

Research Updates: Family Planning Integration in FQHC Settings

MONDAY, DECEMBER 9, 2019

National
Family Planning
& Reproductive Health Association

Objectives

As a result of this workshop, attendees will be able to:

- Summarize two research projects that examined the facilitators of and barriers to integrating high-quality family planning services in FQHC settings
- Discuss how research findings can inform integration efforts in their respective settings

Presenters

- **Susan Rubin, MD, MPH**
Family Physician & Research Director
Institute for Family Health
- **Christine Dehlendorf, MD, MAS**
Professor, Family and Community Medicine
University of California, San Francisco



Implementation & evaluation of an EMR based clinical decision support tool to improve delivery of family planning services in an urban FQHC network



NFPRHA Regional Meeting

December 9, 2019

Susan E. Rubin, MD, MPH

The Institute for Family Health, NY, NY

Background

Help the Patient Frame Her Intention Toward Pregnancy: “One Key Question”

One Key Question:

- *Would you like to become pregnant in the next year?*



Bellanca HK, et al. *Contraception*. 2013;88:3-6^[10]; Oregon Foundation for Reproductive Health.^[11]

Reproductive Life Planning

- ❑ The RLP is a conversation about an individual's life goals, including reproductive goals, that prompts both non-sexually active and sexually active individuals to think of themselves in relationship to their life and parenting goals.
- ❑ The plan can be started at any age and can be changed whenever the individual wants as his/her life changes!

CDC Reproductive Life Plan Tool Questions

1. Do you plan to have any (more) children at any time in your future?
2. How many children would you like to have?
3. How long would you like to wait until you or your partner becomes pregnant?

If pregnancy is not desired

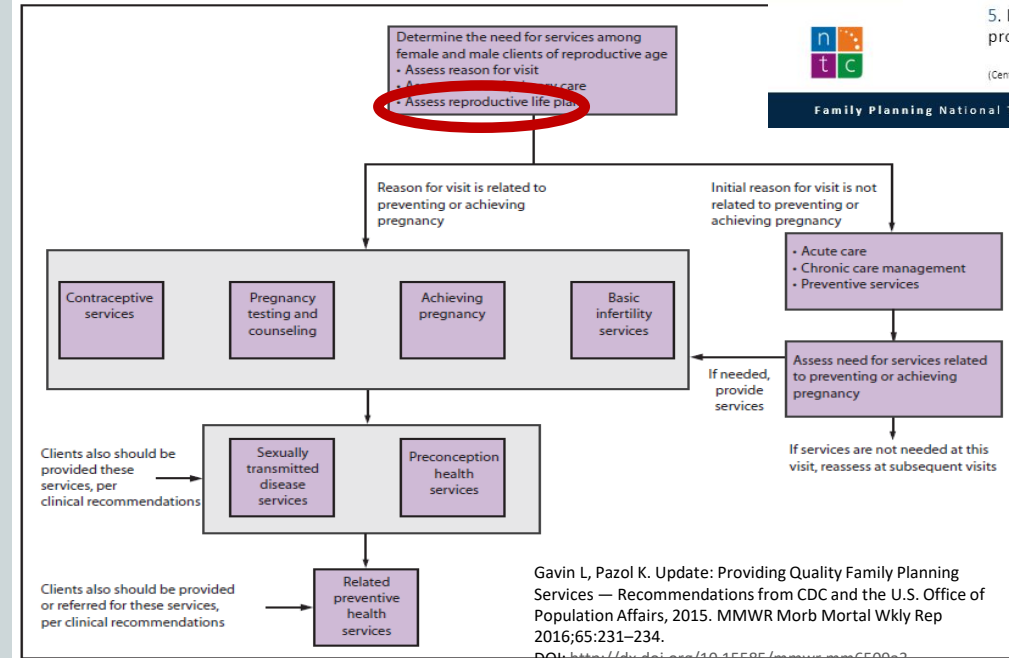
4. What family planning method do you plan to use until you or your partner are ready to become pregnant?
5. How sure are you that you will be able to use this method without any problems?

(Centers for Disease Control and Prevention, n.d.)



Family Planning National Training Centers · Supported by Office of Population Affairs

FIGURE 2. Clinical pathway of family planning services for women and men of reproductive



Gavin L, Pazol K. Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2015. *MMWR Morb Mortal Wkly Rep* 2016;65:231–234.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6509a3>

Background

The Institute for Family Health

institute.org/health-care/locations/

Apps Imported From IE Google Bookmark Manager Amazon Smile Google Scholar Crystal Reports lau... CampSite: Berkshire... NYRP Connect - Lo... Provider Portal | NY... New York Radiolog... Institute email Mentor IFH IRB Login Other bookmarks

Blog | MyChart | Institute.Link | en Español | Donate

SEARCH

THE INSTITUTE FOR FAMILY HEALTH

About Us Health Care Health Equity and Community Health Training and Careers Research and Publications

FIND A HEALTH CENTER Select FIND A SERVICE Select

Our Philosophy

> Locations

- Manhattan Health Centers
- Bronx Health Centers
- Mid Hudson Valley Health Centers
- Brooklyn Health Centers
- Welcome Access Patients!

The Institute > Health Care > Locations

Locations

Please view our [New York City holiday hours](#) and our [Mid-Hudson holiday hours](#).

The Institute for Family Health operates health centers in the Bronx, Manhattan and the Mid-Hudson Valley. Most of our centers have evening and/or weekend hours.

New patients are welcome. Call us to make an appointment.

Find a health center:

Related Events

Breastfeeding Support Group
December 5 @ 1:00 pm - 3:00 pm
[Recurring Event (See all)]
An event every week that begins at 1:00 pm on Thursday, repeating until December 26, 2019

Breastfeeding Support Group
December 12 @ 1:00 pm - 3:00 pm
[Recurring Event (See all)]

Our Intervention

- **Screening question:** “Would you like your provider to help you with birth control or pregnancy planning today?”
 - **Medical assistants/nurses (staff) during intake**
- **EMR “smart set” for provider documentation & orders**
- **Clinic and staff training & capacity-building**
- **Ongoing technical support**

Overview: Flow of our family planning services (FPS) clinical decision support tool

Figure 1: Frequency at which family planning services clinical decision support reappears in electronic medical record



Research Objectives

To assess.....

- **Feasibility of screening question implementation**
- **Support staff attitudes and comfort with family planning services screening and obtaining related information**
- **Whether the clinical decision support tool:**
 - Improved provision of family planning services, and
 - Had different effect for certain patients or in different clinical settings

Methods

Setting: Urban FQHC network, 7 sites

Intervention component: *Family planning needs screening* of females 13-44 by medical assistants/nurses and associated “smart-set”

Data:

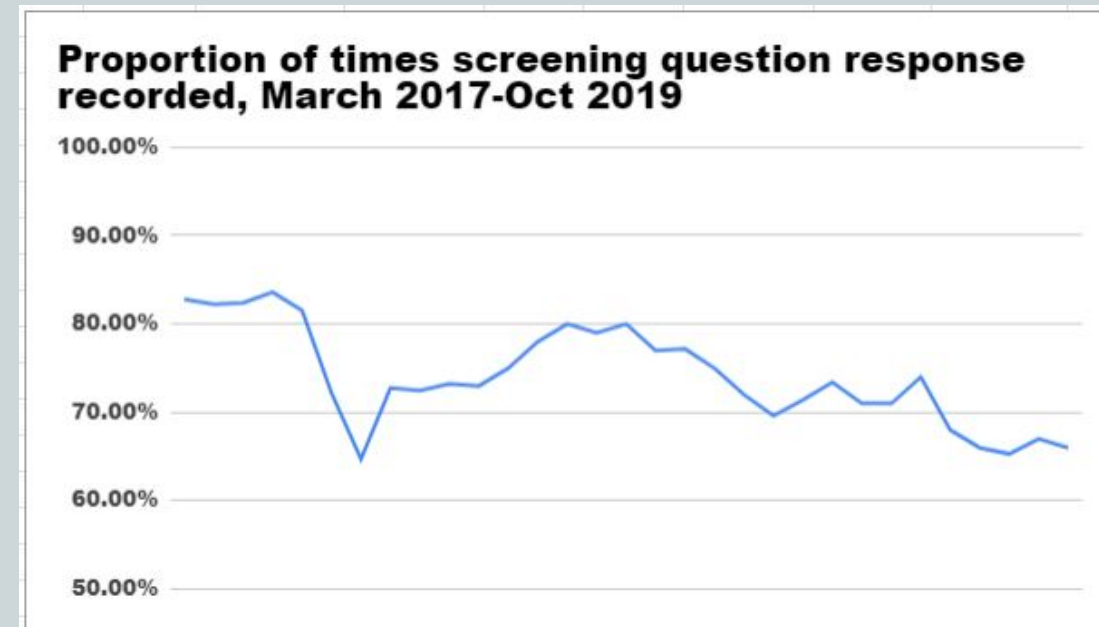
- Variables from EPIC EMR
- Pre/post staff survey – medical assistants/nurses

