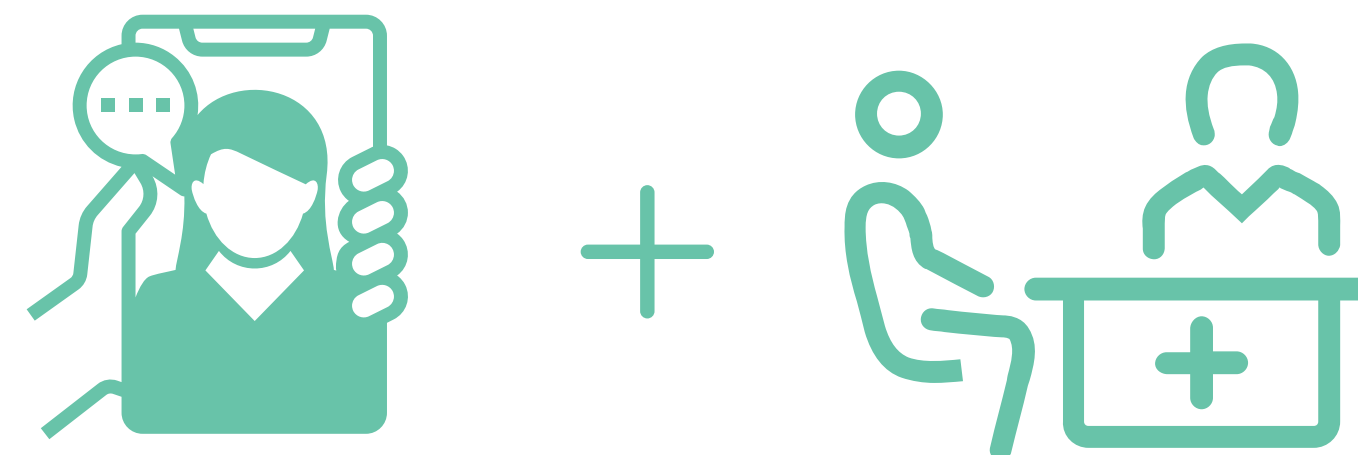




A Hybrid Model Inclusive of LARC for Contraceptive Care

Click through to reveal how combining telehealth and in-person visits may benefit patients by providing access to all contraceptive methods, including LARC, and see what this hybrid model could look like in your health care setting¹⁻³



Begin!

LARC = long-acting reversible contraception.

1. Gavin L, et al. *MMWR Recomm Rep*. 2014;63:1-54. 2. Stifani BM, et al. *Contraception*. 2021;103:157-162. 3. Stifani BM, et al. *Contraception*. 2022. doi:10.1016/j.contraception.2022.05.006.



Use of telehealth for contraceptive care was accelerated during the COVID-19 pandemic¹

Click on each category below

to find out more about how the pandemic influenced the use of telemedicine for contraceptive counseling as assessed in separate studies



Prevalence of
Telehealth¹

HCP
Perceptions²

Patient
Satisfaction³



HCP = health care provider.

1. Comfort AB, et al. *Reprod Health*. 2022;19:99. **2.** Stifani BM, et al. *Contraception*. 2021;103:157-162. **3.** Stifani BM, et al. *Contraception*. 2021;104:254-261.

Use of telehealth for contraceptive care was

907 providers and clinic staff in the US were surveyed about contraceptive service delivery challenges and adaptations from April 2020 to January 2021:



79% of clinics

offered telemedicine to their patients during the pandemic¹

1. Comfort AB, et al. *Reprod Health*. 2022;19:99.



Use of telehealth for contraceptive care was

156 providers in the US were surveyed about their experiences with the rapid adoption of telemedicine for contraceptive counseling from June to July 2020:



79.5% of HCPs

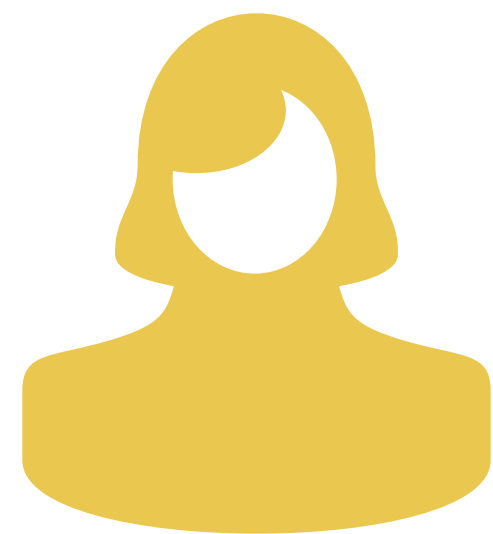
surveyed said that telemedicine was an effective way to conduct contraceptive counseling during the pandemic¹

HCPs = health care providers.

1. Stifani BM, et al. *Contraception*. 2021;103:157-162.

Use of telehealth for contraceptive care was

86 patients in the US were surveyed about their experiences using telehealth visits for contraceptive counseling at an academic medical center during the pandemic from April to June 2020:



86% of patients
were very satisfied with their telemedicine
contraceptive counseling visit¹

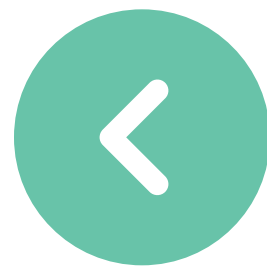
1. Stifani BM, et al. *Contraception*. 2021;104:254-261.





The inability to provide in-person care during the pandemic prevented clinics from offering all contraceptive options¹

According to the CDC, it is important to inform patients about all contraceptive options that can be used safely, including LARC²



LARC may be appropriate for patients who prefer nondaily, user-independent options²



The Reproductive Health National Training Center supported the inclusion of LARC when discussing contraceptive options in telemedicine and in-person visits during the COVID-19 pandemic³

CDC = Centers for Disease Control and Prevention; LARC = long-acting reversible contraception.

1. Comfort AB, et al. *Reprod Health*. 2022;19:99. **2.** Gavin L, et al. *MMWR Recomm Rep*. 2014;63:1-54. **3.** Prioritization of in-person and virtual visits during COVID-19: a decision-making guide for staff, Reproductive Health National Training Center website, rhntc.org/resources/prioritization-person-and-virtual-visits-during-covid-19-decision-making-guide-staff, Accessed June 8, 2022.



Using a hybrid approach, all contraceptive services can be offered^{1,2}



Telemedicine visits may be used for contraceptive counseling^{1,2}



In-person visits may be used when HCPs are required to administer a contraceptive option^{1,2}

156 providers in the US were surveyed about their experiences with the rapid adoption of telemedicine for contraceptive counseling from June to July 2020:

84% of HCPs strongly agreed that the role of telemedicine in contraceptive counseling should be expanded after the pandemic³

HCPs = health care providers.

1. Prioritization of in-person and virtual visits during COVID-19: a decision-making guide for staff, Reproductive Health National Training Center website, rhntc.org/resources/prioritization-person-and-virtual-visits-during-covid-19-decision-making-guide-staff, Accessed June 8, 2022. **2.** Stifani BM, et al. *Contraception*. 2022. doi:10.1016/j.contraception.2022.05.006.

