



Increasing LARC Uptake in an Urban, Underserved, Primary Care Setting



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Disclosures

- Member of the advisory boards for ContraMed and Afaxys
- Merck trainer for Nexplanon

Learning Objectives

1. Outline barriers to long acting reversible contraceptive (LARC) uptake.
2. Identify key approaches for integrating LARCs into primary care practice services.
3. Describe three strategies to improve LARC uptake in clinical settings.

Outline

- ☞ Unity Health Care Overview
- ☞ Unintended Pregnancy: US and District of Columbia (DC)
- ☞ Contraceptive Effectiveness
- ☞ LARC Effectiveness and Barriers to Uptake
- ☞ Goals and Strategies
 - System Changes, Staff Development, Technical Assistance
- ☞ Evaluation
- ☞ Conclusions and Discussion

Unity Health Care Inc.

- Network of federally qualified health centers
- 29 health centers: including 3 school-based, 8 homeless, and 2 correctional facility sites with mobile medical outreach
- Comprehensive primary care services
 - Family Planning , family medicine, pediatrics
- Obstetric/gynecology, Infectious Disease
- Specialty care (cardiology, Obgyn, infectious disease, pulmonology, mental health, dental etc.)
- Medical campus for Doctor of Osteopathy program
- Family medicine residency site



Unity Health Care Inc.

Largest primary care agency (FQHC) in the area with 548,559 visits for 101,613 patients in 2012;
46,697 family planning visits



- ∞ 210 Clinicians
- ∞ 263 Medical Support Staff
(Nurses, MAs, Lab Techs, etc.)



Unity and Title X History

- ☞ Became Title X grantee in 2007
- ☞ Renewed in 2010 for five years as DC Title X grantee
- ☞ 25 Title X (Unity and delegate) sites in DC, including 3 school-based centers

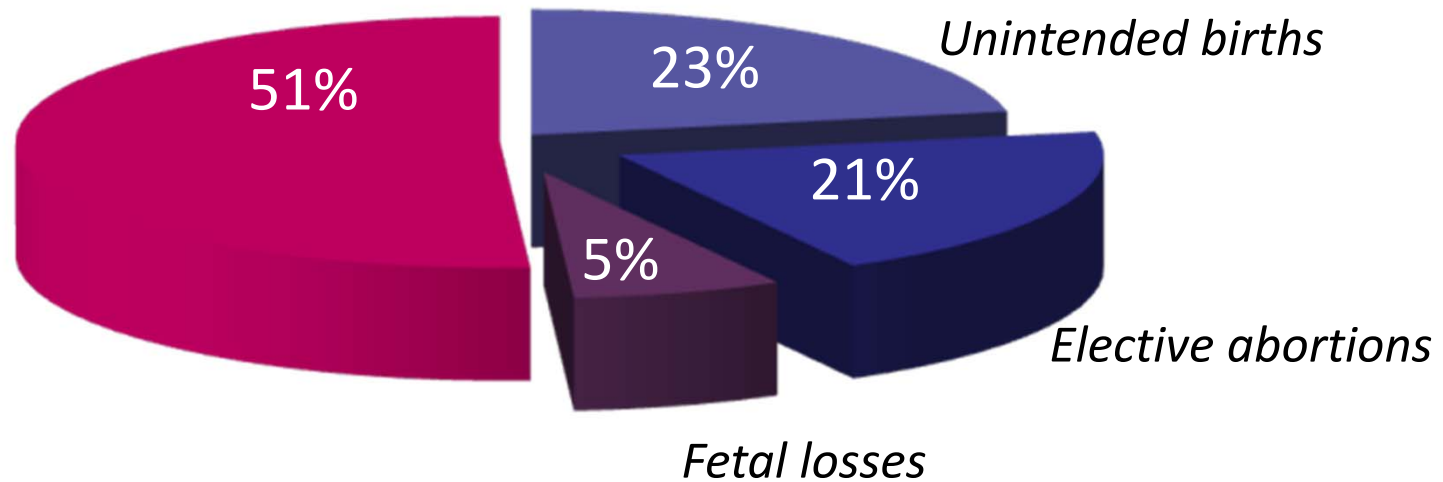
Unintended Pregnancy Data: US

6.7 MILLION PREGNANCIES

over one year

Intended: 51%

Unintended 49%



Finer, Zolna. *Contraception*. 2011.

Unintended Pregnancy Data: District of Columbia (DC)

- ☞ 59% of all pregnancies unintended in DC
 - compared to 48% nationally
- ☞ Highest teen pregnancy rate
 - 165/1,000 girls
- ☞ 8th highest teen birth rate
 - 45.4/1,000 live births



- Finer, L.B. & Zolna, M.R. (2011). Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception* (84), 478-485.
- Guttmacher Institute. (2010). *U.S. teenage pregnancies, births and abortions: National and state trends and trends by race and ethnicity*. Washington, DC: Guttmacher Institute.
- Office of Adolescent Health (2013). *Adolescent Health Facts: Reproductive Health Data for the District of Columbia*