Response rate:

- PRE 84% (85/101)
- POST 90% (83/92) intervention

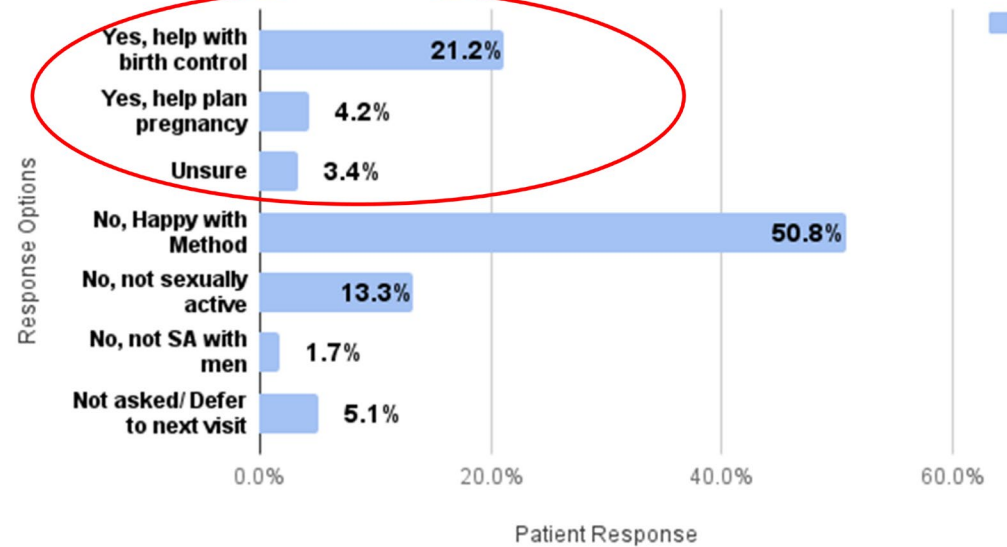
Results: Family planning services screening question use

- March - October 2017 intervention rolled-out across 7 sites
- Feasibility of implementation: from March 2017 - Oct 2019
 - Question “fired” at 55,393 visits
 - Response recorded 41,145 times
 - Each site relatively stable with use over time, although trend towards decreased response
- Variability by site

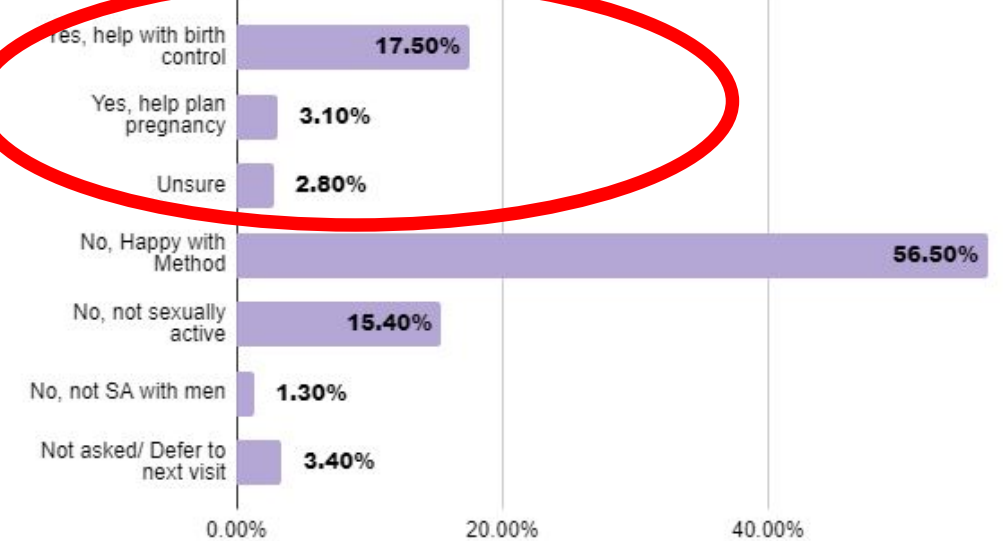


Outcome: Screening question response identifies need

Screening Question Responses, March - September 2017

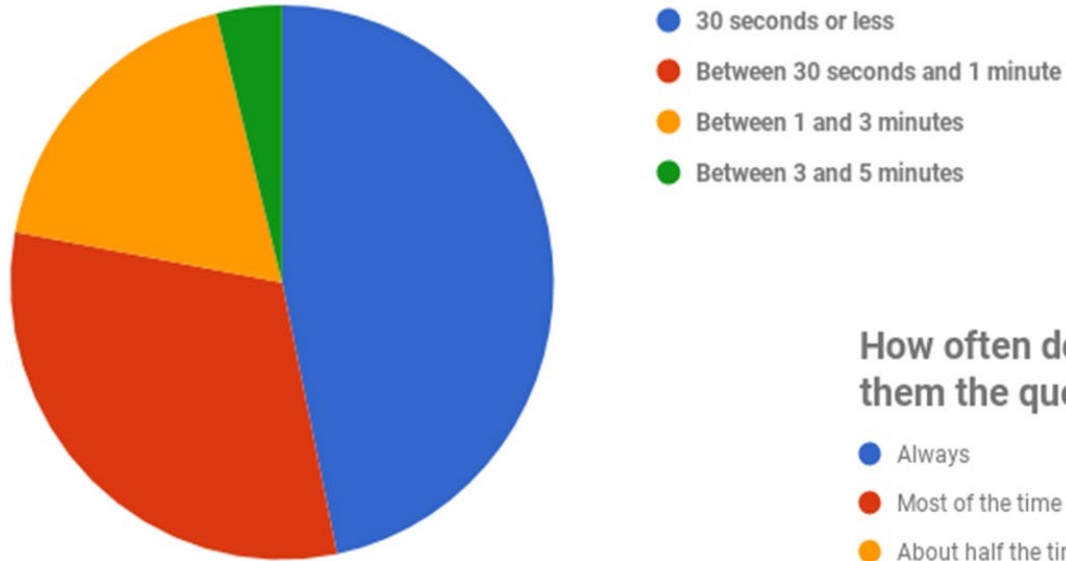


Screening Question Responses, March - September 2019



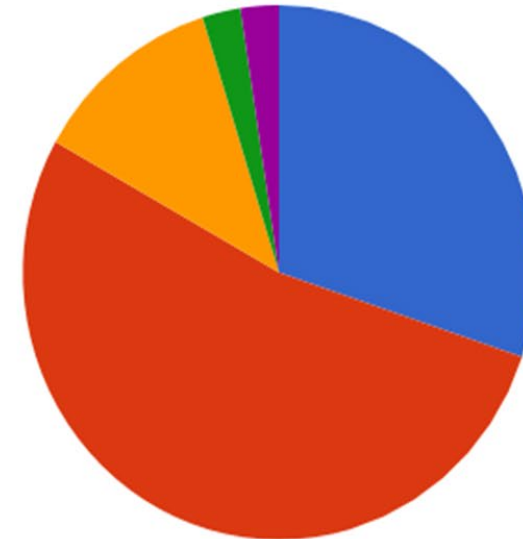
Results: Post-test screening question acceptability

How much time did the family planning services screening question add to your workflow?



How often do you feel patients were OKAY with you asking them the question?

