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Title

Patient-centered Care...? Provider Perspectives on Contraceptive Counseling for Latina/x Patients

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context: The IOM defines patient-centered care as “providing care that is respectful of, and responsive to, individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.” A patient-centered approach of contraceptive care focuses on equity and urges clinicians to meet a person’s needs across the care continuum with trust-building, quality care, and access provision. Research shows Latina/x patients desire a patient-centered approach to counseling focused on their preferences and free of racial/ethnic-based bias. Whether this approach occurs often or at all, is uncertain. Objectives: To explore provider: 1) perspectives of their counseling practices with Latina/x patients within the context of patient-centered contraceptive care (PCCC); 2) perceptions of barriers to the provision of PCCC. Study Design & Analysis: Qualitative using a semi-structured guide based on foundational research and a PCCC conceptual framework. Researchers coded each transcript using a directed content analysis approach to develop a coding scheme, identify themes and draw conclusions – with attention to major concepts of Reproductive Justice theory. Setting & Population: Twenty-five physicians (MD/DO) and nurse practitioners recruited from 4 specialties (Family Medicine, Internal Medicine, Pediatrics, OB/GYN) who provide contraceptive care to Latina/x patients in Baltimore, MD. Results: Providers’ described a counseling approach focused on pregnancy prevention. Most described using a tiered-effectiveness model even as they often identified the importance of PCCC and its main tenets. Providers also described limited self-efficacy and low cultural humility in the delivery of PCCC. Time constraints, patient-provider language discordance, patient insurance status, patient misconceptions about contraception and low health literacy were described as barriers to providing PCCC for Latinx patients. Conclusions: Providers have knowledge of PCCC and express its value for healthcare delivery but have limited integration of it in their practices with Latina/x patients. Providers seem to experience a tension between an expressed desire to provide PCCC and paradigms that prioritize pregnancy prevention over patient preferences. Putting PCCC into practice –especially for marginalized populations, should be a principal focus for providers. Training must provide the tools to center patient needs and preferences during contraceptive counseling.