PHI CARE

- a provider tool for operationalizing patient-centered contraceptive counseling -

PHI CARE is intended to be used once a patient has said they would like to discuss contraception.

PHI CARE can be conducted by a clinician alone or using a divided workflow between counselor/clinician with a coordinated handoff. It is a tool to support providers in operationalizing the principles of patient-centered care. It organizes counseling into two distinct phases: 1) understanding your patient's contraceptive journey; and 2) delivering patient centered-counseling.

There is flexibility in the order and approach within each phase. PHI CARE is framed for providers who are early in the provider-patient relationship or who have not seen the patient in a long time. It may not make sense to complete all steps with all patients, e.g. if you know your patient well or if they come in knowing what method(s) they want or want to discuss.

First: **Understand your patient's contraceptive journey by asking about their P-H-I**

- **P** Past experience
- **H** Health history
- **I** Important

Then: **Deliver patient-centered counseling by providing C-A-R-E**

- **C** Counsel
- **A** Autonomy
- **R** Review
- **E** Experience

Understand your patient's contraceptive journey by asking about their P-H-I

P Past experience

"Many people have tried different methods throughout their life. It's common to switch methods along your 'contraceptive journey.' Tell me what methods you have used--what have you liked and disliked?"

What: Ask about their past experience with contraception.

Why: Knowing specifically what methods worked for them and what did not in the past can help guide counseling. It also helps patients begin to think about what has been important to them in their contraceptive method.

How: This is a time for listening to patients by asking open ended questions.

- Probe on side effects experienced, why they stopped the method, and if they have used other methods (for example, many people forget to list condoms and pulling out).
- Patients can be put at ease when you normalize that it is okay to have switched methods throughout their life. Many patients respond positively to framing this part (P: Past experience) as their "contraceptive journey," which can be revisited during E: Experience at the end of counseling.
- Patients may tell you about their friends' experiences with a method; these vicarious experiences are important to patients and should not be disregarded during counseling.
- This is not the time to discuss the causality of side effects they experienced with a method--address them as part of C: Counsel.

Response: Validate their experiences to build trust. Normalize not liking a method, not adhering to perfect use of a method, not using any method, and switching methods. Thank the patient for sharing.

H Health history

"I'd like to review your medical history together to understand which options you could use safely."

What: Assess contraindications to all contraceptive methods.

Why: To determine medical eligibility for the contraceptive methods.

How: Ask pertinent questions about contraindications to estrogen, progestin, and intrauterine devices.

Response: Educate the patient on why their contraindications matter when selecting a method. Some patients may want to use a method that is not generally advised in the context of their medical conditions. A patient may choose one of these methods after comprehensive counseling. Risks of contraception with a medical condition should be weighed against risks of pregnancy with their condition. Contraception and contraindications should always be viewed in the context of an individual's life. Answer any questions and thank them for sharing.

I Important

"What is important to you about your contraceptive method?"

What: Ask about preferences for methods and potential side effects.

Why: Understanding the patient's preferences is vital for individualized counseling (C: Counsel), which leads to increased satisfaction with their counseling experience and method choice. Providers tend to focus on efficacy when counseling, but there are other method attributes that patients may feel are as important or more important when choosing a method, e.g. effect on bleeding and non-contraceptive benefits.

How: Create space for the patient to reflect and share; patients may feel vulnerable answering this question. Some patients may immediately share their preferences. Others may not. Silence does not indicate no preferences, but rather that providers rarely ask.

- Eliciting the patient's preferences can be a good place to begin contraceptive counseling if you already have an established relationship with the patient and do not need P and H to build rapport.
- Start by echoing back to the patient what preferences you heard when they were sharing their past use of contraception in P (likes, dislikes, why stopped, etc.).
- Patients do not need to justify their preferences or share their reasoning with you. Do not challenge or diminish them, as preferences and the weight given to them are unique to the patient.
- Practice active listening: mirror language/terminology, make eye contact, repeat, clarify, and summarize.
- Ask about lifestyle factors that could affect satisfaction or ease of use with different methods.
- Probe on some common patient preferences, such as user control, bleeding, or hormones.
- Validate the patient's preferences by affirming that other people value these attributes too.