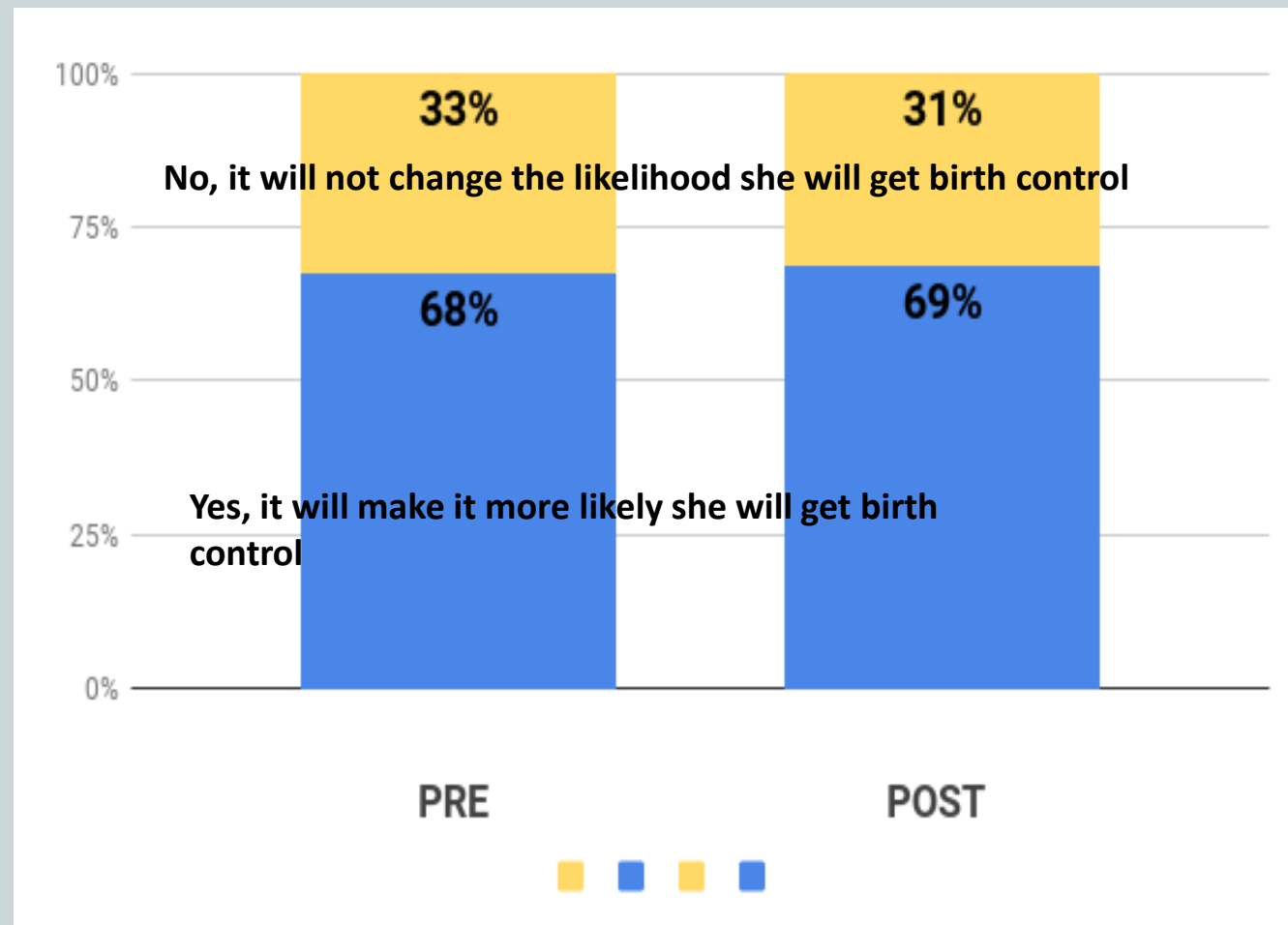
- Always
- Most of the time
- About half the time
- Rarely
- Never



Results: Post-test screening question acceptability

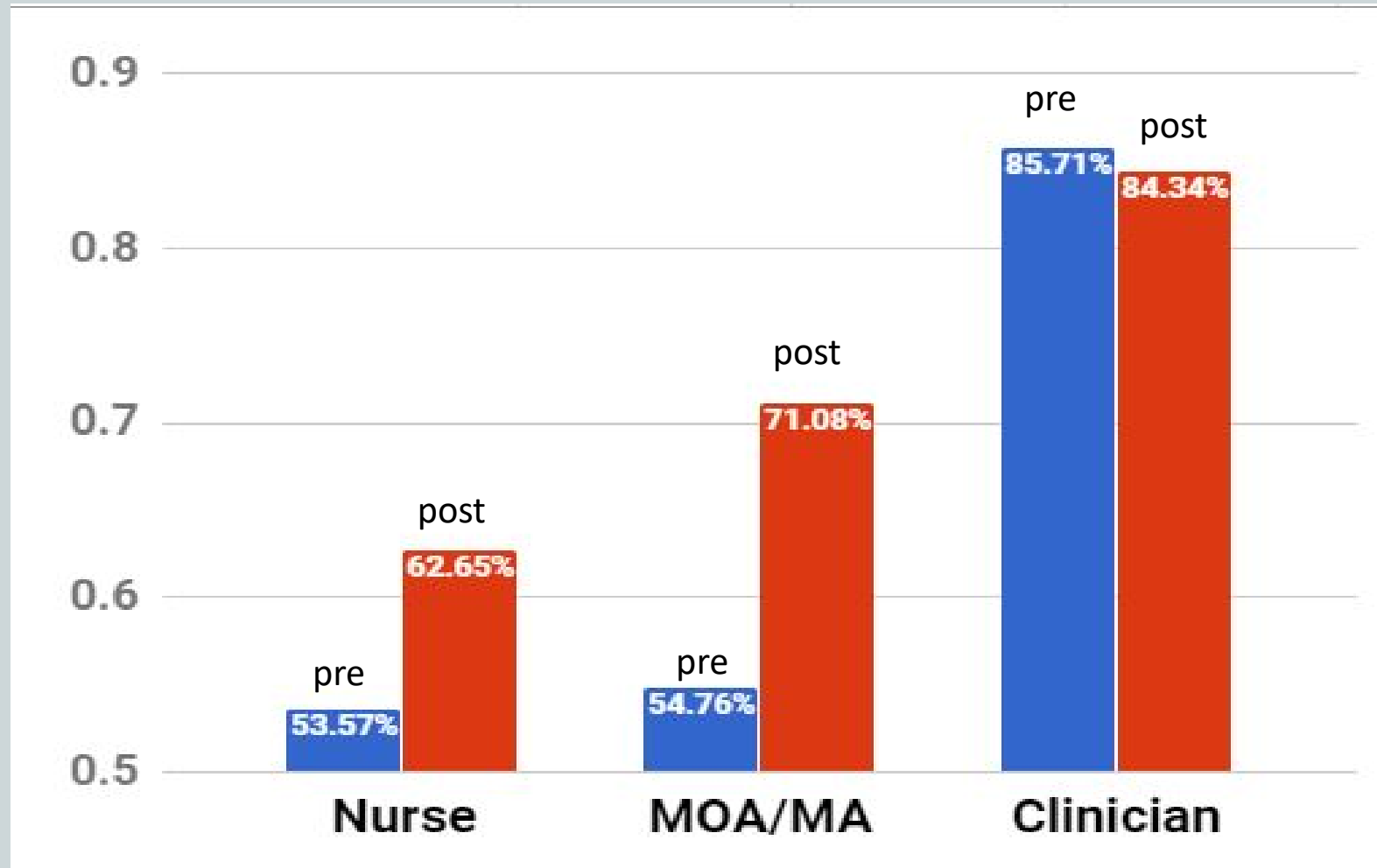
Do you think that a medical assistant asking:

"Can we help you with birth control or pregnancy planning today"
will change the likelihood that the patient will get birth control?



