"Patient-Centered Contraceptive Counseling: A Shared Decision Making Approach"

This engaging and informative webinar focuses on strategies for effective contraceptive counseling. The webinar, which was presented live in June 2016 was facilitated by Dr. Christine Dehlendorf, MD, MAS, and sponsored by the NYC Department of Health and Mental Hygiene.
Patient-Centered Contraceptive Counseling

Christine Dehlendorf, MD MAS
Associate Professor
Department of Family and Community Medicine and Obstetrics, Gynecology and Reproductive Sciences
Objectives

• Describe the rationale for using a patient-centered approach to contraceptive counseling

• List different models of counseling commonly used in family planning care, their strengths and weaknesses, and the evidence for their use, including shared decision making

• Demonstrate awareness of how to provide decision support around the choice of a contraceptive method

• Appreciate the potential role of unconscious bias in the provision of contraceptive counseling
Disclosures

• None to report
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 PCC

- Quality, patient-centered interpersonal communication is central to patient-centered care
  - Fosters positive, respectful, therapeutic relationships that enable patient 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
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
What are the stages of counseling?

1. Identifying need for contraception

2. Counseling about method options and selecting a method (i.e. contraceptive decision making)

3. Providing information about chosen method
Approaches to contraceptive decision making

- 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 patients needs

• Foreclosed:
  ▪ Fails to ensure women are aware of and have 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
Directive Counseling in Action

- Language among providers of “success” or “failure” in counseling based on whether patient selects a LARC method

- References by AAP and ACOG to LARC methods as “first line”

- Performance evaluations based on choice of LARC methods
Contraception: A preference-sensitive decision

- Preference-sensitive decisions are those where there is no one best option but involve tradeoffs among different outcomes of each treatment.

- Women have strong and varied preferences for contraceptive features.

- Relate to different assessments of potential outcomes, including pregnancy and side effects.

Lessard: PSRH, 2012
Madden: AJOG, 2015
Concerns with directive counseling approaches

• Assuming women should want to use certain methods:
  ▪ Ignores variability in preferences
  ▪ Does not prioritize autonomy

• Pressure to use specific methods can be counterproductive
  ▪ Perceived pressure increases risk of method discontinuation

Dehlendorf, unpublished data
Kalmuss: *Fam Plann Perspect*, 1996
Pariani: *Stud Fam Plann*, 1991
Contraceptive decision making

- Consumerist Counseling
  - Promote patient autonomy
- Directive Counseling
  - Increase use of highly effective methods
- Quality decision based on patient preferences
“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 women’s preferences for counseling
- Associated with higher satisfaction with decision making process
- May not be best for everyone, but provides starting point for counseling

Dehlendorf: Contraception, 2013
Dehlendorf: unpublished data
Contraceptive Counseling and Disparities

- History of contraceptive coercion in the US of women of color

- Stratified reproduction
  - The fertility of some people is valued by those who dominate social discourse and the fertility of other people is not
  - Formal and informal policies to limit the reproduction of some or encourage the reproduction of others

- Has implications for counseling
Trust in the Health Care System

• Potential for increased sensitivity regarding directive counseling

• 35% of Black women reported “medical and public health institutions use poor and minority people as guinea pigs to try out new birth control methods.”

• Greater than 40% of Blacks and Latinas think government promotes birth control to limit minorities

Thorbun and Bogart, Women’s Health, 2005
“...biases may exist...often unconsciously, among people who strongly endorse egalitarian principles and truly believe that they are not prejudiced. There is considerable empirical evidence that even well-intentioned whites...who do not believe that they are prejudiced demonstrate unconscious implicit negative racial attitudes and stereotypes [which] significantly shape interpersonal interactions....Evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care.”
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Provider bias

• Low-income women of color more likely to report being advised to limit their childbearing than were middle-class White women

• Blacks were more likely than Whites to report having been pressured by a clinician to use contraception

• In a survey of Black women, 28% reported being pressured to start one type of method when they preferred another

