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
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*
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: 1 in 100 after 1 year typical use
- Levonorgestrel IUD: less than 1 in 100 after 1 year
- Hormonal implant: 1 in 100 after 10 years
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)

- No method
- LARC
- non-LARC

18-26 years old (n=12)
27-35 years old (n=13)
36-48 years old (n=11)
<table>
<thead>
<tr>
<th>Survey Responses</th>
<th>All Patients (n=40)</th>
<th>p-value</th>
<th>Patients At Risk for Pregnancy (n=30)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Did your doctor or nurse practitioner talk to you about birth control? (responded &quot;yes&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26 (65%)</td>
<td>0.019</td>
<td>23 (76.7%)</td>
<td>0.018</td>
</tr>
<tr>
<td>Q2. Did your doctor or nurse practitioner recommend a birth control method? (Yes = checked any response other than &quot;no method&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24 (60%)</td>
<td>0.738</td>
<td>20 (66.7%)</td>
<td>0.159</td>
</tr>
<tr>
<td>Q3. Did your doctor or nurse talk to you about being healthy before pregnancy? (responded &quot;yes&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14 (35%)</td>
<td>1</td>
<td>12 (40%)</td>
<td>0.446</td>
</tr>
<tr>
<td>Q4. Did your doctor or nurse practitioner recommend folic acid? (responded &quot;yes&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 (20%)</td>
<td>0.266</td>
<td>7 (23.3%)</td>
<td>0.653</td>
</tr>
<tr>
<td>Any contraceptive care provided (&quot;yes&quot; to Q1 or Q2)</td>
<td>28 (70%)</td>
<td>0.296</td>
<td>23 (76.7%)</td>
<td>0.133</td>
</tr>
<tr>
<td>Any preconception care provided (&quot;yes&quot; to Q3 or Q4)</td>
<td>17 (42.5%)</td>
<td>0.5</td>
<td>14 (23.3%)</td>
<td>0.471</td>
</tr>
<tr>
<td>Any reproductive care provided (&quot;yes&quot; to Q1, Q2, Q3, or Q4)</td>
<td>31 (77.5%)</td>
<td>0.489</td>
<td>25 (83.3%)</td>
<td>0.19</td>
</tr>
</tbody>
</table>
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!

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

- (Centers for Disease Control and Prevention) http://www.cdc.gov/reproductivehealth/Data_Stats/index.htm#UnintendedPregnancy
- (Centers for Disease Control and Prevention) http://www.cdc.gov/reproductivehealth/unintendedpregnancy/
Questions?