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?

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?
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?

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

The Institute for Family Health
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
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
Results: Post-test screening question acceptability

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

- 30 seconds or less
- Between 30 seconds and 1 minute
- Between 1 and 3 minutes
- Between 3 and 5 minutes

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?

- Yes, it will make it more likely she will get birth control (68% in PRE, 69% in POST)
- No, it will not change the likelihood she will get birth control (33% in PRE, 31% in POST)
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...
Conclusions from implementation & feasibility perspective
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
"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."

Dehlendorf: Contraception, 2013
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

Patient interacts with My Birth Control:
- Information about method characteristics
- How method characteristics align with preferences

Provider reviews Birth Control Profile:
- Awareness of patient preferences & concerns

Patient & provider engage in shared decision-making process

Quality contraception decision-making
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

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
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?
- Never
- It has been a year
- As soon as possible
- As a year or more

How important is it that your method is very effective at preventing pregnancy?
- Not important
- Somewhat important
- Very important

Do you care about how often you use your method? (For example, every day, monthly, every 5 years)
- I don't care
- Learn a lot

When it comes to how often you have to use about EACH of these options?
- Every time I have sex
- Every week
- Every month
- Every 3 months
- Every year or even less often
- Permanent methods

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!

YOUR BIRTH CONTROL PROFILE

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

When you think you may be ready to get pregnant again:
- As a year or more

Which birth control method do you want to talk about?
- I'm not sure

Ask your healthcare provider:
- How often do you use it?
- How often do it use it?
- How is it used?
- How does it work?
- How is it taken?
- How does it affect me?
- How does it affect my sex life?
- How does it affect my mental health?
- How does it affect my physical health?
- How does it affect my menses?
- How does it affect my cycle?
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:

<table>
<thead>
<tr>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
</tr>
<tr>
<td>How method is used</td>
</tr>
<tr>
<td>How often method is used</td>
</tr>
</tbody>
</table>

Identified red flags:
- None

Side effects and benefits:

<table>
<thead>
<tr>
<th>Side effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spotting/irregular bleeding</td>
</tr>
<tr>
<td>Weight gain</td>
</tr>
<tr>
<td>Nausea</td>
</tr>
</tbody>
</table>

How you felt about methods used in the past:

<table>
<thead>
<tr>
<th>Method</th>
<th>Liked it</th>
<th>Fine it was okay</th>
<th>Didn't like it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shot</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pill</td>
<td></td>
<td></td>
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<tr>
<td>Male Condom</td>
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<td></td>
</tr>
</tbody>
</table>

How much you care about how your method is used:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Options you love</th>
<th>Options you’d consider</th>
<th>Options you don’t like</th>
</tr>
</thead>
<tbody>
<tr>
<td>By month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On my skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In my vagina</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By shot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By shot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under the skin of my arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutting or blocking of my tubes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Options you love</th>
<th>Options you’d consider</th>
<th>Options you don’t like</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every time I have sex</td>
<td></td>
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<td></td>
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<tr>
<td>Every day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every month</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Every 3 months</td>
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<td></td>
<td></td>
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<tr>
<td>Every year or even less often</td>
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<td></td>
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<tr>
<td>Permanent method</td>
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<td></td>
<td></td>
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</tbody>
</table>

How you feel about possible side effects:

<table>
<thead>
<tr>
<th>Side effect</th>
<th>I’d actually like this</th>
<th>Fine either way</th>
<th>Wouldn’t bother me a little</th>
<th>Wouldn’t bother me a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spotting/irregular bleeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight gain</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

How you feel about possible benefits:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>I’d actually dislike this</th>
<th>Fine either way</th>
<th>Would like a little</th>
<th>Would like a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased acne</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not having your period</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased cramping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less heavy periods</td>
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</table>
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

Dehlendorf: AJOG, 2019
"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.
“[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.”
“[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...

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting me as a person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Letting me say what mattered to me about my birth control method</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Taking my preferences about my birth control seriously</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Giving me enough information to make the best decision about my birth control method</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
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
No pressure: This guide will help you pick a method ONLY if you want to
decide + be ready
your birth control decision aid
GET STARTED
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!