Patient-Centered Contraceptive Counseling:

Practice and Performance Measurement

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Objectives

- Describe a patient-centered approach to contraceptive counseling, including implications of women's complex conceptualizations of pregnancy
- Discuss the role of shared decision making in contraceptive counseling
- Review existing and upcoming performance measures in family planning and their relationship to patient-centered care

Patient-centered care

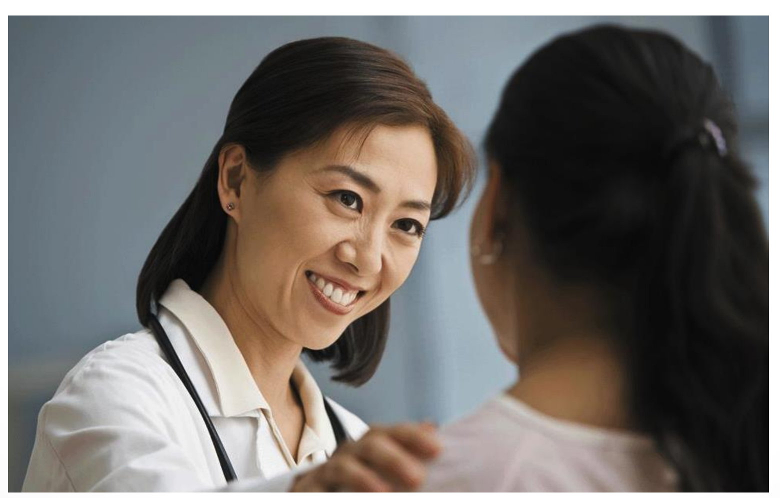
"Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values."

- Institute of Medicine

- Recognized by IOM as a dimension of quality
- Associated with improved outcomes

Communication is a key aspect of patient-centered care

- Quality, patient-centered interpersonal communication is central to patient-centered care
  - Allows patients to express needs and preferences
  - Ensures provision of appropriate education and counseling



What evidence is there that interpersonal communication matters?

- Interpersonal communication affects health care outcomes generally, including:
  - Patient satisfaction
  - Use of preventive care
  - Medication adherence

Doyle: *BMJ*, 2013

Evidence for impact of interpersonal communication in family planning

- Counseling influences method selection
- Quality of family planning counseling associated with use of contraception and satisfaction with method
- Client/patient-centered care is the right thing to do

Dehlendorf: *AJOG*, 2016
Rosenberg: *Fam Plann Perspect*, 1998
Forrest: *Fam Plann Perspect*, 1996
Harper: *Patient Ed Counsel*, 2010

How do we provide patient-centered contraceptive counseling?

