Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.09
September 27, 2022

DAD-MA

SUBJECT: Walk-in Contraception Services at Military Medical Treatment Facilities

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (m):

a. Establishes the Defense Health Agency's (DHA) procedures for implementation of walk-in contraception services at all Military Medical Treatment Facilities (MTF), for Active Duty members of the Armed Forces and for eligible beneficiaries of the Military Health System (MHS) on a space available basis. Walk-in contraception services include the provision of same-day, no appointment/no consult/no referral required contraception related care. The goal of walk-in contraception services is to support the overall wellbeing of the force and optimize warrior readiness and pregnancy planning throughout reproductive years. Walk-in contraception services include the provision of full scope, contraception related care for all Active Duty members and for eligible beneficiaries capable of becoming pregnant (e.g., women, transgender males, non-binary individuals, etc.) on a space available basis.

b. Addresses how the DHA will standardize MTF-based walk-in contraception services, access, data collection, and outcome measurement for Active Duty members and eligible beneficiaries, on a space available basis. Standardization will assess variations in access to, utilization of, and satisfaction with, walk-in contraception services.

c. Recognizes the DHA Women's Health Clinical Management Team (WHCMT) as the lead for walk-in contraception services data collection until functionality can be integrated within the electronic medical record (EMR) (e.g., MHS GENESIS or another system managed by DHA).

2. APPLICABILITY. This DHA-AI applies to DHA, DHA Components (activities under the authority, direction, and control of the DHA), and all personnel to include: assigned or attached active duty and reserve members, federal civilians, members of the Commissioned Corps of the Public Health Service, contractors (when required by the terms of the applicable contract), and

other personnel assigned temporary or permanent duties at DHA and DHA Components.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (m), to standardize and make walk-in contraception services available for Active Duty members and for eligible beneficiaries, on a space available basis. This DHA-AI defines:

a. Resources required for implementation of walk-in contraception services in order to support the overall wellbeing of the force and optimize warrior readiness and pregnancy planning throughout reproductive years, with the understanding that:

(1) Each location has the discretion to offer walk-in contraception services to meet the reproductive healthcare needs of their beneficiary population, at times, locations, and durations of their choosing, but which should be based on the algorithms described within Enclosure 3. In accordance with Reference (d), this service must be on a minimum of a weekly basis. Walk-in contraception services should be designed to ensure optimized access and availability for Active Duty members and for eligible beneficiaries on a space available basis, and reviewed periodically; and

(2) The intent of walk-in contraception services is to reallocate and/or reorganize existing staff in order to optimize the care provided within a single visit (care which is typically being delivered in two to four visits currently), with the goal to improve provider accessibility and productivity, and in turn, improve patient satisfaction.

b. Responsibilities and procedures for the management, data collection, and analysis of structure, process, and outcome measures, for walk-in contraception services as defined by DHA.

c. Expectations for outcome monitoring of walk-in contraception services and utilization, until functionality can be integrated within the EMR.

4. RESPONSIBILITIES. Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Medical Affairs (MA). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-AI is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. EFFECTIVE DATE. This DHA-AI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
RONALD J. PLACE
LTG, MC, USA
Director

Enclosures
1. References
2. Responsibilities
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Glossary

ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD[HA])," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended
(c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
(d) ASD(HA) memo, "Walk-in Contraception Services at Military Medical Treatment Facilities," July 28, 2022
(e) DoD Instruction 6000.19, "Military Medical Treatment Facility Support of Medical Readiness Skills of Health Care Providers," February, 7, 2020
(f) DHA-Procedural Instruction 6200.02, "Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception," May 13, 2019
(g) Centers for Disease Control and Prevention, United States Selected Practice Recommendations for Contraceptive Use, 2016[1]
(h) DHA-Procedures Manual 6010.13, Volumes 1 and 2, "Medical Expense and Performance Reporting System for Fixed Military and Dental Treatment Facilities (DTFs): Business Rules," September 27, 2018
(i) DoD Instruction 6310.09, "Health Care Management for Patients Associated with a Sexual Assault," May 7, 2019
(j) DoD Instruction 6495.02, Volume 1, "Sexual Assault Prevention and Response: Program Procedures," March 28, 2013, as amended
(k) DoD Instruction 6025.27, "Medical Ethics in the Military Health System," November 8, 2017
(l) DHA-Procedural Instruction 6025.31, "Military Medical Treatment Facility Pharmacy Operations," December 20, 2019
(m) Carey v. Population Services International, 431 U.S. 678 (1977)

[1] This reference can be found at: https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:

a. Provide leadership, guidance, and ensure implementation of walk-in contraception services at MTFs.

b. Support the Directors of Direct Reporting Organizations (DRO), by providing standard clinical, business, and administrative process changes or requirements, and assign resolution to the appropriate directorate within DHA.

