Establishing Birth Control as Basic Care!

While we're waiting to get started… scan this code and take the quiz for a sneak peek into today's topic.

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Establishing Birth Control as Basic Care

Tuesday, August 15th 12:30-1:30pm

Presented by:

Jordan Hatcher (she/her), MPH, ICAN! Program Director

Dr. Arielle Hirschfeld (she/her), Heartland Alliance Health Family Medicine Physician

Dr. Stephanie Liou (she/her), Alivio General Pediatrician

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Learning Objectives

Articulate one strategy to desilo, destigmatize, and normalize birth control as basic healthcare.

Identify approaches to screen for contraceptive needs and desires in the women's health, pediatric or family medicine setting.

Identify tools providers can use to integrate contraceptive screening and counseling into their care practice.

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Icebreaker Activity

Establishing Birth Control as Basic Care:

How we can desilo, destigmatize, and normalize contraceptive care

Birth control is basic health care that gives people the opportunity to decide if, when and under what circumstances to be pregnant and parent, protect against STIs, support gender-affirming care, and manage other health conditions.

But **systemic racism, discrimination, and coercion** prevent people of color and people with few resources from accessing the information and care they need to be as healthy as possible in their reproductive lives.

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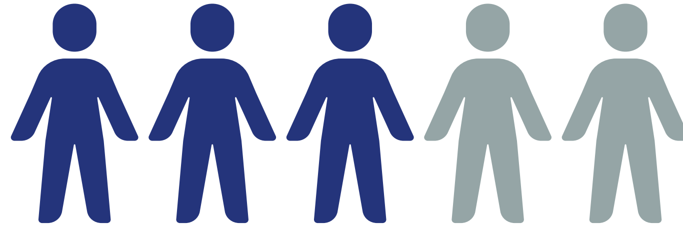
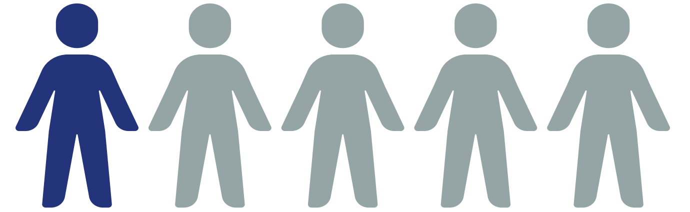
Every person should be able to choose which birth control method to use based on their health needs, lifestyle, and personal preferences.

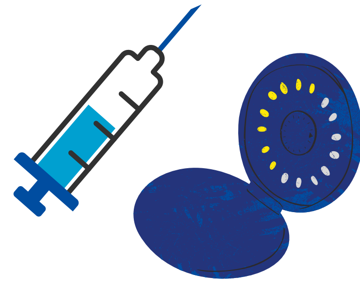
Yet people in Illinois struggle to access their preferred methods.



3 in 5 Illinois women ages 15-44 use birth control.

Yet just 1 in 5 receives contraceptive counseling at community health centers.





Where care is accessible, quality varies. For many Medicaid providers, services are limited to pills or shots.

Since the fall of Roe v. Wade in 2022, there has been a surge in demand for birth control—especially emergency contraception, LARCs, and permanent methods.

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Promoting routine screening for contraceptive needs and desires

ICAN! aims to de-silo and destigmatize and normalize birth control as basic health care, including through promoting routine screening for contraceptive needs and desires.

Find out what screening question is in your EMR! Where does this question live and how can you begin routinely using it?

