"Family Planning Screening and Reproductive Health Service Availability in Primary Care"

Presented by Meredith Manze and Heidi Jones

at City University of New York (CUNY)

January 24, 2020, 12-1pm ET

Preconception Health+Health Care Initiative

A National Public-Private Partnership

Preconception CoIIN

This is a free webinar that will be recorded and archived.

This Preconception CoIIN will develop, implement, and disseminate a **woman-centered, clinician-engaged, community-involved** approach to the well woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.

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Family Planning Screening and Reproductive Health Service Availability in Primary Care

Heidi Jones, PhD, MPH & Meredith Manze, PhD, MPH

PreConception IM CoIIN Webinar

January 24th, 2020

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Co-investigators & acknowledgments

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Community Healthcare Network

THE INSTITUTE FOR FAMILY HEALTH

Overview

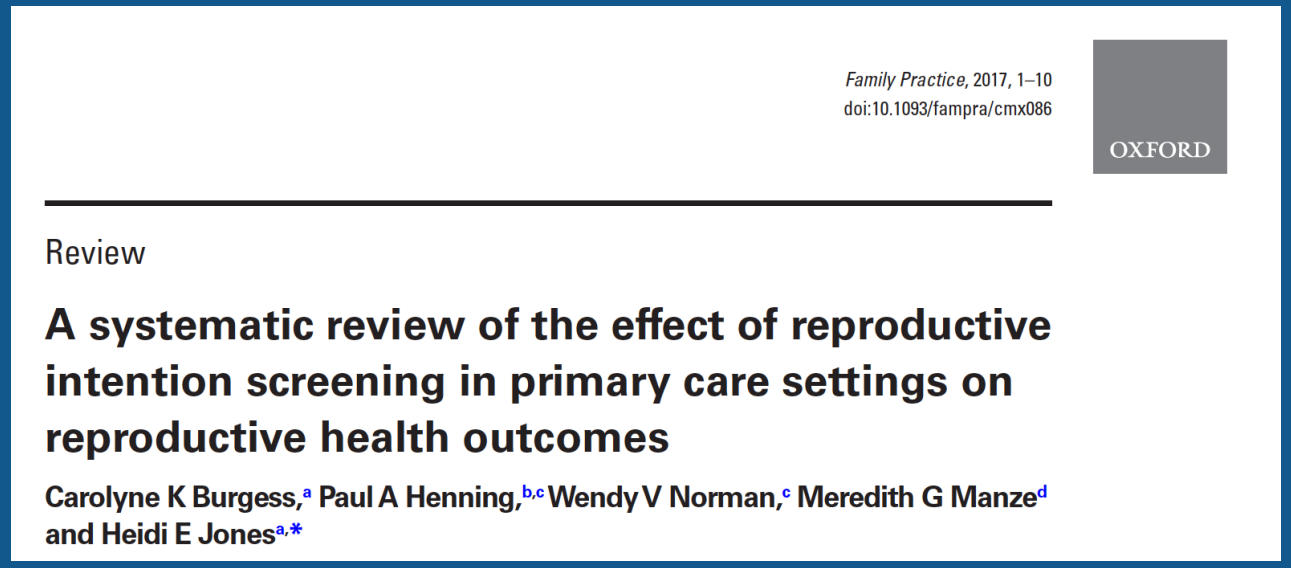
- Rationale for expanding access to family planning in primary care
- Current approaches to family planning screening questions
- Key findings from body of inter-related research
  - Key informant interviews
  - Research planning meeting with stakeholders
  - Primary care patient and physician surveys
  - Qualitative studies on integration of services, and understanding of pregnancy ‘intendedness’
- Discussion on reimagining endpoints to measure success

Rationale

- 462 million visits to primary care physicians in US in 2008
  (Petterson et al. Ann Fam Med, 2012)
- Only 14% of ambulatory care visits among women 15-44 years included contraceptive and/or preconception care in 2009-10
  (Bello et al. Fam Med, 2015)
- Maternal mortality rates in NYS high,
  20.9 per 100,000 live births in 2013-2015 with significant disparities by race/ethnicity
  (NYS Dept. of Health, 2017)
- Primary care visits missed opportunities?
  - CDC/OPA recommendations to include reproductive life plans

Systematic review

- 9 prospective studies from 2000-2017 of patients 15-49 to measure impact of “reproductive intention” screening
- Inconclusive evidence
  - Some showed modest benefits in patient knowledge
  - Increased documentation of contraception
  - Acceptability among patients was high (7 studies)



Family Practice, 2017, 1–10
doi:10.1093/fampra/cmx086

OXFORD

Review

A systematic review of the effect of reproductive intention screening in primary care settings on reproductive health outcomes

Carolyne K Burgess,[a] Paul A Henning,[b,c] Wendy V Norman,[c] Meredith G Manze[d] and Heidi E Jones[a,*]

Current approaches

- **CDC/OPA Reproductive Life Plan** (Preconception Care Work Group, 2006: Gaven et al 2014)
  - ***Do you have any children now? Do you want to have (more) children? How many (more) children would you like to have and when?***
  - Critiques of this approach (e.g. Callegari et al. 2017), CDC support for other approaches to questions regarding reproductive life plans or goals
- **One Key Question®** (Power to Decide – www.powertodecide.org)
  - ***Would you like to become pregnant in the next year?***
  - Endorsed by APHA and ACOG, recommended by many state/local public health departments including New York State
  - Pilot in Chicago using pre/post found patient-reported increase in contraceptive counseling and LARC recommendation, no change in preconception care and decrease in patient satisfaction (Stulberg et al. 2019 – follow up study ongoing)

