AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

IMPROVING PRECONCEPTION AND CONTRACEPTIVE CARE WITH A REPRODUCTIVE HEALTH SELF-ASSESSMENT TOOL: A PILOT RANDOMIZED CONTROLLED TRIAL (G1403JG)

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Abstract

Family medicine physicians are in the unique position to help women achieve well-timed and healthy pregnancies by providing reproductive health services. The AAFP, CDC, and ACOG recommend physicians incorporate reproductive life plan (RLP) assessment and preconception and contraceptive care into routine care for women of reproductive age due to the high rate of unintended pregnancy. Despite recommendations and promising studies of RLPs, family medicine physicians face many challenges in implementing these services in practice. A novel RLP designed as a patient empowerment tool, the RH-SAT, was piloted at an urban community health center and was found to facilitate discussion of women's reproductive health needs. However, the impact of this tool on provision of reproductive health services is not known. This study proposes to (1) measure the effect of the RH-SAT on preconception and/or contraceptive care, (2) assess if the effect of the RH-SAT varies based on patient characteristics, and (3) determine if patient self-report of counseling matches documentation in the EMR.

The proposed research is a pilot RCT in which non-pregnant 18-44 year old women will receive the RH-SAT or passive control prior to their visit at an urban community health center. Before the pilot RCT, all physicians will receive education about reproductive health recommendations and ways to implement them in practice. Cognitive interviews will be conducted with 10-12 patients to refine the patient survey instrument. The 18 physicians will be randomized to have eligible patients receive the RH-SAT or passive control prior to their visit during a 6-month period. Twenty eligible patients scheduled to see each physician will be enrolled (N=360). Patients scheduled for preventive visits will be instructed to engage with their physician. Patients scheduled for other reasons will be asked to speak with their MA about scheduling a follow-up visit. After the visit, participants will complete a survey asking whether or not they discussed preconception care or contraception with their physician or scheduled a follow-up visit. Participants who engaged with the MA to schedule a follow-up visit within 10 months of their initial visit will be mailed the same survey to measure reproductive health services provided at the subsequent visit. Patient survey responses will form the primary outcome and physician documentation will form the secondary outcome. After the study period, physicians in the intervention

group and all MAs will complete a survey about how the RH-SAT impacted care. The association between patient self-report of counseling in the intervention versus control groups will be determined using chi-square tests. Univariate and multivariable logistic regression models will be used to identify predictors of counseling using patient characteristics. Finally, patient self-report will be compared to physician documentation.