FAMILY PLANNING & PRECONCEPTION CARE: EVERY CLIENT, EVERY TIME

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## DISCLOSURES

<table>
<thead>
<tr>
<th>Daniel J. Frayne, MD</th>
<th>Commercial Interest</th>
<th>Role</th>
<th>Status</th>
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<td>Nothing to disclose</td>
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OBJECTIVES

- Describe the U.S. population prevalence of receipt of preconception counseling and screening services among women of reproductive age.

- Describe providers’ reported prevalence of reproductive life plan assessment, provision of preconception care, and written protocols for specific preconception care screenings, and discuss how estimates vary by Title X funding status and health center type.

- Review the integration of preconception care recommendations into the latest Quality Family Planning Guidelines.

- Describe current strategies for incorporating preconception care into routine clinical encounters, in both primary care and family planning clinics.
1990-2012 Country Comparison
Infant Mortality (per 1000 live births)

US Ranks
26th

Data extracted
2/15/15 OECD.STAT
HOW TO IMPROVE?

- Main drivers of maternal mortality
  - => Cardiovascular and other chronic conditions
- Main drivers of infant mortality
  - => Preterm birth and birth defects
HOW TO IMPROVE?

- Most efforts focus on *prenatal or intrapartum care*

- Since 2000 *(after 40 years of improvement)*, *infant mortality rates have stalled* and *maternal morbidity is increasing*

- Improved prenatal care has not been able to further modify outcomes!
PRE-CONCEPTION HEALTH

Many of the modifiable risks for adverse pregnancy outcomes (for both moms and babies) occur BEFORE pregnancy

BEFORE the 1st missed menses and BEFORE prenatal care begins
EXAMPLES OF MODIFIABLE RISKS THAT DETERMINE BIRTH OUTCOMES (INFANT AND MATERNAL)

- Pregnancy intendedness
- Interpregnancy interval (<18 months or >59 months)
- Maternal age
- Exposure to teratogenic medications
- Exposure to substances (alcohol, tobacco, drugs)
- Chronic disease control
  - Diabetes, obesity, cardiovascular disease, hypothyroidism, etc.
- Congenital anomalies
  - Neural tube defects related to folic acid
“Preconception health visit”

Work with women who are planning pregnancy

Specific prevention, discuss at annual well woman exam
"Every system is perfectly designed to achieve exactly the results it gets."

Dr. Donald M. Berwick
(Former Administrator of the Centers for Medicare and Medicaid Services)

For U.S. = high costs, rising maternal mortality and stagnate infant mortality
Almost half of pregnancies unintended
Only 18.4% have had a PCC visit
Only 1 in 5 women taking folate prior
1 in 4 women of reproductive age have no insurance (until pregnancy)
Many women miss their postpartum visit
And US women of reproductive age increasingly have more risks...
  - Obesity, chronic disease, medication use, substances, mental health issues, age...
Devise a system to reduce maternal and infant mortality through PCC

Caveats:

- Most women are not seeking this type of care
- Many women have no insurance coverage
- Most women have competing priorities for their attention (children, work, school, etc.)
- Almost half of all pregnancies are unintended
- Half of unintended pregnancies were using some form of birth control
Recommendations to Improve Preconception Health and Health Care – United States

Recommendation #3:

“As a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.”
THAT WAS 2006... IT IS 2016

- How far have we come?
- We need a systematic CHANGE to do this well...
- Preconception care is/should be important for ALL providers - *routinely*
  - Almost all primary care providers see women and children
  - PCC is not just for those who focus on women’s and maternal-child health
  - Are “Family Planning” providers consider primary care?
  - PCC cannot just be delivered to “planners”....
“It is not a question of whether you provide preconception care, rather it’s a question of what kind of preconception care you are providing.”

Joseph Stanford and Debra Hobbins
Family Practice Obstetrics, 2nd ed. 2001

- Providers see women every day in multiple settings
- Need to take the opportunity when we can
  - **When she is in front of us, for whatever reason….**
    - Primary care and family planning providers should be leaders in this effort
    - *Need to change our paradigm*
    - Preconception Care IS Primary Care
    - Family planning includes preconception care – *every time*...
Every Client, Every Time: QFP Style
Quality family planning = Quality preconception care = Quality women’s health care.
I AM MORE THAN MY UTERUS!