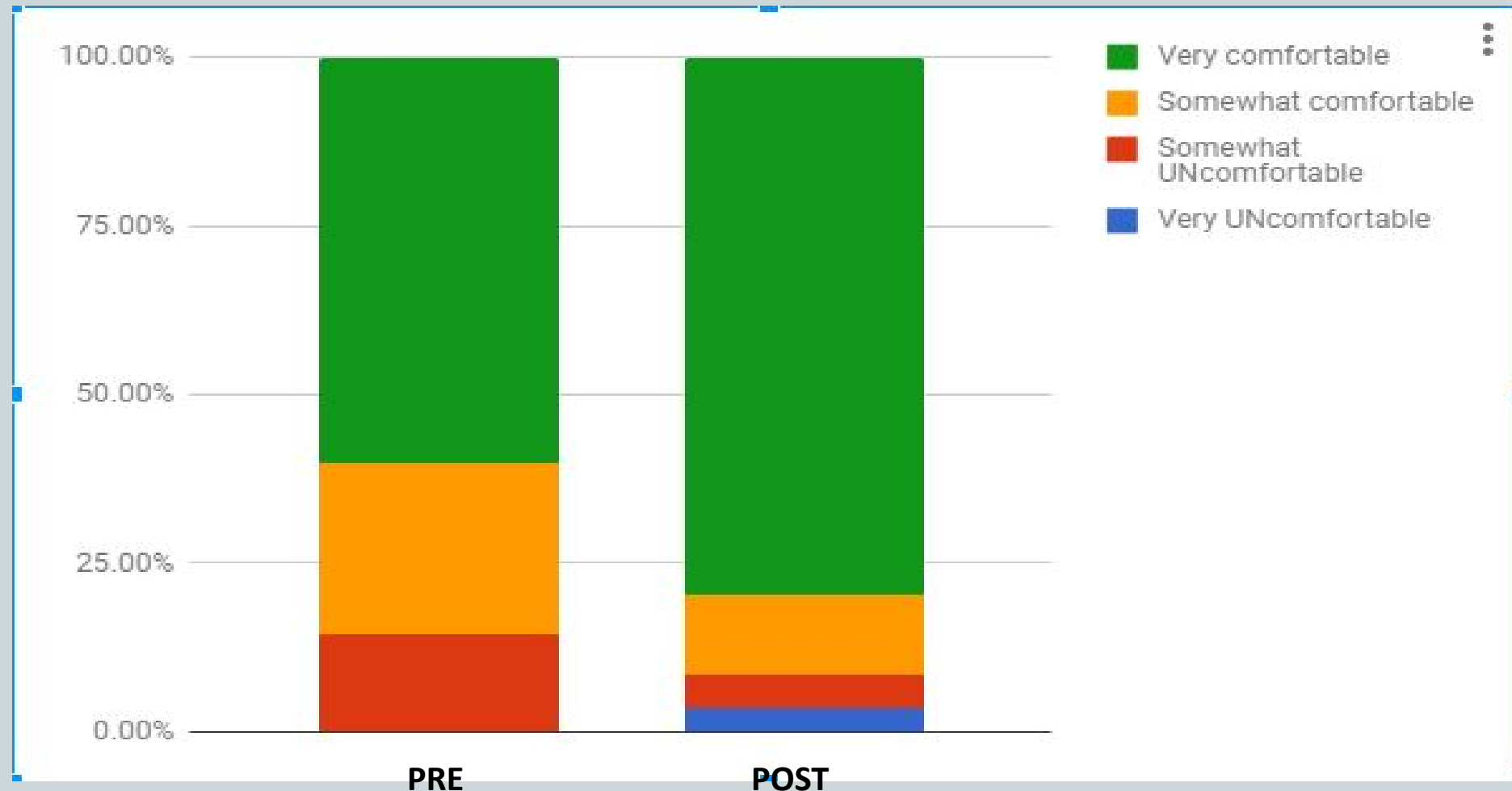
Results: Pre/post staff acceptability

Who in the health center do you think should ask female patients a screening question about preventing or planning pregnancy? (can check multiple boxes)



Results: Pre/post staff comfort

How comfortable or uncomfortable would you feel asking a female patient a screening question about preventing or planning pregnancy? Would you feel...



Original research article

Feasibility study of family planning services screening as clinical decision support at an urban Federally Qualified Health Center network☆☆☆

Seema D. Shah, Linda Prine, Eve Waltermaurer, Susan E. Rubin *

The Institute for Family Health, 2006, Madison, Avenue, NY, NY 10035

tion



Conclusions from implementation & feasibility perspective

ARTICLE INFO

Article history:

Received 10 March 2018

Received in revised form 29 September 2018

Accepted 8 October 2018

Keywords:

Family planning services

Primary care

Family medicine

Contraception

Preconception

Reproductive intention screening

ABSTRACT

Objective: The objective was to assess the feasibility of an intervention introducing family planning services screening clinical decision support to improve provision of contraception and/or preconception services for women of reproductive age in our primary care Federally Qualified Health Center (FQHC) network.

Study design: We implemented a family planning services screening prompt for support staff to ask women 13–44 years at nonobstetric visits at specified time intervals. The response was displayed in the electronic medical record for the provider to review, linked to a documentation tool. We evaluated staff comfort with the screening before and after rollout at all seven FQHC sites. At the pilot site, we examined implementation feasibility by assessing screening rate and the outcome measure of family planning (contraception and/or preconception) documentation during visits by women 13–44 years before and during the intervention's first year.

Results: At baseline, support staff reported high level of comfort (60% very, 25% somewhat) in asking the family planning services screening question; this increased to 80% reporting they were “very comfortable” in the postsurvey ($p = <.01$). From mid-December 2016–mid-January 2018, the screening question was displayed for 1503 visits at the pilot site, of which 96% had a documented response. Family planning documentation rate at the pilot site showed a 6% increase from 64% during the preintervention period to 70% during the 13-month intervention period ($p <.01$). Time series analysis demonstrated more positive upward trend attributed to the intervention period (intervention $R^2 = 0.15$ vs. preintervention $R^2 = 0.01$).

Conclusion: Our study demonstrated high staff acceptability of the intervention at all sites and a high screening rate with a significant increase in family planning documentation rate at the pilot site during the intervention period. This suggests that this family planning services screening decision support intervention is feasible in an FQHC setting.

Implications: Implementation of a family planning services screening decision support intervention is feasible in an FQHC setting. Further evaluation of performance at multiple sites, accounting for variable site characteristics, is needed.

Research Objectives

To assess.....

- Feasibility of screening question implementation
- Support staff attitudes and comfort with family planning services screening and obtaining related information
- **Whether the clinical decision support tool:**
 - Improved provision of family planning services, and
 - Had different effect for certain patients or in different clinical settings

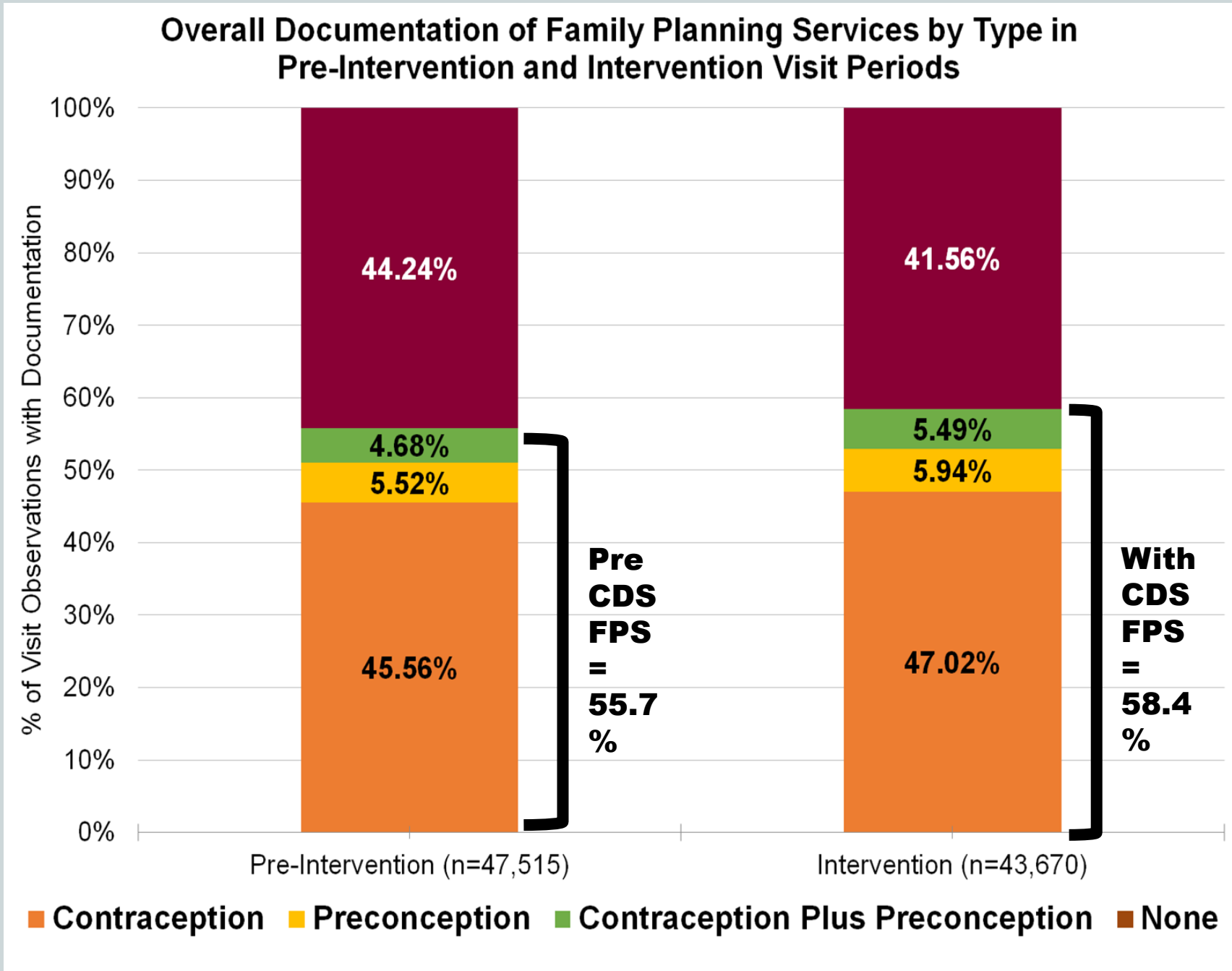
Methods

Defined: FPS provision = FPS documentation

- Abstracted EMR data from all primary care medical visits 52 weeks prior to and after CDS implementation for females, ages 13-44, without pregnancy or prenatal codes
- Difference-in-difference design to measure intervention effect on FPS documentation
- Logistic regression to assess effect modification by insurance, race, ethnicity, age group, and site

