Patient-Centered Contraceptive Counseling: Practice and Performance Measurement

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Objectives

• Describe a patient-centered approach to contraceptive counseling, including implications of women’s complex conceptualizations of pregnancy

• Discuss the role of shared decision making in contraceptive counseling

• Review existing and upcoming performance measures in family planning and their relationship to patient-centered care
Patient-centered care

“Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values.”

- Institute of Medicine

• Recognized by IOM as a dimension of quality

• Associated with improved outcomes
Communication is a key aspect of patient-centered care

- Quality, patient-centered interpersonal communication is central to patient-centered care
  - Allows patients to express needs and preferences
  - Ensures provision of appropriate education and counseling
What evidence is there that interpersonal communication matters?

- Interpersonal communication affects health care outcomes generally, including:
  - Patient satisfaction
  - Use of preventive care
  - Medication adherence

Doyle et al, BMJ 2013
Evidence for impact of interpersonal communication in family planning

- Counseling influences method selection
- Quality of family planning counseling associated with use of contraception and satisfaction with method
- Client/patient-centered care is the right thing to do

Dehlendorf: AJOG, 2016
Rosenberg: Fam Plann Perspect, 1998
Forrest: Fam Plann Perspect, 1996
Harper: Patient Ed Counsel, 2010
How do we provide patient-centered contraceptive counseling?

- Consumerist Counseling
- Directive Counseling
Consumerist counseling

• Informed Choice:
  ▪ Provides only objective information and does not participate in method/treatment selection itself

• Foreclosed:
  ▪ Only information on methods asked about by the patient are discussed

• Both prioritize autonomy
Problems with consumerist counseling

• Informed Choice:
  ▪ Provider does not assist patient in understanding how preferences relate to method characteristics or tailor information to patient’s needs

• Foreclosed:
  ▪ Fails to ensure patient is aware of and has accurate information about methods
Approaches to contraceptive decision making

- Consumerist Counseling
- Directive Counseling
Directive counseling

- Provides information and counseling designed to promote use of specific methods
- Rooted in the healthcare provider’s preferences, or assumptions about the patient’s priorities
Move Towards More Directive Approaches

• General emphasis on/promotion of LARC methods in family planning field

• Examples:
  ▪ Tiered effectiveness: Present methods in order of effectiveness
  ▪ Motivational interviewing: Patient-centered approach to achieving behavior change
Is directive counseling patient-centered?

- **Directive counseling** appropriate when there is one option that leads to better health outcomes
  - Smoking cessation
  - Diabetes control

- Providers can engage with patients’ preferences in patient-centered manner, while having an agenda

- **Decision support** appropriate for preference-sensitive decisions, in which there is no one best option
  - Early breast cancer treatment
  - Early prostate cancer treatment

- Helps patient to consider tradeoffs among different outcomes of treatments
What kind of decision is contraceptive choice?

• Women have strong and varied preferences for contraceptive features

• Relate to different assessments of potential outcomes, such as side effects

• Also relates to different assessments of the importance of avoiding an unintended pregnancy

Lessard: PSRH, 2012
Madden: AJOG, 2015
How do women think about pregnancy?

- **Intentions**: Timing-based ideas about if/when to get pregnant

- **Plans**: Decisions about when to get pregnant and formulation of actions

- **Desires**: Strength of inclination to get pregnant or avoid pregnancy

- **Feelings**: Emotional orientations towards pregnancy
A Multidimensional Concept

Plans ≠ Intentions ≠ Desires ≠ Feelings

• All different concepts
• Women may find all or only some meaningful
• Often appear inconsistent with each other
“I guess one of the reasons that I haven’t gotten an IUD yet is like, I don’t know, having one kid already and being in a long-term committed relationship, it takes the element of surprise out of when we would have our next kid, which I kind of want. I’m in that weird position. I just don’t want to put too much thought and planning into when I have my next kid.”

