Pregnancy Intention and Contraceptive Needs Intervention for Clinics (PICNIC) Toolkit

PICCK
PARTNERS IN CONTRACEPTIVE CHOICE AND KNOWLEDGE

MASSACHUSETTS
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Welcome to the PICNIC Toolkit

Introduction

The 2021 DPH Sexual and Reproductive Health Program Standards require that pregnancy intention and contraceptive needs assessments occur at all sexual and reproductive health visits (Clinical Services standard 1.a *"All SRH visits must include initial or updated assessment of reproductive intention (pregnancy or paternity) and provision of services as indicated"*). PICNIC is a brief, patient-centered approach to addressing these needs with ***every patient*** at ***every visit***. While PICNIC was originally developed for OB/GYN departments, it can easily be adapted to multiple settings, including primary care and reproductive health care practices. This toolkit will provide tangible and actionable steps to show you different ways PICNIC can be incorporated into your clinic workflow.

Additionally, the DPH Standards also require that all sexual and reproductive health visits (Clinical Services standard 1.h) document "contraceptive method used at the end of the visit, or if no method, the reason."

A note on the name PICNIC

Universal screening of family planning interests is termed one of two things: Pregnancy Intention Assessment or Contraceptive Needs Assessment. We use the comprehensive name **PICNIC—Pregnancy Intention and Contraceptive Needs Intervention for Clinics**—to allow each practice to choose the question and workflow that works best for them.

Patients may want to discuss **both their current contraceptive needs and *also* their future pregnancy intentions.** Asking about both opens up the conversation to help patients achieve their long-term reproductive plans.

Some patients are clear about their reproductive interests, some are uncertain, and others do not wish to plan their pregnancies. PICNIC accommodates patients across this spectrum. To remain **patient-centered**, incorporate PICNIC to address patients' needs at each visit and follow up with appropriate counseling.

Why implement universal screening?

Implementation of a routine family planning screening question creates an opportunity for sharing information and is an important step toward empowering patients to take control of their health. When people plan pregnancies, they can achieve better pre-pregnancy health, engage in healthy behaviors like taking prenatal vitamins, and they are more likely to initiate prenatal care early in pregnancy. Pregnancy planning also helps optimize birth spacing, which leads to healthier babies and parents.

Similarly, patients may have a need to address contraception that is secondary to the reason for the visit. They may need refills on a prescription method or be due for a contraceptive injection. Patients

may also be unhappy with their current contraception, and not aware of the array of available options. Asking a simple question about addressing birth control may open the door to a conversation that optimizes the time spent with the clinician (NP, PA, CNM, DO, MD) at the current visit.

Addressing a patient's pregnancy intention and contraceptive needs **at each visit** opens the door to this conversation, no matter what the presenting reason for the patient's visit. A key component to universal screening is having a standardized question. By reaching all patients, and not just those presenting for contraception, clinicians have an opportunity to **optimize maternal and child health outcomes** by helping patients plan for and space pregnancies. In addition, universal screening can:

- **Decrease lapses in use of short-term methods.** For example, a patient may present for a yeast infection when their current prescription for oral contraceptive pills is about to expire. By conducting PICNIC, you can assess contraceptive needs and offer a prompt refill prescription, preventing a gap in method use.

- **Eliminate the need for a rapid return visit.** In the example above, asking the PICNIC screening question during the current gynecological appointment eliminates the need for a future call or appointment to get a refill. During public health crises, like the COVID-19 pandemic, patients may confront challenges seeking care, not feel comfortable entering facilities, or face obstacles like limited clinic access and lack of childcare.[1]

- **Help prevent unprotected intercourse for those who have a new need for contraception.** Patients' contraceptive needs change over time, particularly for adolescents and those beginning new relationships.

- **Reduce future complications of chronic medical conditions.** Diabetes, hypertension, psychiatric illness, thyroid disease, and other such conditions should be well managed before pregnancy.[2]

- **Offer preconception counseling and planning to those considering pregnancy in the next year.** Health outcomes can be improved with planning before pregnancy, such as starting prenatal vitamins, managing weight, stopping medications that are unsafe in pregnancy, and conducting screening tests.

- **Identify and offer infertility services to patients who may need assistance in achieving pregnancy.** An important part of reproductive justice is enabling people to become pregnant when they want to be, which may involve consultation and treatment with a fertility specialist.

To understand whether patients desire assistance with contraception, preconception care, or infertility services, clinicians must ask about fertility preferences, intentions, and needs. But ***which question should be asked? And when? How should it be implemented? What are the factors to consider when implementing PICNIC?*** There is no one-size-fits-all PICNIC approach. This toolkit explains options for

PICNIC and guides practices looking to implement PICNIC through the steps to choose an assessment tool that fits their needs and constraints.

It is important to remember that not all patients prefer to plan their pregnancies, and no patient should feel pressure to embrace planning as a goal. Whatever PICNIC tool you choose to use, patients will have the opportunity to decline to engage.

PICNIC can benefit patients of all ages, genders, sexual orientations, or health states

All patients are candidates for contraception, with a range of needs as diverse as the tools we have to offer them. PICNIC is a tool that **should be asked of all nonpregnant patients who can become pregnant** (not post-hysterectomy or post-sterilization). Patients should have equal access to contraception, **regardless of age or health status (e.g., obese, chronically ill, disabled, actively using substances**). PICNIC offers a universal approach to asking a simple set of questions that can provide patients with the opportunity to discuss their contraceptive needs at every visit.

Additionally, a patient should receive PICNIC screening **regardless of their gender or sexual orientation.** Historically, transmen and gender nonconforming people have been excluded from PICNIC interventions. LGBTQ-identifying adolescents are 12% more likely to have an unplanned pregnancy than heterosexual adolescents. A patient's pregnancy intention and contraceptive needs can be more complicated than their identity may indicate.

We encourage using an inclusive question that does not assess for pregnancy intention alone. Birth control methods have a wide range of effects on the reproductive system beyond contraception. A patient **may seek to use a contraceptive method** to regulate their menstrual cycle, reduce acne, or reduce pain due to endometriosis. It is important to address whether the non-contraceptive benefits of contraceptive methods might address additional needs of patients, whether or not they are having penile-vaginal intercourse.

Where can universal screening happen?

PICNIC can be conducted in many different health care settings. Pregnancy and contraception are part of comprehensive care and screening in OB/GYN, family medicine, primary care settings (including community health centers and university health centers), sexual and reproductive health care clinics, adolescent medicine, and inpatient postpartum care. PICNIC may also be able to be incorporated into other settings, such as inpatient medicine services, subspecialty care, and emergency departments and urgent care, to allow timely referrals for contraceptive care or preconception counseling.

OB/GYN offices

- While it may be assumed that pregnancy intention and contraceptive needs are assessed at all OB/GYN visits, patients presenting for symptom-based concerns or management of chronic conditions may not be screened with PICNIC. Implementing PICNIC begins a reproductive health review in this setting.

- In practices that find it difficult to establish a same-day protocol for LARC (long-acting reversible contraception), conducting PICNIC early in the appointment may support making same-day LARC provision more feasible.
- Prenatal care in OB/GYN offices should include a discussion of postpartum contraception and reproductive life planning. All methods for which a patient is medically eligible for should be explored.
- Postpartum visits in the office should include PICNIC. Many patients do not know that fertility can return as soon as 25 days after delivery. Contraceptive needs can change throughout the postpartum period.

Family Medicine offices

- Many patients see a family medicine clinician as their main source of primary and OB/GYN care. PICNIC can be integrated into this setting to improve care and counseling.
- Family medicine clinicians are devoted to comprehensive health care for the individual and family across all ages, genders, diseases, and parts of the body. These clinicians are familiar with providing screening and diagnostic testing in the prenatal period. There is opportunity to screen for preconception care.
- Reproductive plans should be assessed at each visit because plans change over time. These discussions should include considerations of age, medical conditions, and obstetric or family history. This discussion is especially important for patients with chronic medical problems where pregnancy may exacerbate existing medical conditions or be potentially harmful.[4]
- The CDC recognizes the need to improve men's reproductive health. The American Academy of Family Physicians recommends that men should be counseled on contraception.[4]
- If your practice is not equipped to provide a full range of contraceptive methods, such as LARC, counsel on the full range of methods and then refer patients who desire LARC to a clinician who can offer insertions and removals. Standardize a referral system to family planning services as part of workflow development.

Primary Care settings

- Family planning is an essential part of primary care. Primary care clinicians should consider patients' reproductive goals and screen for pregnancy intention and contraceptive needs. Screening is especially important for those with chronic medical problems for whom pregnancy may exacerbate existing conditions or be potentially harmful. Adolescent and perimenopausal patients, in particular, do not consistently receive screening, yet are at the highest risk of unintended pregnancy.
- If your practice is not equipped to provide a full range of contraceptive methods, such as LARC, counsel on the full range of methods and then refer patients who desire LARC to a clinician who can offer insertions and removals. Standardize a referral system to family planning services as part of workflow development.

Pediatric offices

- Sexual and reproductive health can be difficult to discuss with adolescents. Clinician discomfort may lead some clinicians to skip this conversation altogether. Adolescents need regular comprehensive reproductive health counseling because their behaviors and needs change. Clinicians should discuss contraceptive options with patients to help them decide which method is right for them.[5] Ideally, clinicians should counsel patients *before* they first engage in sexual behavior. The American Academy of Pediatricians has compiled resources for counseling adolescents on contraception and pregnancy **here**.
- Confidentiality is critical when determining how to conduct PICNIC. Procedures should be established that protect the privacy of adolescent patients, and clinicians should discuss confidentiality (and the limits of confidentiality) with patients.[6] Adolescents should be asked about their pregnancy intention and contraceptive needs without a caregiver or support person present. This may be done on a paper or electronic screener, or it may be done verbally, during a portion of the visit where caregivers/support people are asked to exit the exam room.
- If your pediatric office integrates screening of new parents into newborn care visits for things like postpartum depression, you can consider screening new parents with the PICNIC tool as well. Consider your workflow and where parents will be referred for reproductive health care if they indicate contraceptive or preconception needs.
- If your practice is not equipped to provide a full range of contraceptive methods, such as LARC, counsel on the full range of methods and then refer patients who desire LARC to a clinician who can offer insertions and removals. Standardize a referral system to family planning services as part of workflow development.

Sexual and reproductive health care clinics

- While it may be assumed that many or all patients are coming to family planning clinics to discuss contraception, not all patients may want to discuss birth control at every visit. Moreover, clinics with expertise in providing contraception do not always ask about pregnancy intention, missing potential opportunities to provide or refer for preconception care.

