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Views and attitudes of providers towards continuity of care with patients prescribed contraception

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Introduction



Project rationale & purpose:

Oral contraceptive pills are the most widely used reversible form of birth control in the United States [1]. However, with typical use, effectiveness hovers at a 9% failure rate [2]. Research demonstrates that proactive follow-up appointments and additional counseling have positive effects on OCP adherence [3]. Given the importance of women's health and primary care offices as key sites for OCP prescription and management, understanding provider attitudes towards the necessity of follow-up counseling for patients prescribed contraception (OCPs, the path, NuvaRing) is crucial.

Objectives



Question: What views and attitudes do providers have for the necessity of follow-up counseling regarding patients prescribed contraception at women's health and primary care offices? What practices and knowledge do providers already have regarding follow-up for their patients using prescription contraception?

Goals:

- Assess survey responses and evaluate answers for trends in views, attitudes, knowledge, and practices
- Evaluate for trends across demographics, age, years in practice, degree, and specialty

Methods

Study population: Participants were current providers from Thomas Jefferson University Hospitals. Specialties of providers included Internal Medicine, Family Medicine, Pediatrics, and OBGYN. Eligible providers included MDs, DOs, PAs, NPs, CRNPs, and physicians including residents, attendings, and fellows.

Collection method: Specific questions about providers' views, attitudes, practices, and knowledge about prescription contraception follow-up were gathered through an online Qualtrics survey. This format allowed for de-identification of the provider's personal information while maintaining necessary demographic data.

Main predictors & outcomes:

- Existing provider practices surrounding prescription contraception continuity of care
- Provider attitudes about the necessity of prescription contraception follow-up care
- Provider willingness to provide routine prescription contraception follow-up counseling
- Provider knowledge about current guidelines regarding prescription contraception follow-up counseling

Methods

Analyses:

The most pertinent data was synthesized into graphics tables to specifically evaluate the data across specific attitudes, demographics, age, years in practice, and type of degree or specialty.

For the open-response questions, responses will be analyzed using a framework analysis approach. NVivo12+ will be used to analyze the responses for themes.

Main results:

Out of 98 survey respondents, 33.7% practiced in OBGYN, 30.6% practiced in Family Medicine, 23.5% practiced in Internal Medicine, and 12.2% practiced in Pediatrics.

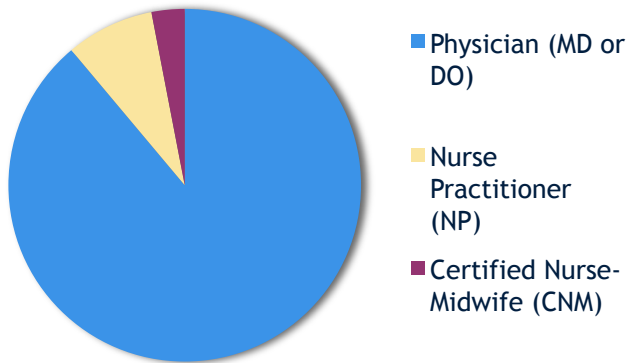
Regarding follow-up practices for NEW and EXISTING prescriptions for contraception 64.1% and 69.9% of respondents, respectively, chose that they recommend the patient calls if they have a problem. When following up with a patient on a NEW and EXISTING prescription contraceptive, 78.9% and 41.7% of respondents, respectively, answered that they often discuss reason for use.

Across all four fields, 70.1% of respondents chose either somewhat disagree or strongly disagree to the statement, “Recommended guidelines for follow-up on prescription contraception are established and clear.” To the statement, “Most patients take their prescription contraception as prescribed”, 77.3% of respondents either strongly agreed or somewhat agreed. To the statement, “Routine follow-up counseling is important for patients using prescription contraception”, 84.5% of respondents replied strongly agree or somewhat agree.

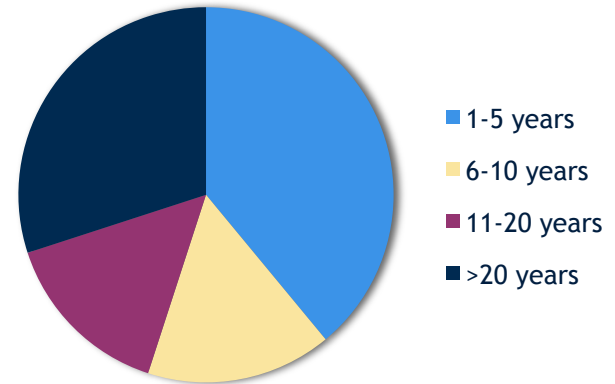
On average, respondents believe that patients receive the majority of their information about prescription contraception from friends or family followed by their prescribing provider.

