
Right for Me

A hybrid effectiveness-implementation trial to embed contraception shared decision-making in routine care

KT Connects | February 3, 2023

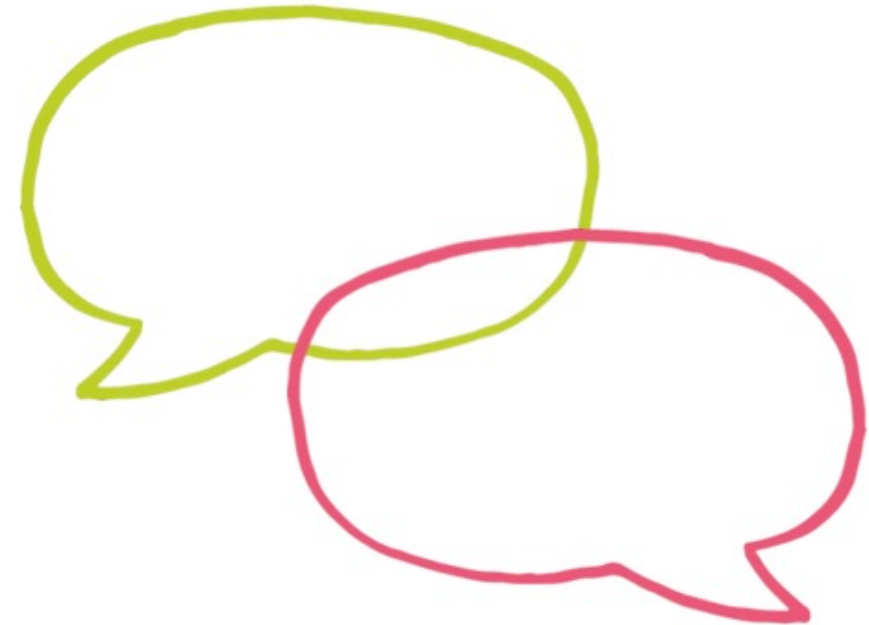
Sarah Munro, PhD

Assistant Professor
Department of Obstetrics and Gynaecology

Scientist & Knowledge Translation Program Head
Centre for Health Evaluation and Outcome Sciences

Affiliate Member
Women's Health Research Institute

Scholar
Michael Smith Health Research BC



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Disclosures

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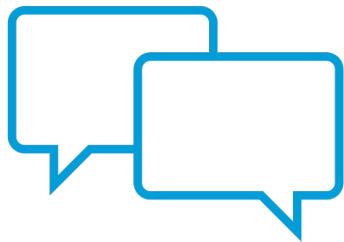
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What is shared decision making?

Shared decision making

Patient decision aids can support people in making complex choices



1. Explicitly state the decision that needs to be considered;
2. Provide evidence-based information about a health condition, the options, associated benefits, harms, probabilities, and scientific uncertainties;
3. Help patients to recognize the values-sensitive nature of the decision and to clarify, either implicitly or explicitly, the value they place on the benefits and harms.

Patient decision aids

Compared to usual care, decision aids improve patient-centred outcomes:

- Higher knowledge****
- Reduced decisional conflict****
- More accurate risk perceptions***
- Being more active in decisions***
- Better match between values and choices**
- Reduced over- and under-use of elective surgery

**** High quality evidence

*** Moderate

** Low



Stacey et al, Cochrane Library 2017



Hybrid Trial Type 2 Design

Co-primary question

Will an intervention work in this setting/these patients?

Co-primary question

Does the implementation method show promise (either alone or in comparison with another method) in facilitating implementation of an intervention?

Methods

Design & Setting

- 2 x 2 factorial cluster randomized trial
- 16 primary care and family planning clinics in New England
- 4 clinics per trial arm

Arm 1

Video + Prompt Card

Arm 2

Decision Aids + Training

Arm 3

Video + Prompt Card
Decision Aids + Training

Arm 4

Usual Care

Trate de hacer
preguntas

¿Qué opciones

¿Cuáles son las
ventajas y desventajas
de esas opciones?

