

ONE KEY QUESTION[®]



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



Fact Sheet

December 2013

Unintended Pregnancy in the United States

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

Unintended pregnancy



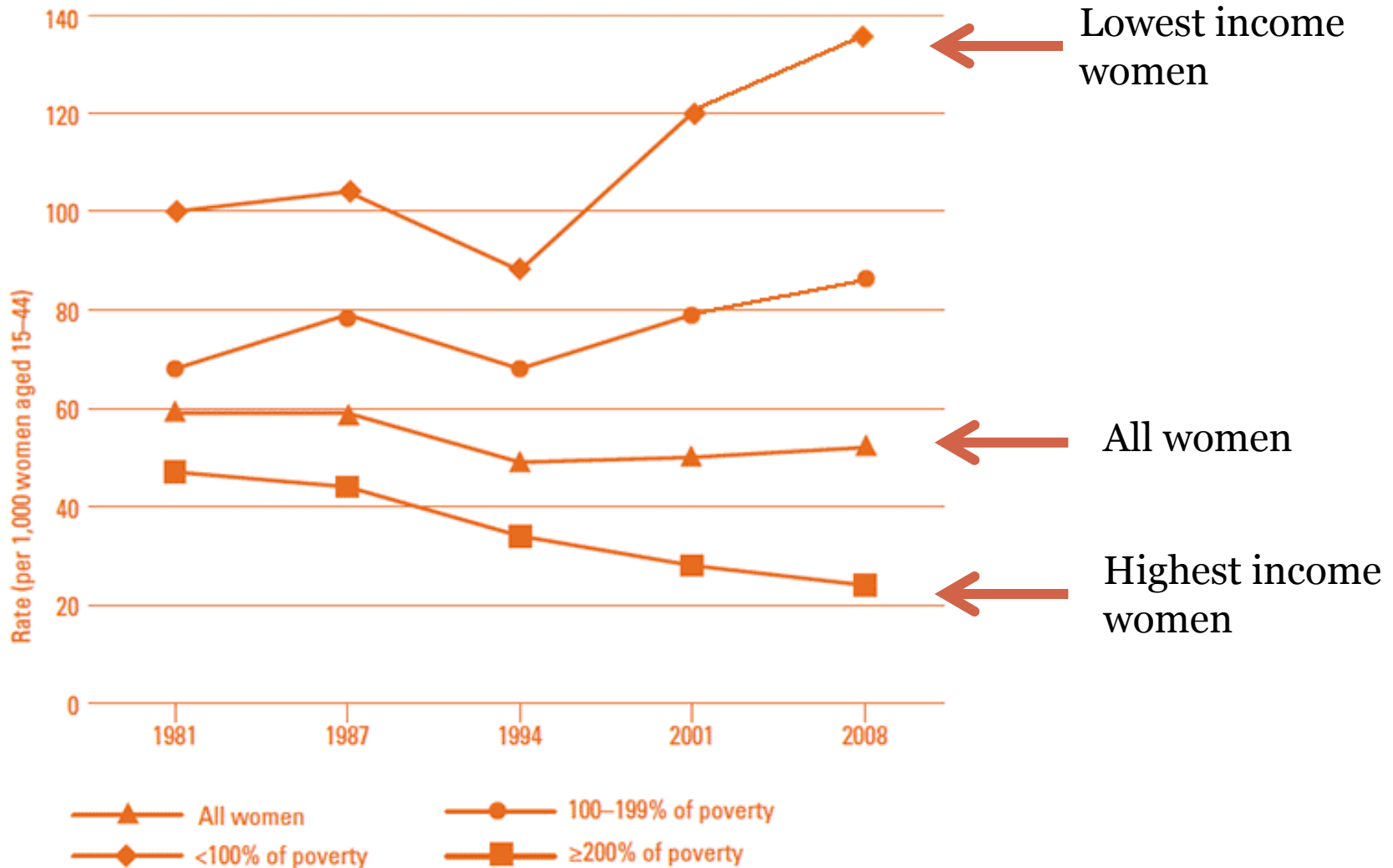
Nationally, **51%**
of all pregnancies are unintended

- 20% unwanted
- 31% mistimed

Unintended Pregnancy Rates, 1981–2008

Unintended pregnancy has become increasingly concentrated among poor and low-income women.

