VCHIP LARC Needs Assessment Survey

Demographics

1. How many years have you been in practice (post-training)? Choose one of the following answers

❑ 0-5
❑ 6-10
❑ 11-15
❑ 16-20
❑ 21 or more

2. What are your professional qualifications? Choose one of the following answers

❑ Attending physician
❑ Fellow/resident
❑ Nurse Practitioner
❑ Midwife
❑ Physician Assistant
❑ Other _______________

3. What is your specialty? Choose one of the following answers

❑ OB/GYN or Women's Health
❑ Internal Medicine/Adult
❑ Family Medicine
❑ Pediatrics
❑ Midwifery
❑ Other _______________

4. What type of setting is your main clinical practice? Choose one of the following answers

❑ Community hospital/clinic
❑ University medical center/clinic
❑ Private office or clinic
❑ Family planning clinic
❑ Federally Qualified Health Center (FQHC)
❑ Rural Health Center (RHC)
❑ University/College Health Center
❑ School-based health center
❑ Other ______________________

5. What is the age range of your patients? Check any that apply

❑ 10-18 years
❑ 18-24 years
❑ 25-49 years

6. What is the zip code of your main practice site? __________

7.

Do you provide direct patient care?	❑ Yes	❑ No

If No – hard stop, survey complete

Knowledge

8.

Have you received any training to provide IUD counseling?	❑ Yes	❑ No

If yes to 8 – 8a, 9, 10. Check any that apply

How long ago was this training?	❑ 0-5 years	❑ 6-10 years	❑ 11-15 years	❑ 16-20 years	❑ >20 years
How would you describe this training?		❑ Introductory		❑ Intermediate	❑ In-depth
Where did you receive this training?	❑ In school	❑ In residency/ fellowship/ clinical training		❑ In practice	❑ Other (CME, conference)

11.

Have you received any training to provide IUD insertion?	❑ Yes	❑ No

If yes to 11 – 11a, 12, 13. Check any that apply

How long ago was this training?	❑ 0-5 years	❑ 6-10 years	❑ 11-15 years	❑ 16-20 years	❑ >20 years
How would you describe this training?		❑ Introductory		❑ Intermediate	❑ In-depth
Where did you receive this training?	❑ In school	❑ In residency/ fellowship/ clinical training		❑ In practice	❑ Other (CME, conference)

14.

Have you received any training to provide Implant counseling?	❑ Yes	❑ No

If yes to 14 – 14a, 15, 16. Check any that apply

How long ago was this training?	❑ 0-5 years	❑ 6-10 years	❑ 11-15 years	❑ 16-20 years	❑ >20 years
How would you describe this training?		❑ Introductory		❑ Intermediate	❑ In-depth
Where did you receive this training?	❑ In school	❑ In residency/ fellowship/ clinical training		❑ In practice	❑ Other (CME, conference)

17.

Have you received any training to provide Implant insertion?	❑ Yes	❑ No

If yes to 17 – 17a, 18, 19. Check any that apply

How long ago was this training?	❑ 0-5 years	❑ 6-10 years	❑ 11-15 years	❑ 16-20 years	❑ >20 years
How would you describe this training?		❑ Introductory		❑ Intermediate	❑ In-depth
Where did you receive this training?	❑ In school	❑ In residency/ fellowship/ clinical training		❑ In practice	❑ Other (CME, conference)

20. How would you rate your knowledge of the Copper T IUD

	High	Moderate	Low	None
Contraceptive efficacy	❑	❑	❑	❑
Side effects	❑	❑	❑	❑
Insertion/removal procedure	❑	❑	❑	❑

21. How would you rate your knowledge of the Levonogestrel-releasing IUD

	High	Moderate	Low	None
Contraceptive efficacy	❑	❑	❑	❑
Side effects	❑	❑	❑	❑
Insertion/removal procedure	❑	❑	❑	❑

22. How would you rate your knowledge of the Implant

	High	Moderate	Low	None
Contraceptive efficacy	❑	❑	❑	❑
Side effects	❑	❑	❑	❑
Insertion/removal procedure	❑	❑	❑	❑

