South Carolina General Assembly

Legislative Audit Council

Program Review of the Family Planning Program of the South Carolina Department of Health and Environmental Control

March 20, 1980

PROGRAM REVIEW

OF THE

FAMILY PLANNING PROGRAM

OF THE

SOUTH CAROLINA DEPARTMENT

OF

HEALTH AND ENVIRONMENTAL CONTROL

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INTRODUCTION

This report is the result of a legislative request to examine possible overstaffing of the Family Planning Program administered by the South Carolina Department of Health and Environmental Control (DHEC). In addition to staff utilization, the Council evaluated other areas of program administration. These included in-house program evaluation and collection of fees for services as well as the availability and quality of services provided.

The Audit Council also analyzed the extensive work concerning DHEC and the Family Planning Program that has been performed by other audit and evaluation organizations. Every attempt was made to avoid duplication of other audits and evaluations either in progress or recently completed. Therefore, this audit does not address the central management functions covered in the comprehensive DHEC Management Letter issued by the State Auditor on November 30, 1978. These functions include the accounting system, inventory, grants administration, travel, nepotism, etc. In addition, the Council did not duplicate the management analysis performed as a part of its audit of DHEC's Environmental Quality Control division (EQC). Finally, the Audit Council utilized the performance reviews conducted by the Federal Department of Health, Education and Welfare (HEW) to evaluate statewide family planning programs. These reviews cover such areas as program administration, financial planning, and planning, delivery and evaluation of services, and appear to provide an accurate picture of most program activities.

Since DHEC and the Family Planning Program had already been the subject of considerable audit and evaluation efforts, and since the results of these efforts are readily available to the General Assembly and other decision-makers, the Legislative Audit Council limited the scope of this audit to areas of concern not addressed by other audit and evaluation work. During the course of this audit, Council staff reviewed pertinent State and Federal laws, regulations, policies and procedures. The requirements and criteria contained in these sources were used to evaluate the performance of the program. Interviews were conducted with State, Federal and county family planning officials as well as personnel in related private sector organizations (e.g., Planned Parenthood). Demographic and other data prepared by acknowledged experts in the field were analyzed.

The report which follows contains the results of this evaluation. The first section provides some general information concerning the goals, statutory base, organization and funding of the Family Planning Program. The Council's findings and recommendations are presented in the second section.

BACKGROUND

The Federal Family Planning Services and Population Research Act of 1970 (Public Law 91-572) added Title X, "Population Research and Voluntary Family Planning Programs," to the Public Health Service Act. Section 1001 of that Act (as amended by Public Law 94-63, July 29, 1975) authorizes grants to assist in the establishment and operation of family planning projects which shall offer a broad range of acceptable and effective family planning methods, including natural family planning methods. The objective is to provide individuals the freedom of choice to determine the number and spacing of their children. Projects supported with grant funds must give priority to persons of low income, and be administered so as to insure that economic status is not a deterrent to participation.

In South Carolina, the Department of Health and Environmental Control (DHEC), through the Family Planning and Maternal Care Division of the Bureau of Maternal and Child Care, is the lead agency for family planning programs under Title X of the Federal Public Health Services Act. In addition, the Bureau administers funds for maternal and child health and crippled children's services under Title V of the Social Security Act.

Federal family planning project funds are channeled through DHEC and allocated to the various service provider agencies throughout the state. Services are provided at 120 locations. These include 46 county health departments, 71 local health centers or family planning clinics, one Planned Parenthood affiliate, one Rural Health Initiative Project and the Medical University of South Carolina.

FAMILY PLANNING FUNDING FOR FY 78-79

Federal Funds		
Title X - Public Health Service Act	$3,598,457	61.0%
Title V - Social Security Act	338,000	5.7%
State Funds		
State Appropriation	972,479	16.5%
Other Funds		
Appalachian Regional Council	80,891	1.4%
Reimbursement		
Medicaid and Title XX	904,968	15.4%
TOTAL	$5,894,695	100.0%

Personal service appropriations (including employer contributions) total $4,348,771 for 389 positions. Of these amounts $809,597 (18.6%) are State funds supporting 100 positions (25.7%). Federal and other funds for personal service total $3,539,174 (81.4%) and support 289 positions (74.3%).

AUDIT CONCLUSIONS

Introduction

Family Planning is a vital issue with implications for all people. The ability of parents to control the size of their families is directly related to overall population size. Population size affects food supply, availability of housing, educational opportunity and quality, unemployment rates, welfare costs, medical costs and virtually every other aspect of human life. Teenage pregnancy brings with it much higher levels of infant mortality, low birth weight, maternal death, incompleted education, poverty, unemployment, welfare dependence and divorce.

