Dr. Franklin's commitment to EMW. Since 2011, Dr. Franklin had two protected days at EMW for abortion care training on Wednesdays and Thursdays. In February 2014, a community physician based out of Lexington, KY started to work as a provider with EMW. However, due to pressures from family and protestors at her private practice she stopped providing abortion services.

Dr. Resad Pasic (Minimally Invasive Surgery Division) was the only other physician on University faculty equipped to perform D&E procedures and provide coverage for emergency second trimester termination procedures at UofL. All generalists attendings and Dr. Vernon Cook, Maternal Fetal Medicine physician, will perform and supervise inductions/vaginal deliveries for therapeutic indications only.

September 2015, Dr. Ashlee Bergin joined the University of Louisville Faculty as a generalist and 2nd family planning faculty member. She completed her family planning fellowship at the University of Illinois-Chicago (UIC). As a generalist/family planning physician, she will have protected time to train residents in family planning and serve as the 3rd abortion provider for the state of Kentucky. This has provided a solution to abortion coverage issues at EMW, the sole abortion provider in the state, and clinical and surgical coverage issues on the university campus. There has been minimal delay in patient care plans due to staffing since Dr. Bergin joined the department.

| Faculty Depth - Abortion Training & Family Planning Clinic | | | |
|---|-------------------------|-------------------------|--|
| Provider Name | 1st Tri Surgical | 2nd Tri Surgical | Medical Indications Only? |
| Tanya Franklin | x | Up to 24 weeks | All indications |
| Ernest Marshall | x | Up to 20 weeks | All indications |
| Ashlee Bergin | x | Up to 24 weeks | All indications |
| Resad Pasic | x | Up to 24 weeks | All indications |
| Vernon Cook | x | | 1 st tri Surgical or 2 nd tri Induction Ab |
| Elaine Stauble | | | 2 nd tri Induction Ab |
| Carol Brees | | | 2 nd tri Induction Ab |
| Sara Petruska | | | 2nd tri Induction Ab |
| Jennifer Hamm | | | 2nd tri Induction Ab |
| Kevin Marques | | | 2nd tri Induction Ab |

Missed Abortion Treatment at UofL

Currently, early pregnancy failure (EPF) or missed abortion/miscarriage is managed through medical, surgical, or expectant management. Before 2011, the majority of patients were steered towards surgical management because there was no functional system for follow-up nor was there a standardized protocol to manage them. The Ryan Program has worked towards increasing less invasive management by establishing a weekly "Quant Clinic" to capture more of these patients.

May 2014, the 2nd year Family Planning resident chose "Medical Management of Early Pregnancy Loss" as her rotation project. This project involved extensive research of the current evidence regarding medical management of miscarriage. Under Dr. Franklin's direction, the resident formalized a standard clinical protocol for the entire department to follow. The regimen uses misoprostol 800 mcg with vaginal or buccal dosing. Additionally, the resident developed a patient handout that provided education, reassurance, and an FAQ section for patients. See Appendix C and D. This has provided guidance to patients and has increased acceptability of medical management for miscarriage. It has also supported physicians by encouraging them to offer medical management more. Contraception is also discussed at this time. Contraception including LARC devices are offered.

On May 2, 2012, Dr. Franklin and Dr. Angela Dempsey from MUSC provided an MVA Papaya Workshop for faculty and residents. This initiative was well received and resulted in many residents initiating the use of this procedure on the Labor and Delivery Unit. Since then, the Family Planning Division offers a yearly MVA training for the residency program. Residents cited insufficient knowledge or experience of the covering attending to be the major barrier to performing MVAs in the clinical and hospital triage setting. Attendings now participate in the yearly MVA workshops. Also a quick-reference guide plus practice devices have been placed on Labor and Delivery so attendings and residents can discuss procedures for selected patients since.

For MVA management, options for pain control include the entire range from paracervical block, oral anxiolytics, and intravenous sedation. For operating room surgical management, paracervical block, oral anxiolytics, intravenous sedation and general anesthesia is available. This is to be determined by the location of the procedure, medical status, patient preference, and OBGYN and Anesthesia attending preferences.

Currently, patients who are diagnosed with EPF in the resident clinic and desire surgical management, more patients are triaged towards medical management or in-office MVA. Prior to 2012, an overwhelming majority underwent D&C in the OR.

Dr. Franklin shadowed Dr. Maryam Guiahi at the University of Colorado in Denver on September 18, 2015. Dr. Franklin was attending the ACOG District V Meeting in Colorado and was able to fit shadowing time to learn about conscious IV sedation to use during office procedures. Hospital and clinic privileges will be sought by Dr. Franklin and Dr. Bergin so that this service can be offered to the patients in the outpatient setting.

EMW Women's Surgical Center

Medical and elective abortion procedures are performed by Dr. Franklin and Dr. Bergin as part of Residency Training on Wednesdays and Thursdays at EMW Women's Surgical Center. This Center is the privately-owned induced abortion clinic that is located 5 minutes from the University. Approximately 3,500 abortions are performed each year at EMW. Medical abortion is provided to women up to 9 and 0/7 weeks gestation. Surgical abortion is provided to women up to 22 and 0/7 weeks gestation. Patients who are 12 and 1/7 weeks or greater will undergo cervical ripening preoperatively. All surgical abortions are performed with deep intravenous sedation using propofol given by a Certified Registered Nurse Anesthetist (CRNA). Dosing of propofol and management of the upper airway is done by a nurse anesthetist. However, patients who are 12 and 0/7 weeks gestation or less may opt-out of this anesthetic method and have local analgesia via paracervical block, oral valium, and ibuprofen.

Kentucky state law requires consent by phone 24 hours prior to an abortion. Additional counseling and patient education also occurs on the day of the procedure by the executive director of EMW, who is also a social worker and trained family counselor. During training days, residents observe and participate in the counseling process.

Patients are offered contraception via oral contraceptive pills, depot medroxyprogesterone, transdermal patch, vaginal ring. They also have the option to follow-up with their primary care physician or get referred to the Family Planning Clinic staffed by Dr. Tanya Franklin and Dr. Bergin at UofL for contraception management and post abortion counseling. All forms of contraception are offered including Long-acting reversible contraception (LARC) and permanent sterilization at the Family Planning Clinic.

Abortion and Family Planning Service Connection

Elective abortions are performed at EMW Women's Surgical Center. Many of these women do not have primary care providers. This allows an opportunity for Dr. Franklin to offer them follow-up care at the UofL Family Planning Clinic. Patients can take advantage of the Ryan LARC Program if they are uninsured. Patients that qualify for therapeutic abortion care at UofL are also seen at the Family Planning Clinic.

Prior to Dr. Bergin's arrival in September 2015, Dr. Franklin was only one of two providers in the State of Kentucky that provides therapeutic abortion service in hospital. Dr. Franklin and Dr. Bergin currently receive many referrals for medically-indicated procedures in the Ryan Family Planning Clinic coming from the University of Kentucky, local community providers, and within the department. Given the nature and limitations of current abortion procedure laws within the state, these referrals require a comprehensive prior-authorization process that is managed by the office surgery scheduler who obtains authorizations for all surgical patients in the department. This includes communicating with the referring provider, the patient, and the insurance company secure prior authorization. Consultation notes are sent back to the referring healthcare provider with recommendations and plans. The CDC Medical Eligibility Criteria (MEC) is commonly referred to when counseling patients about their risks and benefits of certain contraceptives. This information is also included in the consultation note.

