



# CONVERSATIONS IN PRIMARY CARE

2017



Live Virtual Conferences

## **Leaning in to LARCs: Long Acting Reversible Contraception Options**

### **Final Outcome Report**

**1 Live Virtual Conference on March 25, 2017**  
**Grant ID: 18712**

Report Date: May 26, 2017

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# Course Accreditation

The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of *4.0 AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 4 contact hours of continuing education.\*

\* This applies to the entire CME activity entitled Conversations in Primary Care



# Commercial Support

Conversations in Primary Care: 2017 series of CME activities were supported through educational grants or donations from the following companies:

Arbor Pharmaceuticals  
Bayer HealthCare  
Boehringer Ingelheim Pharmaceuticals, Inc.  
Lilly USA, LLC  
Shire



# Dates and Times

## Conversations in Primary Care: Update 2017 Live Virtual Conference Schedule

February 11, 2017  
10:00am – 2:30pm

March 4, 2017  
10:00am – 2:30pm

**March 25, 2017**  
**10:00am – 2:30pm**

\* **Bolded** cities are where the lecture was given

# Titles of Presentations

- Adult ADHD in Primary Care: Addressing Unmet Needs
- Recognition and Management of Idiopathic Pulmonary Fibrosis: The Role of Primary Care
- Atrial Fibrillation: Reducing Risk and Individualizing Therapeutic Choices
- Legalize it? A Clinician's Guide to Medical Marijuana
- Getting Comfortable with SGLT-2 Therapy: New Insights
- Challenges in Hypertension: Incorporating Evolving Clinical Data into Practice
- **Leaning in to LARCs: Long Acting Reversible Contraception Options**

# Levels of Evaluation

Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on Moore's model. This outcome study reaches Level 5.

- Level 1: Participation
- Level 2: Satisfaction
- Level 3: Declarative and Procedural Knowledge
- Level 4: Competence
- Level 5: Performance
- Level 6: Patient Health
- Level 7: Community Health



# Level 1: Participation

- 412 attendees on March 25, 2017
- 24% Physicians; 72% NPs or PAs; 2% RNs; 2% Other
- 44% in community-based practice
- 84% PCPs, 3% Cardiologist; 4% Hospitalist; 5 Other or did not respond
- 95% provide direct patient care

Did we reach the right audience? **Yes!**

# Level 2: Satisfaction

- 99% rated the activity as excellent
- 98% indicated the activity improved their knowledge
- 96% stated that they learned new and useful strategies for patient care
- 94% said they would implement new strategies that they learned in their practice
- 100% said the program was fair-balanced and unbiased

Sample Size: N = approximately 412

Were our learners satisfied? **Yes!**

# EXECUTIVE SUMMARY

## Leaning in to LARCs: Long Acting Reversible Contraception Options

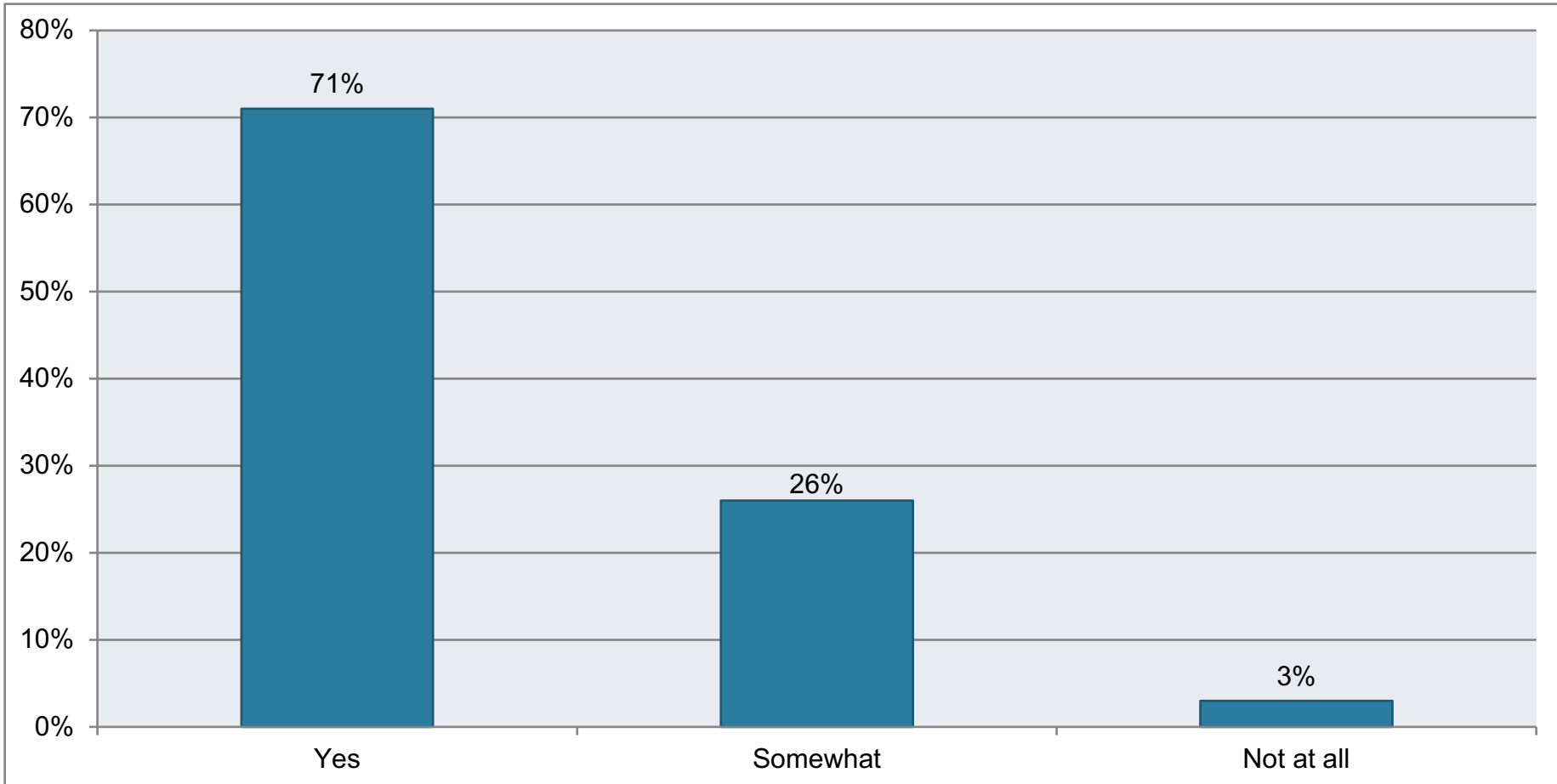
Knowledge/Competence	Learners demonstrated improvement from pre to post-testing in their answers to <i>all four</i> of the questions regarding the use of long-acting reversible contraception, three of which achieved statistical significance.
Confidence	Whereas the majority of learners rated themselves as having low to moderate confidence in ability to counsel and recommend patients for long-acting reversible contraception before the education, most of the learners showed significant gains in confidence after the program.
Intent to Perform	As a result of this program, 94% of learners state they are likely to implement new strategies learned in this program regarding the use of long-acting reversible contraception.
Change of Practice Behavior	90% of learners who responded to our four week survey indicated that they had changed their practice behavior to implement the learning objectives of this program within four weeks after attending the activity.