Consumerist Counseling

Directive Counseling

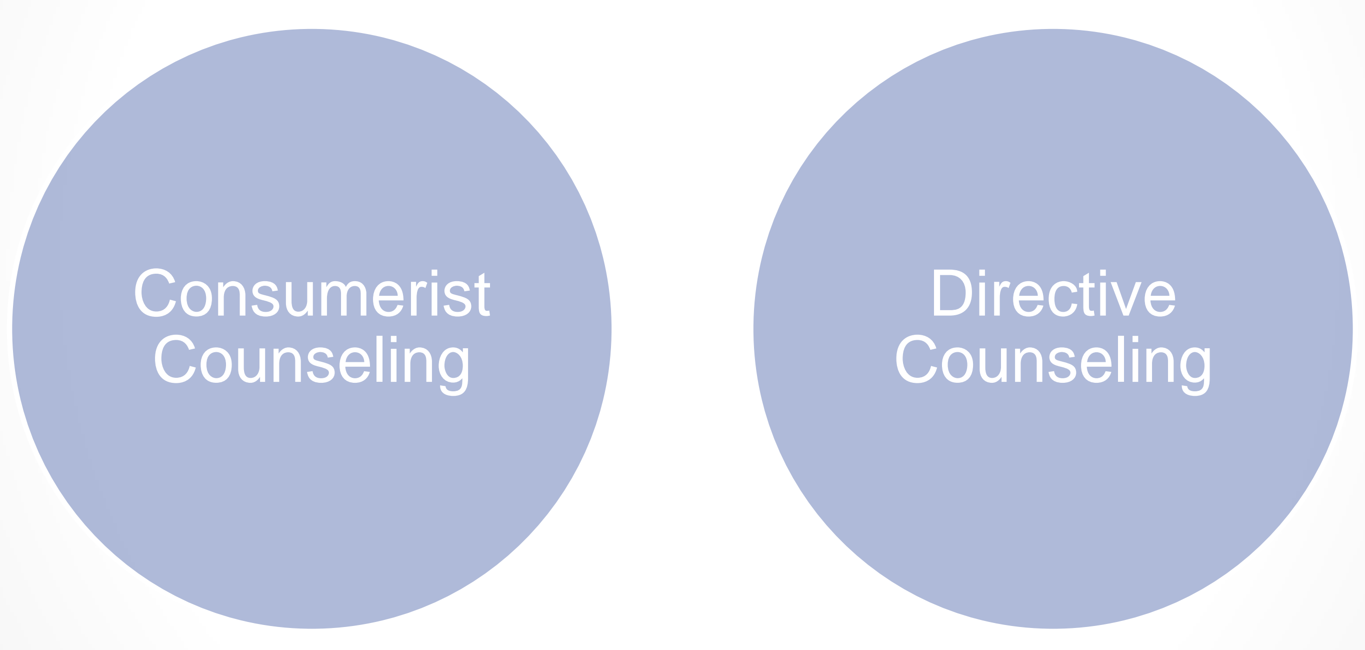
Consumerist counseling

- Informed Choice:
  - Provides only objective information and does not participate in method/treatment selection itself
- Foreclosed:
  - Only information on methods asked about by the patient are discussed
- Both prioritize autonomy

Problems with consumerist counseling

- Informed Choice:
  - Provider does not assist patient in understanding how preferences relate to method characteristics or tailor information to patient's needs
- Foreclosed:
  - Fails to ensure patient is aware of and has accurate information about methods

Approaches to contraceptive decision making



Directive counseling

- Provides information and counseling designed to promote use of specific methods
- Rooted in the healthcare provider's preferences, or assumptions about the patient's priorities

Move Towards More Directive Approaches

- General emphasis on/promotion of LARC methods in family planning field

- Examples:
  - Tiered effectiveness: Present methods in order of effectiveness
  - Motivational interviewing: Patient-centered approach to achieving behavior change

Is directive counseling patient-centered?

- **Directive counseling** appropriate when there is one option that leads to better health outcomes
  - Smoking cessation
  - Diabetes control
- Providers can engage with patients' preferences in patient-centered manner, while having an agenda

- **Decision support** appropriate for preference-sensitive decisions, in which there is no one best option
  - Early breast cancer treatment
  - Early prostate cancer treatment
- Helps patient to consider tradeoffs among different outcomes of treatments

What kind of decision is contraceptive choice?

- Women have strong and varied preferences for contraceptive features
- Relate to different assessments of potential outcomes, such as side effects
- Also relates to different assessments of the importance of avoiding an unintended pregnancy

Lessard: *PSRH,* 2012
Madden: *AJOG*, 2015

How do women think about pregnancy?

- **Intentions**: Timing-based ideas about if/when to get pregnant
- **Plans:** Decisions about when to get pregnant and formulation of actions
- **Desires:** Strength of inclination to get pregnant or avoid pregnancy
- **Feelings:** Emotional orientations towards pregnancy

Aiken, PSRH, 2016

A Multidimensional Concept

Plans ≠ Intentions ≠ Desires ≠ Feelings

- All different concepts
- Women may find all or only some meaningful
- Often appear inconsistent with each other

Planning May Not Be Desirable

"I guess one of the reasons that I haven't gotten an IUD yet is like, I don't know, having one kid already and being in a long-term committed relationship, it takes the element of surprise out of when we would have our next kid, which I kind of want. I'm in that weird position. I just don't want to put too much thought and planning into when I have my next kid."

Higgins *et al*. In Preparation 2016

Unintended May Be Welcome

"Another pregnancy is definitely not the right path for me and I'm being very careful with birth control. But If I somehow ended up pregnant would I embrace it and think it's for the best? Absolutely."

"I don't want more kids and was hoping to get my tubes tied. We can't afford another one. But if it happened I'd still be happy. I'd be really excited. We'd rise to the occasion…nothing would really change."