Becker: Perspect Sex Reprod Health, 2008
Thorburn: Women Health, 2005
Provider bias

- Providers are more likely to agree to sterilize minority and poor women

- Providers more likely to recommend IUDs to low SES black and Latina women than to low SES whites

- Family planning providers have lower levels of trust in their Black patients

Harrison: Obstet Gynecol, 1988
Jackson, unpublished data
Counseling and Family Planning Disparities

• Given historical context and documented disparities in counseling, essential to ensure that providers focus on individual preferences when caring for women of color

• Shared decision making provides explicit framework for doing this, without swinging too far to other side

• Goal is to facilitate autonomous decision making based on patient preferences
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

• But I already 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
  ▪ Frequency of using method
  ▪ Different ways of taking methods
  ▪ Return to fertility
  ▪ Side effects
Don’t assume women know about their options

• Provide context for different method characteristics
  ▪ e.g. “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?”

• Even if express strong interest in one method, ask for permission to provide information about other methods
Talking about effectiveness

- Effectiveness often very important to women
- Frequent misinformation or misconceptions about relative effectiveness of methods
- Effectiveness rarely mentioned
  - Only 21% of all visits in which IUDs mentioned
- 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

Dehlendorf, PSRH, 2013
Effectiveness of Family Planning Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>How to make your method most effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>0.05%*</td>
<td>After procedure, little or nothing to do or remember.</td>
</tr>
<tr>
<td>Reversible Intrauterine Device (IUD)</td>
<td>LNG - 0.2%, Copper T - 0.8%</td>
<td>Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.</td>
</tr>
<tr>
<td>Male Sterilization (Vasectomy)</td>
<td>0.15%</td>
<td></td>
</tr>
<tr>
<td>Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>Injectable</td>
<td>6%</td>
<td>Injectable: Get repeat injections on time.</td>
</tr>
<tr>
<td>Pill</td>
<td>9%</td>
<td>Pills: Take a pill each day.</td>
</tr>
<tr>
<td>Patch</td>
<td>9%</td>
<td>Patch, Ring: Keep in place, change on time.</td>
</tr>
<tr>
<td>Ring</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td>12%</td>
<td>Diaphragm: Use correctly every time you have sex.</td>
</tr>
<tr>
<td>Male Condom</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Female Condom</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Sponge</td>
<td>24% parous women, 12% nulliparous women</td>
<td>Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.</td>
</tr>
<tr>
<td>Fertility-Awareness Based Methods</td>
<td>24%</td>
<td>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.</td>
</tr>
<tr>
<td>Spermicide</td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

CONDOMS 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.

# Your Body. Your Birth Control.

Use this chart to review all available methods and understand which one best meets your priorities & preferences.