23. How comfortable do you feel counseling a woman about:

	Very Comfortable	Comfortable	Uncomfortable	Very Uncomfortable
Copper T IUD	❑	❑	❑	❑
Levonogestrel-releasing IUD	❑	❑	❑	❑
Implant	❑	❑	❑	❑

24. Would you recommend an IUD for women with the following?

	Copper T IUD			Levonogestrel-releasing IUD			Implant (Nexplanon®)		
	Yes	Uncertain	No	Yes	Uncertain	No	Yes	No	Unsure
Menorrhagia	❑	❑	❑	❑	❑	❑	❑	❑	❑
Dysmenorrhea	❑	❑	❑	❑	❑	❑	❑	❑	❑

Fibroids	❑	❑	❑	❑	❑	❑	❑	❑	❑
Diabetes	❑	❑	❑	❑	❑	❑	❑	❑	❑
Obesity	❑	❑	❑	❑	❑	❑	❑	❑	❑
Smoker	❑	❑	❑	❑	❑	❑	❑	❑	❑
History of HTN	❑	❑	❑	❑	❑	❑	❑	❑	❑
Iron-deficiency anemia	❑	❑	❑	❑	❑	❑	❑	❑	❑
Breastfeeding immediately postpartum	❑	❑	❑	❑	❑	❑	❑	❑	❑

24a. Would you recommend an Implant for women with the following?

	Implant (Nexplanon®)		
	Yes	No	Unsure
Menorrhagia	❑	❑	❑
Dysmenorrhea	❑	❑	❑
Fibroids	❑	❑	❑
Diabetes	❑	❑	❑
Obesity	❑	❑	❑
Smoker	❑	❑	❑
History of HTN	❑	❑	❑
Iron-deficiency anemia	❑	❑	❑
Breastfeeding immediately postpartum	❑	❑	❑

Current Practice

25.

Do you provide contraception counseling to your patients?	❑ Yes	❑ No

If no skip to **Attitudes – question 51**

If yes to 25 answer 26-31

26.

Among your female patients seeking contraception, how frequently do you discuss the IUD? Choose one of the following answers	❑ Never	❑ Sometimes	❑ Usually	❑ Always

27.

Among your female patients seeking contraception, how frequently do you discuss the Implant? Choose one of the following answers	❑ Never	❑ Sometimes	❑ Usually	❑ Always

28. What is your **primary** approach to contraceptive counseling? Choose one of the following answers

❑ Patient-directed
❑ Tiered approach (most to least effective)
❑ Most commonly used to least commonly used
❑ Personal provider preference
❑ Don't have a specific approach
❑ Other not listed

29. What method of contraception do your female patients choose most often as their primary method? Rank the top three.

❑ Condom	❑ Diaphragm	❑ Oral contraceptive pill
❑ Vaginal ring	❑ Patch	❑ Injection
❑ Implant (Nexplanon®)	❑ IUD – Levonogestrel-releasing (Mirena®, Skyla® or Liletta™)	❑ IUD – Copper T (Paragard®)
❑ Sterilization	❑ Emergency contraception	❑ Other

30.

How often do you recommend IUDs or Implants as first-line contraception? Choose one of the following answers	❑ Never	❑ Sometimes	❑ Usually	❑ Always

31.

Do you insert IUDs?	❑ Yes	❑ No

If yes to 31 answer 32,33,35

32. How often do you insert the following IUDs?

Copper T IUD	❑ At least once a week	❑ A few times a month	❑ Once a month	❑ Less than once a month	❑ Never
Levonogestrel-releasing IUD	❑ At least once a week	❑ A few times a month	❑ Once a month	❑ Less than once a month	❑ Never

33.

In your practice, how many visits are typically needed to counsel and insert an IUD?	❑ 1	❑ 2 or more

If 2 or more in 33:

34. If more than one visit is needed, what is the reason? Check any that apply

❑ To get all the information across

❑	To make sure the woman is not pregnant
❑	To make sure the patient really wants the method
❑	Insurance barriers
❑	Because guidelines recommend this
❑	Work flow in practice
❑	Clinic policy
❑	Requirement to order device before insertion
❑	Patient is mid-cycle, not actively menstruating
❑	Other ______________________________

35. The following are barriers to increasing the use of the IUD in my practice:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Patient preference					
Not enough need/desire in my patient population					
Objection of patient's partner					
Lack of provider knowledge/training					
Lack of comfort with method					
Lack of comfort with insertion					
Safety of method					
Efficacy of method					
Appropriateness of method for my patients					
Cost of method					
Problems with insurance preauthorization					
Problems with insurance reimbursement					
Lack of time in scheduled for insertion/problems with clinic flow					
Number of visits needed to counsel/insert					
Lack of support at practice for insertion					
Difficulty obtaining and/or maintaining a supply of devices					
Liability					

If no to 31, answer 36,40

36.

