

Are women getting the care they need?

Improving well woman preventive health care in internal medicine clinics

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Background

- ▶ **Women have multiple care providers**
 - Reproductive
 - Non-reproductive health care
- ▶ **NIH Comprehensive academic health care centers**
 - 18 around the country
 - One-stop shopping
- ▶ **Positive evaluations**
 - More satisfied
 - More screening tests and counseling
- ▶ **These programs are not available to most women**

Fragmented Care Persists and Care Suffers

- ▶ **Regular provider most likely not gynecologist**
 - 63% Family Practitioner
 - 17% Ob/Gyn
 - 10% Internist
- ▶ **About half (53%) do not also see an OB/GYN**
- ▶ **Many do not receive recommended screening tests**
 - 78% pap smear
- ▶ **Many do not have conversations with doctors**
 - 42% discussed calcium
 - 31% discussed sexual history

Purpose of Study

1. Identify the extent to which internal medicine patients receive appropriate preventive care

- *The US Preventive Services Task Force (USPSTF) makes specific recommendations for preventive care among women of reproductive age*
 - Counseling about folic acid
 - Counseling about calcium
 - Contraceptive counseling
 - Cervical cancer screening

2. Pilot an intervention to improve care.

Methods

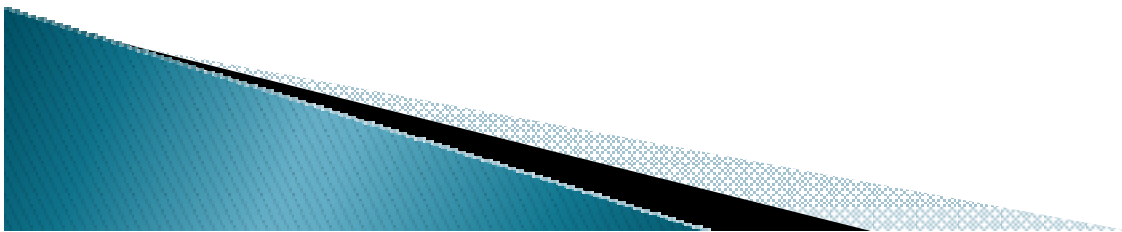
- ▶ Patient medical record review (N=243)
 - One year retrospective cohort
- ▶ Survey of patients (N=198; 98 fertile)
 - In-clinic
 - Self-administered
- ▶ **3 focus group interviews with**
 - **Residents (N=9)**
 - **Nurses (N=10)**
 - **Patients (N=4)**