4 Weeks Post N= 158



# Did Learners Say They Achieved Learning Objective?

**Upon completion of this activity, I can now** – Describe currently available long acting reversible contraception (LARC) options and how they improve contraceptive efficacy; List the contraceptive and non-contraceptive benefits of the LARC options; Delineate the benefits, risks and side effects of the LARC options; Outline appropriate candidates for various LARC options.



**Yes! 97% believed they did.**

# Outcome Study Methodology

## Goal

To determine the effect this CME activity had on learners with respect to competence to apply critical knowledge, confidence in treating patients with diseases or conditions discussed, and change in practice behavior.

## Dependent Variables

### 1. Level 3-5: Knowledge, Competence, and Performance

Case-based vignettes and pre- and post-test knowledge questions were asked with each session in the CME activity. Identical questions were also asked to a sample of attendees 4 weeks after the program to assess retention of knowledge. Responses can demonstrate learning and competence in applying critical knowledge. The use of case vignettes for this purpose has considerable predictive value. Vignettes, or written case simulations, have been widely used as indicators of actual practice behavior.<sup>1</sup>

### 2. Practitioner Confidence

Confidence with the information relates directly to the likeliness of actively using knowledge. Practitioner confidence in his/her ability to diagnose and treat a disease or condition can affect practice behavior patterns.

### 3. Level 5: Self-Reported Change in Practice Behavior

Four weeks after CME activity, practitioners are asked if they changed practice behavior.

1. Peabody, J.W., J. Luck, P. Glassman, S. Jain, J. Hansen, M. Spell and M. Lee (2004). Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. *Ann Intern Med* 14(10): 771-80.



# Leaning in to LARCs: Long Acting Reversible Contraception Options

## Faculty

Barbara A. Dehn, NP, FAANP, NCMP  
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### Learning Objectives

