

February 11, 2016

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Deputy Director of Domestic Programs
The Susan Thompson Buffett Foundation

Uta Landy, PhD, National Director
Ryan Residency Training Program
Fellowship in Family Planning

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Dear Drs. Heartwell and Landy:

Enclosed you will find the submission for the University of Louisville School of Medicine's YR3 No-Cost Extension (NCE).

This submission provides a detailed account of our accomplishments and challenges from May 2014 – April 2015. There have been several accomplishments which include the new family planning training relationship with the University of Louisville Department of Family Medicine and the addition of a new Ryan faculty member, Dr. Ashlee Bergin. Dr. Bergin, a recent graduate from the University of Illinois Chicago (UIC), serves as the Assistant Ryan Director and also serving as the state's 3rd abortion provider.

The greatest challenge during this past funding cycle has been the unfilled position of the Ryan Program Coordinator. Administrative responsibilities have been secondary to the clinical care and resident training responsibilities that are priority for our program. Since the University of Louisville Ryan Program is the only referral site in the state and our physicians are the state's only abortion providers, we have the responsibilities of providing all hospital based abortion care, all elective abortion care, and training all residents in family planning for both state OBGYN programs. Now that the University of Louisville Ryan Program has another faculty member our goals for growing the program can be sustained.

The next milestone for the program is to seek and hire a program coordinator with the NCE funds. In this conservative environment, it has been difficult to identify a nurse willing to work as the Ryan Program Coordinator. Therefore, our goals are set on another administrative staff member to fill this position.

Since 2011, The University of Louisville Ryan Residency Training Program has been a very positive experience for OBGYN, Family Medicine, and Pediatric residents. Medical students have also expressed that it was one of the most invaluable and unique learning experiences in medical school. We are very proud of the care and education we have provided. We appreciate the opportunity to serve as a Ryan Residency Training Program Site. Thank you for your continued support and your consideration for this YR3 No-Cost Extension.

Sincerely,



Tanya E. Franklin, MD MSPH
Director, Ryan Family Planning Program

School of Medicine

Progress Report and Renewal Funding RequestOrganization

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Original Grant Request

Title: The Kenneth J. Ryan Residency Training Program
Requested Amount: **\$127,500**
Original Start Date: 5/1/2014
Original End Date: 4/30/2015

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Table of Contents

<u>I. PROGRAM BACKGROUND</u>	<u>3</u>
<u>II. PROGRAM OVERVIEW</u>	<u>3</u>
<u>III. RESIDENT TRAINING PROGRAM</u>	<u>10</u>
<u>IV. SUMMARY OF YEAR 1 ACTIVITIES</u>	<u>15</u>
<u>V. RYAN PROGRAM EVALUATION</u>	<u>20</u>
<u>VI. RENEWAL FUNDING BUSINESS PLAN</u>	<u>21</u>
<u>VII. BUDGET SUMMARY OF YEAR TWO FUNDS</u>	<u>ATTACHMENT</u>
<u>VIII. ADDITIONAL MATERIALS</u>	<u>APPENDIX</u>

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. In April, 2012, we began providing training to UofL Department of Pediatric (Peds) Residents as well. The Ryan Program rotation for Peds residents is for all residents, primarily PGY-1 and PGY-3, rotating through the "Adolescent Pediatric" block for the calendar month. The committed rotation time has been adjusted over the last year and now serves as a stand-alone four-week rotation for UofL residents. The Ryan Program rotation for the University of Kentucky (UK) residents 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 with which UofL program has an established partnership. This expectation also applies to residents who opt-out of direct abortion provision.

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. These services are primarily provided in the hospital setting.

All family planning outpatient clinics are housed 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 site is shared with resident continuity care clinic, colposcopy clinic, high risk obstetrical clinic, and preoperative 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

School of Medicine

(Monday AM and PM) and a medical assistant 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 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 provides therapeutic and medically indicated 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 are:

- Manual Vacuum Aspiration (MVA) in the emergency room through 12 weeks for early pregnancy failure
- Electric vacuum aspiration in the operating room through 12 weeks for therapeutic abortion or early pregnancy failure
- Dilation and Evacuation in the operating room through 23 weeks for fetal anomalies, maternal health indications, or fetal demise
- Therapeutic Induction of labor for fetal anomalies, maternal health indications, or fetal demise

Approval was recently obtained to move some surgical procedures 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 medically-indicated abortion or early pregnancy failure (EPF)
- Electric vacuum aspiration in the outpatient setting through 12 weeks for medically-indicated abortion or early pregnancy failure (EPF)

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

- Dilation and Evacuation in the outpatient setting through 23 weeks for fetal anomalies or maternal health indications

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. Based on this opinion, Governor Steve Beshear rejected this proposed merger.

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.

Missed Abortion Treatment at UofL

Currently, early pregnancy failure (EPF) or missed abortion/miscarriage is managed through medical, surgical, or expectant management. 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 final 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. Additionally, the resident developed a patient handout that provided education, reassurance, and an FAQ section. This has provided reassurance to patients and providers making them more likely to utilize medical management for eligible patients.

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. The second MVA Papaya Workshop led by Dr. Franklin took place March 14, 2014. Residents cited insufficient knowledge or experience of the attending to be the major barrier to performing MVAs in the clinical and hospital triage setting. Attendings did participate in the most recent MVA workshop and quick-reference guides plus practice devices have been placed on Labor and Delivery so attendings and residents can discuss procedures for selected patients. The third MVA Papaya Workshop will be held October 9, 2015 and will be led by Dr. Franklin and Dr. Bergin.

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 attending preference.

Currently, patients who are diagnosed with EPF in the resident clinic and desire surgical management, most are scheduled for a D&C in the hospital OR. Some undergo MVA in the ER triage. As of 2014, Dr. Franklin has performed MVA procedures in the office and these patients have done very well. Patients who choose medical management are followed as outpatients.

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 as part of Residency Training on Wednesdays and Thursdays at EMW Women's Surgical Center. 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 have a physical examination along with laminaria placement preoperatively. All surgical abortions are performed with deep intravenous sedation using propofol. 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 counseling 24 hours prior to an abortion. This counseling, as allowed by law, may be done by phone since many patients travel significant distances from other counties within Kentucky and surrounding states. 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 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.

Physician Coverage

In the event of an absence, abortion training is 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 she did not replace the time and commitment of Dr. Eubanks. Dr. Sharmila Makhija, OBGYN chair, approved

School of Medicine

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. Since 2013, Dr. Franklin provides abortion care 3-4 days per week on Wednesdays, Thursdays, Fridays, and every other Saturday. In February 2014, a community physician based out of Lexington, KY has started to work as a provider on a monthly basis. She was providing first trimester procedures at the smaller EMW clinic in Lexington, KY and was being proctored by Dr. Marshall and Dr. Franklin for D&E competency. However, she did experience protestors at her private practice approximately 3 months ago and she decided to stop her work as an abortion provider.