Inpatient Postpartum

- With focus on a patient's physical recovery, contraceptive planning may be overlooked during the inpatient postpartum stay. Though the idea of a future pregnancy may seem distant, PICNIC can ensure patients receive crucial information before they need it. PICNIC begins a discussion about recommended pregnancy interval spacing, return of fertility during breastfeeding and postpartum, and effects of contraception on lactation. These conversations are optimally conducted during prenatal care. However, it is important that prior to discharge, patients have a contraceptive plan, and their questions are answered.

Emergency Departments (ED) or Urgent Care settings

- EDs and Urgent Care often screen for contraceptive use and require pregnancy tests because both impact care delivery. This is an opportunity for PICNIC and referral for family planning care.

- These facilities are the main source of health care for many patients, making PICNIC essential.
- If a patient presents needing emergency contraception, it is an opportunity for PICNIC and referral to OB/GYN or primary care for long-term reproductive health care.
- PICNIC results can inform which patient education materials may be shared at discharge. For example, information about birth control, preconception planning, or caring for pregnancy.
- A referral system for family planning services can be standardized as part of ED/urgent care workflow.

What about telehealth visits?

This toolkit focuses on PICNIC for in-person clinic visits. If you offer telehealth appointments, you may have to complete this design exercise twice and implement a separate PICNIC workflow and screening question for telehealth patients based on how you staff and run those appointments and the technology available to you.

PICNIC Checklist

The below checklist can be used by a clinic champion to design and implement PICNIC. All items are covered in this toolkit and related resources.

☑	Item	Considerations to Explore and Resources
	1. Understand your current screening practices	*- Are you currently screening for pregnancy intention and contraceptive needs?* *- What are the procedures for conducting this screening? When does it occur? Who conducts this screening?* *- How is this screening documented in the chart/EMR?* *- Is this screening universal for new patients, returning patients, and/or certain visit types?* *- What tool, question, or protocol is used to conduct screening?* ***- A needs assessment tool is provided in Appendix 1***
	2. Assess interest and need for universal PICNIC screening	*- How do clinicians, staff, and patients perceive the current screening procedures?* *- Is there interest in establishing a universal screening for pregnancy intention and contraceptive needs? Clinician buy-in prior to implementation is necessary for its success.* ***- A needs assessment tool is provided in Appendix 1***
	3. Assess clinician comfort with shared decision-making approaches to contraceptive counseling	*- Are clinicians and staff comfortable with shared decision-making approaches to address patient needs?* *- Screening for PICNIC may prompt a conversation about contraception needs and pregnancy planning. Ensure your practice, providers, and*

		staff are equipped with appropriate education and counseling skills as you initiate PICNIC. We encourage clinicians to utilize a shared decision-making approach to contraceptive counseling. ***- A needs assessment tool is provided in Appendix 1***
	4. Determine feasibility of implementation	*- Is there a screening protocol already in place? If you develop a new protocol, what are the approval procedures?* *- If you decide to document PICNIC in the Electronic Medical Record (EMR), what will you need in order to complete an EMR build?* *- Who in practice leadership must you approach and work with?* *- If you implement PICNIC, are all follow up services provided in-house or are referral paths established?* ***- A needs assessment tool is provided in Appendix 1***
	5. Assess feasibility of staff training	*- Will you be able to train all staff and clinicians on PICNIC and its workflow?* *- How often will staff and clinicians need refresher trainings?* *- How will new staff and clinicians be trained during onboarding?* ***- A list of appropriate trainings is provided in Appendix 7***
	6. Decide which staff will conduct screening	*- Anyone can conduct PICNIC. Options include a scheduler, medical assistant, family planning counselor, nurse, clinician, or on intake forms.* *- No matter who will be screening, PICNIC should always be consistent and systematized.* ***- A needs assessment tool is provided in Appendix 1***
	7. Determine whether PICNIC will be written or verbal	*- Consider your patient population and workflow. There are pros and cons to both screening modalities.* ***- A needs assessment tool is provided in Appendix 1***
	8. Decide when PICNIC should occur	*- Determine when during the visit is most appropriate for PICNIC, based on your workflow.* *- The earlier PICNIC occurs, the more time there is to allow for any scheduling adjustments or insurance verification.* ***- A needs assessment tool is provided in Appendix 1***
	9. Determine documentation	*- How will the information gathered through screening be communicated?* *- Will you document it on paper or in the EMR?* ***- A needs assessment tool is provided in Appendix 1***
	10. Select a PICNIC question	*- Different questions may make more sense depending on your practice.* *- Consider when screening will occur, whether it will be written or verbal, and how PICNIC will be documented.* ***- A worksheet tool is provided in Appendix 2***

	11. Decide on patient-facing resources to make available	*- Flyers and handouts posted around the clinic may help patients think about their pregnancy desires and contraceptive needs ahead of their visit.* ***- A flyer to post in your clinic is provided in Appendix 5***
	12. Develop a protocol	*- Specify which staff should be trained on the protocol, when training should occur for new hires and existing staff, and the frequency of any refresher trainings.* ***- A protocol template is provided in Appendix 4***
	13. Implement PICNIC protocol	*- Decide where the protocol should be placed within the clinic.* *- Communicate the new protocol to all relevant staff members.* ***- A launch email template is provided in Appendix 3***
	14. Train staff in PICNIC workflow	*- Staff should undergo formal training on PICNIC screening questions and workflow, as well as where to find PICNIC results in the medical record.* *- Set training requirements including frequency of refresher trainings.* *- Integrate training into new staff onboarding and annual staff review processes.*
	15. Train on billing for counseling	*- Clinicians can be reminded about how to bill for contraceptive counseling, if they engage in a discussion of contraception following PICNIC screening.* *- Contraceptive counseling can be billed for, even if no method is provided.*
	16. Establish plan for continuing monitoring and evaluation of screening efficacy in ongoing clinical practice	*-Who will be responsible for monitoring the ongoing practice of PICNIC screening?* *- How will new staff and clinicians be educated about PICNIC screening?* *- Can PICNIC be incorporated into a quality improvement program?*

Before developing your PICNIC, learn how other clinics have done it:

Example 1:

A large outpatient gynecology clinic decided to have MAs verbally screen all patients at each visit by asking **"Do you want to talk about contraception today?"** They conducted screening while rooming the patient after asking for their last menstrual period (LMP). If the patient said "yes" or expressed that they might be interested, the MA would hand the patient the *Reproductive Health Access Project's (RHAP)* **"Your Birth Control Choices,"** a two-page guide to all available contraceptive options. Clinics can order tear-off sheet pads on RHAP's website. The MA would then go to the **comment section after the LMP field in the EMR and write "Discuss BC options."** The MAs were instructed to respond with one of three responses:

1. Patient wants to discuss: "Great! I'll mark it in your chart. While you're waiting, would you like to look at this guide to birth control options?"
2. Patient does not want to discuss: "No problem. I'll mark it in your chart that you don't need to discuss contraception today."
3. Patient is unsure if they want to discuss: "Would you like me to let the provider know that you might want to talk about it?" (follow patient response)

The clinician would then have **two ways of knowing the patient wants to discuss contraception,** they would see it documented in the chart and they would see the patient's handout. While it is not necessary to have two ways of handoff, it does improve the likelihood of success - if the clinician forgets to check the chart, they can see the physical guide. If the patient has put the guide somewhere the clinician does not see it, the clinician can see the screening results in the chart. Further, this approach **embraces both EMR documentation and handoff**, and **optimizes the patient's downtime** while they wait for the clinician by giving them materials to use, which may **ease the time burden of counseling** during the visit.

Example 2:

A family planning clinic decided to add two PICNIC questions to an **electronic pre-visit screener that is emailed to all patients before their visit**. If patients do not complete the screener prior to arriving at the clinic, they are asked to complete it on an iPad or personal smartphone in the waiting room before being seen. The pre-visit screener feeds directly into the EMR.

The two questions they identified were **"Would you like to talk to the clinician today about birth control or pregnancy prevention?"** and **"Would you like to talk to the clinician today about getting pregnant in the future?"** They chose to split PICNIC into two questions to make it easier for patients to answer with yes/no and to affirm the frame that you can select yes to both or no to both.

When patients were roomed by the MA, the MA would review the pre-visit screener with the patient, including the two PICNIC questions. If the patient said **yes** to wanting to discuss contraception, the **MA would begin counseling patients**, as they were previously trained as family planning counselors. Administration designated **an area of the EMR** for the MA to write a summary of their discussion with the patient, if the patient wanted to discuss contraception or pregnancy planning with the clinician, and what was discussed during contraceptive counseling (if anything).

The MA, as is standard for all patients in the clinic, did a **verbal handoff** with the clinician before the clinician saw the patient. **The PICNIC results and any subsequent counseling that followed** were added to the list of points they made sure to cover during that verbal handoff. The family planning clinic decided to **integrate the PICNIC screener into a workflow that already existed** - from an existing pre-visit screener - to the standard practice for the MA to review the screener with patients, to the verbal handoff with the provider. They **added new workflow** with the EMR documentation of PICNIC and counseling results by the MA, which required training of the staff.

Example 3:

A large outpatient gynecology clinic edited the **paper intake form** they have all patients complete in the waiting room prior to their visit. The clinic added the question **"Would you like to talk about: {} Not getting pregnant/birth control {} Interest in getting pregnant in the next year".** They added this question after a question about any new problems or surgeries since their last visit and before a question about if they would like STI screening that day. **Clinicians review this form prior to seeing/with each patient**.

Developing your PICNIC

Step 1: Understanding current practices: Is there any regular screening currently being done?

The first step in PICNIC development is to assess current practices around screening for pregnancy intention and contraceptive needs. Reflect on the following questions to understand current practices:

- *Are you currently screening for pregnancy intention and contraceptive needs at all?*
    - Is there **universal** screening for **new patients? Returning patients? Certain visit types?**
    - Are there **individual clinicians** *who regularly ask?*
- If yes to any of the above:
    - *What tool, question, or protocol is used to conduct screening? Is it standardized?*
    - *When is screening conducted? Who conducts screening? If the staff screening is not a clinician, how are results handed off to clinicians so that they know to conduct contraceptive counseling?*
    - *How, if at all, is this screening documented in the chart/EMR?*

Step 2: Assessing interest and need for universal screening: Is PICNIC right for you?

The second step is to assess interest and need for PICNIC.

- *If your practice already conducts screening in any capacity, how is it perceived by clinicians, staff, and patients?* Understanding attitudes toward current practices (or lack of) can influence decisions about which strategies to employ to improve screening quality.
- *Is there interest in establishing a universal PICNIC screening tool?* Assessing the practice's appetite for PICNIC can help determine next steps. Clinician buy-in prior to implementing PICNIC is necessary. PICNIC works best when it is truly universal. If there is not consensus that adopting PICNIC is a good idea, it may not make sense to pursue implementation. Instead, focus on education for individual clinicians about options for screening their own patients.

Step 3: Determining workflow: What works for your practice and staff? Who should conduct PICNIC screening, when should it be done, and how?