2. DAD-MA. The DAD-MA will:

a. Exercise decision-making authority in support of this DHA-AI as it pertains to:

(1) Providing DHA staff with evidence-informed, patient-centered solutions related to walk-in contraception services (i.e., best practices, lessons learned, etc.);

(2) Championing the spread of the latest clinical guidance related to walk-in contraception services across the DHA (i.e., new contraception options, formulary changes, etc.);

(3) Advancing safety, leadership commitment, patient-centeredness, and continuous process improvement related to walk-in contraception services.

b. Advocate for alignment of sufficient resources and expertise to support implementation of this DHA-AI.

c. Oversee collaboration of the DHA WHCMT, DHA WICC, DHA Clinical Support Division, and DHA Clinical Quality Management Division activities to identify, monitor, and track implementation of this DHA-AI.

d. Develop, coordinate, and facilitate recommendations to support Market-level utilization and outcomes monitoring, and evolve data collection functions and processes, to assess, monitor, and impact patient outcomes.

e. Report metrics for walk-in contraception services in accordance with Reference (d), to include, but not limited to, access, utilization, and outcomes data, as well as mission impact. Reports will be available upon request via the WICC and/or WHCMT.

f. Ensure applicable training, credentialing, and privileging for healthcare providers, nurses, and ancillary staff to perform the placement of long acting reversible contraceptives (LARCs), prescription of short-acting reversible contraceptives (SARCs), prescription of emergency

contraception (EC), application of accepted algorithms for pregnancy screening (Reference (g)) and/or Point of Care Testing (POCT), and/or contraceptive education and/or counseling to effectively furnish comprehensive contraceptive healthcare services for Active Duty members and eligible beneficiaries (on a space available basis) in support of military healthcare. As outlined in Reference (d), such activity ensures easy and timely access to contraceptive counseling and the full range of contraceptive methods, which is crucial to promoting overall well-being and readiness of the force. Further, these services work to support and maintain the medical readiness of the force, removing any barriers to accessing contraception and contraceptive services, which is of critical importance.

3. DAD-Healthcare Operations. The DAD-Healthcare Operations will:

a. Advise DAD-MA on the implementation, effectiveness, and adherence to the requirements specified in this DHA-AI, with a focus on clinical business operations.

b. Coordinate with pharmacy and clinical business operations to support implementation of this DHA-AI.

c. Ensure DHA Components can access and understand the standardized processes outlined in this DHA-AI.

4. DIRECTOR, STRATEGY, PLANNING, AND FUNCTIONAL INTEGRATION (J-5). Director, J-5 will:

a. Monitor data on utilization and outcomes in all MTFs providing walk-in contraception services and report annually by March 31 to DAD-MA. Reporting is expected to include, at a minimum, volume of applicable patient population, the number of walk-in contraception services encounters at every MTF during most recent four quarters, information about the type and quantity of contraception dispensed, and other utilization and outcome metrics as defined by the WHCMT, WICC, and/or Clinical Community Advisory Council, who will ensure the metrics include those identified in Reference (d).

b. Update reporting templates and/or reporting frequencies as recommended by the WHCMT, WICC, and/or Clinical Community Advisory Council. Any subsequent changes made to reporting requirements (e.g., such as changes related to data availability or data completeness) will be coordinated in collaboration with the WICC, WHCMT, Directors DROs, and other entities as appropriate.

5. DHA Chief Nursing Officer. The DHA Chief Nursing Officerwill advise DAD-MA and coordinate effort with Market Chief Nursing Officers to ensure comprehensive training and education for health care personnel staffing the services related to full scope contraception care.