The objective of the Family Planning Program is to provide individuals with freedom of choice in determining the number of children they will have and when they will have them. Programs must give priority to low income persons.

Specific requirements for family planning programs are found in the sections of the Code of Federal Regulations (CFR) promulgated to enforce Title X of the Public Health Services Act and Title V of the Social Security Act. For the most part the Title X regulations can be found in Title 42, Part 59, Subpart A. Additional regulatory requirements are in 42 CFR, Part 50, Subpart A and 42 CFR, Part 50, Subpart B (sterilization procedures). 42 CFR, Part 51a, Subpart A contains regulations for administering Title V. These regulations, and guidelines promulgated pursuant to the regulations, govern the day-to-day activities of family planning programs. The Council examined agency records and activities and compared them with the program requirements found in the regulations and in grant applications and contracts. Emphasis was

placed on the comprehensiveness of services provided and efforts to ensure that low income clients received priority services.

Based on this examination, the Council concluded that, with the exception of four areas to be addressed below, the program appears to have been adequately administered in accordance with applicable Federal Regulations.

Staff Utilization

The request for this audit emphasized analysis of family planning staff utilization. The Council conducted a survey of family planning personnel to determine the ways in which various staff positions were apportioned among the districts and the functions and activities of these personnel. The Council examined staffing patterns in all fourteen districts. This examination included a breakdown of staff assignments by district, by health center and by function. The Audit Council also looked at the system used for accounting for staff time and applications.

Information concerning actual contact between family planning staff and clients was collected from the Patient Flow Analysis (PFA) reports submitted by Famiy Planning Clinics and processed by Federal health officials (Center for Disease Control, Public Heath Service, Department of Health, Education and Welfare). This computerized system is a management tool consisting of a "time/motion study that describes both patient flow and staff utilization in family planning clinics" (PFA User's Manual). PFA graphs provided color coded representations of the personnel assigned to the clinics, their assigned tasks and the amount of time they spend serving each clinic client. PFA data printouts contain tables summarizing various types of client services and staff utilization information.

The Council analyzed PFA data for twelve counties. A total of 326 patients were served during the 53 hours and forty-five minutes of clinic time examined. The average clinic session was 4½ hours long during which time an average of 27 patients were served.

The average client spent a total of 123 minutes in the clinic. About 41% of that time was spent in actual contact with one or more clinic personnel. The remainder was waiting time.

Clinic staff people spent an average of about 48% of their total available work time with clinic clients. Physicians and clinicians spent the highest percentage of their available work time with clients; 62% and 59% respectively. Employees assigned as lab workers and receptionists spent the smallest percentage of their available time with clients; 30% and 36% respectively. In all cases, it should be noted that the percentage shown indicates only "hands-on" client service times. Time spent in such related tasks as making telephone appointments, data reporting and other paperwork, client follow-up, etc. is not captured by this information collection system and is very difficult to estimate accurately. Also, two classifications, social services workers and administrators, occurred so infrequently in the Council's sample that their patient contact times could not be considered representative.

The following table shows the average utilization of clinic personnel by task classification.

Task Classification*	Average Available Time (in Minutes)	Average Client Service Time (in Minutes)	% of Time with Clients
Receptionist	274	98	36%
Lab Worker	198	59	30%
Medical History	212	115	54%
Assistant Clinician	234	94	40%
Clinician	217	128	59%
Health Education	252	98	39%
Other Health	283	144	51%
Other Clerical	172	77	45%
Physician	162	100	62%

*Descriptions of these task classifications can be found in Appendix I.

The information indicates that the highest paid clinical personnel, those who are most flexible in the variety of tasks they are trained or authorized to perform, are utilized most efficiently. Doctors and nurses are generally in this category. Lower paid personnel and those who are less flexible in the variety of tasks they are trained or authorized to perform are generally utilized less. Clerical personnel, assistants and aides make up a large part of this category.

The type of visit also has a bearing on service time. The following table shows the average utilization of clinic time by clients making different types of visits.

Type of Visit*	Average Total Time in Clinic+	Average Time Receiving Services+	% of Total Time Receiving Services
Initial	152	74	49%
Annual	136	50	37%
Medical	109	36	33%
Resupply	42	15	36%
Other	32	12	38%

*Descriptions of the various visit types can be found in Appendix II.
+In minutes.

The table indicates that the complexity and quantity of services provided has a direct bearing on the amount of time spent in the clinic and receiving services. Percentage of total clinic attendance time spent in actual contact with clinic personnel is virtually the same for all clients except those making initial visits (entry into the service delivery system).