Aiken, Dillaway & Mevs-Korff. 2015 *Social Science & Medicine*

Ambivalent And Indifferent Desires

"Sometimes I probably want to get pregnant when I'm 22 or 27… or probably soon. Who knows? Probably when my daughter starts walking, maybe."

"I already got a kid so you know I'm not opposed to having children. If it happens, it happens…. I'd prefer we don't have children right now but if it happens, okay."

Gomez *et al*. Young Couples Study 2016

But shouldn't we get women to plan "for their own good"?

- Is an unintended pregnancy a universally negative health outcome?
- Little data to support this assumption
  - Many studies show no association with social or health outcomes
  - Some studies show associations with low birth weight and preterm birth
  - However, generally not well-designed and well-controlled
  - Most examine only retrospective intentions

Gipson et al. Studies in Family Planning, 2008

Concerns with directive counseling approaches

- Assuming women should want to use certain methods:
  - Ignores variability in preferences, including around importance of avoiding unintended pregnancy
  - Does not prioritize autonomy

- Pressure to use specific methods can be counterproductive
  - Perceived pressure increases risk of method discontinuation
  - Perceiving provide as having a preference associated with lower satisfaction with method

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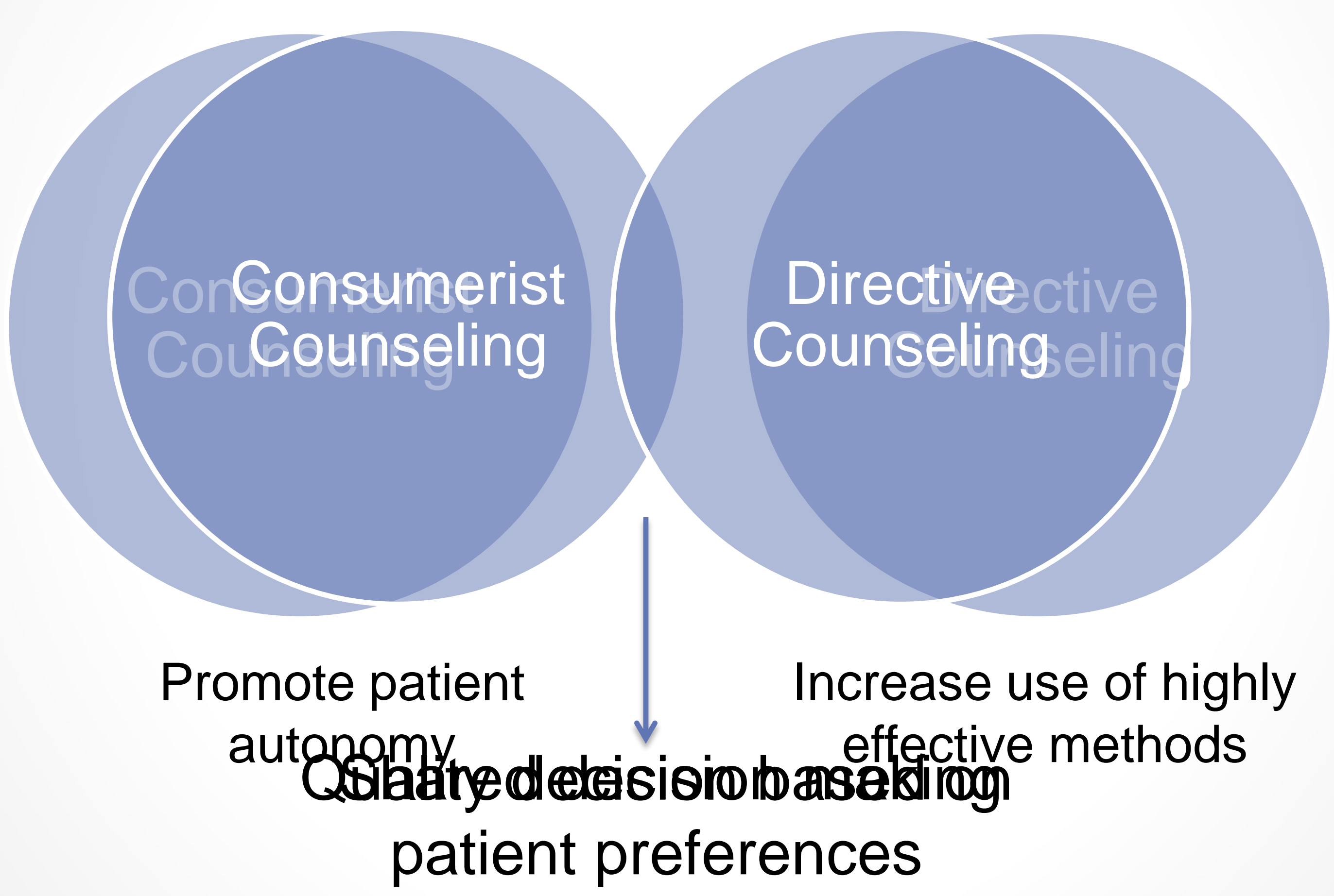
Kalmuss: *Fam Plann Perspect*, 1996
Dehlendorf: *Contraception*, 2014

