

Testing a web-based family planning counseling aid in two North Carolina clinics

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1. Background

Comprehensive family planning counseling can help to increase the chances that women will be able to use contraception effectively to avoid unintended pregnancy. However, rising costs for family planning methods and services make it difficult for clinics to devote the time necessary for providing such comprehensive counseling. To address this problem, we developed *Smart Choices*, an interactive, multi-media, computer-based counseling aid for women to use in family planning clinics before seeing their provider. *Smart Choices* was designed to be a low-cost tool that can enhance the quality of family planning services without increasing the counseling workload of family planning providers.

2. Purpose

The specific aims of our project were to develop and test *Smart Choices*; assess its usability and feasibility; and assess its impact on the quality and content of counseling and on contraceptive method selection. The focus of this poster is to present findings from the second of these three aims, related to the feasibility and usability of *Smart Choices*.

Research questions included:

- How useful is *Smart Choices* to patients? How do patients use, react to, interpret, and act on the information?
- How useful is *Smart Choices* to providers? How do providers use the information from *Smart Choices* and integrate it into their family planning counseling?
- How is *Smart Choices* integrated into clinic workflow? To what extent does it enhance or detract from the clinic visit?

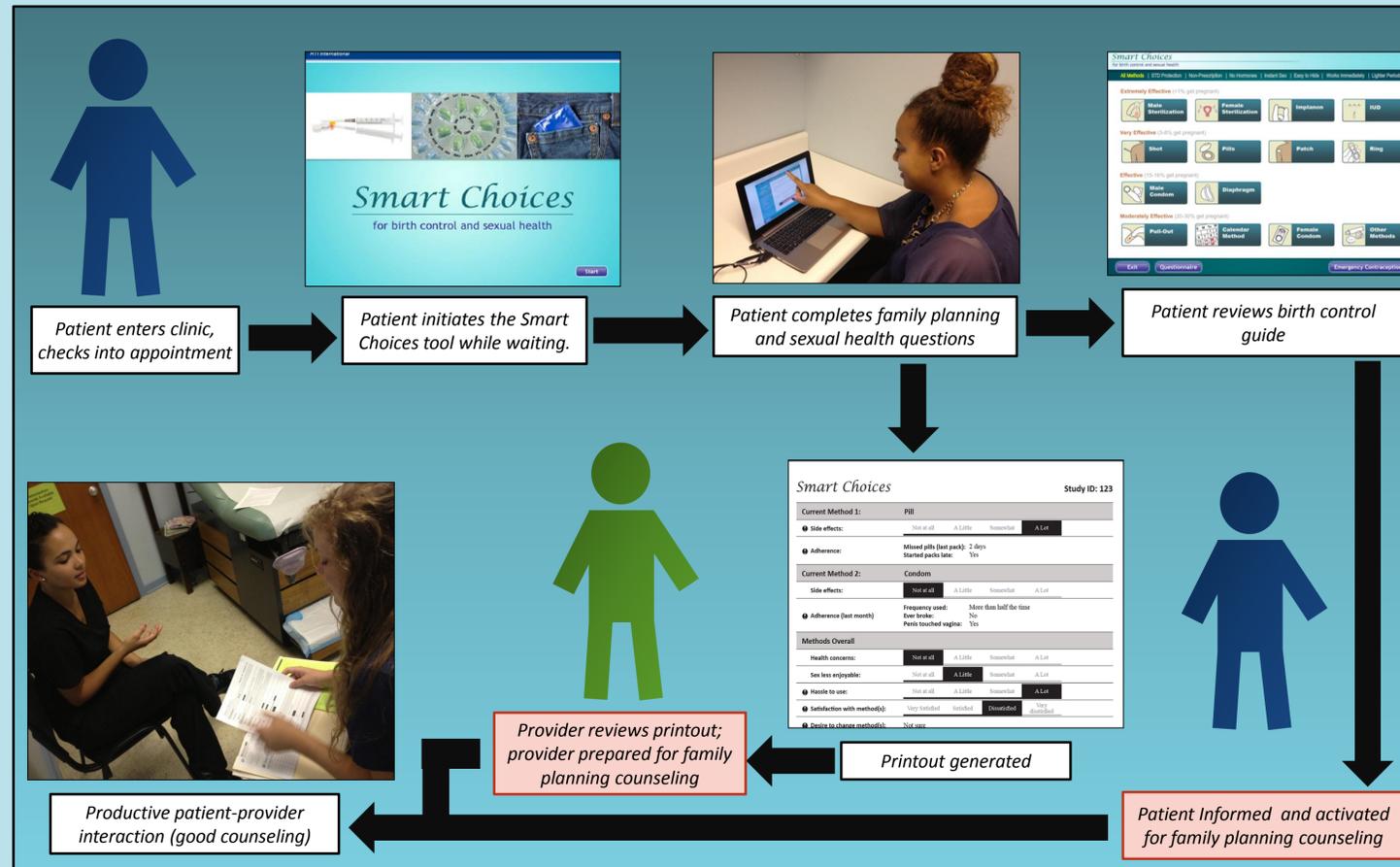
3. Smart Choices tool description

- Based on the Chronic Care Model, which posits that productive patient-provider interactions can be achieved by having both informed, activated patients, and prepared, proactive clinicians.
- Developed with ongoing input from family planning providers and tested at two different stages of development with family planning patients.
- Two components:
 - A **patient questionnaire** that collects information about a patient's reproductive health needs and produces an easy-to-read summary for the provider. The questionnaire helps to activate patients by having them think about factors that may influence their contraceptive use and encouraging them to think of any questions they may have for the provider, and it helps to prepare providers, by identifying particular areas of concern to address during counseling.
 - An **interactive birth control guide** with information (both text and video) on contraceptive methods. The birth control guide helps to inform patients.

4. Methods