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. In the event of Dr. Franklin's vacation or other short-term absence, the Family Planning Clinic had to be cancelled because there was no one available to supervise the clinical session. With the addition of Dr. Ashlee Bergin as the new family planning faculty, family planning services can be provided by another clinical member.

Faculty Depth - Abortion Training & Family Planning Clinic			
Provider Name	1st Tri Surgical	2nd Tri Surgical	Medical Indications Only?
Tanya Franklin	x	Up to 23 weeks	All indications
Ernest Marshall	x	Up to 23 weeks	All indications
Ashlee Bergin	x	Up to 20 weeks	All indications
Resad Pasic	x	Up to 23 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			2 nd tri Induction Ab
Jennifer Hamm			2 nd tri Induction Ab
Kevin Marques			2 nd tri Induction Ab

The generalist division at the University of Louisville has hired 3 new faculty members. The generalist division is very excited to be growing the division and gaining a family planning fellowship-trained faculty member. Dr. Ashlee Bergin joined the University of Louisville Faculty as a generalist and 2nd family planning faculty. 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. The UofL Ryan Program will be able to undergo significant growth and opportunity with this additional committed Ryan faculty member.

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. The other provider is an MFM in Louisville that provides this service intermittently on a case-by-case basis. Dr. Franklin currently receives many referrals for medically-indicated procedures in the Ryan Family Planning Clinic referrals 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 originating provider, patient and the insurance company directly to secure necessary approvals. Our Program has developed a complete "Referral Packet" that is shared with the originating provider and/or patient that provides appropriate information regarding the planned procedure at our facility. 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.

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.

School of Medicine

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 did sign and formalize this agreement on February 14, 2014.

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.

Through July 2013, Dr. Franklin served as the medical director of the Planned Parenthood of Kentucky (PPKY). This collaboration provided additional clinical practicum for resident training during the Ryan Program rotation. Residents spent ½ day each week seeing patients at PPKY broadening their family planning experience. Planned Parenthood of Indiana and Planned Parenthood of Kentucky merged to form one entity now known as Planned Parenthood of Indiana and Kentucky (PPINK). Indiana's medical director, Dr. John Stutsman, became PPINK's medical director. Dr. Franklin was asked to serve as the associate medical director to oversee the Kentucky clinic sites. Dr. Franklin served as associate medical director from July 1, 2013-October 1, 2013 so that she may focus more on her practice and Ryan Program duties as the Planned Parenthood work placed her at more than 100% full-time status.

Kentucky Legislation

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. EMW, particularly Dr. Franklin, communicates with the ACLU KY frequently regarding active bills and threats to reproductive care. Current bills proposed during the 2015 legislative session were: that impact care will be discussed.

1. KRS 311.780 is the prohibition of abortion after viability. No abortion shall be performed or prescribed knowingly after the unborn child may reasonably be expected to have reached viability, except when necessary to preserve the life or health of the woman. This law is vague and viability can vary depending on the hospital where care is being given. Viability could be defined as something different in a university setting with specialists and a level 1 neonatal intensive care unit.

2. KRS 311.725 requires that a woman must begin her informed consent process at least 24 hours prior to obtaining an abortion. This consent can be given by telephone which can lessen the burden particularly for women traveling far distances for abortion care. There are 120 counties in Kentucky and EMW has sites in two of those counties. Also, EMW cares for many women travelling from Indiana, Ohio, Tennessee, West Virginia, and Illinois. This telephone consent exception significantly lessens the burden for these women already traveling great distances for care. This consent process requires women be provided with state-mandated information about medicaid insurance coverage for prenatal care, pursuing child support if the pregnancy is continued, welfare support access, and adoption agencies. This law also requires that women are "offered" state-prepared materials of detailed anatomical

descriptions and pictures of the fetus at different gestational ages. The woman can choose to view or not to view.

3. KRS 311.732 requires that a woman under the age of 18 must get consent from one of her parents or her guardian to obtain an abortion. A woman under the age of 18 can get an abortion without parental consent if the abortion is necessary to save her life or if a judge grants a judicial bypass. This bypass can also be obtained by young women crossing state lines in to Kentucky for abortion care. When young women call EMW and report they are minors, information is given to them for the pro-bono lawyer who handles all these cases. A court advocate will accompany the minor and the lawyer to meet with a judge. The judge has 72 hours to give his/her decision but it is usually given at the time of the face-to-face meeting.

Not only is Medicaid prohibited from covering abortions with the exceptions of life of the woman, rape or incest but 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.

March 2015, three anti-choice bills were defeated in the Kentucky State Legislature. Legislation that would have required face-to-face 24 hour consent prior to an abortion, forced a woman to undergo an ultrasound and listen to a detailed anatomical description of the fetus, require a woman to undergo an ultrasound prior to an abortion procedure were defeated. Ultrasounds are already performed on every patient already.

4. Another bill that was defeated was a 20- week ban on abortion. It is based on the "child born capable of pain act". The exception to this bill is for maternal life only. There were no exceptions for fetal indications or risk of health or well-being of the mother.

It is expected that various versions of these same bills will be proposed again during the 2016 legislative session. Kentucky just elected the 2nd Republican Governor in 40 years. It is expected that the political landscape is going to change. Restrictions on reproductive care is expected.

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 A 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 an associate professor level also. Since Dr. Franklin is still an assistant professor, she was required to get another attending at associate professor level or higher to review patient data and approve the indication for termination. However, after the failed merger between the Univer-

School of Medicine

city of Louisville and Catholic Health Initiative, the Kentucky Attorney General declared the University of Louisville to be a state facility. KRS 311.800 states that abortions in publicly owned hospital or health care facility is prohibited except to save the life of the mother.

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. ACOG representatives, led by Dr. Franklin, met with state legislators at the Capital to discuss 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. He showed a special interest in the legislative process and accepted a position as the Kentucky ACOG Junior Fellow Legislative Chair. He will be active in planning legislative events and educating Junior Fellows about the legislative process for the next two years.

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, we established 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. We have been able to establish a strong referral base for both LARC and other procedures. Our Program Manager, Capric Walker, continues direct networking efforts throughout the community to increase awareness of the Ryan Program using the Long-Acting Reversible Contraception (LARC) Program as the catalyst for engaging many community and University constituents. We have created a LARC Program Flyer in both English and Spanish that is distributed to each facility visited (see attachment A & B). These efforts have resulted in an increased awareness of Ryan program services and have established community linkages across the region.

As a direct result of this outreach strategy, our program has established its current partnership with the Department of Pediatrics and Planned Parenthood of Indiana and Kentucky (PPINK) Peer Educator Project to establish the Ryan Adolescent Peer Educator – Resident Cross Training Collaborative. This program was designed as a vehicle to not only expand the resident curriculum, but also provide an additional avenue for community engagement and outreach for hard to reach areas such as Community Schools and churches. Through the education of the clinical presentations and other training provided by the residents and program staff, the Adolescent Peer Educator project has helped provide the program manager with additional resource contacts within the community to market the Ryan Program, more specifically in the area of LARC and general contraceptive services.