Unintended Pregnancy Prevention

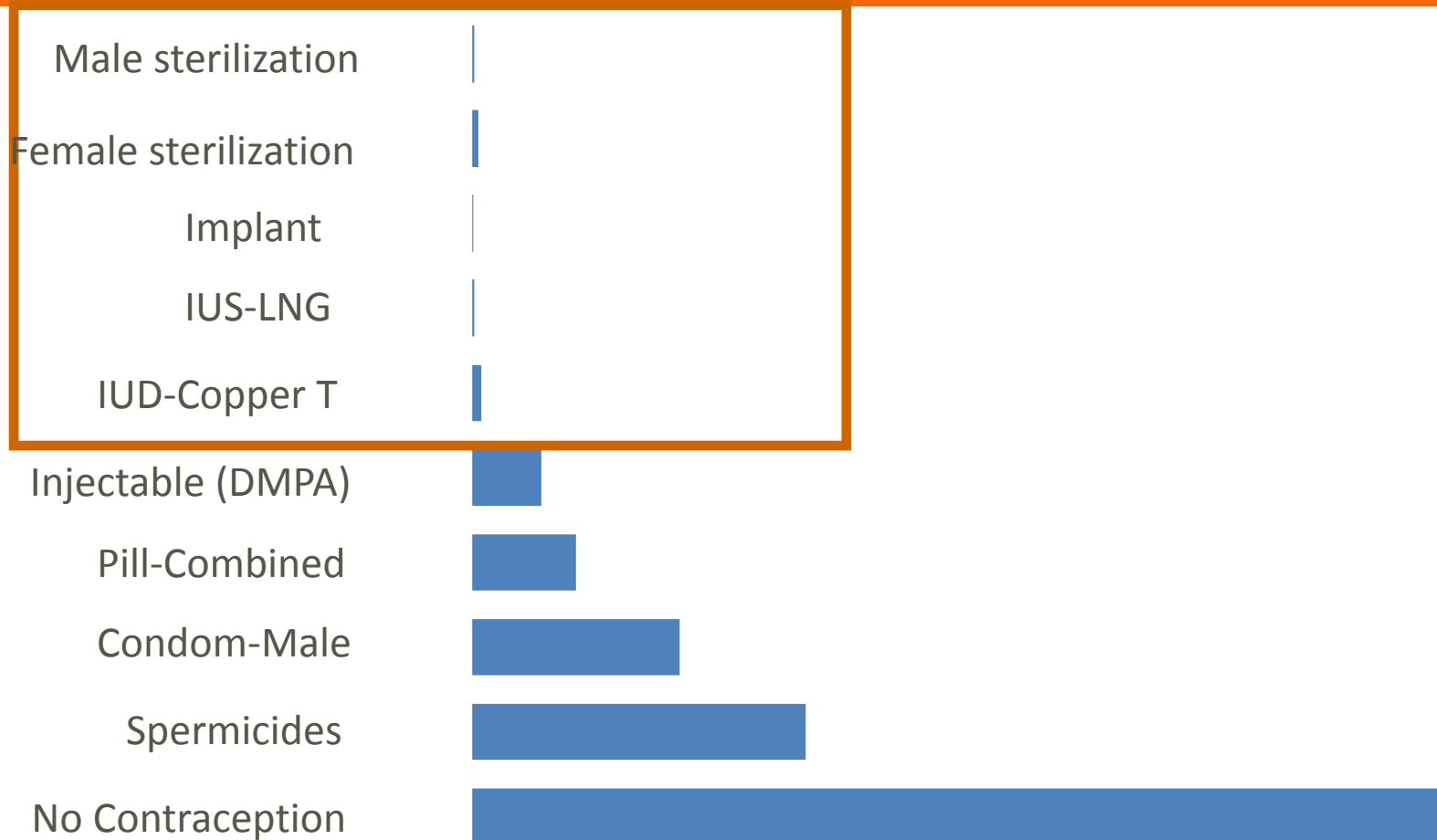
STARTING POINTS: Pregnancy and Risks

- ∞ Average number of desired children in US is two → a woman will spend approximately 30 years of her life avoiding pregnancy
- ∞ Key to having a healthy child is to get as healthy as possible before becoming pregnant (physically, emotionally, financially)
- ∞ Recognize that all contraceptive methods have far fewer risks than pregnancy



**"Well, I'm on the pill. I also use a diaphragm with a
contraceptive sponge and Alan wears a condom.
Plus we abstain completely from sex."**