Current approaches

- **Pregnancy, Attitudes, Timing and How important is pregnancy prevention (PATH)** **(https://www.envisionsrh.com)**
  - ***Do you think you might like to have (more) children at some point? When do you think that might be? How important is it to you to prevent pregnancy (until then)?***
  - Currently in use throughout the state of Tennessee (evaluation ongoing)
- **Service needs question** ***(Institutes for Family Health / CUNY SPH)***
  - ***Would you like your provider to help you with birth control or pregnancy planning today?***
  - EMR prompt for support staff increased documentation of family planning – time series (Shah et al. 2019)

Additional approaches

- Contraceptive Vital Sign (Schwarz et al, 2012)
- Reproductive Health Assessment Tool (RH-SAT) (Bello et al, 2013)
- Family Planning Quotient (FPQ) () + Reproductive Life Index (RepLI) (Patel et al, 2014, Zimmerman et al, 2015, Madrigal et al 2019)

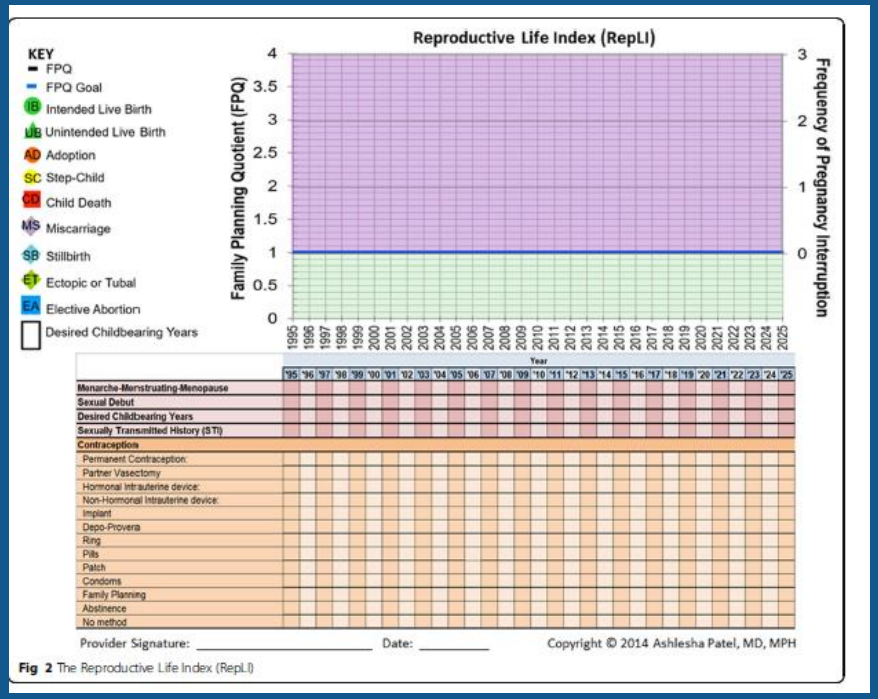


Fig 2 The Reproductive Life Index (RepLI)

Multicomponent research findings:

1. Key informant interviews

Methods

- 22 key informant interviews (KIIs) on Integration, Reproductive intention screening, Contraceptive/preconception counseling, Access to LARC, Role of reproductive justice framework
- Selection based on expertise in/knowledge of RH, primary care, RJ advocacy, health care systems, women's social and health needs
- Sample (NYC/NYS focus)
  - Reproductive health clinicians and administrators
  - Primary care clinicians and administrators
  - Public health and health care institutions (city and state)
  - Women's health and reproductive justice advocates

Characteristics of key informants

Characteristics	Number (N=22)
Sectors Represented	
- Advocates	7
- Health education/promotion	3
- Clinical: specialist	4
- Clinical: primary care	3
- Public health/health care	5
Experience in Reproductive Health	
- Less than 10 years	3
- Between 11-20 years	9
- 20 or more years	10
Familiar with the concept of reproductive justice?	
- Not really	4
- Somewhat	4
- Yes	14

Results

CONSTRUCTS	THEMES/SUB-THEMES
I. Pregnancy Intentions Screening	Providers *should* discuss family planning/fertility with patients
	- Help determine LARC appropriateness
	- Measure(s) need more testing
II. Childbearing Discussions	
A. Patient Context	Pro: creates opportunity to talk with provider
	Con: language may be leading/judgmental; patient discomfort; not just relevant to women
B. Systems Context	Requirements:
	- Organizational and provider buy-in
	- Incorporation in electronic medical records
	- Training (start w/routine sexual activity screening)
III. Counseling (Contraception/Preconception)	
A. Patient Context	Patients receive information to make informed choice
	- Method types, cost, side effects
	- Understand 'tiered' approach
	- Patient chooses from *all* method options, that are *equally* available
	- Obtain method in current visit
B. Systems Context	Method mix and patient choice/convenience important
	- Tensions between effectiveness and choice (tiered v. patient-centered)
	- Element of provider bias/judgment *vis-à-vis* patient-centered care

Romero et al., forthcoming.

