NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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- Rename yourself and add pronouns if you choose
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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Client-Centered Care and FY 25 Agreement Addendum 151 Family Planning - Attachment C

Reproductive Health Branch
Patty Kempton & Sujan Joshi

June 20, 2024

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Learning Objectives

- Define client-centered care.
- Describe why client-centered care is important in the reproductive health context.
- Identify how shared decision making prioritizes clients' needs.

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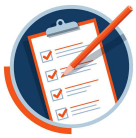
Brief History of Title X Program Requirements

- January 2001
  - *Program Guidelines for Project Grants for Family Planning Services*
  - Detailed, specific clinic visit requirements



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Brief History of Title X Program Requirements

- April 2014
  - *Program Requirements for Title X Funded Family Planning Projects*
  - MMWR *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs* ("The QFP")

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Brief History of Title X Program Requirements

- July 2022
  - *Title X Program Handbook*
  - Title X Program Review Tool
  - MMWR *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs* (under revision)
  - Guidelines for aspects of care based on patients' medical and social history and contraceptive preferences

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Revisions to Attachment C FY 24-25

- **Formatting change: Two columns to one column per page**
- **Terminology change: "Biological"**
- **Formatting change: Education Requirements**
  - **General educational principles separated**
  - **Specific education/counseling components that must be provided and documented in the client's electronic health record**
    - **R = required...**
      - "for all adolescent clients" or
      - "at initiation of a contraceptive method" or
      - for all Family Planning clients if not otherwise specified
    - **I = required when indicated by age, history, physical findings, method, lab tests, and or nationally-recognized standards of care**

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What is client-centered care?

"…care that is respectful of and responsive to individual patient preferences, needs, and values."
–The Institute of Medicine (IOM)

- Recognized by IOM as a dimension of quality
- Associated with improved outcomes
- Communication is a core component of client-centered care

Slide content courtesy RHNTC webinar "The Benefits of Person-Centered Contraceptive Care Counseling" https://rhntc.org/resources/benefits-person-centered-contraceptive-counseling-webinar

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What is quality in contraceptive care?
Recommendations from CDC and Office of Population Affairs (OPA)

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w

- People who wish to delay or prevent pregnancy should have **access to a broad range of contraceptive methods**, preferably on a same-day, on-site basis.
- It is important that contraceptive services are provided in a **client-centered manner,** providing accurate, easy-to-understand information based on the needs and goals identified by the client and reflecting the client's preferences and values.

Slide content courtesy RHNTC webinar "The Benefits of Person-Centered Contraceptive Care Counseling" https://rhntc.org/resources/benefits-person-centered-contraceptive-counseling-webinar

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What is the goal of client-centered contraceptive care?

- To meet people's needs as they themselves define them (reproductive autonomy)
- To recognize and respond to the diversity of perspectives and desires about reproduction
- To communicate respect and build trust

Slide content courtesy RHNTC webinar "The Benefits of Person-Centered Contraceptive Care Counseling" https://rhntc.org/resources/benefits-person-centered-contraceptive-counseling-webinar

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Why focus contraceptive services quality improvement on patient experience?

- There are demonstrated gaps in client-centeredness in contraceptive care
  - Communication and client-centeredness receive lower ratings than other aspects of family planning quality
  - In one study, client preferences for contraceptive methods were elicited in less than 50% of visits (n=342)
  - Clients recently encountering provider enthusiasm for/resistance to removing IUDs and implants

Becker D, et al., "The Quality of Family Planning Services in the United States: Findings from a Literature Review," *Perspect.Sex. Reprod.Health* 39 (2007); Amico J, et al., "Providing LARC in an Academic Family Medicine Center," *Fam Med* 47; 9 (2015).