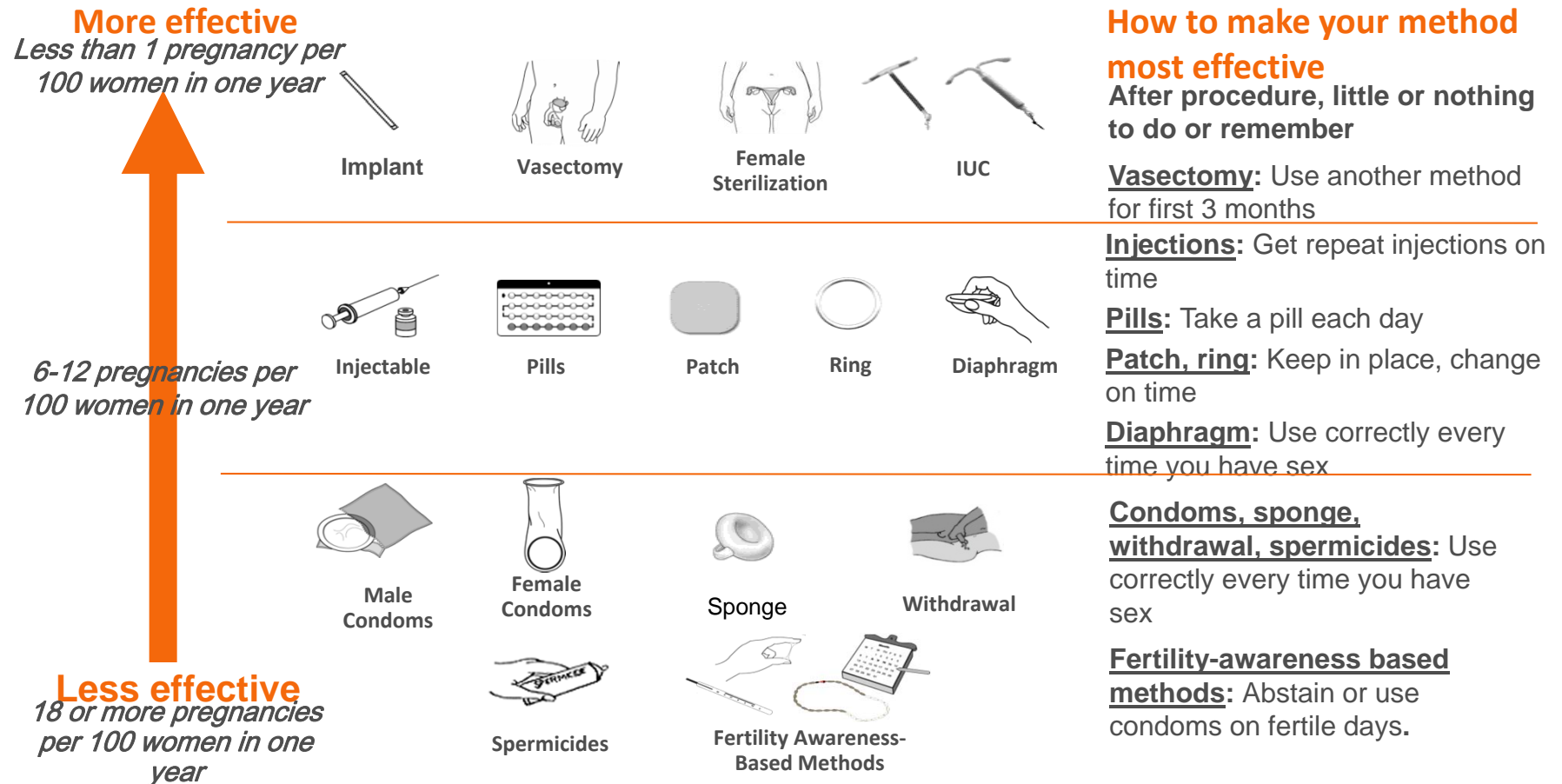
Contraceptive Effectiveness: 1st Year Failure Rates of Select Contraceptives (Typical Use)



Adapted from Trussell J. In Hatcher RA, et al. *Contraceptive Technology: 20th ed*, 2011.



Utilizing Contraceptive Effectiveness Tools



Trussell J, et al. In: Hatcher RA, et al. *Contraceptive Technology*, 20th revised ed. 2011.
Chart adapted from WHO 2007.

HOW WELL DOES BIRTH CONTROL WORK?

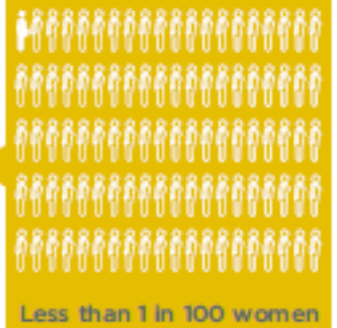
What is your chance of getting pregnant?



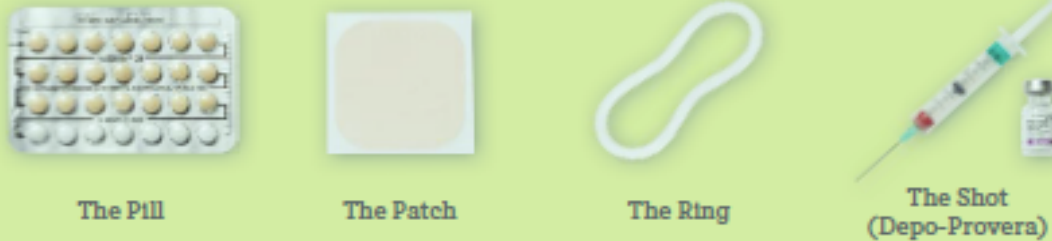
Really, really well



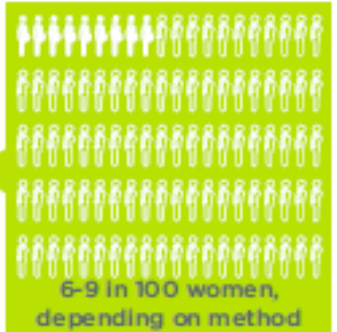
Work, hassle-free, without needing to remember to do anything.



O.K.



For it to work best, use it... Every. Single. Day. Every week Every month Every 3 months



Not as well



For these methods to work, you or your partner have to use it every single time you have sex.



FYI, without birth control, over 90 in 100 young women get pregnant in a year.



choose birth control + condoms

If you're having sex, use **BOTH EVERY TIME** to help prevent pregnancy, HIV & STDs.