- Yes, but...

- Most preconception health promotion is appropriate for all women, irrespective of pregnancy plans

  AND

- Almost half of pregnancies are unintended

- Be respectful of the whole woman and where they are in their life plans...

  while recognizing that good primary health prevention includes preconception care for ALL women (and men).
PRECONCEPTION CARE: CONTENT AREAS

- Family Planning
- Nutrition
- Infectious disease/immunizations
- Chronic Disease
- Medication exposures
- Substance Use
- Previous Pregnancy Outcomes
- Genetic History
- Mental Health
- Interpersonal Violence/Abuse
Advancing women’s health in the primary care setting.

Learn how to incorporate preconception health efficiently into routine well woman care.

Read Toolkit >
At Risk / Unsure

At Your Fingertips
Family Planning and Contraception
Nutrition
Infectious Disease and Immunizations
Chronic Disease
Medication Use
Substance Use
Previous Pregnancy Outcomes
Genetic History
Mental Health History
Intimate Partner Violence
FRAMING THE DISCUSSION: REPRODUCTIVE LIFE PLAN

- Do you plan to have any (more) children at any time in the future?
  - If YES:
    - How many?
    - How long would you like to wait until you become pregnant?
    - What family planning method would you like to use until you are ready?
    - How sure are you that you will be able to use this method without any problems?
  - If NO:
    - What family planning method will you use to avoid pregnancy?
    - How sure are you that you will be able to use this method without any problems?
    - People’s plans change. Is it possible you or your partner could ever decide to become pregnant?

REPRODUCTIVE LIFE PLANNING CONTINUUM

Opportunistic Triage of Risk

Reproductive Action Plan

NOW

Reproductive Plan
(1-2 years)

Life Plan (Includes Reproduction)
Would you like to become pregnant in the next year?

- **If YES:** Focus on maximizing preconception health and reducing risks
- **If NO:** Focus on contraception to reduce unintended pregnancy and general preventive health
- **If Unsure:** Focus on preconception health, risk reduction, and reproductive life planning
INTO THE WORKFLOW...

- Paradigm shift of provision of routine care to include reproductive desires and risks
- Provider vs. MA driven?
- Incorporate into EHR?
- What happens after the answer?
Patient response will influence the medical decision making of prescriptions, follow up care, and preventive reproductive health services provided.

Ask*: "Would you like to become pregnant in the next year?"

YES

Review Chronic Health Conditions, Urgent Psychosocial Concerns, Prescribe Multi-vitamin with Folic acid

Medication Review

Review birth spacing recommendations and optional timing for wellness

Develop follow up plan for additional preconception care and assess contraception needs

OK EITHER WAY

Screen for current contraception use

Assess satisfaction of method and compliance of use

Review effectiveness, offer all options including LARC and Emergency Contraception

UNSURE

NO

*Patient already screened for medical eligibility: age 18-45, reproductive capacity, etc.
REDUCE SYSTEM BARRIERS

- Need systematic ways to address identified needs in timely manner
  - May not be able to handle in the moment
  - Care for patient’s agenda...
  - But it may be your only opportunity!
- QuickStart methods for immediate contraceptive use
- Emergency Contraception
- Identify ways to optimize billing capture for time and screenings
<table>
<thead>
<tr>
<th>Patient Visit</th>
<th>Routine Care</th>
<th>PCC Opportunity</th>
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<tbody>
<tr>
<td>Diabetes follow up</td>
<td>Adjust meds and assure quality measures (ACE-I, statin, A1C, foot exam, pneumonia vaccine)</td>
<td>Family planning, education on risks, MVI with folic acid</td>
</tr>
<tr>
<td>Asthma follow up from ED after exacerbation, has bipolar d/o controlled on valproic acid</td>
<td>Counsel on appropriate inhaler use, asthma action plan, smoking cessation</td>
<td>Family planning, education on risks, MVI with folic acid, consider switching valproic acid</td>
</tr>
<tr>
<td>Recent sex, stopped depo due to side effects, here for pregnancy test (neg)</td>
<td>Reassurance, encourage routine appt for birth control, safe sex</td>
<td>Emergency contraception, birth control that day, STI screening, MVI with folic acid</td>
</tr>
<tr>
<td>Acute ankle sprain, college student, no meds</td>
<td>Ankle sprain management</td>
<td>Family planning, MVI with folic acid, STI screening</td>
</tr>
<tr>
<td>Chronic back pain f/u for pain med refill</td>
<td>Pain management, refill</td>
<td>Family planning, MVI with folic acid</td>
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IDEAL OPPORTUNITY FOR INTERCONCEPTION CARE: 
INCORPORATE MATERNAL ASSESSMENTS INTO WELL CHILD VISITS

