

Integrating Reproductive Health into Substance Use Disorder Care: A Case Study of North Shore Community Health - Salem Family Health Center

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BACKGROUND

- A decades-long crisis of opioid use and overdose continues to affect communities in Massachusetts [2].
- Women of reproductive age receiving medication for opioid use disorder (MOUD) have more complications to care than women without an opioid use disorder (OUD) diagnosis [1].
- Salem Family Health Center is a Family Planning Site and provides Title X-funded services to patients.
- There is a gap in the consistency of reproductive health screenings for women with OUD and the source of this discrepancy has not yet been assessed at Salem Family Health Center.

OBJECTIVES

- Assess the value and quality of reproductive screening offered to female-identifying patients receiving MOUD in the CHC setting.

METHODOLOGY

- **Population health and quality metrics:** Family planning screening and cervical cancer screening rates were compared between female-identifying patients with and without an OUD diagnosis in the electronic medical record (EMR).
- **Understanding the provider perspective:** Physicians, Nurse Practitioners, and Nurse Managers involved in MOUD care were interviewed and completed a 6-item online survey.
- **Understanding the patient perspective:** Twenty female-identifying patients of reproductive age with OUD diagnosis completed a four-item telephonic survey.

RESULTS

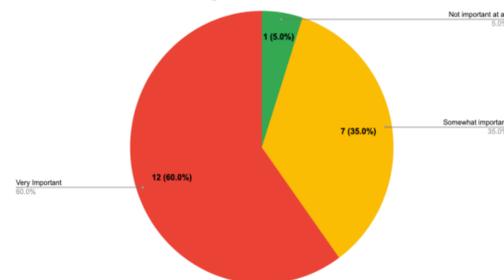
EMR Screening and Documentation Rates Between:

	Patients with OUD diagnosis (n=49)		Patients without OUD diagnosis (n=1170)	
	%	n	%	n
Family Planning Screening				
PISQ	41%	20	48%	561
Contraceptive counseling	7%	3	15%	175
Contraceptive counseling after PISQ response of "no"	5%	2	10%	117
End-method documentation rate	10%	4	13%	152

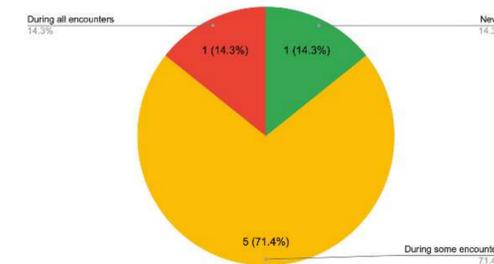
Of all eligible patients approached (n=49), 20 consented to participate (40% response rate).

Of all eligible providers approached (n=9), 7 completed survey (78% response rate).

Value of PISQ Screening or Related Discussion



Documentation Frequency of PISQ or Related Discussion



Emerging themes from provider interviews:



CONCLUSION

- There is a discrepancy between the screening, counseling, and documentation rates between target populations with and without OUD diagnosis.
- Most patients place a high-level of importance on discussing PISQ and related services with their provider.
- Common barriers to documentation identified by providers include: EMR logistics, limited awareness of Title X program criteria, and inconsistent screening delivery.

RECOMMENDATIONS

- An evidence-based contraceptive care training will be provided to all clinic staff by Upstream USA in 2022, which should better equip the clinical team to engage patient-centered contraceptive care counseling following a PISQ response of "no" within target population.
- Change from Athena to Epic should improve the efficiency of documentation and screening.
- The full scope of each care team member (MA, nurse, and provider) should be optimized to ensure annual PISQ is consistently completed for all female-identifying patients with OUD.

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References

- [1] Gotham, H. J., Wilson, K., Carlson, K., Rodriguez, G., Kuofie, A., & Witt, J. (2019). Implementing substance use screening in family planning. *The Journal for Nurse Practitioners*, 15(4), 306-310. doi:<https://doi.org/10.1016/j.nurpra.2019.01.009>
- [2] Massachusetts Taxpayers Association. (2018). The Massachusetts opioid epidemic: An issue of substance., 1-46.