Demographics

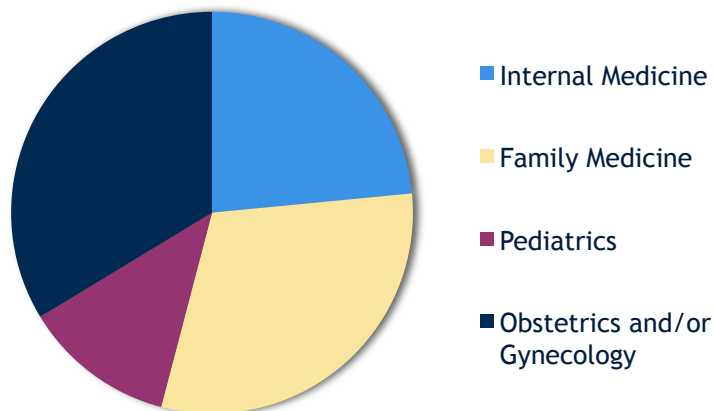
Position / Degree



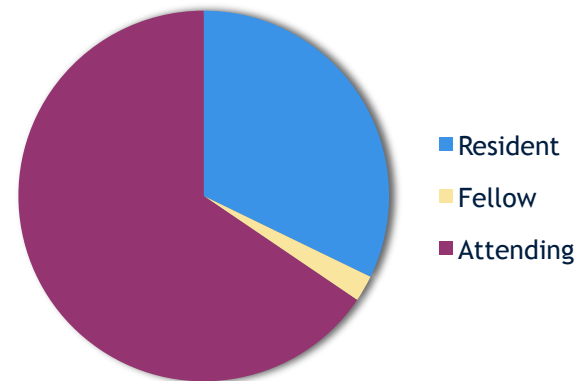
Years in Practice



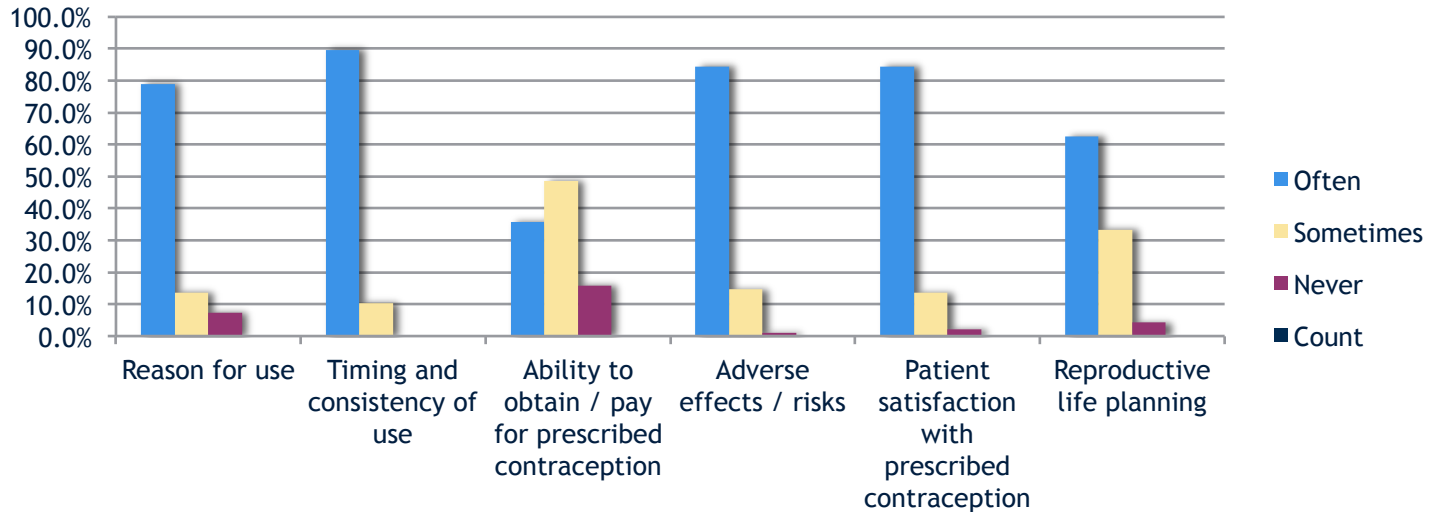
Field



