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RESEARCH

Pharmacist prescription of hormonal contraception in Oregon: Baseline knowledge and interest in provision

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ABSTRACT

Objectives: Oregon has implemented legislation expanding the scope of pharmacists to directly prescribe short-acting hormonal contraception (pill and patch) without a medical prescription. Pharmacists are crucial to the success of the new law, but relatively little is known about their intentions to prescribe contraception, or the motivators or barriers in providing this service.

Methods: With the use of a cross-sectional survey of pharmacists practicing in Oregon before the legislative implementation, we analyzed responses to assess contraceptive knowledge, motivation to participate in direct provision, and perception of barriers to pharmacist prescription of contraception. A logistic regression model was used to examine the association between years in pharmacy practice and intention to provide direct access to contraception.

Results: A total of 509 pharmacists responded (17%). If training and reimbursement were offered, more than one-half of pharmacists would potentially be interested in prescribing contraception, managing side-effects, or moving women to a different hormonal method (57%, 61%, and 54%, respectively). However, only 39.1% of pharmacists surveyed planned to actually prescribe hormonal contraception when the legislation took effect. Shortage of pharmacy staff to provide services, concerns about liability, and a need for additional training were the three largest barriers to participation. Pharmacists practicing in urban locations (odds ratio 1.73, 95% CI 1.11-2.70) or currently offering emergency contraception (odds ratio 2.23, 95% CI 1.47-3.40) were significantly more likely to be planning to participate.

Conclusion: Preliminary data indicate a need to support pharmacists with education on contraceptive provision and development of interventions to facilitate counseling in the pharmacy setting.

Oregon and California are the first 2 states to pass legislation allowing pharmacists to prescribe short-acting hormonal contraception (HC) to women without a clinic visit. Oregon implemented this policy on January 1, 2016. Prescription of HC by pharmacists, without a doctor's visit or authorization, has been proposed as a strategy to improve access to contraception and reduce unintended pregnancy.[1-5]

Unintended pregnancy is endemic in the United States, with significant health and cost consequences for the individual, her family, and the community.[6-8] Contraception is effective at preventing unintended pregnancy, but multiple barriers exist to effective and consistent use.[2] Access to and cost of contraceptives are common reasons for nonuse or gaps in use.[9,10] A survey of women in the United States at risk for unintended pregnancy demonstrated that 1 out of 4 experienced challenges in obtaining either a prescription or a refill of their chosen method.[11] Barriers to obtaining contraception from a doctor's office include difficulty obtaining an appointment, such as long waits, high co-pays, or inconvenient clinic hours, and not wanting to get a pelvic exam.[11]

Two different strategies have been proposed to improve access to contraception through pharmacies: over-the-counter access and pharmacist prescription of contraception. There are advantages and disadvantages to each strategy. Over-the-counter status is determined by the Food and Drug Administration, not state legislation. The safety of HC is well established, and there are data to support changing

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Key Points

Background:

- Oregon has passed legislation expanding the scope of pharmacists to directly prescribe hormonal contraception, including the pill and patch.
- We conducted a survey prior to policy implementation to identify pharmacists' interest in prescribing contraception.

Findings:

- With training and reimbursement offered, more than one-half of pharmacists surveyed would be interested in prescribing contraception.
- Only 39% of pharmacists surveyed prior to policy implementation intended to prescribe contraception.

its status to over-the-counter.[12-14] A national survey of women at risk of unintended pregnancy found that 68% of women were interested in over-the-counter access to HC without a prescription (pill, patch, ring, and emergency contraception [EC]).[11] Several studies have established that women can self-screen and that nonphysicians can safely evaluate for contraindications to HC use.[3,13] One cohort study suggests that continuation rates may even be improved with over-the-counter access in pharmacies.[13-16] The American College of Obstetricians and Gynecologists (ACOG) supports over-the-counter access to HC as a means to safely improve contraceptive use and decrease unintended pregnancy.[12] Over-the-counter access to HC was considered in Oregon, but the legislature ultimately decided to proceed with pharmacist prescription of contraception. The legislature cited concerns about the safety of over-the-counter access, particularly for adolescents, and that it could potentially jeopardize insurance coverage of contraception.