I. Pregnancy Intention Screening

Providers should talk about FP/fertility with patients

"I just wish that doctors start talking to women … when they're in their teens…about what family planning choices they have or what their family planning intentions are. That way, a woman would know what options they have going forward, and… help them better plan out their lives if they choose to do so." *(PH/HC)*

"…it means giving her the information she needs… so she can choose herself what's right for her… for her to change her mind, for it to be available to her… It's putting the patient in control of making decisions…" *(Clinical: PC)*

Measures need further development

"So the question is, how do we design something to help physicians to talk to their patients about contraception and their lack of support without it… imply[ing] that you should have a reproductive life plan?" *(Clinical: PC)*

II. Childbearing Discussions

Language may be leading/judgmental (patient context)

"And it would be a very off-putting question and… I think it… it has the potential to do some harm in a relationship because it doesn't start where people are at… it's a fertility question, it's not a question about how you're having sex" *(Health advocate)*

"I don't like assuming that people want to be pregnant. There's a lot of people who don't ever want to be pregnant. " *(Health ed/promo)*

Incorporation in EHR (systems context)

"But it's also putting it, quite frankly, in an EHR. I think the FQHCs we're working with having that question about pregnancy intention embedded in an EHR so it kind of forces them to ask the question, which moves practice."*(PH/HC)*

III: Counseling (Contraception/Preconception)

Patient information/informed choice (patient context)

"…first and foremost a person's agency should be the most – the priority. The patient should have the ability to choose whatever methods that they're interested in and so I think that should be the primary focus…it resolves us to make certain that we are actually providing an overview, an adequate overview of available methods. *(Clinical OB/GYN)*

Provider bias vs. patient-centered care (systems context)

"I have to check my predetermined judgments at the door; I have to say to that patient who comes in and says 'I would like to get on birth control,' 'What would work best for you? What would work well for you?'" *(Clinical PC)*

2. Stakeholder meeting

Results

- Need more data on patient & primary care provider perspectives
  - Integration/expansion of RH services in primary care
  - Wording of reproductive intention question

- Revised wording to consider
  - Many of my patients are thinking about either getting pregnant or preventing a pregnancy. Where are you on this issue right now?
  - Can I help you with any reproductive health services today such as preventing pregnancy/birth control or planning for a healthy pregnancy? *(post-meeting working groups with IFH staff)*

3. Patient preferences survey

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Methods

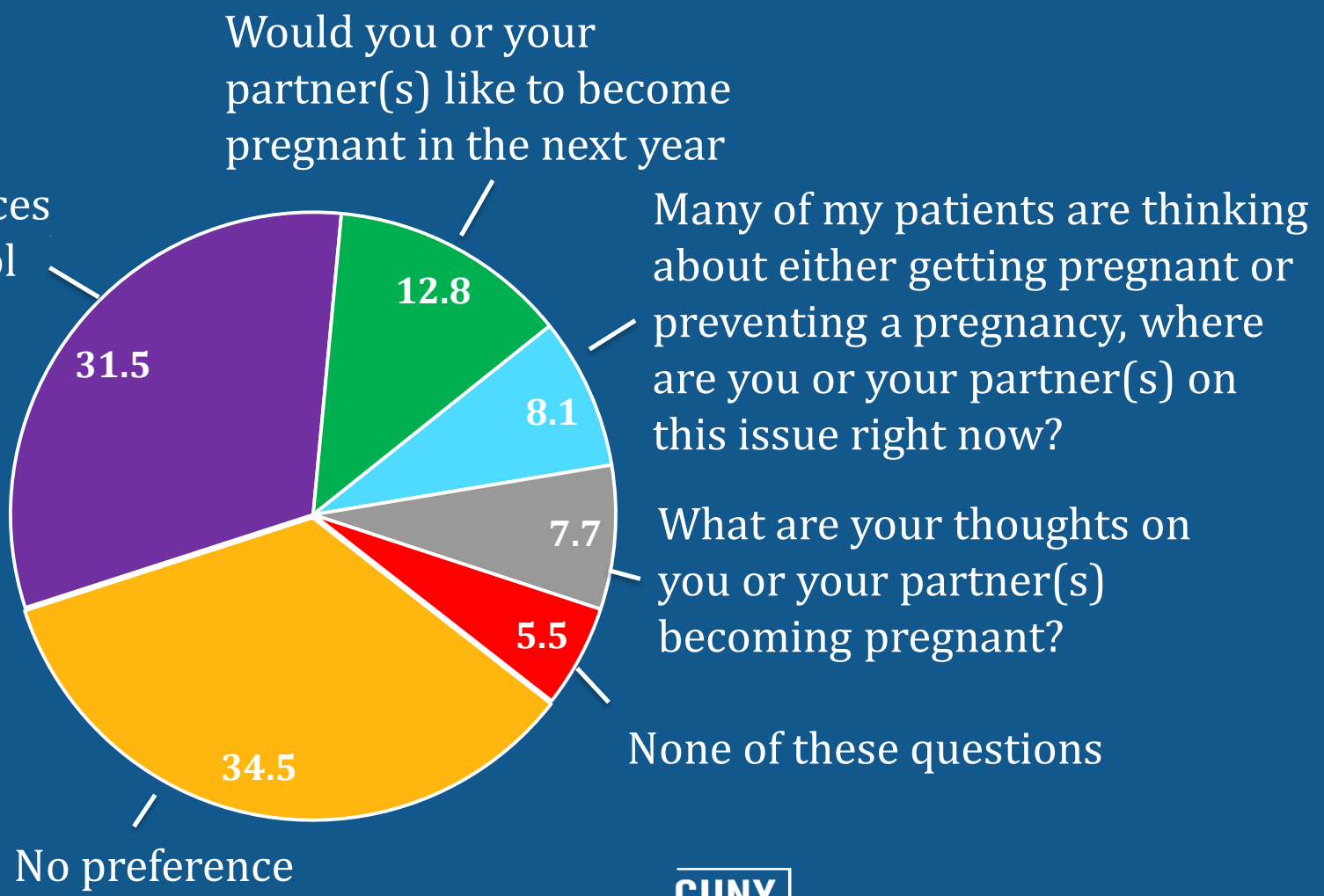
- Anonymous waiting room survey in 4 FQHCs in 2017
  - 2 in NYC (Brooklyn, Bronx)
  - 2 in Hudson Valley (New Paltz, Kingston)
- Self-administered survey (English/Spanish)
  - Piloted at each site
  - 5th grade literacy level
- Inclusion criteria
  - 18-49 years of age
  - Self-report able/willing to complete survey
- Sample size
  - 270 per site to allow for precision of ±6% for 50% preference with alpha=0.05
- $10 for participation

