

**VIDEO TRANSCRIPT:**

## **A Case Study of Same Visit Provision of Contraception at NYC Health + Hospitals, Morrisania Health Center and Lincoln Hospital**

**Dr. Carmen Sultana, MD, FACOG:**

The goal of offering the patient the method at the same visit is really about putting the patient first. Can we minimize the number of hoops that we ask a patient to jump through before they can walk out with the birth control method of their choice?

**Aurora Santiago:**

What would you want to be offered to you, or what would you as a patient like to receive when you go to your healthcare facility?

**Dr. Raphael G. Stimpfil, MD, FACOG:**

In the past, whenever a patient came in and asked for a birth control method, we were able to initiate pills or Depo-Provera basically on demand, depending on whether or not we were reasonably sure that they were not pregnant. LARCs were a little bit different in the sense that we did not always have LARCs on hand, and what we had to do was order the LARCs, have them come in, have the patient come in on another visit to insert the LARC.

**Farah Julian-Clarke:**

We've had one particular patient who presented to the center and requested a method, and upon return she was pregnant. I felt like we failed the patient. But currently, we're able to provide the patient with whatever range of method of their choice is, on the same day.

**Dr. Raphael G. Stimpfil, MD, FACOG:**

So in order to provide LARCs same day, we had to make some changes. First of all, we had to involve pharmacy. They had to order the devices, they had to have them available in the pharmacy. We had to make sure that we stock the devices on the floor, in our clinic, so that if a patient were to come in and ask for a method, we didn't have to run downstairs to the pharmacy, try to pick it up, which adds time to the visit.

**Dr. Carmen Sultana, MD, FACOG:**

For some of the providers, this was a change in their practice and how they'd been taught, so we started out with policy change. We made sure that each and every provider had been trained in the different methods that required

certification and training, and then we sat back and asked them what they needed to be able to do it, and one of the most important things was to not interrupt the flow of the clinic. The way that we figured out how to do that with everyone's assistance was to gather all of the equipment that we needed and make a special tray, one for IUDs, and one for Nexplanon.

**Rose Beniquez:**

When a patient arrives and it's identified what particular method they want to use, for example maybe the IUD, the PCA, who's the assistant in the room, will let the nurse know. We'll go to the cabinet, we'll get the device, and also the insertion kit. Everyone's role are identified. I think those are the things that made it work for us.

**Dr. Raphael G. Stimpfil, MD, FACOG:**

When the patient comes in for a routine GYN visit, we always ask about contraception and whether or not they would like to become pregnant. If they do not wish to become pregnant, we ask them about what kind of contraception they would like to use. We counsel them on the full range of contraceptive methods that are available.

**Dr. Carmen Sultana, MD, FACOG:**

There was a concern that if you tried to do the counseling and the implantation of the device on the same visit, that maybe this didn't give the patient enough time to think about it. But we found that many of our patients were already pretty well-educated and they knew what they wanted, and they came in knowing what they wanted.

**Farah Julian-Clarke:**

Some of the challenge that we faced initially when we started to provide the same-day services were ensuring that the doctors would document. It's critical that it's documented accurately, so that it would drive the billing process, and we're able to bill for the service.

**Dr. Raphael G. Stimpfil, MD, FACOG:**

One of the main concerns on the physician's side is time. They think it would add an extraordinary amount of time to the routine GYN visit. In fact, it does not. It maybe adds 10 more minutes to your time. But that is if you have the methods available on the floor, if you have the kits available for insertion, and everyone is on board and knowing what to do when a provider says, "I need to insert a LARC method."

**Dr. Carmen Sultana, MD, FACOG:**

What I'm hearing from patients about how they feel about being able to get all of their needs met, including their contraceptive needs in one visit, is that they are sometimes surprised, and always very excited, to be able to do this. And I think that they're very appreciative of the efforts that the providers and the physicians are making in this regard. I think that all of us have challenges in going to appointments, and our patients are no different.

**Dr. Raphael G. Stimphil, MD, FACOG:**

Our duty is to help patients live their healthiest lives and providing same-day contraception is just one more thing that we do to make sure that that happens, that they are able to do that.