During our second year of funding, we began to push the approval of additional direct marketing strategies including the development of a formal Ryan Program Brochure and FAQ Videos, which is still pending final departmental approval. However, we have had success through outreach with our community letter that has been distributed to community physicians.

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Also, the Family Planning website was published March 2013. The website includes information and resources for all services provided within the Ryan Family Planning Program site at UofL. Dr. Franklin was purposely not highlighted on the page for as much anonymity as possible. Within three months of publishing the Ryan Family Planning Program, "Women's Health" became one of the top requested resources on the ULPhysicians website. 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.

Clinical Volume:

At the UofL Family Planning Clinic, we currently accommodate patients during the Monday morning session giving us a total of sixteen 15-minute appointment slots for those days. The addition of secured office procedure time for year two on Monday afternoons has provided opportunity for Dr. Franklin to perform office-based hysteroscopic sterilization (Essure) procedures. There were no previous estimations provided for them, however these numbers have been documented below. Since the addition of this procedure, due to Ryan Program funding, we have been able to generate approximately \$110,000 for YR3 (\$95,000 for YR2) in billable services for the department that was previously unavailable in the office. September, 2013, the program was given approval to move forward with additional office-based procedures including 1st trimester D&C and additional hysteroscopic procedures, all of which have provided significant financial sustainability potential. Performing these procedures in an office-based environment not only provides additional revenue for the department, but also improves efficiency of care with faster turn-around which improves scheduling flexibility.

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.

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.

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"

██████████ MPH, a 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 we designed over the one month rotation was the "Seasonal relationship between abortion care access and socioeconomic barriers". 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, that appear to 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 2015. Dr. Franklin received the NAF "Best Research Award" for this presentation.

Dr. Franklin participated in the Pearls of Excellence Program in Family Planning January 31 – February 7, 2014. She found this program to be beneficial in designing research, scientific writing, and getting published.

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 program, the creation of protocols within the Family Planning Clinic and EMW, family planning services

School of Medicine

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.

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. In 2005, this experience became an opt-out experience although time was not uniformly protected. 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 and better knowledge sharing with procedures and lecture schedule available for each resident to follow.

In our effort to grow our program and to continue to provide innovative opportunities for our residents to learn, while at the same time exploring opportunities to provide optimal patient care, we have established an agreement to provide a continuity of care relationship for those patients who "age out" of the pediatric clinics, to become Dr. Franklin's patients. For those patients who had previously been referred to our program for LARC, they will already have been established in our clinic and should have an established level of comfort with our clinic and improves patient care experience overall, which is our goal as a team.

In addition to this shared patient resource, we have established a collaborative training relationship with the Department of Pediatrics as well in providing Training to their Adolescent Pediatric Residents as part of a Cross-Training Collaborative Initiative between our Ryan Program and Planned Parenthood Peer Educator Project.

III. Resident Training Program

Summary

In July 2012, UofL OB/GYN PGY-2 residents rotated in family planning for four weeks as part of a shared eight-week rotation with Reproductive Endocrinology & Infertility (REI). The first four weeks was spent with Ryan Program in Family Planning Clinical and the second part of the block was spent with REI. However, the UofL Ryan Program now exists as a stand-alone four-week rotation for PGY-2 and PGY-3 residents since January 1, 2013. The residents' week included family planning clinic and procedures as well as EMW abortion training days. Beginning with the March 2013 rotation, each resident has been required to participate in the Peer Educator Project at PPINK one Wednesday every month. Residents provide medically based presentations about sexually transmitted infections (STI), contraception, and adolescent patient confidentiality to Peer Educators. Peer Educators also serve as Clinical Standardized Patients (SP)'s and provide Clinical Practicum experience for Residents.

As of July 1, 2013, our trainees were no longer spending clinical time at PPINK on Fridays due to Dr. Franklin stepping down from the position of medical director. Instead, residents have participated in Standardized Patient cases or self-study time to work on end-of-rotation research project and online curriculum.

UofL Pediatric PGY-1 Residents rotated for four weeks through the Ryan Program on Mondays, Thursdays and Fridays. The Pediatric residents no longer participate in the Ryan Family Planning Program.

UK PGY-2 and PGY-3 residents rotate through the Ryan Program for five weeks on Wednesdays to participate in abortion training at EMW. The UK residents travel 70 miles from Lexington, KY to Louisville, KY each week for training. This training has been incorporated into their Community Gynecology Rotation. The type of procedures that are taught during abortion training days include transabdominal and transvaginal ultrasound techniques and pregnancy dating, medical abortion administration, laminaria placement, first trimester abortion techniques, second trimester abortion techniques, contraception counseling and options counseling.

Since July 1, 2013, all residents, particularly the surgical opt-out residents, have had the opportunity to participate in SP Cases and online-curriculum as a means of providing a comprehensive experience for all trainees.

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

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.

School of Medicine

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.

Didactic Training

The UofL Ryan Program has developed an expanded curriculum and a collaborative format based on our relationship with the Department of Family Medicine. Family Medicine residents This series includes various lectures throughout the year on family planning topics such as epidemiology of abortion, hormonal contraception, long acting reversible contraception, ultrasound, medical management of miscarriage, medical and surgical abortion, abortion complications, state legislative challenges to reproductive care, and ectopic pregnancy. We also incorporate 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 an intensive workshop on sexual health and proper presentation skills. They become peer mentors, "Educators", as they give presentations to other students on proper STI prevention and contraception, which now incorporates the LARC program and the Family Planning residents. These youth work with residents in didactics in the following manner:

- **Standardized Patient Training** - Adolescents are trained by the Center for Standardized Patient staff and Ryan Program Manager 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. Some of these cases will incorporate working with simulator pelvic models as well.
- **Ryan Residents Practicum** – Residents participated in the education of Adolescent peer educators by providing reproductive healthcare presentations based on Ryan Program curriculum and topics approved by Dr. Franklin. Presentation topics include 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.

Resident education has benefitted tremendously from this relationship and training collaboration. This novel program at the University of Louisville was accepted for presentation at the 19th Annual Conference for the Coalition of Urban and Metropolitan Universities (CUMU) which took place October 27-29, 2013 in Louisville, KY. See Appendix B.

