

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/hybrid-model-for-contraceptive-care-in-private-practice/14417/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Hybrid Model for Contraceptive Care in Private Practice

ReachMD Announcer:

Welcome to ReachMD. This medical industry feature, titled “Hybrid Model for Contraceptive Care in Private Practice” is paid for and brought to you by Organon. This program is intended for health care professionals in the United States. Here’s your host, Dr. Kim.

Dr. Kim:

Hello, I’m Edmund Kim, an OB/GYN practicing in the Atlanta area for the past 25 years. Today I’ll be talking about how I incorporate a hybrid model for contraceptive care in my practice that includes long-acting reversible contraception, also known as LARCs. This hybrid approach consists first of a telemedicine appointment to counsel all patients on appropriate contraceptive options and, if necessary, an in-person appointment to initiate any contraceptive method that requires placement by a healthcare provider.^{1,2}

As many of you know, the COVID-19 pandemic impacted the way contraceptive care was offered to patients, with many offices, including my own, turning to telemedicine.³ Using telemedicine for contraceptive care has not significantly affected the way I counsel patients. The use of a hybrid approach has enabled me to continue to offer all contraceptive options, including LARCs, even during the height of the pandemic.^{1,2}

When using a hybrid model for contraceptive care, our team typically follows 4 main steps. First, the patient calls to schedule an appointment for contraceptive counseling and at that time decides if she wants the appointment to be virtual or in-person.² When we first started offering virtual appointments, the main challenge was getting patients to understand how to use the telehealth technology.⁴ But with time, the process became nearly seamless.

Next, during the counseling session, we discuss all appropriate contraceptive options, including LARCs, whether in the in-person or virtual setting. It’s important to me to include all appropriate options, including LARCs, to ensure that my patients can make the best decision for themselves.⁵ For patients considering a LARC during a telemedicine visit, I’ve found the requirement for an in-person follow-up visit to place the device is usually not an issue.⁶

If the patient chooses a contraceptive option that requires administration by a healthcare provider, the next step is to schedule an in-person visit.^{1,2,7} In my practice, the scheduling process has been pretty smooth. We use our EMR to send a task to the staff member who authorizes and orders the LARC, and once it’s delivered, our schedulers reach out to the patient to schedule an appointment.^{8,9}

The final step is for the patient to come into the office for administration of the contraception.^{1,2} During the in-person visit, we review our consent form with the patient and have her sign it.¹⁰ Then we administer the LARC or chosen contraceptive method and provide follow-up instructions, including any warning signs to look for.^{2,11} In my experience, it’s uncommon for patients to cancel this appointment.⁶ Any concerns related to their chosen contraceptive method would have been discussed during our initial counseling conversation and addressed.⁵ In terms of follow-up, we advise patients to call for any issues they may have.⁵

Overall, I’ve been really pleased using a hybrid model, including LARCs, for contraceptive care in my practice. Many of my patients have told me they prefer this hybrid model because it saves time—they don’t have to spend time driving to and from the office or waiting to be seen.⁴ I’ve also heard from both my patients and staff that it allows for easier scheduling.¹²

Currently, we only offer a telemedicine appointment if the patient strongly requests it, because more recently my practice has encountered difficulties with getting some of these services reimbursed.^{13,14} Considering the success of telemedicine for contraceptive counseling in our office, and the recommendation from other healthcare providers to continue to use this model moving forward, my

hope is that we will continue using this hybrid approach for contraceptive care.^{12,15} Ultimately, this may help many of our patients reach their reproductive goals.^{2,5,15}

ReachMD Announcer:

This program was brought to you by Organon. If you missed any part of this discussion, visit ReachMD.com/industryfeature. This is ReachMD. Be part of the knowledge. The references for the information discussed today are available in the transcript which can be accessed on the site where you have listened to this podcast.

References:

1. Prioritization of in-person and virtual visits during COVID-19: a decision-making guide for staff. Family Planning National Training Center. 2020. https://rhntc.org/sites/default/files/resources/fpntc_priority_decision_guide_2020-04-29.pdf. Accessed December 15, 2022.
2. Stifani BM, Madden T, Micks E, et al. Society of Family Planning clinical recommendations: contraceptive care in the context of pandemic response. *Contraception*. 2022;113:1–12.
3. Comfort AB, Rao L, Goodman S, et al. Assessing differences in contraceptive provision through telemedicine among reproductive health providers during the COVID-19 pandemic in the United States. *Reprod Health*. 2022;19(1):99.
4. Rao L, Comfort AB, Dojiri SS, et al. Telehealth for contraceptive services during the COVID-19 pandemic: provider perspectives. *Women's Health Issues*. 2022;32(5):477–483.
5. Gavin L, Moskosky S. Providing quality family planning services: recommendations of CDC and the U.S. Office of Population Affairs. *MMWR Recomm Rep*. 2014;63(4):1–54.
6. Stifani BM, Smith A, Avila K, et al. Telemedicine for contraceptive counseling during the COVID-19 pandemic: referral patterns and attendance at follow-up visits. *Telemed J E Health*. 2022;28(10):1517–1524.
7. Telehealth implementation playbook. Digital health implementation playbook series. American Medical Association. 2022. <https://www.ama-assn.org/system/files/ama-telehealth-playbook.pdf>.
8. Long-acting reversible contraceptives (LARC) toolkit. Cleveland Clinic. 2022. https://my.clevelandclinic.org/-/scassets/files/org/pediatrics/long-acting-reversible-contraceptives-toolkit?utm_campaign=larctoolkit-ccch-url&utm_medium=offline&utm_source=redirect&utm_content=larctoolkit-ccch-url&fbclid=IwAR1QCp49bZrVT0nrgfrN12O6XyLfic_6hXT69dHNxpNNhrmwhn-B1PGA3SU. Accessed December 13, 2022.
9. Documentation & charge capture process: LARC services. National Association of Community Health Centers. 2018. <https://www.nachc.org/wp-content/uploads/2019/10/LARC-Report-FINAL-5.2.18.pdf>. Accessed December 13, 2022.
10. Same-visit contraception: a toolkit for family planning providers. Family Planning National Training Center. 2020. https://rhntc.org/sites/default/files/resources/fpntc_smvst_toolkit_2018-12-07.pdf. Accessed December 12, 2022.
11. Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. *MMWR Recomm Rep*. 2016;65(4):1–66.
12. Stifani BM, Smith A, Avila K, et al. Telemedicine for contraceptive counseling: patient experiences during the early phase of the COVID-19 pandemic in New York City. *Contraception*. 2021;104(3):254–261.
13. State telehealth laws and Medicaid program policies. Center for Connected Health Policy. 2021. https://www.cchpca.org/2021/10/Fall2021_ExecutiveSummary_FINAL.pdf. Accessed December 13, 2022.
14. 2021 telehealth survey report. American Medical Association. 2021. <https://www.ama-assn.org/system/files/telehealth-survey-report.pdf>. Accessed December 13, 2022.
15. Stifani MB, Avila K, Levi EE. Telemedicine for contraceptive counseling: an exploratory survey of US family planning providers following rapid adoption of services during the COVID-19 pandemic. *Contraception*. 2021;103(3):157–162.

© 2023 Organon group of companies. All rights reserved.

ORGANON and the ORGANON Logo are trademarks of the Organon group of companies.

US-XPL-115999 03/23

