

ASSESSING THE NEED FOR CONTRACEPTIVE SERVICES

INTRODUCTION

In order to ensure that our clinical systems meet patients' needs for contraceptive services, it is essential to have both standardized approaches to assessing these needs, as well as defined metrics to track how well a clinic is meeting them. To accomplish these two goals, the University of California, San Francisco, in collaboration with Reproductive Justice consultants Dr. Joia Crear-Perry and Dr. Jamila Perritt, and the National Association of Community Health Centers (NACHC), have developed a standardized contraceptive needs assessment question, with defined response options that can be integrated into your Electronic Health Records (EHR) and current clinical workflow.

In this document, we describe this question, detail the background and rationale for its development, and provide implementation guidance. In addition, we provide guidance and language to use with clinical providers related to the implementation of this question. This document is designed for use by quality improvement teams and/or practice managers.

The Self-Identified Need for Contraception (SINC) screening question is as follows:

We ask everyone about their reproductive health needs. Do you want to talk about contraception or pregnancy prevention during your visit today?

If yes:

- *Mark yes and ensure appropriate counseling is provided*

If no:

- Clarification Prompt: **"There are a lot of reasons why a person wouldn't want to talk about this, and you don't have to share anything you don't want to. Do any of these apply to you?"** (*mark all that apply*)
 - I'm here for something else
 - This question does not apply to me
 - I prefer not to answer
 - I am already using contraception (and what)
 - I am unsure or don't want to use contraception
 - I am hoping to become pregnant in the near future

BACKGROUND AND RATIONALE

The above question and response options were developed as part of a project designed to advance access to patient-centered contraception services in primary care settings. Central to this work is

measurement of both contraceptive provision (eQCM), and patient experience of contraceptive care (PCCC), in Community Health Centers to support targeted quality improvement efforts to address gaps in care. The question detailed above is designed to be used to define the denominator for the eQCM, relying on patients own identification of their contraceptive need. This question, when used alongside the PCCC, aids in creating and strengthening patient-centered contraceptive care pathways and identifying gaps in quality, with a focus on centering patients' needs and preferences in contraceptive provision and counseling.

The provision of contraception care services has a fraught history in the United States, marked by targeted marketing of birth control to and forced sterilization of Black and Indigenous people of color, as well as poor people and people with disabilities, motivated by the desire to curb the reproduction of these groups¹. Asking about contraception and pregnancy prevention in the healthcare setting carries the weight of this history. Throughout the development of this question and the response options, our intention was to ensure that people's own preferences and needs related to reproduction are recognized and respected.

This question is intended to be added to the electronic health record and integrated as part of routine care and screening. The guidance below will help you build a workflow for this question that supports reproductive autonomy and patient privacy while offering contraception services. By offering these services in a respectful, sensitive manner and following through with patient preferences, clinics can begin to rebuild trust between oppressed communities and the healthcare system.

Acronyms:

PCCC – Person Centered Contraceptive Counseling measure – a patient-reported outcome performance measure of patient experience

eQCM – Electronic Clinical Quality Measure of Contraceptive Provision

SINC – Self-Identified Need for Contraception screening tool

GUIDANCE FOR IMPLEMENTING THE QUESTION

In implementing this question, it is essential to consider who will ask the question, where it will be asked, how often it will be asked, and what will be done with the information.

Who should ask

- This question can be asked either by a provider OR by the person who screens patients before seeing the provider (medical assistant, health educator, nurse, etc.) to assess for desired services. Due to the sensitive nature of the question, people may feel less pressure to respond a certain way if they are asked by someone other than the provider. It is important to ask this question only once during a visit (medical assistant **OR** provider asks, but not both).

Where it should be asked

- Ensure patient privacy when asking this question. Due to the sensitive nature of the question, it should be asked with *just the patient present*.

¹ These dynamics have been extensively documented by many authors, including Dorothy Roberts', *Killing the Black Body* and Harriet Washington's, *Medical Apartheid*. For contemporary examples of contraceptive coercion, forced sterilization, and implicit bias in contraceptive counseling, see authors Anu Gomez, A.M. Stern, and Christine Dehlendorf.

How often to ask

- We suggest that this question be asked of each patient once a year.
- There may be some people who would benefit from being asked more or less often, and clinical decision support can be implemented to help identify these individuals.
 - For example, people who indicate that they do not wish to talk about contraception at a specific visit because they are at the clinic for another need may benefit from being offered a follow-up appointment or being asked the question at the next visit.
 - Clinicians can ask patients directly how often they would like to be asked.
- There may be patients for whom the question is not relevant (e.g. they get their care elsewhere, they have had a hysterectomy, they only have sex with individuals who do not produce sperm, or they simply do not want to be asked).
 - For these patients, it is important to ensure that this information is noted in a way that ensures that they are not asked the question unnecessarily.