Response: Thank the patient for sharing what is important to them. Confirm your understanding of what they shared and its significance in their contraceptive choice, so that you can provide tailored information during C: Counseling. Patients can correct anything you misunderstood and see that you are listening and respect them.

- *"Thank you for sharing all of this with me. What I understood you say was... Do I have that right?"*
- *"Can I tell you what I understood you to say and you tell me if I misunderstood?"*

Deliver patient-centered counseling by providing C-A-R-E

C Counsel

"I'd like to share this decision aid with you to discuss your contraceptive options and tell you how the preferences you shared with me apply to the different methods."

For patients who know what they want: *"Do you want to hear about other potential options or should we go ahead with the choice you've shared with me?"*

What: Translate what the patient has shared about their P, H, and I into learning about their contraceptive options. Support them in weighing their preferences and tradeoffs.

Why: In order for patients to make autonomous decisions, they must receive comprehensive information about their contraceptive options in an accessible and clear way.

How: Make clear you are willing to discuss the full range of contraceptives, but that you will begin by discussing the methods that most closely align with what you heard is important to the patient. Using a decision aid is a best practice during counseling. Begin by guiding the patient through the decision aid's format. If possible, write on the decision aid to assist the patient with visualizing and narrowing their options based on what is important to them. Explain why you are not discussing certain methods as you go. Explicitly say that it is the patient's decision and that they can discuss any methods they want, even if it was previously crossed out or not discussed.

- Organize your counseling by efficacy *only if* the patient has said that is most important to them.
- Patient preferences may conflict or cannot all be met by one method. Do not try to resolve these conflicts. Only the patient knows which preference is most important to them, so explore conflicts with them.
- As a patient narrows in on a method(s), counsel that it's completely normal to be a "typical user" and not a "perfect user" and when the patient may want to consider using emergency contraception (EC). This can help the patient think through how a given method would fit into their life. Offer advanced prescriptions of EC pills.
- For some people, EC may be a good first-choice contraceptive.
- Include the option of dual method use to achieve desired efficacy, STI prevention, or side effects profile.
- Circle back to any myths about contraception or side effects misattributed to contraception that were raised during their P, H, and I.

Response: The patient may need time to listen and digest this information, or they may jump in with questions or opinions. Listen to how the patient is responding and continue individualizing your counseling.

- If the patient is quiet, invite them to reflect their initial impressions of what you just shared.
- Always respect when a patient wants to eliminate an option. *A patient does not need to justify or explain their elimination;* these decisions may be difficult to respect when you think a particular option might be good for them, but this approach is vital for patient-centered care.
- For patients with limited contraceptive options (due to many preferences or a complex medical history), acknowledge that they are not being difficult, but rather that science has not yet developed a method that meets their needs perfectly. Affirm that you support them in deciding how to proceed in a way that is best for them (including not selecting a method).

"What do you think about what we have been discussing? [List methods] meet what is important to you in different ways....Do you think there might be an option that is best for you at this time?"

A Autonomy

"What do you think of the contraceptive options we discussed? Is there anything else you would like to talk about? While you can start a method, you also do not need to choose a method today."

What: Reinforce that the patient's contraceptive decisions are entirely up to them. After you and the patient have partnered to discuss their options and preferences, it is time to create the space for the patient to engage in autonomous decision-making.

Why: The choice of contraception is an entirely personal decision. Anything less is coercive.

How: Ask the patient their thoughts on their options. Name the full range of options the patient has, without pushing any or a specific method. This is the time to affirm key patient-centered principles, such as:

- They can continue their current method or switch to a new method.
- They do not need to use contraception at all, even if they do not desire pregnancy.
- They can use multiple methods of contraception, or they can use a single method.
- They do not need to make a choice today.
- Emergency contraception can be a "plan A" (primary method).

