VCHIP LARC Needs Assessment Survey

Demographics

1.	How many years	have you been in	practice (po	ost-training)? Choose	e 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 you	r patients? Check	any that app	ly			
☐ 10-18 years						
☐ 18-24 years						
25-49 years						
<u> </u>						
6. What is the zip code of your	main practice site	2?				
7.						
Do you provide direct patient	care?			Yes		l No
If No – hard stop, survey comp	lete		•			
Knowledge						
8.						
Have you received any training	g to provide IUD	counseling?		☐ Yes		□ No
If yes to 8 – 8a, 9, 10. C	heck any that app	oly				
How long ago was	☐ 0-5 years	□ 6-10	11-15	1 6-2	0 years	□ >20 years
this training?		years	years			
How would you descr		☐ Introdu			mediate	
Where did you	☐ In school	☐ In reside	•	☐ In pra	actice	☐ Other (CME,
receive this training?			ip/ clinical			conference)
		training				
11.						
Have you received any training	g to provide IUD i	nsertion?		☐ Yes		☐ No
If yes to 11 – 11a, 12, 1	3. Check any that	apply				
How long ago was	☐ 0-5 years	□ 6-10	11-15	1 6-2	0 years	□ >20 years
this training?		years	years			
How would you descr	ibe this training?	☐ Introdu	ıctory	☐ Inter	mediate	In-depth
Where did you	☐ In school	☐ In reside	•	☐ In pra	actice	☐ Other (CME,
receive this training?			ip/ clinical			conference)
		training				
14.						
Have you received any training	g to provide Impl	ant counseling	g?	☐ Yes		☐ No
If yes to 14 – 14a, 15, 1	6. Check any that	apply				
How long ago was	☐ 0-5 years	□ 6-10	11-15	1 6-2	0 years	□ >20 years
this training?		years	years			
How would you descr	ibe this training?	☐ Introdu	ıctory	☐ Inter	mediate	In-depth
Where did you	☐ In school	☐ In reside	ency/	☐ In pra	actice	☐ Other (CME,
receive this training?			ip/ clinical			conference)
		training				
17.						
Have you received any training	to provide Impl	ant incortion?		□ Ves		□ No

If yes to 17 – 17a, 18, 1					ı					
How long ago was this training?	□ 0-5	years	□ 6-1 ye	10 ars	☐ 11-1 yeai		16-20) years	>2	0 years
How would you descr	ibe this tra	aining?	☐ Ir	ntrod	uctory		☐ Intern	nediate	e 🔲 1	n-deptl
Where did you	☐ In s	chool	☐ In	reside	ency/	Į	☐ In pra	ctice	☐ Othe	er (CME
receive this training?					nip/ clinic	al			conf	erence)
			tra	aining						
20.11		(_							
20. How would you rate your ki	nowleage	of the Co		טטו ו						
			High		Moder	ate	Lo	w	No	ne
Contraceptive efficacy]		
Side effects]		
Insertion/removal prod	edure]]
			High		Moder	ate	_)W	_	ne
Contraceptive efficacy			Ŭ					<u> </u>]
Side effects										
Insertion/removal prod	edure]]
22. How would you rate your ki	nowledge	of the In			Moder		1 1		No	
Contraceptive efficacy			High		Model	ate	_	ow	INC	ne 1
Side effects					ם					
Insertion/removal prod	edure							<u> </u>		
23. How comfortable do you fe		ing a wo	man al	bout:			1			
		Vei	ry	Con	nfortable	Uı	ncomforta	able	Very	'
		Comfo						ι	Jncomfo	rtable
Copper T IUD										
Levonogestrel-releasin	g IUD									
Implant										
24. Would you recommend an I	UD for wo	omen wi	th the f	follow	ving?					
	Copper	r T IUD	L	evon	ogestrel-r	eleas	sing IUD	Impl	ant (Nex	olanon®
Ye	es Unce			'es	Uncerta		No	Yes	No	Unsu