Contraceptive decision making



Shared decision making

"A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences….This process provides patients with the support they need to make the best individualized care decisions."

- Informed Medical Decisions Foundation
- http://www.informedmedicaldecisions.org/what-is-shared-decision-making/

Shared decision-making in family planning

- Best method for an individual depends on her preferences
  - e.g., Women will weigh effectiveness differently relative to other characteristics
- Consistent with many women's preferences for counseling

Dehlendorf: *Contraception*, 2013
Dehlendorf: Contraception, 2014

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."

Dehlendorf, Contraception, 2013

Shared decision-making in family planning

- Patients who report sharing their decision with their provider had higher satisfaction
  - Compared to both patient- and provider-driven decisions
- May not be best for everyone, but provides starting point for counseling

Dehlendorf, Contraception, 2017

How to Do Shared Decision Making in Contraceptive Counseling

The process of shared decision making

- Essential to establish a positive therapeutic relationship
- Women value intimacy and continuity
- "Investing in the beginning"⟶ continuation
- Doesn't everybody do that?
  - Greet patient warmly (only done in 65% of visits)
  - Small talk (only done in 45% of visits)
  - Open-ended questions (only done in 43% of visits)

Dehlendorf: *Contraception,* 2013
Dehlendorf: *AJOG*, 2016

The process of shared decision making

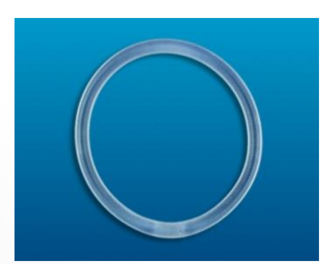
- Explicitly state focus on patient preferences:
  - "Do you have a sense of what is important to you about your method?"

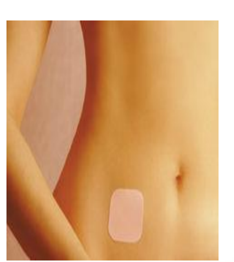
- Elicit informed preferences for method characteristics:
  - Effectiveness
  - Side effects
  - Frequency of using method
  - Different ways of taking methods

Don’t assume women know about their options

- Provid… …teristics
-

“There are methods you take once a day, once a week, once a month, or even less frequently. Is that something that makes a big difference to you?”





Talking about effectiveness

- Effectiveness often very important to women
- Frequent misinformation or misconceptions about relative effectiveness of methods
- Use natural frequencies:
  - Less than 1 in 100 women get pregnant on IUD
  - 9 in 100 women get pregnant on pill/patch/ring
- Use visual aids

Craig, WHI, 2014

Effectiveness of Family Planning Methods

Most Effective

Less than 1 pregnancy per 100 women in a year

6-12 pregnancies per 100 women in a year

18 or more pregnancies per 100 women in a year

Least Effective

Reversible

- **Implant** — 0.05 %*
- **Intrauterine Device (IUD)** — LNG - 0.2 % Copper T - 0.8 %

Permanent

- **Male Sterilization (Vasectomy)** — 0.15 %
- **Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)** — 0.5 %

How to make your method most effective

After procedure, little or nothing to do or remember.

Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

- **Injectable** — 6 %
- **Pill** — 9 %
- **Patch** — 9 %
- **Ring** — 9 %
- **Diaphragm** — 12 %

Injectable: Get repeat injections on time.