6. CHIEF, WHCMT. The Chief, WHCMT will collaborate with the DRO Directors, and Chair, WICC to implement, monitor, and adhere to requirements specified in this DHA-AI, with focus on clinical business process requirements.

7. CHAIR, WICC. The Chair, WICC will advise DAD-MA on the implementation, effectiveness, and adherence to the requirements specified in this DHA-AI, with focus on clinical process and outcome requirements.

8. DIRECTOR, DHA COMMUNICATIONS. The Director, DHA Communications will advise DAD-MA and coordinate effort with Market points of contact to ensure comprehensive strategic messaging and communication related to full scope contraception care is provided to Active Duty members and eligible beneficiaries (on a space available basis) in accordance with Enclosure 3, section 4.

9. DIRECTORS, DRO. The Directors, DROs will:

a. Ensure MTFs under their authority, direction, and control develop guidance and procedures that follow this DHA-AI and meet the capabilities of their facility.

b. Ensure all MTF Directors, administrative staff, and healthcare personnel are aware of and follow the guidance and procedures in this DHA-AI.

c. Sponsor provider education regarding this DHA-AI based on individual MTF capabilities. Training should be offered to all staff involved in prescribing, administering, dispensing, and/or providing education to beneficiaries on contraceptive choices, to include addressing common misconceptions, levels of effectiveness, and personal responsibility in the use various contraceptive methods (using age appropriate communication compatible with the patient's health literacy). Providers should be credentialed for placement of LARCs based on manufacturers recommended interval trainings and skill validation.

10. DIRECTORS, MTF. The Directors, MTF will:

a. Collaborate with the Director, DROs and MTF-level staff to develop an MTF-level standard operating procedure (SOP) which:

(1) Describes the roles, responsibilities, scope, access, and communication channels for walk-in contraception services available at that MTF. Walk-in contraception services may be housed anywhere within or across the facility to include, but not limited to, Primary Care Medical Home, Women's Health, Adolescent Medicine, Family Medicine, Urgent Care, Active Duty clinics, etc., and may include staffing, resources, and supplies from multiple areas. Determination should be based on beneficiary need or demand.

(2) Outlines processes for identifying walk-in contraception services through administrative data.

(3) Defines requirements for supplemental credentialing and proctoring for LARCs.

(4) Includes an SOP dissemination plan to reach all MTF providers and healthcare personnel on the availability of walk-in contraception services.

b. Develop and implement a walk-in contraception services strategic communications plan to inform Active Duty members and eligible beneficiaries (on a space available basis) of the availability, hours, and location of walk-in contraception services throughout the installation.

c. Ensure walk-in contraception services provide the following:

(1) Pregnancy screening (to rule out pregnancy), using either criteria defined by the Centers for Disease Control and Prevention (Reference (g)) and/or in combination with POCT for urine human chorionic gonadotropin level to obtain pregnancy results. If POCT is not possible, the SOP should include a plan for collaboration with a nearby laboratory to prioritize batch samples to facilitate on-demand services for same day results.

(2) Access to the full range of contraceptive methods for pregnancy prevention or menstrual suppression, which includes:

(a) Access to SARCs (e.g., pill, patch, ring); beneficiaries should receive a written or electronic prescription during their walk-in contraception services encounter to be dispensed at the MTF pharmacy (Reference (l)), retail network pharmacy, or mail order pharmacy;

1. While providers must be able to prescribe the full range of contraceptives available on the TRICARE Uniform Formulary (UF), the expectation is not for every available option on the UF to be kept in stock on-site at all times.

2. In general, the expectation for MTFs is that all items on the Basic Core Formulary are stocked (levels may vary), and that other items from the UF may be stocked or may be ordered to meet patient needs when appropriate (Reference (l).

(b) Access to both hormonal and non-hormonal LARCs (e.g., subdermal contraceptive implants, intrauterine devices); device insertion should occur during the walk-in contraception services encounter;

(c) Access to EC (e.g., oral levonorgestrel (i.e., Plan B), ullipristal acetate (i.e., ella), copper intrauterine devices, etc.), which should address:

1. Counseling of risk assessment for sexually transmitted infections;

2. Availability of single dose oral levonorgestrel without prescription in most MTF pharmacies, and/or in Private Sector Care pharmacies for no cost when using the TRICARE benefit (Reference (l));

3. Availability of ullipristal acetate with prescription, noting it may be provided in advance to patients to keep on-hand in the event of future unprotected intercourse.