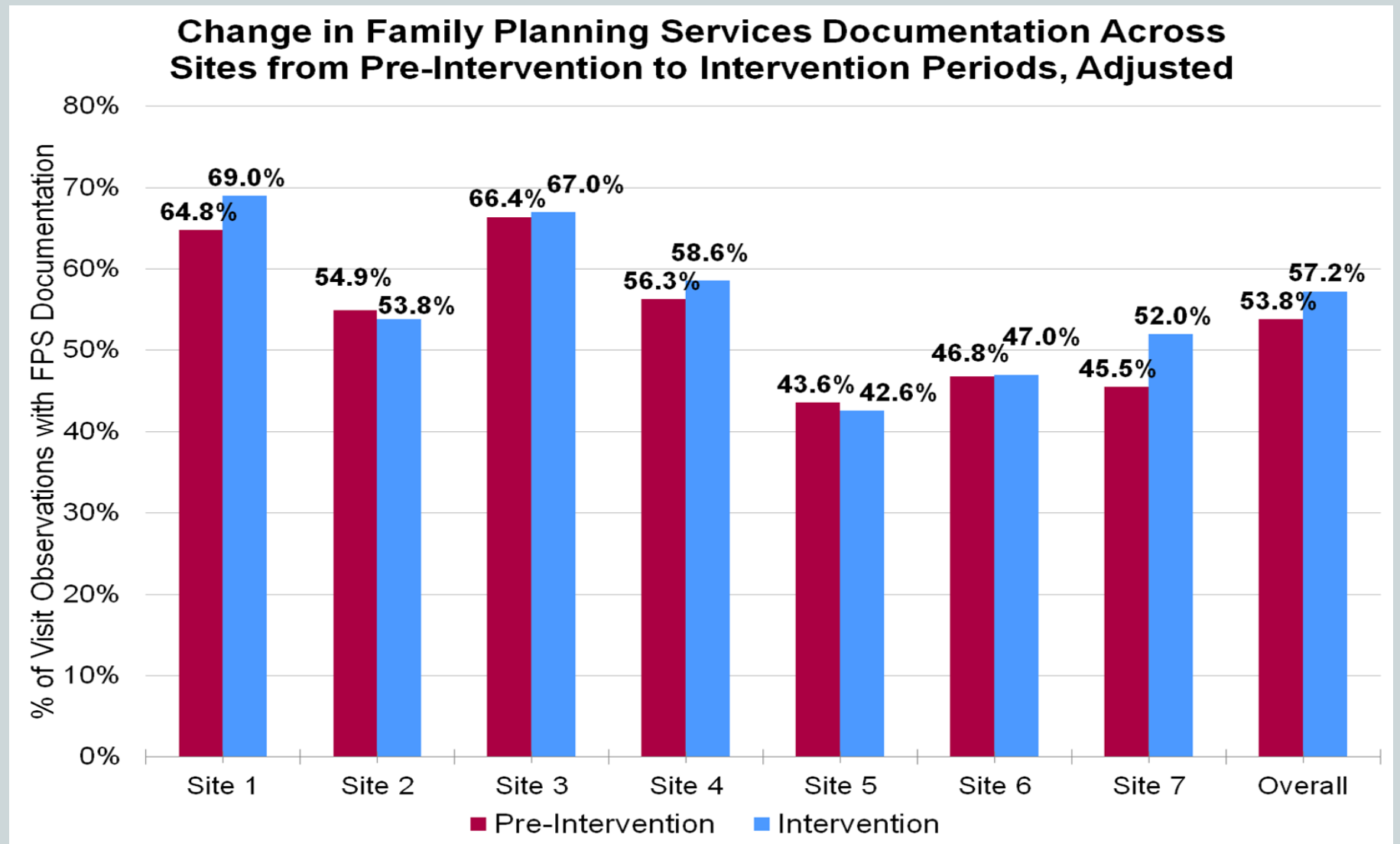
Sample included 27,817 patients who made 91,185 visits in total study period.

With 52 weeks of implementation, **overall unadjusted documentation of family planning services increased by 2.7%.** Contraception services represented most of this increase.



**Adjusted analysis
increase of 3.4%
FPS documentation
with intervention
(95% CI: 2.24, 4.63).**

Found some effect
modification in
certain insurance,
race, and site
subgroups, but not
age group nor
ethnicity.



Intervention effect differed across sites: Sites that increased FPS documentation the most did not share common characteristics

Conclusions

In addition to acceptability of the screening question to staff & feasibility of implementation...

- Found CDS tool modestly improved documentation of FPS in our primary care network
- Effect varied across sites
- Consider implementing this CDS tool at sites with lower baseline FPS documentation
- Consider other work flows for integrating a clinical screening question
- Consider patient perspective and satisfaction whether, when and how to be asked in primary care

Acknowledgements

Team:

- Seema Shah MD, MPH
- Linda Prine MD
- Silpa Srinivasulu, MPH
- Eve Walter, PhD
- Clyde Schecter, MD PhD

My contact: surubin@institute.org



MY BIRTH CONTROL: TECHNOLOGY TO ENABLE PATIENT-CENTERED CARE

Christine Dehlendorf, MD MAS
Professor
UCSF, Department of Family &
Community Medicine

SHARED DECISION MAKING IN FAMILY PLANNING

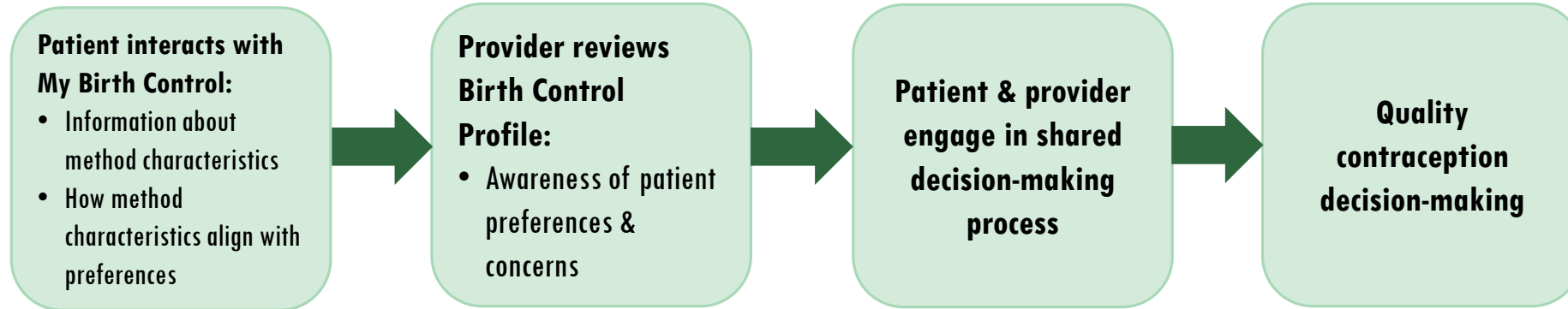
“I just think providers should be very informative about it and non-biased...maybe not try to persuade them to go one way or the other, but maybe try to find out about their background a little bit and what their relationships are like and maybe suggest what might work best for them but ultimately leave the decision up to the patient.”

