Monday, April 25, 2016, from 9:30 – 10:00 a.m. & 2:30 – 3:00 p.m.
Palm Garden Foyer
Provider and practice characteristics associated with provider preference for long-acting reversible contraception (LARC) as first-line contraception

Primary Author: Crystal Gibson, MPH
Department of Health Services
1 West Wilson St Rm. 243
Madison, WI 53703
608-266-2074
crystal.gibson@wisconsin.gov

Additional Authors: Angela Rohan, PhD; Nicholas Schmuhl, PhD; Emily Olson; Katie Gillespie, RN, BSN; Deborah Ehrenthal, MD

Faculty Disclosure: Nothing to disclose

Introduction: Because reducing unintended pregnancy is a priority in Wisconsin, there is broad interest in ensuring access to long-acting reversible contraception (LARC), an effective strategy for reducing unintended pregnancy. Healthcare providers are integral in efforts to ensure LARC access, as they routinely counsel women on preventive healthcare, including contraception. Understanding provider preferences for different contraceptive methods is important for identifying issues and opportunities in LARC provision. This analysis describes provider and practice characteristics that may influence provider preference for LARC as a first-line method.

Hypothesis: Preference for LARC as a first-line method will vary by provider and practice characteristics.

Methods: Wisconsin providers (n=3000) practicing in Family Practice, OB/GYN, Women’s Health, Pediatrics, and Midwifery were surveyed via mail regarding LARC perceptions, attitudes, and provision. A scenario was presented in which a patient with no contraindications or preference for contraception asks for a suggestion regarding a contraceptive method. Providers indicated the method they would be most likely to suggest. We compared provider and practice characteristics (e.g., specialty, year of clinical training, practice setting, percent Medicaid patients) for preference for LARC as a first-line method compared to those with preference for non-LARC methods using the Chi-squared test.

Results: The overall response rate was 55.5%. Providers who indicated they provide contraceptive services to women of reproductive age were included (n=996). Overall, 45.4% of providers preferred LARC for contraceptive method, while 32.2% preferred non-LARC methods and 21.2% had no preference. Preference for LARC varied by specialty, with the highest proportions in Midwives, OB/GYNs, and Women’s Health providers (83.3%, 73.5%, and 63.8%, respectively) compared to Family Practice providers and Pediatricians (41.9% and 40.7%; p<0.01). The proportion preferring LARC was higher for providers who completed clinical training from 2000-2015 (65.1%) than for those who completed clinical training from 1990-1999 (49.0%), 1980-1989 (44.1%) or 1970-1979 (39.0%), p<0.01. The proportion preferring LARC increased as the proportion of Medicaid patients increased (43.6% for fewer than half Medicaid patients, 68.9% for about half Medicaid patients, and 77.4% for most or all Medicaid patients, p<0.01).

Conclusions: The majority of providers had some preference for contraceptive method. Preference for LARC as a first-line method varied by provider and practice characteristics, which could influence the way providers counsel women about contraception. As efforts to ensure LARC access increase in Wisconsin, it is important to apply our understanding of how provider preference for different contraceptive methods influences contraceptive counseling in order to develop effective provider education and training in counseling techniques that support women in making informed choices about contraception.