Screening Women For Pregnancy Intentions As A Critical Reproductive Health Strategy

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Disclosures

- **Helen Bellanca:**
  - No industry relationships to disclose.
  - Co-creator of the One Key Question® initiative, and have worked as an employee and been a board member of the Oregon Foundation for Reproductive Health, which owns OKQ.

- **Michele Stranger Hunter:**
  - No industry relationships to disclose.
  - Co-creator of the One Key Question® initiative, Executive Director of Oregon Foundation for Reproductive Health, which owns OKQ.
Objectives

1. Consider the problem of unintended pregnancy, the current approach to contraception care and OKQ as a new strategy

2. Discuss examples of implementation, barriers and opportunities

3. Use of metrics in contraception for quality improvement and changing the conversation
Unintended Pregnancy in the United States

http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html
Unintended pregnancy

Nationally, **51%** of all pregnancies are unintended

- 20% unwanted
- 31% mistimed
Unintended pregnancy has become increasingly concentrated among poor and low-income women.
Contraception Works

The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.

**WOMEN AT RISK (43 MILLION)**
- Consistent use: 65%
- Inconsistent use: 19%
- Nonuse: 16%

**UNINTENDED PREGNANCIES (3.1 MILLION)**
- Consistent use: 5%
- Inconsistent use: 52%
- Nonuse: 43%

By consistency of method use all year
By consistency of method use during month of conception
Why are women who do not want to be pregnant not using contraception?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I thought I couldn’t get pregnant at that time</td>
<td>31%</td>
</tr>
<tr>
<td>I thought I was sterile or my partner was sterile</td>
<td>10%</td>
</tr>
<tr>
<td>My partner did not want to use anything</td>
<td>22%</td>
</tr>
<tr>
<td>I had side effects from my birth control</td>
<td>11%</td>
</tr>
<tr>
<td>I had problems getting birth control when I needed it</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: Oregon PRAMS 2011
Women who say they do not want to become pregnant need clear information from clinicians on:
- Their risk of getting pregnant
- The various methods out there
- Managing side effects
- Using the method that best meets your needs

This conversation needs to happen routinely, with check-ins at least once a year.

Providers need to initiate the discussion.
One Key Question is an initiative created and developed by the Oregon Foundation for Reproductive Health to better integrate contraception and preconception care into primary care.
Goals of One Key Question

| Routine conversation about pregnancy intentions | Proactive contraception care instead of reactive | Increase uptake of contraception and preconception care | Quality improvement strategies (algorithms, metrics, workflows) |
All women age 18-50 are asked One Key Question as a routine part of primary care:

“Would you like to become pregnant in the next year?”
Yes

Preconception care

- Screen for conditions that can affect pregnancy
- Medication review
- Counsel on nutrition, exercise, substance use
- Recommend folic acid daily
- Recommend early prenatal care
No

Contraceptive services

- Ask whether she is using a contraceptive method

- Check satisfaction with current method

- Offer contraception options, emphasizing long-acting methods

- Offer emergency contraception
OK either way

Follow up

- Ensure she is prepared for a pregnancy
- Recommend preconception counseling and early prenatal care
Offer a combination of contraception and preconception care, depending on her needs and circumstances

Discuss ambivalence and relevant issues
How do you implement OKQ?

- **Simplest way (and most common)**
  - Clinicians incorporate it into their routine flow of questions with well visits or acute visits

- **A little more involved**
  - Use paper questionnaires or EHR algorithms as a prompt, have MA or other team member start the screening and clinician handle follow-up

- **Formal implementation**
  - Understand baseline provision of contraception and preconception services, define population you want to target, build workflows and data tracking methods, evaluate impact
How do you implement OKQ?

- “I ask as part of my review of systems”

- “I ask in my routine patient flow of questions in the spot where I used to ask about contraception. This has significantly helped us open the door for pregnancy planning, prevention, or "never thought about it" discussions with these patients.”

- “Some of the residents have incorporated it into our EPIC electronic medical records' templates for health care maintenance. We will insert these templates and fill them out during all routine visits and, if time allows, during acute visits.”
### One Key Question®
**Pregnancy Intention Screening Questionnaire**

#### Have you had any of the following conditions?
- [ ] Natural menopause (no periods for at least 1 year)
- [ ] Surgery to remove uterus
- [ ] Surgery to remove both ovaries

*If any are checked, then DONE. If none are checked, CONTINUE*

#### Do you have sex with a man or men?
- [ ] Yes, and I have a current partner
- [ ] Yes, but I don’t have a partner right now
- [ ] No, I don’t plan to ever have sex with a man in the future

*DONE*

#### Would you like to become pregnant in the next year?
- [ ] No, I don’t want any (more) pregnancies in the future
- [ ] No, I don’t want to be pregnant in the next year, but maybe in the future
- [ ] I’m not sure

*Follow this column down*

#### Which method(s) of birth control are you using right now?
- [ ] Pills
- [ ] Patch
- [ ] Ring
- [ ] Depo-Provera shot
- [ ] Diaphragm or cervical cap
- [ ] Condoms
- [ ] Natural family planning/fertility awareness
- [ ] Withdrawal
- [ ] No method

#### Are you taking folic acid or a prenatal vitamin?
- [ ] No
- [ ] Yes
  - [ ] Folic acid prescribed or recommended today

#### Would you like to have a preconception health check-up?
- [ ] Yes
  - [ ] Personalized counseling done at visit today
  - [ ] Scheduled for future visit
  - [ ] Written info only
  - [ ] DONE