Department and Clinic Relationship:

The relationship between the OB/GYN department and EMW was established 8 years ago and is in good standing. Dr. Ernest Marshall graduated from the University of Louisville OBGYN residency program. The department has traditionally referred patients who sought pregnancy terminations to EMW.

The OBGYN residents have always had the opportunity to opt-in to this experience. Prior to the start of the Ryan Residency Training program, residents were responsible for making arrangements to train at EMW with Drs. Marshall or Eubanks on Tuesdays-Saturdays, when their schedule permitted.

Since the start of the Ryan Residency Training Program, resident training for both UofL and UK Residents has become more streamlined and allows for more consistent training.

Based off of major legal challenges across the nation regarding transfer agreements, Dr. Franklin was asked by EMW to develop and facilitate a formal transfer agreement with the University of Kentucky Chandler Medical Center in Lexington, KY and the University of Louisville Hospital in Louisville, KY. Complications that arise from abortion procedures at EMW Women's Surgical Center in Louisville are transferred to UofL Hospital and are managed by Dr. Franklin and other supporting and consulted faculty. Complications that arise at EMW Women's Clinic, the smaller abortion site for procedures during the first trimester, in Lexington are transferred to the University of Kentucky (UK) Chandler Medical Center to be managed by supporting and consulted faculty. These "transfer agreements" were verbal in nature and have never been rejected. In 2014, both agreements were formalized and are in place.

The UofL OBGYN department chair at the time, Dr. Makhija, consulted with UofL Hospital/KYOne who abide by catholic religious directives. It was decided that the agreement would be signed by Dr. Makhija to formalize the transfer agreement between the OBGYN department and EMW. Although we provide all gynecological care at UofL Hospital/KYOne, the OBGYN department is a separate entity from the hospital and would not be restricted by the catholic religious directives. Dr. Makhija signed and formalized this agreement on February 14, 2014. See Appendix E.

Dr. Frederick Zachman, Gynecology Division Director at the UK, reviewed the transfer agreement proposal with his faculty and they all agreed to continue supporting EMW Women's Clinic in Lexington, KY. Dr. Zachman signed and formalized this agreement on January 17, 2014. See Appendix F.

Dr. Sean Francis, the UofL Obstetrics, Gynecology & Women's Health Department Chair has reaffirmed his commitment to Family Planning training and support of the Family Planning Faculty by his words and actions since he took the position.

Kentucky Legislation and Policy

Before 2016, Kentucky's legislation surrounding abortion care has remained fairly stable when compared to surrounding states such as Indiana and Ohio. Although Kentucky is a "red-state" in terms of the presidential elections, it has been a "blue-state" in terms of local state politicians. It is unsure how long this will be maintained.

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Kentucky just elected the 2nd Republican Governor in 40 years. It is expected that the political landscape is going to change. Many bills were presented during the legislative session and many more restrictions on reproductive care is expected.

March 2016, the first anti-choice bill passed the Kentucky state legislature since 1996. There is already a 24-hour consent law in place but this has always an exemption for telephone consent. The new law that goes in to effect July 15, 2016 requires face-to-face counseling. An exemption was passed that allows telemedicine to complete the consent requirement. Dr. Franklin developed the scripts and organized the video consent process.

Medicaid is also prohibited from covering abortions with the exceptions of life of the woman, rape or incest. KRS 304.5-160 states that private insurance companies cannot provide coverage for elective abortions either. The UofL Ryan Family Planning Program has been successful in securing private insurance funds for therapeutic terminations that are in the gray zone for maternal well-being and fetal morbidity. This has been a tremendous accomplishment for family planning care at UofL.

The University of Louisville Hospital Policy is now the policy for the independent Center for Women and Infants (CWI) where all family planning procedures are protected. See Appendix G for policy.

Prior to the Ryan Family Planning Program establishment in 2011, it was common knowledge that abortions could not be performed at the University of Louisville Hospital. Once Dr. Franklin reviewed and studied state regulations as well as hospital regulations, the hospital policy regarding therapeutic abortions was less stringent than initially expected. The University of Louisville was not considered a state government facility. Therapeutic abortions could be performed for lethal and non-lethal fetal anomalies. Cases were to be approved if the child would be born with severe physical deformities or mental retardation such that it denotes a poor prognostic outcome for the infant. Maternal indications are less well defined. Cases qualified for hospital-based care when continuation of the pregnancy may threaten the life of the woman or seriously impair her health. This hospital policy requires the procedure to be approved by the MFM director of Obstetrics at the University of Louisville.

During the Ryan Family Planning Rotation, Dr. Franklin and the residents spent a significant amount of time reviewing and discussing current legislation and proposed bills. Dr. Franklin is the American College of Obstetricians and Gynecologists (ACOG) Kentucky Section Vice-Chair. She also serves as the Legislative Chair for Kentucky. She organized Kentucky's First Legislative Day on February 24, 2015. Six ACOG representatives, led by Dr. Franklin, met with state legislators at the Capital to discussed legislative issues and bills impacting women's health in Kentucky. These bills included "Patient Physician Interference". The 2nd year Family Planning Resident rotating during that month was able to participate as a part of the rotation. His final rotation project was the preparation and research of the chosen bills, organizing literature for participants, and giving a Grand Rounds Presentation about the first Legislative Day and the importance of involvement as OBGYNs. He showed a special interest in the legislative process and was appointed to the Kentucky ACOG Junior Fellow Legislative Chair position. The Second Annual ACOG Lobby Day grew to 30 participants this year for the 2016 Legislative Session!

III. Resident Training Program

Summary

The total number of residents in the University of Louisville Program is 24. There are 6 residents at each level. PGY-2 residents rotate on the Ryan Family Planning rotation for four weeks. It exists as a stand-alone four-week rotation for PGY-2 residents. The rotation is five days per week, Monday – Friday.

The University of Kentucky OBGYN residency program has 20 residents. There are 5 at each level. PGY-2 and PGY-3 residents rotated through the Ryan Program but last year the change was made to include only PGY-2 residents. They rotate for five weeks every Wednesday to participate in abortion training at EMW. The UK residents travel 70 miles to Louisville, KY and 70 miles back to Lexington, KY each week for this training. This training is shared with another rotation called *Community Gynecology Rotation*.

The type of skills and procedures that are taught during abortion training days include transabdominal and transvaginal ultrasound techniques and pregnancy dating, medical abortion administration, laminaria placement, medical abortion, surgical abortion to 23 weeks gestation, contraception counseling and options counseling.

Since July 1, 2013, all residents, particularly the surgical opt-out residents, have had the opportunity to participate in Adolescent Standardized Patient (SP) Cases that use Planned Parenthood teen educators as SPs. The SP program was put on hold for the 2015-2016 academic year but is planned to restart in August. Residents also used the online-curriculum ARSH/LEARN but now have transitioned to the Innovation Education site for online-curriculum and videos. This is a tool to provide a more comprehensive experience for all trainees.

Primary training of residents at each site is conducted by Dr. Franklin and Dr. Bergin, with the support of other faculty in the event of their absence.

The average number of procedures residents will expect while on rotation are 20 ultrasounds, 12 D&Cs, 5 D&Es, 5 laminaria/dilapan insertions, 16 medical abortions, and 3 MVAs.