GUIDANCE FOR ASKING THE QUESTION:

It is essential that those responsible for asking the question understand that its purpose is NOT to get more people to use birth control. The purpose is to find out if a person wants contraception during their visit in order to be able to meet their needs. On a clinic level, this question assesses whether we are meeting patients' needs related to reproduction.

It is also critical that clinics have the processes, resources and willingness to follow through with meeting the patient's needs – whether those needs include wanting to talk about contraception or not wanting to talk about reproductive health during their visit. We recommend considering building in clinical decision supports for various answer options. For instance, if someone indicates that they are interested in pregnancy in the near future, EHRs can remind providers to discuss whether they have any needs related to fertility and/or achieving a healthy pregnancy.

Guidance for thinking about how to optimally respond to different answers are provided below.
See Appendix for language that can be used to communicate these suggestions to clinical staff.

If someone says yes (they do want to talk about contraception):

- Mark yes. Let their provider know that they would like to talk about contraception.

If someone says no:

- There are a lot of reasons not listed here why someone would not want to share this information or talk about contraception. If someone offers a reason why they don't want or

need these services that is not listed below, the person asking the question can mark the option closest to what they say.

- If someone does not offer a reason with their response, we suggest saying the “clarification prompt” and reading them the response options.
- ***It is important not to pressure people for information they don’t want to share.*** Questions about contraception and pregnancy prevention can intentionally or unintentionally communicate judgments of patients’ reproductive decision-making and preferences. We included a list of reasons why people might not want to talk about these topics in an effort to suggest ways to communicate in a manner that minimizes real or perceived judgment by creating space for people to express the nuances of their lives. Just asking “Why?” puts pressure on people to answer a certain way or feel like they need to explain themselves. Reading the prompt and response options is a way to find out if they are already using a method while leaving space for people to opt out of answering.

Suggestions for following up on specific responses:

- I’m here for something else
 - You may consider asking this patient again at a future visit, or asking them if they would like to schedule a follow-up visit to discuss contraception options.
- This question does not apply to me / I prefer not to answer
 - Consider asking if they wish to skip this question in the future. Make sure their preference is flagged in the EHR
- I am already using contraception (and what)
 - If they share what method they are using, document their current method in their record, and assess if they need refills. ***If they do not want to share this information, it is important to respect their preference.***
- I am unsure or don’t want to use contraception
 - If they are unsure about using contraception, consider asking this patient again at a future visit, or offer to schedule an appointment to talk about contraception. If they want to skip this question in the future, flag this preference in the EHR.
- I am hoping to become pregnant in the near future (or alternatively, I am hoping to have a child in the near future)
 - Consider asking if they want to talk about having a healthy pregnancy with their provider, or offer to schedule an appointment to talk about this.

Asking patients for their preferences about this question

We suggest building in a way to flag that patients do not wish to be asked this question. This will help the clinic respect patient preferences about this question. There are many reasons why someone would not want to be asked this question in future visits – perhaps they get their care elsewhere, or they’ve had a hysterectomy, or they do not have sex with someone who produces sperm, or they simply do not want to be asked. Any patient can be asked directly about their preferences around this.

Here are some ways staff can elicit patient preferences:

- “Would you like us to check in with you again next time you come in?”
- “How often would you like us to check in with you about this?” (options will depend on how it is programmed in the EHR)

CONSIDERATIONS FOR QUALITY IMPROVEMENT

As described, documentation of the answers to this question allows for calculation of an eCQM that captures the extent to which patients’ needs for contraceptive services are being met.

In order to use this data for this purpose, it is essential to understand what information is necessary to capture in the EHR. This information is as follows:

- A yes/no response to the question (i.e. either does want to talk about contraception vs. any other answer)
- For patients who say they do not wish to talk about contraception:
 1. Whether the person is already using a method
 2. If they are using a method, what method they are currently using.
- For patients who say that they do wish to talk about contraception, document any method that they are using at the end of the visit.
- Preferred frequency for being asked the question
 1. In a year (default)
 2. At a follow up visit sooner than a year
 3. Not to ask in the future

APPENDIX:

GUIDANCE FOR CLINICAL STAFF

Our clinic is implementing a novel approach to assessing patients' needs for contraceptive counseling, known as the Self-Identified Need for Contraception (SINC). This question is designed to ensure patients get their needs met. Recognizing the personal nature of issues related to reproduction, this question and the answer options were developed with attention to meeting and respecting patients' needs.