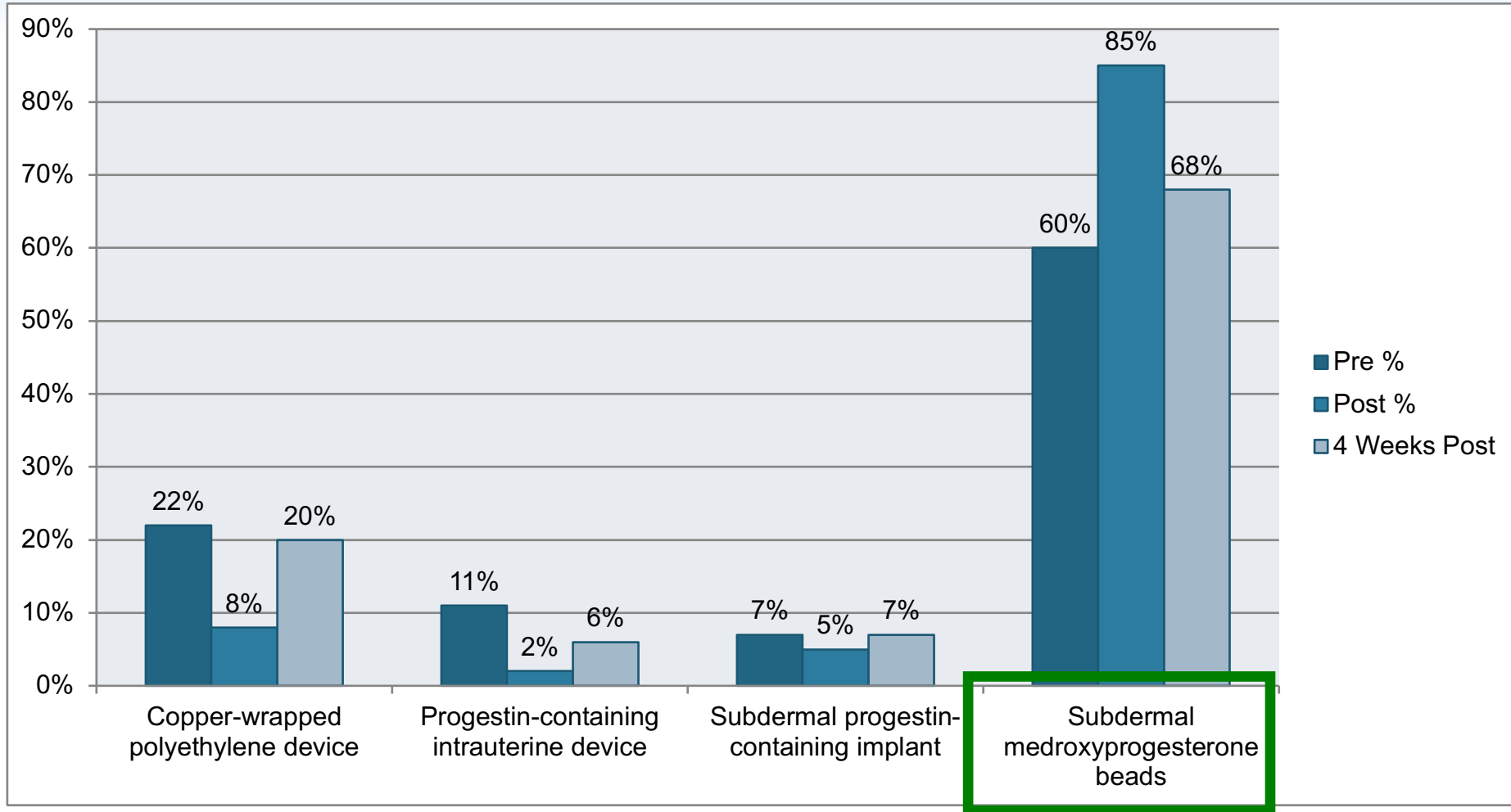
1. Describe currently available long acting reversible contraception (LARC) options and how they improve contraceptive efficacy
2. List the contraceptive and non-contraceptive benefits of the LARC options
3. Delineate the benefits, risks and side effects of the LARC options
4. Outline appropriate candidates for various LARC options

# Case Vignette Knowledge and Competence Assessment Questions

(presented pre-post lecture, and after 4 weeks —boxed answer is correct)