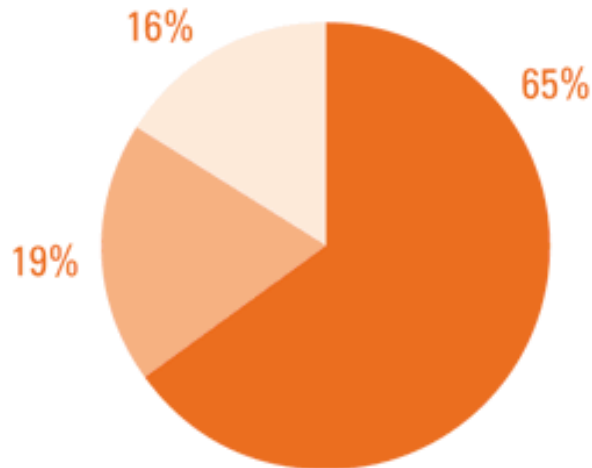
30 years of data



Contraception Works

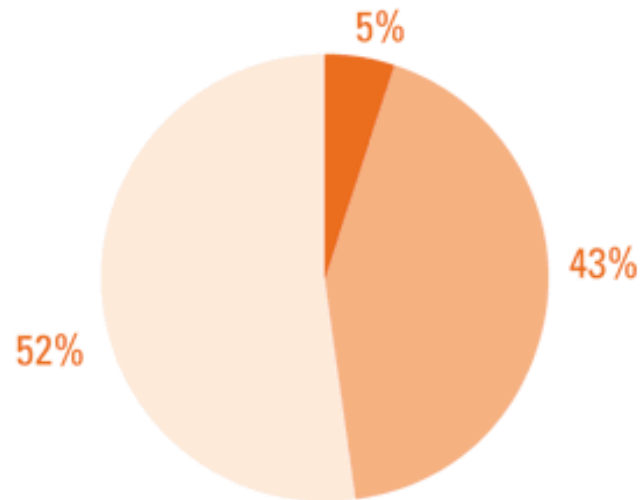
The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.

WOMEN AT RISK
(43 MILLION)



By consistency of
method use all year

UNINTENDED PREGNANCIES
(3.1 MILLION)



By consistency of method use
during month of conception



Why are women who do not want to be pregnant not using contraception?



I thought I couldn't get pregnant at that time	31%
I thought I was sterile or my partner was sterile	10%
My partner did not want to use anything	22%
I had side effects from my birth control	11%
I had problems getting birth control when I needed it	6%
Other	20%

Contraception



- 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®



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)

One Key Question



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

Unsure



Follow up

- 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

<p align="center">Have you had any of the following conditions?</p> <input type="checkbox"/> Natural menopause (no periods for at least 1 year) <input type="checkbox"/> Surgery to remove uterus <input type="checkbox"/> Surgery to remove both ovaries	
<p>If <u>any</u> are checked, then DONE If <u>none</u> are checked, CONTINUE</p>	
<p align="center">Do you have sex with a man or men?</p> <input type="checkbox"/> Yes, and I have a current partner <input type="checkbox"/> Yes, but I don't have a partner right now Continue	
<p align="center">Do you have sex with a man or men?</p> <input type="checkbox"/> No, I don't plan to ever have sex with a man in the future DONE	
<p align="center">Would you like to become pregnant in the next year?</p> <input type="checkbox"/> No, I don't want any (more) pregnancies in the future <input type="checkbox"/> No, I don't want to be pregnant in the next year, but maybe in the future <input type="checkbox"/> I'm not sure	
<p align="center">Would you like to become pregnant in the next year?</p> <input type="checkbox"/> Yes <input type="checkbox"/> I'm ok either way	
<p>Follow this column ↓</p>	
<p>Which method(s) of birth control are you using right now?</p> <input type="checkbox"/> Pills <input type="checkbox"/> Patch <input type="checkbox"/> Ring <input type="checkbox"/> Depo-Provera shot <input type="checkbox"/> Diaphragm or cervical cap <input type="checkbox"/> Condoms <input type="checkbox"/> Natural family planning/fertility awareness <input type="checkbox"/> Withdrawal <input type="checkbox"/> No method	<p><input type="checkbox"/> Tubal ligation <input type="checkbox"/> partner vasectomy <input type="checkbox"/> IUD <input type="checkbox"/> Implant</p>
<p>Are you taking folic acid or a prenatal vitamin?</p> <input type="checkbox"/> No <input type="checkbox"/> Folic acid prescribed or recommended today <input type="checkbox"/> Yes	
<p>Would you like to have a preconception health check-up?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personalized counseling done at visit today <input type="checkbox"/> Scheduled for future visit <input type="checkbox"/> Written info only DONE	
<p>Would you like to learn about other birth control methods that might work better for you?</p> <input type="checkbox"/> Yes <input type="checkbox"/> Discussed methods today, no decision <input type="checkbox"/> F/U appt planned <input type="checkbox"/> Discussed methods today, pt decided to <input type="checkbox"/> Continue with current method <input type="checkbox"/> Change method to: _____ New method given today? <input type="checkbox"/> yes <input type="checkbox"/> No discussion today, needs F/U appt <input type="checkbox"/> Emergency Contraception discussed <input type="checkbox"/> EC Rx given or recommended	<p><input type="checkbox"/> No, I am happy with my current method <input type="checkbox"/> EC given or recommended DONE</p>
<p>Optional</p> <p>Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other: _____</p> <p>Race: <input type="checkbox"/> Asian/PI <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> multiracial <input type="checkbox"/> other _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic <input type="checkbox"/> other: _____</p> <p>Number of previous pregnancies: _____</p> <p>Number of live births: _____</p> <p align="right">  <small>One Key Question Foundation for Reproductive Health</small> </p> <p>www.onekeyquestion.org</p>	

