Better Integration of Preventive Reproductive Health Services into Primary Care

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Disclosure

Neither Helen Bellanca nor Michele Stranger Hunter have any relationships to disclose.
Learning objectives

1. Describe the One Key Question initiative and its role in primary care

2. Discuss the value of proactive screening for pregnancy intentions in the context of health care reform

3. Discuss the importance of metrics in reproductive health, and the possibility of a pregnancy intention metric
Context

- Half of all pregnancies are unintended
- Most unintended pregnancies are unwanted or mistimed, and most of those could be prevented with better access to contraception
- Some unintended pregnancies are wanted, and most of those could be better prepared for with access to preconception care
- Primary care and family planning clinics have failed to adequately address this issue
Unintended pregnancy

Pregnancies by Intention Status

- Intended: 52%
- Mistimed: 19%
- Unwanted: 29%

Nearly half of pregnancies are unintended.

Contraceptive use

**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)**
- 16% Consistent use
- 65% Inconsistent use
- 19% Nonuse

**UNINTENDED PREGNANCIES (3.1 MILLION)**
- 5% Consistent use during month of conception
- 43% Inconsistent use during month of conception
- 52% Nonuse

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?”
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 LARC
- 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
One Key Question

The goal of OKQ is NOT to put women into yes/no categories

Our goal is to:

Start a conversation about preventive reproductive health in primary care

Prevent unintended pregnancies that are unwanted or mistimed

Increase the proportion of all pregnancies that are better prepared for.
Does it work?

- Currently being implemented in several clinics in Oregon and Washington
- Adopted by Vermont Health Dept and implemented in one clinic, with plans to go system-wide
- Several researchers proposing clinical trials
Preventive Reproductive Health

- **Includes**
  - Preconception care
  - Contraception counseling and services or referral for services

- **Does NOT include**
  - Prenatal care and maternity care
  - Abortion and miscarriage care
  - Other women’s health screenings (Paps, mammograms)
Our proposal

All women of reproductive age should be screened for their pregnancy intentions on a routine basis as part of high-quality primary care.

All primary care providers should be accountable for delivering preventive reproductive health services.
Other screenings identified as indicators of high quality care

- Hypertension (BP checks)
- Depression screening (PSQ-2 and 9)
- Alcohol misuse (SBIRT)
- Cervical cancer screenings (Paps)
- Breast cancer screenings (exams, mammography)
## Lifetime risk

<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>Hypertension*</td>
<td>27.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>38.5%</td>
</tr>
<tr>
<td>Unintended pregnancy</td>
<td>48%</td>
</tr>
</tbody>
</table>

*prevalence of hypertension among adult women
Triple aim of health care reform

- Improve health
- Improve experience of care (quality and satisfaction)
- Reduce per capita costs
What is required of primary care?

- Define what quality means for various conditions
- Measure how you are doing on a routine basis
- Report on how you are doing to payers, consumers and the community
Importance of metrics

We use **metrics** to determine the quality of care provided

- Early entry to prenatal care
- Proportion of deliveries under 39 weeks that are elective
- Women 21-64 with a pap test in past 3 years

Most metrics collected by QI teams from claims data, not much influence on clinicians
The times they are a changin’

Health care is moving toward a system of paying for **quality** instead of **volume**. What does that look like?

- You get $x to provide primary care for #y amount of people according to the following standards:
  - 90% of children 0-3 have at least 4 documented well-child checks and developmental screenings
  - 80% of pregnant women receive prenatal care in the first trimester
  - 75% of your diabetics maintain a HgbA1c of <9%
  - 80% of your adults have had a cholesterol screen in the past 3 years

- You get $x bonus dollars per year for providing enhanced services like care coordination, in-house health education for diabetes and obesity, behavioral health integration and addiction services, etc.
Isn’t that capitation?

NO, because this new approach is…

• Provider–driven, not insurance company driven

• Focused on holding providers accountable for costs AND quality

• Moving away from “billable codes” and toward paying for outcomes and preventive services

• Heavily dependent on being able to measure care and report on your population instead of relying on claims
Where is Reproductive Health?

Preventive reproductive health should be part of the standards that define high-quality primary care.

That means we have to have metrics to define what quality care looks like.
“Standards” in primary care

NCQA Primary Care Medical Home Model

Current language for preventive services includes:

- USPSTF recommended services
- Immunizations recommended by the ACIP of the CDC
- Preventive care and screenings for children and for women as recommended by HRSA
  - This includes contraception and preconception care
What would you measure to determine if primary care was adequately addressing preventive reproductive health?

- How many women 18-50 use any contraceptive method?

- Among contracepting women, how many use an effective method?

- Proportion of pregnant women who received preconception care?

- Percentage of women age 18-50 screened for their pregnancy intentions?
Advantages to screening measure

- Parallels other quality measures (depression, cervical cancer) which measure screening, not follow-up

- ALL primary care practices can be held accountable, not just those who offer contraceptive services

- Numerator and denominator are easier to define (# of women screened over # 18-50)
Summary

- All women should be screened for their pregnancy intentions in primary care

- All primary care providers should offer preconception care and contraception, or refer for those services

- The definition of high-quality primary care should include preventive reproductive health services

- Having a metric that measures whether women are screened will likely improve reproductive health service delivery and ensure that reproductive health does not fall off the radar of primary care
What can you do?

- Ask women about their pregnancy intentions

- Interested in a formal implementation at your clinic? Or conducting a clinical trial? Contact OFRH: [www.onekeyquestion.org](http://www.onekeyquestion.org) or [info@onekeyquestion.org](mailto:info@onekeyquestion.org)

- Get involved with quality measurement at your institution. Suggest measuring pregnancy intendedness, access to contraception or preconception care.
Thank you!

Oregon Foundation for Reproductive Health
One Key Question

All women of reproductive age should be screened for their pregnancy intentions on a routine basis as part of high-quality primary care.

This will increase the likelihood that women are using contraception that they are satisfied with, increase the uptake of preconception care, and ensure that a greater proportion of pregnancies are wanted, planned and as healthy as possible.