



# Bridging the Gap: Implementation Support for Hormonal Contraceptive Services in Community Pharmacies

Katelyn N. Hettinger-Riddell, PharmD, MS<sup>1,2</sup>; Veronica P. Vernon, PharmD<sup>1</sup>; Jackie Campi, PharmD<sup>2</sup>; Tracey A. Wilkinson, MD, MPH<sup>3</sup>; Mary Stumpf<sup>3</sup>; Ashley H. Meredith, PharmD, MPH<sup>4</sup>



<sup>1</sup>Butler University College of Pharmacy and Health Sciences; <sup>2</sup>Indiana Pharmacy Association; <sup>3</sup>Purdue University College of Pharmacy; <sup>4</sup>Indiana University School of Medicine

## RATIONALE

- Across the United States, over 19 million women live in a “contraceptive health desert” without reasonable access to reproductive healthcare
- Starting in 2016, **California and Oregon became the first states to allow pharmacists to prescribe hormonal contraception to increase access to contraception care.** By 2025, pharmacists can prescribe in over 30 states, including Indiana
- **Several barriers to implementation of new services exist**, such as *competing priorities, need for and access to training, and the need for additional implementation support*
- **Our goal:** To develop key implementation resources and provide access to resources to community pharmacy teams across Indiana

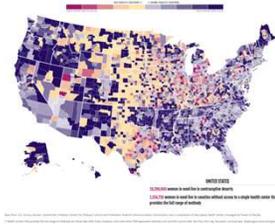


Figure 1. Contraception Deserts in the United States

## IMPLEMENTATION NEEDS IDENTIFIED

Three different implementation needs were identified

- Meet training requirements of the Indiana Standing Order for pharmacist-prescribed hormonal contraception services
- Health Access training resources created in response to a focus group of reproductive health experts
- Resources to assist with pharmacy-specific implementation and one-on-one implementation coaching support

Figure 2. Identified Implementation Needs

## IMPLEMENTATION SUPPORTS CREATED

### ACPE approved CE Course on Hormonal Contraceptives

- Covers “Hormonal Contraceptive Knowledge” requirement per Indiana Standing Order
- Covers Indiana-specific requirements (such as age requirements, methods that can be prescribed, and prescription limits) in the Standing Order

### ACPE approved CE Course on Health Access

- Implicit-Bias Training
- Person-Centered Contraception Care Focus
- Trauma-Informed Care
- Language Resources
- Tips on connecting with Community Partners and Identifying Local Resources

### Distribution of Implementation Supports

- Social Media Marketing Templates
- Birth Control Pharmacist Pharmacy Methods Demonstration Kits
- Printed US MEC Criteria Charts
- Birth Control Pharmacy window clings, paper tents, and buttons

## Agenda

**Morning (8:00 am – 11:00 am)**

### Contraception Prescribing Education for Indiana Pharmacists

- Contraceptive Methods
- Indiana Standing Order Review
- Blood Pressure Technique Review
- Patient Cases

### House Enrolled Act No. 1568 (HB1568)

- Pharmacist cannot require an appointment
- Person seeking contraception must be 18 years or older
- Can be the first time product is prescribed (does not need prior prescription)
- Suggest patient see other healthcare provider if available onsite

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### Trauma Informed Care: Contraceptive Care for Pharmacists

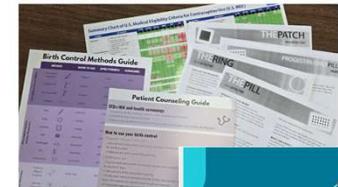
Menu du Jour

- What is trauma/ACEs (Adverse Childhood Experiences)
- Impact of trauma/ACEs on long-term health
- What is Trauma Informed Care
- Cases
  - Examples of current opportunities for TIC
  - Approaches counter for contraception
  - Contraindications to estrogen
  - Activated at work

### How to work with an Interpreter

- Identify patients in advance who may need an interpreter
- Use a trained interpreter
  - Do not use family member as interpreter
- Keep patient as primary focus
  - Speak to the patient, not the interpreter
  - Ask interpreter to sit next to or behind the patient
- Be deliberate with your words
  - Short, clear sentences

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### Birth Control Consultations

Available at no charge to you through funding from the Indiana Department of Health until June 2025.

Did you know that pharmacists can prescribe birth control? That's right! You can access safe and effective birth control options without a doctor's appointment.

Whether you're looking to start birth control for the first time or need a refill, our friendly pharmacists are here to support you.

**Methods**

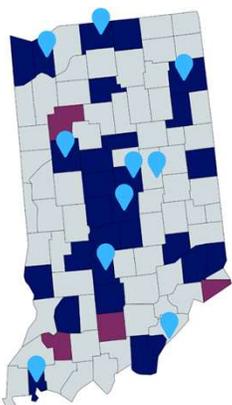
- Pills
- Ring
- Patch
- Shot

**Ages 18+**

The Pharmacy Access To Contraception for Primary Care (PATH) project is funded through Indiana Department of Health Safety. This partnership with the Indiana Pharmacy Association.

Figure 3. Implementation Supports Created with Examples

## IMPACT AND NEXT STEPS



### Trainings Provided

- Trained 131 pharmacists across 32 counties, including 4 counties without an OBGYN
- Trained 29 student pharmacists from all 3 colleges of pharmacy in Indiana
- Travelled to 10 locations across the state to provide training and offered 10 virtual trainings



Figure 5. Example Items in a Pharmacist Birth Control Methods Demonstration Kit

### Other Implementation Support Provided

- Distributed 47 Demo kits
- Provided individualized coaching support to pharmacies implementing the service
- Awarded 11 mini-grants to community pharmacies to support implementation of the service
- Provided reimbursement to 5 pharmacies to provide the service to patients for free ahead of Medicaid payment

### What's Next?

- Continue to offer existing supports
- Create a billing training to help pharmacists enroll as providers for Medicaid as well as how to document and bill for services
- Document further impact - how many patients are seen by pharmacists?



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Figure 4. Counties where at least one pharmacist is trained. Pink denotes counties without an OBGYN with at least one pharmacist trained. Light blue “pins” denote training locations.

**KR1** Requires a 250 word

Summary as well. I did take some verbiage from our WAS symposium for this:

Across the United States, over 19 million women live in a “contraceptive health desert” without reasonable access to reproductive healthcare. Since 2016, over 30 states have passed legislation allowing pharmacists to prescribe or furnish contraceptives to help close this gap in care. Uptake of the service has been historically low, likely due to several barriers to implementation such as competing priorities, and need for training and additional support. To address some of these barriers, our team addressed three key implementation needs: created and provided training to pharmacists to meet the requirements of the Indiana standing order, created and provided training for health access resources, such as person centered contraception care and trauma informed care, and provided individualized implementation support. Some of these additional support measures included distribution of pharmacy methods demonstration kits, social media marketing templates, and other marketing materials. Grant funds for additional needs for implementation support were provided as well as reimbursement for providing the service ahead of Medicaid payment.