MY BIRTH CONTROL

- Developed a tablet-based decision support tool (DST), *My Birth Control*, to help women with their selection of a contraceptive method
- Designed to promote a shared decision-making approach to counseling
- Conducted a cluster RCT including 749 patient participants and 28 provider participants in 4 sites in San Francisco



My Birth Control: How it works



MY BIRTH CONTROL AND SHARED DECISION MAKING

Motivation

Shared Decision Making has three parts:

- 1) initial information sharing about options
- 2) deliberation about options
- 3) the decision itself

ADDRESSING THREE COMPONENTS OF DECISION MAKING

Motivation

1) initial information sharing about options

2) deliberation about options

3) the decision itself

My Birth Control

Patient interacts with My Birth Control

- Provider information about method characteristics
- Elicit preferences
- Support consideration of relationship between method preferences and available methods



Provider reviews Birth Control Profile

- Support awareness of patient preferences, questions and concerns



Patient and provider engage in shared decision-making process



Quality contraceptive decision making

My Birth Control and Provider Counseling

Motivation

The tool is *not* designed to replace counseling, but instead facilitate a more efficient conversation

- Addresses time limitations that make it difficult to provide comprehensive counseling
- Offloads provider by giving the patient information about their options

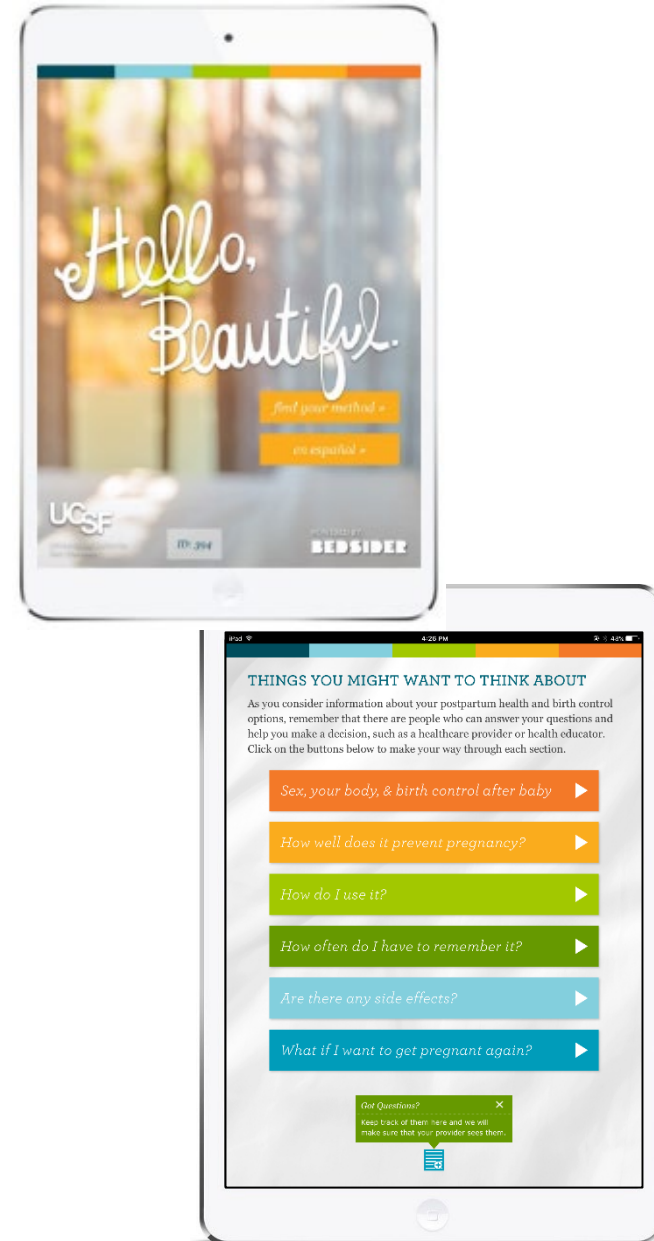
SYSTEMATIC DEVELOPMENT PROCESS

- Initial **needs assessment** using observation of counseling and qualitative interviews of patients and providers
- Collaboration with **UCSF family planning experts** to synthesize evidence
- Development of a **storyboard and digital prototype**
- Input from patient and provider **stakeholder groups**
- **Cognitive testing** around understandability and user-friendliness
- **Pilot testing** at a safety-net clinic in San Francisco



STRUCTURE OF THE TOOL

- **Educational modules** relevant to the choice of contraceptive method
- **Interactive component** where patient indicates preferences
- **Health history checklist** evaluating eligibility for methods
- **Interactive “method chooser”** with a method comparison feature
- **Questions page** where patients can enter their own
- **Final printout** with methods the patient is interested in, preferences, medical history, and questions for provider



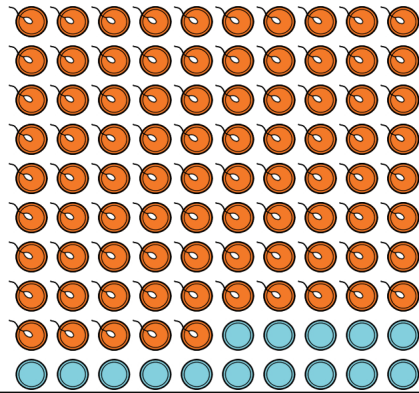
HOW WELL DOES IT PREVENT PREGNANCY?

How would you feel if you got pregnant right now? Scared? Stressed? Upset? Click on the methods to see how effective they really are at preventing pregnancy. Knowing which ones work best can help you make an informed decision.

Click the icons below to learn about each method.



No Method: 85 in 100 women will get pregnant during the first year of using no method.



INFO QUICKIE: IUDs

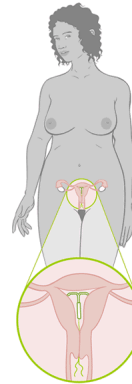
We know some women don't know much about the IUD, so we wanted to let you know it's one of the most effective forms of birth control you can get.

- Hormonal and copper IUDs are gaining popularity in the U.S.
- More doctors are recommending them for teens and young women, and using IUDs themselves.

There are also a lot of IUD myths out there, so let's clear some stuff up.

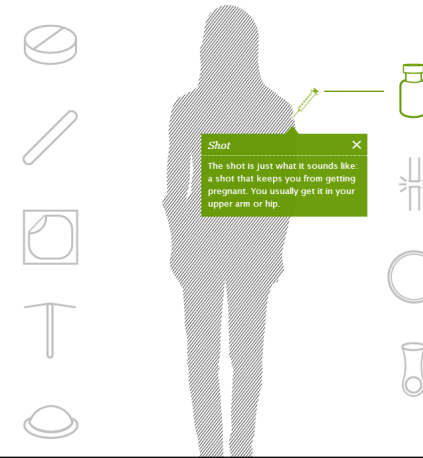
- IUDs are safe to use, even if you've never had a kid.
- They don't cause infection.
- They won't keep you from getting pregnant in the future.
- Inserting it into your uterus and taking it out are small procedures done in your doctor's office. And once it's in, you don't have to think about it for years or until you want to have it taken out.

Sounds pretty convenient, right? It is. And how's this for awesome: IUDs decrease your risk of pregnancy 20 times more than the pill, patch, or ring.



HOW DO I USE IT?

Click to see how each method is used and think about your lifestyle, your body, and how much you want to deal with your method. (Some require more planning and preparation than others.)



HOW OFTEN DO I HAVE TO REMEMBER IT?

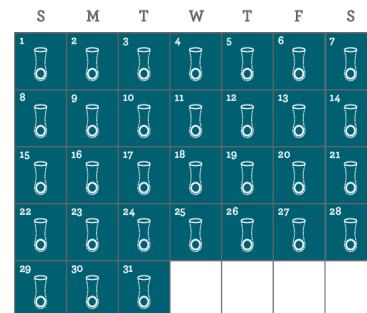
Click the icons below to learn about how often each method is used. Using your birth control correctly and consistently is extremely important if you don't want to get pregnant. (That means every time, all the time.) It's best to go with a method that you find convenient and easy to use.

<< more effort



less effort >>

Female Condom: Use it EVERY time you have sex.

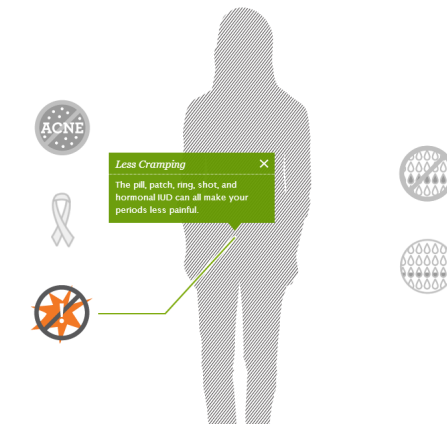


ARE THERE ANY SIDE EFFECTS?

Click below to see some side effects and perks that come with using birth control. Remember, most side effects are rare and often get better over time.

good stuff annoying stuff stuff not to worry about

In addition to preventing pregnancy, birth control can have positive effects too. Would any of these thrill you?