4. Recognition that intrauterine device placement requires an appointment with a credentialed provider within five days of unprotected intercourse.

(d) Education on menstrual suppression, barrier contraception, and/or non-medical, natural family planning (NFP);

(e) Access to testing and treatment for sexually transmitted infections;

(f) Access to resources for beneficiaries who report sexual assault, rape, and/or incest, as outlined in Enclosure 3, paragraph 12.

(3) Access to healthcare personnel who are credentialed and proficient in all available contraception LARC options for both insertion and removal procedures.

(4) Standardized patient education material, as made available electronically through the DHA WICC SharePoint. DHA provides standardized content, available for customization at the MTF level. DHA will update resources at least annually. Content should not be deleted from these materials.

(5) Optional utilization of patient intake and survey templates, as made available electronically through the DHA WICC SharePoint.

d. Develop a written plan for healthcare personnel who have a matter of conscience or moral principle (detailed in Enclosure 3, paragraph 11) which:

(1) Outlines a process for schedulers to avoid scheduling contraception services with healthcare personnel who have a sincerely held matter of conscience or moral principle preventing them from providing that care.

(2) Outlines a process for referral for Active Duty members or beneficiaries seen on a space available basis who desire contraception services and are inadvertently assigned to healthcare personnel with a matter of conscience or moral principle that cannot provide that care. Healthcare personnel will immediately refer the Active Duty members or beneficiaries seen on a space available basis requesting contraception services in a non-judgmental and timely manner.

(3) Ensures, to the extent practicable, healthcare personnel who have a matter of conscience or moral principle are not assigned as the sole healthcare provider in a walk-in contraception services location.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. The benefits of contraception are widely recognized, and include improved health and well-being, reduced global maternal mortality, health benefits of pregnancy spacing for maternal and child health, female engagement in the work force, and economic self-sufficiency for women, among others. In accordance with Reference (f), DHA healthcare providers will provide comprehensive contraceptive counseling and access to the full range of contraceptive methods for pregnancy prevention or menstrual suppression (Reference (g)), when feasible and medically appropriate. The implementation of walk-in contraception services is intended to further reduce barriers to initiating and continuing contraceptive methods to Active Duty members and for eligible beneficiaries within the MHS on a space available basis, to include minors. In the past, these barriers have included needing a referral from Primary Care to Gynecologic Surgery & Obstetrics, wait times for access to a provider able to place LARCs, and return appointments if a provider is not credentialed or does not have time to insert LARC on an initial visit. This DHA-AI defines walk-in contraception services as same-day, no appointment/no consult/no referral required care related to the provision of full scope contraception related care (i.e., care related to the provision of SARCs, LARCs, EC, and/or education on menstrual suppression, barrier contraception, and/or non-medical, NFP) in all MTFs.

2. PLANNING. All MTFs will implement walk-in contraception services referencing successful workflow processes in accordance with References (d) and (h). MTFs have the discretion to determine how often (days and/or hours per week) walk-in contraception services are offered and the appropriate staffing requirements based on patient need and census of all Active Duty members and for other beneficiaries on a space available basis. However, MTFs must offer services at least weekly in accordance with Reference (d). The focus and priority of these services is for same-day, no appointment/no consult/no referral required contraception related care to be provided on a walk-in basis. It is imperative for walk-in contraception services to possess the following capabilities:

a. Staff walk-in contraception service locations with healthcare personnel who are trained in the full range of contraceptive methods, to include appropriate credentialing for LARC placement;

b. Provide sufficient appointment time (typically 30 minutes) for walk-in contraception service visits, to include check in, education, pregnancy screening (Reference (g)) and/or POCT(as applicable), LARC placement (if applicable), and/or issuance of written/electronic prescription for SARC (if applicable);

c. Ensure patients receive education in order to make an informed decision on forms of contraception, to include menstrual suppression, barrier, hormonal, implants (e.g., intrauterine devices), surgical sterilization, and/or non-medical, NFP;