There are many safe birth control methods. Choose the one that's right for you.

YOUR OPTIONS	HOW OFTEN YOU USE IT	WHERE TO GET IT	EFFECTIVENESS
<ul style="list-style-type: none"> IUD Implant 	<ul style="list-style-type: none"> Can be left in place for up to 3-10 years Can be easily taken out if you want to get pregnant 	<ul style="list-style-type: none"> A doctor's office or clinic 	99+% effective
<ul style="list-style-type: none"> Shot Ring Patch The Pill 	<ul style="list-style-type: none"> New shot every 3 months Leave ring in for 3 weeks, remove for week 4 New patch once a week for 3 weeks, no patch for week 4 One pill at same time, every day 	<ul style="list-style-type: none"> A doctor's office or clinic 	91-94% effective
<ul style="list-style-type: none"> Diaphragm Cervical Cap Sponge 	<ul style="list-style-type: none"> Every time you have sex Every time you have sex 	<ul style="list-style-type: none"> A doctor's office or clinic Buy at drugstore 	71 - 88% effective
<ul style="list-style-type: none"> Spermicide 	<ul style="list-style-type: none"> Every time you have sex 	<ul style="list-style-type: none"> Buy at drugstore 	72% effective

(See back for more details on each method.)

EMERGENCY CONTRACEPTION

If your birth control failed or no birth control was used, get emergency contraception (see back for more info).

FOR CLINICS SERVING TEENS:

Search "NYC Teen" at nyc.gov, call 311, download the Teens in NYC app or scan here

FOR MORE INFORMATION ABOUT CONDOMS:

Search "condoms" at nyc.gov.



Contraceptive Effectiveness: Best Prevention

LONG-ACTING REVERSIBLE CONTRACEPTION! (LARCs)

- ∞ Gold standard of care
- ∞ Up to 99.9% effective
- ∞ High satisfaction and continuation
- ∞ Forgettable/non-user dependent method
- ∞ Very few severe side effects



Increasing access to LARCs significantly decreases unintended pregnancy rates and abortion rates

Piepert, J. et al. (2012). Preventing Unintended Pregnancies by Providing No-Cost Contraception. *Obstetrics and Gynecology*, December 2012



LARC: Satisfaction Rates

- ∞ Levonorgestrel IUD (Mirena®)
- ∞ Copper T IUD (ParaGard®)
- ∞ Single rod hormonal implant (Implanon/Nexplanon®)

*All continuation/satisfaction rates approx 80%

*Much higher than condoms, OCPs, patch, and ring

Reference: CHOICE Project Data (December 2012)



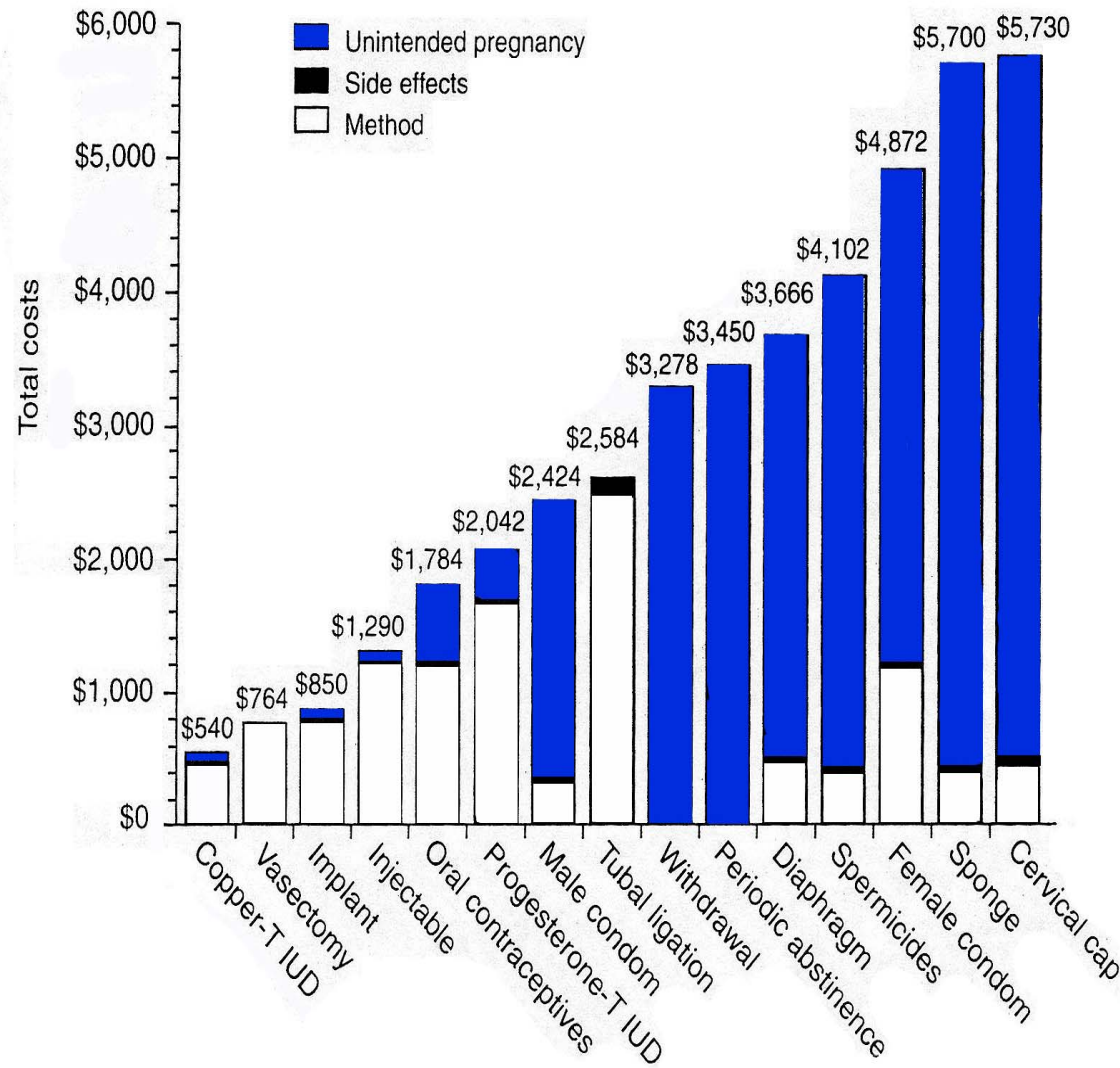
LARC: Appropriate Candidates?

