

# ONE KEY QUESTION

A Collaboration between



and



## Brief Evaluation of Implementation in a Family Planning Clinic Setting

Beth Doyle, MS, WHCNP, ANP – Clinical Instructor OHSU

## OREGON STATISTICS

2008 – 36,000 Unintended Pregnancies –

73% were considered miss-timed

27% were unwanted

31% ended in elective terminations

2011 – 43.5% of all pregnancies were unintended.

2011 – 48.7% of women were not taking folic acid in the month before they became pregnant

# One Key Question

Ask all women of child bearing age seen  
for a clinical visit:

**“Do you want to  
become pregnant  
in the next year?”**

# Preconception Counseling

**FOLIC ACID**

**NUTRITION COUNSELING**

**DIABETES SCREENING**

**SMOKING CESSATION**

**SUBSTANCE  
ABUSE**

**TETRAHYDROFOLATE  
COUNSELING**

**ACCESS TO OPTIONS**

**PATIENT CENTERED CARE**

**LONG-ACTING, REVERSIBLE  
CONTRACEPTION (LARC)**

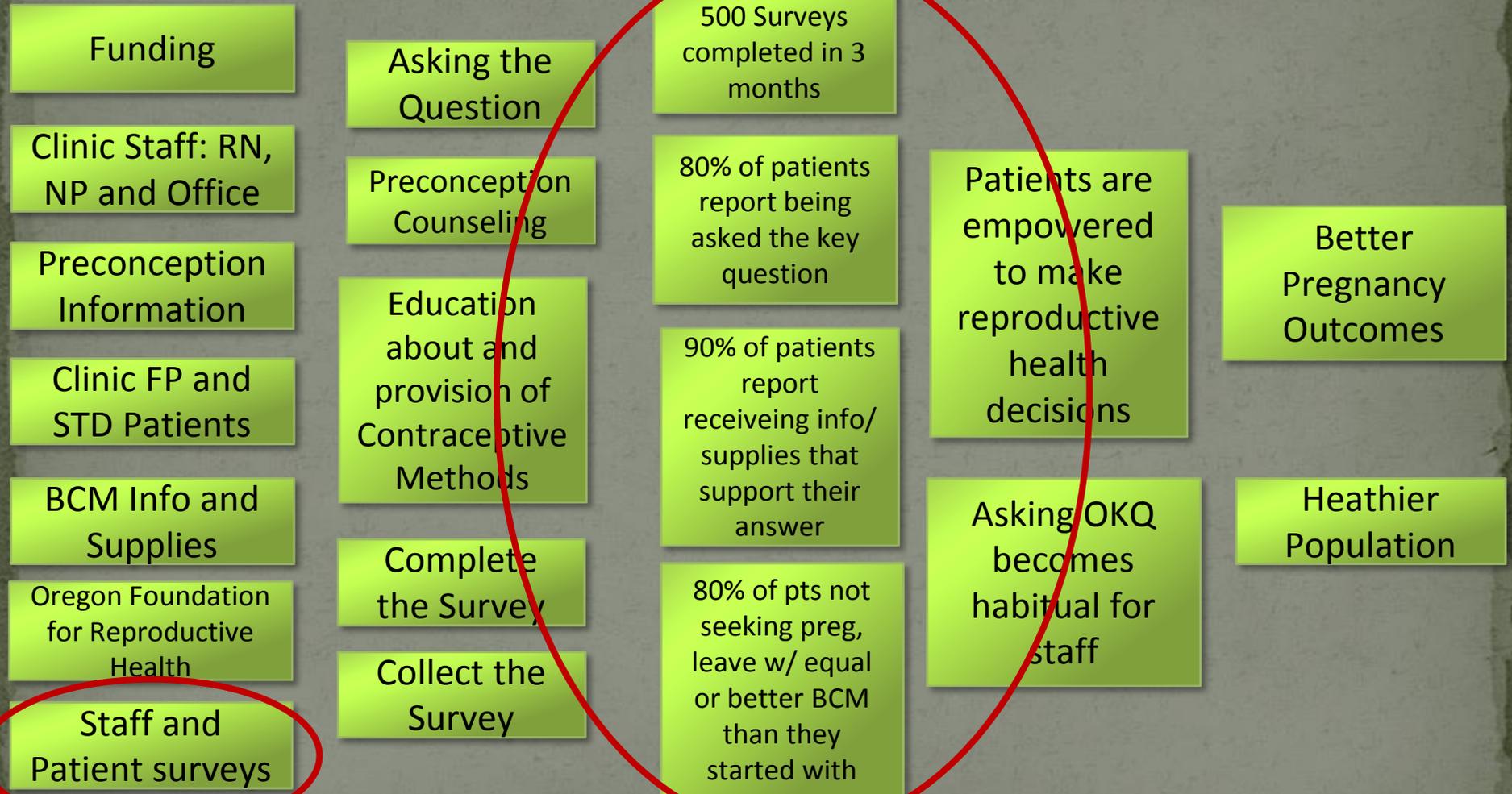
Contraceptive Access

## Assumptions:

- **The provider will ask the question!**
- Asking the question will direct the provider to give more appropriate care
- Providing services directed at the patients' stated goals empowers them to make better reproductive plans for their future
- Preconceptual counseling can improve pregnancy outcomes.

# ONE KEY QUESTION at Washington County HHS – LOGIC MODEL FLOW CHART

Resources → Activities → Outputs → Outcomes → Goals



**Assumptions:** 1) Asking the question will direct the provider to give more appropriate care; 2) Providing services directed at the patients' stated goals empowers them to make better reproductive plans for their future; 3) Preconceptual counseling can improve pregnancy outcomes.