Results: Many not Receiving Preventive Care

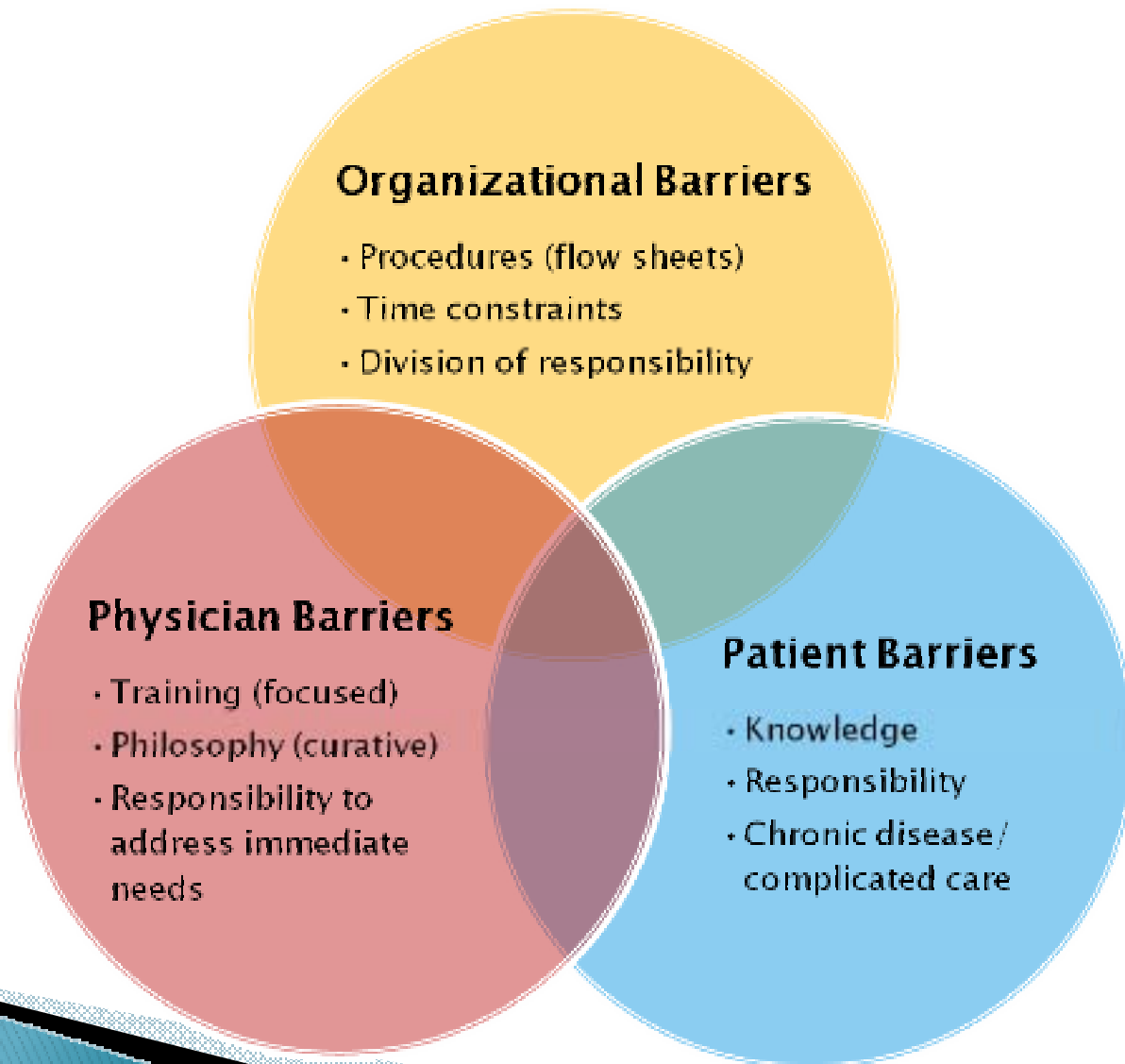
- ▶ Internists not routinely asking women about cervical cancer screening and are not counseling about contraceptives, folic acid, or calcium
- ▶ Under-reporting of preventive care in medical record documentation
- ▶ 67% of women who do not want to get pregnant are not using contraceptives;
- ▶ Condom use not associated with HIV status; most are not using
- ▶ Most patients would prefer to have their cervical cancer screening done at internal medicine clinic
- ▶ Having an OB/GYN does not significantly increase contraceptive use or cervical cancer screening
- ▶ Fragmentation of care and may be particularly problematic for reproductive age women with chronic disease

Focus Groups

- ▶ Barriers to preventive health care
- ▶ Suggestions for ways to improve care, especially preventive care