The Family Planning Clinic allows trainees to perform LARC removals, insertions, general contraception consultations, pregnancy options counseling, complex contraception consultations, and sterilization consultations. Many trainees participate in the Ryan Family Planning Clinic every Monday, sometimes with two trainees covering clinic at one time. The average number of procedures residents will expect while on rotation are 13 LARC device insertions and removals with 8 being implants and 5 being IUDs. The Ryan Family Planning Service initiated the Immediate Postpartum LARC Program at the University of Louisville Hospital. Those insertions are not a direct part of the rotation. The OB L&D PGY-1 resident and the Family Medicine Rotator PGY-1 resident inserts those devices. Each month, those residents can expect to insert **10 postpartum implants and 2 post-placental IUDs.**

Didactic Training

Didactic training is organized in to modules. One-one-one discussions of materials and readings follow each module with Dr. Franklin or Dr. Bergin.

Module I. Introduction

Learning objectives:

- Incidence of unintended pregnancy and abortion
- Safety of abortion, morbidity and mortality
- Abortion access and restrictions to abortion
- Abortion and contraception decision-making
- Basic Cultural Competency for Educating Adolescents in Reproductive Health

Readings

- **“An Overview of Abortion in the United States”. Guttmacher Institute, Powerpoint. October 2009.**
- **“State Facts About Abortion: Kentucky”. June 2015 Fact Sheet**
- **Adolescent Reproductive and Sexual Health Education Program (ARSHEP): “Pregnancy Options Counseling for Adolescents”. Powerpoint. 2012.**
- Supplemental Electronic Curriculum Modules:
 - www.innovating-education.org

Module II. Contraception

Learning objectives:

- Contraceptive efficacy, medical eligibility criteria, and contraindications to the use of contraceptives
- Pearl Index
- Mechanisms of action

Readings:

- **Use of Hormonal Contraception in Women with Coexisting Medical Conditions. ACOG Practice Bulletin Number 73. Reaffirmed 2011.**
- **Emergency Contraception. ACOG Practice Bulletin Number 112. May 2010**
- **Summary Chart of the U.S Medical Eligibility Criteria for Contraceptive Use. Centers for Disease Control, March 2011.**

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- Hatcher RA, Trussell J et al. *Contraceptive Technology: Nineteenth Revised Edition*. New York NY: Ardent Media, 2007. Review chapters on Oral Contraception, Vaginal and Transdermal Combined Contraception, Implant, and Intrauterine Devices and specific clinical topics and patient questions answered in this text.

Module III. Surgical Abortion*Learning objectives:*

- Characteristics and protocol of early abortion methods (Medication vs. Aspiration abortion)
- Principles of surgical technique
- Pre-procedure preparation, including cervical preparation
- Setup and equipment: room setup, instruments and supplies, ultrasound
- Pain control, including anesthesia/analgesia protocol
 - Post-procedure care
 - Prevention and Management of complications from surgical elective abortion

Readings

- Chapter 10: First-trimester aspiration abortion. Meckstroth K and Paul M. In: Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG, Creinin MD. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Oxford, UK: Blackwell Publishing Ltd; 2009:135-156.
- Chapter 11: Dilation and evacuation. Hammond C and Chasen S. In: Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG, Creinin MD. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Oxford, UK: Blackwell Publishing Ltd; 2009:157-177.
- ACOG Practice Bulletin. *Second Trimester Abortion*. Number 135. June 2013.
- "First Trimester Abortion in Women With Medical Conditions". Society of Family Planning. October 2012.
- Chapter 15: Surgical Complications: Prevention and Management. E Steve Lichtenberg, David A Grimes. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Oxford, UK: Blackwell Publishing Ltd; 2009:224-251

Module IV. Medication Abortion and Labor Induction*Learning objectives:*

- Understanding medication abortion agents (mifepristone, methotrexate, misoprostol): pharmacokinetics, efficacy and cost
- Medication abortion regimens and protocol
- Techniques for induction abortion

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- Patient eligibility, counseling, preparation, pain management, side effects and complications for medication abortion and induction
- Post-procedure care and contraception

Readings:

- Chapter 9: Medical abortion in early pregnancy. Creinin MD and Danielsson KG. In: Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG, Creinin MD. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Oxford, UK: Blackwell Publishing Ltd; 2009:111-134.
- ACOG Practice Bulletin. *Medical Management of First-Trimester Abortion*. Number 143. March 2014.

Supplemental Materials:

- University of Louisville “Medical Management of Early Pregnancy Loss” Protocol and Pamphlet
- University of Louisville Protocol for “Induction of Labor for Anomalies and IUFD”

Module V. First and Second Trimester Pregnancy Loss*Learning objectives:*

- Management of first- and second-trimester pregnancy loss: surgical, expectant and medical management
- Safety and effectiveness of treatment for early pregnancy loss (anembryonic pregnancy, embryonic demise, fetal demise, incomplete miscarriage, inevitable miscarriage)

Readings:

- Diagnostic Criteria for Nonviable Pregnancy Early in the First Trimester. Peter M. Doubilet, M.D., Ph.D., Carol B. Benson, M.D., Tom Bourne, M.B., B.S., Ph.D., and Michael Blaivas, M.D., for the Society of Radiologists in Ultrasound Multispecialty Panel on Early First Trimester Diagnosis of Miscarriage and Exclusion of a Viable Intrauterine Pregnancy. *NEJM* 369:15. 2013
- Chapter 17: Pregnancy Loss. Alisa B Goldberg, Daniela Carusi, Carolyn Westhoff. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Oxford, UK: Blackwell Publishing Ltd; 2009:264-279.
- Chapter 12: Medical methods to induce abortion in the second trimester. Kapp N and von Hertzen H. In: Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG, Creinin MD. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Oxford, UK: Blackwell Publishing Ltd; 2009:178-192.

Supplemental Electronic Curriculum Modules:

http://innovating-education.org/associated_course/

- “Early Pregnancy Loss Management”

We have incorporated Standardized Patient (SP) Cases that provide an opportunity for residents to get clinical patient feedback on their interaction with the Adolescent Peer Educator SPs.

These Adolescent Peer Educator SPs are high school-aged adolescents from across the city, trained in sexual health. They become peer educators as they give presentations to other adolescents across the city on sexual health. Residents provide high-level medical lectures on topics such as sexually transmitted infections, human papillomavirus, herpes, contraception, female genital mutilation, female reproductive anatomy, male reproductive anatomy, sexual arousal and the physical response, emergency contraception basics and access, and adolescent reproductive care right to privacy. Since the adolescents are seen as experts by their peers, these detailed reproductive lectures has helped to validate their status as “experts” in their community.

- **Standardized Patient Training** - Adolescents are trained by the Center for Standardized Patient staff and the Family Planning Faculty as Adolescent Standardized Patients. This is designed for residents to learn cultural competency and to become familiar with handling complex scenarios that differ from adult clinical OB/GYN cases.

Resident education has benefitted tremendously from this training collaboration. This novel program at the University of Louisville was presented at the 19th Annual Conference for the Coalition of Urban and Metropolitan Universities (CUMU) in 2013. See Appendix H.

