

Needs Assessment: Questions to help you think through your PICNIC

Below are a series of needs assessment questions that can help you think through your clinic's current practices and determine the PICNIC workflow that works best for your practice and staff.

Identifying leadership

- Is there a natural leader/point person to drive this new initiative?
- Do you need a committee or working group to handle different areas of implementation: design of PICNIC question and workflow; IT infrastructure/supplies for asking, documenting, and handing off responses; staff training; and monitoring and evaluating success of the initiative?
- Can staff leading the initiative receive support for this additional work? What about funding, protected time, QI credit, or other ways to compensate the staff and make this a priority item for the clinic?

Understanding current practices

- Are you currently screening for pregnancy intention and contraceptive needs at all?
- Is there universal screening for new patients? Returning patients? Certain visit types?
- Are there individual clinicians who regularly ask?
- *If yes to any of the above:*
 - What tool, question or protocol is used to conduct screening? Is it standardized?
 - When is screening conducted? Who conducts screening? If the staff screening is not a clinician, how are results handed off to clinicians so that they know to conduct contraceptive counseling?
 - How, if at all, is this screening documented in the chart/EMR?

Assessing interest and need for universal screening

- If your practice already conducts screening in any capacity, how is it perceived by clinicians, staff, and patients?
Understanding attitudes toward current practices (or lack thereof) can influence decisions about which strategies to employ to improve screening quality
- Who might be good champions for this practice in your clinic?
- Are clinicians in your practice comfortable sharing the responsibility of conducting PICNIC with nurses, MAs, or schedulers?

Who should conduct PICNIC, and how?

- Who is best positioned within your practice to ensure that PICNIC is conducted in a consistent and systematic way?
- Is there a role for non-clinical staff in your practice to begin PICNIC or conduct PICNIC on their own?
- How comfortable are your clinicians and/or staff conducting PICNIC?
Assessing comfort with this practice is important for determining who is best suited to conduct PICNIC and the level of training/other resources they may need to implement PICNIC.
- What training resources are available to staff if they will be conducting PICNIC?
If staff are expected to begin contraceptive education after screening, they must be prepared to counsel on a full range of methods; if not they should only conduct the PICNIC assessment and defer education and counseling to clinicians.



- Does your practice or clinic serve many patients who speak/read languages other than English?
This may affect how complex and nuanced your PICNIC is to ensure adequate translation of resources into multiple languages, and to determine how patients who do not speak or read English will be screened.
- Who at your practice can request an in-person or telephone interpreter? Is it common practice for the MA rooming the patient or the scheduler conducting the phone triage to use an interpreter?
If not, and interpreter services are usually only available to clinician encounters, PICNIC should be conducted at the point in the patient experience when interpreter services are available.
- Does your practice frequently serve adolescents?
If yes, be thoughtful about who asks highly sensitive questions to them. It is critical to ensure confidentiality and trust in this population. It is best if the clinician asking already has a relationship with the patient.
- If using a screener, will your patients be able to complete PICNIC screeners alone without their support people present?
- If a non-clinician will conduct PICNIC, what will the workflow be for hand-off of the results?
 - Do you have technology that can assist this process?
- Would your patient population prefer a verbal or written PICNIC option, or both? What are your staff and clinicians more comfortable with?
- How will you document PICNIC in your EMR?

When should PICNIC be conducted?

- What is most feasible for your clinic workflow to add contraception provision to a visit? Options could include: the call center, a pre-visit screener, in the waiting room, in the consultation/exam room, or during the clinician encounter.
The earlier PICNIC is conducted, the more time there is to allow for scheduling adjustment, equipment preparation, and insurance verification if aiming to offer same-day access to LARC methods.
- How might PICNIC be conducted during a telehealth visit?
 - If a medical assistant initiates the encounter, can they conduct PICNIC screening and hand off the results to the clinician?
 - If there is no medical assistant support, will all clinicians be comfortable conducting this screening?
 - Is there technology specific to the telehealth encounter than can be used to accomplish screening prior to the start of the clinical encounter?