Any Women (including adolescents and nulliparous women) of any reproductive age seeking a long-term (one year or more), discreet, highly effective, convenient, safe, and reversible contraceptive.

- ✎ Few contraindications
- ✎ Risk of PID and subsequent infertility is dependent on non-IUC factors
- ✎ One year should be considered “long term”

LARCs: Cost Effectiveness of IUC

Five year costs of
contraceptives



Reference: Trussel J,
Levesque JA, Koenig JD:
Am J Public Health
85(49):494,1995.

Factors Influencing a Woman's Use of Contraception



Factors Influencing LARC Uptake

☞ Providers and staff

☞ Lack of knowledge about LARCs

☞ Lack of placement skills

☞ Misinformation: Eg. Do not view teens as candidates

☞ Perception that LARC placement is time consuming



☞ Women and Men

☞ Lack of knowledge about LARCs

☞ Misinformation about LARCs



☞ Service Delivery

☞ Inconsistent availability of LARC devices

☞ Inconsistent availability of placement supplies



Goals and Strategies

Goal: Increase uptake of LARCs

Increase access to devices

Improve efficiencies

Affect patient/provider/staff knowledge and attitudes

Increase number of providers placing LARCs

Strategies

System Changes

Staff Development

Technical Assistance

Strategies Outline

☞ Strategy 1: System Changes

- Get everyone on board
- Obtain management investment
- Standardize across sites
- Promote patient follow-up

☞ Strategy 2: Staff Development

- Teach effective counseling (3 prong approach, teach-back, options)
- Teach management of bleeding and plan for side effects
- Considering Unity approaches for staff development