We tested *Smart Choices* at two family planning clinics in North Carolina: a Planned Parenthood clinic and a county health department. Between March and July 2013 we recruited 212 women to a comparison group and 124 women to an intervention group. Comparison patients received standard family planning care and intervention participants used *Smart Choices* before their family planning appointment. Both groups completed exit interviews with questions about the quality of their family planning counseling, their birth control knowledge, and their chosen method of birth control; intervention patients were also asked to provide feedback on their experiences with and reactions to the tool, including open-ended questions.

Additional data related to the usability and feasibility of *Smart Choices* were derived from ongoing observations by the interviewers based in each of the two clinics, and from semi-structured interviews conducted with clinic providers at the end of the study.



5. Findings

Feasibility of integrating *Smart Choices* into clinic flow

On average, patients spent 14 minutes using *Smart Choices*—7 minutes for the questionnaire and 7 minutes for the birth control guide. How well the tool integrated into clinic workflow depended on the way each clinic scheduled patients and provided services.

- Smart Choices* was easily integrated into clinic flow in one clinic, where patients typically had to wait for their appointment. *Smart Choices* made effective use of the time that patients would otherwise have been waiting.
- At the other clinic, patients were taken to the examination room almost immediately after they checked in. About half of the time, the provider was able to see them shortly thereafter. This meant that sometimes providers had to wait for patients to finish using *Smart Choices*, causing a disruption in the workflow.

Patient reactions to *Smart Choices*

Overall, patients had very positive reactions to the tool.

- The birth control guide was helpful and easy to use.** Patients liked the look, layout, and content of the guide. Some patients preferred the written text and some preferred the videos. The information helped patients think more about different kinds of birth control, especially IUDs and implants.
- Smart Choices was most useful to patients who were new birth control users or patients who wanted to change their birth control method.** Several women mentioned that they had already made their decision about their birth control method and because of this, *Smart Choices* was not so useful for them, but they thought it would be very helpful for younger women, or women who were uncertain what method they wanted to use.

- The questionnaire helped women think more about their situation and preferences.** Many participants explained that the questions asked in the *Smart Choices* questionnaire made them think about issues that are not normally addressed in a family planning visit. One participant said, "The questionnaire helped me prepare to meet with my doctor. I got to think about different things that influence my birth control—like my whole life."