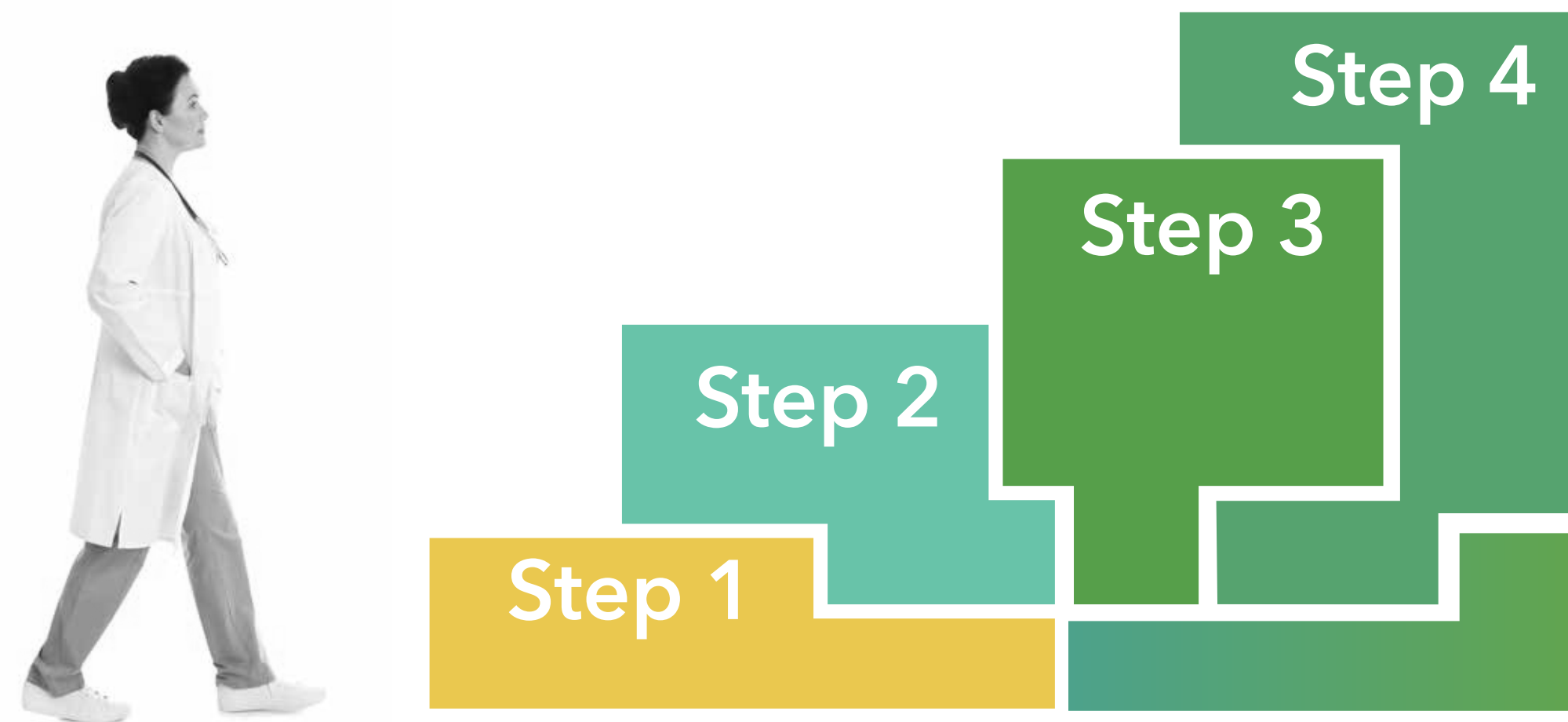
3. Stifani BM, et al. *Contraception*. 2021;103:157-162.



Pandemic-based telehealth guidance may be leveraged moving forward when considering implementing hybrid models of care^{1,2}

A hybrid model may include the following suggested steps:

Click on the steps below to find out more about how each one may be implemented in your health care setting



1. Stifani BM, et al. *Contraception*. 2021;103:157-162. 2. Stifani BM, et al. *Contraception*. 2022. doi:10.1016/j.contraception.2022.05.006.



Pandemic-based telehealth guidance may be

Step 1:

Determine if patients should be seen by telemedicine or in-person appointment^{1,2}



Assuming appropriate office infrastructure exists, consider developing a protocol for triaging patients to in-person or virtual care^{1,2}



- Patients interested in discussing contraceptive options with a clinician may be given a telemedicine appointment²
- Consider administering a questionnaire to determine fit¹
- Take patient technology preferences into consideration¹
- Suggest phone care if video visits are not feasible^{1,2}
- For telehealth appointments, consider providing a guide to walk through logistic expectations and how to check in³



1. Hybrid virtual care models for optimal patient experience: considerations for healthcare executives nationwide, National Consortium of Telehealth Resource Centers website, telehealthresourcecenter.org/resources/toolkits/hybrid-virtual-care-models-for-optimal-patient-experience-considerations-for-healthcare-executives-nationwide/, Accessed May 16, 2022. **2.** Stifani BM, et al. *Contraception*. 2022. doi10.1016/j.contraception.2022.05.006. **3.** Telehealth implementation playbook, American Medical Association website, www.ama-assn.org/system/files/ama-telehealth-playbook.pdf, Accessed May 16, 2022.