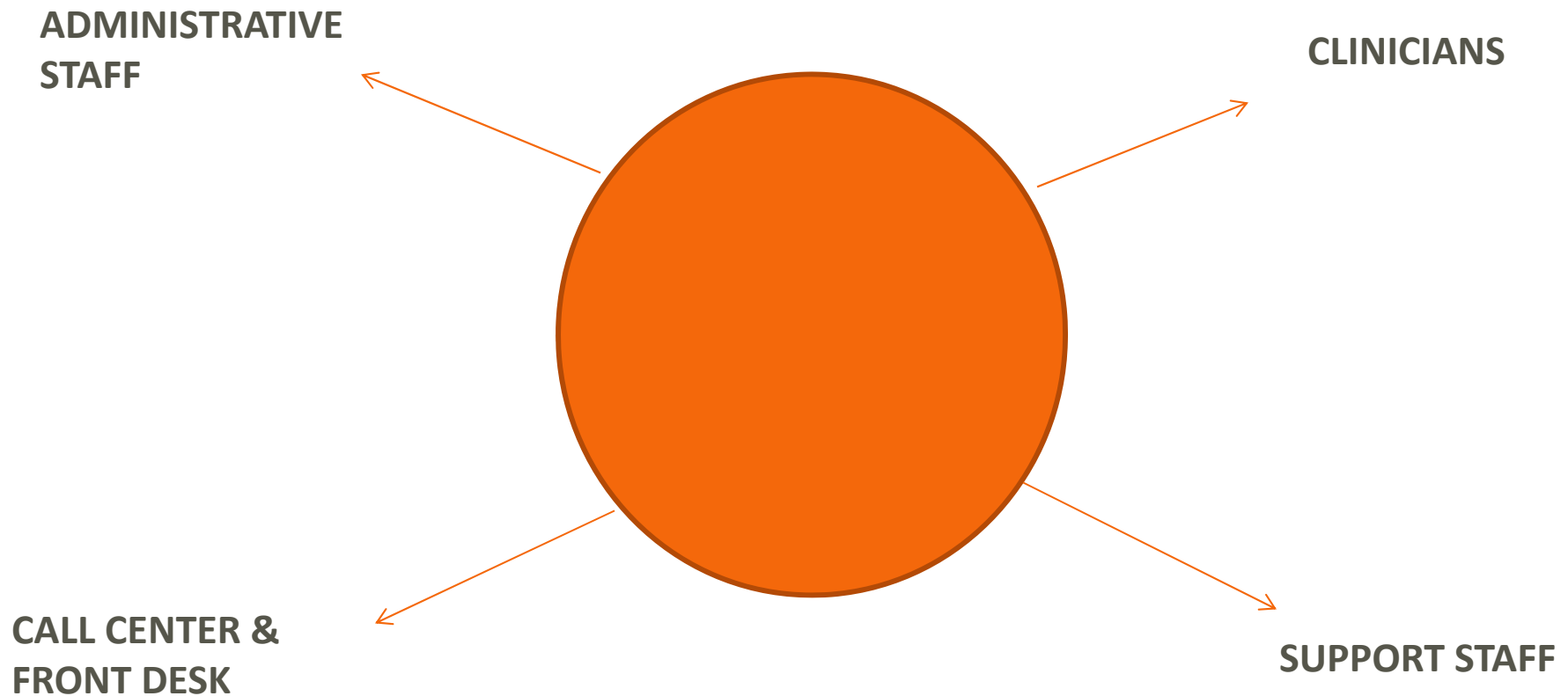
☞ Strategy 3: Technical Assistance

- Use clinical reference tools and job aids



Strategy 1: System Changes

GET EVERYONE ON BOARD



Strategy 1: System Changes

OBTAIN MANAGEMENT INVESTMENT

- ∞ Consider presentation to CMO, COO, and Clinic Directors on importance of a) offering LARC methods and b) having them on site at all times
- ∞ Highlight the decrease in unintended pregnancy and potential cost effectiveness of LARC Methods
- ∞ Create careful inventory system (ready stock with balance of ordering, dispensing, redistributing if needed)
- ∞ Research best purchasing opportunities

Strategy 1: System Changes

STANDARDIZE ACROSS SITES

- ∞ Continual availability of LARCs: purchasing based on avg. use and uniform stocking at all sites
- ∞ Standardized insertion set-up
- ∞ Patient/staff family planning resource centers



Strategy 1: System Changes

PROMOTE PATIENT FOLLOW-UP



- ∞ Schedule a recheck visit (6-8wks)
- ∞ Ask follow-up questions:
 - Are you satisfied with your contraceptive method?
 - Consider speculum string check
 - Is there anything you would change?
 - Are you having bleeding problems or other side effects?
- ∞ Address primary care/annual appointments and STI counseling

Strategy 2: Staff Development

TEACH EFFECTIVE COUNSELING

- ☞ Get a good sense of your patients, then counsel accordingly
- ☞ Would you like to become pregnant in the next year?
(onekeyquestion.org)
- ☞ What methods have you heard of?
- ☞ What methods have you tried in the past?
- ☞ What did you like or dislike?
- ☞ What are your periods like now?

Strategy 2: Staff Development

Three Prong Approach to Contraceptive Education

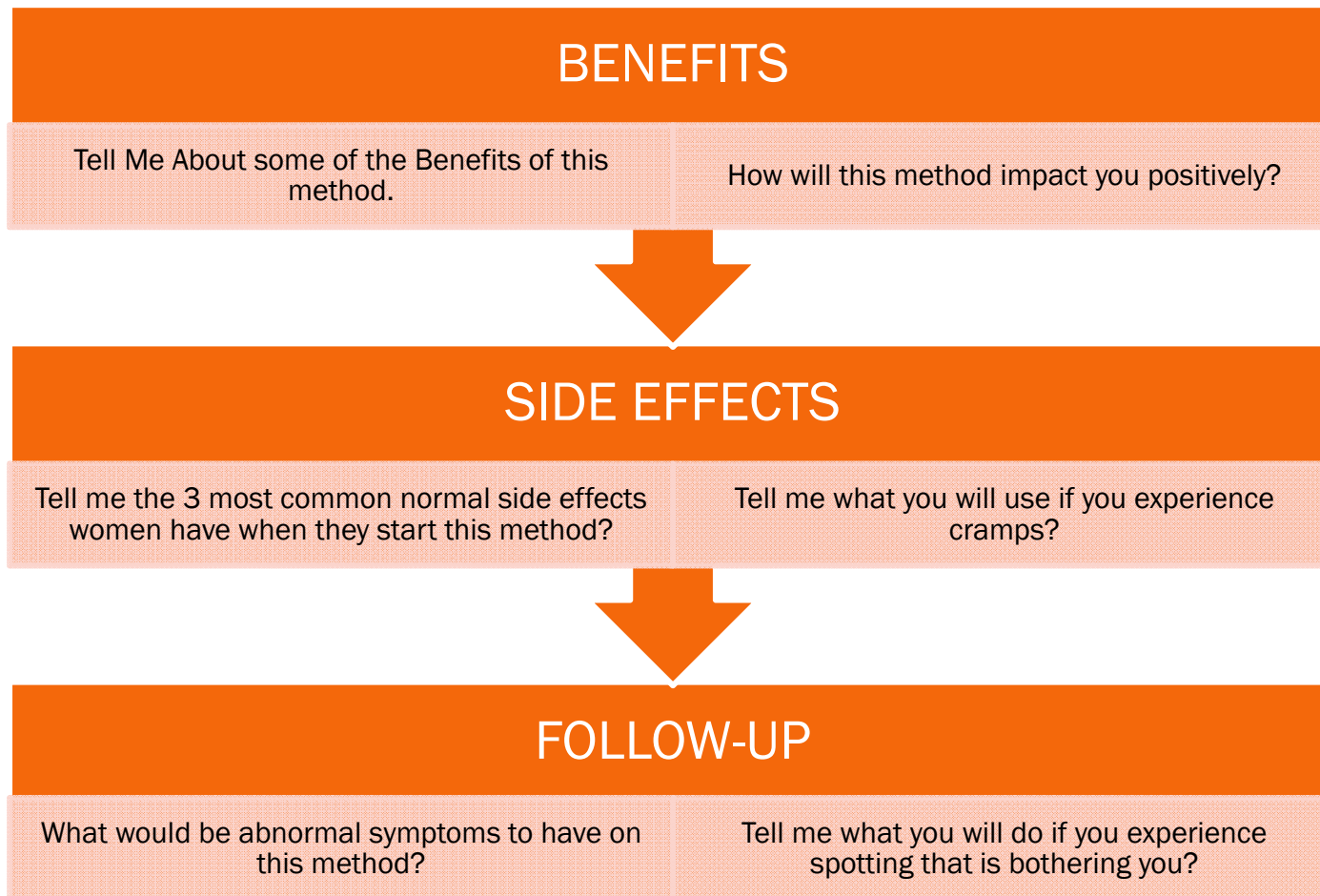
Discuss the Efficacy, Benefits,
and Side Effects of Method
Chosen