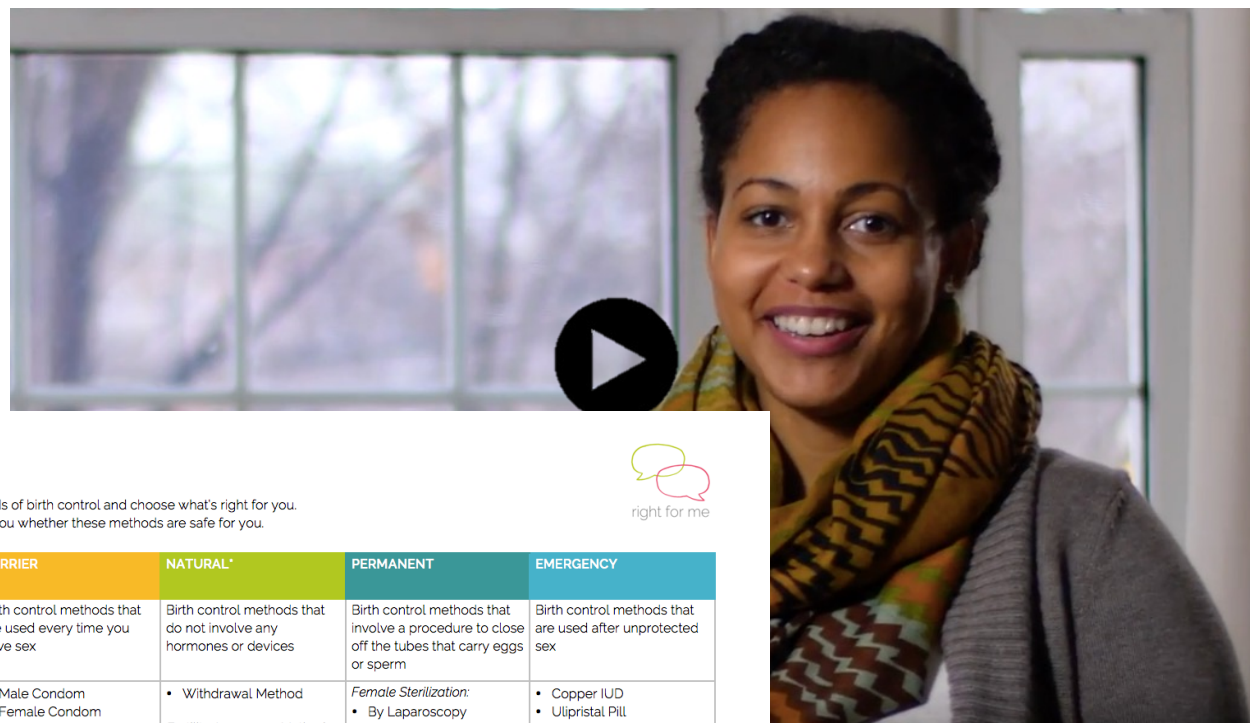
¿Qué probabilidad
tengo yo de que
ventajas o desventajas

Try asking these
questions today

What are my options?

What are the possible
pros and cons of
those options?

How likely is it
that those pros and
cons will happen?



Types of Birth Control Methods

This decision aid is to help you and your health care provider talk about methods of birth control and choose what's right for you. Most people can safely use these methods. Your health care provider can tell you whether these methods are safe for you.