Pandemic-based telehealth guidance may be

Step 2:

When telemedicine visit is for contraceptive counseling, HCP counsels on all appropriate contraceptive options, including LARC¹⁻³



- **ACOG** encourages providers to prioritize patients' values, preferences, and lived experiences when selecting contraception⁴
- **CDC** recommends to not omit presenting information on a method because the method is not available at the service site¹
- **Society of Family Planning** states telemedicine visits are ideal for counseling patients about the risk and benefits of procedures including LARC insertion, removal, or replacement²

ACOG = American College of Obstetricians and Gynecologists; CDC = Centers for Disease Control and Prevention; HCP = health care provider; LARC = long-acting reversible contraception. **1.** Gavin L, et al. *MMWR Recomm Rep.* 2014;63:1-54. **2.** Stifani BM, et al. *Contraception.* 2022. doi:10.1016/j.contraception.2022.05.006. **3.** Prioritization of in-person and virtual visits during COVID-19: a decision-making guide for staff, Reproductive Health National Training Center website, rhntc.org/resources/prioritization-person-and-virtual-visits-during-covid-19-decision-making-guide-staff, Accessed June 8, 2022. **4.** American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women, et al. *Obstet Gynecol.* 2022;139:350-353.



Pandemic-based telehealth guidance may be

Step 3:

If patient selects an HCP-administered contraceptive option, an in-person visit is scheduled¹⁻³



May help with scheduling necessary follow-up care¹



Consider sending a post-visit summary and feedback survey¹



HCP = health care provider.

1. Telehealth implementation playbook, American Medical Association website, www.ama-assn.org/system/files/ama-telehealth-playbook.pdf, Accessed May 16, 2022.

2. Prioritization of in-person and virtual visits during COVID-19: a decision-making guide for staff, Reproductive Health National Training Center website, rhntc.org/resources/prioritization-person-and-virtual-visits-during-covid-19-decision-making-guide-staff, Accessed June 8, 2022. **3.** Stifani BM, et al. *Contraception*. 2022. doi:10.1016/j.contraception.2022.05.006.



Pandemic-based telehealth guidance may be

Step 4:

In-person visit for contraceptive administration takes place^{1,2}

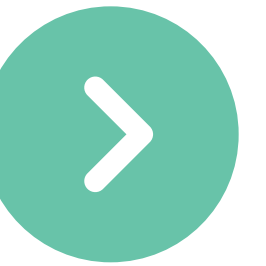


After a visit, you may advise patients to return to discuss side effects (can also be done in a telehealth visit), changing contraceptive methods, and when it is time to remove or replace the contraceptive^{2,3}

1. Prioritization of in-person and virtual visits during COVID-19: a decision-making guide for staff, Reproductive Health National Training Center website, rhntc.org/resources/prioritization-person-and-virtual-visits-during-covid-19-decision-making-guide-staff, Accessed June 8, 2022. **2.** Stifani BM, et al. *Contraception*. 2022. doi:10.1016/j.contraception.2022.05.006. **3.** Implants, Centers for Disease Control and Prevention website, www.cdc.gov/reproductivehealth/contraception/mmwr/spr/implants.html, Accessed May 16, 2022.



Consider implementing a hybrid model for contraceptive care in your health care setting^{1,2}



Helping patients understand all their contraceptive options, including LARC, may help them reach their reproductive goals^{2,3}

LARC = long-acting reversible contraception.

1. Stifani BM, et al. *Contraception*. 2021;103:157-162. 2. Stifani BM, et al. *Contraception*. 2022. doi:10.1016/j.contraception.2022.05.006.

3. Gavin L, et al. *MMWR Recomm Rep*. 2014;63:1-54.