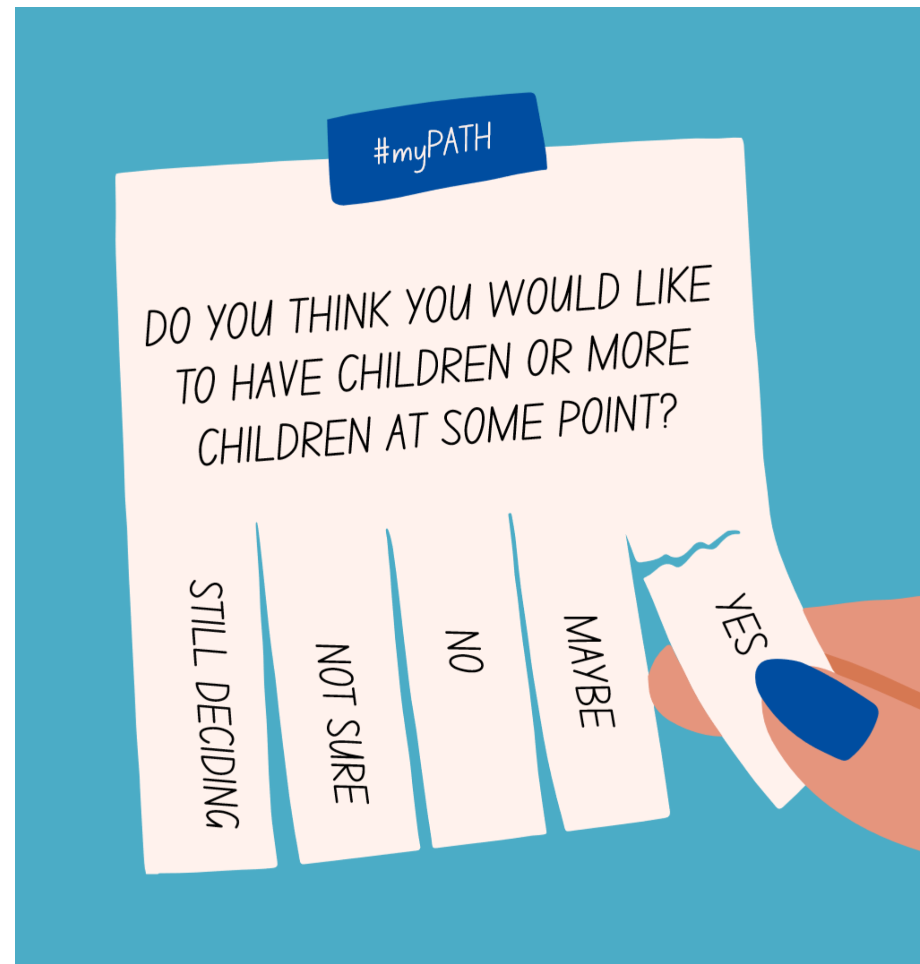
Don’t forget to code: Z30.09.

Why PATH?

Pa: Parenting/Pregnancy Attitude

T: Timing

H: How important is pregnancy prevention



- Supports active listening and patient-centered care.
- Applies to any gender, age, or sexual orientation.
- Aligns with Reproductive Justice principals.

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Provider Spotlight:

Dr. Stephanie Liou (she/her)

Alivio Medical Center

General Pediatrician

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I'm a general pediatrician

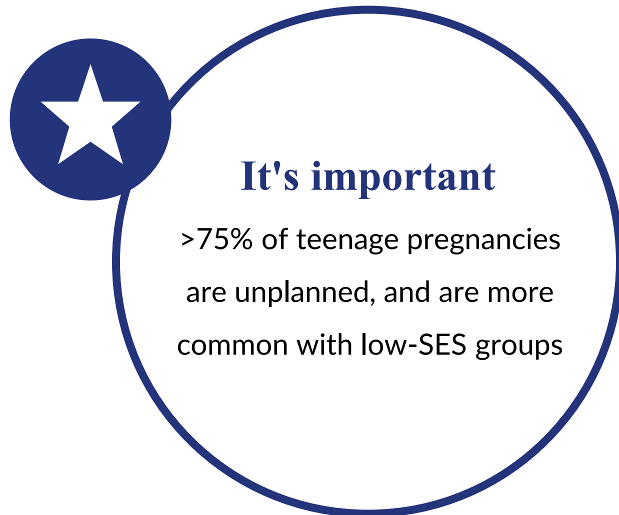
I see patients from birth to 21yrs who are mostly low-income immigrants

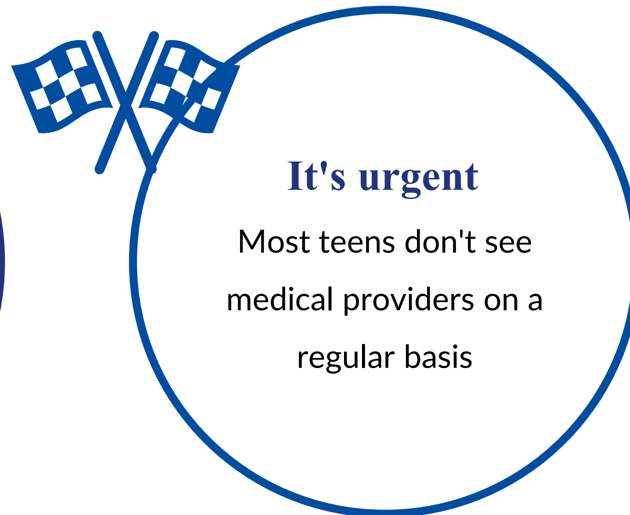
I work at a regular outpatient clinic (FQHC) and at school-based health center (high school)

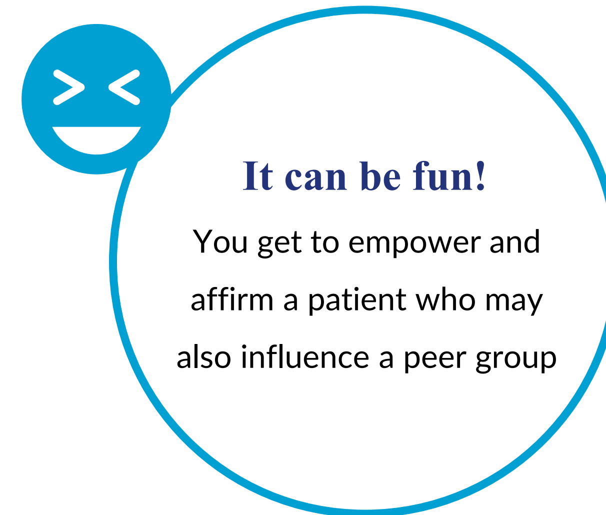
I aim to talk about reproductive health with **every** patient $\geq$12yrs

If you work with teens in any way...