d. Administration (e.g. prescribing, insertions, or dispensing of) of full scope of contraception in collaboration with the MTF Pharmacy (Reference (l)), retail network pharmacy, or mail order pharmacy, as appropriate;

e. Provide counseling options for patients who present with an undesired pregnancy;

f. Provide counseling options and appropriate reporting, for patients who present as a victim of sexual assault in accordance with References (i) through (j); and

g. Conduct ongoing and annual reviews of services to ensure adequate and appropriate availability of walk-in contraception services. Reviews may include review of patient satisfaction and experience data from multiple sources including Joint Outpatient Experience Survey, utilization data, and/or from discussions with staff operating walk-in contraception service location(s).

3. INCLUSION OF MINORS. MTFs should work with their local DHA Office of General Counsel legal counsel to address state or host nation concerns related to the provision of contraception counseling and services for minors. Over the past 30 years, many states have expanded minors' authority to consent to healthcare, including care related to sexual activity. This trend reflects the 1977 United States Supreme Court ruling in Carey v. Population Services International (Reference (m)) that affirmed the constitutional right to privacy for a minor to obtain contraceptives in all states. As a result, confidentiality is vital to ensuring minors' access to contraception services. Even when a state or host nation has no relevant policy or case law or an explicit limitation, physicians may provide medical care to a mature minor without parental consent, particularly if the state allows a minor to consent to related health services; however, in many states there is the potential for parental notification.

4. MARKETING. The success of the walk-in contraception services is directly related to knowledge of the services and functionality in the target population. Target populations may be outside the MTF, in training centers, boot camps, childcare centers, Post Exchange or commissaries, garrisons, or dockside. The goal of the marketing is to optimize utilization of the services for Active Duty Service Members to meet their personal and readiness needs using the specialty services of walk-in care. Walk-in contraception service locations should engage with their local Public Affairs Office representatives to determine how to best execute an effective marketing strategy.

5. DATA COLLECTION. The intent of data collection is to validate patient access, experience, and/or satisfaction with services. DHA will provide centrally collected outcomes, based on the metrics outlined in Reference (d). Specific metrics and display will be determined by DHA WHCMT until functionality can be integrated within the EMR. MTF may also use standardized intake and questionnaire templates, as made available electronically through the DHA WICC SharePoint, in either paper or electronic format to capture a standardize set of data, until such time data collection functionality can be integrated within the EMR. Internal data on utilization

and functionality of clinic should be captured by the MTF not less than monthly for review, in order to evaluate access, utilization, concerns, adjustments in hours/staffing (providers)/location, and/or visibility of the services. In order to optimize resources and ensure walk-in contraception services are meeting the needs of Active Duty members and beneficiaries (on a space available basis) in a highly effective, patient preferred way, MTFs should set targets, goals, and desired outcomes for identified metrics. MTFs not meeting these targets should be evaluated, and corrective action plans should be developed and implemented where appropriate to improve patient access, experience, and/or satisfaction with services.

6. LOCATION. MTFs should consider ways in which to make walk-in contraception services accessible to as many Active Duty members as possible and beneficiaries on a space available basis. Improving proximity of services to the Active Duty population may be achieved by developing partnerships with healthcare personnel throughout the installation to improve training for contraception education and contraception services. Another alternative is to have a healthcare provider visit these occupational health or other smaller side clinics on a rotating basis.

7. OVERSIGHT. A senior healthcare provider should be appointed or designated as the champion of the walk-in contraception services location. This champion is responsible for identifying and leading a working group to coordinate with MTF nursing and medical affairs representative(s) to develop the functionality of the clinical staff and processes, as well as monitor utilization, outcome, productivity and efficacy measurements. This working group will also be accountable for optimal utilization and access, with enterprise and Market level reporting. This working group will define the appropriate number of hours, space, staffing, and days of the week to offer services, based on the population and demand signal of their beneficiaries. It is expected that existing MTF clinic settings, staff, and structures will be utilized in support walk-in contraception services, without a need for additional manpower or funds.