**All of the following are forms of long-acting reversible contraception, EXCEPT:**  
(Learning Objective 1)

Pre-Post P Value: < 0.001 – Significant



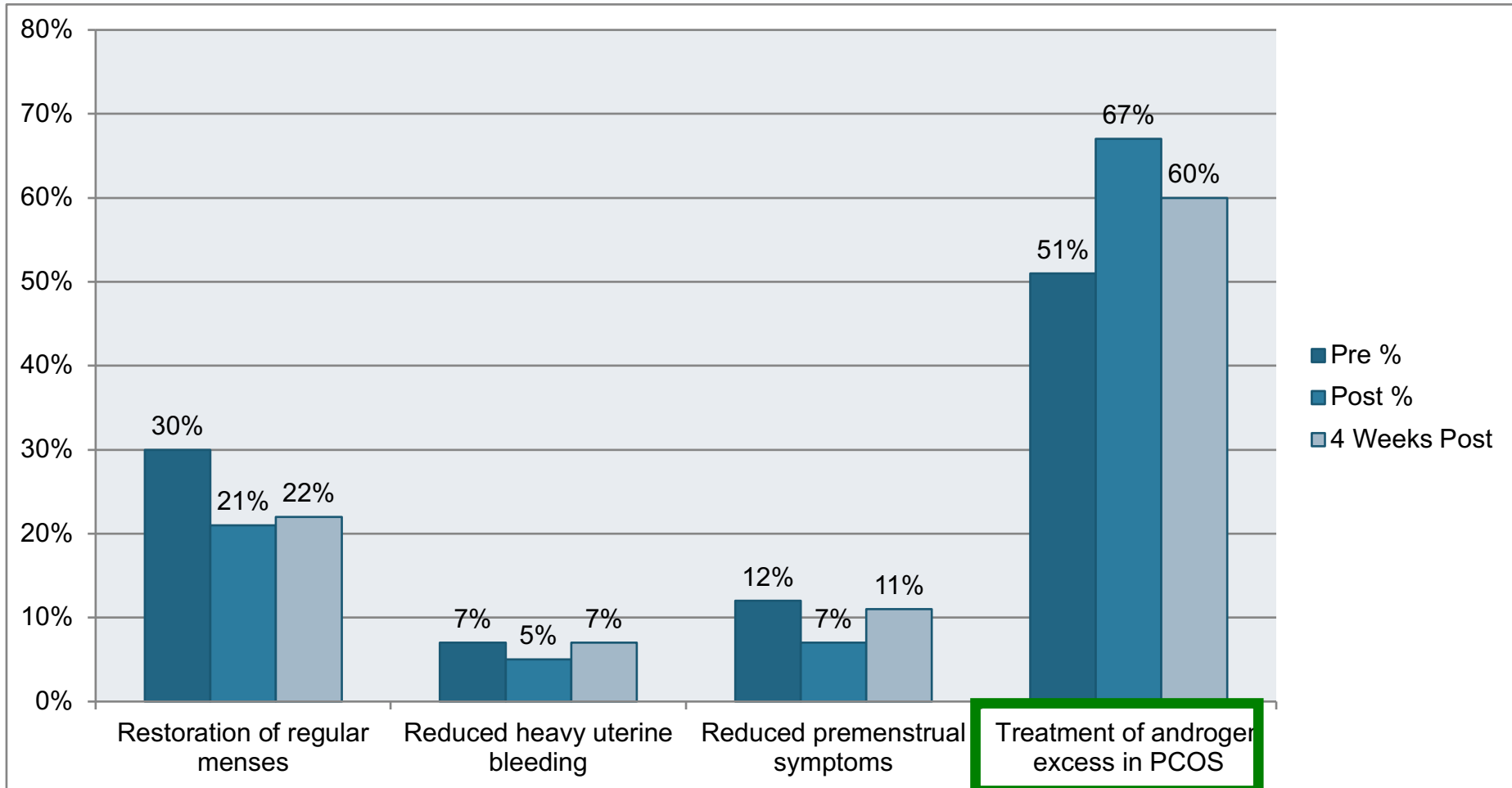
# Case Vignette Knowledge and Competence Assessment Questions

(presented pre-post lecture, and after 4 weeks —boxed answer is correct)

**All of the following are examples of non-contraceptive benefits of certain intrauterine contraceptive devices except for which one?**

(Learning Objective 2)

Pre-Post P Value: 0.002 – Significant





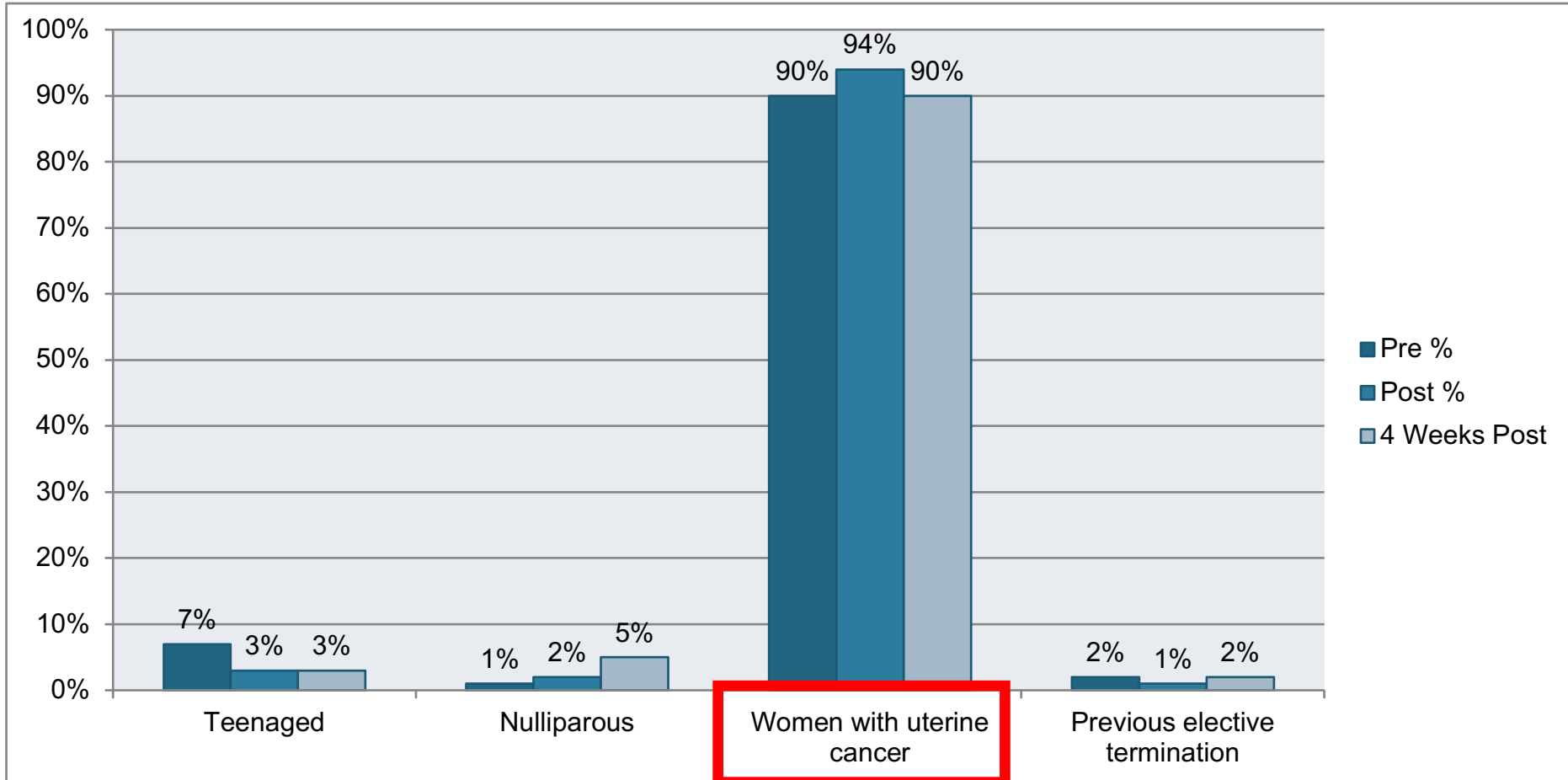
# Case Vignette Knowledge and Competence Assessment Questions