<table>
<thead>
<tr>
<th>METHOD Options</th>
<th>IUD (Non-hormonal)</th>
<th>IUD (Hormonal)</th>
<th>Implant</th>
<th>Shot</th>
<th>Vaginal Ring</th>
<th>Patch</th>
<th>Pill</th>
<th>Condom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99% effective</td>
<td>99% effective</td>
<td>94% effective</td>
<td>91% effective</td>
<td>91% effective</td>
<td>91% effective</td>
<td>82% effective</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPICAL USE Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 10 years</td>
</tr>
<tr>
<td>Up to 3 or 5 years</td>
</tr>
<tr>
<td>Up to 3 years</td>
</tr>
<tr>
<td>Up to 3 months</td>
</tr>
<tr>
<td>Up to 1 month</td>
</tr>
<tr>
<td>Up to 1 week</td>
</tr>
<tr>
<td>For 1 day</td>
</tr>
<tr>
<td>For 1 sex act</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW LONG Does it last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inserted by your provider</td>
</tr>
<tr>
<td>Inserted by your provider</td>
</tr>
<tr>
<td>Inserted by your provider</td>
</tr>
<tr>
<td>Shot given by your provider</td>
</tr>
<tr>
<td>Prescription from provider</td>
</tr>
<tr>
<td>Prescription from provider</td>
</tr>
<tr>
<td>Prescription from provider</td>
</tr>
<tr>
<td>Buy over the counter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW DO YOU Get Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action required</td>
</tr>
<tr>
<td>No action required</td>
</tr>
<tr>
<td>No action required</td>
</tr>
<tr>
<td>Get shot of provider every 3 months</td>
</tr>
<tr>
<td>You insert ring into vagina and replace every month</td>
</tr>
<tr>
<td>You place patch on body and replace every week</td>
</tr>
<tr>
<td>You take pill every day</td>
</tr>
<tr>
<td>You use condom for each sex act</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHAT DO YOU Need to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavier periods that may return to normal after 3-6 months</td>
</tr>
<tr>
<td>Irregular, lighter, or no period at all</td>
</tr>
<tr>
<td>Infrequent, irregular, prolonged, or no period</td>
</tr>
<tr>
<td>Irregular or no period</td>
</tr>
<tr>
<td>Shorter, lighter, more predictable periods</td>
</tr>
<tr>
<td>Shorter, lighter, more predictable periods</td>
</tr>
<tr>
<td>Shorter, lighter, more predictable periods</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSSIBLE Bleeding Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cramping, that usually improves after 3-6 months, spotting</td>
</tr>
<tr>
<td>Cramping, during and after insertion, spotting</td>
</tr>
<tr>
<td>Insertion site pain</td>
</tr>
<tr>
<td>Weight changes</td>
</tr>
<tr>
<td>Nausea or breast tenderness</td>
</tr>
<tr>
<td>Nausea, breast tenderness, application site reaction</td>
</tr>
<tr>
<td>Nausea or breast tenderness</td>
</tr>
<tr>
<td>Allergic reaction to latex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSSIBLE Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately, schedule removal with provider</td>
</tr>
<tr>
<td>Immediately, schedule removal with provider</td>
</tr>
<tr>
<td>Immediately, schedule removal with provider</td>
</tr>
<tr>
<td>Immediately, but may have 6-12 month delay. No action required</td>
</tr>
<tr>
<td>Immediately, must remove ring from body</td>
</tr>
<tr>
<td>Immediately, must remove patch from body</td>
</tr>
<tr>
<td>Immediately, stop taking pills</td>
</tr>
<tr>
<td>Immediately, no action required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF STOPPED When Can you Get Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only the condom protects against STIs and HIV. Talk with your provider about the best method for you.</td>
</tr>
</tbody>
</table>
Counseling about side effects

- Focus on menstrual side effects

- Inquire about particular other areas of interest or concern to patient
  - Previous experiences?
  - Things she has heard from friends?

- Providers often dismissive of patient concerns
  - Respond to patient 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

“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.

“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.”
Shared decision making

• Explicitly focus on patient preferences

• Elicit patient preferences with direct questioning
  ▪ Provide context about options

• Provide scaffolding for decision making process
  ▪ Iterative process focusing on information most relevant to the individual
A 23 yo presents for an abortion, her 6th. During the counseling session, when you ask her what she would like to use for birth control, she replies that she does not want to use anything. How would you proceed with this counseling session?
Patient-Centered Contraceptive Care and Abortion

• May have a desire to encourage contraceptive use in this patient
  • Specifically highly-effective methods

• However, this can conflict with a focus on providing the care that is consistent with her preferences

• Many women do not wish to discuss contraception at time of an abortion

Matulich: Contraception, 2014
Patient-Centered Contraceptive Care and Abortion

- Abortion care visit does provide opportunity to meet women’s needs

- Focus on patient-centered communication can improve trust in family planning providers

- Ask if she would be interested in hearing information about available methods
  - Explicit focus on her needs and preferences, without investment in what she leaves with
Overcoming barriers to patient-centered care

• Foster awareness of one’s own biases
  ▪ Methods
  ▪ Patient characteristics

• Use job aids/decision tools that facilitate patient-centered care

• Integrate patient-centeredness into all aspects of care
Resources

- www.bedsider.org


Questions?