Residents: Barriers to Prevention



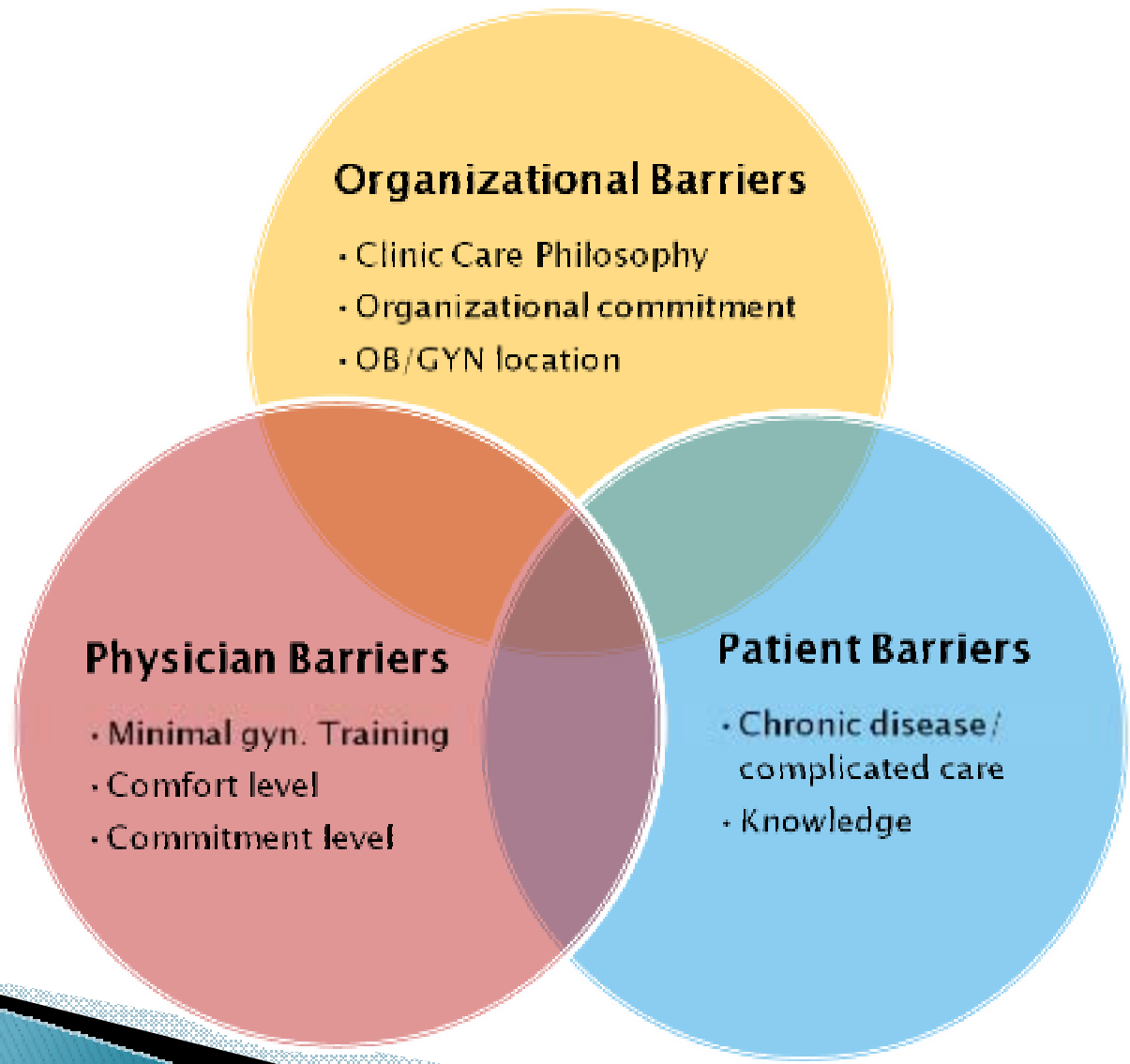
Constraint of Time and Illness

- ▶ I think it's limited by the number of patients we're supposed to see these days. I mean because a lot of it is time dependent. And if you can't spend a whole lot of time with your patient,... you immediately deal with all the acute issues that they have. And I think when it comes to prevention you need some amount of time. And especially in private practice. You just have a limited amount of time for patients. ... About 10 minutes.

Patients Not Interested

- ▶ And sometimes I feel like I'm trying to sell a used car to somebody. ...It's like, "You know, it's time for your pap smear." "Do we have to do it today?" "Well, by the time you come back to see me again you will be three years overdue." ... The patient has to know about these things and want to get them. There has to be patient responsibility, personal responsibility for your healthcare. ...

Nurses: Barriers to Prevention



Resident Insecurity

- ▶ [There is] insecurity on the residents' part to talk about the patient about [pap smears and contraception]. Maybe they don't know or maybe they've heard it but, you know, they're just not maybe well-educated on contraceptive and, you know, counseling them about folic acid especially those women. They'll tell the men go get you some Geritol or whatever. But, you know, we women they don't – I don't think they do that much with the women like they would the men folks.