Pills: Take a pill each day.

Patch, Ring: Keep in place, change on time.

Diaphragm: Use correctly every time you have sex.

- **Male Condom** — 18 %
- **Female Condom** — 21 %
- **Withdrawal** — 22 %
- **Sponge** — 24 % parous women, 12 % nulliparous women
- **Fertility-Awareness Based Methods** — 24 %
- **Spermicide** — 28 %

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.

Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

CS 242797

CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397–404.

Patient-Centered Job Aid

Birth Control Method Options

Most Effective ← → Least Effective

	Female Sterilization	Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness Based Methods	Spermicides
Risk of pregnancy*	.5 out of 100	.15 out of 100	LNG: .2 out of 100 CopperT: .8 out of 100	.05 out of 100	6 out of 100	9 out of 100			12 out of 100	18 out of 100	21 out of 100	22 out of 100	12–24 out of 100	24 out of 100	28 out of 100
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	Permanent		Lasts up to 3–12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month	Every time you have sex					Daily	Every time you have sex
Menstrual side effects	None		LNG: Spotting, lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.			None						
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/ weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation			None	Allergic reaction, irritation	None	Allergic reaction, irritation
Other considerations	Provides permanent protection against an unintended pregnancy.		LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.			No hormones	No hormones. No prescription necessary.		No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can increase awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.
	Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.														

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.
Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011; 83: 397-404. Other references available on www.fpntc.org.

May 2016

Counseling about side effects

- Focus on menstrual side effects
- Inquire ab… …erest or con…

"I think that they hide the fact of the complications or the defects, the things that might happen if you take that. They don't give you that information and I don't think any provider has given me that information."

- R… respe…
- Consider benefits (e.g., acne) as well

Dehlendorf: *Contraception*, 2013

Addressing patient's concerns

"My friend said that method made her crazy."

"That's too bad your friend had that experience. I haven't heard of that before, and I can tell you it definitely doesn't happen frequently."

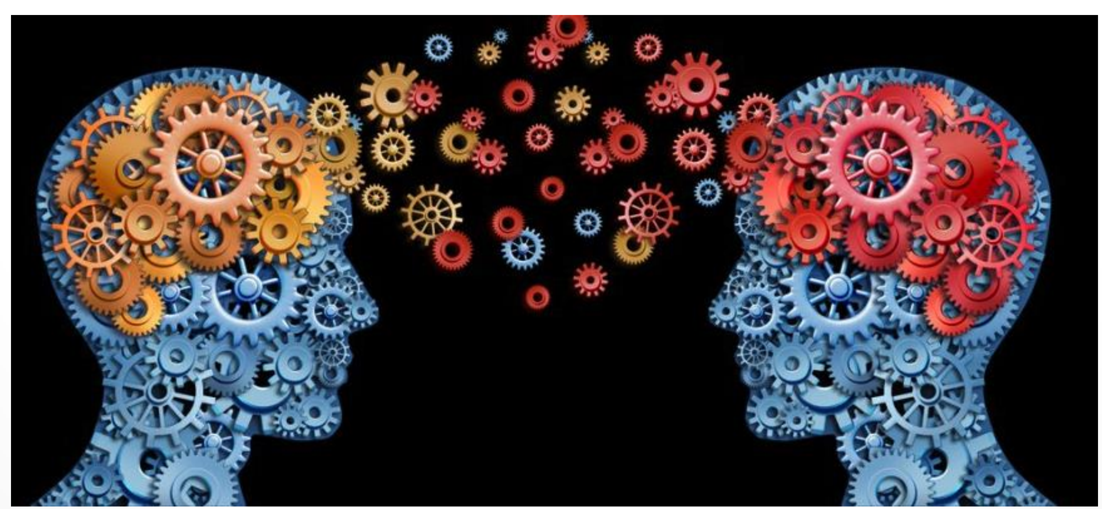
Ensuring preferences are informed

“I really don’t want a method that makes my period stop.”

“Some women don’t like the idea of not having a regular period for a range of reasons. But I do want to make sure you know that it is safe not to have a period when using these methods, in case safety is a concern for you.”