Results: Socio-demographics

Characteristics (n=1071)	N (%)
Race/ethnicity	
- Black non-Hispanic	437 (40.8)
- White non-Hispanic	345 (32.2)
- Asian	188 (17.6)
- Multi-racial	51 (4.8)
- Other	50 (4.7)
Gender	
- Female	737 (69.2)
- Male	284 (26.7)
- Transgender/other	44 (4.1)
Education	
- < High school	129 (12.0)
- High school	327 (30.5)
- College+	615 (57.5)

- 1071 respondents across all 4 sites
- 90.5% response rate females, 85.8% males
- Median age of 29
- Differences by site reflected different patient populations

Preferences: Wording



No differences by age, gender, education, race/ethnicity

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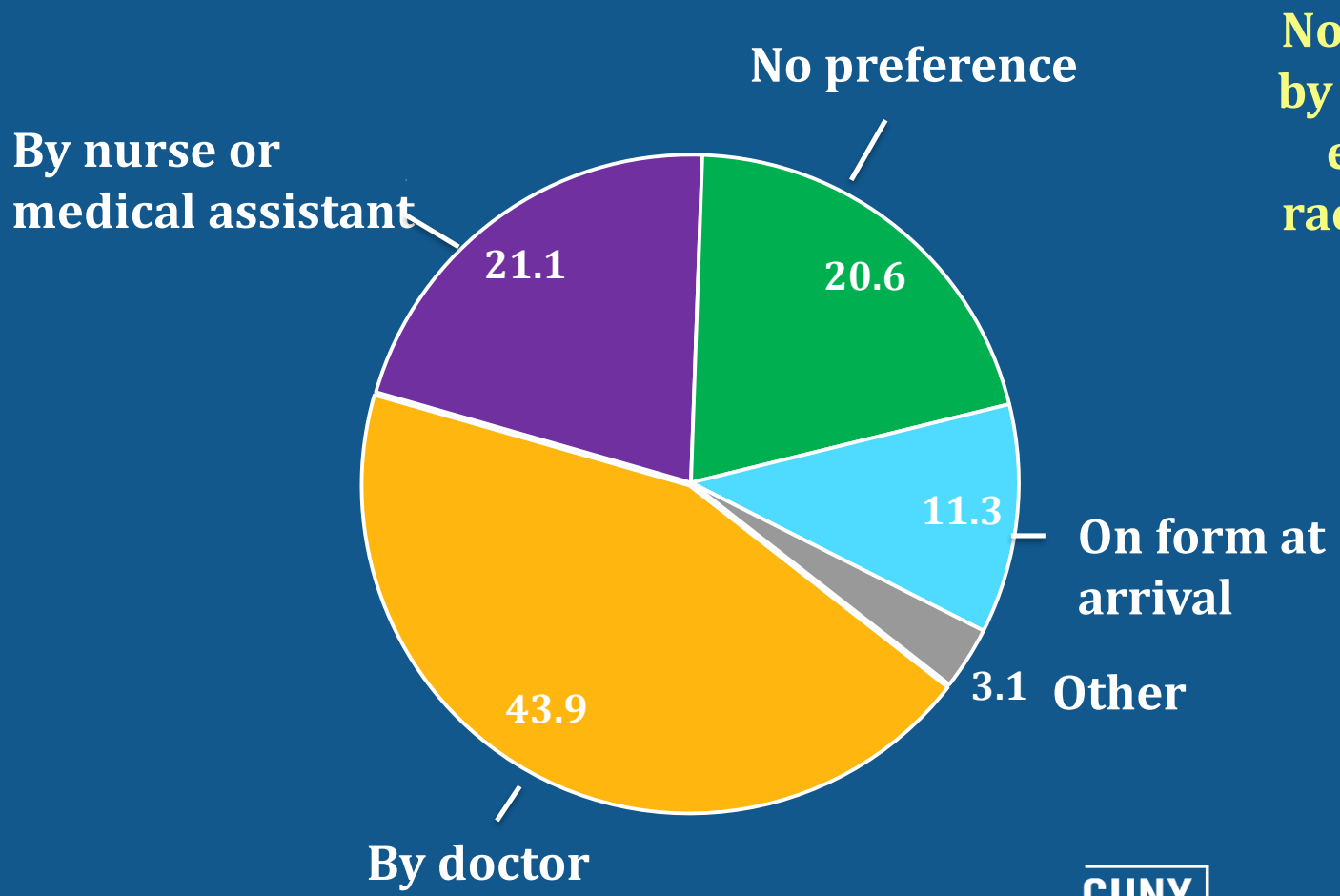
Preferences: Frequency Asked

- 49.8% at every visit, with differences by gender, $p<0.01$
  - 52.9% females
  - 42.9% males
  - 34.1% transgender/other
- 19.9% only if I bring it up
- 15.0% once a year
- 4.4% first visit to clinic only
- 2.5% other
- 8.3% never
  - 18.2% transgender/other
  - 12.9% males
  - 5.9% females