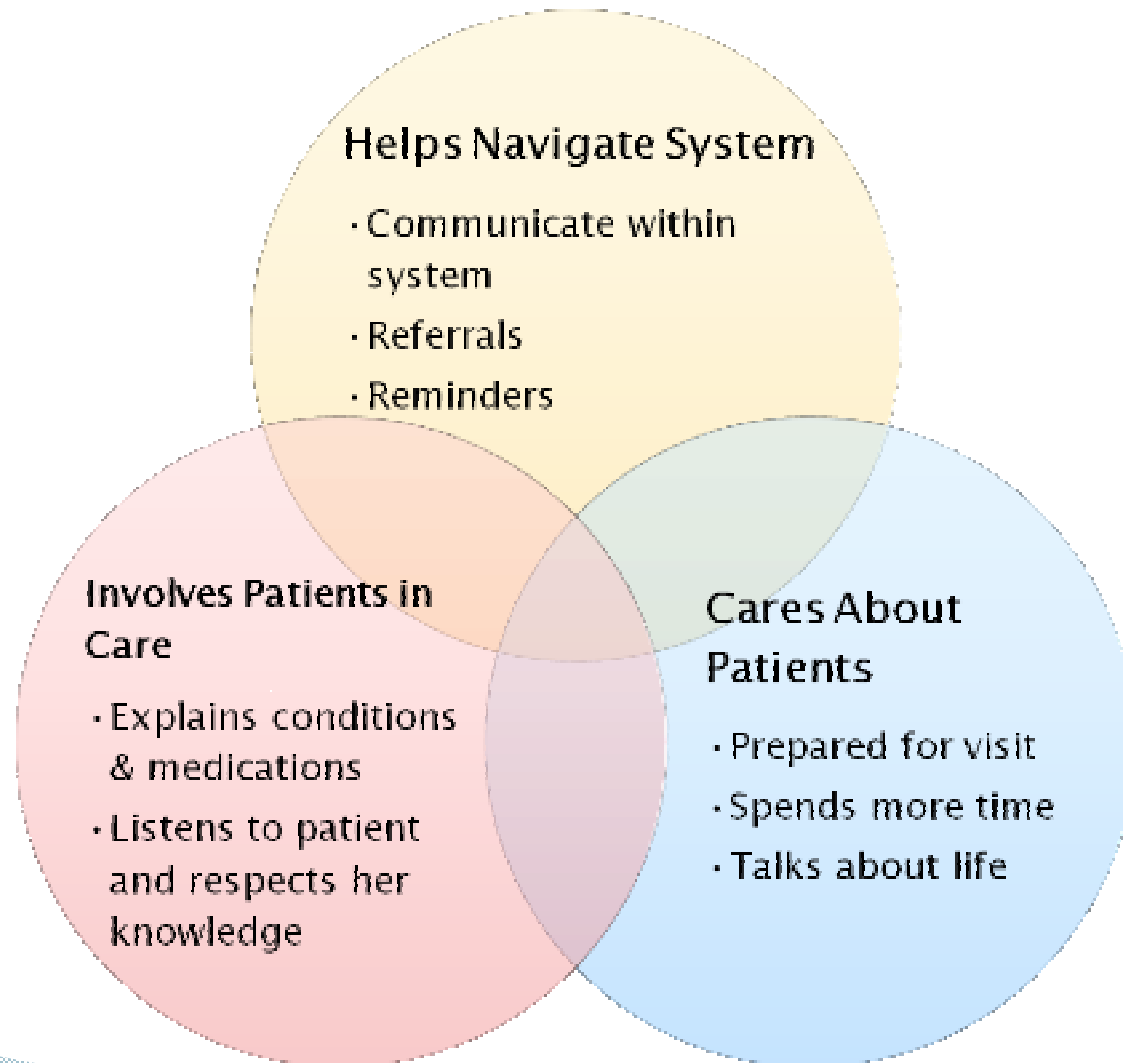
Constraint of Time and Illness

- ▶ And we have a very sick population of patients that come in for continuity care and they don't have a whole lot of time in preventative health. We don't have enough clinic time to have them come back. And then go over it with them because there are too many people coming behind them. So the onus is to [address] illness [more] than it is to wellness.

Need a Clinic Philosophy

- ▶ The point I'm saying is that it does us no good to initiate anything that the physician doesn't intend to follow up. So, we need a clinic philosophy, "This is something that is important in internal medicine organization and then this is what we want the residents to do. And, therefore, the nurses will be responsible for screening and finding that out." I ...here is no point if [doctors] are not going to follow through and do something about it or make an appointment later.

Patients: Quality Care



Navigates the System

- ▶ Dr. X told me, “I’m not good at the [insulin] pump. I can’t even look at it and tell you what to do.” But now since I’ve been seeing her she even got a doctor here that she relates to when she make changes. She’ll go talk to that doctor, and then she’ll call me back. I really appreciate that. And she’ll let me know. She will say, “You know, I don’t know where to begin.” And then there’s an endocrinologist; they all kind of work together. They’ll check it out. “Let me check this out, and I’m going to talk to such-and-such, or “I’ll get back with you.”