Screen shot of EHR form from FQHQ in Chicago

Screening Reproductive Life Plan Preconception Contraception

Preventive Reproductive Health DOB: 08/28/1997 Patient Age: 16 Years & 10 Months Old

Would you like to become pregnant in the next 12 months?

Yes
 No
 Unsure
 I'm okay either way
 No - but at some point in the future

Patient reports history of:

natural menopause
 hysterectomy
 sterilization

Comments:

Past Current Future

Sexual Partners:

	Past	Current	Future
men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient History **Problems**

v1.00 - version date: 07/28/2014 Alliance of Chicago Community Health Services, L3C

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)

Lifetime risk of those conditions



	Percent of women who experience this condition in their lifetime
Cervical cancer	0.7%
Alcohol misuse	10%
Breast cancer	12%
Depression	27%
Diabetes	35.5%
Unintended pregnancy	48%

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

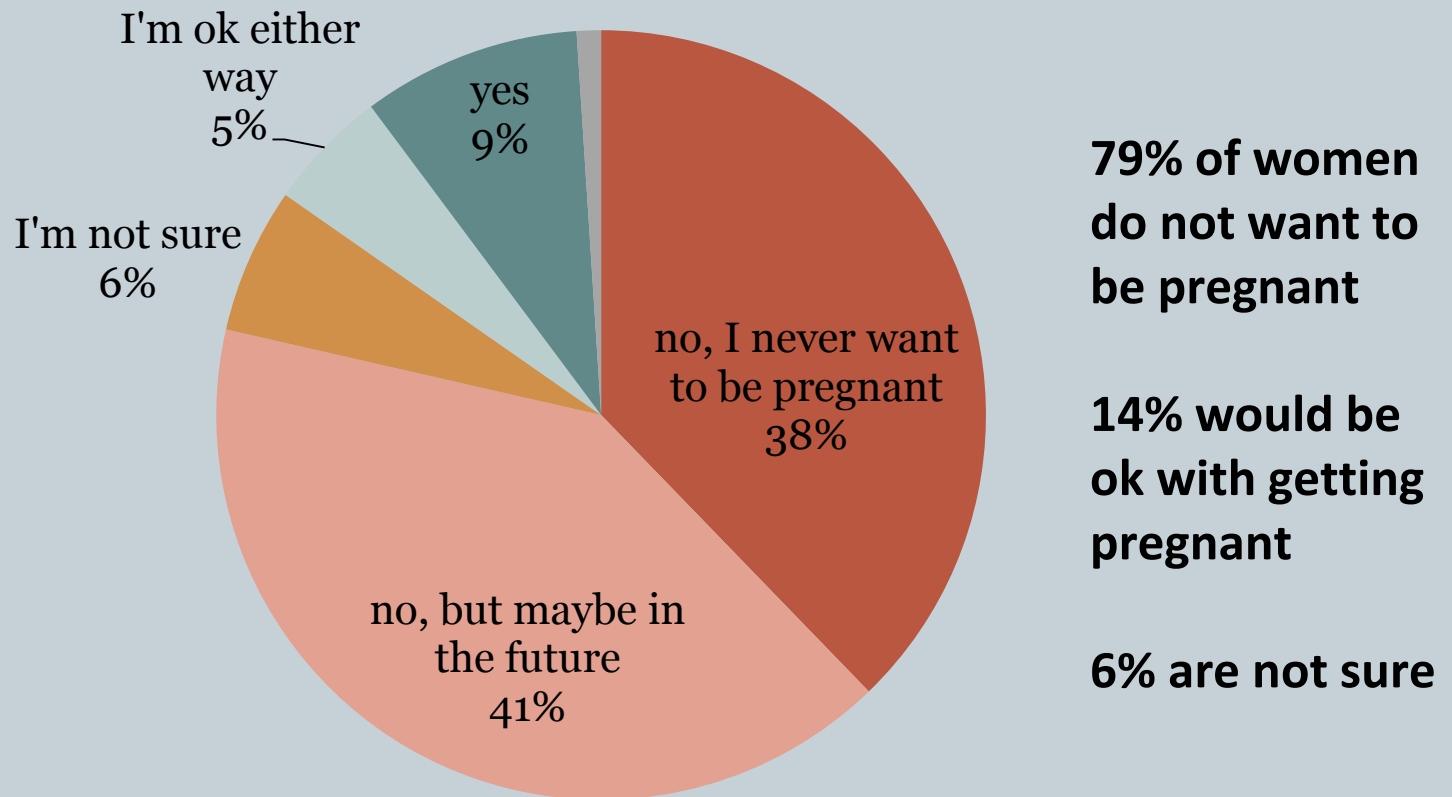


- Unfunded pilots in Oregon (unpublished data) have found
 - Feasibility and acceptability among providers and patients
 - Suggested improved uptake in contraception, and shift to more effective methods
 - Suggested increase in prenatal vitamins and EC prescribing
 - Revealed otherwise unknown concerns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

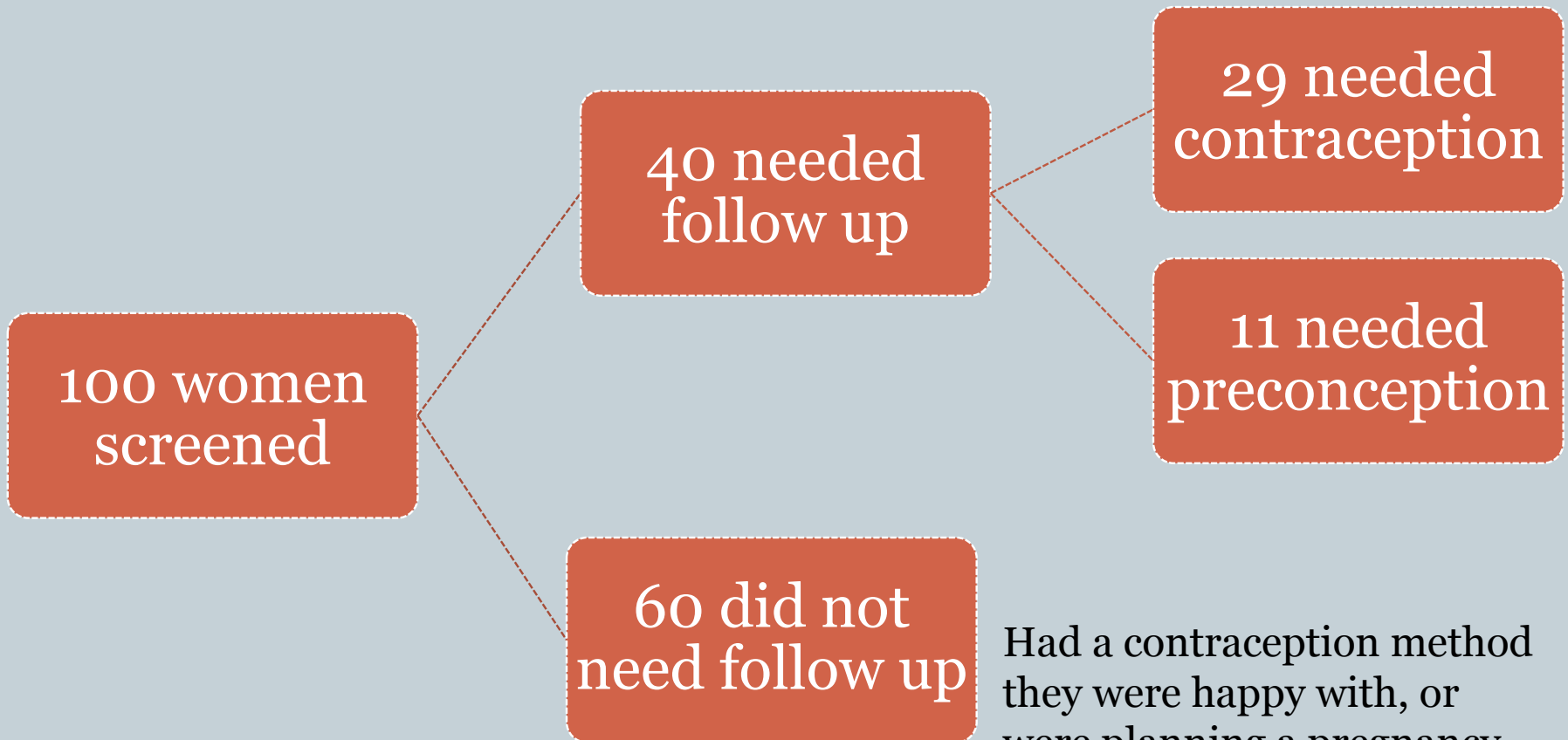
Small pilot in Oregon



Would you like to become pregnant in the next year?