THIS IS PART OF YOUR JOB!

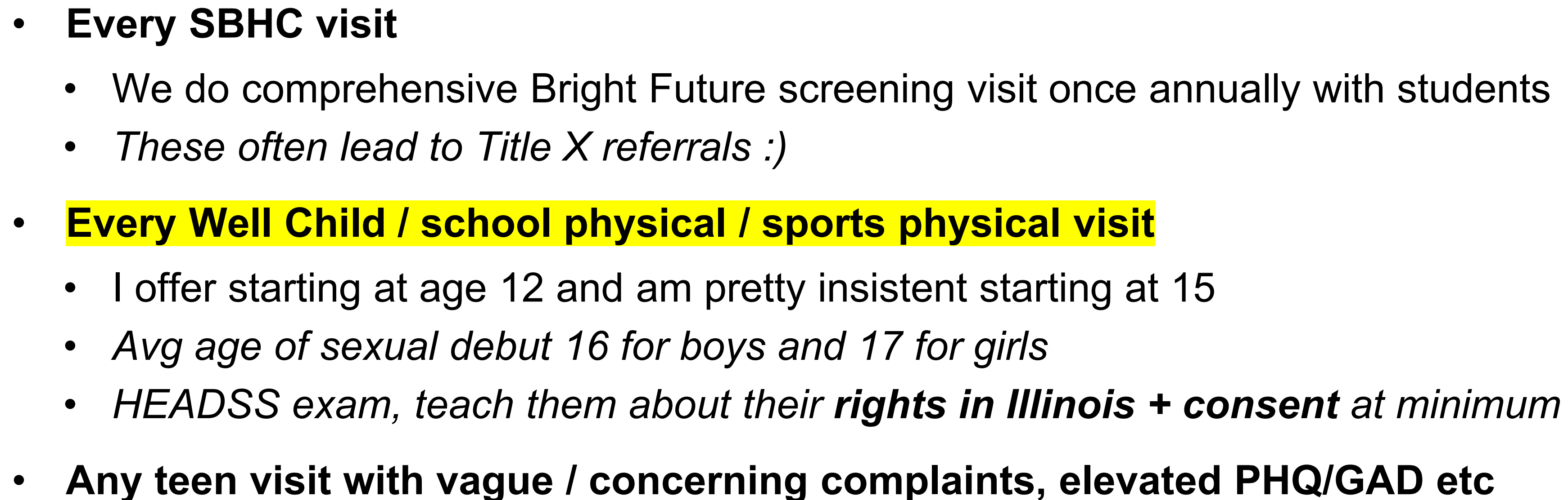






I talk to teens without their parents/guardians

You learn so much more!



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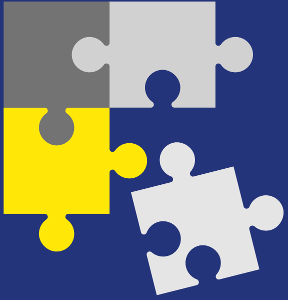

Sample scripts (this is exactly what I say)

For every one of my teen patients who is 12 years or older, I offer the opportunity to have their body checked and to talk to me separately. I think this is very important for their privacy and to learn how to talk to the doctor independently. Can I ask you to step out into the waiting area for a few minutes? Thanks!

Now that your *[parent/guardian]* has stepped out, I want you to know that everything we talk about here is private. I promise I won't tell anyone unless you ask me to. The only exception is if someone's life is in danger—you understand why I can't keep that a secret, right? Also, there is no judgment here. I hope you can be honest so that I can help you with your health!

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Important considerations for teen privacy

Ensure your health center has a policy that supports adolescent confidentiality that includes considerations like….

MA and Lab training

- ✓ Aware that **parents** should be escorted to waiting area (and not linger by the door to eavesdrop!)
- ✓ Process urine or lab samples **confidentially** and without saying results or test names out loud in front of parent/guardian.
- ✓ Work out a private **route** to the bathroom and specimen dropoff!