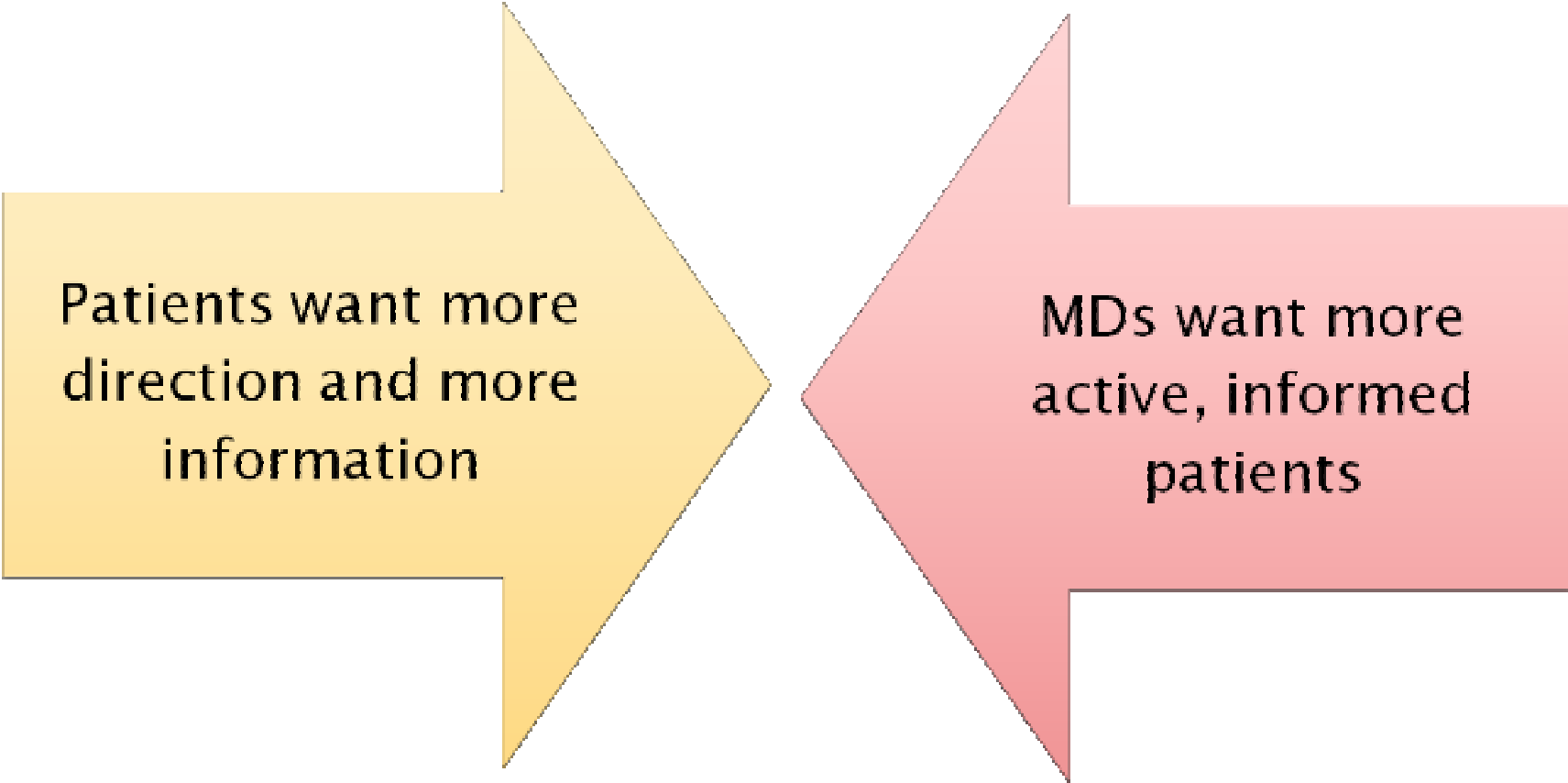
Cares About Patient

- ▶ You know, one who has the time to review your file. I just don't like when they come in and acted like if I forget to say something, he won't have a clue what's going on.