Before selecting a PICNIC question, determine what workflow makes sense for your practice as some question options lend themselves better to being asked at certain times, by certain staff members, or in certain formats.

Who should conduct PICNIC?

Anyone can conduct PICNIC. Studies have shown that both nurses and medical assistants (MA) feel comfortable screening and that it can be done without disrupting workflow.[7] Depending on the practice setting, any staff or clinician may be best to conduct PICNIC. **Whomever does it, PICNIC screening should be consistent and systematized.**

It is risky to ask patients the PICNIC screening multiple times in one visit because it may frustrate them or be perceived as targeted screening based on their demographics. If a patient perceives bias, this may prevent an honest response and damage the patient's trust. Additionally, it is important to determine whose role this is, as ownership increases the likelihood of universal screening.

Is there a role for non-clinical staff in your practice to begin or conduct PICNIC? Often, practices have an intuitive feeling about what workflow is best for them. For example, PICNIC questions might make sense on an intake form, asked by an MA during rooming, or led by the clinician. The fact is, there is no right person or way to conduct PICNIC, but the core concept of PICNIC is that it must be done consistently.

Options for who conducts PICNIC

If a non-clinician conducts PICNIC, workflow will need to include handing off the results to the clinician. A workflow for documenting results in the chart/EMR will need to be developed.

- **Scheduler:** Verbally — When patient calls to make their appointment
- **Intake forms or pre-appointment screeners:** Written (it will need to be someone's job to read the screener prior to the clinical encounter or during it to ensure requested care is provided)
- **Medical assistant:** Verbally — While rooming patient or obtaining vital signs
- **Family planning counselor:** Verbally — While providing initial education
- **Nurse:** Verbally — Only if they visit each patient. Due to the importance of standardization, nurses may not be ideal screeners if they are only in contact with some patients.
- **Clinician (NP, PA, CNM, MD, DO):** Verbally — This is the simplest workflow and transition into education and counseling. However, postponing PICNIC until the clinician encounter delays adjusting schedules to accommodate counseling, and, if needed, setting up for a same-day LARC insertion. Some questions (for example, PATH) may be better suited for clinicians.

Considerations for selecting PICNIC staff – you know your practice!

Here are three considerations when determining who will conduct screening:

- **Comfort of clinicians or staff conducting PICNIC.** It is pertinent to consider who is comfortable discussing family planning with patients. This is especially true in non-OB/GYN settings, where staff may not be used to discussing reproductive health issues with patients. If staff do not routinely ask questions about possible pregnancy or birth control needs, screening may be better performed by the clinicians.

  Alternatively, if there is a desire to take on this role, staff can be trained to conduct PICNIC and can gain confidence in their abilities to do so. Do not assume that staff would feel comfortable conducting PICNIC screening just because leadership wants to implement it. For PICNIC to be successful, there needs to be staff support of the initiative and fulfillment of education and coaching needs. If staff are to begin contraceptive education after screening, it is vital that they are prepared to counsel on a full range of methods; if not, they should only conduct the PICNIC assessment and defer education and counseling to the clinicians.

- **Language translation needs and service.** *Does your practice or clinic serve many patients who speak/ read languages other than English?* If yes, this may affect how complex and nuanced your PICNIC is to ensure adequate translation into multiple languages. It is important to determine how patients who do not speak or read English will be screened. *Who at your practice can request an in-person or telephone interpreter? Is it common practice for the MA rooming the patient or the scheduler the phone triage to use an interpreter?* If not, and interpreter services are usually only available to clinician encounters, then PICNIC should be conducted at the point in the patient experience when interpreter services are available.

- **PICNIC with adolescents.** If your practice serves adolescents, be thoughtful about who asks highly sensitive questions to them. It is critical to ensure confidentiality and trust with this population. An adolescent patient may have chosen a particular clinician (possibly one who shares their own race/ethnicity or gender) with whom they feel more comfortable having conversations about sexual and reproductive health. It is critical to ensure patients can complete PICNIC screeners alone, without support people present.

When should PICNIC be done?

When considering the timing of PICNIC screening, it is important to consider what is feasible for clinic workflow in order to add contraception provision to a visit. The earlier PICNIC is conducted, the more time there is to allow for scheduling adjustment, equipment preparation, and insurance verification if aiming to offer same-day access to LARC methods. Offering same-day access to all contraceptive methods is a best practice.

Here are some options of when to conduct PICNIC:

- **Call center:** When a patient calls to make an appointment for ANY reason, have phone staff ask, ***"Would you like to talk about birth control or pregnancy planning as part of your visit?"***

Your practice will need to standardize a way to document that this question was asked and what the patient's response was so there can be appropriate follow-up during the visit. Phone staff will need to be instructed to ask this question and trained on how to respond and appropriately document the patient's response.

- **Pre-visit screener**: Consider adding a PICNIC question onto an existing pre-visit electronic screener.
- **Waiting room:** Include a question on an intake form or another waiting room screener. **Intake forms only work if it becomes standard for forms to be reviewed prior to seeing a patient.** If this review does not become routine, PICNIC on the intake form might actually decrease the likelihood that a patient brings up contraception on their own because they believe they have already made their request on the form and are waiting for the clinician to address it.
- **In the consultation or exam room:** Prior to the clinician encounter, a staff member (MA, RN, family planning counselor) can meet with the patient to conduct PICNIC (often at this time medical history and vitals are recorded).
- **During the clinician encounter:** The clinician can conduct PICNIC during a patient encounter in the office, or virtually through a telemedicine visit.
- **Inpatient postpartum:** PICNIC may be conducted by a clinician during rounding. Postpartum nurses can include PICNIC in pre-discharge counseling.

As we said earlier in Step 3, it is risky to ask patients PICNIC multiple times in one visit because it may frustrate them or be perceived as targeted screening based on their demographics. **If a patient perceives bias, this may prevent an honest response and damage the patient's trust**. Additionally, it is important to determine whose role this is, as ownership increases the likelihood of universal screening.

How should PICNIC be done?

When deciding who will conduct PICNIC screening and when, you are also deciding if it will be verbal or written. Consider your patient population, how will this workflow be perceived, and what will be the most successful.

Verbal	
Pros	**Cons**
Patients may not have a clear answer to whether they have a need for pregnancy prevention or conception planning. Sometimes patients aren't sure and sometimes they want both. A verbal screener allows for nuance and values clarification.	Could be an additional ask of MAs or RNs during rooming, which is already a busy time.

May be more confidential than written screening, if asked after a patient's support people exit the room. This is a particular concern for adolescents, victims of violence, and those who want to keep their reproductive life planning confidential.	May lack privacy if a patient has support people in the room.
May be more comfortable for patients who are concerned about confidentiality of paper or creating a "record."	Opportunity for a verbal PICNIC is later in the appointment than a written PICNIC, which may decrease flexibility for same-day LARC.
May be preferred by patients who feel uncomfortable "checking a box" on a form.	
May be better for patients who do not read English, if forms are not available in additional languages.	

Written	
Pros	**Cons**
Ensures standardization of PICNIC in implementation.	Forms are not always completed.
Allows for clear questions about both pregnancy prevention and contraception planning.	Close-ended questions on forms do not allow for nuance or indecision.
May be more confidential than a verbal question if the patient completes the form and they have support people in the room during their appointment.	Forms may not be completed by the patient (could be completed by a support person).
Allows for earliest possible screening prior to the patient seeing the clinician (except for scheduling).	Forms are in limited languages and require literacy in those languages.
May be preferred by patients who feel uncomfortable verbalizing a desire for either contraception or pregnancy.	Patients may be concerned information completed on a form will not be kept private.
May be more comfortable for a patient who does not want to discuss contraception with a male staff member (they may have specifically made an appointment with a female clinician).	*If electronic:* Requires patient to be tech savvy
If electronic: Results can flow directly into EMR to ensure documentation.	*If electronic:* Without a programmed notification, data in EMR is not always noticed by clinician.
If electronic: Can be done equally for in-person and telehealth visits.	
If electronic: No paper that needs to be shredded.	

Step 4: Assessing documentation and hand off: How can PICNIC screening responses be documented and communicated (if needed) at your practice?

If using a scheduler or intake form, there needs to be a standardized way the result is documented in the EMR, so the clinicians know where to look. If a clinician is to conduct PICNIC from start to finish, there is no hand off, but documentation is still recommended. If you will have a staff person ask PICNIC, there needs to be a way to communicate the result to a clinician. MAs and RNs can hand off the results of PICNIC to a clinician in one of three ways:

Verbally:

- If the normal workflow at a practice is to have a verbal hand off between staff and clinician before the clinician sees the patient, this would be a natural point to add the result of PICNIC screening. However, if a verbal hand off is not part of routine workflow, we caution that such a timed hand off for PICNIC screening alone can be complicated, especially for large practices. We suggest that if the MA is documenting other information during the initial patient encounter, they should also document PICNIC screening results so they can be referred to in future visits.

Paper-based options:

- If you use paper patient records in your practice, or a "tickler" chart with a paper billing form, the MA could indicate patients who want to discuss contraception with a blue sticky note on the outside of the chart, and patients who want to discuss conception planning with a yellow sticky note. The clinician will then know what to discuss (and document) with the patient.
- The MA or RN could offer the patient a contraceptive decision aid or other patient education material to review while they wait for the clinician to arrive. Alternatively, the decision aid could be placed in the door of the patient's room with other paperwork for the clinician. When the clinician sees the decision aid, they know that the patient may want to discuss contraception.
- The number of alternative hand offs that are neither in the EMR nor verbal are endless. The Massachusetts SRH Training Center is happy to support you in thinking through some options if this might be the best way for your practice to communicate PICNIC results between staff and clinician.

Electronic Medical Record (EMR):

- Routine screening is most effective when consistent and systematized. Essential to integrating screening into care is documentation in the EMR. Involve an expert in EMR systems early in the process to help design a feasible prompt.
- Documenting PICNIC in the EMR allows other clinicians to see that the question was asked (and can refer to the results when asking the question in the future).
- **Even if not used for a hand off, clinicians should still document PICNIC results and any counseling or method provision that follow in the EMR. This is aligned with DPH Clinical Standard 1.h which requires documentation of contraceptive method used at the end of the visit, or if no method, the reason.**

Once PICNIC is established, the documentation, handoff, and counseling **must** happen with every patient. It may be harmful to screen a patient for a need and then not address it. Additionally, if a patient answers PICNIC with staff, they may not raise contraception with the clinician because they expect the clinician to know they want to discuss it and to start the discussion.