Do you refer to another provider/practice for IUD insertion?	❑ Yes	❑ No

37. **If yes to 36 answer 37-39**

How often do you refer women for IUD insertion? Choose one of the following answers	❑ At least once a week	❑ A few times a month	❑ Once a month	❑ Less than once a month

38. Where in your community can you refer women who would like an IUD? Check any that apply

❑ Other provider in my practice	❑ Family planning clinic/Planned Parenthood
❑ Family Medicine practice	❑ Community Health Center/FQHC/RHC
❑ OB/GYN practice	❑ Other ___________________

39. Where do you **most often** refer women who would like an IUD? Choose one of the following answers

❑ Other provider in my practice	❑ Family planning clinic/Planned Parenthood
❑ Family Medicine practice	❑ Community Health Center/FQHC/RHC
❑ OB/GYN practice	❑ Other ___________________

40. The following are barriers to inserting IUDs in my practice:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Patient preference					
Not enough need/desire in my patient population					
Objection of patient's partner					
Lack of provider knowledge/training					
Lack of comfort with method					
Lack of comfort with insertion					
Safety of method					
Efficacy of method					
Appropriateness of method for my patients					
Cost of method					
Problems with insurance preauthorization					
Problems with insurance reimbursement					
Lack of time in scheduled for insertion/problems with clinic flow					
Number of visits needed to counsel/insert					
Lack of support at practice for insertion					
Difficulty obtaining and/or maintaining a supply of devices					
Liability					

41.

Do you insert **Implants**?	❑ Yes	❑ No

If yes to 41 answer 42,43,45

42.

How often do you insert Implants? Choose one of the following answers	❑ At least once a week	❑ A few times a month	❑ Once a month	❑ Less than once a month

43.

In your practice, how many visits are typically needed to counsel and insert an Implant?	❑ 1	❑ 2 or more

If 2 or more in 43:

44. If more than one visit is needed, what is the reason? Check any that apply

❑ To get all the information across
❑ To make sure the woman is not pregnant
❑ To make sure the patient really wants the method
❑ Insurance barriers
❑ Because guidelines recommend this
❑ Work flow in practice
❑ Clinic policy
❑ Requirement to order device before insertion
❑ Patient is mid-cycle, not actively menstruating
❑ Other ________________________________

45. The following are barriers to increasing the use of the Implant in my practice:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Patient preference					
Not enough need/desire in my patient population					
Objection of patient’s partner					
Lack of provider knowledge/training					
Lack of comfort with method					
Lack of comfort with insertion					
Safety of method					
Efficacy of method					
Appropriateness of method for my patients					
Cost of method					
Problems with insurance preauthorization					

Problems with insurance reimbursement					
Lack of time in scheduled for insertion/problems with clinic flow					
Number of visits needed to counsel/insert					
Lack of support at practice for insertion					
Difficulty obtaining and/or maintaining a supply of devices					
Liability					

If no to 41, answer 46,50

46.

Do you refer to another provider/practice for Implant insertion?	❑ Yes	❑ No

47. **If yes to 46 answer 47-49**

How often do you refer women for Implant insertion? Choose one of the following answers	❑ At least once a week	❑ A few times a month	❑ Once a month	❑ Less than once a month

48. Where in your community can you refer women who would like an Implant? Check any that apply

❑ Other provider in my practice	❑ Family planning clinic/Planned Parenthood
❑ Family Medicine practice	❑ Community Health Center/FQHC/RHC
❑ OB/GYN practice	❑ Other ___________________

49. Where do you **most often** refer women who would like an Implant? Choose one of the following answers

❑ Other provider in my practice	❑ Family planning clinic/Planned Parenthood
❑ Family Medicine practice	❑ Community Health Center/FQHC/RHC
❑ OB/GYN practice	❑ Other ___________________

