

# One Key Question Pilot Study: Advancing Preventive Reproductive Health

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# PURPOSE

- The purpose of this study was to conduct a survey of patients at an urban Chicago FQHC to determine the utilization by providers of a simple screening tool called “One Key Question” to assess reproductive health.

## One Key Question (OKQ) defined

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

## Study Objective

- Primary: Does *universal screening* by the use of OKQ at every primary care visit increase frequency or efficacy of reproductive counseling?
- Secondary: What are *patient perceptions* about being counseling on reproductive health?
- Tertiary: What are provider perceptions regarding **Long Acting Reversible Contraception (LARC)**?

# Overall Goals of Implementing OKQ

- Decrease unplanned pregnancies
- Improve pre-conception health
- Understand reproductive health care needs of patients

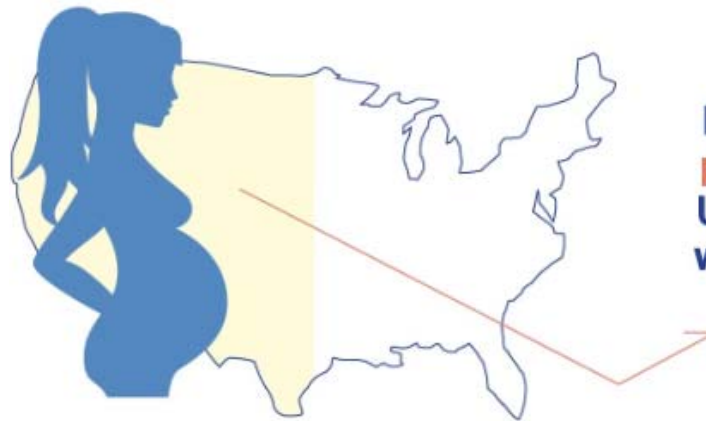


**Unplanned pregnancy costs federal and state taxpayers between \$9.6 and \$12.6 billion annually in medical costs.**

# BACKGROUND

## **Problem: Unplanned Pregnancy**

- Half of all pregnancies
  - 7/10 among unmarried women 18-29
- 1/3 of all Births
  - Poor and Minority women
  - Economic Strain
  - Unrecognized medical problems
  - Later recognition, Later entry to prenatal care, Fewer BF\*
  - Increased Risk of Low Birth Weight\*



**Roughly half of all pregnancies in the US are reported by women themselves as unplanned.**

# LARC

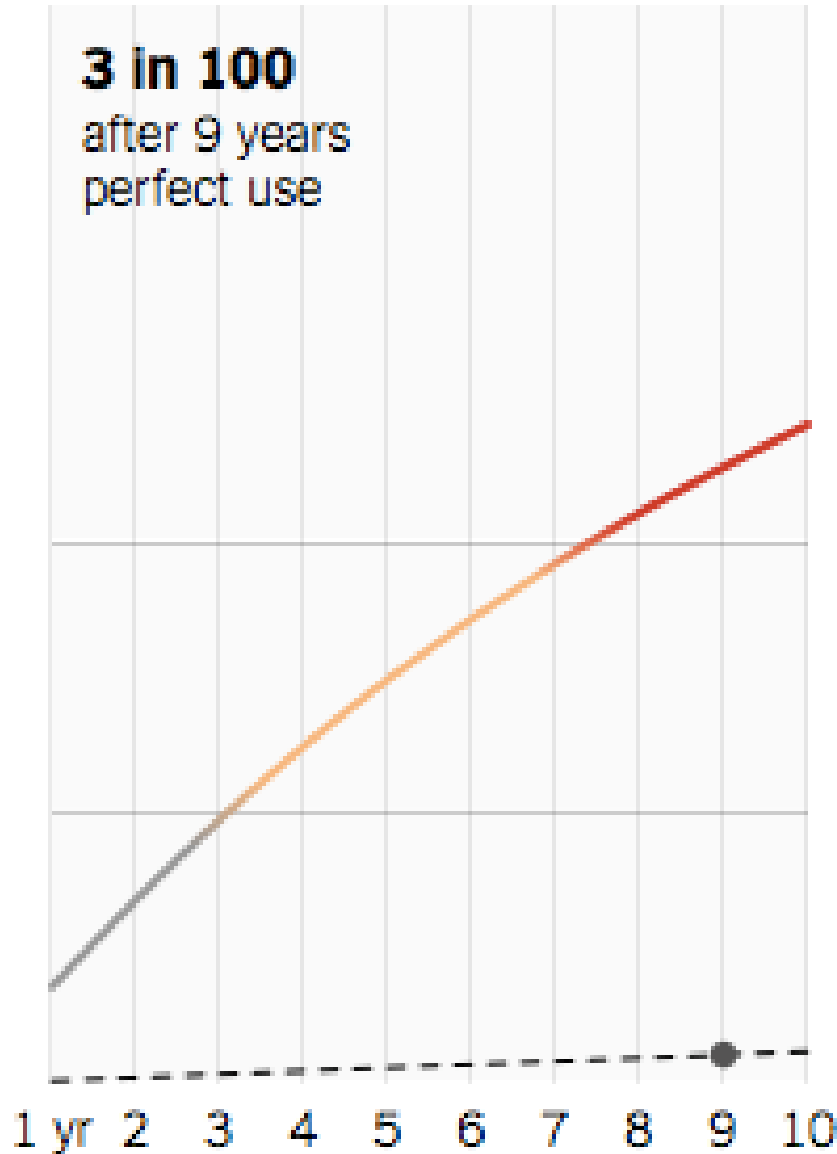
- Examples of LARC
  - Implantable Uterine Device
  - Hormonal Implant
- LARC has proven to be among the most effective methods of birth control