Since at this point no standards for staff utilization or client service times have been developed from the Patient Flow Analysis, it is difficult to determine where the South Carolina Family Planning Program ranks in relation to other state programs. However, the information presented above indicates that clinic efficiency could probably be increased and client waiting time decreased. The result would be the ability to serve more clients in existing facilities. At present, the Family Planning Program does have a system for reducing funding for district programs that exceed the acceptable maximum per patient cost. This in turn causes the district to reduce staff and is designed to ensure that remaining staff are utilized more effectively.

RECOMMENDATION

FAMILY PLANNING ADMINISTRATORS SHOULD ENSURE THAT CLINICS OPERATE AT THE HIGHEST POSSIBLE EFFICIENCY LEVELS. ANALYSIS OF STAFF UTILIZATION SHOULD BE CONTINUED AND THE RESULTS COMPARED TO SIMILAR EFFORTS IN OTHER STATES WHEN SUCH DATA BECOMES AVAILABLE.

Staff Assignment and Funding

While conducting its analysis of staff utilization the Council also examined the incidence of family planning personnel who also work in other health programs and/or who are funded from more than one source. The Council found that existing personnel systems do not provide complete information as to staff utilization and funding source. For example, in several districts, health department personnel were utilized in several functional areas or programs.

Problems exist in determining the actual status of personnel who work in more than one program area. No accurate determination can be made of the exact percentage of time devoted to family planning as compared to other program areas. The same holds true for persons funded in other program areas, but devoting part of their time to family planning.

The Family Planning central office is implementing a Personnel Cost Accounting System (PCAS) to remedy this situation. Under PCAS all employees will fill out forms recording their time according to program and activity. Family planning administrators feel that this system will produce accurate information concerning actual staff utilization and enable them to ensure that family planning personnel funds are used only to provide family planning services. At the present time it is not possible for the Council to determine the actual accuracy or comprehensiveness of PCAS.

RECOMMENDATIONS

THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL SHOULD ENSURE THAT FAMILY

PLANNING PERSONNEL FUNDS ARE USED ONLY FOR PROVIDING FAMILY PLANNING SERVICES.

APPLICATION OF PCAS SHOULD BE MONITORED SO AS TO ENSURE THAT IT PROVIDES ACCURATE AND USABLE DATA CONCERNING STAFF UTILIZATION. SUCH DATA SHOULD BE USED TO MAKE FUTURE STAFFING DECISIONS.

Evaluation of Program Impact

The Audit Council examined the efforts of family planning staff members to evaluate the results of their program. The Council found that in areas related to the processes involved in providing family planning services (e.g., number of clients served, birth control method used, etc.) substantial progress had been made. However, in measuring the product of the program, improvements are needed.

Several criteria are available for measuring the product of a family planning program. The first, and most obvious of these methods is to determine the number of unwanted or unplanned pregnancies or births that are prevented by the program. In September 1979 a report entitled "Effects of the South Carolina Family Planning Program: 1970-1979" was completed by several faculty members from the University of South Carolina School of Public Health under a contract with DHEC. The report indicates that the Family Planning Program has been effective in averting an estimated 75,000 births during the period studied and that about $39,000,000 in Aid to Families with Dependent Children (AFDC) costs had been avoided. Significant savings in medicaid and other costs were also estimated.

The Council examined the evaluation report and determined that it provides a reasonable method for estimating the effectiveness of the Family Planning Program. However, it did not include follow-up studies of program clients designed to compare the program's effect on its clients to persons who have dropped out of the program or who receive services from other sources (e.g., private physicians).

Another method of evaluating the product of this program is to determine whether clients are substituting more effective family planning methods for less effective family planning methods. To date, no such evaluation has been performed. Family Planning Program administrators feel that an evaluation of this type might be interpreted as an action to discourage patients from using the contraceptive method of their choice which includes natural family planning methods.

In both cases it is important that information collected is related to the economic status of the clients served. Since Federal Regulations specify that persons from low-income families be given priority services, a valid evaluation of the product of the program would focus on data from this group. Family planning records indicate that about 85% of the program's clients earn less than 150% ($10,050 for a family of four) of the Community Services Administration poverty level ($6,700 for a family of four). However, at the present time, DHEC has no systematic method for comparing family planning client rolls with lists of AFDC and other social welfare program clients. Thus DHEC cannot be certain that the Family Planning Program is identifying and attempting to serve as many low-income clients as possible.

RECOMMENDATIONS

FAMILY PLANNING OFFICIALS SHOULD CONTINUE TO DEVELOP AND IMPLEMENT MEASURES OF THE IMPACT OF THE FAMILY PLANNING PROGRAM.

