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# A Quality Improvement Project Utilizing an Interactive Decision Tool to Improve Contraceptive Counseling in Primary Care

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## Problem & Significance

- Over half of the 6.1 million annual pregnancies in the United States are unintended. These high rates have been linked to inconsistent or incorrect use of contraception - leading to method failure
- In 2015-2017, only 60.3% percent of women aged 20-44 years at risk of unintended pregnancy were found to be using the most effective or moderately effective BC methods.
- Despite 14 different contraceptive methods recognized by the CDC, patients only receive counseling on one or two method types during contraceptive counseling sessions in primary care settings.
- 45% of women treated by primary care providers have complex and chronic medical conditions and are prescribed teratogenic medications.
- Contraceptive counseling was documented in only 28% of PCP visits where a teratogenic medication was prescribed in a study by Fritsche et al. (2011).
- Consistently, PCPs have listed time constraints, reliance on patient initiation, and limited training or confidence on particular methods as barriers to contraceptive counseling.

## Literature Review

### Background:

- The impact of contraceptive counseling in primary care on contraceptive use (Akers et al., 2010; Lee et al., 2011)
- Providing quality family planning services, recommendations of CDC and the USOPA (CDC MMWR, 2014).
- Women's perspectives on reproductive health services in primary care (Manze et al., 2020).

### Problem:

- Preventative and contraceptive counseling in managed care visits (Bocanegra, 2017).
- Opportunities missed: improving the rate of contraceptive counseling when prescribing teratogenic medications (Frische et al., 2011)
- Family Planning. Healthy People 2030. (U.S. Department of Health and Human Services, 2021)

### Proposed Intervention:

- Mixed-Methods study of provider perspectives on My Birth Control: A contraceptive decision support tool. (Dehlendorf et al., 2019)
- Patient-provider communication before and after implementation of the contraceptive decision support tool (Holt et al., 2020).

## Problem Statement

### PICO(T):

Are primary care providers who review the My Birth Control interactive decision tool more likely to rate the tool as a feasible intervention to improve contraceptive counseling rates compared to current clinical practices?

## Project Goal

The goal of this QI project is to provide primary care providers with an opportunity to review an interactive decision tool designed to improve contraceptive counseling rates and improve shared decision-making opportunities with their female patients of reproductive-age.

## Impact on Practice

- Improved contraceptive counseling rates among primary care providers to reproductive age women during appointments.
- Exposure to the My Birth Control tool could lead to potential process changes for how contraceptive counseling is delivered in primary care settings.
- Increased patient education leading to greater contraception adherence and decreased rates of unintended pregnancies.

## Implementation

**Pre-implementation:** An informational handout regarding contraceptive counseling, the QI project aim, and the My Birth Control tool, pre-tool surveys, and post-tool surveys were developed. Submission to the IRB and approval was received.

**Implementation:** The informational handouts and surveys were distributed via email or in paper format to voluntary primary care provider participants from various local healthcare organizations.

**Post-Implementation:** Surveys were collected and organized into an Excel spreadsheet for data analysis. Data was entered into Intellectus Statistics for analysis.

## Measures and Results

- Pre- and Post-Tool surveys included a combination of open ended qualitative questions and 5-point Likert scale questions.
- Survey responses were entered into Intellectus and data was analyzed using descriptive statistics to obtain percentages of participant responses to the 5-point Likert scale questions.
- Only 9 of the 12 project surveys that were given out were returned by the completion deadline.

