Meeting Women’s Needs in the PCMH: Stories From Practice
Lynette Leighton, MD; Sarah Miller, MD; Sharon Phillips, MD; Dana Schonberg, MD; Marji Gold, MD

We are family physicians and family planning fellows, receiving advanced training to bring full-spectrum women's reproductive health care to family medicine education and clinical practice. In addition to working in primary care clinics where we provide care for children, men, and women of all ages, we hold dedicated sessions for women's health care and procedures. During these sessions we provide contraception, sexually transmitted infection screening and treatment, and early pregnancy care, including options counseling, prenatal care, miscarriage management, and abortion care. This training allows us to bring additional services into the “basket” offered at a Patient-centered Medical Home (PCMH).

As fellows, we are able to integrate our reproductive health training directly into our primary care practices, improving access and building trusting, effective relationships with our patients. We practice and improve our own knowledge and skills within the setting of family medicine residency program clinics. This educational setting also allows us to be effective models and teachers for residents and students who work along side us. We include learners in all aspects of patient care and are available to faculty and residents alike whenever they have family planning questions.

One memorable patient-centered relationship typifies the connections that we develop with many of our patients. LL first met Tanisha during a primary care visit for high blood pressure. Tanisha had been diagnosed with diabetes, hypertension, and morbid obesity many years prior but had not seen a health care professional in 2 years. Her blood pressure and diabetes remained uncontrolled. She was visibly distraught the day she met LL, however. Tanisha said that morning her home pregnancy test had been positive, and she was not ready to be a parent. She had been prescribed birth control pills but, already overwhelmed with other medications, she never filled the prescription. Relying on condoms alone had not worked. LL counseled Tanisha about her options, including receiving prenatal or abortion care at her PCMH. After a long conversation, Tanisha chose a medical abortion and received treatment that same day. At the end of the visit, Tanisha gave LL a huge hug.

At Tanisha’s follow-up visit, LL provided full contraception counseling and started to address her chronic medical problems. Tanisha admitted she had not been taking her blood pressure medications or insulin. Although she had been told that her diseases were serious and that she required medication to stay healthy, outside the doctor’s office she focused first on other things. Multiple follow-up visits had been scheduled and missed. LL and Tanisha spoke about this and brainstormed ways to make medical care work in her life. Tanisha left that day with an intrauterine device (IUD) inserted, refills of all her prescriptions, and the beginnings of a new type of doctor-patient relationship—one with enhanced communication involving multiple approaches consistent with the principles of the PCMH.

One of these new approaches included text messaging, which was initiated by Tanisha. Text messages facilitated Tanisha incorporating medical care into her lifestyle by allowing her and LL to have immediate, fast, and frequent communication. Tanisha’s medications were adjusted via text, and her chronic medical conditions became better controlled.

Over time, Tanisha began keeping her appointments with LL. Their texting frequency has declined. Tanisha has been taking her insulin consistently, and her blood pressure has been normal at every visit. Almost a year after their first meeting, she continues to avoid soda, takes dance classes with her mother, and has lost a significant amount of weight. She

From the Institute for Family Health-Family Medicine, New York, NY (Dr Leighton); and Department of Family and Social Medicine, Montefiore Medical Center (Drs Miller, Phillips, Schonberg, and Gold).
has made incredible changes in her life, which can be directly attributed to the compassionate way her unintended pregnancy was managed, along with flexibility in mode of care delivery.

During our fellowships we also learn to train residents and students in the incorporation of full-spectrum women’s health care within the PCMH. Vanessa, a 38-year-old mother of a young child with profound developmental delays, is one of SM’s primary care patients. SM knows Vanessa’s life well, including her tumultuous relationship with her husband and her daily struggles balancing work with the constant needs of her child. When Vanessa became pregnant accidentally, she was surprised and scared and came to SM seeking help. She was uncertain about what to do, and said she needed to talk before making a decision.

On the day of her visit, SM explained that she was working with a resident doctor and asked Vanessa if he could be involved with the counseling. Vanessa agreed. Together, they discussed the pros and cons of continuing her pregnancy. SM modeled how to listen and give advice to a well-known patient in a vulnerable state and taught the resident how to care for a patient when she ultimately decided that she could not continue her pregnancy. The resident was able to observe skills he had learned about pregnancy options counseling first hand and to be involved with the discussion while under direct supervision.

Vanessa chose to have an abortion at the family medicine clinic, her PCMH, and expressed relief and appreciation when her pregnancy was over. On-site counseling services were offered, although Vanessa declined them, stating she felt supported by SM and the resident and would come back or call if she felt she needed to talk. After the visit, the resident expressed improved confidence with his ability to provide counseling to other women in similar situations.

We are grateful to be reproductive health fellows within PCMHs that are also residency training sites. In the reality of our patients’ busy lives, we are fortunate to be able to provide nurturing, full-spectrum health care in one setting—a medical home. This way we reach people who feel more comfortable being cared for in a familiar setting where they are known. We also address the medical needs of women who may present only for reproductive health care.

When we share the stories of Taniusha or Vanessa, we demonstrate to those in training how providing specific services to a patient in crisis can help develop bonds that are important for enhancing total care. The experience is richer for us and is of great benefit to our patients, who routinely express satisfaction with being cared for by a team of doctors and staff. When we work with residents to provide comprehensive care, we teach them important skills. We share our pleasure and satisfaction when we connect well with a patient and transform her care and her life.

**CORRESPONDING AUTHOR:** Address correspondence to Dr Leighton, University of California, San Francisco, Department of Family and Community Medicine, 995 Portrero Avenue, Bldg 80, Ward 83, San Francisco General Hospital, San Francisco, CA 94110. 530-848-9471. leightonl@fcm.ucsf.edu.