- Mothers bring children to WCV though may not seek care for themselves
- Mother’s health and behaviors directly impact child’s health – positively and negatively
  - Tobacco use, depression
- Women accept inquiry and advice about own health at pediatric visits
  - Even if not their provider

Kahn and Wise, Pediatrics, 1999
Gjerdingen et al., Ann Fam Med, 2009
Acceptability from an IMPLICIT Baseline Survey (N=658)

“I believe that my health affects the health of my children and children from future pregnancies.”

“I am willing to take advice about my health that affects my children from my child’s doctor.”
Focus on 4 behavioral risks affecting future birth outcomes

- Smoking
- Depression
- Family planning & birth spacing
- Multivitamin with folic acid use

IMPLICIT ICC Model
During well child visit
IMPLICIT ICC Model

- Repeatedly **screen** mothers during WCVs from 0-24 months of age for behavioral risk factors
- **Assess** current risks at each WCV 0-24 mo
- **Reinforce** desired behaviors
- **Connect** with primary providers or community resources to address risks
- Collect and analyze data
- **Develop strategies** to improve care delivery and patient outcomes
WHAT ABOUT THE MEN?

- OKQ can be used to engage with men, too
- Similar health promotion
  - Reproductive Planning and Contraception
  - Infection/Immunizations
  - Genetics/Family History
  - Social and behavioral issues, domestic violence
- Opportunity to counsel about role in parenting
THEORY TO ACTION:
THE MAGNOLIA CLINIC EXPERIENCE
WITH ENHANCING OPPORTUNISTIC
PRECONCEPTION CARE

JACKSONVILLE, FLORIDA
Magnolia Project

Mission

Our mission is to improve the health and well-being of women during their childbearing years by empowering communities to address medical, behavioral, and cultural and social service needs.

- 78.1% African-American
- 21,632 women of childbearing age
- Nearly one-fourth of families live below the federal poverty level
- Average of 1,938 births annually in the project area during 2007-2009, (about 13 percent of the births in Jacksonville)
- Highest infant mortality rate in area, high disparities
SERVICES

- Women’s Health Services
- Clinical Care
- Home Visitation
- Case Management
- Reproductive Life Planning
- Outreach
- Health Education
- Mental Wellness
- Fatherhood
- Group Education

What is The Magnolia Project?
The Magnolia Project is a special Healthy Start initiative to improve the health and wellbeing of women during their childbearing years. The Magnolia Project offers services to women living in Jacksonville zip codes: 32202, 32204, 32206, 32208, 32209 and 32254.

Our mission is to improve the health and wellbeing of women during their childbearing years by empowering communities to address medical, behavioral, cultural and social service needs.

Who is eligible?
Women living in Jacksonville:
- Between the ages of 15 & 44
- In zip codes 32202, 32204, 32206, 32208, 32209 and 32254.
- Pregnant or able to get pregnant.

Who is eligible?
- Health education
- Referrals to health care specialists
- Case management services for women with some of the following risk factors:
  1. Previous fetal or infant loss, preterm or low birth weight baby
  2. Substance or alcohol abuse
  3. High-risk pregnancy
  4. History of STDs
  5. No or improper use of birth control
  6. History of teen pregnancy (15 years old and under)
  7. Other health and social issues
- Community Action Network
- Make a Difference Leadership Academy
- Affordable Health Care Act
- Primary Care
- Reproductive Life Planning
- Breast Feeding Education/Breast Feeding Room
- Safe Sleep Education

Men Day Wednesday
- Fatherhood Groups
- Boot Camps for New Dads
- 24/7 Dads
- Male Responsibility

Trainings
- Make a Difference Leadership Academy
- Make a Noise Make a Difference Lay Health Advocate Initiative