Research Opportunities

Three research projects are being developed now. Three UofL residents are interested in family planning topics and have chosen Dr. Franklin to mentor them through their resident project requirements. The topics are:

1. “The Timing of IUD Postpartum Placement and Its Impact on Short Interpregnancy Interval Pregnancy Rates”
2. “Managing Breakthrough Bleeding Associated with the Subdermal Implant Using 20mcg versus 35mcg ethinyl estradiol”
3. “Adolescent Use, Acceptability and Tolerability of Medication Abortion”

One 4th year medical student did a 4-week research rotation with Dr. Franklin in family planning. A research protocol was finalized, received committee approval and collected data. The project designed during the rotation was the “Seasonal relationship of abortion care access”. After review of first and second trimester abortion procedures throughout the year in Kentucky, there seems to be an increased number of procedures, particularly second trimester abortions. The hypothesis is that these findings may be related to family life events such as holidays, school vacations, summer vacation, etc. It is believed abortion care also follows a cycle of events surrounding streams of money such as income tax return season. There appears to be a larger number of second trimester procedures near the legal limit of “viability” as patients are awaiting the largest stream of money they may have all year. This research was presented at the National Abortion Federation (NAF) 39th Annual Meeting, April

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2015. Dr. Franklin received the NAF "Best Research Award" for this presentation. This paper has also been submitted to the journal, *Contraception*, and is awaiting acceptance.

Dr. Franklin participated in the Pearls of Excellence Program in Family Planning in 2014. Dr. Bergin participated in the Pearls of Excellence Program in Family Planning in 2016. The program has been beneficial in designing research, scientific writing, and getting published.

Partial Participator Policy

It is the expectation for each resident to participate in the Family Planning rotation and to receive training in most aspects of contraception and abortion. Residents are expected to attend all clinic sessions on the family planning rotation. They are expected to rotate at EMW and participate in options counseling, ultrasound diagnosis of pregnancy, contraception counseling, and informed consent. All residents are expected to participate in the care of post-abortion complications that present to the hospital. In our efforts to provide comprehensive Family Planning Training to All Residents, regardless of participation status, we have developed alternative curriculum that is to be used in conjunction with the standard didactic and clinical experiential learning modules that are a part of the UofL Core curriculum. These include:

- Manual Vacuum Aspirator (MVA) "Papaya" Workshops
- Standardized Patient Simulated Cases

All residents meet with Dr. Franklin and/or Dr. Bergin to discuss their comfort with varying aspects of the rotation. A meeting with the Residency Program Director occurs at the end of their intern year. This is addressed again prior to the start of the Family Planning rotation with Dr. Franklin. The UofL Participation Statement is reviewed and signed at the start of the rotation. UK residents also sign the Participation Statement prior to the start of their rotation. See Appendix I.

Each resident is encouraged to participate in all abortion-related care with which they are comfortable. Residents are expected to shadow Dr. Franklin and Dr. Bergin at EMW before deciding their level of participation in abortion care. Each resident, as part of their orientation packets are provided with the following documents and are required to read them before deciding the level of their participation in the rotation:

- ACGME training requirements
- ACOG Committee Opinion Number 385 "The Limits of Conscientious Refusal in Reproductive Medicine"
- ACOG Committee Opinions Number 612 and 613 "Abortion Training and Education" and "Increasing Access to Abortion"
- ULH Policy on "Staff Rights"

Residents are not able to opt-out of the rotation and are expected to fully participate in all aspects of the family planning clinic, including pregnancy dating, evaluation of ectopic pregnancy, medical and surgical management of EPF, all aspects of contraception counseling, LARC placement, complications associated with abortion, pregnancy options counseling, SP Cases, permanent sterilization, and complete a Final Project. Regarding the Abortion Care aspect of the rotation, residents decide their level of participation and have participated at all ranges between 100% participation to shadowing.

Orientation Procedure

The Family Planning rotation is introduced to all resident candidates at resident interview days. Dr. Franklin sometimes serves as a faculty member interviewer. At Intern Orientation, all residents are required to participate in a Values Clarification Workshop annually. For the 2015 orientation, Dr. Franklin will provide the values clarification workshop to the intern residents on June 25, 2015.

All residents assigned to the Family Planning Rotation receive an orientation packet a few days prior to the start of the rotation that includes the detailed syllabus, schedule, Procedures Log sheets, policies, and Module One from the Online Ryan Training Materials. Each Resident meets Dr. Franklin at the start of the rotation and discuss detailed clinical expectations, participation level, and issues or concerns. At EMW, residents are given an additional orientation to the facility by the Executive Director, Anne Ahola, MSW.

Medical Student Involvement

UofL Ryan Program has successfully developed a 4th year medical student Elective course in Family Planning to provide a formal academic opportunity for Medical Students to engage in family planning curriculum. They follow the same resident curriculum. There are approximately two to three 4th year medical students who rotate each year.

2016 - 2017 Rotation Clinic Schedule

**University of Louisville Schedule (PGY-2)
Family Planning Four-Week Rotation**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

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**University of Kentucky Schedule (PGY-2)
Five-Week Rotation**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------|---------|-----------|----------|--------|
| [Redacted Schedule] | | | | |

**University of Louisville Schedule (PGY-1)
Clinic Four-Week Rotation**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------|---------|-----------|----------|--------|
| [Redacted Schedule] | | | | |

**University of Louisville Schedule (Family Medicine PGY-1, 2, 3)
Women's Health Four-Week Rotation**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------|---------|-----------|----------|--------|
| [Redacted Schedule] | | | | |

2016 – 2017 Weekly Schedule for the Ryan Program PI.

| Ryan Program PI - Standard Weekly Clinical & Teaching Schedule | | | | | | | |
|--|---------------------|--------|---------|-----------|----------|--------|--|
| | Hour | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Week | [Redacted Schedule] | | | | | | |

See Appendix J and K for 2016-2017 UofL and UK Resident Program Schedule.

IV. Summary of Year 3 Activities

Trainees

During YR3 of funding, residents are listed below. All residents were either partial-participants or full-participants. No residents opted out of complete participation. The clinic intern (PGY-1) participates in the Ryan Family Planning Clinic each Monday morning. This year the Family Medicine Residents rotate through the Ryan Family Planning Clinic as part of their Women's Health Rotation. Five 4th year medical students participated in the 4th Year Family Planning Elective.

| Trainees | YR1 | YR2 | YR3 |
|------------------|------------|------------|------------|
| UofL | 4 | 7 | 16 |
| UK | 9 | 4 | 13 |
| Family Medicine | 0 | 2 | 6 |
| Pediatric | 0 | 14 | 0 |
| Medical Students | 2 | 2 | 5 |

The Department of Pediatrics participated in the UofL Ryan Program 2013-2014. Due to the increased interest in Family Planning exposure, Dr. Franklin ceased training of the Pediatric Residents in order to provide adequate and valuable training to the OBGYN residents and Family Medicine Residents.

The average number of procedures residents will expect while on rotation are 20 ultrasounds, 12 D&Cs, 5 D&Es, 5 laminaria/dilapan insertions, 16 medical abortions, and 3 MVAs.

In the Family Planning Clinic, residents can expect to insert or remove 13 LARC devices with 8 being implants and 5 being IUDs. The Ryan Family Planning Service initiated the Immediate Postpartum LARC Program at the University of Louisville Hospital although these insertions are not a direct part of the rotation. The OB L&D PGY-1 resident and the Family Medicine Rotator PGY-1 resident inserts those devices. Each month, those residents can expect to insert **10 postpartum implants and 2 post-placental IUDs.**

Institutional Impact

In addition to the comprehensive array of contraceptive methods and services that have always been offered through the Ryan Program including oral, transdermal, and vaginal hormonal contraceptives, our program has expanded service offerings to include office-based hysteroscopic sterilization during our year two funding. Prior to implementation of these office-based procedures, sterilization procedures occurred in the hospital either as interval laparoscopic procedures or postpartum mini-laparotomies. Office procedures not only reduce patient care costs and broaden office procedure skills learned on the rotation, they have also provided an additional source of revenues for the program and the department as a whole that was not previously available. So far, 21 office hysteroscopic sterilization procedures have been successfully performed in the office setting.

