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 and 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-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 cost-effective methods of service delivery. The focus of this paper is to present findings from the second of these aims, related to the feasibility and usability of Smart Choices.

Research questions included:
- How useful is Smart Choices to patients? How do patients use, read, 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 clinical workflow? To what extent does it enhance or detract from the clinic visit?

3. Smart Choices tool description
The Smart Choices counseling aid for women to use in family planning clinics before seeing their provider. 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.
  - An interactive birth control guide for women to use to think about different things that influence my birth control choices. The questionnaire should not be 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.

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.

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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. However, how this tool integrates into clinic workflow depends on the way each clinic schedules patients and provided services.

- Smart Choices was easily integrated into clinic flow in one clinic, where patients typically wait to wall 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 participants preferred the written text and some preferred the video. 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 as 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.

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-adopted 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 poorly learn or remember the content of counseling.

- The Smart Choices questionnaire may help patients to be reflective. The Smart Choices questionnaire was developed with the primary goal of providing patient information to their clinicians. However, patients benefit 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 methods. 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 allows clinicians to tailor the questionnaire. Alternatively, if clinics were to adopt the Smart Choices in the long term, they may revise their intake forms to avoid duplication.

- Smart Choices can be integrated into clinic flow in clinical wait times of 15 minutes or more. Patient wait time can create irritations 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 short 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 or inaccurate information. However, the researchers stated that they did not disrupt 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, providers and patients 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 adaptations are necessary to determine how potential benefits might 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 private practice or contraception centers; and testing the tool with a more targeted audience (e.g., pregnant patients who are considering a new method).

More Information
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Patient enters clinic, proceeds to appointment

Provider reviews questionnaire, prepares for family planning counseling

Patient evaluates the Smart Choices tool while waiting

Patient reviews birth control guide

Patient completes family planning and sexual health questions

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