8. SUGGESTED STAFFING. There is no required number of staff. Ideally, existing staff in their assigned roles will be sufficient for these services, with some extra education. Suggested roles include, but are not limited to:

a. Front Desk Clerk. A front desk clerk/receptionist will assist in welcoming and registering patients. Training for this role may include education on the scope of walk-in contraception services, in order to be able to answer general questions for beneficiaries who present for care. This position may also assist in handing out and collecting questionnaires and surveys.

b. Medical Assistant/Medical Technician. This role in a clinic often assists with initial screening and documentation in the EMR, assisting with lab orders (based on scope of practice), patient flow, and/or stocking and resupplying rooms and supply areas. It would be optimal if the person in this role could complete, per MTF protocol, any necessary POCT and laboratory specimen management.

c. Nurse (Registered Nurse or Licensed Practical Nurse). The nurse in a clinic provide multiple roles in patient care, optimizing patient education, assist with procedures with providers, phone calls, clinic efficacy, capacity, and functionality. This role may need additional education on specific contraceptive types, indication, mechanisms and educational resources for a variety of patient ages, literacy, communication preferences and gender orientation. MTF will determine level of nurse, Registered Nurse or Licensed Practical Nurse, depending on role and scope of practice.

9. SUGGESTED SCHEDULING. All walk-in contraception service locations are to use enterprise processes for registering and documenting patient encounters. The estimated time for walk-in encounter should be approximately 30 minutes, to include check-in, education, pregnancy screening/POCT, and contraception administration (i.e., insertion or prescribing). This can be customized by the MTF working group. An example of potential staffing matrix in shown in the Table below, but should be flexible and evolve as the utilization of the clinic grows.

Table. Example Personnel for Walk-In Contraception Service Location

Clinic Population of Enrolled Females Age 12 - 52	Walk-In Contraception Hours of Operation Weekly	Front Desk Clerk	Medical Assistants	*POCT Personnel	Nurse	Provider credentialed in LARC placement
2,500	5	1	1	1	1	1 + Designated Backup
5,000	9	1	2	1	1	1 or 2 + Designated Backup
7,500	9	1	2	1	1	1 or 2 + Designated Backup
*Based on volume some clinics may choose to have specific personnel for POCT and laboratory specimen.						

10. SUGGESTED PROCESS FLOW

a. Patient Arrival. Upon arrival at a walk-in contraception services location, patients should check in at the front desk. High demand locations should implement practices to ensure rapid processing and patient privacy. Clinic staff can determine information received upon check in, suggestions include: (1) handouts/information that briefly describe all methods of currently available contraception, to include information about the Decide + Be Ready mobile application, as well as patient intake and questionnaire templates, as made available electronically through the DHA WICC SharePoint.

b. Pregnancy Screening. In most cases, a detailed history provides the most accurate assessment of pregnancy risk in a patient who is about to start using a contraceptive method. Staff should refer to Reference (g) to assess pregnancy status in a patient who is interested in

starting contraceptives. Utilization of the patient intake template, as made available electronically through the DHA WICC SharePoint, includes the Centers for Disease Control and Prevention recommended screening questions to be reasonably certain a patient is not pregnant.

(1) If POCT urine testing for pregnancy is determined to be needed, the patient should receive a urine sample cup with clear instructions on the POCT location.

(2) If POCT is not available, walk-in contraception service locations should consider arranging with laboratory services for 'batching' of samples to the central site laboratory at specific time intervals to facilitate prompt results and to improve efficiency.

c. Education. Not all patients will need to see a provider. A nurse who is trained in education for all forms of contraception is a crucial member of the walk-in contraception services team. Consistent with scope and MTF criteria, a nurse can provide education on contraception choices. If SARC is desired by the patient, the nurse can annotate the patient risk factors, expediting a summary for the provider. Nurses can also provide education on barrier methods, NFP, or general contraception information. Education for beneficiaries who choose to use barrier methods needs to include information that those methods are available over the counter, and they are not a TRICARE benefit.

d. LARC Placement. Patients who select a LARC should see a privileged provider for placement. The provider must obtain in writing the patient's consent, and the provider must document a negative pregnancy status, by history using the patient intake template (as made available electronically through the DHA WICC SharePoint), and/or testing.

e. Patient Check Out. After a visit, patients leave with educational materials, as indicated written or electronic prescription(s) for pharmacy pick-up, post-procedure instructions, and/or counseling follow-up. Post-appointment feedback is encouraged to evaluate services; patients could provide feedback on Joint Outpatient Experience Survey or complete patient questionnaire template (as made available electronically through the DHA WICC SharePoint), to provide feedback on their experience.