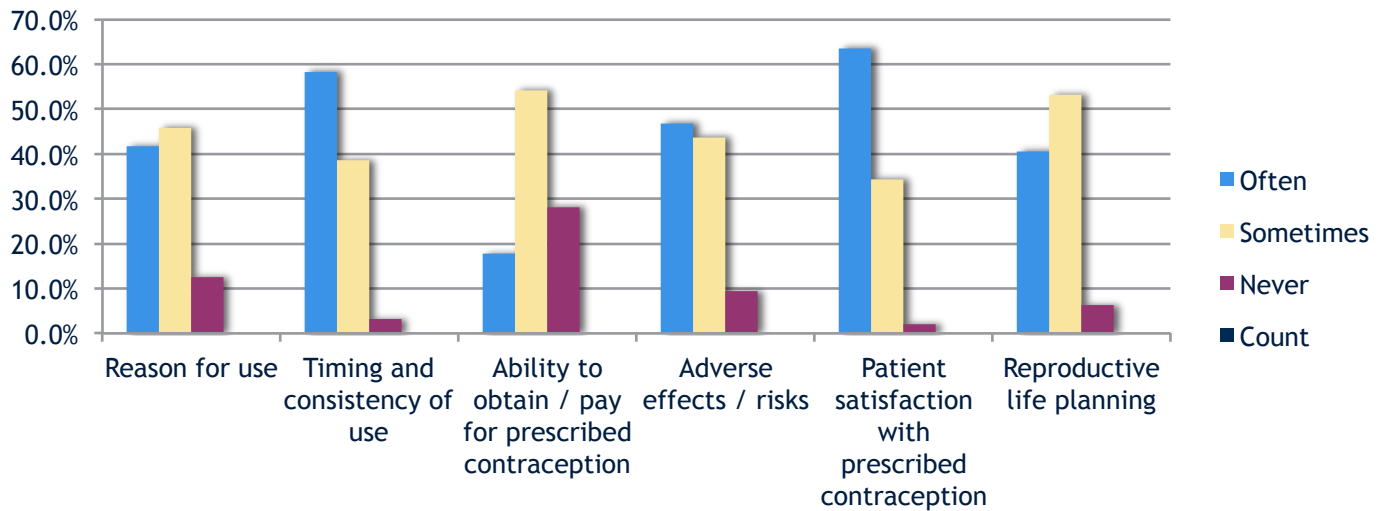
Level of Practice (Physician)



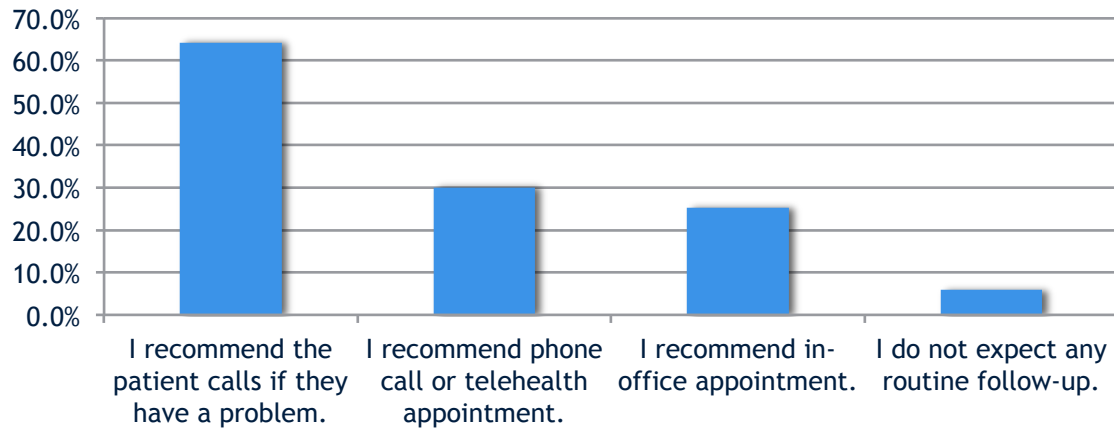
Topics Discussed with Patient on NEW Prescription Contraceptive