It is essential that those responsible for asking the question understand that its purpose is NOT to get more people to use birth control. The purpose is to find out if a person wants contraception during their visit in order meet their needs. On a clinic level, this question assesses whether we are meeting patients' needs related to reproductive health.

The SINC screening question is as follows:

We ask everyone about their reproductive health needs. Do you want to talk about contraception or pregnancy prevention during your visit today?

If yes:

- *Mark yes and ensure appropriate counseling is provided*

If no:

- Clarification Prompt: **"There are a lot of reasons why a person wouldn't want to talk about this, and you don't have to share anything you don't want to. Do any of these apply to you?"** *(mark all that apply)*
- - I'm here for something else
 - This question does not apply to me
 - I prefer not to answer
 - I am already using contraception (and what)
 - I am unsure or don't want to use contraception
 - I am hoping to become pregnant in the near future

Your clinic management will determine clinical workflows and support related to who and how this question is asked, and what resources and decision support are available for following up on the information provided by the patient. Some general guidance for this question is detailed below.

1. THIS QUESTION SHOULD BE ASKED IN A PRIVATE SPACE

2. AFTER ANSWERING THE QUESTION, FOLLOW-UP ON THE RESPONSES AS APPROPRIATE:

IF SOMEONE SAYS YES (THEY WANT TO TALK ABOUT CONTRACEPTION):

- Mark yes. Let their provider know that they would like to talk about contraception.

IF SOMEONE SAYS NO (*THEY DO NOT WANT TO TALK ABOUT CONTRACEPTION*):

- Mark the response option closest to what they say. There are a lot of reasons not listed here why someone would not want to share this information or talk about contraception.
- If someone does not offer a reason with their response, we suggest saying the “Clarification prompt” and reading them the response options.
- ***It is important not to pressure people for information they don’t want to share.*** Questions about contraception and pregnancy prevention can intentionally or unintentionally communicate judgments of patients’ reproductive decision making and preferences. We included a list of reasons why people might not want to talk about these topics in an effort to suggest ways to communicate in a manner that minimizes real or perceived judgment by creating space for people to express the nuances of their lives. Just asking “Why?” puts pressure on people to answer a certain way or feel like they need to explain themselves. Reading the prompt and response options is a way to find out if they are already using a method while leaving space for people to opt out of answering.

3. YOUR CLINIC MAY DEVELOP SPECIFIC WORKFLOWS FOR THE RESPONSE OPTIONS:

- If someone reports that they do not want to talk about contraception because **they are here for something else**, your clinic may flag that this patient should be offered an appointment to discuss their contraceptive needs at a different time.
- If the patient reports **they are already using contraception**, document their current method and assess if they need refills. ***If they do not want to share this information, it is important to respect this preference.***
- If the patient reports **they are hoping to become pregnant in the near future**, consider asking if they want to talk about having a healthy pregnancy with their provider, or offer to schedule an appointment to talk about this.
- If the patient reports they do not want to be asked this question in the future, for example they have a hysterectomy or do not have sex with someone that produces sperm, flag this in the EHR.

4. WHAT IF THE PATIENT HAS A HEALTH CONDITION THAT IMPACTS THEIR ABILITY TO HAVE A HEALTHY PREGNANCY AND THEY DO NOT WISH TO TALK ABOUT CONTRACEPTION?

It is critical to respect patient needs and preferences related to their medical care, including whether they want to use or talk about contraception.

One benefit of asking this question is that the provider knows ahead of time that this person does not want to discuss contraception or pregnancy prevention. If a provider wishes to talk about contraception or pregnancy prevention despite the patient's expressed wish not to, this must be approached with the utmost attention to the human right to both bodily and reproductive autonomy. This requires providing counseling in a patient-centered manner that is clear that the patient has the right to decide whether they want a method, and which method to use, and that the goal of the conversation is supporting the patients' informed decision making.

Lead with explicit acknowledgement that the individual had indicated a desire not to talk about contraception or pregnancy prevention and disclose the reason for broaching the topic despite this. This approach can ground the conversation in a common understanding and communicate respect for a patient's autonomy.

For example, a provider might say, "I know that you don't want to talk about contraception today, and that's fine. I mention it only because I want to make sure you have all the information you need about how [medical condition] relates to [your birth control method or pregnancy]. Let me know if this is something you would like to discuss."