Slide content courtesy RHNTC webinar "The Benefits of Person-Centered Contraceptive Care Counseling" https://rhntc.org/resources/benefits-person-centered-contraceptive-counseling-webinar

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In clients' own words…

- "They just keep promoting these long-term methods. It's like they're getting a commission or something. I always wondered that. They were really, really trying to push this product….It was like they were selling me…. Like, 'You should try it.' No. I don't want to."
  - Mann, Contraception, 2019
- "My provider was really hesitant to remove the ParaGard [IUD]. She kept telling me, 'Well, we should wait 3 months and see if your symptoms have worsened.' And I waited 3 months and she's like 'Well, you should wait some more.' And I'm like 'No. So take it out, or I'm going to a different doctor.'"
  - Becker, Perspectives in Sexual and Reproductive Health (PSRH), 2007
  - Dehlendorf, PSRH, 2014

Slide content courtesy RHNTC webinar "The Benefits of Person-Centered Contraceptive Care Counseling" https://rhntc.org/resources/benefits-person-centered-contraceptive-counseling-webinar

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Contraceptive coercion

refers to any attempt to influence or control someone's access or ability to use or not use contraception as they wish

American College of Obstetricians and Gynecologists. Opposition to coercive contraception practices and policies . ACOG; 2019.

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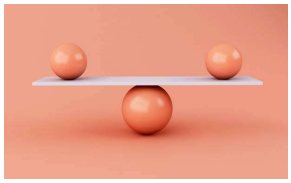
Approaches to Counseling

- **Directive Counseling – not recommended**
- **Informed Choice – not recommended**
- **Shared Decision Making (SDM) – best practice**



- *What's Important: A Patient-Centered Approach to Contraceptive Counseling*. Chobanian & Avedisian School of Medicine . (n.d.). https://cme.bu.edu/node/21752/course-object/22004/launch
- American College of Obstetricians and Gynecologists. Patient-Centered Contraceptive Counseling. Committee Statement No.1. 2022;139(2). https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2022/02/patient-centered-contraceptive-counseling

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Imagine you're talking to a client about the implant and the side effect of irregular bleeding. Please match the statement with the counseling approach:

1. "I refuse to prescribe the implant because so many patients are unhappy with their bleeding"
2. "Here's a chart that shows how often people have different bleeding patterns with the implant"
3. "It's common to have irregular bleeding for several months or more after having the implant placed – how would you feel about that?"

A. Informed Choice
B. Shared Decision Making
C. Directive Counseling

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Shared Decision Making (SDM)

- SDM is the preferred counseling approach because it reflects the principles of client-centered care and reproductive autonomy
- SDM recognizes three elements that are important in contraceptive decision-making:
  - The provider's medical expertise
  - The client's preferences and values
  - The client's biological, sociological, and psychological context shaping the options most relevant to the client.

Arnold Mages M, Lin J, Xu A. Attuning Contraception Choice and Patient Values. DRS2020: Synergy. 2020;4:1727-1742. doi:10.21606/drs.2020.110

What's Important: A Patient-Centered Approach to Contraceptive Counseling. Chobanian & Avedisian School of Medicine . (n.d.). https://cme.bu.edu/node/21752/course-object/22004/launch

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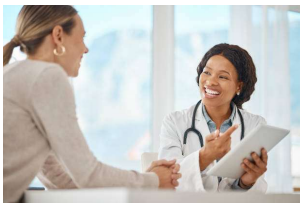
Case Studies

- **To provide an opportunity to practice client-centered care**
- **The goal is to not critique prior practice but to provide information about best practices**



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Case 1

27-year-old biological female.
Pronouns "she/her/hers"

- Has used combined oral contraception and Depo Provera shot in the past
- She started the shot twice, but did not come back for the second injection because it was too challenging to get back to the clinic
- Previously used oral contraception for 2 years but frequently forgot to take pills and took breaks between packs

Client: "I think I want a prescription for the pill today"

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Case 1

What is the best way for a provider to respond to the client?

a) Do you know about the IUD? We can easily place one today

b) Do you think it might still be hard for you to take the pill correctly?

c) I'm happy to give you a prescription today. Do you want to hear about any other methods?

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Case 1

Provider: "I'm happy to give you a prescription today. Do you want to hear about any other methods?"

Client: "Nope! It's important to me that I can stop taking birth control when I want to stop and it's not so hard to take a pill.