Involves Patient in Care

- ▶ Dr. X she talk about she take her time. She don't rush....She's real patient. She'll talk to you, tell you what she's going to do, what tests she's going to take, what procedures, whatever. She'll tell you everything....And one thing about Dr. X, too, if – because like a lot of times when I come to see her, she tells me I educate her as well as she educates me.

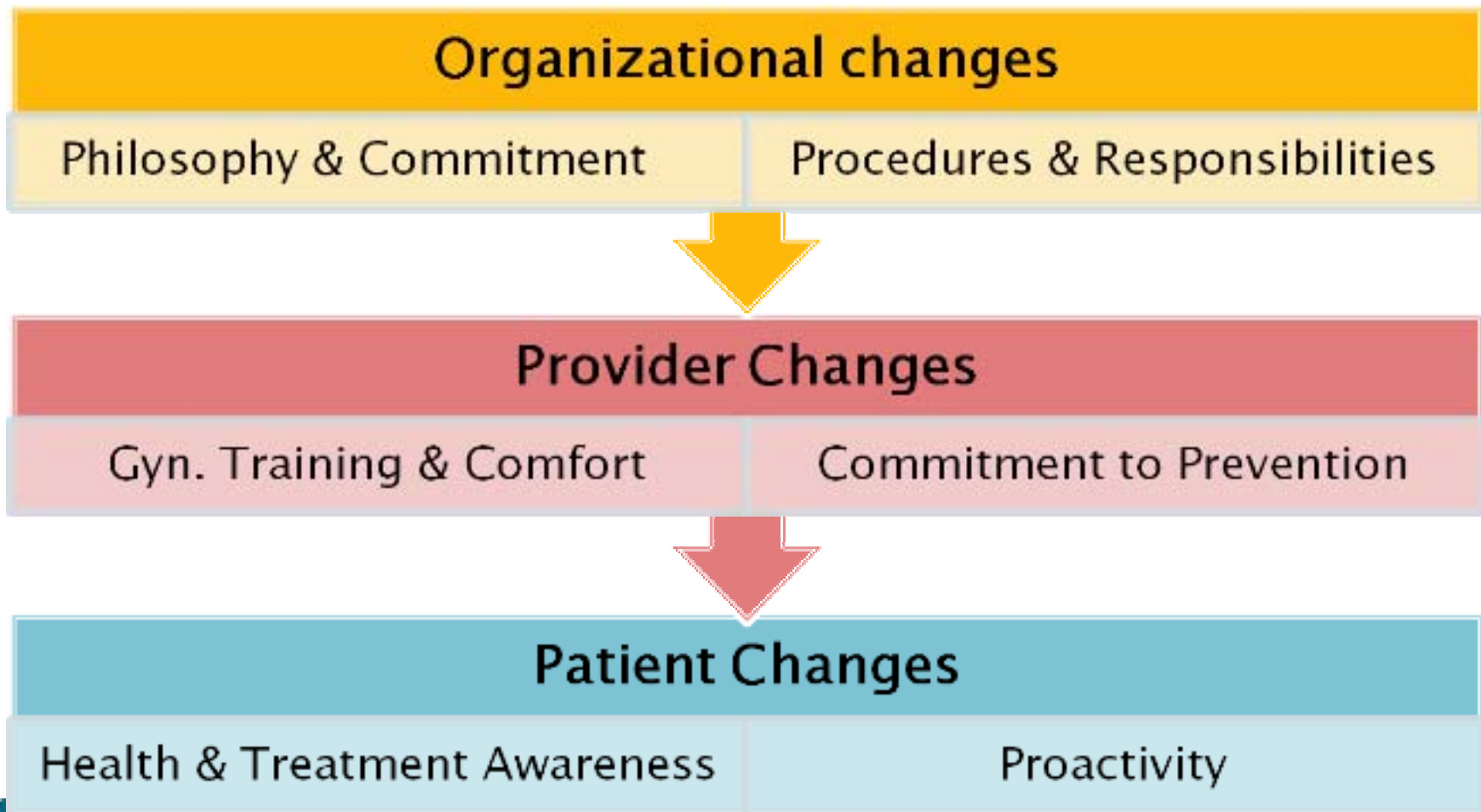
Conflict or Opportunity?



Patients want more
direction and more
information

MDs want more
active, informed
patients

Framework for Prevention



Next Steps

- ▶ Use our Framework for Prevention to develop a low cost intervention to improve preventive health care for reproductive age women
- ▶ Evaluate changes