right for me

	LONG-ACTING	SHORT-ACTING	BARRIER	NATURAL*	PERMANENT	EMERGENCY
What are they?	Birth control methods that are placed by a health care provider and last between 3 and 10 years	Birth control methods that are used every day, every week, every 4 weeks, or every 13 weeks	Birth control methods that are used every time you have sex	Birth control methods that do not involve any hormones or devices	Birth control methods that involve a procedure to close off the tubes that carry eggs or sperm	Birth control methods that are used after unprotected sex
What are the options?	<ul style="list-style-type: none"> Implant Hormonal IUD Copper IUD 	<ul style="list-style-type: none"> Injection Progestin Pill Combined Pill Patch Ring 	<ul style="list-style-type: none"> Male Condom Female Condom Spermicide Sponge Cervical Cap Diaphragm 	<ul style="list-style-type: none"> Withdrawal Method <p><i>Fertility Awareness Methods:</i></p> <ul style="list-style-type: none"> Standard Days Method® TwoDay Method® Ovulation Method Symptothermal Method 	<p><i>Female Sterilization:</i></p> <ul style="list-style-type: none"> By Laparoscopy By Minilaparotomy By Hysteroscopy <p><i>Male Sterilization:</i></p> <ul style="list-style-type: none"> Vasectomy 	<ul style="list-style-type: none"> Copper IUD Ulipristal Pill Progestin Emergency Pill Combined Pill
Who might choose them?	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> Almost no chance of pregnancy (fewer than 1 in 100 people become pregnant in the first year) A method they can almost forget about A procedure to start and stop using the method 	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> Some chance of pregnancy (6 to 9 in 100 people become pregnant in the first year) A method they need to remember A hormonal method A method they can stop without a health care visit 	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> A higher chance of pregnancy (12 to 29 in 100 people become pregnant in the first year) A method they need to remember A non-hormonal method Protection against sexually transmitted infections (STIs) (not all methods offer this) 	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> A higher chance of pregnancy (12 to 24 in 100 people become pregnant in the first year) A method they need to remember A non-hormonal method A method that does not involve birth control devices 	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> Almost no chance of pregnancy (fewer than 1 in 100 people become pregnant in the first year) A method they can forget about A procedure Never becoming pregnant in the future 	<p>People who:</p> <ul style="list-style-type: none"> Have had unprotected sex and don't want to become pregnant

When defining implementation science, some non-scientific language can be helpful



INTERVENTION

The intervention/
practice/innovation
is **the thing**



EFFECTIVENESS

Effectiveness
research looks at
whether **the thing**
works



IMPLEMENTATION

Implementation
research looks at
how best to help
people/ places **do**
the thing



STRATEGIES

Implementation
strategies are **the**
stuff we do to try to
help people/places
do the thing



OUTCOMES

Main
implementation
outcomes are **how**
much and **how well**
they do the thing

When defining implementation science, some non-scientific language can be helpful



INTERVENTION

1. Video + prompt card
2. Decision aids + training



EFFECTIVENESS

Do the tools improve shared decision-making for contraceptive choices?



IMPLEMENTATION

What helps care providers and administrators to use the tools?



STRATEGIES

- Educational materials
- Champions
- Essential vs. adaptable components



OUTCOMES

- Acceptability
- Feasibility
- Sustainability

Outcomes

Effectiveness Outcomes

Primary

- Shared decision-making about contraceptive methods in the health care visit using the CollaboRATE measure

Secondary

- Contraceptive conversation
- Satisfaction with conversation
- Contraceptive method(s) used
- Decisional regret
- Contraceptive satisfaction
- Contraceptive adherence
- Unintended pregnancy & more

Implementation Outcomes

Primary

- Acceptability, feasibility, and sustainability of two shared decision-making interventions in contraception counselling, using the **Theoretical Domains Framework**

What strategies would clinics use, in what circumstances, why, and to what effect?

METHODS

Design

Qualitative study embedded within a 2x2 factorial cluster randomized controlled trial.

Participants

Clinical and administrative staff (n=29) who worked in one of the 12 intervention arm clinics in the northeastern United States.

Data Collection and Analysis

Semi-structured phone interviews following completion of intervention implementation.

Theoretical Approach

The Theoretical Domains and COM-B informed data collection and thematic analysis.