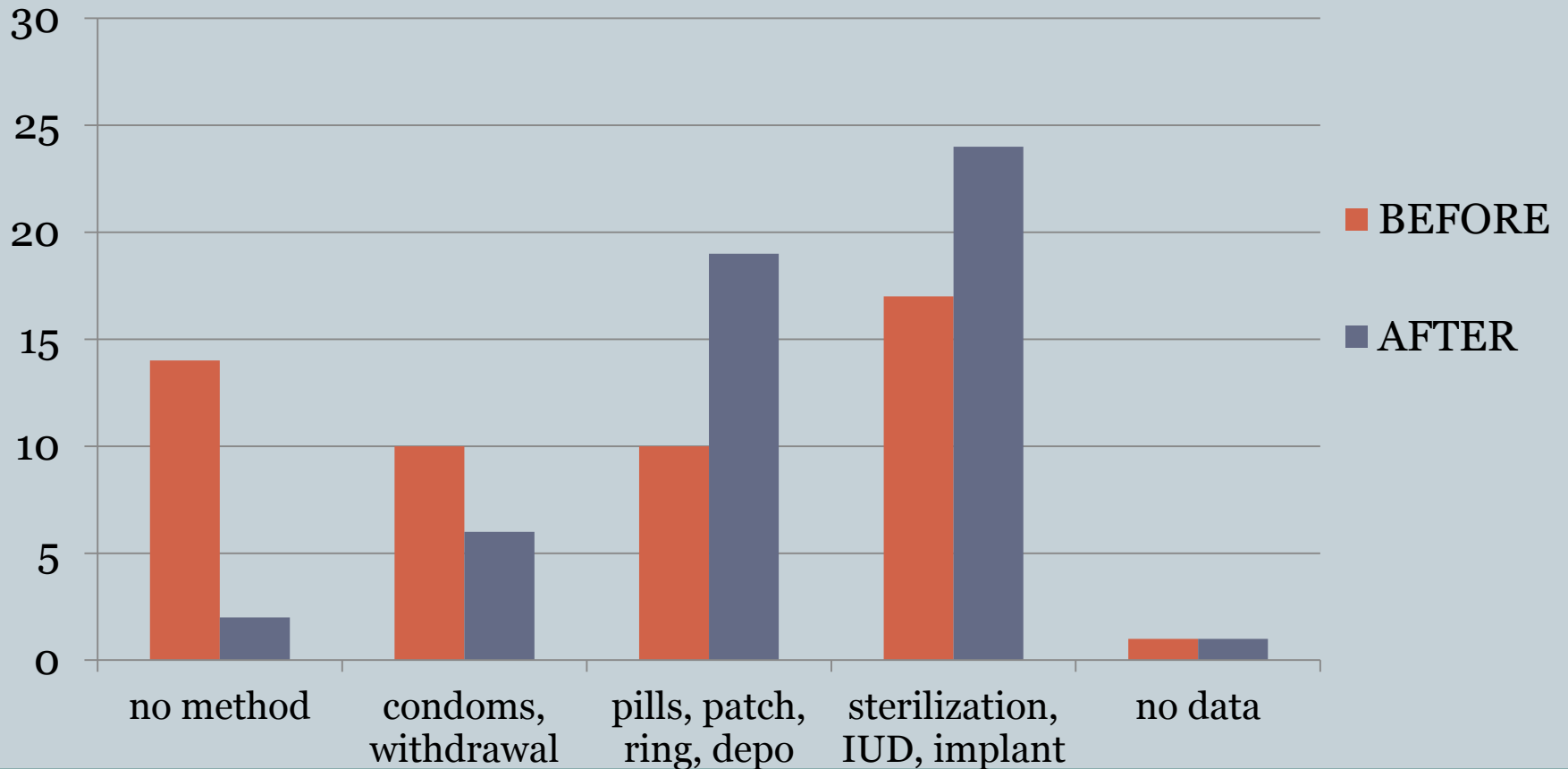
Small pilot in Oregon



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



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."

Metrics



- 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

Metrics



- 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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Thank you!



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