Originally, a small percentage of adolescents sought care at the Ryan Family Planning Clinic. A relationship has been established with a UofL faculty pediatrician specializing in adolescent care. This relationship was sought out as a referral base for adolescents seeking contraceptive care and all options counseling. This relationship has since expanded into a collaborative effort as the Ryan Program now is providing comprehensive adolescent reproductive health training to Pediatric Residents. A separate curriculum has been developed for pediatric residents based on Ryan Core curriculum including pregnancy options counseling, Standardized Patient experience, and the use of the Adolescent Reproductive and Sexual Health (ARSH) online modules to provide an appropriate balance of Ryan Family Planning training and Adolescent relevant materials that supports cultural competency. This has been an innovative collaboration between the two departments that has provided an opportunity for critical knowledge sharing.

The effort of the collaborative initiative was presented on October 29, 2013 at the 19th Annual conference of the Coalition of Urban and Metropolitan Universities (CUMU): Transforming & Sustaining Communities through Partnerships. Our innovative adolescent training initiative was presented by Capric Walker, Ryan Program Manager, and Dr. Franklin at a round table presentation summarizing the outcomes of the initiative and the proposal for the growth of this effort.

Contraception counseling for high risk obstetrics patients is ongoing through high risk OB clinic. Some of these patients are referred to the family planning clinic for pregnancy options counseling, LARC placement, and postpartum hysteroscopic sterilization planning. Patients that have medical complications that restrict their contraceptive use are also referred for counseling. The CDC Medical Eligibility Criteria Document is frequently accessed during counseling and resident training. Information is relayed back to the referring doctor regarding contraceptive recommendations and plan.

The addition of the Ryan Residency Training Program as part of the University Of Louisville Department Of Obstetrics, Gynecology and Women's Health has resulted in a number of positive and tangible benefits to the department and resident education in the areas of family planning and abortion care.

The establishment of a structured abortion training rotation has contributed to the increased competency of the residents, regardless of opt-out status, in performing medically-indicated pregnancy termination management, missed abortion management and medically indicated inductions that will prepare them for private practice. Where training for family planning and abortion care was previously the responsibility of the residents, the Ryan Program has helped to provide a structured four week block where they will attend lecture, review materials, receive hands-on experience, and be tested on their skillset in areas such as first and second trimester ultrasound, diagnosis of gestational age and abnormal pregnancy, contraceptive counseling, and medical and surgical abortion. Through active participation in the options counseling session at EMW, residents are provided unique insight into the variables involved in determining the best Family Planning options, the legal and psychological considerations for each patient, and in providing abortion care services. They also observe challenges of clinical practice with regards to state mandates and restrictions such as the many Kentucky Targeted Restrictions of Abortion Providers (TRAP Laws) and the stigma that potentially arises for women seeking abortions in this environment.

Before the inception of the Ryan Program, there were no formal policies in place related to family planning procedures. Through the development and implementation of a standardized education pro-

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gram, the creation of protocols within the Family Planning Clinic and EMW, family planning services have become more efficient and allows for a clearer sense of how to move the program forward into the future.

Establishment of the Ryan Residency Training program has improved visibility and availability for all 3rd year medical students, on their OB/GYN Clerkship, to spend time on the Family Planning Rotation. During the program's first year, we have had four medical students rotate through family planning.

The advent of the Ryan Residency Program and the establishment of a formal Family Planning Rotation have made visible the needs for more effective services to women seeking various pregnancy options or pregnancy loss management services. Open discussions with faculty have continued in support of new and innovative ways to provide optimal care and services to patients. In addition, support from the department in furthering the success of Family Planning at UofL is helping to include new services including immediate postpartum LARC insertion, increasing LARC services for adolescent patients, and evaluation of emergency contraception needs. This has clear benefit for both patients and trainees.

Program Challenges & Benefits*1. Successful Outcomes*

- A Family Planning Fellowship-Trained Generalist was hired to join the University of Louisville OBGYN Faculty. Dr. Ashlee Bergin started her position in September of 2015. She joined Dr. Franklin as Assistant Ryan Director and serves as the 3rd abortion provider in the state of Kentucky.
- Developed Successful One-Year Collaboration Project with Department of Pediatrics. Initiated a referral base of adolescents in need of contraception.
- Developed Successful Collaboration Project Planned Parenthood of Indiana and Kentucky Peer Educator (PPINK) and their Peer Educator Program. This project provides a Standardized Patient Experience residents and provides sexual health training for Adolescent Peer Educators.
- Coalition of Urban and Metropolitan Universities (CUMU) Project Presentation Acceptance – Adolescent SP Program was presented October 29th, 2013 and increased our visibility within the University of Louisville.
- Ryan Family Planning Webpage Approved. Not only is it a successful website that promotes family planning services and resources, it has become the Department's highest traffic area, an indication of the value of family planning services to the community.
- Implementation of Online Curriculum as part of Ryan Program Core Curriculum –the use of portions of ARSH/LEARN modules continue to yield positive feedback from residents.
- Protocols were developed to perform D&C/MVA procedures in Dr. Franklin's private office. This new service is expected to increase volume for the program. Currently only early pregnancy failures are provided but expansion to therapeutic procedures are planned.
- New Office-Based Procedures – Essure Procedures, 1st Trimester MVAs, and Hysteroscopic Procedures
- Established connection with the Kentucky Support Network (KSN) to provide translation

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- assistance to non-English speaking women seeking abortion care at EMW.
- Successfully negotiated expanded support in requiring ALL UK Residents to participate more actively in the UofL Ryan Program. Many residents would not contact Dr. Franklin or show up for rotation. The UK residency program director and chair have made it mandatory for residents to contact Dr. Franklin via phone or email to discuss participation status.
- Protocols were developed for immediate post-partum LARC Placements to expand the program, service access for patients and training opportunity for residents in the Labor and Delivery setting. This has improved the Program's rate of insertion and access to care for patients for LARC Devices.
- LARC and MVA training has become a part of the American College of Obstetricians and Gynecologists (ACOG) Kentucky Section Annual Meeting. The Junior Fellows have a hands-on workshop and the LARC and MVA training stations are very popular stations. These stations and supplies are managed and provided by the UofL Ryan Program.
- The Ryan Family Planning Rotation was a shared four-week rotation with its initiation in 2011. Now the rotation is an independent four-week rotation in which residents are not allowed to take vacation.
- The Department of Family Medicine and Geriatric Medicine has developed a collaborative relationship with the Department of OBGYN. This collaborative relationship is the Women's Health Elective. It is a 4-week rotation in the OBGYN department that provides Family Medicine residents with the opportunity to participate in the Ryan LARC clinic.
- Although immediate post-abortion LARC is restricted at EMW, patients are able to get quick follow-up appointments within 1 week in to the Ryan LARC Clinic for LARC device placement. These appointments can be made before discharge from the abortion clinic.
- Kentucky has become a "Model" in the country for implementation of the Affordable Care Act (ACA). More than 400,000 Kentuckians are now insured. Since 2014, the Ryan LARC Clinic transitioned from a completely uninsured clinic to a completely insured clinic with very few Ryan LARC devices needed for patient care. This has removed so many barriers and delays to providing contraceptive care to our patient population.
- Effective October 1, 2013, the University of Louisville Physicians practices and the OB/GYN Resident Clinic merged into one facility in an effort to cut costs for the department. Although there was less space for clinical care, the Ryan Family Planning Clinic that was housed in the resident clinic is now right next door to the in-office procedure room. This has provided a very smooth transition and allows better facilitation of Essures, MVAs, and other procedures that arise from the Family Planning Clinic.