Preferences: Staffing



No differences by age, gender, education, race/ethnicity

Preferences: Service Availability

- Would like to be able to get for you or your partner(s):
  - Contraception (59.%)
  - Sexually transmitted infection (STI) testing (55.4%)
  - Prenatal care (45.5%)
  - Sexual dysfunction counseling (39.0%)
  - Abortion (31.5%)
- Differences by gender
  - Males/transgender higher for STI testing
  - Females higher for contraception and abortion
- No differences by education or race/ethnicity

Experiences with Discrimination

- How often think are treated with less respect than others when go to a health center?
  - 11.4% Always/often, 18.4% sometimes
- Among these (n=308), main reason for being treated this way:
  - Race (43.8%)
  - Gender (29.9%)
  - Age (23.4%)
- Hispanics & black non-Hispanics more likely to report race as reason than other groups
- Younger people more likely to report age than other groups

4. Physician perspectives survey

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Methods

RECRUITMENT

- NYS primary care conferences
- Staff meetings at two networks of federally qualified health centers (FQHCs)
- American Medical Association (AMA) Master File of primary care physicians with email addresses in NYS

STUDY INSTRUMENT & DESIGN

- Cross-sectional self-administered surveys
- Domains: Perspectives on & experiences with reproductive health services in primary care, pregnancy intention screening, and provider and clinic characteristics

Results: Physician characteristics (n=443)

Characteristic	Total n (%)
Specialty	
Family medicine	216 (51%)
Internal medicine	183 (43%)
Other	25 (6%)
Clinic setting	
Urban	239 (57%)
Suburban	137 (33%)
Rural	38 (9%)
Race	
White	282 (67%)
Asian	84 (20%)
Black/African American	23 (5%)
Other	35 (6%)

- Response rates
  - n=130, conferences (30%)
  - n=62, FQHC staff meetings (43%)
  - n=251, AMA Master File (3%)
- Compared to all NYS PCPs, sample more likely:
  - Female (50% vs. 39%)
  - Family medicine specialty (51% vs. 30%)
  - Younger (mean age 48 vs. 55)

Results: Reproductive Health Services

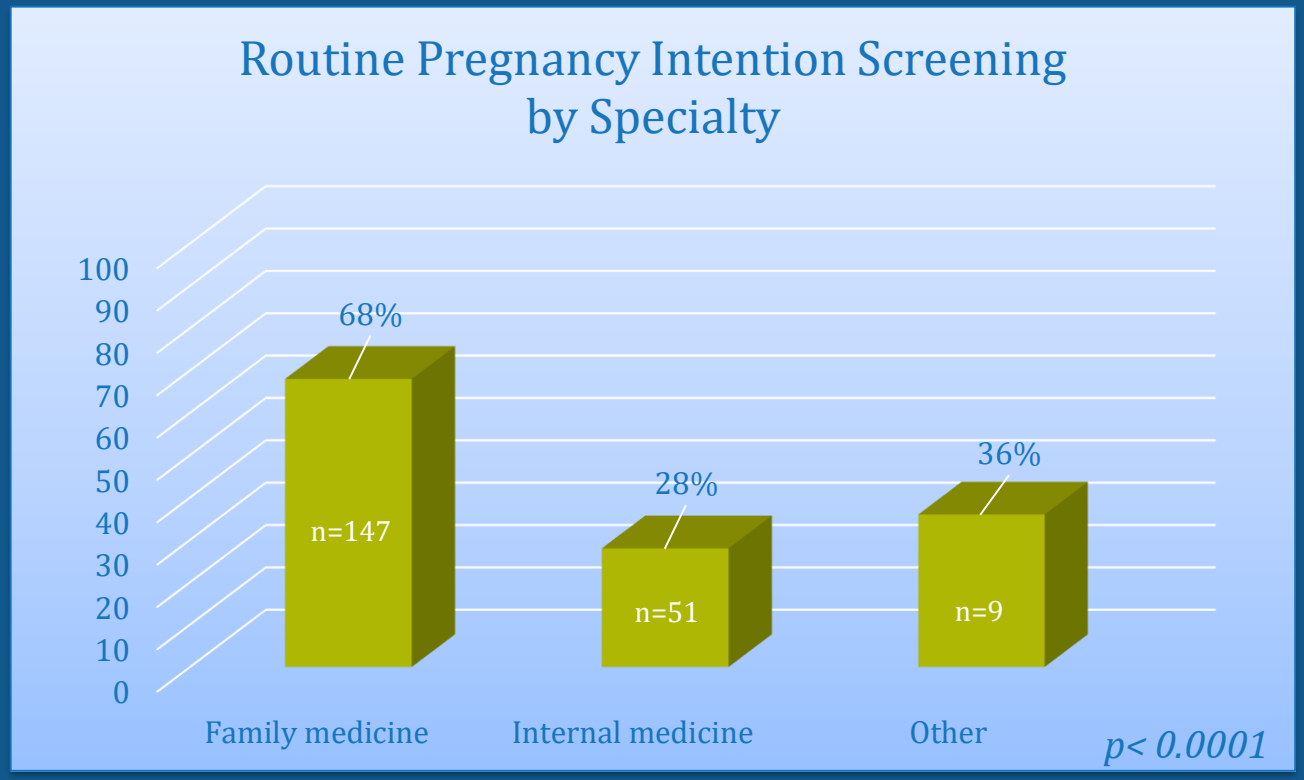
- 88% provided *any* reproductive health service in the last year
  - STI/HIV testing and counseling (74%), contraception counseling (67%), & cervical cancer screening (63%)
  - Spontaneous abortion management (17%) & induced abortion (9%) reported the least

- Additional training needs
  - Infertility evaluation (38%), induced abortion (33%)
  - Routine pregnancy intention screening (8%)
  - Contraceptive provision (17%) & contraceptive counseling (16%)
  - Preconception care & counseling (15%)