Employ the “Teach-Back”
Method to demonstrate Client
Understanding of Method
Expectations

Provide time for Client to
Review and Sign Informed
Consent Form for LARC
procedure

Strategy 2: Staff Development

Employ “Teach-Back” Method to demonstrate understanding



Strategy 2: Staff Development

OPTIONS TO DISCUSS CONTRACEPTION

- ☞ Effectiveness
- ☞ Duration of use (permanent vs LARC vs condoms)
- ☞ Hormonal vs non-hormonal
- ☞ Estrogen and progestins
- ☞ Barrier vs non-barrier
- ☞ Options now abound...need to provide them to our patients

Strategy 2: Staff Development

TEACH MANAGEMENT OF BLEEDING IRREGULARITIES

- ☞ Counseling upfront and reassurance
- ☞ Naproxen 500mg po bid for 5-7 days
- ☞ Ibuprofen 800mg po tid for 5-7 days
- ☞ Estradiol 0.5-2mg po qd for 5-10 days
- ☞ OCPs for 2-3 cycles

(Consider use of quick reference guide for providers on “Management of Irregular bleeding with progestin-containing FP methods”)

Strategy 2: Staff Development

PLAN FOLLOW-UP FOR SIDE EFFECTS

- ∞ Ensure client knows to call or return to see you for bothersome side effects
- ∞ Create a plan with client about “preemptive” treatment options in the event of bothersome spotting
- ∞ Reassure that there will be an adjustment period for the first few months
- ∞ Discuss an OTC treatment plan in the event of cramping.

Strategy 2: Staff Development

UNITY STAFF DEVELOPMENT APPROACHES

- ☞ Hands-on LARC placement training for PCPs
 - ☞ family medicine physicians, pediatricians, NPs/PA
- ☞ University of California SF led LARC all-provider training
- ☞ Provider LARC survey to identify LARC preceptors and interested trainees
- ☞ Counseling training to emphasize LARC effectiveness (expanded on next)
- ☞ Pregnancy caregivers educate and assist patients with method choice prior to delivery
- ☞ Family planning integrated into new hire orientation



Strategy 3: Technical Assistance

- ☞ Clinical reference tools
 - ☞ *Managing Contraception* guides all new providers
 - ☞ CDC MEC laminated sheets for all providers
 - ☞ CDC US SPR for contraception
 - ☞ Quick reference guides: Family planning coding, on-site, dispensing, irregular bleeding management with progestin method
- ☞ Job aids and counseling sheets in multiple languages
- ☞ Exam room LARC demo models
- ☞ Sexual & Reproductive health email updates for providers
- ☞ familyplanning@unityhealthcare.org for questions and support