Additional Didactic and Training Opportunities

School of Medicine

- Grand Rounds: I invited Gabriela Alcalde, MPH, DrPH, the Vice President of Policy and Program at Foundation for a Healthy Kentucky. She presented the a lecture on the “ACA and Women’s Health”.
- American Congress of Obstetricians and Gynecologists (ACOG) District V Junior Fellow Day. Dr. Franklin served as the program chair and provided a hands-on skills table for MVA and papaya evacuation along with Ryan program brochures and family planning fellowship brochures. Medical Students and residents from the Kentucky Section attended this event in September 2015 in Louisville KY.
- As a certified Nexplanon Trainer, Dr. Franklin provided a Nexplanon training session for the new OBGYN intern class on June 24, 2015.
- On June 25, 2015, Dr. Franklin provided a Values Clarification Workshop with the new OBGYN intern class and it was a success. Residents have varying opinions, they were respectful, and difficult patient situations were discussed.
- On March 14, 2014, Dr. Franklin provided a Papaya MVA Workshop for the University of Louisville OBGYN department. This event included OBGYN residents, OBGYN attendings, and one pediatric resident. It was well-received and well-attended. To ensure implementation of these skills, laminated copies of the MVA policy and step-by-step guide have been placed on Labor and Delivery for quick review. Practice devices are also available for attendings and residents to view prior to a procedure. A significant barrier to MVA use in the emergency room setting is the attending’s comfort level. Therefore this workshop and easily accessible policy and guide may help to alleviate that barrier.
- On October 9, 2015, Dr. Franklin and Dr. Bergin provided a Papaya MVA Workshop for the University of Louisville OBGYN department.
- On October 23, 2015, Dr. Franklin and Dr. Bergin led an interactive problem based-learning and hands-on Contraceptive Workshop for the University of Louisville OBGYN department.
- UofL and UK residents receive materials from the online Ryan Program curriculum. Quizzes have been used to facilitate resident education. While on the Family Planning rotation, didactics take place once a week. UofL residents have their lectures on Thursday afternoons following clinical work at EMW. UK residents have their lectures on Wednesday afternoons following clinical work at EMW.
- In addition to the Family Planning readings and lectures, each resident is expected to identify and present a family planning topic during the protected didactic time while on the rotation. These presentations are approved topics as determined by Dr. Franklin. These topics are presented at the end of the rotation. OB/GYN Residents from UofL and UK are expected to identify projects that relate both to abortion and overall family planning. Residents developed formal clinical protocols such as *Medical Management of Early Pregnancy Loss* or *Induction Protocol for 2nd and 3rd trimester therapeutic abortions and fetal demise*.

Rotation Curriculum & Expectations*Daily Procedure Log*

U of L Residents & Medical Students – Residents are required to keep a daily log of procedures conducted at EMW and U of L.

- Daily Log Sheet for EMW abortion training & UofL family planning procedures is provided for each week. All patient care interactions are logged including bimanual exams, transvaginal/transabdominal ultrasounds, medication abortions, laminaria placement, surgeries, and contraception counseling.
- It is the resident's responsibility to have these sheets signed by the attending physician at the end of each day.
- Residents are responsible for submitting the signed and completed log sheets to the Ryan Program Manager at the end of the rotation either electronically or in hardcopy.

UK Residents – Residents are required to keep a daily log of procedures conducted at EMW.

- Daily Log Sheet for EMW abortion training is provided for each week. All patient care interactions are logged including bimanual exams, transvaginal/transabdominal ultrasounds, medication abortions, laminaria placement, surgeries, and contraception counseling.
- It is the resident's responsibility to have these sheets signed by the attending physician at the end of each day.
- Residents are responsible for submitting the signed and completed log sheets to the Program Manager at the end of the rotation either electronically or in hardcopy.

Detailed Ryan Rotation Objectives

Residents will be expected to improve clinical competency and overall knowledge in the following areas during their family planning rotation:

- **Ultrasound Techniques**
 - pregnancy dating
 - diagnosis of early pregnancy failure (EPF)
 - diagnosis of ectopic pregnancy
- **Counseling**
 - all-options counseling
 - contraception counseling
 - pre-abortion counseling
- **EPF management**
 - Medical management
 - Dilation and curettage (D&C)
 - electric vacuum aspiration (EVA)

- manual vacuum aspiration (MVA)
- recognizing psychosocial issues surrounding EPF
- **Management of 2nd and 3rd trimester fetal demise or fetal anomalies**
 - laminaria placement and removal
 - 2nd trimester dilation and evacuation (D&E)
 - induction of labor
 - recognizing psychosocial issues surrounding fetal demise and fetal anomaly diagnosis
- **Abortion Care**
 - medication abortion
 - laminaria placement and removal
 - 1st trimester surgical abortion/D&C
 - 2nd trimester surgical abortion/D&E
 - management of surgical complications
 - recognizing psychosocial issues surrounding abortion
- **Pain control**
 - monitored anesthesia care (MAC)
 - conscious sedation
 - paracervical blocks
 - impact of support person
- **Contraception**
 - Define birth & fertility rates, method of effectiveness & user effectiveness
 - National and local policies that affect reproductive issues
 - Impact of contraception on population growth in U.S. & other nations
 - Advantages, disadvantages, failure rates, and complications associated with various contraceptive methods.
 - LARC placement: intrauterine device (IUD) and implant
 - contraceptive counseling for women with medical complications
 - female permanent sterilization
 - emergency contraception

Online Curriculum

A. ***Lessons to Enhance Awareness of Reproductive Needs (LEARN)*** course is designed for physicians training in obstetrics and gynecology and includes five lessons on the following topics.

- Short Term Contraceptive Methods
- Long-Acting Reversible Contraception
- Sterilization
- Induced Abortion
- Managing Pregnancy Loss

School of Medicine

B. ***Adolescent Reproductive and Sexual Health (ARSH)*** e-learning course which consists of five interactive modules:

- Male Adolescent Reproductive and Sexual Health
- Contraception for Adolescents
- STIs in Adolescent Patients
- Pregnancy Options Counseling for Adolescents
- Caring for LGBT and Questioning Youth

Medical Student Involvement

Due to increased interest in our rotation, the 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. UofL medical students have the opportunity to rotate through the Family Planning Clinic and EMW for exposure to diagnosis of miscarriage, contraception counseling, LARC counseling and placement, and pre-operative care of women seeking sterilization, medical management of miscarriage, surgical management of miscarriage, and abortion care. They are also provided an additional opportunity to engage in practicum with evaluation via the Standardized Patient Program which has been added to the overall Ryan curriculum this program year.

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 Opt-Out 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 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 Opt-Out Policy and Statement is reviewed and signed at the start of the rotation. UK and Pediatric residents also sign the Opt-Out Policy prior to the start of their rotation.

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

School of Medicine

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, 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.

2014 - 2015 Rotation Clinic Schedule

**University of Louisville Schedule (PGY-2 and PGY-3)
Family Planning Four-Week Rotation**

Monday	Tuesday	Wednesday	Thursday	Friday

University of Louisville Schedule (PGY-1 and PGY-2)
Clinic Four-Week Rotation

Monday	Tuesday	Wednesday	Thursday	Friday

University of Kentucky Schedule (PGY-2 and PGY-3)
Five-Week Rotation

Monday	Tuesday	Wednesday	Thursday	Friday

University of Louisville Schedule (Family Medicine PGY-1, 2, 3)
Four-Week Rotation

Monday	Tuesday	Wednesday	Thursday	Friday

2014 - 2015 Weekly Schedule for the Ryan Program PI.