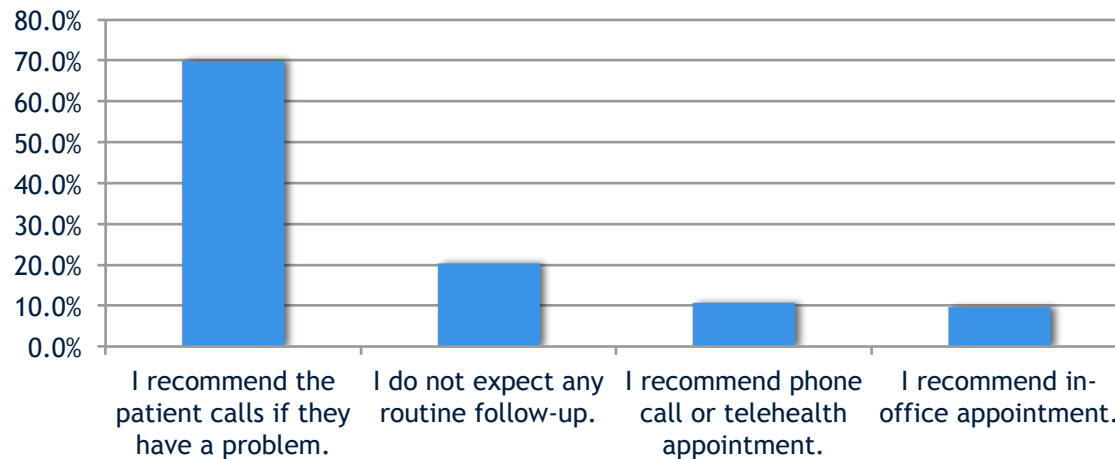
Topics Discussed with Patient on EXISTING Prescription Contraceptive



Follow-up Practices Regarding NEW Prescription Contraception

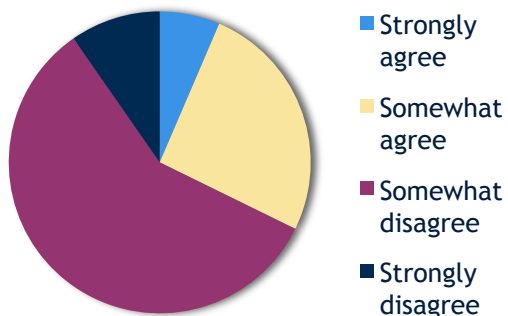


Follow-up Practices Regarding EXISTING Prescription Contraception

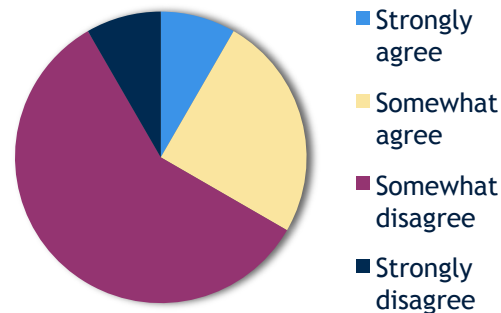


Recommended guidelines for follow-up on prescription contraception are established and clear.

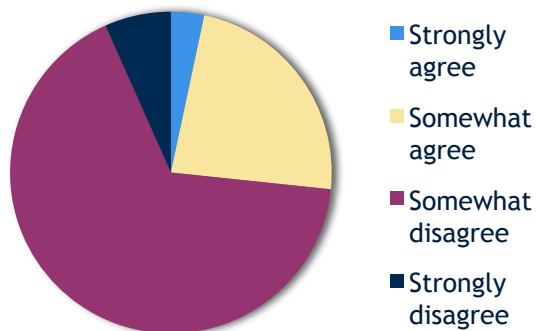
OBGYN



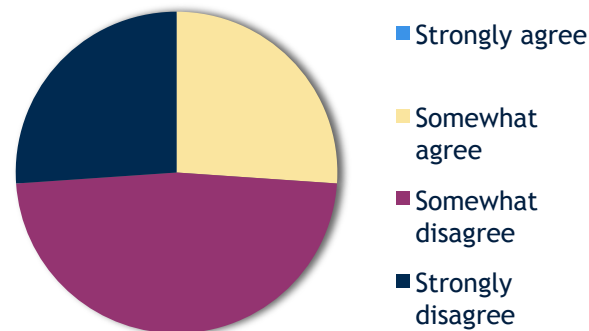
Pediatrics



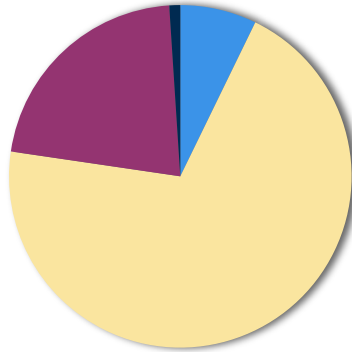
Family Medicine



Internal Medicine

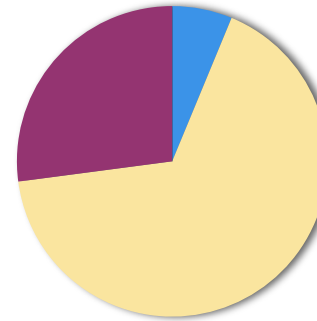


Most patients take their prescription contraception as prescribed.