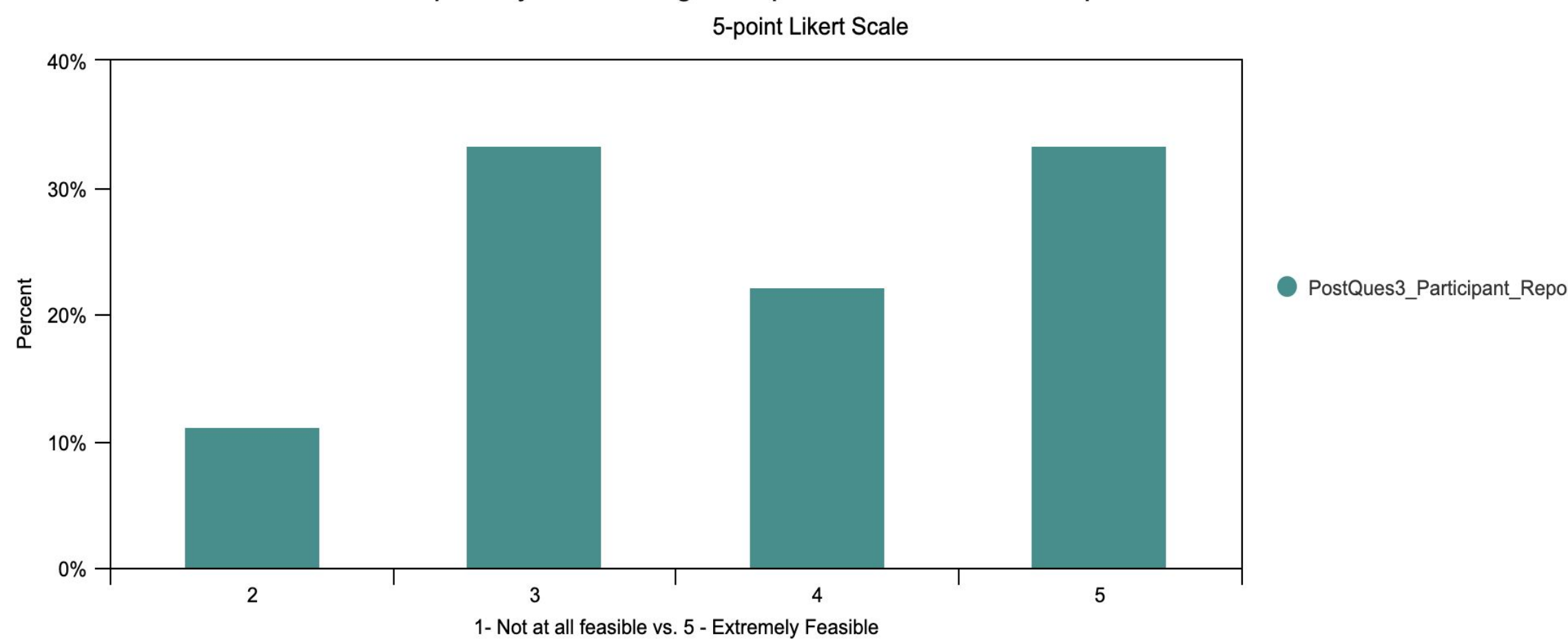
### Highlights from Pre-Tool Survey:

- Time constraints, limited training on certain methods (implant or IUD), and patient misconceptions or fears were common themes of the barriers listed by participants to delivery of counseling in a primary care setting.
- Only 44% of participants reported performing contraceptive counseling 100% of the time when prescribing potential teratogenic medication to reproductive-age women.
- 56% of participants reported that they felt they did not have adequate training or tools to provide comprehensive contraceptive counseling in their current primary care setting.

### Post Tool Survey Highlights:

- Open-ended Question Themes: 100% of participants commented that the *My Birth Control* tool would be an effective tool in reducing barriers to contraceptive counseling in primary care if patients had a way to access it and complete it prior to their appointments.
- 33.3% of participants would consider the *My Birth Control* tool as an 'extremely feasible' intervention to improve contraceptive counseling rates compared to their current counseling process. 22.2% considered it 'likely feasible'.
- 77% of participants felt that the *My Birth Control* tool's pre-counseling education modules and method preference survey could improve method adherence and decrease risks of unintended pregnancy pregnancies.
- 67% rated the tool as 'very likely' to improve patient satisfaction rates by incorporating a shared decision making approach to contraceptive counseling.

Would you consider the My Birth Control tool to be a feasible intervention to improve contraceptive counseling rates in primary care settings compared to current clinical practices?



## Project Sustainability

Results of this QI project are limited due to poor participant survey return and the small number of project of participants. Project data does suggest that primary care providers who reviewed the *My Birth Control* tool find the tool to be a feasible intervention to improve rates of contraceptive counseling if it was available for patients to access and complete prior to their appointment date and time.



### Future Project Recommendations:

Considerations for future projects include reproducing this QI project with reproductive-age women who are looking to start a contraceptive method or are currently using contraception to evaluate the potential of the My Birth Control tool to provide education and lead to improved adherence rates. Evaluating contraceptive knowledge, comfort with method selections, and history of past contraceptive counseling with reproductive-age women before and after utilizing the My Birth Control will help understand the impact of the tool on shared-decision making practices. This will be an help guide future projects considering implementation of this tool in contraceptive counseling practice changes.

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