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

IV. Summary of Year 3 Activities

Trainees

During the 2014 – 2015 academic year, eight PGY-2 and PGY-3 UofL residents rotated through the Ryan Program. All residents were either partial-participants or full-participants. No residents opted out of complete participation. Since there is adequate volume in the Family Planning Clinic, the clinic intern (PGY-1) participates in the Ryan Family Planning Clinic each Monday morning. The Outpatient Day Surgery Unit (ODSU) PGY-2 resident also participates in the Family Planning Procedure Clinic on Monday afternoons when there is not a Family Planning resident assigned that month. Two 4th year medical students participated in the 4th Year Family Planning Elective and functioned as Acting Interns (AI).

This year the Family Medicine Residents rotate through the Ryan Family Planning Clinic as part of their Women’s Health Rotation.

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 October of 2014 to provide adequate and valuable training solely to the OBGYN residents and Family Medicine Residents.

Nine UK residents were scheduled to rotate through the Ryan Program; however, three residents completely opted-out of participation. Below is the chart of residents who completed the rotation with the Ryan Program from both UofL and UK:

University of Louisville: Department of OB/GYN

PGY	Rotation Block
PGY-2	April 14–May 18, 2014
PGY-2	August 2014
PGY-3	September 2014
MS4	September 2014
PGY-3	October 2014
MS4	October 2014
PGY-3	December 2014
PGY-2	February 2015
PGY-2	March 2015
PGY-2	April 2015
PGY-2	May 2015

University of Louisville: Department of Family Medicine

PGY	Rotation Block
PGY-2	October 2014
PGY-2	December 2014
PGY-3	February 2015
PGY-3	May 2015

University of Louisville: Department of Pediatrics

Rotation Block
May 2014
June 2014
July 2014
September 2014

University of Kentucky: Department of OBGYN

PGY	Rotation Block
PGY-3	5/7/14 – 5/9/14
PGY-2	5/7/14 – 5/9/14
PGY-2	5/12/14 – 6/20/14
PGY-2	7/1/14 - 8/1/14
PGY-2	8/4/14 – 9/5/14
PGY-2	9/8/14 – 10/10/14
PGY-3	2/16/15 – 3/27/15
PGY-3	3/30/15 – 5/8/15

Average number of Resident Procedures

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 and overlap their time with approximately two trainees covering clinic at one time. Below is a list of insertion and removal procedures performed by each trainee.

Family Planning Clinic Procedures

PGY	Department	IUD	Implant	Total LARC
PGY-1	OBGYN	8	8	16
PGY-1	OBGYN	7	7	14
PGY-1	OBGYN	3	4	7
PGY-1	OBGYN	7	8	15
PGY-1	OBGYN	6	3	9
PGY-1	OBGYN	1	4	5
PGY-2	OBGYN	1	9	10
PGY-2	OBGYN	2	3	5
PGY-2	OBGYN	3	5	8
PGY-2	OBGYN	4	6	10
PGY-2	OBGYN	5	8	13
PGY-3	OBGYN	3	3	6
PGY-3	OBGYN	10	13	23
PGY-3	OBGYN	4	7	11
PGY-4	OBGYN	3	4	7
MS4	OBGYN	10*	13*	23*
MS4	OBGYN	2	4*	6*
PGY-2	FM	6	7	13
PGY-2	FM	0	1	1
PGY-3	FM	0	1	1
PGY-3	FM	3	3	6
PGY-1	Peds	3	2	5
PGY-1	Peds	4	3	7
PGY-1	Peds	0	2	2

***Observed Procedures**
UofL OBGYN Residents and Medical Students
EMW Participation

Name	D&C	D&E	Ultrasound	Laminaria	Med Ab	MVA
PGY-2	21	13	23	3	6	1
PGY-2	11	5	23	2	6	2
PGY-2	12	4	17	2	7	3
*PGY-2	10	3	8	6	5	3
PGY-2	13	3	16	0	5	2
*PGY-2	10	4	10	4	5	0
*PGY-3	7	3	9	3	3	3
*PGY-3	12	6	12	6	3	5
PGY-3	10	3	11	0	4	2
MS4	15	5	15	5	5	4
MS4	27	4	14	8	6	2

*Partial Participators

UK Residents
EMW Participation

Name	D&C	D&E	Ultrasound	Laminaria	Med Ab	MVA
PGY-3	5	0	10	0	3	2
*PGY-3	5	0	10	0	3	2
*PGY-3	6	4	27	0	10	0
*PGY-2	23	8	5	11	16	1
PGY-2	19	6	16	4	1	2
PGY-2	10	4	19	2	0	6
PGY-3	14	3	32	6	8	3
PGY-3	19	12	32	5	9	1

Program Challenges & Benefits

1. Successful Outcomes

- A Family Planning Fellowship-Trained Generalist has been 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 serve as the 3rd abortion provider in the state of Kentucky.
- Developed Successful One-Year Collaboration Project with Department of Pediatrics and Planned Parenthood of Indiana and Kentucky Peer Educator (PPINK) and Department of OB/GYN. This project provides training for both OB/GYN and Pediatric residents using Adolescent SPs and Residents provide clinical training for Adolescent Peer Educators.
- Coalition of Urban and Metropolitan Universities (CUMU) Project Presentation Acceptance – Presented October 29th, 2013 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 ARSH & LEARN Online Curriculum as part of Ryan Program Core Curriculum – during the 2012 program year, we piloted the use of portions of modules and received positive feedback from residents. During the roll-out for the current academic year, feedback continues to be positive. These resources have added significant value to our content.
- New Office-Based Procedures – Essure Procedures, 1st Trimester MVAs, and Hysteroscopic Procedures
- Established connection with the Kentucky Support Network (KSN) to provide translation assistance to non-English speaking women seeking abortion care at EMW.
- We successfully negotiated expanded support in requiring ALL UK Residents to participate more actively in the UofL Ryan Program. UK residents were supposed to contact Dr. Franklin to advise of their Opt-Out status but many residents did not contact Dr. Franklin via phone or via email. 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 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.
- 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. There are approximately
- 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.
- YR2 grant cycle only two UofL OBGYN residents rotated through the Ryan Program due to

School of Medicine

scheduling and resident staffing issues. During this YR3 grant cycle, nine UofL OBGYN residents each had 4-week rotations in Family Planning. Eight UK residents rotated with varying numbers of weeks (1-5 weeks each) due to scheduling conflicts and vacations. Two 4th year medical students also had the opportunity for 4-week Ryan Family Planning rotations.

- 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 1-2 weeks in to the Ryan LARC Clinic for LARC device placement. These appointments can be made before discharge from the abortion clinic.
- Kentucky has become one of the "Models" 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 Manager during YR1 and YR2 is no longer with the program. 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 has been managed by the program manager. This has been a very overwhelming and difficult task.
- 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 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.
- Conflicts in the coordinating the Standardized Patient (SP) schedule with the SP Meeting schedule made it difficult to coordinate cases. The School of Medicine was approached to see if they would want to continue this program after Ryan grant funding. Although they saw it as a valuable program the volume of adolescent SPs needed and the inconsistent schedule of the high school students is not functional for the larger medical student body needs.
- Effective October 1, 2013, the department switched billing management firms. However, this transition has been less of a concern. Communicating with the department billing team has been a tremendous challenge. The billing, coding, and charges information has not been readily accessible in the past two years. Effective July, 2012, the department released the internal billing team and hired the first external billing firm. This relationship proved

School of Medicine

challenging. Despite numerous efforts to obtain significant data related to the program's specific financial information this data was inconsistent and unclear. However, with the installation of this new firm, McKesson, the process has been much more efficient and confidence in the data is resuming. There are still billing challenges without a manager watching every single billed item. However, Ryan billables have been separated from the larger divisions so that all Ryan data can be accounted for.

- Effective September 1, 2013, the department has made some increases in the self-pay fee for LARC Insertions. This presents as a challenge in marketing the program to the targeted population and encouraging women's participation. 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.

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.

Resident Orientation to the Post Rotation survey

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

VI. RENEWAL FUNDING BUSINESS PLAN

I. Projected Activities

Planned Changes and/or Expansion of Services

New Faculty Expansion

A generalist position with an emphasis in Family Planning has been advertised for more than two years. Dr. Ashlee Bergin, family planning fellow at the University of Illinois Chicago (UIC) has accepted the position. She will work as a generalist in the department with an emphasis in Family Planning. This increases the Ryan faculty depth at the University of Louisville and the University of Kentucky. The state of Kentucky will also gain its 3rd abortion provider. This would also provide an opportunity for growth within the Ryan Program and the possibility of a family planning fellowship.

New In-Office Procedures

Since December 2013, protocols were developed to provide in-office procedures including hysteroscopy, Essure sterilization, D&C, D&E, and MVA management for EPF management and procedures deemed medically necessary. Providing these services to patients in-office provides a significant cost saving opportunity for the patient and the hospital. This has provided new revenue sources for the Ryan program by avoiding large UofL Hospital overhead costs and use of the operating room space. Although we have obtained the approval for these protocols, we're encouraged to perform D&E procedures in the hospital. We will be transitioning one of the office RNs to work in the in-office procedure room. IV sedation can be offered and therefore more involved procedures such as endometrial ablation and D&E procedures can be offered in this setting.

External Resource Opportunities

During our Ryan National Office site visit on November 8, 2013, a very productive meeting took place with Dr. John Roberts, Senior Vice Dean for Graduate Medical Education and Clinical Affairs. He received a packet of information educating him about the Ryan Program training program. That same day he sent formal communication to the school of medicine Dean, Family Medicine Chair, the Family Medicine Residency Program Director, the Pediatric Department Vice Chair of Medical Education, Director of the Pediatric Adolescent Gynecology Fellowship, Nursing School Dean, and the director of the Women's Health-Family Nurse Practitioner Program. This communication was initiated by Dr. Roberts to gain support and request collaboration towards the goals of the University of Louisville Ryan Residency Training Program. Commitments have been made by all to support, collaborate, and provide faculty depth within the program. Dr. Roberts requested Dr. Franklin to submit a proposal and financial proforma to sustain and grow the program after Ryan funding. Dr. Roberts and the Ryan Program developed goals that include:

- 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 to provide training.

- Involvement of nursing and nurse practitioner students in the training. Seeking grants through Nursing or Medicine for “Team based training and learning”.
- Engagement with the Pediatric Adolescent Gynecology Fellowship program with a potential opportunity to obtain funding through a Norton Healthcare Community Trust Grant
- Identify how to recruit more Family Planning faculty either by recruitment or “growing our own”.
- 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 Statistician**

Several potential research topics have developed within the UofL Ryan Program. The YR3 grant was approved for \$1000 of funds to be used towards research. This was not utilized since the program was focusing more on patient care services due to a lack of supportive staff. It is the plan of the program to utilize the services of a research statistician to assist with research development and publication. Dr. Bergin also has experience using SAS during fellowship. She plans to collaborate with the University statistician to complete the program's data analyses. Dr. Bergin is scheduled to participate in the Pearls of Excellence Program in Family Planning January 2016. Dr. Franklin participated in the program January 31 – February 7, 2014.

Dr. Franklin presented her current research project, “Seasonal Impact on Abortion Access and Care in Kentucky” at the National Abortion Federation (NAF) 39th Annual Meeting. Baltimore, MD. April 2015. She received the **Best Research Paper Award in Social Sciences**. She was approached by Dr. Rachel Jones and other well-published colleagues after the presentation who offered their support and mentorship to move this project toward publication. She is working on her final manuscript now.

□ **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						
	PM						

Family Planning Rotation Clinical Schedule

Family Planning Rotation will remain the same and adhere to the following schedule for Resident training for both UofL and UK residents:

University of Louisville Schedule (PGY-2 and PGY-3)

Monday	Tuesday	Wednesday	Thursday	Friday

The UofL PGY-1 who is rotating on the Ambulatory Clinic Rotation participates in the Ryan Family Planning Clinic on Monday mornings as well. The Family Practice resident who is currently on their Women's Health Elective will also be participating in the Ryan Family Planning Clinic on Monday mornings.

University of Kentucky Schedule (PGY-2 and PGY-3)

Monday	Tuesday	Wednesday	Thursday	Friday

Department Resident Rotation Schedule 2015-2016

Attached is the Department Rotation Schedule that includes Family Planning Rotation. UofL PGY-2 and PGY-3 residents will have a four-week rotation in family planning that will not be disrupted by other clinical responsibilities.

Residents	July	August	September	February	March	April	June
MS4	7/18-7/31						
PGY-2		X					
PGY-2			X				
PGY-2				X			
PGY-2					X		
PGY-2						X	
PGY-3							X

2015 – 2016 UK Resident Schedule

UK residents usually have a five-week rotation in family planning that is connected to their rotation with Norton's Hospital in Louisville. They rotate with Family Planning only on Wednesdays at EMW during this block but are now responsible to participate in all required didactics as UofL residents regardless of Opt-out status. Non-participation is no longer allowable for UK res-

School of Medicine

idents. Since they recently hired a Family Planning Faculty member it is unsure how their rotation will be structured.

□ **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 (medical, MVA, EVA, D&E)

Proposed training opportunities for YR4 are as followed.

In-Hospital /Medical Center Outpatient Actual Clinic Volume		EMW Women's Surgical Center
Gestational age/procedure	Estimated Volume	Estimated Volume
1st trimester		
Medical Management of EPF	15	
Medical Abortions	N/A	210
MVA	15	40
EVA	6	330
OR D&C (5wks-12wks)	8	
2nd trimester		
D&E 14-22 weeks	8	550
Induction of labor	6	N/A
Contraception		
IUD Insertions/Removals	100	N/A
Implant Insertion/Removals	100	N/A

□ **Planned Changes and/or Expansion of Services**

New Policies have been written and presented for approval to conduct NovaSure endometrial ablation procedures in-office as part of the new program year. Although this procedure is not a reproductive care procedure this strengthens the Ryan Program goals of growing the In-Office Procedure program.