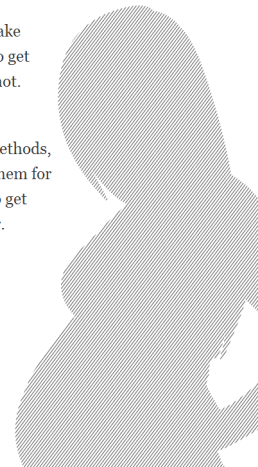


WHAT IF I DECIDE I WANT TO GET PREGNANT?

No birth control method will stop you from being able to get pregnant in the future. (Except female sterilization. Remember that one's permanent.)

Keep in mind that it may take several months or longer to get pregnant after using the shot.

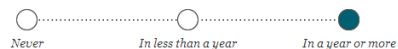
And because the IUD and implant are longer-term methods, we generally recommend them for women who do not want to get pregnant for at least a year. (But you can have them removed and stop using them at any time.)



NOW WE'D LIKE TO ASK YOU A FEW QUESTIONS

This will help you identify what's important to you about your birth control method. By thinking through what matters to you, you'll be able to find the best fit for you. Select the button to indicate your choice.

When do you think you might want to get pregnant?



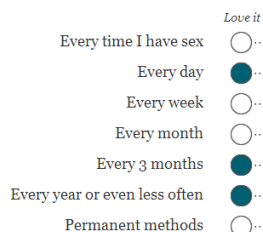
How important is it that your method is very effective at preventing pregnancy?



Do you care about how often you use your method? (for example every day, monthly, every 5 years)



When it comes to how often you have to use your method, how do you feel about EACH of these options?



HERE'S WHAT WE RECOMMEND

Based on the questions you answered for us, the methods that we recommend for you will appear below. You may have to scroll down to see the whole page. Methods with a check mark (✓) are the ones you said you were interested in at the beginning of the tool. Remember, you can click on the question mark (?) to learn more about each method.

After looking over these recommendations, click on the methods you want to talk about with your provider.

Click to see the methods recommended for you! »

After looking over these recommendations, click on the methods you want to talk about with your provider.

Based on what you told us about the importance of pregnancy prevention to you and if/when you want to get pregnant in the future, the following methods may be a good fit for you:



Based on what told us about how you'd like to use a method and how often you'd like to think about a method, the following methods may be a good fit for you:



YOUR BIRTH CONTROL PROFILE

print this page

Here is a summary of the information you just shared with us. Take it into your visit with your health care provider to start your conversation about birth control.

When you think you might want to get pregnant again /

» In a year or more

Birth control methods you want to talk about /



implant

Questions you want to ask /

» What is it like to have an implant inserted?

Things that are very important to me	Identified red flags
Effectiveness	Migraine with possible aura
How method is used	
How often method is used	

Side effects and benefits	
Things I really don't want	Heavier period/cramping, Weight gain
Things I really do want	Not having your period, Not having your period, Decreased cramping, Less heavy periods

How you felt about methods used in the past /

	Liked it	It was okay	Didn't like it
Pill	✓		
Hormonal IUD		✓	

How much you care about how your method is used /

	Options you love	Options you'd consider	Options you don't like
By mouth	✓		
On my skin	✓		
In my vagina	✓		
By shot			✓
In my uterus			✓
Under the skin of my arm	✓		
Cutting or blocking of my tubes			✓

How much you care about how often your method is used /

	Options you love	Options you'd consider	Options you don't like
Every time I have sex			✓
Every day	✓		
Every week	✓		
Every month	✓		
Every 3 months		✓	
Every year or even less often		✓	
Permanent methods			✓

How you feel about possible side effects /

	I'd actually like this	Fine either way	Bothers me a little	Bothers me a lot
Spotting/irregular bleeding			✓	
Not having your period	✓			
Heavier period/cramping				✓
Weight gain				✓

PRINTOUT

YOUR BIRTH CONTROL PROFILE

Here is a summary of the information you just shared with us. Take it into your visit with your health care provider to start your conversation about birth control.

When you think you might want to get pregnant /

» In a year or more

Birth control methods you want to talk about /



ring



patch



pill

Questions you want to ask /

» What happens if the ring falls out?

» What do I do if I miss a pill?

Things that are very important to me	
Effectiveness	<input checked="" type="checkbox"/>
How method is used	<input checked="" type="checkbox"/>
How often method is used	<input checked="" type="checkbox"/>

Identified red flags
none

Side effects and benefits	
Things I really <u>don't</u> want	Spotting/irregular bleeding, Weight gain, Heavier period/cramping
Things I really <u>do</u> want	Decreased acne

How you felt about methods used in the past /

	Liked it	It was okay	Didn't like it
Shot			<input checked="" type="checkbox"/>
Pill		<input checked="" type="checkbox"/>	
Male Condom		<input checked="" type="checkbox"/>	

How much you care about how your method is used /

	Options you love	Options you'd consider	Options you don't like
By mouth	<input checked="" type="checkbox"/>		
On my skin		<input checked="" type="checkbox"/>	
In my vagina		<input checked="" type="checkbox"/>	
By shot			<input checked="" type="checkbox"/>
In my uterus			<input checked="" type="checkbox"/>
Under the skin of my arm			<input checked="" type="checkbox"/>
Cutting or blocking of my tubes			<input checked="" type="checkbox"/>

How much you care about how often your method is used /

	Options you love	Options you'd consider	Options you don't like
Every time I have sex			<input checked="" type="checkbox"/>
Every day			<input checked="" type="checkbox"/>
Every week		<input checked="" type="checkbox"/>	
Every month	<input checked="" type="checkbox"/>		
Every 3 months	<input checked="" type="checkbox"/>		
Every year or even less often	<input checked="" type="checkbox"/>		
Permanent methods			<input checked="" type="checkbox"/>

How you feel about possible side effects /

	I'd actually like this	Fine either way	Bothers me a little	Bothers me a lot
Spotting/irregular bleeding				<input checked="" type="checkbox"/>
Not having your period			<input checked="" type="checkbox"/>	
Heavier period/cramping				<input checked="" type="checkbox"/>
Weight gain				<input checked="" type="checkbox"/>

How you feel about possible benefits /

	I'd actually dislike this	Fine either way	Would like a little	Would like a lot
Decreased acne				<input checked="" type="checkbox"/>
Not having your period		<input checked="" type="checkbox"/>		
Decreased cramping			<input checked="" type="checkbox"/>	
Less heavy periods			<input checked="" type="checkbox"/>	

RESULTS OF RANDOMIZED CONTROLLED TRIAL

Participants who used the tool were more likely to report having experienced patient-centered counseling

- 66% intervention vs. 57% control

Greater proportion of patients who used the tool:

- Indicated complete satisfaction with information received about side effects
 - 83% intervention vs. 75% control
- Reported making an informed contraceptive choice
 - 50% intervention vs. 43% control
- Had accurate knowledge about LARC methods
 - 36% intervention vs. 19% control

IN THE WORDS OF PATIENTS...

“I was able to ask better questions and be more confident in that, not just going into it being like, ‘whatever, I don’t know.’”

“It made [my visit] go much, much faster. I had really direct questions. It made it really easy for [the clinician] because I was already informed on all of the stuff.”

PROVIDER EXPERIENCE

- There was no difference in total clinic visit time between participants who used the tool and participants who received regular care
- Providers perceived patients who interacted with the tool to have increased knowledge about methods, side effects, and their own preferences
- My Birth Control enabled providers to allocate their time in counseling more effectively
- Providers considered intervention to be feasible and indicated they would incorporate into their daily practice

IN THE WORDS OF A PROVIDER...

“[The tool] allowed me to be more targeted in my counseling, as opposed to starting from scratch. I had...a foundation to focus on folks’ preferences and what they wanted to talk about, instead of what providers think clients should know.”

IN THE WORDS OF A PROVIDER...

“[Counseling] is better and I’m much more satisfied. I feel like I’ve done a better job because I don’t have to go over that initial information and I have focused information on what she likes, or doesn’t like.”

