USING SECRET SHOPPER SURVEYS TO ASSESS AND IMPROVE ACCESS TO REPRODUCTIVE HEALTH SERVICES: THE SAN FRANCISCO EXPERIENCE

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- Anthem Blue Cross
- Potrero Hill Health Center
- Family Planning Program, SFPDH
- Maternal, Child, Adolescent Health, SFPDH
- Primary Care Steering Committee, SFPDH
- San Francisco Health Plan
- Faces for the Future Coalition, San Francisco
- Timely Access to Prenatal Care Committee
- San Francisco State University, Dept. of Health Ed
SESSION AGENDA

1. Reproductive Health Access Dyad/Team Activity: Let Your Inner Child Out!
2. Mini Role-Play: Could this be happening in your neck of the woods?
3. Data Driving the Secret Shopper Project
6. Factors Driving Success in 2014/2015
7. Dyad/Team Activity

HANDOUTS
Activity Worksheet
2016 Protocol & Tools
Clinic Work Plan Sheets
Sample Reports

For Slide Presentation:
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1. Work with a team member or colleague to complete Side 1 of your worksheet using the colored pencils at your table.

2. You will return to this worksheet towards the end of the presentation.

DISCUSSION: VOLUNTEERS

What would full access to reproductive health services for all women in your locale mean for the women, and for their families & communities?
A MATTER OF JUSTICE

It’s a matter of racial and economic equity.
It’s a matter of social justice.

So what were some of the drivers for our survey?
Figure 9. Percent of Births with Timely Prenatal Care, by Mother’s Zip Code Area, SF 2011

Figure 10. Percent of Prenatal Care Covered by Medical, by Mother’s Zip Code, SF 2011

Source: SFDPH-MCAH; data from 2011 California DPH birth statistical master file.
DRIVING DATA: STEADY DECREASE IN TITLE X CLIENTS

# Unduplicated Women Patients Receiving Family Planning Services Annually

* Projection based on 1st Quarter
In San Francisco in 2014:

- 100% of uninsured women who gave birth did not receive 1st trimester prenatal care
- 41% of uninsured women who gave birth had a preterm birth, as compared to 6% of insured women
- Women in the age groups most likely to give birth were least likely to have insurance:
  - 22% of 19-24 year olds lack insurance
  - 14% of 25-29 year olds lack insurance

Between 2013-14, 30.5% of SF births were unintended or mistimed, leading to risk for:
- Late prenatal care entry
- Health problems during pregnancy
- Poorer birth outcomes
- Not breast feeding
From a life course perspective, we also know that women who have access to contraception get more education, have healthier children, earn more, and live longer.
PROVIDING REPRODUCTIVE HEALTH SERVICES W/IN PRIMARY CARE LEADS TO TIMELY PRENATAL CARE

Figure 3.1: Critical Pathway for Prenatal - First Trimester Care Access

1. A woman of reproductive age presents for care
2. Preventative care needs are assessed as part of intake - family planning, pregnancy plans
3. Education provided related to contraception, preconception, preventative health services available
4. Patient presents for pregnancy test - with positive result
5. Patient is scheduled for initial prenatal visit with provider
6. The pregnant woman is seen in first trimester

2011: State legislature slashes state family planning budget from $111.5m to $37.9m
- 80 Texas family planning clinics close
- Remaining clinics served ½ the patients

Maternal death rate increased from 18.6 (2010) to 35.8 (2014) per 100,000 live births (higher than Sri Lanka, Egypt, & Granada)

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IN THE CURRENT POLITICAL CLIMATE, COULD TEXAS BE A WARNING?

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Fig. 4. Adjusted maternal mortality rates, Texas, 2000–2014. Texas revised to the U.S. standard pregnancy question in 2006. The unrevised question asked about pregnancies within the past 12 months.

WHY A SECRET SHOPPER INITIATIVE?

Could this be happening in your city/county?
## Overview of Survey Initiatives

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<thead>
<tr>
<th></th>
<th>2012</th>
<th>2014</th>
<th>2016</th>
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| **Data / Drivers** | 29% ↓ in DPH clinic patients receiving Title X services | • 14% ↓ Title X patients  
• Late access to prenatal care for Medi-Cal insured patients | • Closure of major youth clinic  
• Data on # of uninsured TAY  
• Fam Plan as gateway service |
| **Key Questions**  | Is access to pregnancy testing (PT) appointments impacting patient #s? | Has access to PT services changed? What does access to EC look like? | Has access to PT & EC improved? How easy is it for non-insured to get a BC appt? |
| **# of Clinics**   | 10 Title X Clinics (4 youth)        | 30 total (all CPSP + 9 youth)                      | 30 total (all CPSP + 9 youth)                      |
| **Personas Calling** | 2 PT (teen & TAY)  
2 EC (teen & TAY) | 2 PT (teen & TAY)  
2 EC (teen & TAY) | 3 PT (teen, TAY, Spanish)  
3 EC (teen, TAY, Spanish)  
3 BC (teen, TAY, Spanish) |
| **Results**        | Average wait times of 3-4 weeks at all but youth clinics | 35% of calls not picked up; 29% resulted in appointment | Increases in # of PT & EC calls resulting in a timely appointment |
2016 METHODOLOGY

- 30 clinics contacted – All main CPSP clinics + 4 youth clinics
- Callers: high school and college-age youth (Primary Care & Family Planning Interns)
- Caller/Intern Training: 1 hour introduction to protocol and evaluation form, including role-playing selected personals
- Calling Period: May 19, 2016 to September 1, 2016
- Documentation: Standardized Post Call Evaluation
- Analysis: Survey Monkey
- Limitations: no Chinese-Speaking personas; two groups of callers, so subjective ratings (e.g., friendliness) may not be consistent
2016 METHODOLOGY, CONTINUED

- All callers were either new to the area and uninsured or needed confidential services
- 3 Visit Types: Pregnancy Test, Emergency Contraception, Birth Control Counseling
- 3 Personas per Visit Type:
  - Teenager,
  - Transition-age youth (TAY)
  - Spanish-speaking 20-something
- Each persona called clinics twice if first call was not picked up
- If appointment offered, caller stated they needed to hang up before finalizing
PERSONAS – PREGNANCY TESTS

PREGNANCY TESTS
- Alexa, age 17, has Family PACT
- Debbie, age 24, uninsured
- Julia, age 23, Spanish Speaking, uninsured

EMERGENCY CONTRACEPTION
- Angela, age 16, has Family PACT
- Sophia, age 24, has Family PACT
- Sophia, age 24, Spanish Speaking, uninsured

BIRTH CONTROL
- Melissa, age 16, has Kaiser, seeking confidentiality
- Andrea, age 22, uninsured, wants an IUD
- Mia, age 24, uninsured, Spanish-Speaking, wants an IUD
OVERVIEW OF RESULTS: 2014 VS. 2016

IN SFDPH CLINICS
- Fewer calls per clinic as more calls were picked up
- Increased number of EC and PT calls resulted in appointments
- Fewer inappropriate referrals (e.g., to Walgreen’s for a PT)
- BC and Spanish-Language Callers had less success

IN NON-SFDPH CLINICS
- Very little change for EC and PT calls between 2014 & 2016
CALLS FOR A PREGNANCY TEST RESULTING IN AN APPOINTMENT W/IN 24 HOURS

Proportions of calls resulting in appointments increased: 35% in 2014 to 63% in 2016
CALLS FOR EMERGENCY CONTRACEPTIVES RESULTING IN AN APPOINTMENT WITHIN 24 HOURS

Proportions of calls resulting in appointments increased from 29% in 2014 to 37% in 2016.
Call volume dropped for PT and EC by 50% because they were more likely to be picked up and end in an appropriate appointment.
IMPROVEMENTS SEEN IN CALLER RATINGS FOR FRIENDLINESS, KNOWLEDGE, AND WAIT TIME.

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<th>Category</th>
<th>Friendliness</th>
<th>Knowledge</th>
<th>Wait Time</th>
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<td>3</td>
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<tr>
<td>Youth Clinics</td>
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<td>3</td>
<td>5</td>
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## Median caller ratings of responding staff from 1 (poor) to 5 (excellent) for Emergency Contraception

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<th>Knowledge</th>
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</tr>
<tr>
<td>Primary Care</td>
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<tr>
<td>Youth</td>
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<td>3.5</td>
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BIRTH CONTROL CALLERS

- At all but youth & reproductive health care clinics, BC callers had less success

SPANISH CALLERS

- Less success across types of clinics and calls

WE STILL HAVE WORK TO DO!!!
WHAT MADE THE DIFFERENCE IN 2015: ADVOCATES, POLICY, TOOL DEVELOPMENT

- Local HEDIS (Pay for Improved Performance or PIP) measure requiring supports for same-day pregnancy testing, including uninsured / out-of-network patients
- New Primary Care Leadership Team committed to increasing family planning access
- New Nurse Advice Line Policy to prioritize calls for PT & EC appointments
- Development of set of tools to support PT and EC, including RN Standing Order Protocols, workflows, scripts for front desk staff and medical assistants
WHAT MADE THE DIFFERENCE IN 2015:
TRAINING, WORKPLANS, FOLLOW-UP

- Results presented at SFDPH clinic management teams meeting
- At meeting, teams given opportunity to begin developing workplans
- Each management team assigned a point person/champion for follow-up
- Follow-up with champions at 2 week, 3 month, and 6 month follow-up to assess plan progress and to offer supports
- Training: clinic inservices on PT & EC basics, online training + in-person trainings offered around clinic schedules to facilitate staff release time
- Provision of client education materials
Your Time to Plan!
HELPING CLINIC STAFF REMEMBER WHY WE DO THIS!

- Most safety-net systems have done this work historically
- Revenue/increase in funded pts. (FamPACT, EM)
- Pregnancy testing is a gateway service for women
- Women are healthcare gatekeepers for families
- Our staff will be happier when serving families