

Innovating Contraceptive Care in Community Health Centers PCCC Collection Tips and Tricks

Over the course of the baseline data collection period, UCSF and partners from Community Health Centers (CHCs) and Health Center Controlled Networks (HCCNs) have discussed effective strategies for PCCC survey collection techniques. While the baseline data collection of this project is wrapping up, many partners expect to continue collecting PCCC throughout the Learning Collaborative We therefore offer the following learnings about data collection that sites may wish to consider in order to support efficient and timely collection of an adequate number of survey responses.

PCCC Distribution Strategies

1. Distribute paper PCCC surveys.

- Distribution of paper surveys may encourage PCCC participation from patients at the immediate conclusion of their appointment.
- b. Designate staff who at responsible for disseminating surveys immediately after their appointment, at check out and/or when the after-visit summary is given. Ensure this person did not provide the counseling to the patient to prevent unintentional pressure and ensure patient comfort and anonymity.
- c. Position a secure collection vessel or lock box near the check out, front desk, or the waiting room to ensure anonymity of patient responses.

2. Utilize text messages for post-appointment electronic survey distribution.

a. If possible, send personalized text messages with the survey link shortly after appointments or upon check out. This method has been shown to be more effective than requests via email, MyChart, or other patient platforms linked to EHR / EMR systems.

3. Use printed QR codes distributed to staff.

- a. Print PCCC QR codes on stickers and have Medical Assistants, front desk coordinators and/or other clinic staff place them behind their badge. This makes it easy to access and present to the patient after the appointment.
- b. Note: the patient should be offered the PCCC survey from a staff person who did not provide contraceptive counseling during their appointment to prevent unintentional pressure and ensure patient comfort and anonymity.

Strategies for Improved Workflows and Staff Buy-In

1. Ensure staff awareness and offer incentives for PCCC collection.

- a. Inform all staff who participate in patient-facing clinic workflows about the purpose and collection methods of the PCCC. This will improve consistency in PCCC distribution.
- b. Consider a combined PCCC orientation, identification, and distribution training for I staff





- Distribute an FAQ document to staff and/or post it in easily referenced places. PCRHP can help generate an FAQ
- d. Providing a staff incentive may increase staff awareness and participation in collection. Examples include providing a prize (such as free breakfast, lunch, gift cards) to the site that meets a specific goal first or offering everyone a prize if a certain number were collected in a set period of time (2 weeks, 1 month, etc.).

2. Prioritize timeliness of survey distribution.

a. Send the survey to patients as soon as possible after their appointments (whether that be in-person or electronically shortly after their appointment). This will promote an accurate account of patient experience and may encourage patient participation.

Patient Identification and Response

1. Provide specific information about the goal of survey collection.

- a. Establish a procedure or short script to introduce the PCCC to patients. This standardizes the way the PCCC is presented, so all patients receive the same information.
- b. Frame the PCCC survey as a way for patients to use their voice in shaping personcentered contraceptive care, improving contraceptive counseling practices or creating more equitable approaches to contraceptive care in their health center. This may be especially resonate given the political shifts limiting abortion and reproductive healthcare access in the United States.
- c. Include the specific appointment date, time, and provider associated with the patient's appointment.

2. Expand the patient pool to whom PCCC is distributed.

- a. Consider offering the survey to *every patient* with the capacity for pregnancy. Asking a wider range of clients to complete the PCCC survey may catch those who had discussed contraceptive care -- regardless if it was their primary purpose for their visit.
- b. The answer to the first question of the PCCC survey, "Did you and your provider talk about birth control options during your visit?" acts as a mechanism to remove those who didn't receive contraceptive care from data analysis.
- 3. Don't limit distribution to those who specified wanting to discuss birth control in their appointment, or who have answered "yes" to the Self-Identified Need for Contraception (SINC) question.
 - a. Limiting distribution in this way may not capture the full range of contraceptive counseling occurring at your sites.