#### Would you like to learn about other birth control methods that might work better for you?
- [ ] Yes
  - [ ] Discussed methods today, no decision
  - [ ] F/U appt planned
  - [ ] Discussed methods today, pt decided to continue with current method
  - [ ] Change method to:
    - [ ] New method given today?
    - [ ] EC given or recommended
  - [ ] No discussion today, needs F/U appt
  - [ ] Emergency Contraception discussed
  - [ ] EC Rx given or recommended
  - [ ] DONE

#### Optional
- Primary Language: [ ] English [ ] Spanish [ ] Other: ____________
- Race: [ ] Asian/PI [ ] American Indian/Alaska native
  - [ ] Black/African American [ ] White/Caucasian
  - [ ] Multiracial [ ] Other: ____________
- Ethnicity: [ ] Hispanic [ ] Non-Hispanic [ ] Other: ____________
- Number of previous pregnancies: ____________
- Number of live births: ____________

www.onekeyquestion.org
Screen shot of EHR form from FQHQ in Chicago
Barriers to implementing OKQ

- “One more thing” for primary care to do
  - How do we prioritize all the demands?

- Are we forcing contraception?
  - By starting with pregnancy intention screening, OKQ keeps it patient-centered

- MAs/staff feel that participating in the screening is too personal
  - Clinicians need to know about pregnancy intentions because of medication prescribing, tests, immunizations, and chronic health concerns that may hurt a pregnancy. Patients often don’t know their clinician offers contraception.
Other screenings identified as indicators of high quality care

- Depression screening (PSQ-2 and 9)
- Alcohol misuse (SBIRT)
- Cervical cancer screenings (Paps)
- Breast cancer screenings (exams, mammography)
- Diabetes screening (blood glucose and HgbA1c)
<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent of women who experience this condition in their lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical cancer</td>
<td>0.7%</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>10%</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>12%</td>
</tr>
<tr>
<td>Depression</td>
<td>27%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>35.5%</td>
</tr>
<tr>
<td>Unintended pregnancy</td>
<td>48%</td>
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Opportunities

- **Primary care medical home standards**
  - Preventive health services are a key component
  - Contraception and preconception care are PREVENTION

- **Team approach to providing care**
  - OKQ and many other screenings follow a clear protocol and can be done by an MA or RN or health navigator/community health worker. Clinician only needs to be involved in follow up.

- **Care outside an office visit**
  - Over the phone, paper questionnaires on health needs mailed to new patients, electronically
Research on OKQ

First well-designed trial underway at University of Chicago: Debra Stulberg PI

1. Assess the feasibility of routinely asking women about their reproductive life goals using the ONE KEY QUESTION tool in routine primary care visits

2. Assess the acceptability among patients and providers of routinely using the ONE KEY QUESTION tool

3. Assess the effectiveness of ONE KEY QUESTION on a preliminary basis, measuring rates of contraception and/or preconception care
Research on OKQ

- Unfunded pilots in Oregon (unpublished data) have found:
  - Feasibility and acceptability among providers and patients
  - Suggested improved uptake in contraception, and shift to more effective methods
  - Suggested increase in prenatal vitamins and EC prescribing
  - Revealed otherwise unknown concerns about mental health, substance use and domestic violence
Would you like to become pregnant in the next year?

- **no, I never want to be pregnant**: 38%
- **no, but maybe in the future**: 41%
- **I'm not sure**: 6%
- **I'm ok either way**: 5%
- **yes**: 9%

79% of women do not want to be pregnant. 14% would be ok with getting pregnant. 6% are not sure.
Small pilot in Oregon

100 women screened

- 40 needed follow up
- 29 needed contraception
- 11 needed preconception
- 60 did not need follow up

Had a contraception method they were happy with, or were planning a pregnancy and already on folic acid
Small pilot in Oregon

Contraceptive methods before and after being asked OKQ among women who do not want to be pregnant and are sexually active with men

- **BETORE**
  - no method: 15
  - condoms, withdrawal: 10
  - pills, patch, ring, depo: 5
  - sterilization, IUD, implant: 0
  - no data: 0

- **AFTER**
  - no method: 0
  - condoms, withdrawal: 5
  - pills, patch, ring, depo: 15
  - sterilization, IUD, implant: 25
  - no data: 0
Small pilot in Oregon

- Patient comments about the screening
  - "I'm glad you asked me about this so I know where to come if I need it."
  - "I thought I had to go to [a family planning clinic] for this. Good to know I can do it here."
  - "Glad to get all this done in one place"
  - “Thanks for telling me my options, I'm just not sure yet.”
  - "I'm glad you asked in a way that I could say I had a female partner."
  - "I'm glad you brought this up. I was worried about wasting your time."
In health care, metrics are anything of interest that you can measure

- Percent of diabetics that have good glucose control
- Patient satisfaction with hospital stay
- Percentage of pregnant women that enter prenatal care in first trimester

Giving clinicians feedback on their performance using data is a powerful tool for change

Observing something focuses attention on it
Currently there are no nationally recognized metrics on contraception care or unintended pregnancy.

BUT, that is changing!

One Key Question has inspired a conversation about contraception metrics in Oregon that contributes to the national discussion about metrics in this field.
Metrics being considered

- Proportion of women of reproductive age screened for their pregnancy intentions

- Proportion of women of reproductive age screened for their need for contraception

- Effective contraception use among women at risk of unintended pregnancy

- Proportion of women at risk of unintended pregnancy who:
  - using the most effective and moderately effective methods of contraception
  - Use LARCs
Our work in addressing unintended pregnancy

- Recognize that our strategies to date have not been sufficient, particularly for low-income women

- Switch to a proactive conversation: screen women (and men) for pregnancy intentions and need for contraception

- Measure what you are doing, and report out to your clinic partners, your organization, your community. Observing something focuses attention on it!
Connect with OFRH

If you are using OKQ in your practice and you want help, advice, resources
OR
If you want to start using OKQ

Contact OFRH!

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