Results

PREGNANCY INTENTION SCREENING PRACTICES

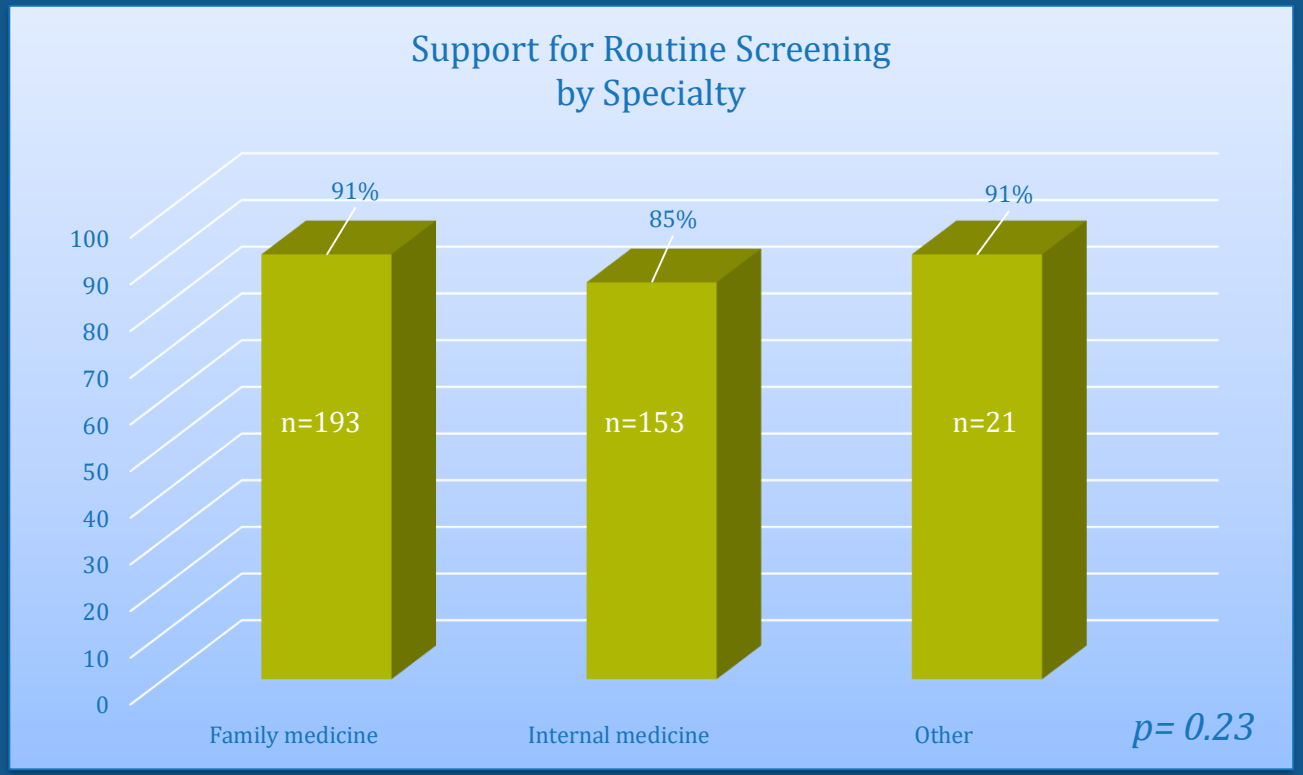
- 48% (n=208) provided routine screening in last year



Results

PREGNANCY INTENTION SCREENING PERSPECTIVES

- 88% (n=367) supported routine screening



Results: Optimal 'intention screening'

Question	Ranked First n (%)
"Can I help you with any reproductive health services today, such as preventing pregnancy/birth control or planning for a healthy pregnancy?"	118 (33%)
"Many of my patients are thinking about either getting pregnant or preventing a pregnancy. Where are you on this issue right now?"	106 (29%)
"What are your thoughts on becoming pregnant?"	79 (22%)
"Would you like to become pregnant in the next year?" [One Key Question®]	57 (15%)

5. Patient preferences qualitative interviews

Methods

Characteristic	New York City, NY		Dutchess County, NY	
Neighborhood income (+/- median county)	Below	Above	Below	Above
Mode	Focus groups	Focus groups	In-depth interviews	In-depth interviews
Size	2 FGs (n=7)	2 FGs (n=14)	n=11	n=7
Age range	21-30; 31-40	21-30; 31-40	21-40	21-40

Results

1. **Insufficient preconception care counseling**
2. **Measured response to RH in primary care**
   - Streamlined access to RH care
   - Concerns about provider and system capabilities
3. **Nature of patient engagement is key**
4. **Political climate and RH services**

Results: 'Intention screening' questions

I. **"Would you like to become pregnant in the next year?" (OKQ®)**
   - Neutral
   - When presented with other questions, viewed less favorably

II. **"Many of my patients are thinking about either getting pregnant or preventing a pregnancy. Where are you on this issue right now?"**
   - Less abrupt than OKQ
   - Comparison to other patients offensive/inappropriate

III. **"Can I help you with any reproductive health services today, such as birth control or planning for a healthy pregnancy?"**
   - Promotes reproductive autonomy
   - Prompts questions beyond just pregnancy for cisgender females

Results: 'Intention screening' questions

"Can I help you with any reproductive health services today, such as birth control or planning for a healthy pregnancy?"

"[This question] makes the most sense because it means that there are many different types of services that you can discuss with your doctor…and it's kind of up to you to gear that conversation. It's not asking yes or no answers, and it is not comparing you to women who want to become pregnant- who are nothing like you or vice versa."