2. Challenges

- The Ryan Program no longer has a Program Manager. There were strong efforts to move forward with a new hire at the start of YR3 but due to the abortion care component it was difficult to find an RN willing to accept the position even though most of the work was academic based. All administrative work related to the program such as ordering supplies, rotation coordination, budgeting was managed by the program manager. A different model has been developed to continue support of the program by using multiple staff members to fill the tasks of the program manager. This is working out fairly well for now.
- The department's chair, Dr. Sharmila Makhija, resigned her position at UofL and accepted a position as chair at Albert Einstein College of Medicine/Montefiore Medical Center in New

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York. This has been a transition that made it difficult also for the Ryan Family Planning Program to keep its momentum in the hiring process and the overall support for the program director. However, our new chair Dr. Sean Francis has been very supportive in more recent legal and resident training challenges.

- Conflicts in coordinating the Standardized Patient (SP) schedule. Adolescents have very unpredictable schedules and their commitment is inconsistent. More flexible scheduling will be used in the future to increase their participation.
- The billing and coding company has changed three times during the Ryan Program existence. Communicating with the department billing team has been a tremendous challenge. The billing, coding, and charges information has not been readily accessible over the past three funding cycles. The most effective firm, McKesson was much more efficient and confident in their billing data. Now, they are no longer our billing and coding company. There are still billing challenges without a manager watching every single billed item. However, Ryan billables are still separated from the larger generalist divisions so that all Ryan data can be accounted for.
- The department increased the self-pay fee for LARC insertions. This occurred because the clinic decided not to accept Title X funds. Now all fees must be paid in full prior to procedure for patients undergoing any family planning services. Since most patients are now insured this is much less of an issue. However, for those uninsured patients, IUD insertion is \$103 and implant insertion is \$134.
- Matt Bevin, Tea Party Candidate, won the governorship for 2016-2019. He has made a commitment to dismantling the ACA. He also has directly attacked Planned Parenthood of Indiana and Kentucky as well as the EMW Women's Surgical Center satellite clinic in Lexington. The EMW Lexington Clinic is now closed indefinitely. The University has made a commitment to continue the support of EMW because resident training could be impacted. This challenge is unpredictable and there is great concern.

V. Ryan Program Evaluation

Evaluation Plans

The University of Louisville has adhered and will continue to adhere to the Ryan Program evaluation protocols indicated below. All surveys and assessments have been and will continue to be completed as required by the Ryan Program.

- Online Post-Rotation Survey will continue to be completed by all residents participating in the family planning rotation.
- The Department Chair survey, Residency Director Survey, and the Ryan Program Director Survey will be completed annually.

The last week of the rotation, the Program Director provides the electronic link to the resident to complete the post-rotation survey.

VI. PROJECTED ACTIVITIES POST FUNDING

Planned Changes and/or Expansion of Services

New In-Office Procedure

The goal is to perform D&E procedures in the University of Louisville outpatient office. Other procedures are performed such as in-office hysteroscopy, Essure sterilizations, electric D&Cs, and MVA management for EPF management. D&Es would be performed for therapeutic abortions as well as fetal demise cases.

IV Sedation Protocol

The goal is to have Dr. Franklin, Dr. Bergin and an RN trained to perform IV sedation for cases in the outpatient setting.

Dr. Bergin to become an official Merck Nexplanon Trainer

This will provide Dr. Bergin the ability to train people in the community, the family medicine and pediatric residency programs. This will only increase the visibility of the UofL Ryan Residency Training Program.

Incorporate Video Consenting Law in to the Ryan Program

To conform with Face-to-Face Consent Law that went in to effect July 15, 2016, HIPAA-compliant software has been implemented at EMW and will be used for our patients referred to UofL to avoid further burden to therapeutic referrals traveling far distances for care.

NAF Institutional Membership

Continue to work towards NAF institutional membership.

External Resource Opportunities

- Involvement of Family Medicine residents in the training and plans to seek grant funding through the RHEDI program to support faculty both in family medicine and Dr. Franklin and Dr. Bergin to provide training.

- Engagement with the Pediatric Adolescent Gynecology Fellowship program with a potential opportunity to obtain funding through a Norton Healthcare Community Trust Grant

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- Move towards creating a Fellowship in Family Planning. Training volume and gestational age is available for good quality training.
- Identify how to engage other young faculty in Pediatrics, Family Medicine, Medicine-Pediatrics, and Obstetrics and Gynecology to help conduct the core curriculum and standardized patient activities (an expanded teaching faculty would be necessary to be successful in acquiring funding for the above mentioned fellowship).

 Research Plans

Several research topics have developed within the UofL Ryan Program. The department utilizes a research statistician from the Department of Public Health. Dr. Bergin also has experience using SAS during fellowship to help with data analysis. She plans to collaborate with the University statistician to complete the program's data analyses.

 Planned Changes and/or Expansions of Training Model

Dr. Bergin will now alternate weekly the responsibility of the Family Planning Clinic and Procedure sessions as well as provide one day of EMW Abortion training each week.

| Dr. Franklin Ryan Program PI - Standard Weekly Clinical & Teaching Schedule | | | | | | | |
|---|----|------|--------|---------|-----------|----------|--------|
| | | Hour | Monday | Tuesday | Wednesday | Thursday | Friday |
| Week | AM | | | | | | |
| | PM | | | | | | |

| Dr. Bergin Ryan Program Assistant Director - Standard Weekly Clinical & Teaching Schedule | | | | | | | |
|---|----|-------------|--------|---------|-----------|----------|--------|
| | | Hour | Monday | Tuesday | Wednesday | Thursday | Friday |
| Week | AM | 8:00-11:00 | | | | | |
| | PM | 12:00-17:00 | | | | | |

□ **Department Resident Rotation Schedule UofL 2016-2017**

Attached is the Department Rotation Schedule that includes the Family Planning Rotation. For UofL, there are 6 PGY-2 residents scheduled to rotate. The UofL Ryan Program received a lot of interest from 4th year medical students (MS-4) this academic year. Four MS-4 students will all participate in 2-week Ryan Family Planning rotations. A PGY-4 resident, who is applying for Family Planning fellowship, is doing an elective rotation July of 2017. For UK, five PGY-2 residents will rotate and will have two separate 5-week rotations. See Appendix J and K.

| Residents | July | August | September | October | February | April | May | June | July |
|-----------|------|--------|-----------|---------|----------|-------|-----|------|------|
| PGY-2 | X | | | | | | | | |
| MS-4 | X | | | | | | | | |
| MS-4 | | X | | | | | | | |
| PGY-2 | | | X | | | | | | |
| MS-4 | | | X | | | | | | |
| MS-4 | | | | X | | | | | |
| PGY-2 | | | | | X | | | | |
| PGY-2 | | | | | | X | | | |
| PGY-2 | | | | | | | X | | |
| PGY-2 | | | | | | | | X | |
| PGY-4 | | | | | | | | | X |

□ **2016 – 2017 UK Resident Schedule**

| Residents | July | Aug | Sept | Oct | Nov | Jan | Feb | Mar | Apr | May |
|-----------|------|-----|------|-----|-----|-----|-----|-----|-----|-----|
| PGY-2 | | | | | X | | | X | | |
| PGY-2 | X | | | | | | | | X | |
| PGY-2 | | X | | | | | | | | X |

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| | | | | | | | | | | |
|-------|--|--|---|---|--|---|---|--|--|--|
| PGY-2 | | | X | | | X | | | | |
| PGY-2 | | | | X | | | X | | | |

Proposed Changes in Resident Training/Curriculum

With the new addition of Dr. Ashlee Bergin, the Ryan Curriculum will be revised to improve the educational experience for trainees.