- There are several options for how to document PICNIC in the EMR:
  - "Pop-up" question with a hard stop
  - "Pop-up" question without a hard stop
  - Question in the flowsheet
  - Place in a pre-completed note
  - A patient portal-based screener prior to the visit that feeds into the EMR

- While best practices have not been established, certain technological features can ensure routine uptake. Here are some things to consider while building EMR integration of the selected screening question:
  - *Where are the patient's answers recorded?*
  - *How visible is this response in the EMR?*
  - *How is it ensured that the responsible clinician has seen the patient's answers? (ie: Once it is recorded, what happens to this information?)*
  - *Is it pulled into a note template?*
  - *Does it appear in highlighted color?* Color may make it easy for clinicians to see the results.
  - *Is drop down response recording possible?* This can minimize the need for free-texting and can easily auto populate into a flow sheet or note.

Step 5: Choosing a PICNIC question: What PICNIC question makes sense for your workflow (as designed in Steps 3 and 4)?

There are several different questions that your practice can adopt for PICNIC, both written and verbal. None of the following approaches are definitively better than another. Some have been evaluated more than others, but there is no consensus on a universal question. When selecting a PICNIC question, choose one that makes the most sense for your patients and your staff, and be consistent with using it across the practice.

Verbal question for scheduler

We suggest keeping scheduler questions as simple as possible, with a yes/no answer and one that does not require more discussion or values clarification. **Scheduler screening is not appropriate for adolescents.**

- Our preferred question during scheduling adult office visits:

Would you also like to talk about birth control or pregnancy planning as part of your visit?

This question should be asked after the scheduler has received the necessary information about the primary purpose of the visit to avoid the perception that contraception is being unduly encouraged, or that a patient's primary concern is not being taken seriously. The scheduler will need a way to document the response so that the clinician can see it during the visit.

- Our preferred question when scheduling postpartum visits:

Would you like to talk about birth control as part of your visit?

This question can be asked at the time of scheduling routine postpartum visits. A variant of this question could also be asked by pediatrician's offices that use well-baby visits as an opportunity to screen parents for various needs, including depression and social determinants of health.

Written questions for intake forms and pre-visit screeners

PICNIC questions can be written in a number of different ways, as one question or a series of questions. Questions can have multiple choice checkboxes or fill in the blank. Typically, to decrease confusion, we suggest one simple question with checkboxes. If you believe your patient population is highly literate and can work through a series of questions, then there are alternative options. See below for adolescent-appropriate options.

- Our preferred **written question for adult office visits**:

Would you like to talk about:
[ ] Not getting pregnant/birth control?
[ ] Interest in getting pregnant in the future?

We suggest locating this question either in the "Current GYN History" section of the intake form or in a section of the form that asks about their last menstrual period, current contraception use, or sexual behaviors. An alternative placement is near a question asking about reasons for visit.

- Our preferred **written question for postpartum visits**:

Would you like to talk about birth control during your visit today?

This question reflects that 75% of rapid repeat pregnancies—those that occur within 18 months of giving birth— are unplanned, and most are undesired. This question should be asked at the time of routine postpartum visits, whether they are virtual or in-person, if a contraception plan is not documented in the chart. A variant of this question could also be asked by pediatrician's offices that use well-baby visits as an opportunity to screen parents for various needs, including depression and social determinants of health.

Verbal questions for MA/RN or clinician

While individual clinicians may have their own way of assessing patients' needs around contraception and pregnancy, there are several questions that are in wider use with varying degrees of supportive research, and expert opinion. The four questions outlined below can be adapted to be written or verbal questions with varied people screening. Answer options are offered, if you want to use a multiple-choice question on an intake form or in the EMR for documentation; all questions can also be open-ended. Some questions assess pregnancy intention (Question C), some assess contraceptive needs (Question D), and some assess both (Questions A and B). Questions E and F explore adaptations to PICNIC that are more appropriate for adolescents and pregnant/postpartum patients.

A. The Institute for Family Health[7]

This question was developed by researchers at The Institute for Family Health, one of the largest federally qualified health center networks in New York State. The researchers implemented a family planning services screening prompt for support staff to ask women 13–44 years at nonobstetric visits at specified time intervals.

Would you like your provider to help you with birth control or pregnancy planning today?

Answer choices:

- Yes, help with birth control
- Yes, help plan pregnancy
- No, happy with method
- No, not sexually active
- No, not sexually active with men
- Unsure
- Not asked/defer to next visit

Timing/staff:

Originally designed to be an automatically displaying EMR multiple choice question for an MA/RN to complete. The response would then be displayed as an alert for staff in the EMR and link to possible contraception order sets, preconception, and other reproductive health services. Depending on the response selected, the screening question automatically refires when the patient next comes into the center, in 3 days (for response: "Not asked"), 3 months (for responses: "Yes, help with birth control or pregnancy", "Unsure", or "No, not sexually active"), 6 months (for response: "No, happy with method") or 12 months (for response: "No, not sexually active with men"). The question can be adapted to be used verbally by a clinician or scheduler, or written on an intake form or pre-visit screener.

Pros	Cons
Is both a pregnancy intention and contraceptive needs screener (PICNIC)	Answers as developed by researchers are not mutually exclusive
Specific to the current visit	Answers as developed by researchers do not allow a patient to choose both contraception and pregnancy planning
Focuses on service provision and not on what patients plan to do	In the answer choice, the term "men" is used to refer to cisgender men, which may feel exclusionary or confusing to patients who have partners who are transgender men
Intended to facilitate a broader conversation between patient and clinician	
Each visit builds on the response from the last visit, indicating to the patient that their response is being heard and important to their clinician	

Evidence: Seven federally qualified health centers throughout New York City and the Mid-Hudson Valley Region implemented the question *"would you like your provider to help you with birth control or pregnancy planning today?"* as a family planning services screening question. The pilot site had an overall 96% screening rate for the 13-month intervention period for 1,500 patients, ranging from 93% to 100% by month. Most (80%) medical assistants and nurses were comfortable asking this question.[7]

B. PATH question framework[10]

The purpose of the PATH framework is to help patients gain clarity about their reproductive desires so they can make choices that are aligned with their goals. It seeks to re-frame patients' thinking to focus on their future rather than their current partner or sexual experiences, as well as inform the clinician about the direction of the visit (offering to discuss preconception care, fertility support, and contraception).

Pregnancy Attitudes: Do you think you might like to have [more] children at some point?
Timing: When do you think that might be?
How Important: How important to you is it to prevent pregnancy [until then]?

Answer choices:

Pregnancy Attitudes: Do you think you might like to have [more] children at some point?

- Yes → Proceed to "T"
- Unsure → Proceed to "T". Examples include:
  - "I'm not really sure."
  - "Somedays yes, somedays no."
- No → Skip "T" and proceed to "H". You do not need to ask about timing if the patient has told you that they do not desire children in the future. Examples of responses include:
  - "No, I really don't think so, I've really got my hands full with the three I've got!"
  - "I seriously doubt it, I mean I love kids and all, but I think it would be too much to deal with."
- Patients may give an expanded answer that answers the question "T" or even questions "T" and "H". If this is the case, do not repeat a question that they have already answered. Examples of when you would skip "T":
  - "I'm not really sure, but I can tell you that it's no time soon if I do."
  - "Yes! I definitely want to be a parent some day. I am pretty traditional, and family is one of the most important things in my life, but I definitely want to be married first, which I don't see happening for at least four to five years."

Timing: When do you think that might be?

Open-ended

How Important: How important to you is it to prevent pregnancy [until then]?

Open-ended

Timing/staff:

PATH is a series of non-linear questions; as such it is a screener best used verbally by a clinician. If you are going to use PATH, PICCK suggests **further reading** on how best to use it.

Pros	Cons
Is both a pregnancy intention and contraceptive needs screener (PICNIC)	Focuses on what patients plan to do and not on service provision
Intended to facilitate a broader conversation between patient and clinician	Many patients respond "unsure" necessitating discussion of both preconception and contraception topics, adding a longer conversation to the visit. Focuses on patient desires, which many patients have not clearly defined
Ascertains importance of effective pregnancy prevention	Not a simple screening question
Allows each patient to feel seen as a person with family goals, not just a person who can become pregnant	Difficult to implement by a non-clinician
	Not ideal for self-screening (written)
	Questions branch and must be customized based on previous question
	It would be difficult to use this screener in settings such as Emergency Departments or Urgent Care

Evidence: The HER Salt Lake City Initiative asked the PATH questions (see below for the list of questions) of over 3,000 women who did not plan to become pregnant in the following year. Women who planned to become pregnant in the following 2-5 years felt that pregnancy prevention was less important when compared to women who wanted to wait 5 or more years before becoming pregnant. Surprisingly, the importance of pregnancy prevention was lowest among those who never intended to get pregnant in the future, showing how nuanced this conversation needs to be.[8]

C. One Key Question®[11]

One Key Question® was developed to provide a framework to assess pregnancy intentions and improve perinatal equity and maternal child health. It is used by providers in approximately 30 states, including clinicians, community health workers, and home visiting nurses at health systems, and public health departments.

Would you like to become pregnant in the next year?

Answer choices:

- Yes
- No
- Okay either way
- Unsure

Timing/staff:

While One Key Question® was designed to be asked verbally by an MA/RN or clinician, it could be used as part of a written pre-visit screener or intake form. Is not suggested for a scheduler.

Pros	Cons
Intended to facilitate a broader conversation between patient and clinician	Focuses on what patients plan to do and not on service provision
Most research available, most in use	Only screens for pregnancy intention
Designed with patient input	*Now patented, requires purchase for full use and implementation*
	Many patients respond "unsure" necessitating discussion of both preconception and contraception topics, adding a longer conversation to the visit. Focuses on patient desires, which many patients have not clearly defined
	Even if patients want to become pregnant months from now, they still may not desire pregnancy in the near future and may be interested in contraception today. This nuance is not clearly distinguished by this screening question
	Not a good screener for adolescent patients
	Not a good screener to be used by a scheduler

Evidence: The question *"would you like to get pregnant in the next year?"* was added to the EMR of a Chicago community health center to evaluate if it would increase contraceptive counseling by family medicine physicians, nurse practitioners, and nurse midwives. A post-implementation patient survey (n=63) found that contraceptive counseling during visits increased from 52% to 76%, with a noticeable increase for visits that were scheduled for general health reasons. While there was no difference in dissatisfaction between patients before and after the intervention, fewer patients reported they were very or extremely satisfied with their overall medical care after the intervention (97% vs. 56%, p=0.001).[9]

D. Contraceptive needs screener

This question was developed to focus solely on contraception needs. It may be suitable for practices that want a targeted question to elicit the need for contraceptive counseling and provision, without beginning a conversation about pregnancy intentions. It reflects that while patients may feel ambivalent about desiring pregnancy, they are likely to be more certain about whether they want to use contraception to avoid it.

Do you want something to prevent pregnancy today?

