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Contraception

Provider Opinions Regarding Expanding Access to Hormonal Contraception in Pharmacies

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A B S T R A C T

Purpose: Expanding access to hormonal contraception may reduce the barrier created with the current prescription requirement. The goal of this study was to gain a better understanding of health care providers' opinions on expanding access to hormonal contraception (oral pill, transdermal patch, vaginal ring, and injectable) and the role of pharmacists as direct providers of this reproductive health service.
Methods: A voluntary, self-administered survey was distributed to participating national professional associations' physician and midlevel provider members who provide reproductive health services. Outcomes of providers' opinions on expanded access to hormonal contraception in pharmacies were analyzed by provider type ($n = 482$).
Findings: Almost three-quarters (74%) of the 482 providers surveyed, 76% of physicians and 70% of midlevels, were supportive of expanding access for the pill, patch, and ring contraceptives to include pharmacist-initiated access. Despite overall support for pharmacist-initiated access, more than 70% of respondents were concerned that expanded access would result in decreased reproductive health preventive screening. Slightly fewer providers supported or were neutral towards behind-the-counter (65% for pill/patch/ring, 55% injectable) and over-the-counter (47% for pill/patch/ring, 36% injectable) access than for pharmacist-initiated access.
Conclusions: The majority of reproductive health providers support pharmacist-initiated access to the pill, patch, ring, and injectable contraceptives. There is some support for behind-the-counter and over-the-counter access. Provider concerns about lower rates of reproductive health preventive screenings and pharmacist training issues would need to be appropriately addressed along with any policy changes.

Women continue to encounter barriers when accessing effective methods of contraception, leading to inconsistent use and unintended pregnancies (Gold, Sonfield, Richards, & Frost, 2009). In the United States, unintended pregnancies now account for 51% of the nearly 6.6 million pregnancies each year (Finer & Zolna, 2014). Research supports safe expansion of access to hormonal contraceptive products and services beyond the current prescription-only model (Gardner et al., 2008; Grossman et al., 2008; Monastersky Maderas & Landau, 2007; Shotorbani, Miller, Blough, & Gardner, 2006).

Despite many providers performing Papanicolaou (Pap) tests, pelvic examinations, and breast examinations before prescribing hormonal contraceptives, these reproductive health preventive screenings are not medically necessary for the provision of hormonal contraception (Henderson, Sawaya, Blum, Stratton, & Harper, 2010; Stewart et al., 2001). Hormonal contraceptives can be provided based on an assessment of a woman's medical history and blood pressure (Hannaford & Webb, 1996; Stewart et al., 2001). Studies have demonstrated that women can accurately screen themselves, via a self-administered medical history

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questionnaire, for contraindications to hormonal contraception with greater than 90% agreement with their provider's assessment (Grossman et al., 2008; Shotorbani et al., 2006).

Pharmacy access is a model that involves pharmacist initiation of a medication. Table 1 describes the various options for patients accessing contraceptives through pharmacies. Under either a statewide protocol or collaborative practice agreement, the pharmacist can screen the patient and initiate a prescription for the medication. The same or another pharmacist can then provide the medication to the patient. Current examples are pharmacist-initiated vaccinations available in many states and pharmacist-initiated emergency contraception available in some states (Immunization Action Coalition, 2014; Landau et al., 2009). Pharmacist-initiated hormonal contraception presents an opportunity for safely increasing access for all women, particularly women with lower socioeconomic status who are at greatest risk for unintended pregnancies (Finer & Zolna, 2014). Pharmacist-initiated contraception has the potential to prevent one-half of a million unintended pregnancies and save nearly $250 billion in public funds each year (Landau, Tapias, & McGhee, 2006). Expanding access to contraception in pharmacies is one of many strategies to address the numerous, complex causes of unintended pregnancies in the United States.

For such a change to occur, support from women, pharmacists, and prescribing providers is needed. A national consumer survey of more than 800 women found that 68% would use pharmacist-initiated hormonal contraception if it were available and 41% would start using contraception (Landau et al., 2006). Women who were uninsured or low income showed greater interest in this access model. Pharmacists can efficiently screen women for safe use of hormonal contraceptives and prescribe an appropriate method in a community pharmacy setting (Gardner et al., 2008). Pilot studies of pharmacy access to various forms of hormonal contraception (pill, patch, ring, injectable) had encouraging outcomes, including method continuation and satisfaction (Gardner et al., 2008; Monastersky Maderas & Landau, 2007). Convenience was ranked as the primary reason women elected to obtain their contraceptive method directly from a pharmacist in a Washington State pilot study (Gardner et al., 2008).