Committees
- Community Action Network
- Community Action Team

Services Available
- Low-cost women’s health exams
- Pregnancy testing
- Prenatal care
- Family planning / Birth control
  - (LARC) Long Acting Reversible Contraceptive
- Counseling and support services

Financial Eligibility
- Health insurance is accepted. Anyone without health coverage will have a financial evaluation to determine eligibility.
- Fees will be based on a sliding scale for anyone with no insurance coverage.
- Please bring the following items to your Financial Eligibility appointment:
  1. Picture ID
  2. Social Security Card
  3. Proof of Income Status

  - No Income - letter from person providing financial support
  - Income - all pay stubs received in the past 30 days and income from all other sources (i.e., social security and child support)
PCHHC COLLABORATION

- Basic assessment of clinic flow, staffing and current services
- Clinic observation, meetings with staff, educational didactic
- Magnolia team decided what components of preconception health and care they are going to try to enhance/implement
- Ongoing technical assistance from PCHHC team
- Wrap up visit – meetings with staff, training presentation, discussion about next steps
PRECONCEPTION TRAINING

- During the pilot phase 31 project and partner primary care provider staff completed preconception care didactic training.
- Training was provided twice – to launch the project and to review the project and reinforce learning at the end.
- Case examples from practice were particularly helpful in making the case for integrating PCC into primary care.
WOMAN-CENTERED EDUCATION

- The pamphlet “Show Your Love! Steps to a Healthier Me!” is distributed to all women that came to Magnolia for a clinic visit.
- 181 Magnolia patients were introduced to the Show Your Love materials during the pilot.
- During their clinic visit, each participant meets with the health educator and reviews the completed questionnaire on the pamphlet.
- At her next clinic appointment, each participant reviews or adjusts her previously set goals with the health educator.
CLINICAL REPRODUCTIVE LIFE PLAN

- All women receiving care at the clinic must have a RLP noted in their Electronic Health Record
- Health Educator begins the conversation with the patient and the health care provider assists with implementation
- Case Managers support women in achieving larger life goals such as education

Reproductive Life Plan
Do you plan to have any (more) children in your future?
- Yes  □ No  □ Undecided

If yes/undecided
How many children would you like to have?
- □ 1  □ 2  □ 3  □ 4 or more
How long would you like to wait until you or your partner becomes pregnant?
- □ Now  □ Less than 1 year  □ Between 1 and 2 years  □ Between 2 and 3 years
  □ More than 3 years
What family planning method do you plan to use until you or your partner are ready to become pregnant?

How sure are you that you will be able to use this method without any problems, which is a scale from 1-5, with 1 being very unlikely and 5 being very likely?
- □ 1  □ 2  □ 3  □ 4  □ 5
Comments

Preconception Health + Health Care Initiative
A National Public-Private Partnership

Beyond Pregnancy
During the pilot phase, Primary Care was offered one day per week.

The medical provider helped participants presenting for a primary care appointment formulate a Reproductive Life Plan.
ACHIEVEMENTS

- Free multivitamins to all women coming for well woman or family planning care
- Reproductive life plan established as a vital sign
- Show Your Love checklist used as part of patient-centered care
  - Comprehensive services and case management available to help a woman implement her plan
- Women can receive family planning and primary care services in the same visit
- Exploring ways to provide information to friends and family in the waiting room
CLIENT CENTERED SUCCESSES

- Continuity of care
  - Family planning and primary care provider collaborated to find the best course of action for each individual client
- Helped clients realize the connection between family planning and primary care
  - More eager to come back and work on primary care issues
- Enhanced confidence in the care being provided when they saw the providers working together to find the best possible solution for them
- All began to receive multivitamins
  - Iterative process, initially did not like the size or smell of the multivitamins and were not taking them
  - Changes to smaller, odorless pills led to higher use
LESSONS LEARNED

- Simple quality improvement approach can achieve quick and meaningful results in PCC delivery!
- Educational buy-in from all members of the staff is key
- Ingrained process barriers may have simple solutions
  - E.g. Scheduling issues; who can do what and when; billing for primary care visits and family planning at same time
- The value of patient engagement on interventions
- Most common patient goals/needs are social
  - Weight management, healthy eating
  - Housing, job, car
  - Relationships, empowerments, stressors
Consumer Engagement is KEY
JOIN THE LOVE!

www.ShowYourLoveToday.com