Answer choices:

- I am already doing something to prevent pregnancy that is working well for me
- I am already doing something to prevent pregnancy, but I would like to discuss alternative options
- Yes, I want to start preventing pregnancy
- No, I don't want to prevent pregnancy
- I am unsure whether or not I want to prevent pregnancy
- I prefer not to answer
- This question does not apply to me

Timing/staff:

Can be asked verbally by an MA/RN or clinician. Can also be adapted to use on a written intake form or pre-visit screener. Is not suggested for a scheduler.

Pros	Cons
Specific to the current visit	This question has not yet been evaluated
Focuses on service provision and not on what patients plan to do	Only screens for contraceptive needs
Intended to facilitate a broader conversation between patient and clinician	
Allows for focused triage of if contraceptive counseling should happen during the visit	
May be most appropriate for postpartum patients	

Evidence: This question has not yet been evaluated. It is offered it as an option if you are looking to implement only a contraceptive needs screener, and not a question that asks about pregnancy intentions or planning.

E. Adolescents

It may not be appropriate to ask adolescents the above PICNIC questions. Pregnancy and contraceptive needs are often, but not always, relevant for adolescents. These questions will likely be worded differently depending on the adolescent's age and developmental stage. It makes sense to first assess attraction, sexuality, relationships, and sexual behaviors before asking adolescents more direct questions about pregnancy intentions and contraception. Below is a sequence of questions that may be most age appropriate to screen for sexual health services. These questions should be asked by a clinical team member who has expertise with sexual health and adolescent confidentiality.

Have you ever had any type of sex (oral sex, vaginal sex, anal sex)?
If yes, when was the last time you had sex? When was the last time you had unprotected sex?
Are you currently trying to become pregnant?
If no, what are you doing to prevent pregnancy?
If yes, would you like to talk about ways to be healthy going into pregnancy? Would you like a prescription for prenatal vitamins?
Do you share information about birth control use with any trusted adults/parents?

Evidence: These questions have not been evaluated.

F. Postpartum patients

It may not be appropriate to ask pregnant/postpartum women the above PICNIC questions. Some situationally appropriate options are:

- Postpartum visit soon after giving birth:

> **A person can get pregnant again as soon as one month after giving birth. Hearing that, would you like to talk about birth control today?**

- Visit 1 year or more after giving birth: start using a **standard PICNIC** question.

Evidence: This question has not been evaluated.

Step 6: Preparing to respond: How will you respond to various PICNIC answers?

Perhaps more important than asking a PICNIC question is how the clinician and staff respond to the answer.

Respond without judgment. Of utmost importance is to withhold judgment. Some responses may feel uncomfortable or outside the staff/clinician's comfort zone. *Is a 16-year-old patient sharing that they would like to become pregnant in the next year? Is a patient with a chronic illness exacerbated by pregnancy desiring a pregnancy? Is a 40-year-old patient saying they would like to get pregnant, but would like something to delay pregnancy for the next few years?* It is not the staff/clinician's responsibility to change the patient's desires. Instead, it is the clinician's role during counseling to provide medically relevant information, services, and referral.

Clarify, if needed. If a patient's answer is not clear, a clinician can respond by clarifying the question or following up with value clarification questions. If a patient responds "I don't know" to an MA, the MA could be coached to respond with something like, "It can be a complicated question for many people. I will let the clinician know you might want to discuss it further and they can talk with you about it." If the question is asked by a scheduler, your practice may decide that the scheduler should note but not clarify an unclear response.

Affirm desire. It is important to echo back and affirm a patient's desire for contraception or pregnancy planning so that they do not feel unheard after sharing something personal. The role of the screener conducting PICNIC is to be an active listener in the discussion. Responding with statements that begin with, "What I'm hearing you say is…" or "What I think you're saying you want/don't want is…" creates space for the patient to express their desires and articulate back to them what you are understanding to gain clarity and affirm desire.

Ask pertinent follow-up questions. Some possible probes for the clinician after screening are:

If a patient is **NOT** desiring pregnancy:

- *Do you ever have, or think you may have in the future, penile-vaginal sex?*

- *If so, are you using a contraceptive method? Are you having any difficulties using it? Are you happy with it?*
- *If not, would you want something else?*
- When short on time, offer information sheets on contraception and information on local sites for family planning counseling visits

If a patient **IS** desiring pregnancy:

- Talk about key preconception counseling points: prenatal vitamins, controlling chronic diseases, medications review for those contraindicated in pregnancy, addressing alcohol and substance use
- When short on time, provide printed material on preconception planning, and offer a separate preconception clinician visit if a patient has any comorbidities

If a patient **is not sure** what they prefer at this time:

- Affirm to the patient that there is no need to decide at this time—do not insist they make a choice
- Offer a follow-up visit to discuss
- Refer to a family planner, OB/GYN, family medicine, or PCP for a visit
- Provide a handout on emergency contraception (or prescriptions for emergency contraception and condoms) in case they need it
- Ensure they understand their chances of getting pregnant and the benefits of taking folic acid and of abstaining from alcohol, tobacco, and other substances

Explain next steps. Staff should explain that their role in the PICNIC workflow is to begin the conversation— asking PICNIC, documenting it, and handing off the response to the clinician—so patients understand what staff will do with the information they shared. Staff can say something like, "Great, I will note your desire to discuss [insert need] for the clinician who will try to assist you today with [insert need]."

Implementing PICNIC

Education and counseling

Some practices may prefer a workflow where a staff person, like a family planning counselor or MA/RN, begins education and then hands off to the clinician for counseling after an overview of methods.

Education

The purpose of education is to help a patient understand their options. It is not to assess if a method is right for them or to decide which method they will use. If you are a family planning counselor, RN, or MA trained to start contraception education with a patient, you can begin education after conducting PICNIC. You should explain that you are going to start by discussing their options with them, but that a clinician will continue the conversation to assess what methods might work for their health history and to answer any questions. Using a **decision aid** is a great way to share information with the patient. PICCK has a variety of **contraceptive method information materials** for you to use when conducting education.

Counseling

Likely, only a clinician will conduct full contraception or preconception counseling, but it could be a family planning counselor or nurse depending on your staff. We encourage clinicians to use patient-centered, shared decision-making when conducting contraceptive counseling. A full discussion of quality counseling is beyond the scope of this toolkit. *Visit the MA SRH Training Center for more resources.*

Special considerations for LARC

If providing LARC methods will be a new service offered by your practice, clinicians should undergo formal training. If clinicians do not feel comfortable providing the full range of methods, PICNIC may be appropriate for your practice followed by a referral to a family planning clinician. *Visit the MA SRH Training Center for more resources.*

Providing same-day access to LARC

Providing a patient's desired method the same-day as counseling is a best practice. Same-day provision of LARC can be difficult if the office does not have the proper equipment or devices stocked, flexibility of schedules and room allocation, or needs insurance verification.

Referrals

Even if your practice cannot provide some or all contraceptive methods, using PICNIC can help facilitate a patient's access to care. Consider including in your PICNIC workflow a standard protocol for family planning referrals—whether for any method or just for IUDs and implants.

Documenting contraceptive method

Documenting contraceptive method used at the end of the visit, or if no method, the reason is **necessary to meet the DPH Standard and important for quality patient care**. This can be documented by the clinician in their note or in an EMR field that is standardized. It may support clinician documentation to add a section to the pre-completed note or have auto-text available to limit the amount of additional free-text typing the clinician must do.

BOWlink, the MDPH SRHP data system administrator, can assist you with documenting and submitting data on contraceptive method in your EHR and data uploads.

Billing

If PICNIC leads to full contraceptive counseling, you may be able to bill for the additional work provided, even if the patient declines to start a contraceptive method. If you are billing an E&M code for the problem-based visit, you may choose to bill on time, representing the additional time and effort spent on counseling. You can then choose one of the following ICD-10 codes as appropriate. The first is to be used when counseling about contraception and providing a method that is not an IUD or implant. This code can be used even if a method is not provided, as long as you document the counseling you provided. The second is for the provision of an IUD, which is inclusive of counseling. The third is for the provision of an implant, which is inclusive of counseling.

- **Z30.0**: Encounter for general counseling and advice on contraception
- **Z30.014**: Encounter for initial prescription of an IUD (this code includes the initial prescription of the IUD, counseling and advice, but excludes the insertion)
- **Z30.017**: Encounter for initial prescription and insertion of an implant. This includes: initial prescription, counseling and advice, and insertion of device (even if it happens at a different encounter)

If you are billing with a preventative CPT code, you will not receive extra money for the counseling because the encounter is based on the age of the patient, and counseling is considered a routine part of preventative medicine.

Sustainability

As new staff and clinicians are hired, they will need to be trained on PICNIC and workflow, education, and counseling as relevant to their job type.

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Additional Resources

The American College of Obstetricians and Gynecologists (ACOG)

Prepregnancy counseling. ACOG Committee Opinion No. 762. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133:e78–89.

https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/01/prepregnancy-counseling

American Academy of Pediatrics (AAP)

Adolescent Sexual Health: Delivering Reproductive Health Care Services.

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/ Pages/Delivering-Reproductive-Health-Care-Services.aspx

Family Planning National Training Center (FPNTC)

Client-Centered Reproductive Goals & Counseling Flow Chart. FPNTC. Published July 1, 2019.

https://www.fpntc.org/resources/client-centered-reproductive-goals-counseling-flow-chart

One Key Question®

One Key Question® Provider Portal. Power to Decide. 2020.

https://powertodecide.org/one-key-question

PATH Question Examples

Envision SRH PATH Questions Examples. envisionsrh. 2020.

https://www.envisionsrh.com/path-questions-examples/

The Institute for Family Health

Shah SD, Prine L, Waltermaurer E, Rubin SE. Feasibility study of family planning services screening as clinical decision support at an urban Federally Qualified Health Center network. Contraception. 2019;99(1):27-31. doi:10.1016/j.contraception.2018.10.004.

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Appendix

1. PICNIC Needs Assessment

Needs Assessment: Questions to help you think through your PICNIC

Below are a series of needs assessment questions that can help you think through your clinic's current practices and determine the PICNIC workflow that works best for your practice and staff.

Identifying leadership

- Is there a natural leader/point person to drive this new initiative?
- Do you need a committee or working group to handle different areas of implementation: design of PICNIC question and workflow; IT infrastructure/supplies for asking, documenting, and handing off responses; staff training; and monitoring and evaluating success of the initiative?
- Can staff leading the initiative receive support for this additional work? What about funding, protected time, QI credit, or other ways to compensate the staff and make this a priority item for the clinic?

Understanding current practices

- Are you currently screening for pregnancy intention and contraceptive needs at all?
- Is there universal screening for new patients? Returning patients? Certain visit types?
- Are there individual clinicians who regularly ask?
- *If yes to any of the above:*
    - What tool, question or protocol is used to conduct screening? Is it standardized?
    - When is screening conducted? Who conducts screening? If the staff screening is not a clinician, how are results handed off to clinicians so that they know to conduct contraceptive counseling?
    - How, if at all, is this screening documented in the chart/EMR?