Provider reactions to the printout

Providers had mixed reactions to *Smart Choices* and varied on the extent to which they used the information from the printouts.

- Some information duplicative.** Many of the questions on the questionnaire collected similar information to that collected by the clinics' patient history forms, so some providers thought it was unnecessary duplication.
- Some information not useful.** Some providers thought that some of the questions related to social considerations (e.g., partner influences on contraceptive use, things the patient wants to happen in her life before having a baby) were either not things that they would address during counseling or things they would prefer to ask verbally.
- Some information useful.** Providers generally agreed that a few of the questions were non-duplicative and useful. The most commonly cited of these were the methods the women are currently using, adherence to the methods, and how they would feel if they got pregnant now.
- In general, non-licensed providers found *Smart Choices* more useful than licensed providers.** Several health center assistants used the tool extensively in their birth control counseling, while most licensed clinicians used it less.

6. Implications

We found that *Smart Choices* is a promising tool that has the potential to be integrated into health services at family planning clinics.

- Smart Choices may be more useful for a targeted audience.** While *Smart Choices* was well-received by most patients at both clinics, it may be most useful for a targeted audience, including new birth control users, patients desiring to change their method, or patients that want to learn more about the range of birth control methods.
- The *Smart Choices* questionnaire may help patients be reflective.** The *Smart Choices* questionnaire was developed with the primary goal of providing patient information to their clinician. However, patients benefitted from completing the questionnaire in unexpected ways. The non-traditional family planning questions helped patients to consider their needs, intentions, and behaviors.
- Smart Choices may be more useful to integrate into services provided by lay health workers.** Clinicians were less amenable to integrating *Smart Choices* into their service provision, in part because they have limited time for family planning counseling, so their main focus is on ensuring that patients have no contraindications to their birth control prescription. Lay workers were more receptive to using *Smart Choices* than their clinician counterparts. *Smart Choices* may be best utilized by lay health workers who have more time to provide birth control education with patients. Furthermore, the tool could help standardize birth control counseling for clinic assistants who have less training than licensed clinicians.
- To improve feasibility of integration, the *Smart Choices* questionnaire should not be duplicative of the patient history forms.** Many providers complained that the *Smart Choices* questionnaire provided some of the same information that was included on their patient history forms. While some information on the questionnaire was useful and different, it was challenging for providers to sift through the printout to find the most useful information. One option to alleviate this problem would be to include a function that allowed clinics to tailor the questionnaire. Alternatively, if clinics were to adopt the *Smart Choices* in the long term, they may revise their patient forms to avoid duplication.
- Smart Choices can be integrated into clinic flow in clinics with wait times of 15 minutes or more.** Patient wait time often causes irritation for patients and goes unused. The *Smart Choices* tool provided patients with a learning activity while they waited. The tool did not disrupt the flow of the clinic when patients used it during their wait time. However, for clinics with very little wait time, the tool may need to be incorporated in a different time during a clinic visit (e.g., after vitals are taken and before the clinician speaks to the patient).

7. Limitations

This study is subject to some limitations. First, study participants may have provided socially desirable answers about *Smart Choices*. Although interviewers stated that they did not create the tool and did not have a stake in patient responses, participants may have felt that they needed to provide positive feedback about the tool. Second, patients and providers may have responded to the *Smart Choices* tool because of their interest in new technology, rather than on its usefulness. Finally, our study has limited generalizability. We tested the feasibility of the tool in two family planning clinics in North Carolina. Our findings are likely generalizable to similar clinics, but the extent to which the tool can be integrated into different health settings remains to be seen.

8. Next Steps

The *Smart Choices* tool has promise to improve family planning counseling, but further revisions and testing are needed to determine how its potential could be maximized. Some possible next steps include revising the tool so that it could be tailored to specific clinic needs; providing additional staff training to those that use the tool; testing the tool in alternative settings, such as prenatal, postnatal, or primary care settings; and testing the tool with a more targeted audience (e.g., patients who are considering a new method).

More Information

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