Response: If the patient is ready to select a method(s), try to provide their chosen method(s) today. If the patient does not want to choose a method, offer a follow up visit and resources to review on their own. If you cannot provide their chosen method today, or the patient is not ready to begin it, offer a bridge method to provide contraceptive coverage until they can receive it. However, it is also important for providers to remember that it is ok if a patient leaves with no method at all.

R Review

"In order to access and use [method(s)], this is what you need to know...."

What: If a method is selected, review logistics of using and accessing the method and expected experience with it.

> *If the patient did not want to choose a method, review the next steps: Offer a follow up visit and resources to review on their own. Offer methods for short term protection, including a prescription for condoms or EC. Remember it is okay if a patient leaves with no method at all.*

Why: Ensure the patient feels comfortable with the method logistics and what to expect when using it. Anticipatory counseling of common considerations can help prevent method failure or discontinuation.

How:

Discuss method logistics:

- *Planning* needed to access, use, or store the method, i.e. refrigeration for the ring, or learning how to self-inject the shot.
- *Financial barriers* to use like cost, insurance coverage, ability to go to pharmacy or clinic regularly, and access to menstrual products to manage spotting.
- *Life factors* like irregular work hours, frequent travel/moving, needle phobia, and regular vomiting.
- *Relational factors* like partner support, privacy, and control.

Discuss method experience:

- Strike a balanced tone while counseling on *how to use the method perfectly by normalizing that most people are "typical" users.* Inform the patient 1) when EC use is indicated; 2) dual method use is an option; and 3) if they realize the method is not for them, it is okay to switch or stop contraception at any time.
- Offer to *partner with the patient in brainstorming how the method(s) will fit into their life*. Examples of this are: Set a daily alarm to take the pill; Sign up for mail order pharmacy for Phexxi; Talk to their partner about sharing the method cost; Discuss a plan for IUD insertion; Keeping a method private from roommates.
- Provide *anticipatory counseling on common side effects* and how long it may take to adjust to the method. Mention the effect on bleeding if not already discussed. Remind patients they never have to tolerate a method they do not like, but that side effects can be managed if they otherwise like the method. Lastly, review warning signs of possible adverse effects and when they should call your office.

E Experience

"Remember you can always stop or switch methods at any time. Whatever you experience when using the method, I'll respect it. Every body is different. I am also here to help you manage side effects. Contraception is a journey, and as your life changes your needs around contraception may change as well. Come back to see me if you would like to adjust your plan."

If no method is chosen: *"I am here to support you and you can always come back to see me."*

What: Affirm that you respect the patient's experience and that contraceptive use is their choice. Acknowledge that contraception is a journey, and that a method may not work for them forever— preferences, health, and life all change. Invite them to come back when they are ready to reassess their contraceptive plan.

Why: It is important to respect your patient's experience living with their method and affirm that contraception is an ongoing need that can be revisited or managed whenever they would like.

How: Let them know that they can come back to stop or switch methods at any time. Acknowledge if their method can be stopped or switched without visiting the provider. *There is no amount of time they need to try a method before stopping it.* They can also come back to manage any side effects they experience. If available, include the option of a phone call or telemedicine visit to switch methods (different prescriptions).

- If the patient chose a method during the counseling session, you can give them a method information sheet on the method they selected.
- If the patient is still considering their options, you can *offer* them a paper copy of the decision aid and relevant method information sheets, or invite them to scan the QR code for electronic resources *(but do not force it on them).*

Resources:

- This handout and a video demonstrating PHI CARE in action: https://picck.org/resource/phi-care-framework-and-video/
- A contraception decision aid and method information sheets: https://picck.org/resource/contraception-guide-contraception-information-sheets-and-postpartum-contraception-guide/
- A handout for counselors and providers to learn about translating what is important to patients about their method into counseling and grouping methods: https://picck.org/resource/translating-patient-preferences/