50. The following are barriers to inserting Implants in my practice:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Patient preference					
Not enough need/desire in my patient population					
Objection of patient's partner					

Lack of provider knowledge/training					
Lack of comfort with method					
Lack of comfort with insertion					
Safety of method					
Efficacy of method					
Appropriateness of method for my patients					
Cost of method					
Problems with insurance preauthorization					
Problems with insurance reimbursement					
Lack of time in scheduled for insertion/problems with clinic flow					
Number of visits needed to counsel/insert					
Lack of support at practice for insertion					
Difficulty obtaining and/or maintaining a supply of devices					
Liability					

Attitudes

51.

Do you consider the following methods to be safe:	Yes	Uncertain	No
IUD for adult women	❑	❑	❑
IUD for adolescents	❑	❑	❑
Implant for adult women	❑	❑	❑
Implant for adolescents	❑	❑	❑

52. Do you consider the following patients eligible for an IUD?

	Yes	Uncertain	No
Nulliparous women	❑	❑	❑
Non-monogamous (multiple partners)	❑	❑	❑
Immediate post-partum	❑	❑	❑
Immediate post-abortion	❑	❑	❑
Post septic abortion	❑	❑	❑
History of sexually transmitted infection in past 2 years	❑	❑	❑
Current symptomatic gonorrhea or chlamydia infection	❑	❑	❑
Asymptomatic positive gonorrhea or chlamydia screening test	❑	❑	❑
History of ectopic pregnancy	❑	❑	❑
History of pelvic inflammatory disease (PID)	❑	❑	❑
Current pelvic inflammatory disease (PID)	❑	❑	❑
Adolescents	❑	❑	❑

53. How often do concerns about the following issues prevent you from recommending the IUD?

	Never	Sometimes	Usually	Always
Uterine perforation [at insertion]	❑	❑	❑	❑
Expulsion	❑	❑	❑	❑
Discomfort during insertion	❑	❑	❑	❑
Sexually transmitted infections	❑	❑	❑	❑
Pelvic inflammatory disease (PID)	❑	❑	❑	❑
Infertility	❑	❑	❑	❑
Changes in bleeding patterns	❑	❑	❑	❑
Adolescence	❑	❑	❑	❑
Multiple partners (non-monogamous)	❑	❑	❑	❑
Interference with breastfeeding	❑	❑	❑	❑

Educational Needs

54.

Would you consider providing IUDs to women if you received additional training? Choose one of the following answers	❑ Yes	❑ No	❑ Uncertain

55.

Would you consider providing the Implant to women if you received additional training? Choose one of the following answers	❑ Yes	❑ No	❑ Uncertain

56. Would you like more training on how to counsel women about any of the following methods:

Copper T IUD	❑ Yes	❑ No
Levonogestrel-releasing IUD	❑ Yes	❑ No
Implant	❑ Yes	❑ No

57. Would you like more training on how and where to refer women for insertion of any of the following methods:

Copper T IUD	❑ Yes	❑ No
Levonogestrel-releasing IUD	❑ Yes	❑ No
Implant	❑ Yes	❑ No

58. Would you like more information or training on how to insert any of the following methods:

Copper T IUD	❑ Yes	❑ No
Levonogestrel-releasing IUD	❑ Yes	❑ No
Implant	❑ Yes	❑ No

Clicking “Sumbit” will automatically take you to:

Limesurvey #2

Survey 2

Thank you for completing our survey. At this time we are offering the opportunity for you to provide your contact information in order to receive information on the results of the survey as well as on training and educational opportunities. You may also choose to enter a raffle to win an iPad mini©. Providing your name and contact information is voluntary, and this contact information cannot be linked back to your survey answers.

1.

	Yes	No
I would like to receive information about additional training on long-acting reversible contraception	❑	❑

2.

	Yes	No
I would like to receive results of the LARC needs assessment survey	❑	❑

3.

	Yes	No
I would like to be entered into the raffle for an Apple IPad mini©.	❑	❑

If yes to 1, 2 or 3.

4. Name:

5. Practice:

6. E-mail:

7. Phone:

8. If you would like to be listed as a LARC referral center check this box ❑

9. Comments: