

Develop Systems for Same-Visit Provision of All Contraceptive Methods

Contraceptive Access Change Package: Best Practice 3

<h3>How to Use This Guide</h3>	<p>This guide is designed to support facilitation of an interactive learning session on how to Develop Systems for Same-Visit Provision of All Contraceptive Methods: Best Practice 3 from the Contraceptive Access Change Package, whose purpose is to drive improvement on the contraceptive care performance measures.</p> <p>Facilitators should feel free to adapt and revise this guide. Facilitators may choose to:</p> <ul style="list-style-type: none"> » Convene staff from one or more clinics for a standing meeting (e.g., monthly) to discuss each Best Practice (in order or as needed) from the Contraceptive Access Change Package. <i>(See other Best Practice discussion guides.)</i> » Convene a one-time meeting with clinic staff about this topic.
<h3>Learning Objectives</h3>	<p>By the end of the discussion, participants should be able to:</p> <ul style="list-style-type: none"> » Describe why it is important to offer methods during the same visit initially requested by the patient (i.e., same-visit) » Identify at least one challenge to providing methods same-visit » Identify at least one strategy to increase same-visit access
<h3>Length</h3>	<p>At least 60 minutes, with more time for discussion as schedules allow. Example discussion questions are provided; facilitators can use them based on participant interest.</p>
<h3>Materials</h3>	<ul style="list-style-type: none"> » Contraceptive Access Assessment: Site-level assessment to identify strengths and areas of opportunity to increase access to contraceptive methods » Contraceptive Access Change Package: Summary of evidence-based recommendations for increasing access to contraceptive methods, strategies, case studies, tools, and resources » PowerPoint Slides with Notes: Slides with speaker notes and discussion questions » Speakers: To play an audio recording during the meeting: https://fpntc.adobeconnect.com/p60z0wcga4b/
<h3>Format</h3>	<p>Discussions can be facilitated virtually or in person.</p>
<h3>Suggested Participants</h3>	<p>Staff from one or more family planning clinics. Involving multiple sites can facilitate peer-to-peer sharing. Having representation from clinical, administrative, and financial staff can help address system issues.</p>
<h3>Before you start...</h3>	<p>Participants should complete the Contraceptive Access Assessment and bring their completed assessments to the meeting. If this is not possible, the facilitator should provide printed assessments and an additional 10-15 minutes for participants to complete them during the meeting.</p>

Develop Systems for Same-Visit Provision of All Contraceptive Methods

Contraceptive Access Change Package: Best Practice 3

Orientation to Same-Visit Access to Contraceptive Methods: Topic and Objectives



15 minutes



Slides 1-12



Present Slide

Facilitate

- | | Activity: |
|--|--|
| 1 Develop Systems for Same-Visit Provision of All Contraceptive Methods: Contraceptive Access Change Package: Best Practice 3 | » Conduct participant and facilitator introductions. |
| 2 Introduction to the Contraceptive Access Change Package | |
| 3 Contraceptive Access Change Package: Best Practice 3 | |
| 4 Meeting objectives | |
| 5 Defining same-visit access | |
| 6 Rationale for same-visit access | |
| 7 How to be reasonably certain a patient is not pregnant (CDC) | |
| 8 When to start using specific contraceptive methods, if provider is reasonably certain patient is not pregnant (CDC) | |
| 9 When starting to use specific contraceptive methods, examinations/tests needed before initiation (CDC) | |
| 10 Additional visits are a barrier for patients | |
| 11 Overview of strategies to ensure same-visit access | |

Develop Systems for Same-Visit Provision of All Contraceptive Methods

Contraceptive Access Change Package: Best Practice 3

- 12** Clinician testimonial: same-visit is possible! Activity:
- » Listen to a brief (5-minute) testimonial of Dr. David Holcombe in Louisiana talking about how important same-visit access is for patients.
- Discussion:
- » How do providers (you or others) feel about the idea of offering methods same-visit?
 - » What are your fears and reservations?
 - » Does this recording have any impact on those fears?

Challenges Related to Making Methods Available Same-Visit



10 minutes



Slides 13-15



Present Slide

Facilitate

- 13** Contraceptive Access Assessment: Offering methods same-visit and adhering to evidence-based clinical practices Activity:
- » Participants will fill out or refer to the Contraceptive Access Assessment tool. Ask participants to fill out ahead of time, or provide 10-15 additional minutes to fill it out during the session.
- 14** What methods are available same-visit? Discussion:
- » Reflecting on the results of the Contraceptive Access assessment, what methods are you currently able to provide during the same visit initially requested by the patient? How often are you providing methods same-visit?
- 15** Why it is challenging to offer some methods same-visit? Discussion:
- » What makes it challenging to offer some methods during the same visit initially requested by the patient?

Implementation Strategies for Making Methods Available Same-Visit



25 minutes



Slides 16-26



Present Slide

Facilitate

- 16** Overview of same-visit implementation strategies

Develop Systems for Same-Visit Provision of All Contraceptive Methods

Contraceptive Access Change Package: Best Practice 3



Present Slide

Facilitate

-
- 17** Provider buy-in for same-visit insertions Discussion:
 » What concerns have you heard from providers about providing methods same-visit? How have you/do you think you'll be able to respond to these concerns?
-
- 18** Quick Start algorithm (RHAP)
-
- 19** Quick Start algorithm (RHAP): copper IUD as emergency contraception (EC) Discussion:
 » Are you offering copper IUD as EC?
 » If no, why not? What have been the challenges/concerns?
 » If yes, what strategies did you use to implement this practice?
-
- 20** LARC insertion kits Discussion:
 » Have you tried creating LARC insertion kits?
 » If yes, what did you learn during the process?
 » If no, how will you go about creating them?
-
- 21** Schedule adjustments
-
- 22** Schedule adjustments: an example Discussion:
 » Do you use standard appointment lengths or block visits to allow time for LARC insertions?
 » How will you try these strategies if you aren't already using them?
-
- 23** LARC insertion trainings
-
- 24** Tracking insurance coverage and reimbursement Discussion:
 » Are you having issues obtaining reimbursement for LARC methods?
 » Do you track information about cost and reimbursement by insurer? If not, could this be helpful?
-
- 25** Stocking a broad range of methods Discussion:
 » Are you stocking all methods?
 » If not, what methods aren't you stocking, and what steps can you take to start stocking them?
-
- 26** Summary of strategies to support same-visit access to methods

Develop Systems for Same-Visit Provision of All Contraceptive Methods

Contraceptive Access Change Package: Best Practice 3

Success Stories: Lessons Learned From the Field

 5 minutes

 Slides 27-28

 Present Slide

Facilitate

27 Success Story: make a case with data
(Johnston County, NC)

Discussion:

- » What opportunities exist for you to share utilization, cost, reimbursement, or other data, to make the case for same-visit access?

28 Success Story: clinician champions
(Rapides Parish Health Unit, LA)

Discussion:

- » Who can champion same-visit access at your site(s)? Who do you need to involve in these efforts?

Conclusion

 5 minutes

 Slides 29-30

 Present Slide

Facilitate

29 Closing and reflection

Discussion:

- » What other questions do you have for each other before we end? Are there other issues or challenges that we haven't discussed yet?
- » What is one thing you will take away from today's discussion?

30 Thank you