Impact of a Revised Appointment Scheduling Script on IUD Service Delivery in Three Title X Family Planning Clinics

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Improving Intrauterine Device Service Provision in Title X clinics in Chicago
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Background

• Unintended pregnancy rates remain high in the U.S. particularly for young women
• Long-acting reversible contraception (LARC) methods have been suggested for first line use by ACOG
• Novel approaches are needed to increase uptake of LARC methods
Reducing Service Delivery Barriers to Effective Contraception in Title X Clinics on the South Side of Chicago (2010-2013)

• Uses a Failure Modes Effects Criticality Analysis (FMECA) to evaluate IUD service delivery in three Chicago Title X clinics

• Parent study of delivery barriers used to determine intervention points and derive intervention designs
Failure Modes Effects Criticality Analysis

Novel mixed-methods approach adapted from industry

- Goal: Map processes to understand system failures
- Methods: Teams are convened for each point in the process, researcher-moderated discussions with teams identify failure and safety areas for the process, physical process maps created and critiqued, risk areas noted and assessed directly on maps
- Outcome: Design and test interventions to reduce failures
Phase I (2010-2012)

- Held FMECA sessions at each clinic with staff and patients to determine key steps in IUD service delivery process
- Created process maps
- Identified potential failure areas and ranked each as high, medium or low-risk for IUD delivery failure
- Selected high risk areas for intervention
Phase II (2012-2013)

• Intervention development and testing

• Two interventions:
  1. Formalized script for IUD scheduling at clinic call center
  2. Tablet-based “app” for waiting room contraceptive counseling
Intervention 1: IUD Scheduling Call Script

Formalized visual flow chart script for use by call center staff when scheduling an IUD placement visit

Addresses high-risk failure areas:

1. Lack of standardized clinical and IUD-specific information given during appointment scheduling
2. Significant no-show and cancellation rates

NOTE: This script was used ONLY for callers requesting an appointment for an IUD
Overview and Features

- User-friendly color-coded flow chart for scheduling all IUD appointments
- Accounts for new/return patients, payment type, prior medical history, and Title X requirements
- Simplified, standardized instructions that are both (1) IUD-specific and (2) applicable to all clinic visits
- Created using Microsoft Vizio software
- Hard copies and electronic versions available for staff use
1. INTRODUCTION/REGISTRATION

Confirm patient’s identity
DOB, first and last name, last four digits of SS#
Update patient information
Phone numbers, address, and emergency contacts

[Patient requests IUD]
Have you ever been to Planned Parenthood before?

Appointment type: Do you know what type of IUD you’d like to use?

Book patient for IUD insertion.

Book patient for HOPE appointment: We will schedule you for an appointment to talk with the clinician about which IUD will be a better fit. You can also get more information about the two IUDs on our website. After you meet with the clinician, we can schedule another appointment to get your IUD placed.

Ask patient for payment information

PRIVATE INSURANCE
Check with your insurance company to determine your co-pay and verify whether a referral is needed. Please bring payment in cash or credit card. Checks are not accepted.

MEDICAID
The cost of your appointment will be covered. Please remember to bring your Medicaid or Pink Card.

NO INSURANCE
The IUDs are between $532 and $685. Are you planning on paying for this out of pocket?

SELF PAY
Please remember to bring payment in cash or credit card. Checks are not accepted. **Consider Pink Card if not able to use Title X funds.

TITLE X FUNDS
You may qualify for a discount that will help cover a portion of the cost of the IUD. Coverage for these services will be based on your income. Please bring proof of income to your appointment.

Complete scheduling & registration for IUD insertion.
"Ideally, insertion should be scheduled during menses"

IUD instructions:
- You cannot have unprotected sex for two weeks prior to your appointment. If you have unprotected sex, you will not receive an IUD during your appointment.
- If you are using a hormonal birth control method like pills, patch, ring or Depo, please make sure you continue to take it until your IUD insertion.
- If you do not use a hormonal method, you must use a condom or not have vaginal intercourse.
- Please eat or drink something before your visit. DO NOT FAST.
- You may take 400 mg of ibuprofen 30 minutes before your appointment if you are not allergic.
- You will receive a pregnancy test at your visit.

General instructions:
- We accept cash, credit card or money order only. Payment is expected at time of visit.
- Additional testing will be at an additional cost.
- Any child must be accompanied by a separate responsible adult (at least 18 years old) at all times. Children are not allowed in exam rooms. There are no exceptions to this rule.
- Remember to bring a valid photo ID.
- Please let us know 24 hours in advance if you need to cancel or reschedule your appointment. We are holding a spot for you!

Has patient had an annual exam at Planned Parenthood in the last year?

Yes

No

Annual instructions:
Please do not have vaginal intercourse for 48 hours before your visit.

4. VISIT INSTRUCTIONS

START

Register patient
Ask patient the following:
DOB, first and last name, full or last four digits of SS#, phone numbers, address, emergency contacts.

FINISH
Intervention Analysis

• Pre/post analysis conducted from November 2012 – January 2012
  1. Three week data collection prior to staff training for script
  2. In-person training of call center staff with two study team members
  3. Three week data collection period one month post-training

• Data collected: Attendance at appointment, Eligibility for IUD placement at time of appointment, and Success of IUD insertion
  – Stratified by age group: (1) under 25 years or (2) 25 years or older
Clinical Results

• No-show rate decreased overall (40.4% vs. 23.8%, p=0.08)
  – No-show rate showed a significant decrease for patients < age 25
    (n=51; 46.9% vs. 15.8%, p=0.04)

• Among patients who attended their appointment, there were
  no pre-post differences in the proportions of IUD-eligible
  patients (97.1% vs. 90.3%) or completed insertions (79.4% vs.
  78.1%)
Staff Results

• Call center staff reported the new script was user friendly, accessible and relevant to their typical calls

• Training for the new script was completed in approximately one hour with booster materials available for staff
Summary

• Standardizing the IUD scheduling call script was a simple yet efficient means of impacting both patients and staff

• This type of intervention may be beneficial as it is:
  – Easily replicated
  – Scalable across diverse settings
  – Requires minimal staff time to design, train and implement
  – May lead to improved administrative and clinical outcomes
Next Steps

• Further evaluation may be needed to determine fidelity to the script

• A post-intervention FMECA process may provide further information about changes in IUD delivery failures

• Ongoing conversations with staff will be necessary to ensure the script stays accurate and useful
References

Thank you and Questions

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