(presented pre-post lecture, and after 4 weeks —boxed answer is correct)

Long-acting intrauterine contraceptive devices are appropriate for all of the following women, **EXCEPT:**

(Learning Objective 2, 3, 4)

Pre-Post P Value: 0.112 –Not Significant



Pre N = 188 Post N = 178 4 Weeks Post N = 158

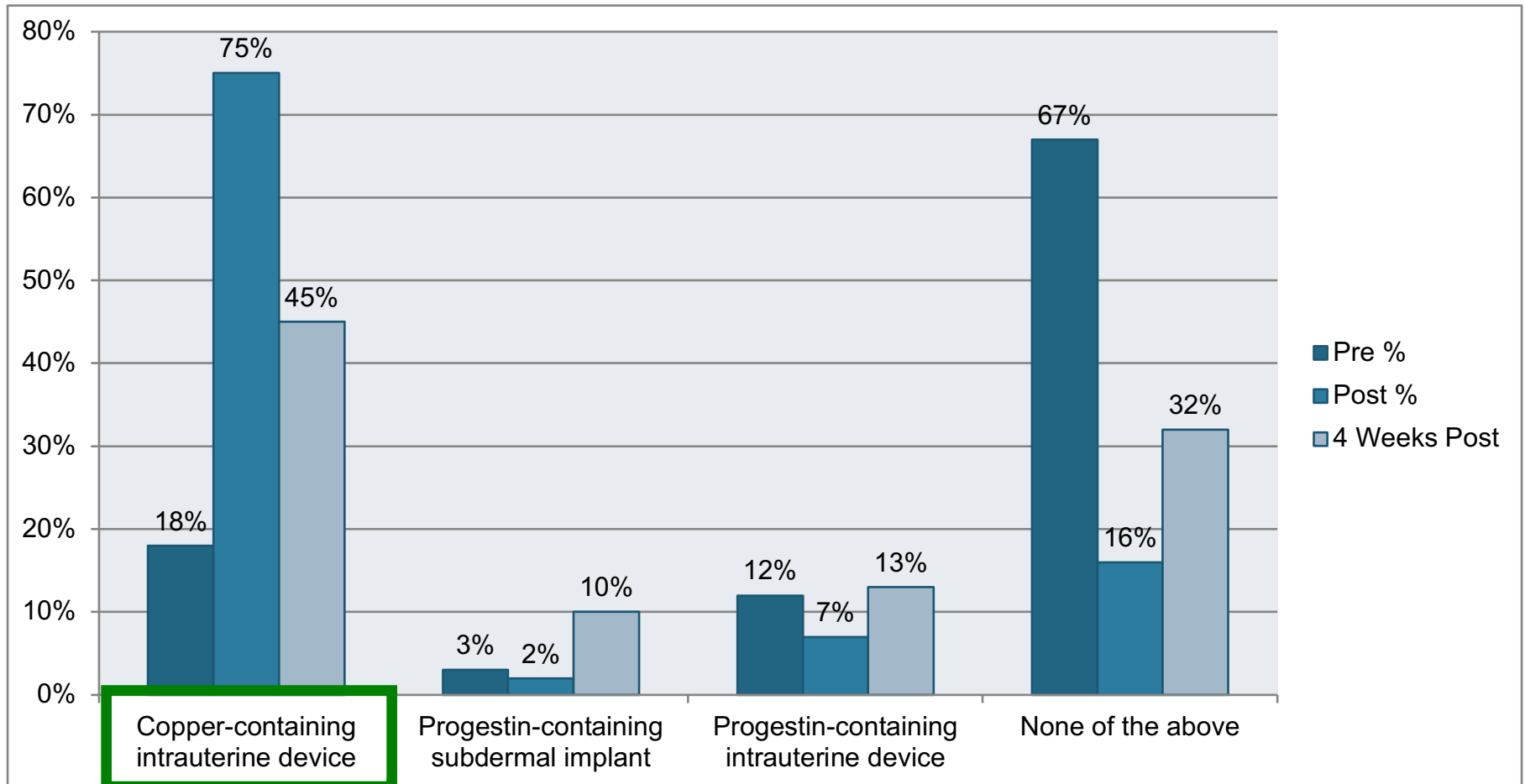
Red highlight indicates no significant difference between pre and post testing.

