**Introduction:** As Part A Grantees begin to evaluate results from clinical practice assessments, they are identifying areas of practice that can be improved. Improvement efforts among health care provider networks should always be strategically aligned to achieve the CDC Clinical Component Performance Measures—as well as address overarching project goals to reduce teen pregnancy and births.

We recommend that Part A Grantees use the list below to support and guide the focus of their health center improvement efforts. The best practices summarized in this list focus on systems related to access, processes for the delivery of care, utilization of evidence-based clinical recommendations, cost, confidentiality, supportive infrastructure, and the health care delivery environment. Where gaps exist (as identified through assessment activities), improvement efforts should focus on strategies to ensure that the set of “best practices” provided below are implemented over the course of the project.

**Contraceptive Access**

* Same day, next day or walk-in appointments are available for adolescents
* Appointments are available during after school hours
* Appointments area available during the weekend
* Sexual health assessment taken/updated at every visit
* Wide range of Contraception is available (via prescription and/or dispensed on-site)
  + Emergency contraception for females
  + Emergency contraception for males
  + IUDs
  + Hormonal Implants (Implanon)
  + Hormonal Contraceptive Pills
  + Patch
  + Ring
* Hormonal contraception or IUD is available at every visit that the adolescent makes to the clinical provider (e.g., urgent, preventive, school-health, sports physical, pregnancy testing, emergency contraception, STD testing, HIV testing etc..)

**Quick Start Method for Initiation of Hormonal Contraception and IUD**

* Hormonal contraception is initiated utilizing the Quick Start method
* Quick Start initiation of hormonal contraception after an adolescent client has had a negative pregnancy test
* Quick Start initiation of hormonal contraception when an adolescent client is provided with Emergency Contraception (EC) where a pregnancy test is negative
* The option of having an IUD inserted using the Quick Start method

**Emergency Contraception**

* Emergency Contraception (EC) is available to adolescent females
  + Dispensed on-site
  + Dispensed with Rx
* Emergency Contraception (EC) is provided to female adolescents for future use (advance provision)
* Emergency Contraception (EC) is provided to male adolescents for future use (advance provision)

**Prescribe hormonal contraception to adolescent females without prerequisite exams or testing (i.e., without first requiring any of the following: Pap Smear, Pelvic Exam, Breast Exam, or STD testing).**

**Cervical Cancer Screening**

* Adhere to current cervical cancer screening (Pap Smear) guidelines for adolescent females (initiate pap screening at age 21)

**STD and HIV Testing**

* Chlamydia screening is provided to all adolescent females at least annually, or based on diagnostic criteria, consistent with USPSTF and CDC recommendations
* Chlamydia screening is available for adolescent females utilizing a urine or vaginal swab specimen
* Chlamydia screening is available for adolescent males utilizing a urine specimen
* Gonorrhea screening is available for both adolescent females and males
* HIV rapid testing is available for adolescent females and males per CDC recommendations
* Expedited patient delivered partner therapy (EPT) is available as an option for the treatment of uncomplicated chlamydial infection

**Cost, Confidentiality and Consent**

* Low cost or no cost contraceptive and reproductive health care services are provided to adolescents
* Confidential contraceptive and reproductive health care is available to adolescents without need for parental or caregiver consent

**Infrastructure**

* Participate in the federal 340B drug discount purchasing program
* Utilize electronic medical records (please specify system(s) used, e.g., eClinical Works, Centricity, Epic, NextGen)
* Have systems in place to facilitate billing third party payers for contraceptive and reproductive health care services provided

**Environment**

* Have a counseling area that provides both visual and auditory privacy
* Have an examination room that provides visual and auditory privacy
* Have teen focused magazines or posters on the walls
* Display information (pamphlets, posters, flyers, fact sheets) on issues related to adolescent sexual and reproductive health (e.g., confidentiality, cost, what services are available to adolescents)
* Provide brief evidence-based or evidence-informed video or other interventions designed for adolescents (e.g. “What Would You Do?”)