# Birth Control Failure Rates

Pill, Evra patch, NuvaRing

**3 in 100**

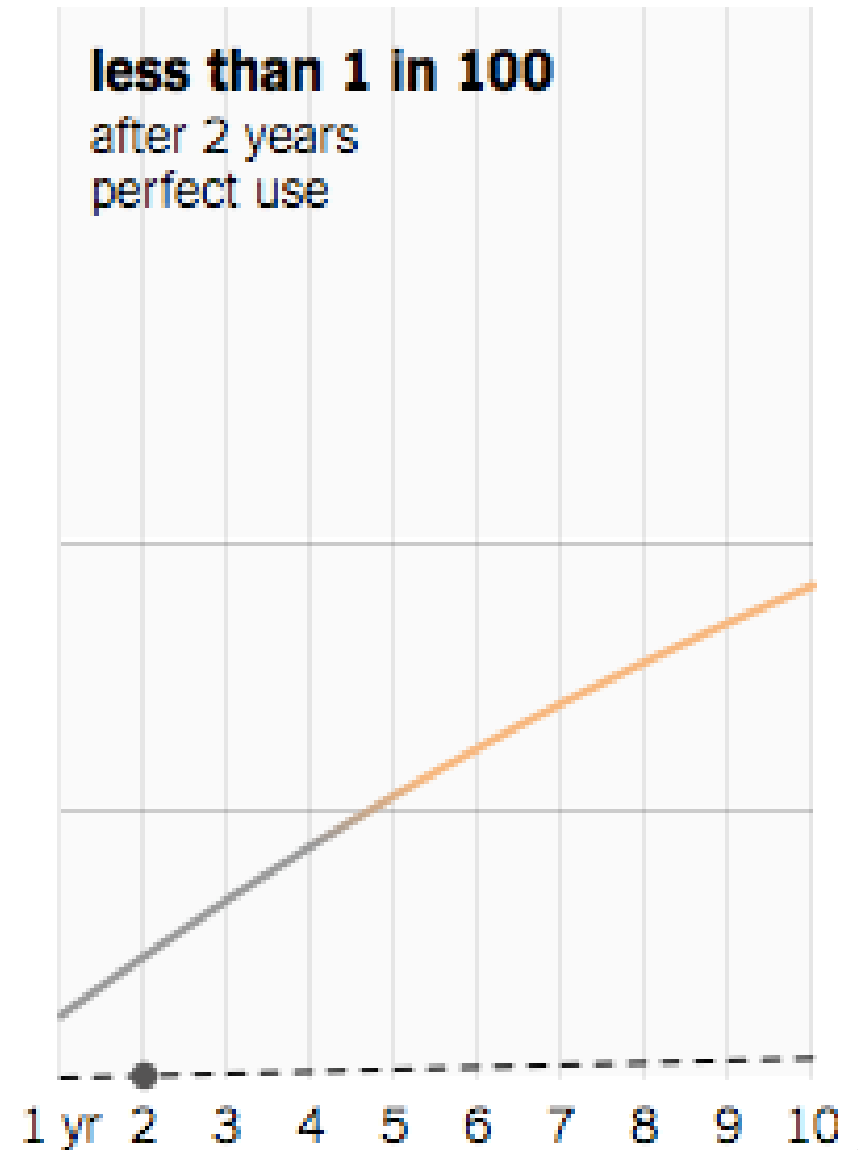
after 9 years  
perfect use



Depo-Provera

**less than 1 in 100**

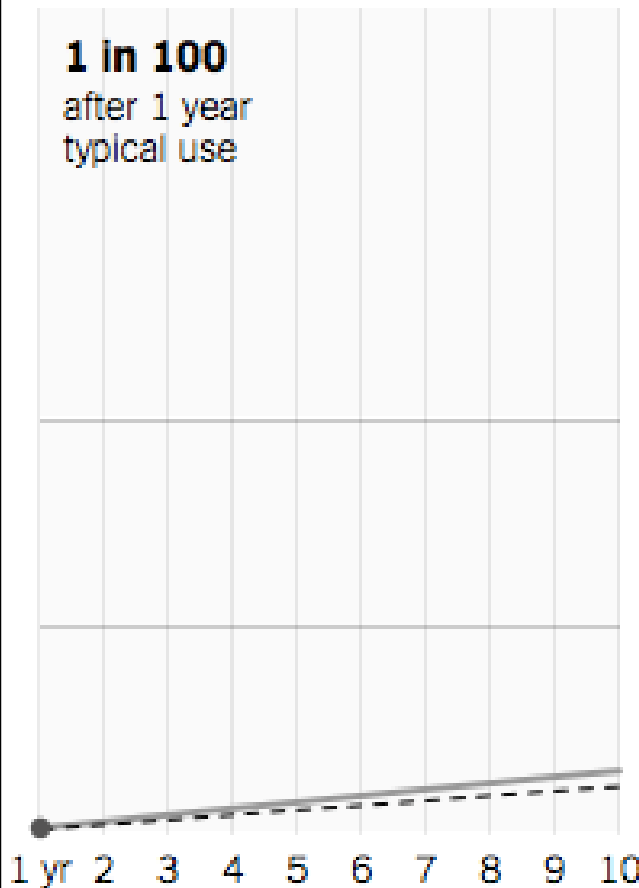
after 2 years  
perfect use



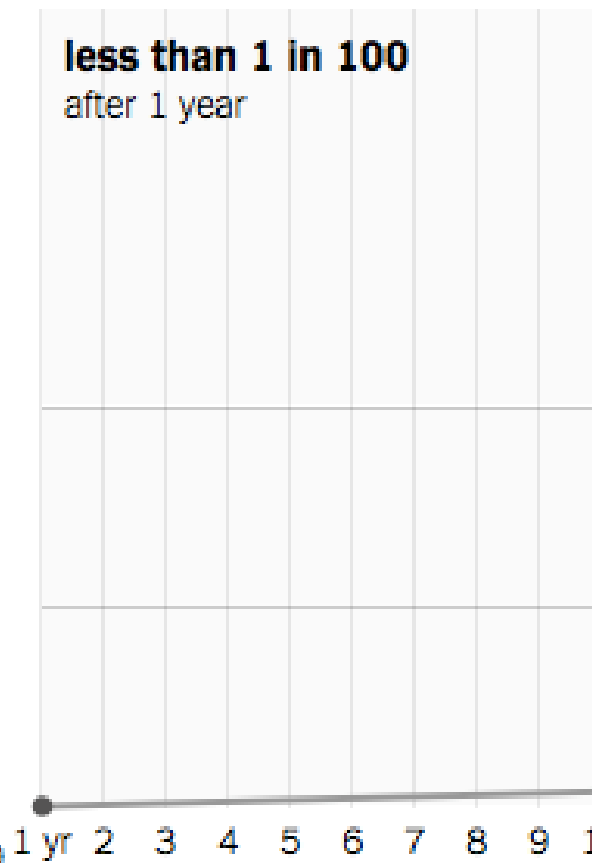


# Birth Control Failure Rates

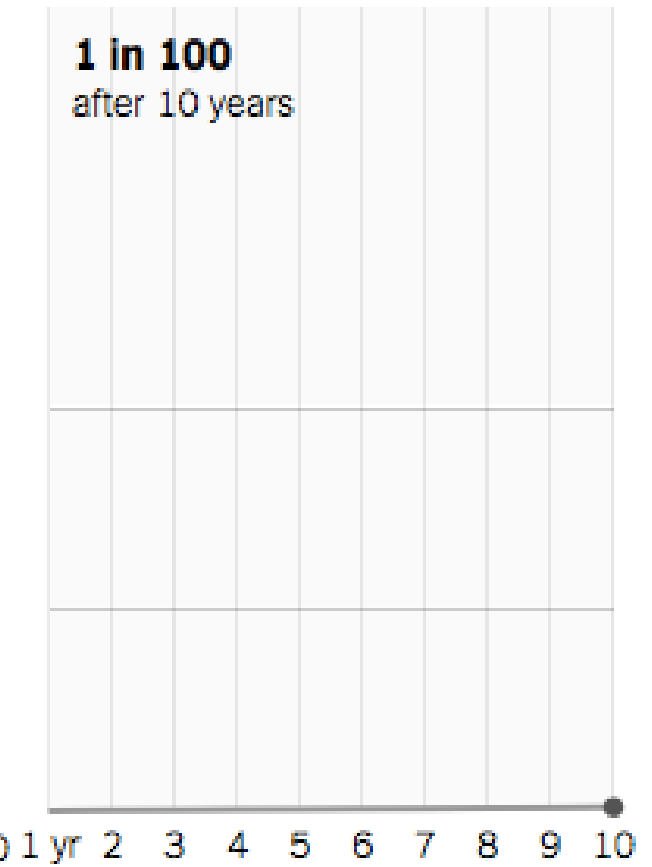
Copper IUD



Levonorgestrel IUD



Hormonal implant