# Change in Practice Behavior Question

(presented pre-post lecture, and after 4 weeks —boxed answer is correct)

**Which of the following long-acting contraceptive options can also be used for emergency contraception?**  
(Learning Objectives 3)

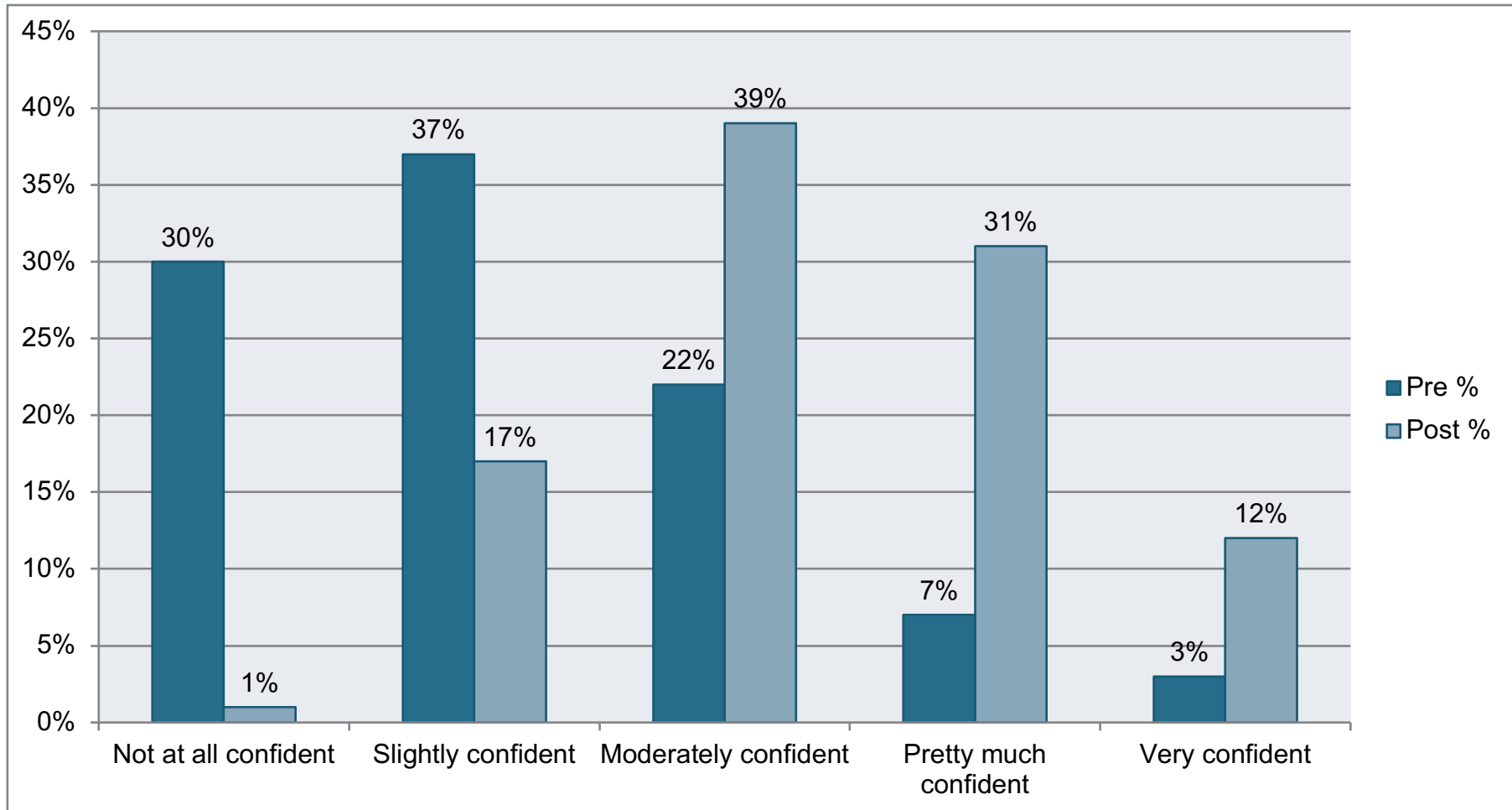
Pre-Post P Value:< 0.001 – Significant



# Confidence Question

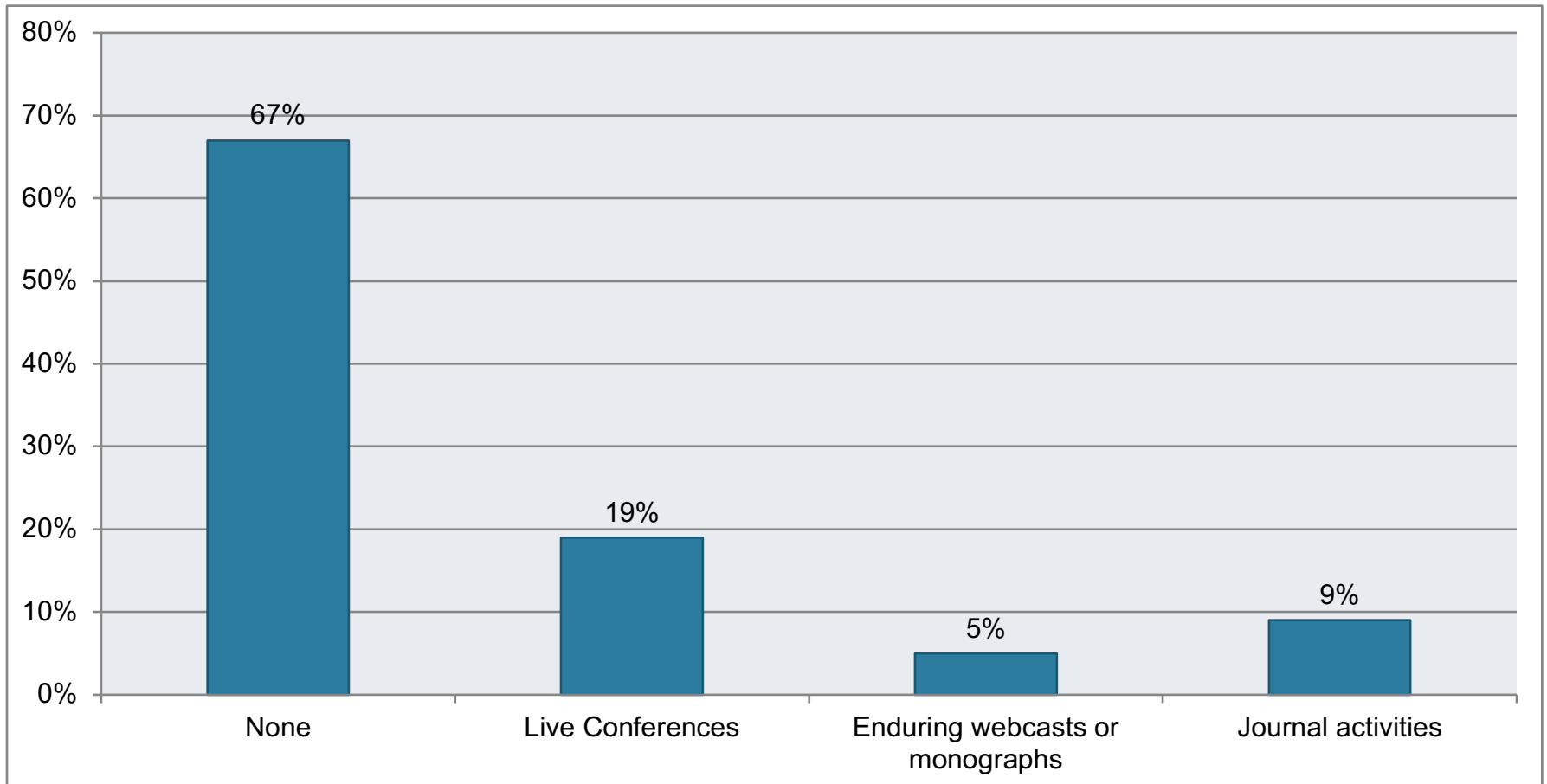
(Presented pre-post lecture)

Please rate your confidence in your ability to counsel and recommend patients for long-acting reversible contraception:



# Leaning in to LARCs: Long Acting Reversible Contraception Options

**Describe/list any other educational activities that you attended in the last month concerning your ability to counsel and recommend patients for long-acting reversible contraception?**



# Leaning in to LARCs: Long Acting Reversible Contraception Options

## **What specific skills or practice behaviors have you implemented for patients to recommend patients for long-acting reversible contraception since this CME activity?**

(Sample comments received from attendees at 4 week follow up)

- “I have a greater understanding of Long Acting Contraception”
- “I have a better understanding of which patients are best suited for LARCs, and have referred appropriate patients”
- “I am recommending more IUDs”
- “I am able to have a more in depth discussion with patients regarding contraceptive choices”
- “I am able to provide more option to patients, especially to those not compliant with taking medication daily”
- “I have been training staff to counsel patients on the risks and benefits of LARCs”
- “I have been giving out literature on contraceptive choices”
- “I am more comfortable in discussing LARC with patients”

## Leaning in to LARCs: Long Acting Reversible Contraception Options

**What specific barriers have you encountered that may have prevented you from successfully implementing strategies to recommend patients for long-acting reversible contraception since this CME activity?**

(Sample comments received from attendees at 4 week follow up)

- Time
- Cost
- Insurance
- Patient compliance
- Patient's level of understanding
- Patient fear of the unknown, perception of "not wanting something inside of them," and fears of infertility
- Skills required for IUD insertion
- Misinformation ingrained in people's mind

# Learning in to LARCs:

## Long Acting Reversible Contraception Options

### Incorporating Evolving Clinical Data into Practice

#### **Data Interpretation: 412 clinicians at 1 live virtual meeting**

Are more aware of different forms of long-acting reversible contraception and that subdermal medroxyprogesterone beads are not one of them

Understand that intrauterine contraceptive devices do not treat androgen excess in PCOS but they can restore regular menses, and reduce heavy menstrual bleeding and premenopausal symptoms

