



**PRESS RELEASE**

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Contact: Kat Harris, 512.472.9599

[kharris@echristianpr.com](mailto:kharris@echristianpr.com)

## New Research Details the Challenges of Integrating Family Planning and Primary Care in Texas

*TxPEP Research Foreshadows Challenges That May Arise if Congress Succeeds in Prohibiting Planned Parenthood from Receiving Federal Funds*

AUSTIN, Texas—A new study from the [Texas Policy Evaluation Project](#) (TxPEP) at the University of Texas at Austin shows that it was difficult for some primary care organizations in Texas to expand family planning services after the state's exclusion of Planned Parenthood from publicly funded programs. In 2013, Texas created the Expanded Primary Health Care (EPHC) program to integrate family planning services into primary care. The study assessed the experiences of EPHC program participants including women's health organizations and two categories of primary care organizations: those that had provided family planning services through state contracts before 2013 and those that were new family planning contractors.

The research, based on in-depth interviews with EPHC program administrators at 30 organizations conducted between November 2014 and February 2015, was recently published online in [Health Services Research](#).

"We found notable differences across these organizations in their capacity to expand family planning services, ability to reach family planning clients, and commitment to integrate family planning into primary care," Kari White, TxPEP investigator and lead author of the study, said. "Primary care organizations, especially those new to family planning, had to make a philosophical shift in how they delivered care and some reported receiving little guidance on how to scale-up their services."

New primary care contractors faced challenges locating vendors for ordering supplies and had to hire or train providers to place and remove IUDs and contraceptive implants, so they could offer a full range of contraceptives. Some established primary care contractors also needed to train their clinicians to offer these highly effective forms of contraception. Both new and established primary care contractors found it difficult to expand their patient base to include more family planning clients, in part because they lacked sufficient funding for community outreach.

"Because of the initial challenges expanding services, primary care organizations served fewer clients than expected," Kristine Hopkins, TxPEP investigator and co-author of the study, said. "We also heard from some EPHC-funded primary care organizations that they were not seeing new family planning clients who formerly had been served by Planned Parenthood."

While not all primary care organizations faced difficulties expanding services, challenges broadening the scope of care were much less common among women's health organizations. Women's health organizations were able and eager to integrate primary care into their family planning services.

Protocols for providing contraception varied across the organizations. Women's health organizations more frequently used evidence-based criteria and protocols for providing IUDs and implants than those at primary care organizations. Some primary care contractors required additional visits before IUD insertion to screen for chlamydia and/or gonorrhea infection, even though this is not medically necessary.

This study suggests primary care organizations will be more successful in providing family planning services if they receive technical assistance, which may include skills training to provide a full range of contraceptive methods and education about evidence-based practices that will facilitate women's timely access to the best care. While it may take time for primary care providers to develop this expertise, the current network of publicly funded women's health organizations already provides this type of care. These organizations more easily integrated family planning and primary care services, allowing them to provide more comprehensive care to new and existing clients.

Since this study was conducted, the EPHC program was consolidated with the fee-for-service family planning program into the Healthy Texas Women program, which has a narrower focus on family planning. While primary care organizations' capacities to serve family planning clients may have changed after this study was conducted, the findings are important indicators of the challenges ahead on a national scale if Congress is successful in restricting funding to women's health providers such as Planned Parenthood.

The full citation for the paper is:

White K, Hopkins K, Grossman D., Potter J.E. Providing family planning services at primary care organizations after the exclusion of Planned Parenthood from publicly funded programs in Texas: early qualitative evidence, *Health Services Research*. Pp 1-22 Online First 2017.

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### **About the Texas Policy Evaluation Project**

The [Texas Policy Evaluation Project](#), or TxPEP, is a comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the Texas Legislature. The project team includes researchers at the University of Texas Population Research Center, the University of California San Francisco, Ibis Reproductive Health, and the University of Alabama-Birmingham. The project is supported by grants from the Susan Thompson Buffett Foundation and the Society of Family Planning. Infrastructure support for the Population Research Center is provided by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Funders of the Texas Policy Evaluation Project have no role in the design and conduct of the research, interpretation of the data, approval of the final manuscript or decision to publish.

*Editor's note:* For more information or to request a copy of the study, contact Kat Harris ([kharris@echristianpr.com](mailto:kharris@echristianpr.com)) or Cynthia Martinez ([cmartinez@echristianpr.com](mailto:cmartinez@echristianpr.com)) or call 512.472.9599.