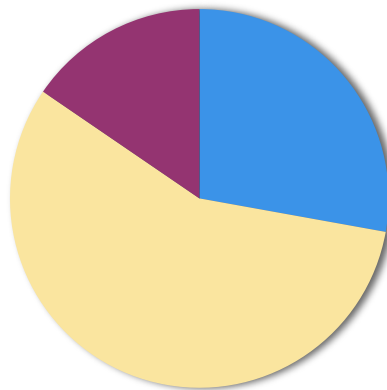
- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

Patients are content with the amount of time devoted to prescription contraception follow-up care.



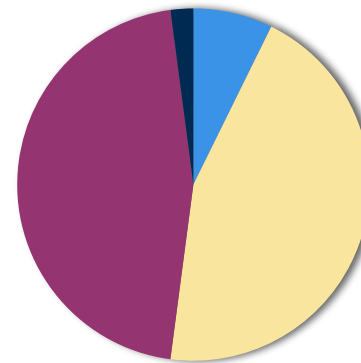
- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

Routine follow-up counseling is important for patients using prescription contraception.



- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

Routine follow-up counseling is burdensome for patients using prescription contraception.



- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

**From which sources do you believe your patients receive the majority of their information about prescription contraception?
(Rank from most to least)**

Source	Average Rank
Friends or family	1.95
Their prescribing provider	2.48
Internet searching / news sources	2.79
Social media	3.65
Other medical staff (nurse, counselor, etc)	4.29
Not sure	5.84

Open-Ended questions to be analyzed:

1. Why do you believe consistent follow-up counseling is or is not important regarding prescription contraception?
2. Either at initial prescription or at follow-up, what topics would you like to discuss with each patient regarding their prescription contraception but may not have sufficient time to discuss?

Conclusions

Impact on the target population:

There was agreement across fields that routine follow-up counseling is important for patients taking prescription contraception. However, there was similar agreement that recommended guidelines for follow-up on prescription contraception are not established or clear. This may affect the consistency of care that patients prescribed contraception receive. Additionally, there was agreement across fields that most patients take their prescription contraception as prescribed. Whether this is accurate or not, this belief may guide the follow-up practices of providers.

Limitations and possible improvements:

Performing a deeper analysis evaluating for any significant differences between attitudes or practices between different fields would allow a better understanding of how follow-up counseling for prescription contraception is being performed. This analysis will be performed in the future along with analysis of the qualitative data.

One limitation of the study was acquisition of comprehensive contact lists for every position/degree surveyed. A more systematic approach of acquiring contacts would ensure a more complete survey population and possibly improve the response rate.

Conclusions

Scope and next steps:

The main focus of this study was to better understand provider attitudes and practices towards follow-up counseling for the management of patients taking prescription contraception. Through elucidating trends or areas of inconsistency among provider attitudes, guidelines, and practices in this realm, we intend to inform prescription contraception follow-up care guideline development.

The greater intention of improving patient adherence towards and effectiveness of prescription contraception could be explored in the future by querying patients regarding their views and practices surrounding prescription contraception management. Obtaining patient perspectives would help manicure appropriate guidelines for prescription contraception follow-up care.

Disclosures and Acknowledgements

Thank you to Dr. Rebecca Mercier for her guidance on creating and implementing this project.

References

1. Daniels K, Abma JC. Current contraceptive status among women aged 15-49: United States, 2015-2017. NCHS Data Brief, no 327. Hyattsville, MD: National Center for Health Statistics. 2018.
2. Tomaszewski, D., Aronson, B.D., Kading, M. et al. Relationship between self-efficacy and patient knowledge on adherence to oral contraceptives using the Morisky Medication Adherence Scale (MMAS-8). *Reprod Health* 14, 110 (2017).
3. Halpern, V. Lopez, L. M., Grimes, D. A., Stockton, L. L., & Gallo, M. F. (2013). Strategies to improve adherence and acceptability of hormonal methods of contraception. *Cochrane Database of Systematic Reviews*(10).

Questions?



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