#### **Participant Educational Gains**

Are more aware that long-acting intrauterine contraceptive devices are not appropriate for women with uterine cancer

Recognize that copper-containing intrauterine devices can also be used for emergency contraception

Leaning in to LARCs:

Long Acting Reversible Contraception Options

Incorporating Evolving Clinical Data into Practice

**Data Interpretation: 412 clinicians at 1 live virtual meeting**

**Persistent Educational  
Gaps at 4 Weeks:**

Non-contraceptive  
benefits of LARCs

Benefits, risks and side  
effects of LARCs

Available long-acting reversible  
contraception options



Leaning in to LARCs:  
Long Acting Reversible Contraception Options  
Incorporating Evolving Clinical Data into Practice  
**New Specific Behaviors Reported at 4 weeks**

Greater understanding of  
Long Acting  
Contraception and when  
to refer for placement

Able to have a more in depth  
discussion with patients  
regarding contraceptive  
choices

Training staff to counsel patients on the  
risks and benefits of LARCs

Giving out literature on  
contraceptive choices

More comfortable in discussing  
LARC with patients

Leaning in to LARCs:  
Long Acting Reversible Contraception Options  
Incorporating Evolving Clinical Data into Practice  
**Reported Barriers to Care at 4 weeks**

Cost

Insurance coverage  
and formulary  
restrictions

Time constraints

Patient non-compliance,  
level of knowledge, and  
preconceptions

Skills required for IUD  
insertion

## Leaning in to LARCs:

Long Acting Reversible Contraception Options

Incorporating Evolving Clinical Data into Practice

**Data Interpretation: 412 clinicians at 1 live virtual meeting**

94% said they would implement new strategies that they learned in their practice

250% improvement in confidence levels in the ability to counsel and recommend patients for LARCs

### KEY TAKE HOME POINTS

Significant improvement in non-contraceptive benefits of intrauterine contraceptive devices

Greater awareness of LARC options and appropriate candidates for use

# Discussion and Implications

## Leaning in to LARCs: Long Acting Reversible Contraception Options

The need for continued education in the area of Long-Acting Reversible Contraception was demonstrated based on literature reviews and surveys completed prior to the conference series. Attendee knowledge was assessed at 3 points for this program: prior to the lecture, immediately following the lecture and again at 4 weeks after the conference using the questions listed above.

### Data Interpretation:

Data collected from 412 clinicians after 1 meeting, indicated improvement in knowledge and intent to change behavior in all 4 of the questions presented. Three of the responses on the knowledge questions achieved statistical significance. Specifically, as a result of this lecture, participants:

1. Are more aware of different forms of long-acting reversible contraception and that subdermal medroxyprogesterone beads are not one of them;
2. Understand that intrauterine contraceptive devices do not treat androgen excess in PCOS but they can restore regular menses, and reduce heavy menstrual bleeding and premenopausal symptoms ;
3. Are more aware that long-acting intrauterine contraceptive devices are not appropriate for women with uterine cancer ;
4. Recognize that copper-containing intrauterine devices can also be used for emergency contraception

Moderate to very confident levels in the ability to counsel and recommend patients for long-acting reversible contraception rose 250% from 32% to 82%. 94% of participants are likely to utilize information learned from this presentation in their practice. The program content was reinforced to participants with a “Clinical Highlights” document containing key teaching points from the program. This is distributed 1 week after the meeting.

# Discussion and Implications

## Leaning in to LARCs: Long Acting Reversible Contraception Options

### **4 Week Follow Up Data**

Data obtained from participants 4 weeks after the program demonstrated some decline in learning from the post-test scores, but continued improvement from pre-test scores in all areas. These results suggest that all of the learning objectives for this activity were effectively addressed with attendees

Persistent gaps in knowledge were evident with additional education needed in the following areas:

1. Available long-acting reversible contraception options
2. Non-contraceptive benefits of LARCs
3. Benefits, risks and side effects of LARCs

### **New Practice Behaviors**

Attendees indicated multiple new, specific, practice behaviors they implemented as a result of this program that included:

1. Greater understanding of Long Acting Contraception and when to refer for placement
2. Recommending more IUDs
3. Able to have a more in depth discussion with patients regarding contraceptive choices
4. Training staff to counsel patients on the risks and benefits of LARCs
5. Giving out literature on contraceptive choices
6. More comfortable in discussing LARC with patients

1 month after this conference, 67% of attendees had no other exposure to a CME program, indicating that much of their behavior change was likely a result of this program.

# Discussion and Implications

## Leaning in to LARCs: Long Acting Reversible Contraception Options

### **Barriers to Care**

Barriers to care reported by clinicians at 4 weeks included:

1. Time
2. Cost
3. Insurance
4. Patient compliance
5. Patient's level of understanding
6. Patient fear of the unknown, perception of "not wanting something inside of them," and fears of infertility
7. Skills required for IUD insertion
8. Misinformation ingrained in people's mind

### **What Can We Learn:**

After the program, there were knowledge gains in all areas addressing the role of long-acting reversible contraception, but there was some decline in knowledge after 4 weeks suggesting persistent educational gaps. The notable changes in post test scores and confidence levels signify a clear gap in knowledge and an unmet need among primary care clinicians. It continues to be an important area for future educational programs.