

Research

Research Brief on

2007 Telephone Access Survey of Family PACT Providers

The first contact a potential client has with a family planning provider typically involves a telephone call to inquire about services or to make an appointment. This interaction plays an important role in promoting or hindering access to services. The Telephone Access Survey (TAS) measures the extent to which members of the public are able to access Family PACT services when they call providers listed on the toll-free hotline (1-800-942-1054) and website (www.familypact.org). The 2007 TAS survey follows earlier surveys in 2001 and 2005.

Methods: Posing as potential clients, trained interviewers called enrolled Family PACT providers, using scripts to collect information about services, cost, and appointment availability. Each interviewer assumed characteristics (related to income, insurance, and fertility) that would make him or her eligible to receive free services through Family PACT. Interviewers presented themselves as an adolescent female, adult female, or adult male, and read one of five scripts in either English or Spanish. In most cases, interviewers spoke with receptionists, but in some cases, they spoke with nurses, doctors, or administrative staff. Services requested by the interviewers included:

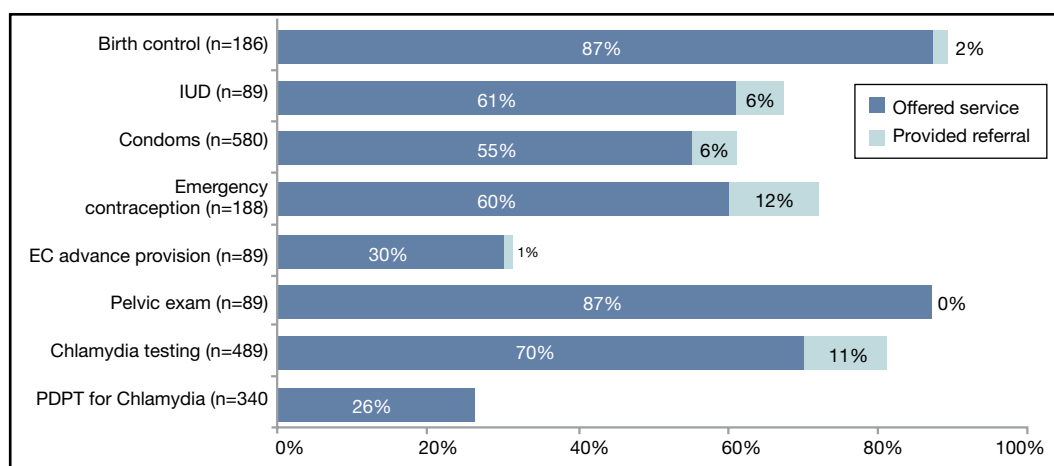
- Birth control (in general)
- IUD insertion
- Condoms
- Emergency contraception (EC)
- Advance provision of EC
- Pelvic exam
- Chlamydia testing
- Patient-delivered partner therapy (PDPT) for Chlamydia
- HIV testing

The survey sample included 800 providers randomly selected among more than 2,000 providers listed on Family PACT’s toll-free hotline and website. Most providers in the sample (79%) were located in urban areas, and over half (58%) were in private practice.

Access to Providers: Interviewers were able to contact 96% of providers and implemented the survey script with 91%, a slight improvement from previous years. Reasons that providers could not be contacted included incorrect or disconnected phone numbers or that the provider was retired or deceased. Reasons for not implementing the script were that the provider was not an entry point for reproductive health services to the general public (e.g. hospitals, schools, and specialized clinics), or did not have Spanish-speaking staff. Among providers contacted in Spanish (n=139), 14% did not have Spanish-speaking staff.

Access to Services: According to Family PACT standards, all FDA-approved contraceptive methods should be available to patients on-site or through referral.

Percentage of providers offering requested service or a referral



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Reasons that providers did not offer services include: the service was not available on-site; staff did not speak Spanish; the provider could not see the patient in time for emergency contraception or was not accepting new or male patients; or the staff member was not sure if emergency contraception or PDPT for Chlamydia was available because “it is up to the doctor or nurse.”

According to program standards, Family PACT providers should offer confidential HIV testing or a referral to anonymous testing. Among 534 providers who offered an appointment for contraception or Chlamydia testing, nearly all (94%) also offered HIV testing on-site or at a laboratory. Because providers were asked about HIV testing only if they offered another Family PACT service, this measure does not capture barriers to care included in the other access measures, such as the provider not accepting new patients.