Strategies Outline

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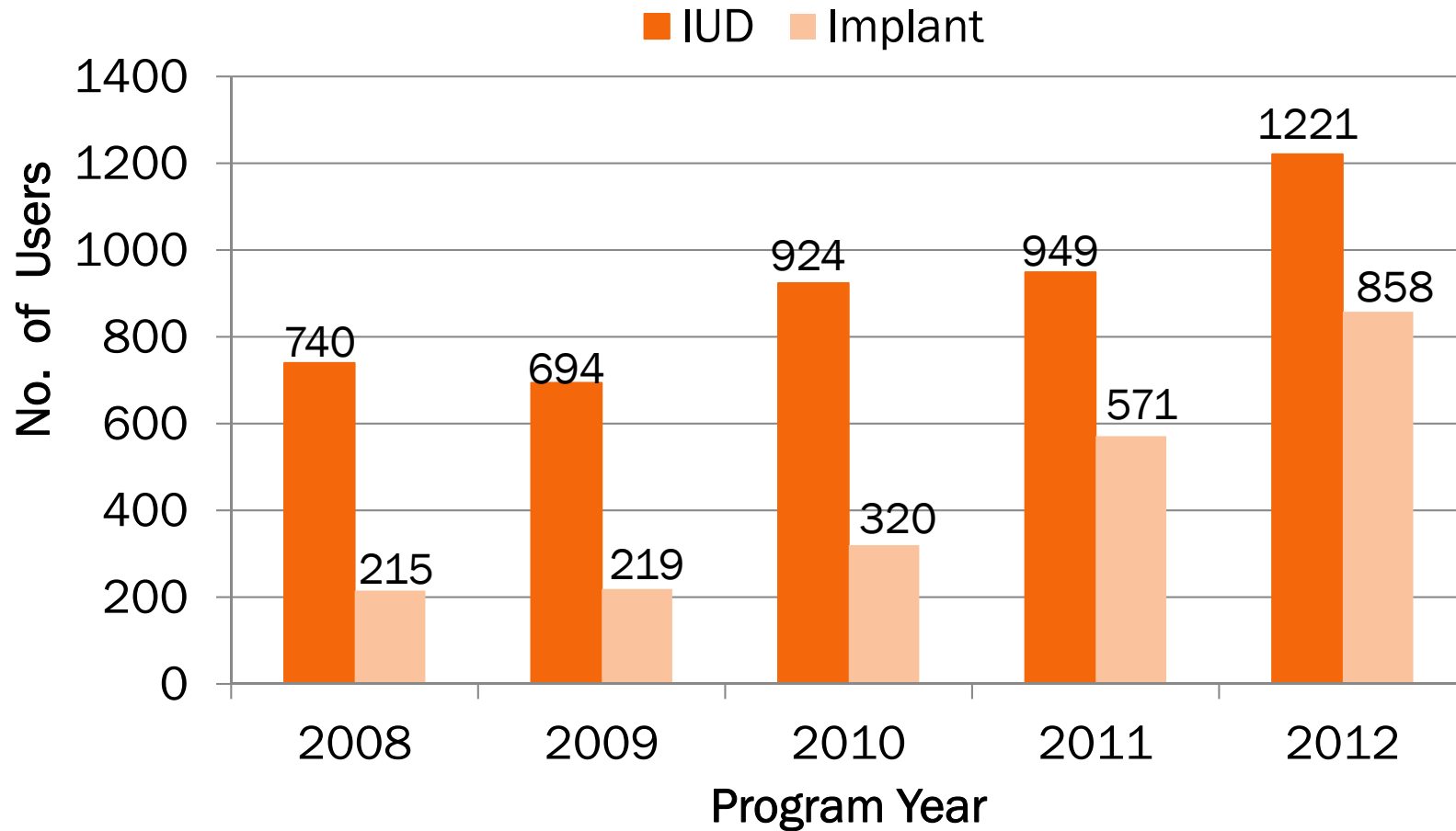


Monitoring and Evaluation: Measuring our Strategy Effectiveness

- ☞ Annual, Quarterly, and Monthly Reviews
 - ☞ Title X Family planning annual report (FPAR)
 - ☞ Monthly stock distribution of methods
- ☞ **Team Meetings:** Monthly Title X team admin meeting and weekly Title X clinical meeting
- ☞ **LARC quality indicator measurement for this review**
 - ☞ EMR data analysis conducted from 2009-2012
 - ☞ LARC use
 - ☞ Placement trends by provider type

Evaluation: LARC Use

LARC Use Among Unity Clients (2008-2012)



Evaluation: LARC Use at Unity (2012)

Measure	Indicators
20.4%	% of women who are on a LARC method out of all women contraceptors on a documented method
9.2%	% of women of reproductive age (13-50) in need of contraception seen at Unity in 2012 (not sterilized or pregnant, infertile etc.) on a LARC method. (Up from 6.4% in 2009)
1 in 5	Number of family planning users who are male
46,697	Number of family planning visits

Evaluation: LARC User Profile (2009-2012)

Indicator	Number of LARCs	% of all LARC users
RACE		
1. Black/Africa American	2,703	52.5%
2. Unknown/Not reported	1,916	37.2%
AGE		
1. 25-29 year olds	1,444	28.1%
2. 20-24 year olds	1,196	23.2%
* Teens are 5 th highest LARC age group and represent 8.5% of all LARC users		
INCOME		
1. 100% and below poverty	3,565	69.3%
2. 100%-150% below poverty	730	14.7%

Evaluation: Providers

Between 2009 and 2012:

- ∞ 88% increase in the number of providers placing LARCs at Unity from 34 to 64
 - Staff numbers only increased 24% during that same time period

- ∞ FM physicians/NP/PAs placed 35% of LARCs in 2012
 - FM physicians/NP/PAs placed 25% of LARCs in 2009

- ∞ **300% increase** in overall number of LARCs inserted by family medicine physicians/NPs/PAs
 - 101 in 2009 to 402 in 2012

Evaluation: LARCs placed by Provider type

Provider Type	LARCS inserted (2009)	Percentage of LARCs (2009)	LARCs inserted (2012)	Percentage of LARCs (2012)
Family /Internal Med Physicians	40	9.7%	230	19.9%
OBGyn	134	32.6%	333	28.8%
CNM	174	42.3%	424	36.7%
NP/PA	61	14.8%	172	14.9%
Pediatrician	2	0.5%	6	0.5%
Total	411		1,155	

Conclusions

- ∞ Dedicated family planning team is necessary within an FQHC model to affect change
- ∞ Ensure use of both internal and external focused strategies Eg. Include evaluation methods for patient knowledge/attitude/practices
- ∞ Multiple system changes and staff development initiatives are needed to address barriers
- ∞ Consider key partners for knowledge sharing and innovation exchange

Thank you from the Title X Unity Team

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