**External Factors:** 1) Patients may not change behavior despite counseling and/or resources provided; 2) One Key Question is aimed at integration of reproductive health into primary care, which WashCo does not provide.

# Provider Survey

Survey # \_\_\_\_\_

## OKQ/DV ASSESSMENTS AT CLINIC VISITS

### 1. a. Considering pregnancy in the next year

- 1. Folic Acid discussed.....
- 2. Diet and healthy weight discussed.....
- 3. Smoking/Substance use addressed if applicable

### b. Does not want to be pregnant in the next year

- 1. Started on BCM.....
- 2. Changed BCM.....
- 3. Continued current BCM.....
- 4. If not on BCM, reviewed risks.....

### c. Unsure or "ok either way" about pregnancy

- 1. Folic Acid discussed.....
- 2. Diet and healthy weight discussed.....
- 3. Smoking/Substance use addressed if applicable
- 4. Chose to initiate/continue BCM at visit.....

06/01/14

### 2. Method at Start of Visit:

- 1. None, Withdrawal or Spermicides.....
- 2. Condoms, Diaphragm FAM/NFP.....
- 3. Depo, Pills, Patch, Ring.....
- 4. Implant, IUD, Tubal, Vasectomy.....

### 3. Method at End of Visit:

- 1. None, Withdrawal or Spermicides.....
- 2. Condoms, Diaphragm FAM/NFP.....
- 3. Depo, Pills, Patch, Ring.....
- 4. Implant, IUD, Tubal, Vasectomy.....

Spanish Only Speaker YES  NO

Provider Initial(s) \_\_\_\_\_; \_\_\_\_\_

Date of Service: \_\_\_\_\_ Insight #: \_\_\_\_\_

# Patient Survey

Survey # \_\_\_\_\_

## OKQ PATIENT SURVEY – ENGLISH

At your appointment today, did anyone ask you if you want to be pregnant in the next year? YES  NO

Today I was given: (check all that apply to your visit today)

1  The birth control method I chose

4  Information to plan for a healthy pregnancy

2  Condoms

5  Information about folic acid

3  “Emergency Pills” – Plan B

6  Information about birth control method options

# Four Output Benchmarks – Set Prior to Evaluation Process

#1 - 500 Surveys completed in 3 months

#2 - 80% of patients report being asked the key question

#3 - 90% of patients report receiving info/supplies that support their answer

#4 - 80% of pts not seeking preg, leave w/ equal or better BCM than they started with

500 Surveys  
completed in 3  
months

**#1 -  
Accomplished!!**

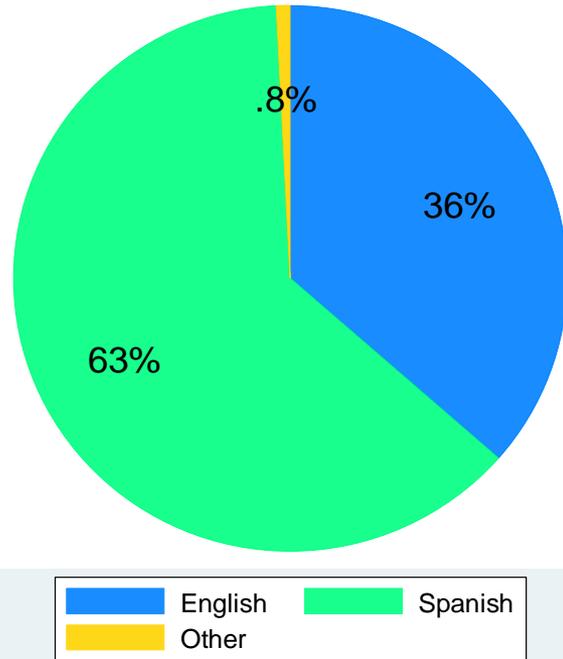
**500 number-matched surveys of both patients and providers were completed between July 14 and Aug 15, 2014. These were then matched with patient demographic information: Age, Race, Ethnicity, Primary Language and city.**

80% of patients  
report being  
asked the key  
question

## #2 – Unsuccessful

Of the 500 patients surveyed immediately at the end of their clinic visits, **only 66.4% reported being asked** if they wanted to become pregnant in the next year.

Language Distribution



English speaking patients report that OKQ was asked at 70.3 % of their visits.

Spanish Speaking patients report being asked OKQ at only 64.5% of their visits

Significant, yes, but not a statistically significant difference –  $p = 0.187$

#3 -

## Unsuccessful

90% of patients report receiving info/ supplies that support their answer

Of patients **seeking pregnancy**, only 67.7% reported receiving info on folic acid, and only 61% reported receiving info on planning for healthy pregnancy

Of patients **not wanting to become pregnant**, only 65.8% reported receiving their chosen BCM and only 31.6% reported receiving information on BCM options

80% of pts not seeking preg, leave w/ equal or better BCM than they started with

#4 -

**Accomplished!!**

Of the 443 patients who were noted as NOT wanting to become pregnant in the next year, **438 (98.87%) left the clinic with an equally reliable or more reliable method than they came in with.**

# Conclusions:

- 1) Providers perception of how well they are meeting patients' may be very different from patient perception on how needs are met.
- 2) Even in a Clinic where Family Planning is the stated aim, we can miss the mark as far as truly helping our patients plan their reproductive choices.
- 3) More work is needed to assure that providers provide the services most appropriate to patients needs and reproductive life plan.
- 4) This could serve well as a baseline for a repeated study to see if outcomes can be improved with further provider education.

## THANKS TO:

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Dr. Corey Nagel – for teaching statistics and helping crunch the numbers.