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 Finance team is supportive with reviewing and processing requests. In order to maintain clear records of expenses and revenues for the Ryan Program and Family Planning, the Department has set up a "Family Planning Division" and "Ryan Residency" billing area for accounting and scheduling purposes so that all costs generated for and by the program are properly allocated. 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.

In July 2012, the department transitioned to a new billing system and a new financial management firm. Throughout this transition, planned monthly reporting was not possible. This posed as a particular challenge to our program in monitoring revenues for the better part of the academic and funding cycle.

In an effort to further streamline the process of tracking and monitoring expenses, the program manager was able to obtain appropriate training and access to the University Reporting System, Centricity database and the newly incorporated Electronic Health Record (EHR) in order to improve general account tracking for Ryan program related activities including patient accounts, scheduling of Ryan Program Patients, and supply ordering. It has also helped for better manual tracking of patient data as the department transitioned financial management firms.

Due to the inefficiency in the management level provided by the initial financial management firm, effective October 1, 2013, the Department has transitioned to a second financial management firm that has presented with positive results toward the original program plan for reporting and monitoring of program activities.

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

School of Medicine

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 and opt-out curriculum to the family planning training for residents. These additional curricula helped to facilitate the growing collaborative relationship between our program, Department of Pediatrics and Planned Parenthood of Indiana and Kentucky (PPINK).

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. Resident training and education in abortion care and contraception has been enhanced significantly from our first program year with the inclusion of a formal syllabus that outlines core objectives as well as structured didactic modules and formal lectures. The Department has demonstrated support for the academic sustainability of the program by including the family planning rotation syllabus into the formal Resident Curriculum. The decision to develop the Ryan Program as a stand-alone four-week program was initiated by the residency program director and fully supported by the department. A full syllabus and curriculum schedule has been established for the students to follow with the expectation that they would also complete the Ryan Post-Rotation Survey.

The Department has also supported the relationship building between Planned Parenthood of Indiana and Kentucky (PPINK) and the Department of Pediatrics as we expanded our training curriculum to an interdepartmental learning experience. Additionally, the relationship with PPINK also provides additional opportunity for residents of both departments to engage with a diverse patient population for cultural competence education and LARC placement opportunities. At present, PPINK does not provide abortion services. On Friday mornings, Residents will rotate again at PPINK. The PPINK clientele is seeking contraceptive care, general gynecological care, all options pregnancy counseling, and males and females seeking STI testing and treatment. Beyond the funding period, the Department and EMW Women's Surgical Center has committed to supporting Dr. Franklin's salary as the Ryan Program Director.

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 us 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 continually supported the training of residents and is 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.

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 (ULP) and 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). ULP 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 perioperative 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 the reduced opportunities that exist. Below is the list of most common procedures and their negotiated rates that became effective January 1, 2014.

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 Dilatation 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 Dilatation 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 first trimester procedures that will now take place in the office will significantly reduce the cost to patients since the only line item they are responsible for paying is the "office" fee which is the physician's fee to provide the service.

The cost of inductions for therapeutic abortions is currently being identified by the hospital. This CPT code was not in the system as it has not been used before the Ryan Program. We are currently using CPT code 59856. This code was recently identified so therapeutic inductions and vaginal deliveries were coded differently and therefore are not listed for 2012 and the earlier part of 2013.

School of Medicine

LARC procedures, the insertion and removal of contraceptive implants and intrauterine devices, are commonly provided throughout the OBGYN clinic. October 2013, a resident and attending attempted to place a contraceptive implant device. They both had little experience with the device and the attending did not undergo the certified training program. The clinic administration saw the loss of approximately \$1200 worth of contraceptive devices within 30 minutes due to inadequate physician training and knowledge. From that point, the clinic administration has instructed clerical staff to schedule patients desiring LARC placement in to the Ryan Family Planning Clinic for care. The volume of contraceptive implants and IUDs has increased significantly. This has provided a concentrated volume for resident training.

Kentucky has enrolled more than 370,000 in to Kentucky's Medicaid expansion also known as the Affordable Care Act or "Obamacare" 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 30% 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	

Now that we are working with McKesson, we have reestablished a positive relationship with the new billing company and are making good progress. Updated systems have allowed the program to coordinate funds and track revenue. The billing and tracking of Ryan Revenues are captured more succinctly and on a monthly and ongoing basis. Reports are generated with specific patient and financial data that are then tracked and compared by the program manager for errors. A random patient audit has been implemented to ensure that proper billing and coding procedures are being upheld to ensure revenues will be captured in a timely manner in accordance with department protocol.

Going forward, we will be able to resume collecting data on a monthly 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.

II. Program Development Timeline

It is the overall goal of the U of L Ryan Residency Training program to continue to steadily grow the program through our expanded curriculum efforts. Updating our website with additional content including the program produced FAQ videos and continued referral building plan going forward will further increase visibility of the Ryan Program. Continuing our Relationship with the Department of Family Medicine to not only further strengthen the referral source but also for continuity of care services within the University. This will not only enhance visibility of the program, but it will also fall in line with the Department's overall goal for more collaborative initiatives within the University.

Additional awareness of the Ryan Program and Family Planning services will occur through engaging community partners, local health organizations and other interdepartmental collaborations. The program manager will continue outreach efforts to community health partners to increase awareness of the Ryan Program and the LARC Program in order to boost referrals for potentially qualifying patients. Developing new marketing materials to further enhance our current efforts is needed. It is the plan to continue to develop relationships with medical community personnel including genetics counselors and community physicians to further increase awareness for all family planning procedures. Additionally, our objective is to utilize proposed funds for marketing to support the creation of FAQ videos for use on our website to help make information more user-friendly and readily accessible to patients in both English and Spanish. It is our intention that these efforts will improve patient understanding of devices, confidences in our services and promote program growth.

Proposed Year 3 NCE Objectives

<u>Objectives</u>	<u>Timeline</u>
Dr. Franklin and Dr. Bergin to revise curriculum	January 2016
Dr. Ashlee Bergin to become Nexplanon Official Trainer	February 2016
Dr. Franklin and Dr. Bergin MVA Training for Residents and Attendings	October 9, 2015 and August 2016
Dr. Franklin and Dr. Bergin to develop Contraception Team Cases and Hands-On Session for Resident Education	October 23, 2015 and August 2016
Continue to expand external Community provider Network to promote LARC, D&C/D&E and Emergency Referrals	February 2016
Perform first in-office procedure for 2 nd Trimester D&E	February 2016
Perform first in-office procedure for Endometrial Ablation	February 2016
Increase the number of MVA Procedures performed in ambulatory setting by 25%	March 2016
Revise web based marketing plan based on Department approved content (Videos)	May 2016
Dr. Franklin and Dr. Bergin to develop lecture sets for the Family Planning Division	Start developing November 2015
Collaborate with a Research Statistician	Start collaboration January 2016

VII. Budget Summary of Year 3 Funds**See Budget Template****1. Budget Justification****Personnel:**

Program Manager Salary - \$45,000 (plus fringe). Salary for program manager is requested so that the program director and new co-director can provide administrative support. Since the addition of the new co-director, Dr. Ashlee Bergin, referrals and in-hospital therapeutic abortions have increased. Coordinating care for these patients which includes direct patient contact, insurance authorization, hospital policy approval, and securing hospital staff coverage has been managed by the director and co-director. The funds to secure this Ryan staff member is crucial for long-term program support.