Assessing interest and need for universal screening

- If your practice already conducts screening in any capacity, how is it perceived by clinicians, staff, and patients?

  Understanding attitudes toward current practices (or lack thereof) can influence decisions about which strategies to employ to improve screening quality
- Who might be good champions for this practice in your clinic?
- Are clinicians in your practice comfortable sharing the responsibility of conducting PICNIC with nurses, MAs, or schedulers?

Who should conduct PICNIC, and how?

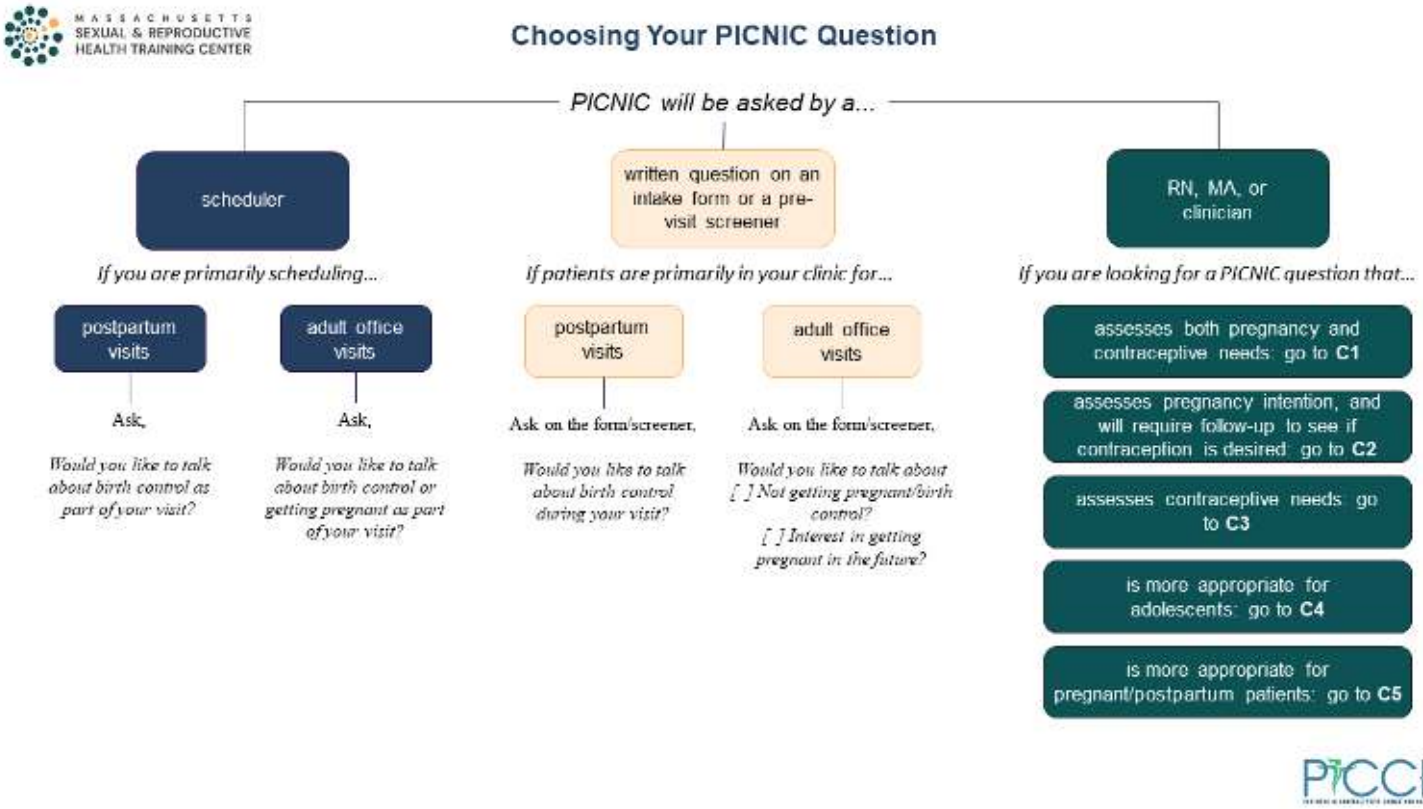
- Who is best positioned within your practice to ensure that PICNIC is conducted in a consistent and systematic way?
- Is there a role for non-clinical staff in your practice to begin PICNIC or conduct PICNIC on their own?

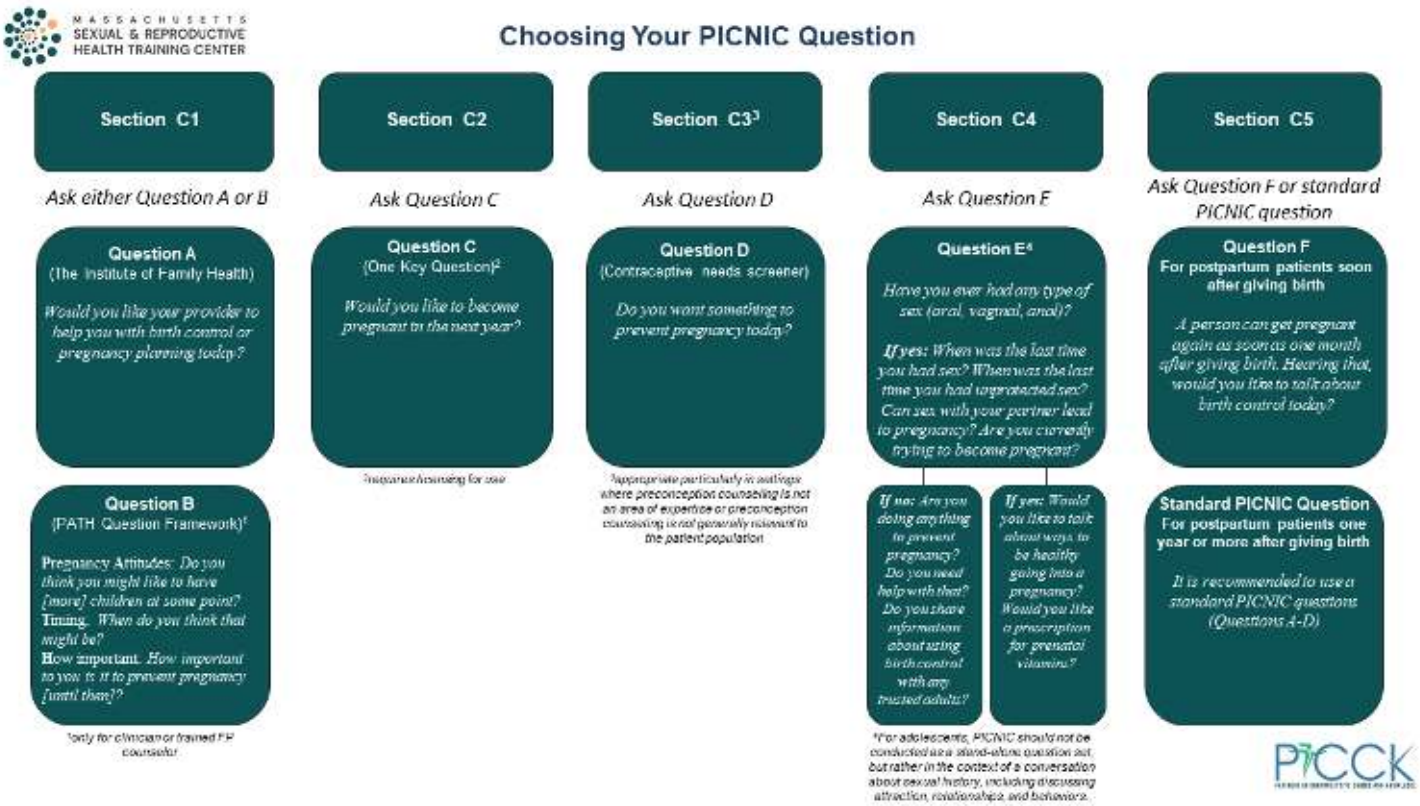
- How comfortable are your clinicians and/or staff conducting PICNIC?
  Assessing comfort with this practice is important for determining who is best suited to conduct PICNIC and the level of training/other resources they may need to implement PICNIC.
- What training resources are available to staff if they will be conducting PICNIC?
  If staff are expected to begin contraceptive education after screening, they must be prepared to counsel on a full range of methods; if not they should only conduct the PICNIC assessment and defer education and counseling to clinicians.
- Does your practice or clinic serve many patients who speak/read languages other than English?
  This may affect how complex and nuanced your PICNIC is to ensure adequate translation of resources into multiple languages, and to determine how patients who do not speak or read English will be screened.
- Who at your practice can request an in-person or telephone interpreter? Is it common practice for the MA rooming the patient or the scheduler conducting the phone triage to use an interpreter?
  If not, and interpreter services are usually only available to clinician encounters, PICNIC should be conducted at the point in the patient experience when interpreter services are available.
- Does your practice frequently serve adolescents?
  If yes, be thoughtful about who asks highly sensitive questions to them. It is critical to ensure confidentiality and trust in this population. It is best if the clinician asking already has a relationship with the patient.
- If using a screener, will your patients be able to complete PICNIC screeners alone without their support people present?
- If a non-clinician will conduct PICNIC, what will the workflow be for hand-off of the results?
  - Do you have technology that can assist this process?
- Would your patient population prefer a verbal or written PICNIC option, or both? What are your staff and clinicians more comfortable with?
- How will you document PICNIC in your EMR?

When should PICNIC be conducted?

- What is most feasible for your clinic workflow to add contraception provision to a visit? Options could include: the call center, a pre-visit screener, in the waiting room, in the consultation/exam room, or during the clinician encounter.
  The earlier PICNIC is conducted, the more time there is to allow for scheduling adjustment, equipment preparation, and insurance verification if aiming to offer same-day access to LARC methods.
- How might PICNIC be conducted during a telehealth visit?
  - If a medical assistant initiates the encounter, can they conduct PICNIC screening and hand off the results to the clinician?
  - If there is no medical assistant support, will all clinicians be comfortable conducting this screening?
  - Is there technology specific to the telehealth encounter than can be used to accomplish screening prior to the start of the clinical encounter?

2. PICNIC Question Worksheet





3. Sample Launch Email

Sample Launch Email

Dear Colleagues,
As you may be aware, the Massachusetts Department of Public Health has launched new Sexual and Reproductive Health Program Standards that our clinic must follow as a participating clinic in that program. In these standards, all sexual and reproductive health visits must include a universal screening for pregnancy intention and contraceptive needs and visit documentation must include the contraceptive method used at the end of the visit, or if no method, the reason.