Pharmacist prescription of HC expands the scope of pharmacists who choose to participate in the program to screen women and to prescribe and dispense self-administered short-acting HC. Oregon's House Bill 2879 allows pharmacists to directly prescribe HC, including the patch and pill, without a clinic visit. Women 18 years of age or older can either initiate or continue contraceptive care with a pharmacist. For adolescents under the age 18 years, the law allows them to only continue an HC prescription previously initiated by a clinician. Within the Oregon program, the cost of the contraceptive and the pharmacist visit are billed to insurance.

The Oregon Board of Pharmacy convened a multidisciplinary task force to guide implementation of the policy. Pharmacist participation is voluntary. Before participating in the program, pharmacists must complete a 5-hour training module. The training modules cover a range of information from the mechanism of action and efficacy of modern contraceptives to counseling patients on different issues (e.g., pill adherence, side-effects, and potential interactions), and how to use the tools developed by the Board of Pharmacy. Checklists for both providing care and referral were developed by the Oregon Board of Pharmacy, based on the World Health Organization and Center for Disease Control and Prevention's Medical Eligibility Criteria for Contraceptive Use.[17,18] The Oregon Board of Pharmacy has published these tools and resources online at: https://www.oregon.gov/pharmacy/Pages/ContraceptivePrescribing.aspx#Tool-Kit_Resources. The policy was implemented throughout Oregon on January 1, 2016.

In the context of increased pharmacy access to EC, a 2004 national survey evaluated pharmacist interest and attitudes toward providing access to other types of HC. In that study, a majority (85%) of pharmacists expressed interest in prescribing HC, with 50% stating that they were "very interested.[5]" Pharmacists in that study expressed a need for additional training in screening and counseling women on HC use, and identified lack of payment mechanisms and liability issues as key barriers to pharmacist prescription of contraception.[5] In Canada, a survey of community pharmacists indicated a willingness to prescribe HC, but reported concern about start-up costs of offering the service as a significant barrier.[4] Much has changed since those surveys were conducted. Emergency contraception is now nationally available by pharmacists, and new contraceptive methods have been added to the method mix, specifically progestin implants and intrauterine systems. Building on those previous surveys, we wanted to identify perceived barriers and motivators for Oregon pharmacists to prescribe HC under this new legislation.

The objective of the present study was to gather baseline data on Oregon pharmacists' intention to provide HC before implementation of House Bill 2879, as well as to identify motivators and perceived barriers to directly providing HC. We hypothesized that pharmacist interest in prescribing contraception would be high, but that concerns about liability and cost would limit participation. We further hypothesized that pharmacists who had been in practice the longest would be the most comfortable with an expanded role to include prescribing contraception, and expected that length of time in practice would be associated with increased odds of participating.

Methods

We used the Oregon Board of Pharmacy electronic listserv (n = 6470) to gain access to our desired study population of pharmacists licensed and primarily practicing in Oregon. All pharmacists licensed in Oregon received the e-mail. Only individuals currently practicing in Oregon were eligible to complete the study (n = 3041). Additionally, we confirmed eligibility by collecting the zip code of the primary practice location. Survey questions were drafted after a review of the existing literature on pharmacist prescription of contraception.[3-5] Our survey built on previous work that explored Canadian and American pharmacists' interests in prescribing HC.[4,5] The survey was administered in Fall 2015, subsequent to the legislation passing in Oregon but before implementation of the policy or to widespread education of pharmacists detailing the guidelines for participation. Responses were collected by Survey Monkey (Palo Alto, CA). Responses were collected over a 6-week period. Three reminders to complete the survey were sent, and no incentives for participating were provided. The Institutional Review Board at Oregon Health and Science University reviewed and approved the study protocol.