

Improving efficiency of care at Planned Parenthood of Southern New England through understanding patient demographics and service provision patterns

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Background

Planned Parenthood is a national-level nonprofit that seeks to provide affordable, high-quality reproductive health care and sexual education. An estimated 1 in 5 American women have received services at Planned Parenthood at some point in their lives, a testament to the important role the organization plays in the reproductive health of American women.¹ The nonprofit's provision of services to low-income individuals is particularly crucial, with 78% of Planned Parenthood's clients nationwide in 2011 earning incomes equal to or below 150% of the federal poverty line. One of the nation's largest affiliates is Planned Parenthood of Southern New England (PPSNE), which currently operates 18 clinics in Connecticut (CT) and Rhode Island (RI). PPSNE provided services to over 65,000 individuals in 2011, with 115,000 total visits to its network of health centers.²

With the Affordable Care Act (ACA) expected to insure an additional 30 million Americans, especially the young and lower-income uninsured,³ PPSNE is interested in understanding how its service provision will be affected by the implementation of ACA. In particular, PPSNE expects to expand its services and direct more resources toward retaining clients. In order to achieve both goals, PPSNE needs to understand in greater detail the characteristics of its client base and the nature of their needs for services.

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Objectives

- 1) To determine the characteristics of heavy users compared to occasional users of PPSNE's services using the 2009-2011 PPSNE database across the network's 19 health clinics (1 out of service)
- 2) To develop recommendations to help guide PPSNE to begin to navigate healthcare delivery in the era of ACA

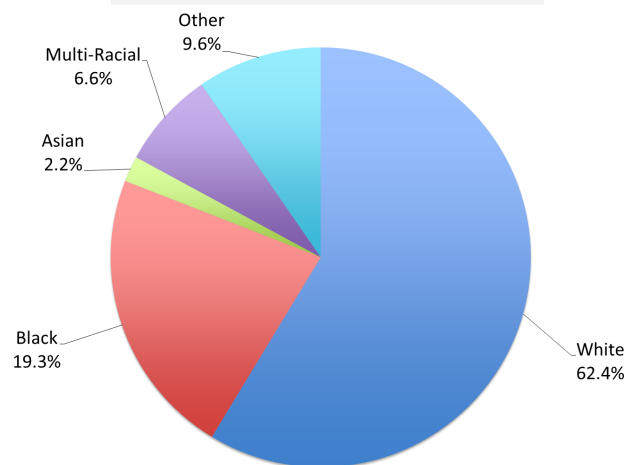
Methods

Using the PPSNE database, we performed a comprehensive data analysis using SAS 9.3. There were two major components:

- 1) Performed in depth univariate analysis to provide an overall description of the client base as well as service provision.
- 2) Used multivariate analysis to identify the best predictors of repeat use across all 19 centers.

Results

Figure 1: Racial Distribution of Clients



Note: Those identifying as ethnically Hispanic (17.0%) are spread across all race categories, with 6.7% of Other, 5.5% of White, and 3.5% of Multi-Racial identifying as Hispanic.

Figure 2: Client Age Distribution by Gender

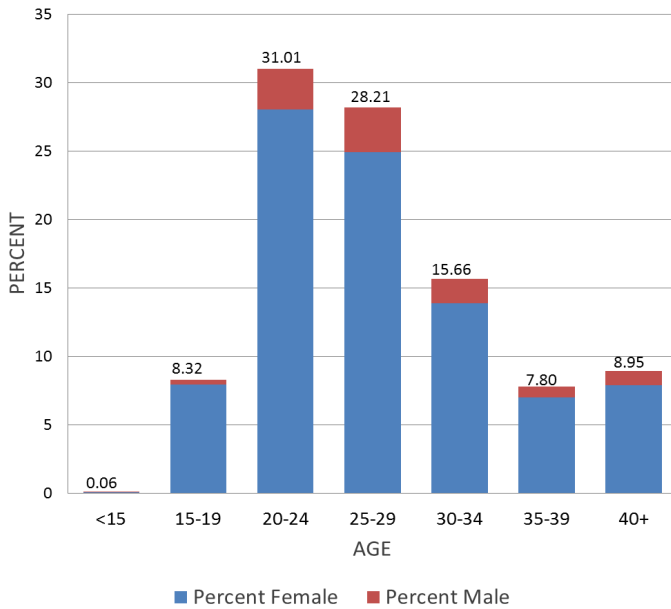


Table 2: Key Predictors of Repeat (3+) Visits (Females)

Predictors	OR (95% CI)
Request for Abortion	0.56 (0.54, 0.57)
STD Screening	0.58 (0.57, 0.59)
Age 20-24	4.22 (3.46, 5.14)
Hispanic Ethnicity	1.23 (1.21, 1.24)
Medicaid Payers	2.69 (2.65, 2.72)
Commercial Payers	1.74 (1.72, 1.76)

Note: An Odds Ratio (OR) is a measure of effect size that describes the association between two variables. ORs >1 represent a positive association and ORs <1 represent a negative association. For example, in Table 2, an OR of 1.23 for Hispanic Ethnicity means that “Hispanic females are 1.23 times as likely to be a repeat visitor than non-Hispanic females.” For the OR of 0.56 for Request for Abortion (Table 2), we can say that “females who request abortions are 44% less likely to be a repeat visitor,” taking the inverse of 0.56.