# Methods: Study Site

## Federally Qualified Health Center (FQHC)

- Patient Population
  - Approximately 70% black, living in the Austin/Garfield Park neighborhoods on the west side of Chicago
- Provider Population
  - 6 residents, 5 attendings, 2 nurse practitioners; approximately 15% black and 70% white

# Methods: Study Design

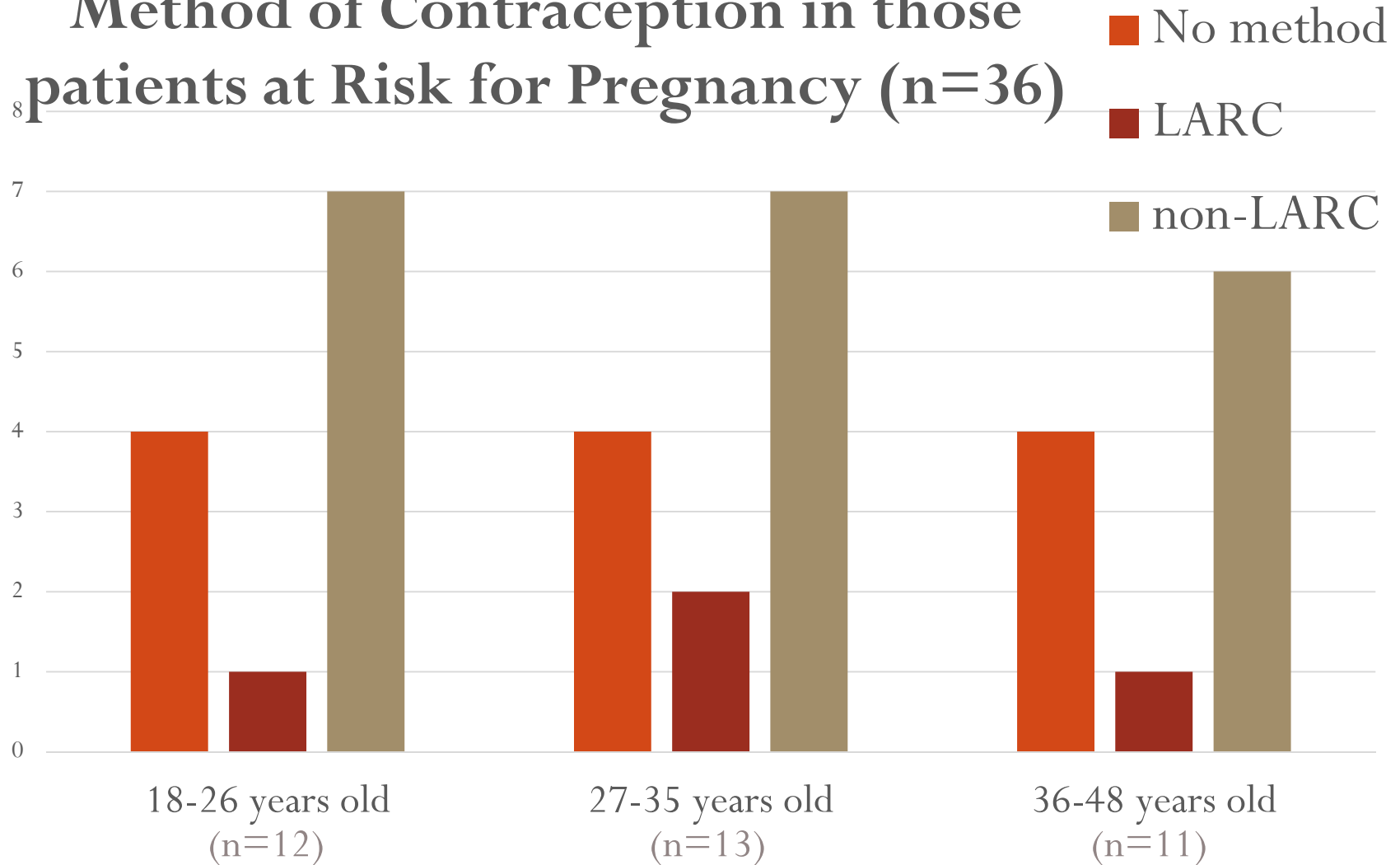
- Patient post visit survey = baseline population
  - All eligible patients leaving a provider visit were asked to complete an anonymous paper survey
  - October 2014-March 2015; September 2015
  - Data was self-reported
  - Participants were recruited by researchers in the waiting room at PCC Lake
  - Given \$5 gift card for their time
- Patient post visit surveys were also conducted with same methods after implementing new EMR form = post-OKQ population
- Not same patients