Among providers offering requested services, 84% assured the caller that services were free or may be free, depending on the caller’s eligibility. Forty-two percent (42%) of providers stated that services were free, and an equal proportion (42%) told the caller that eligibility for free services would be determined on-site. However, 1 in 10 providers (10%) encouraged callers to seek services elsewhere after the caller expressed concern about the cost of services or said that she or he did not have insurance.

Improvements in Access: In general, access to Family PACT services has improved with each successive year of the TAS survey.

- The proportion of providers offering **emergency contraception** within 3 days of unprotected sex, IUDs, and condoms increased from 2001 to 2007.
- After a decline in 2005, access to **birth control** increased in 2007.
- **Advance provision** of EC, a relatively new practice for family planning providers, is becoming more common. In 2007, 30% of providers offered advance provision, up from only 14% in 2005 (not shown).

Access to **patient-delivered partner therapy** (PDPT) for Chlamydia treatment, a practice legalized in California in 2001, remained about the same with approximately one-quarter of providers saying they could provide PDPT (24% in 2005 v. 26% in 2007). While not a Family PACT benefit, PDPT can be accomplished by enrolling an eligible partner in Family PACT and providing treatment.

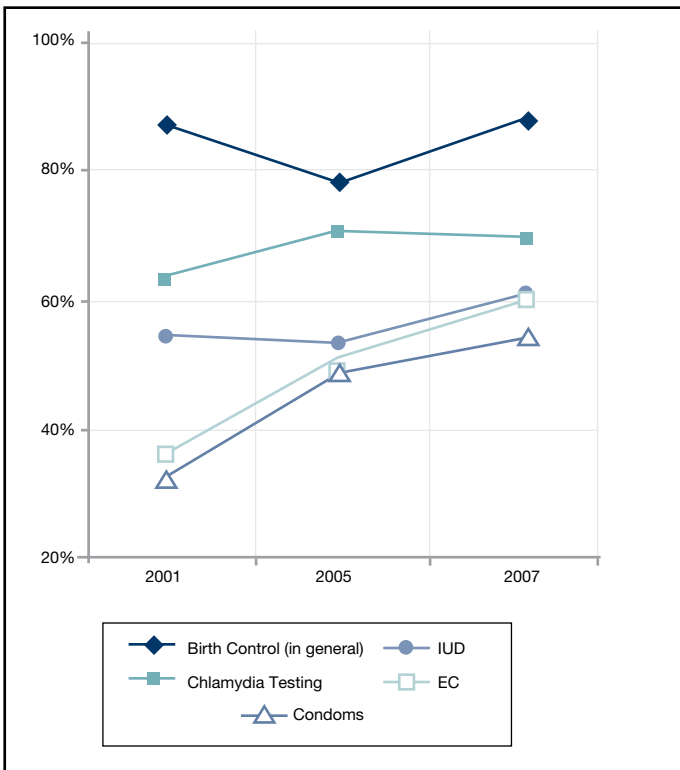
Information and Scheduling: In general, callers did not have difficulty obtaining timely appointments or unbiased information over the phone.

- Callers requesting emergency contraception were given appointments 7.2 hours after the call, on average.
- Wait-times for other services averaged 4.0 days.
- Three-quarters (76%) of providers offered a teen-friendly appointment (i.e., after 3:30 pm or on the weekend) upon request.
- Most providers (98%) offered information over the telephone without expressing judgment or bias.

Conclusion: The 2007 Telephone Access Survey demonstrates improved access to Family PACT services through the program’s toll-free hotline and website. Comparisons of 2007 findings with previous surveys indicate that access to services can increase over a relatively short period of time. This underscores the effectiveness of the Office of Family Planning’s ongoing efforts to improve access to high quality services. Survey results also point to the continuing need to update provider listings on Family PACT’s toll-free hotline and website; to train front office staff on Family PACT services, eligibility, and program standards; and to provide IUD insertion trainings.

Source: Stratton, L., M. Blum, and C. Harper, 2008. 2007 Telephone Access Survey Final Report. UCSF, San Francisco. Duplicated.

Percentage of providers offering requested service, by year



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