Supplies in room

- ✓ **Urine** specimen cups and point-of-care **pregnancy testing**
- ✓ Supplies for **vaginal self-swabbing** for STI screening, point of care HIV testing etc
- ✓ **Condoms** (the ICAN! bundles are amazing!) to take home
- ✓ Educational materials, QR codes

EMR training/skills

- ✓ How to add problems and orders confidentially for **billing** purposes
- ✓ How to print out an after-visit summary with **confidential elements hidden** *(otherwise, enter orders after printing!)*
- ✓ How to keep track of a teen's phone number for notification

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Challenges + opportunities

Transportation

- Telehealth follow-up
- Helping w/ bus routes, ride vouchers

Time

- Strategic scheduling, workflows
- Advocate within your organization

Tough situations

- Bring them back and build trust!
- Know your resources + supports

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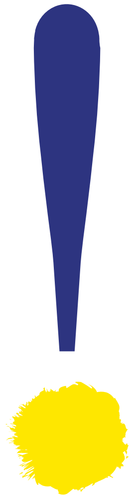

Recent example

- 16 year old came for a sports physical for soccer. Conducted exam and talked privately, with mom in waiting area.
- She was sexually active, did not desire pregnancy, not using any type of contraception, interested in contraception.
- Condoms and educational links provided at first visit, STI and pregnancy testing done confidentially.
- Confidential telehealth visit 3 days later for test results and in-depth contraception counseling (PATH).
- Confidential in-person visit completed for Nexplanon placement 2 weeks later.

Provider Spotlight:

Dr. Arielle Hirschfeld (she/her)
Heartland Alliance Health
Family Medicine Physician

It takes a team!

Before the visit:

- **Benefits enrollment team** connects patient to coverage.
- **Front desk staff/schedulers** are trained to answer common questions on birth control cost and appointments.

During the visit

- **Provider** conducts screening with the PATH question:
  - When reviewing medication list
  - When reviewing LMP
  - Discussing services available to new patients
- **Provider** connects patients to method of choice.

After the visit:

- Have **MA** provide patient survey (PREM) with after visit summary.

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Overcoming Challenges

Clinic workflows: Generate buy in, create workflows, provide training and resources

- Difficulty changing workflow for front desk and MA team
- Increasingly busy schedules and volume-based care
- Practice differences, provider differences

Enrollment and benefits: Share info on HFS FPP + FPPE with call center, outreach staff, enrollment staff, and more. Try the ICAN! eligibility quiz!

- Benefits staffing, availability
- Medicaid re-enrollment, health benefits for immigrants program paused

The PATH to contraception in the family medicine setting

- **When reviewing medication list**
  - "Are you currently using any other medications or a form of birth control?"
  - "It's important to consider your reproductive goals while we review your medications. Would you like to have children or more children at some point?"

- **When reviewing LMP**
  - "I see that the first day of your last cycle was X…."

- **Discussing services available to new patients**
  - "We're so glad to see you today. In addition to the medical care we've discussed so far, we also offer reproductive health services and STI testing…."

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Overcoming challenges

- So many guidelines and screenings, so little time
  - *Engage MAs to support essential screening ahead of seeing a provider.*
  - *Download CDC Medical Eligibility Criteria (MEC).*
- Acute concerns dominate
  - *We need to work to de-silo and destigmatize birth control as basic care, the same way as mental health or blood pressure screenings.*
  - *Schedule a follow up or telehealth visit if not enough time during the initial visit.*
- Difficulty accessing some methods
  - *ICAN!'s Connect2Care referral tool can connect patients to their method of choice if your health center doesn't offer all methods yet.*
- Questions feel invasive
  - *Establish rapport and build trust with patients before discussing reproductive health.*
  - *The PATH question can offer a non-invasive entryway to beginning conversations.*
- Different practice styles
  - *Find what works for you! Practice a few screening questions. See what feels natural for you and your patients. At the end of the day, TRUER care is what's most important.*

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Questions?

Tools and Resources for Your Care Practice

Practicing PATH: take the quiz!

ICAN!'s Birth Control Quiz can help you start a conversation using PATH:

Do you think you might like to have children or more children at some point?

How soon might that be?

How important is it to prevent pregnancy until that time ?

What else is important to you in a birth control method?

Tools to support with screening + counseling

- Modern Contraception and Reproductive Justice training.
  1.5 CME credits, meets state implicit bias training requirements.
- Birth control 1-pagers.
- Billing and coding job aid.
- HFS FPP Eligibility Quiz.
- Work with ICAN! to provide all methods same day. In the interim, make an internal (or Connect2Care) referral!

Refer a Patient

ICAN! makes sure that when you refer a patient to one of our community health center partners across the state, they'll be given the opportunity and the information to decide for themselves if birth control is for them –- regardless of race, gender, sexual orientation, income, or ability.

ican4all.org

In summary…

You don’t have to be a women’s health provider to play role in advancing contraceptive equity and connecting your patients to their birth control of choice!

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