The Kitchen Sink:
Addressing the Full Spectrum of Patients' Reproductive Health Needs

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Objectives

- Discuss the role of client-centered care in incorporating comprehensive services into family planning appointments.
- Describe ways in which the judicious application of recent cancer screening guidelines can assist in addressing the full spectrum of client's health needs.
- Discuss the importance of establishing clinic protocols for management and referral of diverse client health issues.

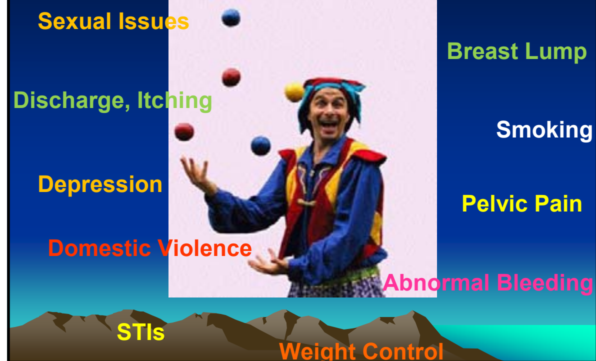
Title X Health Care Services

- History – medical, family, ob/gyn, social
- Education – clinic procedures, client rights and responsibilities, reproductive anatomy and physiology, contraceptive methods, nutrition and general health, HIV, emergency resources
- Physical examination – height, weight, BMI, blood pressure, thyroid, breast, abdomen, pelvic

Title X Health Care Services

- Laboratory testing – Pap, chlamydia and wet prep if indicated; others prn
- Provision of contraceptive method
- Post-examination interview – clinical findings, contraceptive education, special counseling as needed, nutrition, referrals as needed, return visit, emergency information

Contraception



…to say nothing of medical needs, social needs…

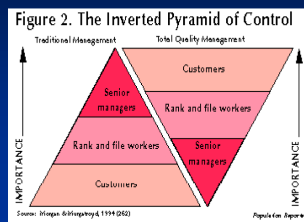
How do we deal with all of this?

How do we find the time?

Finding the Time: The Client-Centered Visit

- Definition: Putting clients first
- Recognizing clients as the experts on their own needs and personal circumstances
- Providers gather information from clients so they can offer appropriate services
- Client preferences guide every aspect of service delivery

Client-Centered Care



Assuming that health care workers always know best → Clients concerns and preferences central

Elements of Client-Centered Care

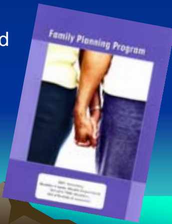
- Respect
- **Understanding** – Individualized service; Listen to client, ask open-ended questions and respond
- Complete and accurate information
- Technical competence
- Access
- Fairness
- **Results** – satisfied clients; if we meet their needs, more likely to adhere to advice <u>and</u> return to clinic

Finding the Time: The Client-Centered Visit

- Ask about the client's major concern/s first:
  "What do you hope we can do for you today?"
  "Anything else?"
- If other concerns outweigh contraception, tackle them first
  - Example: 29-year-old married female on OCPs comes in for AE. Major concern: Thinks she has a breast lump. Mother diagnosed with breast cancer this year. Anything else? Also wants to talk about decreased libido recently.
  - How would you like to address this client's problems? What would this visit look like? What would you focus on?

Finding the Time: The Client-Centered Visit

- If necessary, defer nonessential elements of care
  - What might they be?
    - Document reason and that it will be covered next visit
    - Use long form to accurately record what was and wasn't covered
- Utilize informational handouts, booklet
- Delayed pelvic exam, if necessary



Finding Time: New Cancer Screening Guidelines

- Although somewhat controversial, the new cervical and breast cancer screening guidelines - when judiciously applied - can provide time to address patients' more pressing needs.

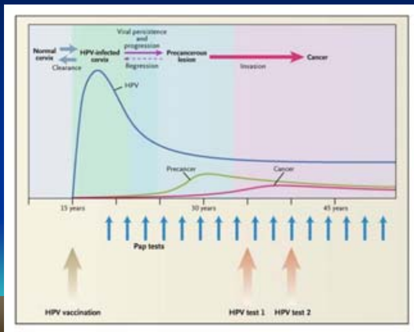
New Pap Test Recommendations (ACOG December 2009)

- First Pap test age 21
- Test every other year until age 30
- Age ≥ 30, test every 3 years
  or HPV test with Pap test every 3 years
  (with history of 3 consecutive negative Paps; no history of CIN 2/3 or cervical cancer, immunosuppression, or DES exposure)
- No more testing after hysterectomy or age 65-70 (with negative Pap history)