Sharing decision making

- Provide scaffolding for decision making
  - Given their preferences, what information do they need?
  - Actively facilitate, while avoiding stating opinions not based on patient preferences



Examples of facilitation

"I am hearing you say that avoiding pregnancy is the most important thing to you right now. In that case, you may want to consider either an IUD or implant. Can I tell you more about those methods?"

"You mentioned that it is really important to you to not have irregular bleeding. The pill, patch, ring and copper IUD are good options, if you want to hear more about those."

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Quality Improvement and Patient-Centered Care

Quality Improvement and Patient-Centered Care

- Performance measures can track and incentivize quality improvement around patient-centered care
- Can also incentivize non-patient centered care
  - Transferring patients for non-compliance
  - Testing for Chlamydia without consent

MacDonald, Ann Fam Med, 2009

Performance Measures in Family Planning

- Recent National Quality Forum endorsement of four family planning related measures:
  - Use of highly or moderately effective methods among 1) women of reproductive age and 2) post-partum women
  - Use of LARC methods among 1) women of reproductive age and 2) post-partum women

- What impact could these measures have on patient-centered care?

Access is Patient-Centered

- Goal of measures are to ensure women have access and are given information about all methods
- LARC-based measure is explicitly a floor measure, designed to ensure methods are at least available
- **But….MORE IS NOT BETTER**
- Potential for incentivizing non-patient centered (i.e. directive) counseling

OPA Guidance on Use of LARC Performance Measure

How the Measure Should be Used

This measure should be used as an access measure to identify very low rates of LARC use (less than 1-2% use); very low rates may signal barriers to LARC provision that should be addressed through training, changes in reimbursement practices, quality improvement processes, or other steps. The barriers to obtaining LARC are well documented, and include client physician lack of knowledge, financial constraints, and logistical issues. The *Contraceptive Care – Access to LARC* measure should not be used to encourage high rates of use as this may lead to coercive practices. This is especially important given the historical context of coercive practices related to contraception. For the same reason, it is not appropriate to use the *Contraceptive Care – Access to LARC* measure in a pay-for-performance context.

Safeguarding Against Negative Effects

- Ensure LARC measure is appropriately understood
- Need to recognize that barrier methods are appropriate for some people
  - Goal on moderately/highly effective measure is not 100%
- Develop a performance measure of patient-centered counseling as a counterbalance

Responses to NQF Measures During Consideration

"The National Partnership for Women & Families strongly supports the committee's recommendation to endorse this measure….It is extremely important to keep in mind that reproductive coercion has a troubling history, and remains an ongoing reality for many, including low-income women, women of color, young women, immigrant women, LGBT people, and incarcerated women. We hope this measure will be paired with a woman-reported "balancing measure" of experience of receiving contraceptive care. Such a measure can be expected to help identify and/or check inappropriate pressure from the health care system."

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Patient-Centered Counseling Measure

- 11 item Interpersonal Quality in Family Planning (IQFP) scale developed based on:
  - Domains of patient-centered communication
  - Patient preferences for contraceptive counseling
  - Factor analysis

- Associated with:
  - Continuation of chosen contraceptive methods
  - Audio recording derived measures of quality counseling
  - Other, less specific measures of satisfaction

Adaptation to Patient-Reported Performance Measure

- Cooperative agreement with the Office of Population Affairs to adapt for submission to NQF
  - Reducing number of items
  - Testing face validity with patients, providers, administrators
  - Testing in the real world
- Preliminary final scale:

Please rate the provider you saw with respect to:
Respecting me as a person
Letting me say what mattered to me about my birth control method
Taking my preferences about my birth control seriously
Giving me enough information to make the best decision about my birth control method

Next Steps

- Continue to work to promote patient-centered care, including training staff in shared decision making
- Ensure that performance improvement efforts prioritize patient-centered family planning care
- Recognize that claims-based performance measures are blunt tools
    - Be aware of potential to negatively influence care
- Be sure your clinical site is correctly interpreting LARC-based measure

Resources for Patient-Centered Counseling

- Web-based client-centered counseling training:
  - http://fpntc.org/training-and-resources/quality-contraceptive-counseling-and-education-a-client-centered-conversation
  - http://caiglobal.co/j_cap/

- Toolkit for clinic-based training:
  - http://fpntc.org/training-and-resources/providing-quality-contraceptive-counseling-education-a-toolkit-for-training

- Comprehensive and customizable training package in development

Questions?