ONE KEY QUESTION
A Collaboration between

and

Brief Evaluation of Implementation in a Family Planning Clinic Setting

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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
- SUBSTANCE ABUSE
- SMOKING CESSATION
- 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**
- Funding
- Clinic Staff: RN, NP and Office
- Preconception Information
- Clinic FP and STD Patients
- BCM Info and Supplies
- Oregon Foundation for Reproductive Health
- Staff and Patient surveys

**Activities**
- Asking the Question
- Preconception Counseling
- Education about and provision of Contraceptive Methods
- Complete the Survey
- Collect the Survey

**Outputs**
- 500 Surveys completed in 3 months
- 80% of patients report being asked the key question
- 90% of patients report receiving info/supplies that support their answer
- 80% of pts not seeking preg, leave w/ equal or better BCM than they started with

**Outcomes**
- Patients are empowered to make reproductive health decisions
- Asking OKQ becomes habitual for staff
- Better Pregnancy Outcomes
- Heathier Population

**Goals**
- Patients are empowered to make reproductive health decisions

**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

**OKQ/DV ASSESSMENTS AT CLINIC VISITS**

<table>
<thead>
<tr>
<th>Survey # ______</th>
<th>OKQ/DV ASSESSMENTS AT CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. a. Considering pregnancy in the next year</strong></td>
<td><strong>2. Method at Start of Visit:</strong></td>
</tr>
<tr>
<td>1. Folic Acid discussed</td>
<td>1. None, Withdrawal or Spermicides</td>
</tr>
<tr>
<td>2. Diet and healthy weight discussed</td>
<td>2. Condoms, Diaphragm FAM/NFP</td>
</tr>
<tr>
<td>3. Smoking/Substance use addressed if applicable</td>
<td>3. Depo, Pills, Patch, Ring</td>
</tr>
<tr>
<td><strong>b. Does not want to be pregnant in the next year</strong></td>
<td>4. Implant, IUD, Tubal, Vasectomy</td>
</tr>
<tr>
<td>1. Started on BCM</td>
<td><strong>3. Method at End of Visit:</strong></td>
</tr>
<tr>
<td>2. Changed BCM</td>
<td>1. None, Withdrawal or Spermicides</td>
</tr>
<tr>
<td>3. Continued current BCM</td>
<td>2. Condoms, Diaphragm FAM/NFP</td>
</tr>
<tr>
<td>4. If not on BCM, reviewed risks</td>
<td>3. Depo, Pills, Patch, Ring</td>
</tr>
<tr>
<td><strong>c. Unsure or “ok either way” about pregnancy</strong></td>
<td>4. Implant, IUD, Tubal, Vasectomy</td>
</tr>
<tr>
<td>1. Folic Acid discussed</td>
<td><strong>Spanish Only Speaker</strong> YES NO</td>
</tr>
<tr>
<td>2. Diet and healthy weight discussed</td>
<td>Provider Initial(s) ______: ______</td>
</tr>
<tr>
<td>3. Smoking/Substance use addressed if applicable</td>
<td>Date of Service: ____________ Insight #: ____________</td>
</tr>
<tr>
<td>4. Chose to initiate/continue BCM at visit</td>
<td><strong>06/01/14</strong></td>
</tr>
</tbody>
</table>
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
2. □ Condoms
3. □ “Emergency Pills” — Plan B
4. □ Information to plan for a healthy pregnancy
5. □ Information about folic acid
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.

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.
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.
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
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

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.