Projected Average number of Resident Procedures Per Year

The average number of procedures residents will expect while on rotation are 20 ultrasounds, 12 D&Cs, 5 D&Es, 5 laminaria/dilapan insertions, 16 medical abortions, and 3 MVAs.

The Family Planning Clinic allows trainees to perform LARC removals, insertions, general contraception consultations, pregnancy options counseling, complex contraception consultations, and sterilization consultations. Many trainees participate in the Ryan Family Planning Clinic every Monday, sometimes with two trainees covering clinic at one time. The average number of procedures residents will expect while on rotation are 13 LARC device insertions and removals with 8 being implants and 5 being IUDs. The Ryan Family Planning Service initiated the Immediate Postpartum LARC Program at the University of Louisville Hospital. Those insertions are not a direct part of the rotation. The OB L&D PGY-1 resident and the Family Medicine Rotator PGY-1 resident inserts those devices. Each month, those residents can expect to insert **10 postpartum implants and 2 post-placental IUDs.**

VII. Program Sustainability

Cost Accounting & Financial Oversight

While general financial oversight is the responsibility of the Program Manager, the program does not currently have a program manager. The Department Billing team has always been supportive with reviewing and processing requests. In order to maintain clear records of expenses and revenues for the Ryan Family Planning Program, the Department has set up a “Family Planning Division” so billed items can be identified as program revenue. Additionally, Ryan Funds have been set up in a separate Gift or “G”-Account from other Department funds, which makes tracking expenditures and fund balances easier to monitor and update.

The Ryan Family Planning Program has been incorporated in to the general clinic. Four different staff members who provide services such as surgery scheduling, medical assisting, insurance authorizations, and administrative work for the general clinic and the department have been given specific tasks to continue departmental support of the Ryan Program. These four individuals fulfill all the tasks that one Ryan Program Manager would be responsible for. The department has made a commitment to the sustainability of the Family Planning care and education.

Resources and Financial Support

The Family Planning Clinic has been fortunate to have the full support of the Department of Obstetrics, Gynecology and Women's Health at the University of Louisville in our efforts to improve and expand the Ryan Program. The funding we have received has provided the opportunity to further develop family planning services, purchase necessary supplies and equipment, further enhance resident education materials. Equipment purchased allowed the program to move forward with anticipated service expansion efforts that included the additional procedures that are designed to generate sustainable revenues for our program in-office procedures that currently occur in the hospital at a premium that is cost prohibitive to many UofL indigent patients. We have also used funding to secure additional resource materials related to the expanded curriculum plan that includes an interdepartmental approach for family planning training. These additional curricula helped to facilitate the growing collaborative relationship between our program, Department of Pediatrics, Family Medicine, and Planned Parenthood of Indiana and Kentucky (PPINK). Collaborations always provide valuable opportunities in the future for internal or external funding.

The Department provides all facility space needed to provide Family Planning services at no cost to the program and is committed to continually providing this support. Clinic supplies such as lidocaine, bandages, scalpels, bandages, etc. will be assumed by the general OBGYN clinic following the funding period.

Now that the grant no longer covers salary for Family Planning Faculty, EMW Women's Surgical Center provides salary support for Dr. Franklin and Dr. Bergin.

The Department and the University have been extremely supportive through the development of the initial grant and the continued efforts of the Ryan program. The department has worked well with Family Planning faculty to address clinical issues as they arise. The Department is in full support of this continued relationship to provide residents with more comprehensive abortion training.

EMW Women's Surgical Center has always supported the training of residents for more than 3 decades. It is still committed to doing so beyond the funding period. EMW Women's Surgical Center currently does not charge any facility fees and there are no foreseen changes to this policy.

Marketing

Our initial direct marketing effort has brought significant support for our program. During our initial program years, through our strong direct marketing and community outreach initiatives. A strong community based network of family health centers (FHC), Planned Parenthood of Indiana and Kentucky (PPINK), the Department of Pediatrics and their Child and Youth (C&Y) Clinic, Women's rights Organizations including the Center for Women and Families and others was established. A strong referral base for both LARC and other family planning procedures was built. Ryan LARC Program Flyers in both English and Spanish were distributed to community facilities (See Appendix A & B). These efforts have resulted in an increased awareness of Ryan program services and have established community linkages across the region.

The Family Planning website includes information and resources for all services provided within the UofL Ryan Family Planning Program. Within three months of publishing the Ryan Family Planning Program, "Women's Health" became one of the top requested resources on the ULPhysicians website.

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The most searched word is “contraception,” which leads them to the Ryan Family Planning site. Since the launch of the site, the department’s Google ranking jumped from 10th to 5th place and the department’s Bing ranking moved from 5th to 4th place. This increase in traffic of the entire OBGYN department can be attributed to the addition and popularity of the Ryan Family Planning Program website. <http://www.uoflphysicians.com/ryan-family-planning-center>.

Through our collaborative relationship with EMW, we have received a number of referrals for both LARC devices and general OB/GYN services. As the primary UofL physician that provides abortion care, Dr. Franklin has realized a steady increase in referrals through “Word-of-Mouth” for therapeutic abortions. The relationship established with University of Kentucky Physicians as well as Genetic Counselors in the area has been a significant contributor to the referral population.

Billing Challenges and/or Success***Challenges***

The University of Louisville Physicians (ULP) patient clinic services decided not to accept Title X funds anymore. This became effective September 1, 2013. Since that point, the self-pay structure has changed. Intrauterine device (IUD) insertion is \$103 and implant insertion is \$134. Although this is higher than before, the price structure is very clear and patients are at least prepared in advance to cover the cost. Any further discount or package pricing is not allowable.

Successes

During the third quarter of 2013, we successfully negotiated with the Department of OB/GYN coordinated with the University of Louisville Hospital (ULH) to determine a clearer payment process and outline process for all uninsured patients that resulted in the presentation of a reduced upfront costs package and a streamlined process for making this information available for all family planning patients.

For therapeutic abortions in the hospital setting patients are responsible for payments to both ULP and ULH. (See chart below). The Department collects the physician’s fee (noted as the “Ryan” line) on the chart below. ULP has revised the Provider fee schedule for Abortion procedures, allowing for “self-pay” discounts that were previously not available. The “hospital” line includes all costs for peri-operative nursing care, medications dosed, and operating room time. ULH also provides patients with a similar self-pay discount which is contingent upon up-front payment prior to services. If patients are self-pay, meaning they have no insurance or their insurance will not cover their therapeutic abortion, ULH will grant a 70% discount and rarely will enforce the rule of up-front payment. Most patients will obtain services with a payment plan in place.