11. CONSCIENCE OR MORAL PRINCIPLE. In accordance with References (d) and (k), healthcare personnel who have a sincerely held conscience or moral principle who object to providing certain forms of contraception are not be required to do so, unless it would have an adverse impact on military readiness, unit cohesion, or good order and discipline. MTF Directors shall ensure that if a health care professional does not wish to provide contraception or contraceptive care as a matter of a sincerely held conscience or moral principle, the patient will be referred to a provider who is able to provide the necessary care. This must apply only to healthcare personnel directly involved in prescribing, insertion, or administration of contraception, such as physicians, nurses, and pharmacy personnel.

a. Assignment of healthcare personnel to a walk-in contraception services location(s) should be evaluated to meet provider and patient expectations. When possible, healthcare personnel

who have a sincerely held conscience or moral principle to providing certain forms of contraception should not be assigned to a walk-in contraception services location.

b. Personnel who have a sincerely held conscience or moral principle (Reference (k)) preventing them from providing certain forms of contraception should opt-out of providing care by:

(1) Noting the objection in their healthcare provider or personnel activity file.

(2) Annotating no privileges requested for prescribing/providing certain forms of contraception in their privilege inventory.

c. If already assigned and a sincerely held conscience or moral principle changes (develops or ends), healthcare personnel must immediately notify the MTF Director or designee so that adjustments and/or alternative arrangements can be made.

(1) DHA leaders must adhere to the policy as outlined in Reference (d) (k). The Armed Forces will accommodate individual expressions of belief of a member of the Armed Forces reflecting ta sincerely held conscience or moral principles.

(2) The Armed Forces may not use such expression of belief as the basis of any adverse personnel action, discrimination, or denial of promotion, schooling, training, or assignment. Nothing in this paragraph precludes disciplinary or administrative action for conduct that is proscribed by the Uniform Code of Military Justice, including actions and speech threatening good order and discipline.

(3) This paragraph is applicable to individual expressions of belief of a healthcare professional reflecting a sincerely held conscience or moral principles of the individual that are grounded in an applicable professional ethics code.

12. SEXUAL ASSAULT/INTIMATE PARTNER VIOLENCE. If at any time any clinic staff or provider becomes aware of a sexual assault, notification to the Sexual Assault Response Coordinator or Victim Advocate for non-intimate partner sexual assault and the Family Advocacy Program for intimate partner sexual assault is required in accordance with References (i) through (j).

a. A victim of sexual assault must be offered the services of a forensic health care examiner who can perform a medical forensic examination. The healthcare provider will notify the forensic healthcare examiner to continue the examination should the patient request a medical forensic examination. If the patient declines a medical forensic examination, the victim should be offered evaluation, counseling, and treatment for sexually transmitted infections and potential pregnancy, subject to informed consent and consistent with current treatment guidelines.

b. A victim of sexual assault with a positive pregnancy test should be immediately referred to a Gynecologic Surgery & Obstetrics provider.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DRO	Direct Reporting Organization
EC	Emergency Contraception
EMR	Electronic Medical Record
LARC	Long-Acting Reversible Contraception
MA	Medical Affairs
MTF	Military Medical Treatment Facility
NFP	Natural Family Planning
POCT	Point-of-Care Testing
SARC	Short-Acting Reversible Contraception
SOP	Standard Operating Procedure
WHCMT	Women's Health Clinical Management Team
WICC	Women and Infant Clinical Community

PART II. DEFINITIONS

DHA Component. Those activities that are managed by the DHA, to include those activities directly assigned to the DHA and other medical-related facilities that are managed by DHA but are funded by a Military Department (i.e., readiness facilities, medical research facilities), with funds being transferred in accordance with a Memorandum of Agreement.

Direct Reporting Organizations. Direct Reporting Markets, Small Market and Stand-Alone MTF Organization, and Defense Health Agency Regions reporting to the DHA.