-IDI, lower income NYS neighborhood, age 21-30

Manze et al. , *Family Medicine.* 2020, in press.

6. Re-examining 'intendedness' in-depth interviews

Methods

- n=176 heterosexual women and men, ages 18-35
- Community-based sample, New York City & northern NJ
- Analyzed using grounded theory methodology

Manze *et al. Reproductive Health* _####################_
https://doi.org/10.1186/s12978-019-0793-7

Reproductive Health

RESEARCH Open Access

A qualitative assessment of perspectives on getting pregnant: the Social Position and Family Formation study

Meredith G. Manze[1*], Dana Watnick[1,2] and Diana Romero[1]

Check for updates

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Results: Notions describing pregnancy

- **Deliberate**

  "Both of us work and I want us to be comfortable ….We want to make sure we can kind of set everything up and be proactive about bringing in a family."

  [Age 26, White, Male, No Children]

- **Predetermined:** Naturalistic & Chance

  "I didn't want three [children], but God gave me three. I didn't want none, but they came."

  [Age 32, African-American/Black, Female, Has children]

- **Blend of both**

  "…to a certain extent you plan. But there's only so much you can control with that either. I suppose we will plan. Reach a point in which we say, 'Oh. I think I'm ready to try again and have another baby.' Then let things happen as they happen."

  [Age 30, White, Female, Has Children]

Conclusions and discussion

Conclusions

- High level of support for inclusion of family planning service needs question in primary care
  - Higher among women, but also supported by many men and transgender
  - Supported by primary care physicians & other stakeholders
- While many had no preference, question preferred among providers and patients with preference:

  "Can I help you with any reproductive health services today such as preventing pregnancy/birth control or planning for a healthy pregnancy?"

End goal?

- Reduce "unintended" pregnancies?
  - CDC Healthy People 2020 - FP-6 'Increase % of women at risk of unintended pregnancy or partners who use contraception at most recent intercourse'
  - Emphasis on contraception over preconception care = not RJ framework?
- Increase access to/use of LARCs? all contraceptive methods?
  - OPA Performance measures: a. % of women at risk of unintended pregnancy provided LARC, b. most/moderately effective method
  - Excitement over LARC = reduced patient choice?
- Increase use of folic acid, management of chronic conditions, substance use disorders while "at risk" for conception?
  - Preconception care = health of uterus and future fetus more important than health of individual with uterus?

New RJ-based public health goal?

- Should we stop measuring "unintended pregnancy" and focus on reproductive autonomy? (Potter et al. 2019)
- Goal = To ensure people have access to the reproductive and sexual health services and support systems they need, "to maintain personal bodily autonomy, have children, not have children, and parent the children they have in safe and sustainable communities" *(SisterSong)*
- Access to health services including reproductive and sexual health services is a HUMAN RIGHT *(Cairo agenda, ICPD, 1994)*

Reimagining "women's" health care

- Find patient-centered ways to ensure access to reproductive and sexual health services in primary care for women and all genders
- Asking about what family planning services a person needs may be another approach to test in primary care
- Agree on new patient-centered metrics to use to measure success of ensuring access to services, moving away from % of pregnancies "unintended"

Thank you!

Comments? Questions? Suggestions?

Contact:

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Please take this 3 minute survey about today's webinar:

https://unc.az1.qualtrics.com/jfe/form/SV_6rsmPuOBQxaRdm5

National Preconception Health + Health Care Initiative May 2019

Upcoming Events

Preconception CoIIN Webinar, "Authentic Engagement: Bridging the Clinic-Community Connection" on May 29th - 12-1pm ET.
We will hear from Kenn L. Harris, Vice President of Community Engagement at The Community Foundation and the Director of the New Haven Federal Healthy Start program about how to build true clinic / community partnerships.
Click to RSVP / Add to your calendar.

Mid-Year All-Site Virtual Meeting:
June 7th - 12-2pm ET. This call will be a time for sites to share updates, lessons learned, and discuss successes and challenges related to this project. Details forthcoming.
Click to RSVP / Add to your calendar.

Email Katherine Bryant with questions.

Now Streaming: Add this to your podcast queue!

"New approaches to patient-centered reproductive goals assessment," presented by Dr. Sonya Borrero focused on clinical/practical applications for a patient-centered approach to reproductive life planning.
Stream now!

" Integrating Quality Women-Centered Care into Practice: Insights from Magnolia Clinic, "
Jaci Murphy, BSN, RN, Assistant Executive Community Health Nursing Director, Florida Department of Health in Duval County. Hear how health centers and sites can leverage community partners and programs to provide quality, women-centered care.

Advancing and Celebrating Women's Health

Join us in advancing women's health this month. Follow us on social media as we share work from partners to understand, evolve, and improve well woman care.
Mark your calendars: Women's Health Week (NWHW) is May 12-19, 2019 with the #NWHW kick-off on Mother's Day. Celebrate the women you love and the work being done to improve women's care.