Additionally, patients are also financially responsible for anesthesia care that will be billed directly through the anesthesia department at a minimum cost of \$200. Because the University of Louisville Hospital care for most of the indigent population in the city of Louisville, it receives funds from the Quality and Charity Care Trust (QCCT). These state and local funds are accessed to help subsidize care for these patients that are paying out of pocket. Our team’s efforts have resulted in clearly outlined communication to patients regarding their specific cost obligation and use of the QCCT funding.

| Description | | Location | 2012 Proce- dures (by location) | 2013 Proce- dures (by location) | 2014 Proce- dures (to date) | Procedure Fee Sched- ule | Self-Pay Schedule (Discount- ed) |
|-----------------|---|----------|---------------------------------------|---------------------------------------|-----------------------------------|--------------------------------|---|
| CPT CODE | | | | | | | |
| 59820 | 1st Trimester Treatment of Missed AB - where Fetal demise occurs during 1st 1/2 of Pregnancy (and Procedure occurs at less than 13wks) - can use DX - code: 632 "Demise Prior to 22wks incl retaining Products of conception" | | 4 | 11 | 2 | \$ 724.00 | \$398.20 |
| | | | 36 | 30 | 28 | \$ 11,310.17 | \$2,827.54 |
| 59821 | 2nd Trimester Treatment of Missed AB , where Fetal Death occurs during 1st 1/2 of Pregnancy (and Procedure at 13weeks - 22wks) - can use DX - code: 632 "Demise Prior to 22wks incl retaining Products of conception" | | 4 | 4 | 0 | \$ 740.00 | \$407.00 |
| | | | 2 | 2 | 2 | \$ 10,109.66 | \$2,527.42 |
| 58565 | Hysteroscopic Tubal Occlusion; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (i.e., Essure Procedure) | | 6 | 8 | 4 | \$ 3,849.00 | \$2,116.95 |
| | | | 5 | 5 | 8 | \$ 15,314.72 | \$3,828.68 |
| 59840 | Induced Abortion by Dilation and Curettage (less than 14wks) | | 0 | 3 | 0 | \$ 723.00 | \$232.05 |
| | | | 4 | 0 | 1 | \$ 11,616.81 | \$2,904.20 |
| 59841 | Induced Abortion by Dilation and Evacuation (14 - 22wks) | | 0 | 10 | 2 | \$ 745.00 | \$409.75 |
| | | | 1 | 2 | 2 | \$ 15,475.74 | \$3,868.94 |
| 59855 | Induced abortion, by one or more vaginal suppositories (e.g. prostaglandin) with or without cervical dilation (e.g. laminaria), including hospital admission and visits, delivery of fetus and secundines | | NA | 1 | 3 | \$ 820.00 | \$451.00 |
| | | | 0 | 0 | 0 | N/A | |

For in-office procedures that will now take place in the ambulatory setting will significantly reduce the cost to patients since the only line item they are responsible for paying is the “office” or “Ryan” fee listed on the chart above. This is the physician’s fee to provide the service.

Kentucky has enrolled more than 370,000 in to Kentucky’s Affordable Care Act (ACA) or “Obamacare” insurance. Kentucky has proven to be a model for the rest of the country. As of January 2014, the Ryan Family Planning Clinic has seen less of the indigent self-pay population and more insured patients presenting for their LARC device that they could not afford out-of-pocket before. The Ryan Family Planning clinic has become a clinic of insured women seeking contraceptive care with less than

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20% of women needing the self-pay discount assistance. In terms of revenue, the Ryan Family Planning service will see higher revenue streams since it will depend on insurance reimbursement and not the self-pay discounted revenue.

| Description | | Location | 2012 Procedures (by location) | 2013 Procedures (by location) | 2014 Procedures (to date) | Procedure Fee Schedule | Self-Pay Schedule (Discounted) |
|-----------------|---|----------|-------------------------------|-------------------------------|---------------------------|------------------------|--------------------------------|
| CPT CODE | | | | | | | |
| 11981 | Implant Drug Device Insertion Fee (Nexplanon) | | 61 | 147 | 17 | \$ 244.00 | \$156.20 |
| | | | 0 | 0 | | N/A | |
| 11982 | Removal Drug Implant Device Fee (Nexplanon) | | 27 | 8 | 7 | \$ 284.00 | \$156.20 |
| | | | 0 | 0 | | N/A | |
| 11983 | Removal/Insert Implant Device Fee (Nexplanon) | | 2 | 1 | 1 | \$ 431.00 | \$237.05 |
| | | | 0 | 0 | | N/A | |
| 58300 | Intrauterine Device Insertion Fee (Mirena/ParaGard) | | 110 | 113 | 10 | \$ 189.00 | \$103.70 |
| | | | 0 | 0 | | N/A | |
| 58301 | Removal Intrauterine Device Fee (Mirena/ParaGard) | | 26 | 8 | 4 | \$ 194.00 | \$106.70 |
| | | | 0 | 0 | | N/A | |

Although the Department has changed billing and coding teams, the new company is responsive and has been able to access reliable data. Therapeutic abortion procedures have been tracked. Reimbursement status has been identified for cases in the past three months. Delays or denials in payments are actively being investigated.

Going forward, the Family Planning team will be able to collect data on a routine basis from the billing department with updated accounts of revenue production, strengths and weaknesses in payment receipt categories. This structure will make it possible to demonstrate sustainability to the Department as we are able to easily present data reflecting increases in volume and service provision. This includes generating reports based on Ryan Program Patient Population and revenue streams to further enhance the ability of the program to monitor and assess financial progress and opportunities.

The cost of the family planning medical assistant, approximately \$3,500 per year, will be assumed by the Department.

The Family Planning Clinic and Training Program will have costs of clinic supplies and MVA devices. This will be assumed by the Department. The Family Planning Clinic functions with very low waste and good relationship with medical supply companies. The Program does not plan to overburden the department with unnecessary expenses. The total cost is projected to be \$1200.

No ongoing teaching material expenses are planned. The ARSH & LEARN Training Resources are no longer used and the Innovation Education website is free and will be used in its place.

Travel expenses for Ryan Program Faculty will have to be paid for by the Department's allotment for faculty educational expenses. Faculty is provided an allowance of \$3000 each year.

General office supplies for Family Planning will be financially supported by the Department like all other divisions.

Wireless Internet service cost the Family Planning Division \$1000 per year. Since the initiation of the telemedicine consent process at EMW, Wifi access has been set up and will remove the need for the Ryan Program to pay for the internet mobile card.

The Ultrasound PAX system charged the division \$5 for every ultrasound scan to store images. All divisions are charged this fee and the Department will assume the cost for Family Planning as it does all other divisions.

With the same pace of growth, the revenue is expected to reach approximately \$127, 600. However, with the hiring of Dr. Bergin more referrals and more procedures have taken place and is suspected to grow more.

VIII. Appendix

- A. Ryan LARC Program Flyer (English)
- B. Ryan LARC Program Flyer (Spanish)
- C. Medical Management of Miscarriage Protocol
- D. Medical Management of Miscarriage Patient Pamphlet
- E. UofL Transfer Agreement
- F. UK Transfer Agreement
- G. Center for Women and Infants (CWI) Therapeutic Abortion Policy
- H. Adolescent Standardized Patient and Resident Training Program
- I. Partial Participation Policy Agreement
- J. UofL Resident Schedule 2016-2017
- K. UK Resident Schedule 2016-2017