Meeting these standards will:

- Improve contraceptive and prenatal care access for our patients
- Decrease rapid repeat visits or prescriptions that run out of refills
- Decrease provider bias in offering family planning care
- Ensure all patients are offered care that can improve their health and well-being

The new Massachusetts Sexual and Reproductive Health Training Center has provided best practices and resources to meet these standards. This effort is being led by **[insert staff person(s)]**, but will require changes to the workflow and duties for many of us, particularly **[insert who is doing screening]** and clinicians.

Attached you will find the protocol we have designed for our clinic to implement this universal assessment and document it. **[briefly summarize the question, timing, and workflow, including documentation and hand off, of the protocol]**

Staff will need training to ensure successful implementation of this new initiative. We will be requiring all staff to **[insert which trainings staff will have by job type. Also list if you will be having any clinic meetings/trainings conducted by the clinic to further launch and discuss this new screener]**

If you're interested in learning more about pregnancy intention and contraceptive need screening generally, the Massachusetts Sexual and Reproductive Health Training Center offers resources for you to explore at this **link:**

Please reach out if you have any questions about this new initiative. Our hope is that this new protocol will assist clinicians, and staff in improving access to family planning care for our patients.

Sincerely,

[insert name here]

4. Sample Protocol Template

Sample Protocol Template

GENERAL INSTRUCTIONS FOR WRITING THIS PROTOCOL - delete this text from the final protocol.

Use this template as follows:

- Red text represents instructions to you - to be deleted from the final version. For example, when a section starts with "[Choose/modify language…]" you should read the red bracketed phrase, and delete any instructions and/or text not relevant to the final protocol document.
- Blue text represents guidance on suggested content, to be edited and changed to black or replaced with black in the final version.
- Black text represents text that should be incorporated as-is, if applicable; you can adjust black text as needed to suit represent your institution's protocol.

The submitted version of the protocol should have no red or blue text (including these instructions).

Institution Pregnancy Intention and Contraceptive Needs Assessment Protocol v. X

Purpose

To provide institution name staff with a protocol for conducting universal pregnancy intention and contraceptive needs assessment screening for patients, including how to conduct the assessment, document responses, and respond to patient answers.

Background

Implementation of a routine family planning screening assessment opens the door to a key health-promoting conversation that might otherwise be missed if clinicians adhere solely to the office visit agenda. Screening assessments are designed to address health topics at routine intervals and work best when interventions are immediately available that can improve health outcomes. Such is the case for assessment of pregnancy intention and contraceptive needs. Universal screening of adolescents and adults at every primary care, sexual and reproductive health, and OB/GYN visit can identify gaps in contraceptive use, recent unprotected intercourse, and chronic medical conditions that might impact a future pregnancy. Informed of a patient's pregnancy intentions, clinicians can offer interventions such as emergency contraception and initiation of a new contraceptive method to those wanting to avoid pregnancy, and preconception counseling to those considering pregnancy in the next year.

A critical component of universal screening is standardization. Asking all patients the same screening question limits the opportunity for bias and ensures that all patients have their contraceptive needs addressed, including patients who may not routinely be offered contraception (i.e. patients with disabilities, patients who are chronically or terminally ill, patients with same-sex partners). By addressing contraceptive needs with all patients, clinicians have an opportunity to optimize parental and child health outcomes by helping patients plan and space pregnancies.

Family planning is an essential element of primary care, and primary care clinicians should consider patients' reproductive goals and routinely screen for pregnancy intention and contraceptive needs. The goal of this document is to describe [your institution's] process and workflow for conducting universal pregnancy intention and contraceptive needs assessment screening.

Conducting Screening [choose/modify the language provided based on how your institution will be conducting PICNIC]

[If a scheduler is conducting PICNIC, include the following text; otherwise, delete text] A scheduler will conduct verbal screening when the patient calls to make their appointment. The scheduler will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If PICNIC will be conducted using a paper-based intake form or pre-appointment screener, include the following text; otherwise, delete text] Staff will conduct screening using an intake form or different waiting room screener or pre-appointment screener. The form will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If PICNIC will be conducted using a pre-visit electronic screener, include the following text; otherwise, delete text] A screening question will be added onto an existing pre-visit electronic screener. The screener will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If a medical assistant is conducting PICNIC include the following text; otherwise, delete text] A medical assistant will conduct verbal screening while rooming the patient or obtaining vital signs, prior to the clinician encounter. The medical assistant will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If a family planning counselor is conducting PICNIC include the following text; otherwise, delete text] A family planning counselor will conduct verbal screening while providing initial education. The medical assistant will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If a nurse is conducting PICNIC include the following text; otherwise, delete text] A nurse will conduct verbal screening prior to the clinician encounter. The nurse will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If a clinician (NP, PA, CNM, DO, etc) is conducting PICNIC include the following text; otherwise, delete text] A clinician will conduct PICNIC verbally during the patient encounter. The clinician will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

Documenting Screening [choose/modify the language provided based on who in your institution will be conducting PICNIC]

[If scheduler/intake form/screener will document the result using a paper-based form, use the following text; otherwise delete] The screening result will be documented using insert method here, including but not limited to paper patient records, a "tickler" chart with a paper billing form, other. The clinician will be cued to discuss contraception with the patient by [insert notification/cue method] or conception planning by [insert notification/cue method].

[If scheduler/intake form/screener will document the result using EMR, use the following text; otherwise delete] The screening result will be documented in EMR using insert method here, including but not limited to "pop-up" question with a hard stop, "pop-up" question without a hard stop, question in the flowsheet, place in a pre-completed note, or other type of documentation.

[If a medical assistant/family planning counselor/nurse is conducting PICNIC and handing the result off to the clinician verbally, use the following text; otherwise delete] The screening result will be handed off verbally to the clinician when insert timing/point of clinical encounter.

[If a medical assistant/family planning counselor/nurse is conducting PICNIC and documenting the result using a paper-based method, use the following text; otherwise delete] The screening result will be documented using insert method here, including but not limited to paper patient records, a "tickler" chart with a paper billing form, other. The clinician will be cued to discuss contraception with the patient by [insert notification/cue method] or conception planning by [insert notification/cue method].

[If a medical assistant/family planning counselor/nurse is conducting PICNIC and will document the result using EMR, use the following text; otherwise delete] The screening result will be documented in EMR using insert method here, including but not limited to "pop-up" question with a hard stop, "pop-up" question without a hard stop, question in the flowsheet, place in a pre-completed note, or other type of documentation.

[If a clinician is conducting PICNIC and will document the result using EMR, use the following text; otherwise delete] The screening result will be documented in EMR using insert method here, including but not limited to "pop-up" question with a hard stop, "pop-up" question without a hard stop, question in the flowsheet, place in a pre-completed note, or other type of documentation.

Responding to Screening

Regardless of the patient's response or who is conducting PICNIC, there are several key principles that all staff should consider when responding to patients' answers to the PICNIC question (Section 6 of the PICNIC Toolkit has more information on each of these principles). These include:

- Responding without judgment
- Clarifying when needed, maintaining boundaries inherent to the screener's clinical role
- Affirming the patient's wishes
- Explaining next steps

[If a scheduler is conducting PICNIC you can include this text; otherwise delete] Once the scheduler has documented the screening result, they can explain the next steps to the patient by saying something such

as, [this text can be modified as desired] "Great, I will note your interest in discussing insert need for the clinician who will try to assist you today."

[If an MA/nurse/family planning counselor is conducting PICNIC you can include this text; otherwise delete] If the MA/nurse/family planning counselor documenting the screening result is not trained to conduct contraceptive counseling, they might respond, [this text can be modified as desired] "Great, I will note your interest in discussing insert need for the clinician who will try to assist you today." If the MA/nurse/family planning counselor is trained to conduct contraceptive counseling with a patient, they might begin the conversation after conducting PICNIC.

[If a clinician is conducting PICNIC you can include this text, otherwise delete] After documenting the screening result, the clinician might then conduct full contraception or preconception counseling, depending on visit flow.

[It is important to have a clear protocol for staff to follow in the event that your institution cannot accommodate their needs during the same encounter. Please include the following text as appropriate for your institution].

[If your institution does not provide prenatal counseling, include this text; otherwise delete] Patients desiring prenatal counseling will be referred to insert referral name and contact information within insert timeframe.

[If your institution does not provide IUDs and implants, include this text; otherwise delete] If the patient desires an IUD or implant, they will be referred to insert referral name and contact information within insert timeframe.

[If your institution may not be able to provide full counseling at each visit, include this text; otherwise delete] If it is not possible to provide the patient with thorough contraceptive counseling during the encounter, patients will be rescheduled within timeframe and offered a bridge method such as condoms and emergency contraceptives to take home with them that day.

Staff Onboarding and Training for Screening

Onboarding: Specify which staff should be trained on this protocol within specify timeframe of hire/policy adoption by specify who will review this protocol with them. In addition, specify which staff should undergo training for specify what type of training using the specify PICNIC training course/website/etc. within specify timeframe of hire. [Refer to Appendix X for training resources; delete this text] Completion of training will be documented specify how, where, and by who.

Ongoing Training: Specify which staff should undergo training for specify what type of training using the specify training course/website/etc. every specify how often. [Refer to Appendix X for training resources; delete this text] Completion of training will be documented specify how, where, and by who.

Supplies for Screening

The selected screening workflow requires the following supplies: paper decision aids/colored sticky notes/expo markets/tablets/etc. The staff responsible for stocking these supplies on a timeframe basis is staff person/role. Supplies will be stored in location.

This policy will be reviewed and updated every timeframe by person/committee.

Accepted: date

Signatures:

_____ _____

Person, role Person, role

5. PICCK PICNIC Flyer

DO YOU WANT TO GET PREGNANT?

DO YOU NOT WANT TO GET PREGNANT?

TALK WITH YOUR PROVIDER TODAY!