# Data Analysis

- All survey data entered into Excel
- Analyzed using SPSS v. 12
- Univariate and bivariate analysis performed

# Preliminary Results

Method of Contraception in those patients at Risk for Pregnancy (n=36)



# Bivariate Post-Survey Results

Survey Responses	All Patients (n=40)	p-value	Patients At Risk for Pregnancy (n=30)	p-value
Q1. Did your doctor or nurse practitioner talk to you about birth control? (responded "yes")	26 (65%)	0.019	23 (76.7%)	0.018
Q2. Did your doctor or nurse practitioner recommend a birth control method? (Yes = checked any response other than "no method")	24 (60%)	0.738	20 (66.7%)	0.159
Q3. Did your doctor or nurse talk to you about being healthy before pregnancy? (responded "yes")	14 (35%)	1	12 (40%)	0.446
Q4. Did your doctor or nurse practitioner recommend folic acid? (responded "yes")	8 (20%)	0.266	7 (23.3%)	0.653
Any contraceptive care provided ("yes" to Q1 or Q2)	28 (70%)	0.296	23 (76.7%)	0.133
Any preconception care provided ("yes" to Q3 or Q4)	17 (42.5%)	0.5	14 (23.3%)	0.471
Any reproductive care provided ("yes" to Q1, Q2, Q3, or Q4)	31 (77.5%)	0.489	25 (83.3%)	0.19

# Conclusions

- **No significant difference** between baseline and post intervention
- *But providers are already providing counseling!*
- Small number of patients desiring pregnancy
- Folic Acid rarely recommended
- Our patients are using contraception, but . . .
  - Not enough use LARC
  - Less effective methods popular

## Limitations of Pilot Study

- *Unable to assess: does preconception care lead to decreased unplanned pregnancies?*
- OKQ response as predictor for LARC use
  - Unable to assess *relative risk* or *odds ratio*
  - No *exposed* population



## TAKE HOME POINTS

1. FM providers are already counseling about contraception
2. LARC is the most effective method of birth control
3. The bulk of our patient population is not using LARC

# Next Step: Counseling Today!

**BEDSIDER** [birth control methods](#) [where to get it](#) [reminders](#) [features](#) [questions](#)

## METHOD EXPLORER /

★ most effective    Y party-ready    ♡ STI prevention    ∅ hormone-free    🔍 easy to hide    ♥ do me now

BEDSIDER RECOMMENDS / ✕

share this / 4694 1895 39 42 446

*What is all this stuff?*

The explorer is a place to learn about all your birth control options. We cover every available method, from the IUD (and others on our most effective list) to condoms, the pill, the patch, and more. Click on any method for more details. Want a more apples-to-apples way to compare? [View a side-by-side comparison.](#)

# Sources

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Questions?