No salary support is requested for Dr. Franklin, the Ryan program director, since the department and the private off-site abortion clinic are now covering Dr. Franklin's full salary. Dr. Bergin, the Ryan program co-director, also has her salary covered by other sources.

Medical Assistant – \$3,500 has been requested to support MAs working on our service. This was a negotiated predetermined flat rate as the MA who works with us changes weekly and salaries differ.

Equipment and Supplies

University of Louisville Family Planning Clinic

D&E and Medical Supplies and Equipment includes Hawkins-Ambler dilators, other surgical instruments to increase inventory and medications, betadine, gauze, ultrasound gel, surgical cart, laminaria, suture, etc in preparation for the addition of New In-office procedures for D&E, D&C, and other In office Hysteroscopy and ESSURE, additional instruments and supplies are needed to support the anticipated volume increase at ULH since there are now two family planning faculty members= \$5000
MVA Kits for patient care and training purposes = \$3000

Teaching Materials

Standardized Patient/Peer Education Project/Simulation Lab = \$500 - continued support of the Standardized patient program. We are no longer providing a stipend for our teen peer educators but this would be used towards supplies, equipment, and the use of the SP clinic and Simulation lab.

ARSH & LEARN Training Resources = \$500 for online training modules. This will be made available to UofL residents, UK residents, and family medicine residents we are now training.

Miscellaneous

Travel expenses for Ryan Program Manager, Director and Assistant Director for Conferences and Program Meetings is estimated at = \$5000

NAF Institutional Membership = \$1000. Although we have had barriers in obtaining this status we will move forward with membership.

General office supplies = \$1000

Laptops for director and new assistant director = \$3000. EMW, the off-site private abortion training site, does not have internet access nor does it have computers for the Ryan program director or assistant director to use. The clinic uses paper charts only and has not upgraded to electronic medical records. The Ryan program laptop computer was used frequently for resident training with the ARSH/LEARN online modules, weekly lecturing with powerpoint presentations, accessing University electronic patient care data for patients who were referred for abortion care or for patients being referred for comprehensive gynecology care. The Ryan computer is also used to write letters back to referring physicians regarding their patients. Since referrals have increased and there is so much use of electronic information in medical care it is very difficult to keep up with the needs of the program when half of the program's time is at EMW where there is no computer access nor internet access. The program director and assistant director are mobile and require laptop computers and internet access to provide the best standard of training and patient care. This expense was allowed during YR1 grant for these reasons as well. The University of Louisville does provide faculty limited funds each year for academic expenses but these funds are very limited and are used for state licensing fees and membership dues. YR1 Ryan grant's allowance of the computers in 2011 allowed the program to grow in ways that were crucial to its success. The director's computer which was purchased in 2011 with the initial YR1 grant crashed and no longer functions. The program manager's laptop is still functional and will be used by the new program manager when he or she is hired. The program is requesting the purchase of two laptop computers for Dr. Franklin and the new Ryan faculty member, Dr. Bergin, to maintain the best standard of training and patient care that the UofL Ryan Program is known for.

Wireless Internet service/telephone services = \$1000. EMW does not have internet access therefore mobile wireless internet access while the program director and assistant director off the university campus training residents at EMW. The prior paragraph further describes the need for computers and internet access.

Support for marketing and website development = \$1800

Ultrasound PAX system = \$500. The PAX system is the ultrasound image database for the hospital. Every scan performed requires a \$5 fee for digital storage. Each division is required to cover the fee for ultrasounds performed within their division. If the Family Planning Division wants to charge for ultrasounds as a revenue stream then images are required to be stored.

Summary

Since April 2014, the Ryan program functioned without a program manager. In 2014, the program decided to undergo a reduction-in-force (RIF) so that funds could be used towards the hiring of different staff member who could provide a different level of program support. Hiring a new program manager was more difficult than expected. Multiple barriers and layers of bureaucracy were encountered that made it extremely difficult to move forward with a hire. Additionally, 5 out of 6 applicants for the position decided not to pursue the position once they understood the program involved abortion care and training. Proper implementation of the program's goals was impossible without a support staff member. Therefore, minimal expenses were used because of the inability to maintain proper balance between clinical and administrative duties by the program director. While overall administrative and budgetary duties slowed, clinical duties continued and the necessary family planning services were provided to patients and referring doctors. Now that Dr. Ashlee Bergin has joined the department and

School of Medicine

the Division of Family Planning, it has become clear that a no-cost extension to allow adjustments and redistributions will be necessary to fully utilize the resources in the most efficient manner for the program. The budget amount now available to use beyond the original program period of May 1, 2014 - April 30, 2015 is significant enough to warrant a formal request for extension. Therefore, we have estimated a no-cost extension period of May 1, 2015 - April 30, 2016 based on the breakdown of funds listed on the budget worksheet attached. If provided this additional time, it is our plan that our program will be better positioned to move forward with two family planning faculty members to enhance our program operations in a manner that would promote further growth and success of the Ryan Program at the University of Louisville.

VIII. Appendix

- A. UofL Hospital Therapeutic Abortion Policy
- B. Adolescent Standardized Patient and Resident Training Program

**RYAN RESIDENCY TRAINING PROGRAM
YEAR 3 NCE Funding Request
GRANT INFO FORM**

Name of Institution: **University of Louisville**
Date: **May 1, 2014 - April 30, 2015**

Ryan Program Director:

Name: Tanya Franklin, MD , MSPH
Address: 550 S. Jackson Street, 3rd Floor, Ambulatory Care Bldg.
City, State, Zip: Louisville, KY 40202
Email address: tanya.franklin@louisville.edu
Telephone number: 502-561-2781

Administrative Contact:

Crystal Menear, Administrative Assistant
Email address: crystal.menear@louisville.edu
Telephone number: 502-561-7463

Extension Request

Year 3 Renewal Request
Funding Period: May 2015 - April 2016

Payment Information

Financial Contact Person at the
Institution: Joann McGuffin
Institutional Fed Tax ID #: 23-7078461
Email: bjmcgu01@louisville.edu
Phone number: 502-561-7440

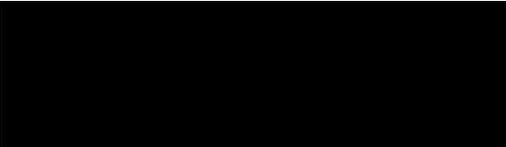
Number of Brokerage Account: 

Brokerage Institution Name: 

DTC #: 

(Depository Trust Company) 

Name of Broker

(person responsible for the
account): 

Address: 