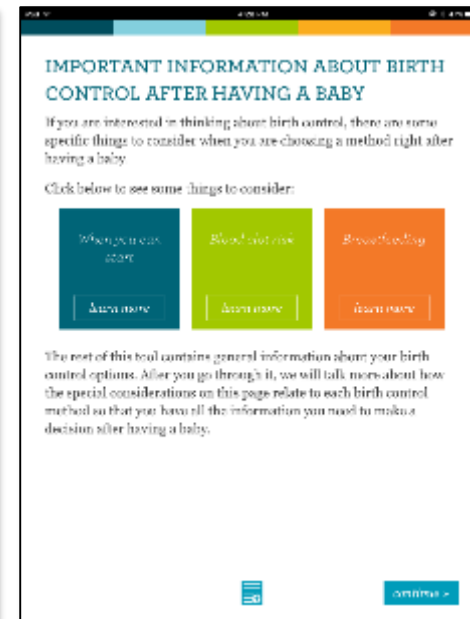
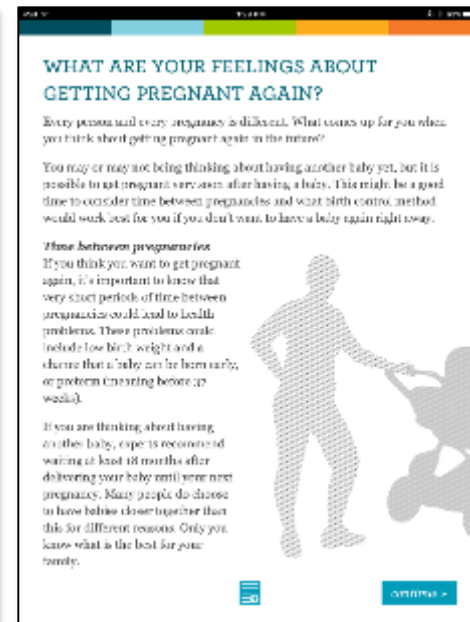
ONE MORE REASON TO USE MY BIRTH CONTROL...

Think about your visit. How do you think [provider name] did? Please rate them on each of the following by circling a number.	Poor	Fair	Good	Very good	Excellent
Respecting me as a person	1	2	3	4	5
Letting me say what mattered to me about my birth control method	1	2	3	4	5
Taking my preferences about my birth control seriously	1	2	3	4	5
Giving me enough information to make the best decision about my birth control method	1	2	3	4	5

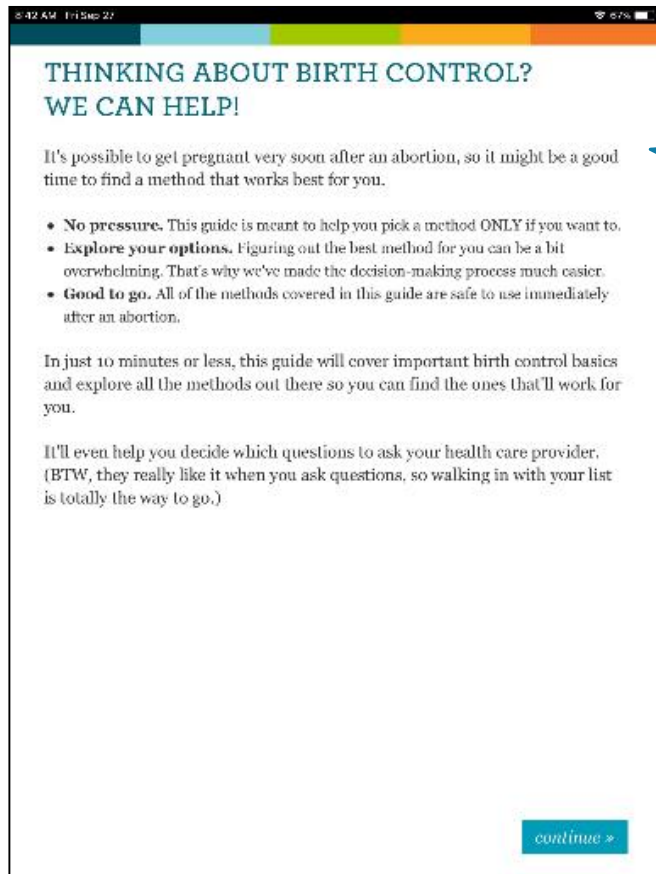
SUPPORTING PERIPARTUM CONTRACEPTIVE DECISION MAKING

- Formative research with peri-partum counseling revealed:
 - Contraceptive counseling is considered acceptable and desired throughout the peripartum period
 - Most participants were not specifically counseled regarding special postpartum considerations for family planning, including pregnancy spacing and compatibility with breastfeeding
 - Many expressed openness to and acceptability of electronic educational tools, pamphlets and digital resources

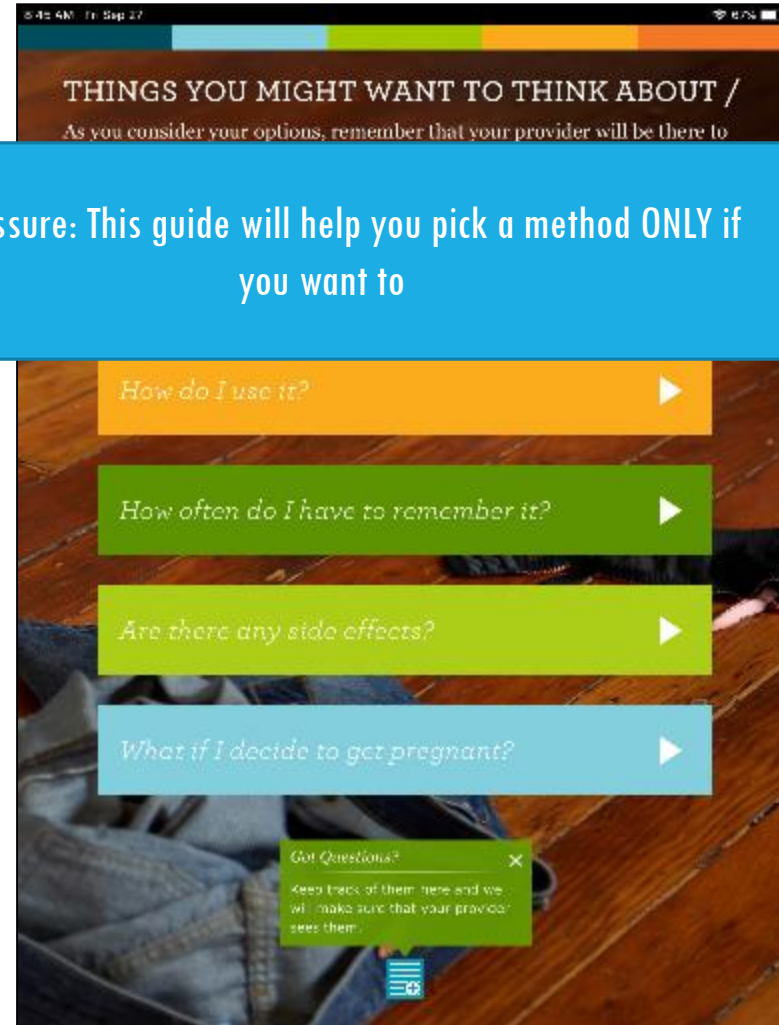
PERIPARTUM ADAPTION



ABORTION ADAPTION



No pressure: This guide will help you pick a method **ONLY** if you want to





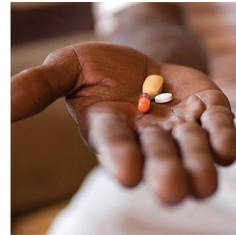
WHAT ARE MY OPTIONS TO PREVENT HIV?

People who are HIV-negative can use HIV prevention methods to lower their chance of getting HIV. These may be best used in combination!

Tap any method below to get more information.



PrEP: an HIV prevention medicine that I can take daily before and after sex



PEP: an HIV prevention medicine that I can take daily after sex for a month



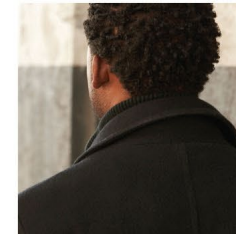
Condoms (male & female)



Decreasing my sex partners



Knowing if my partner has HIV



If my partner has HIV, he takes HIV medicines

continue »

INTEGRATING INTO CLINICAL SERVICES

- Responsive design allows for diverse approaches to integrating into care
 - Before care on patient's own device
 - Unrelated to care seeking
 - In waiting room
 - With counselor (using tool as a job aid)
- Dedicated champion to facilitate tool distribution and delivery of printout is desirable
- In future, could integrate into EHR

Introducing *My Birth Control*

A tool to help people think about
their birth control options.

Visit My Birth Control ▶

This tool is provided for general informational purposes only and is not intended as, nor should it be considered a substitute for, professional medical advice. Do not use the information on this website for diagnosing or treating any medical or health condition. If you have or suspect you have a medical problem, promptly contact your professional health care provider.





Question & Answer Period

THANK YOU!