Your provider can help you chose a birth control method that's right for you or make sure you're healthy for pregnancy

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6. PICNIC Checklist

✓	Item	Considerations to Explore and Resources
	1. Understand your current screening practices	*- Are you currently screening for pregnancy intention and contraceptive needs?* *- What are the procedures for conducting this screening? When does it occur? Who conducts this screening?* *- How is this screening documented in the chart/EMR?* *- Is this screening universal for new patients, returning patients, and/or certain visit types?* *- What tool, question, or protocol is used to conduct screening?* ***- A needs assessment tool is provided in Appendix 1***
	2. Assess interest and need for universal PICNIC screening	*- How do clinicians, staff, and patients perceive the current screening procedures?* *- Is there interest in establishing a universal screening for pregnancy intention and contraceptive needs? Clinician buy-in prior to implementation is necessary for its success.* ***- A needs assessment tool is provided in Appendix 1***
	3. Assess clinician comfort with shared decision-making approaches to contraceptive counseling	*- Are clinicians and staff comfortable with shared decision-making approaches to address patient needs?* *- Screening for PICNIC may prompt a conversation about contraception needs and pregnancy planning. Ensure your practice, providers, and staff are equipped with appropriate education and counseling skills as you initiate PICNIC. We encourage clinicians to utilize a shared decision-making approach to contraceptive counseling.* ***- A needs assessment tool is provided in Appendix 1***
	4. Determine feasibility of implementation	*- Is there a screening protocol already in place? If you develop a new protocol, what are the approval procedures?* *- If you decide to document PICNIC in the Electronic Medical Record (EMR), what will you need in order to complete an EMR build?* *- Who in practice leadership must you approach and work with?* *- If you implement PICNIC, are all follow up services provided in-house or are referral paths established?* ***- A needs assessment tool is provided in Appendix 1***
	5. Assess feasibility of staff training	*- Will you be able to train all staff and clinicians on PICNIC and its workflow?* *- How often will staff and clinicians need refresher trainings?* *- How will new staff and clinicians be trained during onboarding?* ***- A list of appropriate trainings is provided in Appendix 7***
	6. Decide which staff will conduct screening	*- Anyone can conduct PICNIC. Options include a scheduler, medical assistant, family planning counselor, nurse, clinician, or on intake forms.* *- No matter who will be screening, PICNIC should always be consistent and systematized.* ***- A needs assessment tool is provided in Appendix 1***

	7. Determine whether PICNIC will be written or verbal	*- Consider your patient population and workflow. There are pros and cons to both screening modalities.* ***- A needs assessment tool is provided in Appendix 1***
	8. Decide when PICNIC should occur	*- Determine when during the visit is most appropriate for PICNIC, based on your workflow.* *- The earlier PICNIC occurs, the more time there is to allow for any scheduling adjustments or insurance verification.* ***- A needs assessment tool is provided in Appendix 1***
	9. Determine documentation	*- How will the information gathered through screening be communicated?* *- Will you document it on paper or in the EMR?* ***- A needs assessment tool is provided in Appendix 1***
	10. Select a PICNIC question	*- Different questions may make more sense depending on your practice.* *- Consider when screening will occur, whether it will be written or verbal, and how PICNIC will be documented.* ***- A worksheet tool is provided in Appendix 2***
	11. Decide on patient-facing resources to make available	*- Flyers and handouts posted around the clinic may help patients think about their pregnancy desires and contraceptive needs ahead of their visit.* ***- A flyer to post in your clinic is provided in Appendix 5***
	12. Develop a protocol	*- Specify which staff should be trained on the protocol, when training should occur for new hires and existing staff, and the frequency of any refresher trainings.* ***- A protocol template is provided in Appendix 4***
	13. Implement PICNIC protocol	*- Decide where the protocol should be placed within the clinic.* *- Communicate the new protocol to all relevant staff members.* ***- A launch email template is provided in Appendix 3***
	14. Train staff in PICNIC workflow	*- Staff should undergo formal training on PICNIC screening questions and workflow, as well as where to find PICNIC results in the medical record.* *- Set training requirements including frequency of refresher trainings.* *- Integrate training into new staff onboarding and annual staff review processes.*
	15. Train on billing for counseling	*- Clinicians can be reminded about how to bill for contraceptive counseling, if they engage in a discussion of contraception following PICNIC screening.* *- Contraceptive counseling can be billed for, even if no method is provided.*
	16. Establish plan for continuing monitoring and evaluation of screening efficacy in ongoing clinical practice	*-Who will be responsible for monitoring the ongoing practice of PICNIC screening?* *- How will new staff and clinicians be educated about PICNIC screening?* *- Can PICNIC be incorporated into a quality improvement program?*

Trainings on Pregnancy Intention Screening or Contraceptive Counseling Skills

Ordered alphabetically by organization. We do not endorse one or another.
Compiled 08/10/2022

Name	Organization	Intended Audience(s)	Description	Time	Cost	Original Air Date	Continuing Education (CE) Credit Available?
Before, Between & Beyond Pregnancy - Module 1: Reproductive Life Planning	Before, Between & Beyond Pregnancy	Clinical Providers (Physicians, Nurse Midwives, Nurse Practitioners, Nurses, Medical and Physician's Assistance) and Non-Clinical Staff	*By the end of this learning module, you should be able to understand the goals and strategies to implement reproductive life planning, including: help clients clarify what they want; facilitate discussion; provide relevant information; offer and provide relevant services.*	1 hour	Free	Unknown	Yes CME - 1.0 AMA PRA Category 1 Credit™
Contraceptive Action Plan (CAP) ELearning Program	CAI	Front Line Staff; Counseling Staff (Health Educators, Medical Assistant, Nurses);	*This set of courses is designed to support your healthcare team in gaining the knowledge and skills to deliver quality client-centered, and culturally competent contraceptive services to women and teens using a team-based approach.*	Front Line Staff - 1.5 hours Counseling Staff - 3.5 hours	$25	Unknown	No

		Clinical Staff (MDs and NPs)		Clinical Staff - 3.5 hours			
Working With Teens to Prevent Unplanned Pregnancy: Starting the Conversation	Cardea	Community Health Workers; Community outreach staff; health educators; any other staff who work with teens and young adult clients	*This training seeks to answer the question: how can we work with teens to plan their future? Take this course to learn ways to start conversations with teenagers and young adults, and how to bring up topics such as planning for the future and pregnancy prevention.*	1 hour	Free	Unknown	Yes CHW - 1.0 hours of CHW or CHW-I education
Talking with Teens About Contraceptives	Cardea	Community Health Workers; Community outreach staff; health educators; any other staff who work with teens and young adult clients	*This is a follow-up to the "Working With Teens to Prevent Pregnancy: Starting the Conversation" course. Take this course to learn about the types of available contraceptives, and ways to start conversations with teenagers and young adults about what would work for them.*	1 hour	Free	Unknown	Yes CHW - 1.0 hours of CHW or CHW-I education
PATH Movies Counseling Skills Demonstration	Envision SRH	Clinical Providers	*A series of vignettes that demonstrate patient-centered reproductive goals and contraception counseling skills. These videos*	1 hour	Free	10/17/2019	No

			demonstrate how to operationalize patient-centered counseling about reproductive goals and contraceptive preferences using the PATH framework. In one set of vignettes ("Path Video Compilation with Instructions"), the actors stop periodically to indicate which counseling skill they are going to model.				
Ask the Expert: Reproductive Life Planning: Setting Goals for a Healthy Family	Healthy Start EPIC Center	Clinical Providers and Non-Clinical Staff (Health Educators, Administrators, Community Health Workers, etc.)	*The CDC has recommended that everyone, both female and male, develop a Reproductive Life Plan. This webinar discusses what that means for participants in Healthy Start programs and, in particular, how it applies to contraception and preconception /interconception care. The benefits of reproductive life planning on maternal and infant health, as well as every woman's hopes and dreams, will be emphasized.*	1 hour	Free	04/28/2015	No

A Client-Centered Approach to Assessing Reproductive Intention Webinar	New York State Family Planning Training Center	Clinical Providers	*In this webinar, Patty Cason, MS, FNP-BC discussed reproductive goals with all clients—including adolescents and clients of any gender and sexual orientation (e.g., female, male, lesbian, gay, bisexual, and transgender). Patty is part of both a national working group and a member of a national expert panel examining research and best practices for patient-centered pregnancy intention screening.*	1 hour	Free	06/18/2018	No
Client-Centered Contraceptive Counseling Regional Training	New York State Family Planning Training Center	Clinical Providers	*This training was designed to enhance participants' capacity to provide effective contraceptive counseling to clients. Topics included using the 5-Step Contraceptive Counseling Model, applying communication skills to facilitate a client-centered contraceptive counseling session, and describing how to use the Birth Control Options Grid during contraceptive counseling.*	N/A - Webinar slides only	Free	06/28/2017	No
Starting the Conversation: One Key	Power to Decide	Clinical Providers and Non-Clinical	*This interactive training certifies individual clinical or non-clinical providers to ask*	4-6 hours	$375 (without Continuing	Unknown	Yes CME - 6.0 AMA

Question® Certification Training		Staff	*One Key Question at their site. The training teaches providers how to start the conversation about pregnancy desires with their patients, and how to implement the screening tool.* **One Key Question is not appropriate for adolescents.*		Education Credits) $425 (with Continuing Education Credits)		PRA Category 1 Credits™ MCHES/CHES - 6.0 Category 1 contact hours in health education CPH - 6.0 CPH CEs
Continuing the Conversation: Preconception and Contraception Pathways to Care Training	Power to Decide	Clinical Providers	*This interactive training will increase a provider's knowledge of contraceptive methods, introduce factors a patient may consider when choosing a method, and describe essential elements of preconception care. Providers will learn how to build patient-centered preconception and contraception pathways to care.* **One Key Question is not appropriate for adolescents.*	1-2 hours	$225 (without Continuing Education Credits) $325 (with Continuing Education Credits)	Unknown	Yes CME - 2.0 AMA PRA Category 1 Credits™ MCHES/CHES - 2.0 Category 1 contact hours in health education CPH - 2.0 CPH CEs
Discuss Pregnancy Intention and Support Patients through Evidence-	RHNTC	Clinic Staff/ Administrators	*This resource is part of the Contraceptive Access Change Project, a quality improvement tool designed to support Title X Grantees performance improvement on two National*	1.25 hours	Free	Last reviewed 11/2017	No

Informed, Patient-Centered Counseling (Best Practice 2) Training Guide			*Quality Forum-endorsed contraceptive care measures. This resource discusses routine assessment of pregnancy intention, and supporting patients through evidence-informed, patient-centered counseling.*				
Determining Your Client's Need for Services and Discussing Reproductive Goals eLearning	RHNTC	Clinical Providers	*This module explains how to apply the clinical pathway described by the CDC and U.S. Office of Population Affairs, including how to discuss a client's reproductive goals and assess whether a client needs other services. The module provides practical strategies for determining the needs of clients of reproductive age.*	1 hour	Free	Last reviewed 02/2022	Yes 1.0 Contact Hours and Certificate of Completion available
Integrating Pregnancy Intention Screening into 6|18 Interventions	6|18	Clinical Providers (specifically for primary care providers)	*This webinar features information about the One Key Question Initiative (OKQ). Focused on encouraging all primary care providers to routinely ask women about their reproductive health needs, the webinar details OKQ's history, goals, successes, and challenges and also addresses topics such as provider training and outreach*	1 hour	Free	11/2016	No

			techniques to support women's preventive and reproductive health needs. **One Key Question is not appropriate for adolescents.*				

Pregnancy Intention and Contraceptive Needs Intervention for Clinics (PICNIC) Toolkit

August 12, 2022

PARTNERS IN CONTRACEPTIVE CHOICE AND KNOWLEDGE

MASSACHUSETTS SEXUAL & REPRODUCTIVE HEALTH TRAINING CENTER