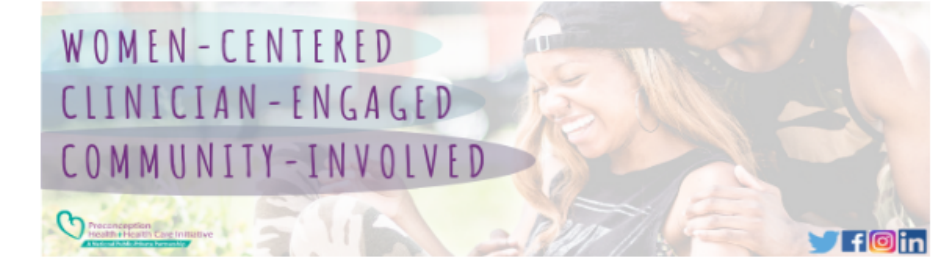
Understanding and Supporting Well Woman

How we engage with women about their health - in our clinics, communities, online, and otherwise - matters. Done right, it has the power to change lives. Although 65% of women ages 18-35 had a preventive visit in the last year, how they understand, manage, and access their health visit differs. Thankfully, we are seeing more organizations taking the time to listen to and learn from women about how to effectively reach and educate them about preventive care. This is something our PCH IM CoIIN sites are focusing on now.
As part of our work we continue to reach out to partners across the country to learn from other work underway.

The " Power Your Life, Power Your Health " campaign from the Utah Department of Public Health has been working to understand the knowledge and behaviors of young women surrounding their care, particularly their well woman visit. O ver the past year, Power Your Life, Power Your Health met with in both rural and urban areas of Utah to better understand how women access and think about their health care visit. From their focus groups, Power Your Life, Power Your Health has been able to identify opportunities and challenges in communicating and supporting these preventive visits. **Below is a report with key themes from their work:**

Understanding the Terminology
Women understood the terms "routine check-up," "preventive care," and "well-woman exam" differently.
To some, a routine check-up means getting lab work and being weighed and to others, it means going to an OB/GYN for a Pap smear and breast exam. Most participants thought preventive care
was similar to a routine check-up but they did state that it also included preventing or early detection of diseases (such as cancer) that might run in a woman's family.

Understanding Well-Woman Exams
When asked about well-woman exams, **most women stated that it meant OB/GYN care, such as a Pap smear and breast**



Building Women's Health Equity (PCHHC) Summer 2019

CityMatCH Webinar on Resources to Improve the Well Woman

In May, Dr. Sarah Verbiest presented to the CityMatCH Cohort on resources to improve the well woman visit. She included some of the lessons learned from sites in the PCC CoIIN project! Dr. Diana Ramos and the Women's Preventive Services Initiative (WPSI) team also shared information that teams can utilize to find resources that may be beneficial in your practice and community.

You can download the WPSI social media kit and the Final Report (2016) here. If your team would like physical copies of any WPSI materials, please contact Michelle Jones or click this link to request materials.

Click here to watch the Well Woman Care recording.

Preconception Health Research Highlights

Are you signed up to receive the CDC's bi-weekly updates on preconception and interconception health? The latest research, articles, new campaigns and resources will be sent straight to your inbox. Email Cheryl Robbins (ggf9@cdc.gov) with "subscribe." A great resource for everything happening in the industry, across the country - and world! Here are a few highlights from some of our PCHHC partner the last few research updates:

Preconception health in England: a proposal for annual reporting with core metrics, The Lancet - this report discusses public health and individual strategies to monitor preconception health in England with the proposal of annual report cards using metrics from multiple routine data sources. Such a report card should serve to hold governments and other relevant agencies to account for delivering interventions to improve preconception health. Great to see England also setting preconception care benchmarks.

Preconception care needs among female patients of childbearing age in an urban community pharmacy setting, Journal of American Pharmacy Association

Preconception Care in the Veterans Health Administration, Journal of Reproductive Medicine

Addressing preconception behaviour change through mobile phone apps: a protocol for a systematic review and meta-analysis, Systematic Review

Just 5% of women with type 1 diabetes receive preconception

Welcome to Summer!

Thank you to all who joined our June all site virtual gathering. There was excitement around exploring digital tools that could be used to engage young adults, such as mobile apps, texting services, and social media. To follow up, our summer issue focuses on top trends in consumer digital health that relate to women's health. We also offer a lot of other summer reading to keep you in the know on the latest news in our field! Hope you enjoy the long, light days of the season!

Digital and Online Tools to Reach Young Adults

With 96% of Americans 18-29 years old owning a smartphone , and a majority of them spending more than two hours per day online, it's clear the way to reach young adults must include mobile as a component.

Most American young adults have used the Internet for health-related purposes. Not only is the Internet the most common source for health information, but research has found that young adults are actively seeking credible sources of information when it comes to health-related topics. A survey of college students found that 67% were interested in using a free app to manage their sexual health.

Because most people now rely on their phones to access the Internet, rather than a desktop or laptop computer or other device, there is a growing interest in the power of mobile health.

A growing number of researchers are using m-health technology to reach adolescents with accurate and reliable sexual and reproductive health information.

Telemedicine and m-health are growing field s and offer benefits in accessibility, cost savings, efficiency, quality and continuity of care. Use of m-health apps can improve self-management of chronic conditions, empower clients and improve overall health care quality. We've shared some preconception health apps and resources below. Our own Dr. Diana Ramos, MD, Chair, PCHHC, spoke about the power of digital health tools at our TEDxUNC.

Consumer Mobile and Digital Resources

Show Your Love " Wellness Resources" section of this consumer preconception health resource has the top resources for young adults to utilize in their efforts towards healthier choices. There is also a " Well Visit 101" section that covers FAQs and information to navigate the well visit and insurance. In the "Wellness Resources" section, we have a list of

Show Your Love Today website, social media connections and message sharing is a key resource.

Connect with us!

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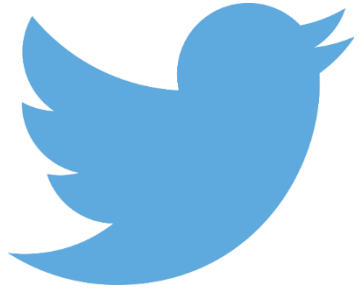

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About This Project

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