Rationale for New Guidelines

- Cervical cancer is an STD caused by HPV
- Most HPV infections are cleared by the body's own immune system
- Likelihood of progression to cancer
  - **Duration/persistence of infection**
  - Age
  - Cofactors, e.g. immunosuppression, smoking

Rationale for New Guidelines
The Natural History of HPV/Cervical Cancer



New Guidelines for Periodic Exams (ACOG December 2009)

Pap smear ≠ annual well-woman exam

Age $<$ 21
- Height, weight, BMI, blood pressure
- Pelvic exam only if clinically indicated
  - GC and CT can be done on urine
- Begin breast, neck, abdomen exams age 19

New Guidelines for Periodic Exams (ACOG December 2009)

- Women age 21-39
  - Add pelvic exam
- Age 40-64
  - Add periodic FBS, lipid profile, TSH
  - Add colorectal screening age 50
- Age $\geq$ 65
  - Add bone density, urinalysis

Advantages of New Guidelines

- Avoids unnecessary emotional and physical trauma to young women
  - LEEP may increase risk of preterm birth
- Frees up time to discuss other important issues
  - Sexuality – STIs, sexual function, sexual orientation
  - Psychosocial issues – depression, abuse, date rape
  - Risky behaviors – tobacco, alcohol, other drugs
  - Fitness and nutrition
- May increase clinic visits
- Cost savings

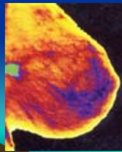
New USPSTF Guidelines for Breast Cancer Detection

- Begin mammograms at age 50*
- Age 50-74, mammograms every 2 years
- Do not teach breast self-examination
- No recommendation for or against clinical breast exams

* Individualize the decision based on patient's values regarding benefits vs. harms
– do not apply to high-risk women

Rationale for New Guidelines

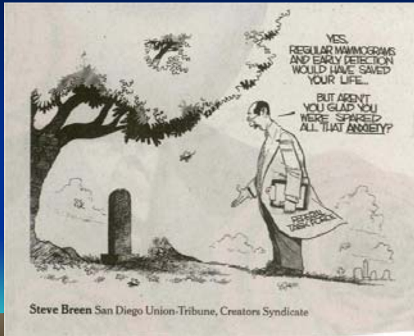
- Mammograms ↓ cancer deaths by only 15-30%
- To prevent one cancer death, it takes
  - 1,904 mammograms age 40-49
    (Plus 47 follow up images and 5 biopsies per cancer found)
  - 1,339 mammograms age 50-59
  - 377 mammograms age 60-69



Rationale for New Guidelines

- Since regular mammography adopted, ↑ diagnosis of early disease, but no proportional ↓ incidence of more advanced disease
  - Frequent mammograms find some indolent disease
  - Even frequent mammograms can miss rapidly progressing disease
- Mammograms can lead to unnecessary interventions and psychological distress

Criticism of New Guidelines



Criticism of New Guidelines

- How much is one life worth?
- The studies used older methods of detection, e.g. film mammography, which is less accurate than digital mammography especially in dense premenopausal breasts
- Only ↓ mortality was evaluated as a benefit, not less disfiguring surgery or need for adjuvant chemotherapy
- We can't reliably identify women at ↑ risk
- Insurance may no longer reimburse

Guidelines from other Groups

- ACOG
  - Begin clinical breast exams at age 19 and continue throughout life
  - Begin BSE at age 19 and continue throughout life
  - Mammogram every 1-2 years age 40-49
  - Mammogram yearly age 50 →
- American Cancer Society
  - Clinical breast exam every 3 years in twenties and thirties, then every year
  - Women should know their breasts, BSE optional
  - Mammogram yearly age 40 →

Advantages of New Guidelines

- Points out the limits of mammography
- Allows some flexibility with low-risk women
  - When time doesn't allow clinical breast exam or instruction in BSE, can safely defer
- Allows women greater choice regarding preventive measures for breast cancer (client-centered care)

Managing Specific Conditions

- Recognize in-house areas of expertise
  - e.g. Family practice NP can manage URIs, etc.
- Expand clinic capabilities
  - Training in sexual counseling, domestic violence
  - Ultrasound certification
  - Develop particular areas of interest
    - e.g. smoking cessation, weight control

Managing Specific Conditions

If expanding services beyond Title X

Must develop clinic protocols

But you will be expanding your ability to deliver client-centered care!

Managing Specific Conditions

- Generate a referral list
  - Coverage for all common problems not managed in-house
  - Make certain sources will accept low-income patients
  - Consider pre-printed referral forms
  - Tracking system