

Clients' experiences at their first family planning visit: Perceptions of service quality, satisfaction with services, and client-provider interaction and effects on outcomes

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Presenter Disclosures

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(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No Relationships to Disclose



Family Planning Service Delivery Improvement Research

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The JHSPH Team

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Presentation overview

- Description of SPARQ project
- Factors associated with client satisfaction and quality at baseline
- Factors associated with method continuation



The SPARQ Project: Survey of Patient Attitudes Regarding Quality

Project Goal: To define and assess the quality of services provided in Title X Clinics.



Study components

Client-level data:

1. In-Clinic Baseline Audio Computer Assisted Self Interview (ACASI) survey
2. Follow-up interview at 7 months post-initial visit
3. Billing data for the 7 months post-initial visit



Client eligibility

Included:

- Female family planning clients aged 18-35;
- New clients only (no visit to the study clinic location within past 5 years);
- Speaks English or Spanish as primary language.

Excluded:

- Women who were unable to become pregnant (due to tubal ligation/hysterectomy), currently pregnant or seeking pregnancy;
- Clients requesting and receiving pregnancy test or emergency contraception services without a full clinical visit.



SPARQ Baseline sample

Baseline data collection:

- Conducted at 19 clinics across three U.S. metropolitan areas
- Eligible clinics: >200 new clients/year and ≥ 2 clinicians
- Clients screened and enrolled by local onsite bilingual RAs managed locally and by JHSPH project staff in Baltimore
- All materials provided in English and Spanish
- Part A completed prior to and Part B completed after clinical portion of client visit

Complete surveys for N=748 clients



Dimensions of client perceived service quality

- 8 domains of family planning service quality measured:
 - Accessibility,
 - Communication and Information,
 - Efficiency and Organization of Care,
 - Technical Competence,
 - Structure and Facilities,
 - Contraceptive Method Choice,
 - Client-centeredness, and
 - Client-Staff Interactions
- Analyses to date have identified three scales
 - Clinician-Client Centeredness
 - Discomfort in the Clinic
 - Attention to Client Needs



Clinician-Client Centeredness Scale

- Higher score → greater centeredness (range 13-36, $\mu=32.2$, $\alpha=0.92$)
- Nine items re: client's experience with clinician
 - The clinician:
 - Explained medical words used so I could understand them.
 - Encouraged me to ask questions.
 - Really respected me.
 - Gave me enough time to say what I thought was important.
 - Listened carefully to what I had to say.
 - Explained why tests were being done.
 - Made me feel comfortable talking about personal things.
 - Was Interested in me as a person.
 - My privacy was respected.



Clinic Discomfort Scale

- Higher score → less comfortable (range 5-20, $\mu=9.33$, $\alpha=0.78$)
- Five items re: how client felt about clinic visit
 - I was treated badly by the clinic staff.
 - I sometimes felt insulted when clinic staff spoke with me.
 - The waiting rooms were too crowded.
 - I did not feel comfortable waiting with the other people who go there.
 - I spent too long waiting for the person who did my exam today



Attention to Client Needs Scale

- Higher score → more attention paid to client's needs (range 0-6, $\mu=3.9$, $\alpha=0.66$)
- Six items re: how much client felt attention was paid to her BC method goals and requirements
 - Did you get enough information today to make a choice about a birth control method?
 - During your visit today, did anyone ask you about:
 - How you felt about different birth control methods?
 - If you plan to get pregnant in the future?
 - How important it is to you to prevent pregnancy?
 - How your partner feels about birth control?
 - About birth control you have used before?



Predictors of perceived quality

	Strongly Agree (ref: Disagree)	Agree (ref: Disagree)	Strongly Agree (ref: Agree)
	Odds Ratio†	Odds Ratio†	Odds Ratio†
Client Centeredness scale	1.90***	1.20**	1.58***
Clinic Discomfort scale	0.82*	1.01	0.81***

*p<0.05, **p<.01, ***p<.001

† Adjusted for state, race, age, parity, education, language of survey, days to appointment, length of time to clinic, perceptions of time between making and having appointment, convenience of clinic hours, perceptions of getting to the clinic, how paid for visit, clarity of check-in, use of clinical aids, type of BC chosen, # of BC methods discussed, feeling respected when making appointment, who made decision about BC, interaction with clinic staff, attention to clinic needs scale, individual spoke with at clinics



Predictors of perceived satisfaction (ref: agree/disagree)