WHERE APPROPRIATE, INFORMATION SHARING MECHANISMS BETWEEN DHEC AND OTHER SOCIAL SERVICE AND RELATED AGENCIES AND ORGANIZATIONS SHOULD BE DEVELOPED IN ORDER TO FACILITATE THE COLLECTION AND ANALYSIS OF DATA RELATED TO THE FAMILY PLANNING PROGRAM.

Private Pay System

Federal Regulations require that charges be made for services provided to persons whose family incomes exceed the levels set in the regulations (private pay). The Council analyzed a sample of private pay receipts and determined that the information available was not sufficient to insure that all persons who should pay are paying for services provided. Collections were apparently low, but they could not be compared to a total amount that should be due from persons under the private pay system.

In addition, the existing private pay system does not allow for analysis of receipts according to service units, part or full pay, or average fee. No report shows the amount billed as compared to the amount received. The number of private pay patients cannot be calculated accurately.

In December 1978 a prototype private pay system was prepared for a demonstration and evaluation project in Appalachia II Public Health District. The proposed system includes comprehensive guidelines and procedures for improving private pay accounting and collection and for incorporating private pay into the total billing procedures for the health center. The demonstration project has been completed, but not implemented. Instead the Family Planning Program developed and implemented its own private pay system on January 1, 1980. Information from the Appalachia II project will be used to update and improve that system.

RECOMMENDATIONS

THE FAMILY PLANNING PROGRAM SHOULD TAKE IMMEDIATE STEPS TO COLLECT ALL POSSIBLE PRIVATE PAY FUNDS WITHOUT OBSTRUCTING THE OVERALL PURPOSE OF THE PROGRAM.

THE NEW PRIVATE PAY SYSTEM SHOULD BE MONITORED CLOSELY TO DETERMINE IF IT PROVIDES ADEQUATE PROCEDURES AND INFORMATION. IMPLEMENTATION OF AN IMPROVED, PRIVATE PAY SYSTEM FOR ALL DISTRICTS SHOULD BE A HIGH MANAGEMENT PRIORITY.

APPENDICES

APPENDIX I

ASSIGNED CLINIC TASKS

Physician - provides physical examination, medical treatment, medical consultation, and/or referral.

Clinician - Non-physician Clinician--such as Nurse Practitioners, Nurse Midwives, Physician's Assistants, or other person who provides physical examination, medical treatment, medical consultation, and/or referral.

Medical History - Personnel, usually Registered Nurses, who collect information concerning medical history from clients.

Lab Work - collects and/or processes laboratory specimens.

Health Education - counselling on health, contraception, etc., not including medical history.

Assistant Clinician - assists the clinician, prepares patients for examination.

Other Health - performs health-related tasks.

Receptionist - receives and schedules clients.

Other Clerical (not the receptionist) - performs general clerical duties.

APPENDIX II

VISIT TYPES

Initial Visit - The patient is to receive, as a minimum, a complete family planning physical examination and education and/or instructions on contraception, physiology, sexuality, etc. This is her first visit to this site for family planning services.

Annual Visit - The patient is to receive, as a minimum, a complete family planning physical examination. This is not the first visit to this site for family planning services. This visit is the scheduled appointment closest to 1 year after the initial or last annual visit.

Medical Visit - The patient is to see the clinician, but this is not an initial or annual visit or resupply visit. This type of visit may be as a result of contraceptive side effects or other family planning-related medical problems.

Resupply Visit - The purpose of this visit is to obtain supplies of contraceptives or drugs. The patient may also receive minimal counselling and other routine services, such as blood pressure and weight. She will not receive a physical exam or other medical service.

Other Family Planning Visit - Counselling, lab tests, etc. Patient will not see the clinician.

APPENDIX III

AGENCY COMMENTS

South Carolina Department of Health and Environmental Control

January 29, 1980

MEMORANDUM

TO: George L. Schroeder, Director
Legislative Audit Council

FROM: Karen M. Lynch, Director
Division of Family Planning and Maternal Care

THROUGH: William J. Westerkam, M.D., M.P.H.
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J. E. Padgett, Jr., M.D., M.P.H.
Deputy Commissioner
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SUBJECT: Report on Family Planning Program

The Legislative Audit Council's report on the Family Planning program, administered by DHEC, was read by me on January 25, 1980 in the Audit Council's office.

While there are some recommendations, I am pleased to see that note has been made of the progress the program has made.

We hope the report will serve to both improve the program and garner support for this much needed effort.

I look forward to receiving a final copy of the report within the next month.

KML:dhl