A survey of nearly 3,000 U.S. pharmacists found 85% were interested in providing pharmacist-initiated hormonal contraceptives (Landau et al., 2009). Pharmacists are well-trained to obtain and assess both blood pressure and medical history with most (95%) feeling competent in these skills (Landau et al., 2009). In addition, nearly all (96%) California pharmacy students were interested in providing hormonal contraception under a pharmacist-initiated model (Rafie & El-Ibiary, 2011). One pharmacist-perceived barrier was resistance from physicians (Landau et al., 2009).

Support among physicians and other providers for expanded access to hormonal contraception remains largely unexplored. Interviews with California clinicians revealed that most believed the current prescription-only model was too restrictive and more than one-third were in favor of pharmacist-initiated hormonal contraception (Rafie, Haycock, Rafie, Yen, & Harper, 2012). However, the level of national support among physicians and midlevel providers is unknown. We conducted a national survey of reproductive health care providers to assess their opinions on pharmacist-initiated hormonal contraception, as well as behind-the-counter access (BTC) and over-the-counter access (OTC). The objectives of the survey were to explore provider support for expanding access to hormonal contraception in pharmacies and perspectives regarding pharmacist training, as well as policy implications.

Table 1
Options for Patient Access to Contraceptives through Pharmacies

Prescription only: Contraceptives approved as prescription drugs by the FDA are dispensed by the pharmacist, according to a prescription issued by a licensed prescriber, and provided to the patient.
Pharmacy access (pharmacist-initiated): Contraceptives approved as prescription drugs by the FDA are provided to the patient directly by a pharmacist, without a prior prescription from a licensed prescriber. The pharmacist initiates the prescription, either under a statewide protocol or collaborative practice agreement with a licensed prescriber. The contraceptives are then dispensed and provided to the patient. Laws on pharmacist authorities under statewide protocols and collaborative practice agreements vary from state to state.
Behind-the-counter: Contraceptives approved as nonprescription drugs by the FDA may have additional restrictions requiring oversight by the pharmacy, such as identification requirements or gender or age restrictions. Any pharmacy personnel (e.g., cashier, technician, or pharmacist) ensure the restriction(s) are met and provide the contraceptives to the patient.
Over-the-counter: Contraceptives approved as nonprescription drugs by the FDA are provided to patients at any location (e.g., pharmacy, retail store, or gas station) with no restrictions.

Abbreviation: FDA, U.S. Food and Drug Administration.

Methods

Design Overview

This study was a cross-sectional, web-based survey of reproductive health care providers from selected professional organization lists conducted in 2009.

Setting and Participants

With the approval from the University of California San Francisco Committee on Human Research Institutional Review Board, participants were recruited from the membership of the following collaborating professional associations: National American Society for Pediatric and Adolescent Gynecology (NASPAG), National Family Planning and Reproductive Health Association (NFPRHA), American Society of Adolescent Health and Medicine (SAHM), and Association of Reproductive Health Professionals (ARHP).

Physician providers (medical doctor or doctor of osteopathic medicine) and advanced practice clinician or midlevel providers, consisting of nurse practitioner, certified nurse-midwife, physician assistant, and registered nurse were included in the study. A total of 3,194 providers were invited to participate (300 from NASPAG, 700 from NFPRHA, 1,000 from SAHM and 1,194 from ARHP). Respondents were excluded if they were not direct providers of reproductive health services (e.g., PhD only, MPH only, pharmacists, students, or administrators). Informed consent was assumed upon voluntary agreement to participate in the survey.

Study Survey

A 27-item survey was developed by the research team based on findings from formative qualitative research on this topic (Rafie et al., 2012). The survey covered sociodemographic, professional, and practice characteristics, as well provider views about various models of expanded access to hormonal contraceptives in pharmacies, including OTC, BTC, and pharmacist-initiated access, impact of expanded access on patients and providers,