Key Results

- Whites (62.4%) and blacks (19.3%) make up the majority of PPSNE clientele. Additionally, 17% of PPSNE clientele identify as ethnically Hispanic, which is just above the overall rate of ethnic Hispanics in the states of CT (13.4%) and RI (12.4%).⁴ According to the US Census, of those living below poverty in CT, 31.7% are of Hispanic origin, and of those living in poverty in RI, 26.1% are of Hispanic origin.⁴ (Figure 1)
- Most clients are ages 20-24 or 25-29 (31.0% & 28.2%, respectively), with the vast majority being female. (Figure 2)
- The most common reason for seeking care/service type among females and males is STD screening/treatment (29.6% and 50.1%, respectively); the most common procedure among females & males is routine care & laboratory work (36.0% and 33.6%, respectively). (Table 1)
- Across all health centers, females who sought care for a “request for abortion” are 44% less likely to be repeat visitors compared to those without this reason for seeking care code. And, females who sought care for STD screening/treatment are 42% less likely to be repeat visitors. Males who sought care for STD screening/treatment are 12% less likely to be repeat visitors. (Table 2,3)

Table 1: Top 4 Reasons for seeking care and Procedures by Gender*

	Reasons for seeking care/ service type (%)	Procedures (%)
Females	STD Screening (29.6)	Routine & Lab (36.0)
	Contraceptive Counseling (19.6)	STD Screening (10.1)
	Infections Screening/Treatment (8.8)	Pap Smear (9.7)
	Abortion-related (8.9)	Contraception (9.5)
Males	STD Screening (50.1)	Routine & Lab (33.6)
	Contraceptive Counseling (13.6)	STD Screening (32.6)
	Infections Screening/Treatment (5.2)	Pap Smear-related (14.0)
	Abortion-related (5.0)	Medication & Injections (2.0)

*All diagnoses are based on the international standard classification of diseases and related health problems (ICD-9) codes; procedures are based on Current Procedural Terminology; STD = sexually transmitted disease

Table 3: Key Predictors of Repeat (3+) Visits (Males)

Predictors	OR (95% CI)
Sexually Transmitted Disease	0.88 (0.84, 0.93)
Contraceptive Counseling	0.78 (0.69, 0.89)
Age 20-24	0.68 (0.17, 2.73)
Infections Screening/Treatment	1.52 (1.32, 1.74)
Medicaid Payers	1.36 (1.29, 1.44)
Commercial Payers	1.22 (1.07, 1.17)

Key Results cont'd.

- Relative to the 15-19 age bracket reference group, females in the 20-24 age bracket were 4.22 times as likely to be repeat visitors, whereas males in this age bracket were 32% less likely to be repeat visitors. (Table 2,3)
- Among females only, those who identified as ethnically Hispanic are 1.23 times more likely to be a repeat visitor. (Table 2)
- Female Medicaid payers are 2.86 times as likely as self-payers to be repeat visitors, and male Medicaid payers are 1.36 times as likely to be repeat visitors. Both female & male commercial payers are more likely than self-payers to be repeat visitors, with females being 1.74 times more likely and males being 1.22 times more likely.

Strengths

- Large sample size allowed for high statistical power.
- Accessed comprehensive data across all PPSNE health centers, helping ensure the generalizability of findings.

Limitations

- Time constraints limited the extent of statistical analysis performed on dataset.
- The 2009-2011 PPSNE database that we used may not be representative of future clientele.
- Input of PPSNE providers is needed to fully interpret results.

Recommendations

Patient Retention:

- Work to retain patients who are covered by Medicaid, as well as those covered by commercial insurance.
- Increase outreach to patients aged 15-19yrs, as well as among men.
- Increase outreach to Hispanics, who make up a disproportionate percent of those living in poverty in CT and RI.

Further Research:

- Further investigate the relationship between patient age and various diagnoses.

Efficiency of Service Packaging:

- Increase strategies for efficiently providing services to repeat clients through more targeted service packaging.

CONCLUSIONS

This study shows that PPSNE continues to be a key provider of reproductive health services, particularly for those in the 20-24 age bracket and for women. Additionally, health insurance status and age, as well as Hispanic ethnicity among women, are important predictors of repeat visits to Planned Parenthood clinics.

References:

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