RESULTS

Key factors that facilitated implementation among clinicians and staff (n=29) included:

Capability

- Being aware of the intervention(s)
- Knowing how to use them correctly through training and/or practice
- Forming a plan to implement them

Opportunity

- Clinic workflow, time, and physical space
- Integrating the intervention(s) with other counseling resources
- Having a supportive organizational culture for shared decision-making

Motivation

- Believing that using the interventions enhances shared decision-making with patients
- Seeing a positive impact from patients and clinical and administrative staff engaging with the interventions

Analysis suggests that these factors informed participant perceptions that the **decision aids** were more acceptable, feasible, and sustainable than the **video and prompt cards**

RESULTS: Feasibility and Acceptability

Changing one's behaviour to engage in the new practice of using the interventions

“I mean I think the biggest challenge is just changing the behavior of the people who are interacting with [patients] to incorporate one more thing.”

Participant 19, Clinic 5, Clinical role, Video + prompt card



RESULTS: Feasibility and Acceptability

Social influence of interpersonal processes with patients

“I would say that the majority of [patients] that come into the waiting room are on their own phones and computers and are not really looking around.”

Participant 27, Clinic 5, Clinical role, Video + prompt card



KEY TAKEAWAYS

- The implementation study provided critical information on the factors that impacted the effectiveness of the tools in different settings – what works, for whom, and in what contexts.
- These data helped us to identify:
 - The video and prompt card need structured implementation strategies in order to be effective (e.g. introduce by email)
 - The paper-based decision aids fit the norms of routine workflow for contraception decision making (e.g. Planned Parenthood)
- Trial designers should consider hybrid designs as a strategy to accelerate implementation

Munro et al. *Implementation Science* (2019) 14:95
<https://doi.org/10.1186/s13012-019-0941-z>

Implementation Science

RESEARCH

Open Access

Investigation of factors influencing the implementation of two shared decision-making interventions in contraceptive care: a qualitative interview study among clinical and administrative staff



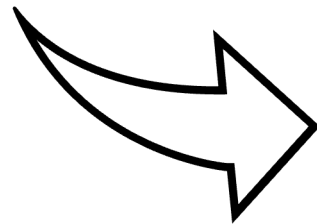
Sarah Munro^{1,2*} , Ruth Manski³, Kyla Z. Donnelly⁴, Daniela Agusti⁵, Gabrielle Stevens⁴, Michelle Banach⁶, Maureen B. Boardman⁴, Pearl Brady⁷, Chrissy Colón Bradt⁸, Tina Foster^{4,9}, Deborah J. Johnson⁴, Judy Norsigian¹⁰, Melissa Nothnagle¹¹, Heather L. Shepherd¹², Lisa Stern¹³, Lyndal Trevena¹², Glyn Elwyn⁴ and Rachel Thompson¹²



Sarah Munro, Ruth Manski, Kyla Z Donnelly, Daniela Agusti, Gabrielle Stevens, Michelle Banach, Maureen B Boardman, Pearl Brady, Chrissy Colón Bradt, Tina Foster, Deborah J Johnson, Judy Norsigian, Melissa Nothnagle, Ardis Olson, Heather L Shepherd, Lisa F Stern, Tor D Tosteson, Lyndal Trevena, Glyn Elwyn, Rachel Thompson

Future work

How do we support shared decision-making in the context of free prescription contraception?



If you are 15-25 years old and have used, wanted or considered **contraception, we want to hear your stories!**



ASK US Youth Voices to Improve Contraception Access

What is the research about?
We are conducting a study to understand what youth and health professionals think about access to contraception.
This youth-led research is for us, by us.

Who can participate?

- Youth aged 15-25
- All genders
- Can have a conversation in English or French
- Currently reside in Canada

How do I get involved?

- Contact Aleyah Williams, perinatal@cheos.ubc.ca
- Participate in a 30-60 minute interview
- Interviews can be in-person, online or by phone



UBC Principal Investigator: Dr. Sarah Munro

You will receive a \$50 e-transfer or e-gift card for participating.

Thank you!

Sarah Munro, PhD

sarah.munro@ubc.ca

@DrSarahMunro

www.sarahmunro.ca