Uncertain

Unsure

Yes Uncertain

Menorrhagia

Dysmenorrhea

et t.i.							_		1	
Fibroids										
Diabetes										
Obesity										
Smoker										
History of HTN										
Iron-deficiency anemia										
Breastfeeding									J	
immediately postpartum										
24a. Would you recommend				vith the fo	ollowing	;?				
	Yes	ant (Nexp	Unsure	+						
Menorrhagia	Tes		Ullsure	+						
Dysmenorrhea				+						
Fibroids				+						
Diabetes				+						
Obesity				+						
Smoker										
History of HTN				+						
Iron-deficiency anemia				+						
Breastfeeding				4						
immediately postpartum			_							
ininediately postpartuin										
Current Practice 25. Do you provide contracept	ion cou	unseling to	o your pa	tients?	(□ Yes		□ No)	
If no skip to Attitudes – que If yes to 25 answer 26-31	stion 5	1								
26.										
mong your female patients s	seeking	contrace	ption,							
ow frequently do you discuss	s the IL	ID? Choos	se one	☐ Nev	er 🗆	Sometimes		Usually		Always
f the following answers										
27.							_		1	
mong your female patients s	_		-	_						
ow frequently do you discus	s the In	nplant? C	hoose	☐ Nev	er 🗆	Sometimes		Usually		Always
ne of the following answers										

28. What is your prim	nary appr	oach to cor	ntraceptiv	e counse	ling? Cho	ose on	e of the followi	ng answ	rers	
☐ Patient-dire	cted									
☐ Tiered appr	oach (mo	st to least e	effective)							
☐ Most comm	only used	d to least co	ommonly	used						
Personal pro	ovider pre	eference								
☐ Don't have a	a specific	approach								
Other not list	sted									
29. What method of	contracep	otion do yo	ur female	patients	choose r	nost of	ten as their prir	nary me	thod?	ı
Rank the top three.										
☐ Condom		□ Diaph	ragm			 0	ral contraceptiv	e pill		
□ Vaginal ring		☐ Patch	_			☐ In	ijection	•		1
☐ Implant (Nexpla	inon®)	□ IUD –	Levonoge	strel-rele	easing	□ IL	JD – Copper T (I	Paragaro	(®b	
		(Mire	na®, Skyla	® or Lilet	ta™)					
□ Sterilization		☐ Emer	gency con	traceptio	n	□ 0	ther			
										-
30.										
Have after do you so		d II IDa an	1					1		٦
How often do you re Implants as first-line			☐ Nev	/er 🗀	Somet	imas	□ Henally	│ □ AI		
Choose one of the fo		•	l live	/ei '	Somet	iiies	Usually		ways	
Choose one of the fo	mowning a	11344613								J
31.										
Do you insert IUDs?				<u> </u>	☐ Yes			No		1
Do you insert lobs:					u res			INO		J
	2 22 25									
If yes to 31 answer 3	2,33,33									
32. How often do you	ı insert th	ne following	g IUDs?							
Copper T IUD	☐ At I	east once	☐ A fe	w times		nce a	☐ Less tha	n once		Never
	ã	a week	a r	month	n	nonth	a mo	nth		
Levonogestrel-	☐ At I	east once	☐ A fe	w times		nce a	☐ Less that	n once		Never
releasing IUD	ā	a week	a r	month	n	nonth	a mo	nth		
33.										
		ita ara tuni	cally pand	ad to sau	ıncal ana	lincort	25 IIID2 D	1 🗖	2 05 5	2050
In your practice, how	many vis	its are typi	cally fleed	ed to cot	unsei and	ımsert	an IUD?	1 🖵	2 or n	iore
If 2 or more in 22.										
If 2 or more in 33:	nan ana :-	icit ic nood	od what:	c the ===	con 2 Ch -	داد مصد	that apply			
34. If more th	iaii one v	isit is fieed	eu, Wildt i	s the reas	son: cne	CK dily	tilat apply			
☐ To get a	III the info	ormation ac	cross							

Because guidelines recommer	nd this					
☐ Work flow in practice						
Clinic policy						
Requirement to order device I	before insert	tion				
☐ Patient is mid-cycle, not active	ely menstrua	iting				
☐ Other						
						
35. The following are barriers to increasing	the use of th	ne IUD in my p	ractice:			
	Strongly	Somewhat	Neither a	gree	Somewh	at Strongly
	agree	agree	nor disa	-	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 inse	rtion?		□ Yes		No
			1		ı	
37. If yes to 36 answer 37-39						
How often do you refer women	☐ At leas	st 📗 🗖 A fe	ew times		nce a	Less than
for IUD insertion? Choose one of the following answers	once a w	eek a	month	r	nonth	once a month
					•	