“Another pregnancy is definitely not the right path for me and I’m being very careful with birth control. But if I somehow ended up pregnant would I embrace it and think it’s for the best? Absolutely.”

“I don’t want more kids and was hoping to get my tubes tied. We can’t afford another one. But if it happened I’d still be happy. I’d be really excited. We’d rise to the occasion…nothing would really change.”

Aiken, Dillaway & Mevs-Korff. 2015 Social Science & Medicine
“Sometimes I probably want to get pregnant when I’m 22 or 27… or probably soon. Who knows? Probably when my daughter starts walking, maybe.”

“I already got a kid so you know I’m not opposed to having children. If it happens, it happens…. I’d prefer we don’t have children right now but if it happens, okay.”

Gomez et al. Young Couples Study 2016
But shouldn’t we get women to plan “for their own good”? 

- Is an unintended pregnancy a universally negative health outcome?

- Little data to support this assumption
  - Many studies show no association with social or health outcomes
  - Some studies show associations with low birth weight and preterm birth
  - However, generally not well-designed and well-controlled
  - Most examine only retrospective intentions

Concerns with directive counseling approaches

- Assuming women should want to use certain methods:
  - Ignores variability in preferences, including around importance of avoiding unintended pregnancy
  - Does not prioritize autonomy

- Pressure to use specific methods can be counterproductive
  - Perceived pressure increases risk of method discontinuation
  - Perceiving provide as having a preference associated with lower satisfaction with method

Kalmuss: *Fam Plann Perspect*, 1996
Dehlendorf: *Contraception*, 2014
Contraceptive decision making

- Consumerist Counseling
  - Promote patient autonomy
- Directive Counseling
  - Increase use of highly effective methods

Quality decision making based on patient preferences
Shared decision making

“A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences. This process provides patients with the support they need to make the best individualized care decisions.”

- Informed Medical Decisions Foundation
- http://www.informedmedicaldecisions.org/what-is-shared-decision-making/
Shared decision-making in family planning

• Best method for an individual depends on her preferences
  ▪ e.g., Women will weigh effectiveness differently relative to other characteristics

• Consistent with many women’s preferences for counseling
“I just think providers should be very informative about it and non-biased...maybe not try to persuade them to go one way or the other, but maybe try to find out about their background a little bit and what their relationships are like and maybe suggest what might work best for them but ultimately leave the decision up to the patient.”

Dehlendorf, Contraception, 2013
Shared decision-making in family planning

- Patients who report sharing their decision with their provider had higher satisfaction
  - Compared to both patient- and provider-driven decisions
- May not be best for everyone, but provides starting point for counseling

Dehlendorf, Contraception, 2017
How to Do Shared Decision Making in Contraceptive Counseling
The process of shared decision making

• Essential to establish a positive therapeutic relationship

• Women value intimacy and continuity

• “Investing in the beginning” → continuation

• Doesn’t everybody do that?
  ▪ Greet patient warmly (only done in 65% of visits)
  ▪ Small talk (only done in 45% of visits)
  ▪ Open-ended questions (only done in 43% of visits)
The process of shared decision making

• Explicitly state focus on patient preferences:
  ▪ “Do you have a sense of what is important to you about your method?”

• Elicit informed preferences for method characteristics:
  ▪ Effectiveness
  ▪ Side effects
  ▪ Frequency of using method
  ▪ Different ways of taking methods
Don’t assume women know about their options

- Provide context for different method characteristics
- \(\text{“There are methods you take once a day, once a week, once a month, or even less frequently. Is that something that makes a big difference to you?”}\)
Talking about effectiveness

• Effectiveness often very important to women
• Frequent misinformation or misconceptions about relative effectiveness of methods
• Use natural frequencies:
  ▪ Less than 1 in 100 women get pregnant on IUD
  ▪ 9 in 100 women get pregnant on pill/patch/ring
• Use visual aids

Craig, WHI, 2014
Effectiveness of Family Planning Methods

Most Effective

- Implant
  
  - 0.05%*

- Reversible Intrauterine Device (IUD)
  
  - LNG - 0.2%
  - Copper T - 0.8%

- Male Sterilization (Vasectomy)
  
  - 0.15%

- Permanent Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)
  
  - 0.5%

How to make your method most effective

After procedure, little or nothing to do or remember.

Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

Injectable: Get repeat injections on time.

Pills: Take a pill each day.

Patch, Ring: Keep in place, change on time.

Diaphragm: Use correctly every time you have sex.

Injectable

6%

Pill

9%

Patch

9%

Ring

9%

Diaphragm

12%

6-12 pregnancies per 100 women in a year

18 or more pregnancies per 100 women in a year

Fertility-Awareness Based Methods

- Male Condom
  
  - 18%

- Female Condom
  
  - 21%

- Withdrawal
  
  - 22%

- Sponge
  
  - 24% parous women
  
  - 12% nulliparous women

Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

CONDOS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

## Patient-Centered Job Aid

### Birth Control Method Options

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<tr>
<th>Most Effective</th>
<th>Least Effective</th>
</tr>
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<td>Female Sterilization</td>
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</tr>
<tr>
<td>IUD</td>
<td>Implant</td>
</tr>
<tr>
<td>Injectable</td>
<td>Pill</td>
</tr>
<tr>
<td>Male Condom</td>
<td>Female Condom</td>
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</table>

#### Risk of pregnancy
- Most Effective: 0.5 out of 100, 0.15 out of 100, 0.05 out of 100, 6 out of 100, 9 out of 100, 12 out of 100, 18 out of 100, 21 out of 100, 22 out of 100, 24 out of 100, 28 out of 100

#### How the method is used
- Surgical procedure
- Placement inside uterus
- Placed into upper arm
- Shot in arm, hip, or under the skin
- Take a pill
- Put a patch on skin
- Put a ring in vagina
- Use with spermicide and put in vagina
- Put over penis
- Put inside vagina
- Pull penis out of the vagina before ejaculation
- Put inside vagina
- Monitor fertility signs. Abstain or use condoms on fertile days

#### How often the method is used
- Permanent
- Lasts up to 3–12 years
- Lasts up to 3 years
- Every 3 months
- Every day at the same time
- Each week
- Each month
- Every time you have sex
- Daily
- Every time you have sex

#### Menstrual side effects
- None
- LNG: Spotting, lighter or no periods
- Copper T: Heavier periods
- Spotting, lighter or no periods
- Spotting, lighter or no periods
- Can cause spotting for the first few months. Periods may become lighter
- None

#### Other possible side effects to discuss
- Pain, bleeding, infection
- Some pain with placement
- May cause appetite increase/weight gain
- May have nausea and breast tenderness for the first few months
- Allergic reaction, irritation
- None
- Allergic reaction, irritation
- None
- Allergic reaction, irritation
- None

#### Other considerations
- Provides permanent protection against an unintended pregnancy.
- LNG: No estrogen. May reduce cramps. Copper T: No hormones. May cause more cramps.
- No estrogen. May reduce menstrual cramps.
- Some clients may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.
- No hormones
- No hormones. No prescription necessary.
- No hormones. Nothing to buy.
- No hormones. No prescription necessary.
- No hormones. Can increase awareness and understanding of a woman’s fertility signs.
- No hormones. No prescription necessary.

Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.
Counseling about side effects

• Focus on menstrual side effects

• Inquire about other areas of interest or concern:
  ▪ Previous experiences?
  ▪ Things she has heard from friends?

• Respond to client concerns about side effects in a respectful manner

• Consider benefits (e.g., acne) as well

“I think that they hide the fact of the complications or the defects, the things that might happen if you take that. They don’t give you that information and I don’t think any provider has given me that information.”

Dehlendorf: Contraception, 2013
Addressing patient’s concerns

“My friend said that method made her crazy.”

“That’s too bad your friend had that experience. I haven’t heard of that before, and I can tell you it definitely doesn’t happen frequently.”
Ensuring preferences are informed

“I really don’t want a method that makes my period stop.”

“Some women don’t like the idea of not having a regular period for a range of reasons. But I do want to make sure you know that it is safe not to have a period when using these methods, in case safety is a concern for you.”
Sharing decision making

- Provide scaffolding for decision making
  - Given their preferences, what information do they need?
  - Actively facilitate, while avoiding stating opinions not based on patient preferences
Examples of facilitation

“I am hearing you say that avoiding pregnancy is the most important thing to you right now. In that case, you may want to consider either an IUD or implant. Can I tell you more about those methods?”

“You mentioned that it is really important to you to not have irregular bleeding. The pill, patch, ring and copper IUD are good options, if you want to hear more about those.”
### Birth Control Method Options

#### Most Effective

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<tr>
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<td>.5 out of 100</td>
<td>Surgical procedure</td>
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<td>Implant</td>
<td>6 out of 100</td>
<td>Shot in arm, hip or under the skin</td>
<td>Every 3 months</td>
<td>Spotting, lighter or no periods</td>
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<td>Injectables</td>
<td>9 out of 100</td>
<td>Take a pill</td>
<td>Every day at the same time</td>
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<td>Pill</td>
<td>12 out of 100</td>
<td>Put a patch on skin</td>
<td>Each week</td>
<td>None</td>
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<td>Patch</td>
<td>18 out of 100</td>
<td>Put a ring in vagina</td>
<td>Each month</td>
<td>None</td>
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<td>Ring</td>
<td>21 out of 100</td>
<td>Use with spermicide and put in vagina</td>
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<td>Diaphragm</td>
<td>22 out of 100</td>
<td>Put over penis</td>
<td>Daily</td>
<td>None</td>
<td>Allergic reaction, irritation</td>
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<td>Male Condom</td>
<td>24 out of 100</td>
<td>Put inside vagina</td>
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<td>Allergic reaction, irritation</td>
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<td>Female Condom</td>
<td>28 out of 100</td>
<td>Pull penis out of the vagina before ejaculation</td>
<td>Every time you have sex</td>
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*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.*


Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.

May 2016
# Patient-Centered Job Aid

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- **Surgical procedure**
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- **Shot in arm, hip or under the skin**
- **Take a pill**
- **Put a patch on skin**
- **Put a ring in vagina**
- **Use with spermicide and put in vagina**
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- **Put inside vagina**
- **Pull penis out of the vagina before ejaculation**
- **Put inside vagina**
- **Monitor fertility signs, Abstain or use condoms on fertile days**
- **Put inside vagina**

### How often the method is used

- **Permanent**
- **Lasts up to 3–12 years**
- **Lasts up to 3 years**
- **Every 3 months**
- **Every day at the same time**
- **Each week**
- **Each month**
- **Every time you have sex**
- **Daily**
- **Every time you have sex**

### Menstrual side effects

- **None**
- **Spotty spotting or no periods**
- **Spotty spotting, lighter or no periods**
- **Spotty spotting, lighter or no periods**
- **Can cause spotting for the first few months. Periods may become lighter.**
- **None**

### Other possible side effects to discuss

- **Pain, bleeding, infection**
- **Some pain with placement**
- **May cause appetite increase/weight gain**
- **May have nausea and breast tenderness for the first few months.**
- **Allergic reaction, irritation**
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### Other considerations

- **Provides permanent protection against an unintended pregnancy.**
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- **No estrogen. May reduce menstrual cramps.**
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Other references available on www.fpcr.org.
Quality Improvement and Patient-Centered Care
Quality Improvement and Patient-Centered Care

• Performance measures can track and incentivize quality improvement around patient-centered care

• Can also incentivize non-patient centered care
  ▪ Transferring patients for non-compliance
  ▪ Testing for Chlamydia without consent

MacDonald, Ann Fam Med, 2009
Performance Measures in Family Planning

• Recent National Quality Forum endorsement of four family planning related measures:
  • Use of highly or moderately effective methods among 1) women of reproductive age and 2) post-partum women
  • Use of LARC methods among 1) women of reproductive age and 2) post-partum women

• What impact could these measures have on patient-centered care?
Access is Patient-Centered

• Goal of measures are to ensure women have access and are given information about all methods

• LARC-based measure is explicitly a floor measure, designed to ensure methods are at least available

• But....MORE IS NOT BETTER

• Potential for incentivizing non-patient centered (i.e. directive) counseling
How the Measure Should be Used

This measure should be used as an access measure to identify very low rates of LARC use (less than 1-2% use); very low rates may signal barriers to LARC provision that should be addressed through training, changes in reimbursement practices, quality improvement processes, or other steps. The barriers to obtaining LARC are well documented, and include client physician lack of knowledge, financial constraints, and logistical issues. The Contraceptive Care – Access to LARC measure should not be used to encourage high rates of use as this may lead to coercive practices. This is especially important given the historical context of coercive practices related to contraception. For the same reason, it is not appropriate to use the Contraceptive Care – Access to LARC measure in a pay-for-performance context.
Safeguarding Against Negative Effects

• Ensure LARC measure is appropriately understood

• Need to recognize that barrier methods are appropriate for some people
  • Goal on moderately/highly effective measure is not 100%

• Develop a performance measure of patient-centered counseling as a counterbalance
“The National Partnership for Women & Families strongly supports the committee’s recommendation to endorse this measure....It is extremely important to keep in mind that reproductive coercion has a troubling history, and remains an ongoing reality for many, including low-income women, women of color, young women, immigrant women, LGBT people, and incarcerated women. We hope this measure will be paired with a woman-reported “balancing measure” of experience of receiving contraceptive care. Such a measure can be expected to help identify and/or check inappropriate pressure from the health care system.”
“The National Partnership for Women & Families strongly supports the committee’s recommendation to endorse this measure....It is extremely important to keep in mind that reproductive coercion has a troubling history, and remains an ongoing reality for many, including low-income women, women of color, young women, immigrant women, LGBT people, and incarcerated women. **We hope this measure will be paired with a woman-reported “balancing measure” of experience of receiving contraceptive care.** Such a measure can be expected to help identify and/or check inappropriate pressure from the health care system.”
Patient-Centered Counseling Measure

- 11 item Interpersonal Quality in Family Planning (IQFP) scale developed based on:
  - Domains of patient-centered communication
  - Patient preferences for contraceptive counseling
  - Factor analysis

- Associated with:
  - Continuation of chosen contraceptive methods
  - Audio recording derived measures of quality counseling
  - Other, less specific measures of satisfaction
Adaptation to Patient-Reported Performance Measure

- Cooperative agreement with the Office of Population Affairs to adapt for submission to NQF
  - Reducing number of items
  - Testing face validity with patients, providers, administrators
  - Testing in the real world
- Preliminary final scale:

<table>
<thead>
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<th>Please rate the provider you saw with respect to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting me as a person</td>
</tr>
<tr>
<td>Letting me say what mattered to me about my birth control method</td>
</tr>
<tr>
<td>Taking my preferences about my birth control seriously</td>
</tr>
<tr>
<td>Giving me enough information to make the best decision about my birth control method</td>
</tr>
</tbody>
</table>
Next Steps

• Continue to work to promote patient-centered care, including training staff in shared decision making

• Ensure that performance improvement efforts prioritize patient-centered family planning care

• Recognize that claims-based performance measures are blunt tools
  ▪ Be aware of potential to negatively influence care

• Be sure your clinical site is correctly interpreting LARC-based measure
Resources for Patient-Centered Counseling

- Web-based client-centered counseling training:
  - [http://caiglobal.co/j_cap/](http://caiglobal.co/j_cap/)

- Toolkit for clinic-based training:

- Comprehensive and customizable training package in development
Questions?