	Odds Ratio†
Client Centeredness scale	1.35***
Clinic Discomfort scale	0.82***

***p<.001

† Adjusted for state, race, age, parity, education, language of survey, days to appointment, length of time to clinic, perceptions of time between making and having appointment, convenience of clinic hours, perceptions of getting to the clinic, how paid for visit, clarity of check-in, use of clinical aids, type of BC chosen, who made decision about BC, interaction with clinic staff, attention to clinic needs scale, individual spoke with at clinics



Follow-up research project sample

- ☛ Clients contacted via phone (SKYPE), email, and Facebook to conduct follow-up survey
- ☛ Complete follow-up surveys for N=315 (42%)
- ☛ Clients lost to follow-up are more likely:
 - ☛ Hispanic** and have completed the Baseline in Spanish***
 - ☛ less educated***
 - ☛ to have perceived lower quality of care*
 - ☛ report discussing only non-hormonal methods
 - ☛ slightly higher parity***
- ☛ no significant difference in the Discomfort or Centeredness scale scores, length of time at initial appt, satisfaction with services, or method chosen.



Typology of clients completing follow-up

Of Follow-up Sample:	
Experienced hormonal users (using same method pre- and post-baseline)	51%
Contraceptive Non-Users (no method at baseline or during follow-up)	11%
Hormonal Method Users (any use of a hormonal method during follow-up)	69%
Of these:	
Continuous Hormonal method users	67%
Hormonal Method Switchers	3%
Hormonal Method Discontinuers	21%
Late Starters (started at some point after baseline during follow-up)	8%
Consistent Condom Users (reported using condom every time had sex, including at last sex)	8%
Other Method Users (includes those who used EC, condoms inconsistently, and any other non-hormonal method)	13%



Predictors of 6 month hormonal method discontinuation

	Experienced Users	Inexperienced Users
	Hazard Ratio†	Hazard Ratio†
How difficult a baby would be		
Difficult	Ref	Ref
Not difficult	2.79†	1.25***
Reception of Method Had in Mind		
Yes	Ref	Ref
No	0.65	1.77***
Didn't have one in mind	1.87	1.70***
Who made decision about method chosen		
Myself alone	Ref	Ref
Myself and doctor	2.28	1.15
Doctor only	4.33†	1.53*
Method of payment for visit		
Didn't pay	Ref	Ref
Insurance	0.25	1.32**
Cash	0.63	1.31
Other	0.82	1.28†

†p<0.1, *p<0.05, **p<0.01, ***p<.001

†Adjusted for state, race, age, parity, education, made no appointment at baseline, clinic discomfort, client centeredness and attention to client feelings scale, # of methods covered in baseline visit, perception of quality and satisfaction at baseline



Summary and Implications

- Many “new” clinic clients are not new to hormonal method use
- Experienced and inexperienced contraceptive users appear to have different service needs and different contraceptive uptake and continuation levels
- Method continuation appears to be predicted by some factors outside of the control of clinician-client interaction:
 - Client attitudes towards a birth,
 - Method in mind before the visit,
 - Payment method.
 - Exception is client’s participation in choice of method.
- Suggests counseling approaches should be tailored to experience level of the “new client,” her presenting intentions about method choice, her attitudes towards experiencing a birth, and her participation in method choice.



Baseline Analytic methods

- Basic Descriptive Analyses
 - Frequencies and means
 - Chi-square and ANOVA for bivariate comparisons by state
- Used multinomial logistic regression models to estimate the unadjusted and adjusted odds ratios for perception of good quality care
 - Three categories: strongly agree, agree, disagree/strongly disagree
 - Started with ordered logistic regression but proportional odds assumption was violated according to the Brant test
 - Variables were entered in blocks according to our theoretical framework to arrive at the final model
- Used logistic regression models to estimate the unadjusted and adjusted odds ratios for being satisfied with services received
 - We collapsed agree, disagree and strongly disagree due to small numbers in latter two categories
 - Variables were entered in blocks according to our theoretical framework to arrive at the final model



Follow-up Analytic methods

- Used Cox Proportional Hazards Model to estimate the unadjusted and adjusted hazard ratios for hormonal contraception discontinuation by 6 mo.
 - Tested the Proportional Hazard assumption using Schoenfeld and scaled Schoenfeld residuals.
 - The assumption was violated.
 - Conducted stratified hazard models on experienced vs. inexperience hormonal users.
- Variables included in the final adjusted models:
 - In our theoretical framework, regardless of significance
 - Significant at 0.20 at the bivariate level.