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Case 1

What is the best way for a provider to counsel?

a) Well it's been hard for you to take the pill in the past. Do you know about the ring or the patch? You can stop using them whenever you want and you don't have to remember to do something everyday

b) Would it be helpful for me to write the prescription, so you get multiple packs at once?

c) Okay, and when you forget to take them, just call the clinic and we will send you a script for emergency contraception

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Case 2

24 year old biological female. Pronouns "they/them/theirs"

- Has used the combined oral pill in the past but frequently had gaps in use
- Has a hormonal IUD in place
- Comes in for a 4 week string check visit

Client "I want the IUD out and I want to go back on pills"

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Case 2

What is the best way for a provider to respond to the client?

a) I'm happy to take it out for you today. What has your experience been like with the IUD?

b) Most side effects get better with time. What are you struggling with?

c) I'm so bummed to hear that, why don't you like it?

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Case 2

Provider: "I'm happy to take it out for you today. What has your experience been like with the IUD?"

Client: "I've been spotting a lot; I just don't want to deal with this."

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Case 2

What is the best way for a provider to counsel?

A) Let's give you a month or two of pills and leave the IUD in because that might help with the spotting problem. Then if you still want it out, I'll take it out

B) Spotting and irregular periods are really common in the first 3-6 months with the hormonal IUD, so there's really nothing to worry about.

C) There are some things we could try that might help with that bleeding. Would you like to hear about those options? Otherwise, we can definitely remove it.

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Case 3

22 years old. Pronouns "she/her/hers"

- She has used condoms in the past
- Has never used a prescription method

Client: "I'm worried about hormonal methods. They make me nervous"

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Case 3

What is the best way for a provider to respond to the client?

A) Have you heard about hormones being harmful?

B) Can you tell me more about your hesitation to use a hormonal method?

C) Okay, do you want to only talk about methods without hormones?

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Case 3

Provider: "Can you tell me more about your hesitation to use a hormonal method?"

Client: "I've read and heard from friends that there are a lot of side effects with hormones. I'm most worried about headaches and weight gain. I also don't want my cramps to get worse. I just want a method with no side effects."

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Case 3

What the best way for a provider to counsel?

A) I understand your concerns about side effects. Some birth control methods can cause the negative side effects you mentioned, some don't, and some can improve some of these symptoms. Would you like to talk about positive and negative side effects of both hormonal and non-hormonal methods?

B) Having painful menstrual cramps can be so difficult, so I understand wanting to make sure they don't get worse. There are hormonal methods that may improve cramping, and then there are methods that have no effect. Which would you like to hear about?

C) Hormones don't make cramping worse. They can actually improve cramping. That's a good side effect!

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Summary slide

• **Client-centered care:** *"…care that is respectful of and responsive to individual patient preferences, needs, and values."* –The Institute of Medicine (IOM)

• **Client-centered care is important in honoring reproductive autonomy of clients**

• **Shared decision making prioritizes client's needs by respecting their preferences while communicating information to help them make the best decision for themselves**

• **The revisions to Attachment C over the last several years are intended to support client-centered care**

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References

1) American College of Obstetricians and Gynecologists. Opposition to coercive contraception practices and policies . ACOG; 2019

2) American College of Obstetricians and Gynecologists. Patient-Centered Contraceptive Counseling. Committee Statement No.1. 2022;139(2). https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2022/02/patient-centered-contraceptive-counseling
3) Arnold Mages M, Lin J, Xu A. Attuning Contraception Choice and Patient Values. DRS2020: Synergy. 2020;4:1727-1742. doi:10.21606/drs.2020.110
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8) Holt K, Reed R, Crear-Perry J, Scott C, Wulf S, Dehlendorf C. Beyond same-day long-acting reversible contraceptive access: a person-centered framework for advancing high-quality, equitable contraceptive care. Am J Obstet Gynecol. 2020;222(4):S878.e1-S878.e6. doi:10.1016/j.ajog.2019.11.1279
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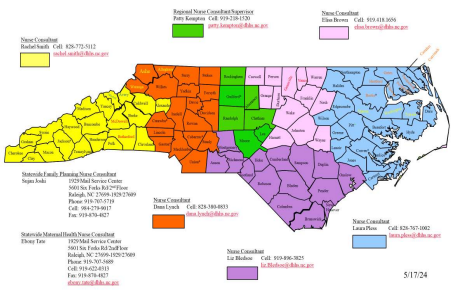
Questions?

Department of Health and Human Services - Division of Public Health
Women, Infant, and Community Wellness Section
Regional Nurse Consultants



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