☐ To make sure the woman is not pregnant

■ Insurance barriers

☐ To make sure the patient really wants the method

OB/GYN practice			Other			
39. Where do you most often refer answers	womer	n wh	o would like ar	n IUD? Choose on	e of the follow	/ing
Other provider in my practice		$\overline{\Box}$	Family planni	na clinic/Dlannod	Daranthaad	1
Other provider in my practiceFamily Medicine practice				ng clinic/Planned lealth Center/FQI		<u> </u>
☐ OB/GYN practice			Other	leaith Center/FQr	1C/KIIC	-
■ Ob/GTN practice			Other]
40. The following are barriers to inserting I	ı		1			
	Stron	gly	Somewhat	Neither agree	Somewhat	Strongly
_	agre	e	agree	nor disagree	disagree	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	

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

☐ Family planning clinic/Planned Parenthood Community Health Center/FQHC/RHC

apply

☐ Other provider in my practice

Family Medicine practice

If yes to 41 answer 42,43,45

42.

	How often do you	☐ At least once	☐ A few times	☐ Once a	☐ Lo	ess than once
	insert Implants?	a week	a month	month		a month
	Choose one of the					
	following answers					
43.						
In your	practice, how many visi	ts are typically need	ed to counsel and in	nsert an	1	2 or more
Implan	t?					

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	Somewhat	Neither agree	Somewhat	Strongly
	agree	agree	nor disagree	disagree	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					

					1				
Problems with insurance reimbursement									
ack of time in scheduled for									
nsertion/problems with clinic flow									
Number of visits needed to counsel/inser	t								
ack of support at practice for insertion									
Difficulty obtaining and/or maintaining a									
supply of devices									
iability									
If no to 41, answer 46,50 46.					1				
Do you refer to another provider/pract	tice for Im	plant ii	nsertio	n?		☐ Yes		☐ No	
How often do you refer women for Implant insertion? Choose one of the following answers		ast ond week			w times month		nce a onth		Less thai
48. Where in your community c	an you ref								t
Other provider in my pract	tice					/Planned I			
☐ Family Medicine practice				unity F	Health Ce	enter/FQH	C/RHC		
OB/GYN practice			Other						
49. Where do you most often refollowing answers Other provider in my pract Family Medicine practice			amily	planni	ing clinic	t? Choose /Planned I	Parentl	hood	
		_		arney 1	.caicii CC		<u> </u>		
☐ 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
Dell'est surfaces	agree	ugree	nor disagree	disagree	alsagree
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	Usua	lly	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						
Would you consider providing IUDs to was additional training? Choose one of the fo	•		1 Yes	□ No	Ur	ncerta
Would you consider providing the Impla received additional training? Choose one		•	1 Yes	□ No	☐ Ur	ncerta
56. Would you like more training on how	to counsel won	nen about any c	f the follow	ving meth	nods:	
	to counsel won	nen about any c		ving meth		
Copper T IUD	to counsel won		Yes		l No	
56. Would you like more training on how Copper T IUD Levonogestrel-releasing IUD Implant	to counsel won				No No	
Copper T IUD Levonogestrel-releasing IUD Implant 57. Would you like more training on how methods: Copper T IUD Levonogestrel-releasing IUD		efer women for	Yes Yes insertion o	f any of t	No	ing
Copper T IUD Levonogestrel-releasing IUD Implant 57. Would you like more training on how methods: Copper T IUD		efer women for	Yes Yes Yes insertion o	f any of t	No	ing
Copper T IUD Levonogestrel-releasing IUD Implant 57. Would you like more training on how methods: Copper T IUD Levonogestrel-releasing IUD	and where to re	efer women for	Yes Yes insertion of Yes Yes Yes	f any of t	No	ing
Copper T IUD Levonogestrel-releasing IUD Implant 57. Would you like more training on how methods: Copper T IUD Levonogestrel-releasing IUD Implant	and where to re	efer women for	Yes Yes insertion of Yes Yes Yes	f any of t	No	ing
Copper T IUD Levonogestrel-releasing IUD Implant 57. Would you like more training on how methods: Copper T IUD Levonogestrel-releasing IUD Implant 58. Would you like more information or to	and where to re	efer women for	Yes Yes insertion o Yes Yes Yes the followi	f any of t	No	ring

Limesurvey #2		
Survey 2		
Thank you for completing our survey. At this time we are offering the opportunity for you your contact information in order to receive information on the results of the survey as vectraining and educational opportunities. You may also choose to enter a raffle to win an if Providing your name and contact information is voluntary, and this contact information of back to your survey answers.	vell as or Pad mini	n ©.
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 \Box		
9. Comments:		

Clicking "Sumbit" will automatically take you to: