ONE KEY QUESTION®
A PROGRAM OF POWER TO DECIDE
One Key Question

Governor’s Health Conference
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Consultant to Power to Decide
One Key Question supports women’s power to decide by helping transform their health care experience.

One Key Question is:

• Groundbreaking and simple initiative that integrates pregnancy intention screening in the provision of primary care and other safety net supports.

• Designed to proactively address the root cause of unintended pregnancies, poor birth outcomes, and disparities in maternal and infant health.

“Would you like to become pregnant in the next year?”
ONE KEY QUESTION

One Key Question is:

• Focused on understanding women’s intentions and providing follow-up care based on her response to the question

• Non-judgmental and equally supports women who want to become pregnant and those who do not.

• Flexible! It can be used in a variety of settings including primary care practices, home visits, and more.

“Would you like to become pregnant in the next year?”
One Key Question is:

- Designed to support women in their own goals for if and/or when to have children
- Works to bring best-practice information on contraception & preconception care to all patients
- Is an opportunity to assess your current practices and policies to support pregnancy intention screening

“Would you like to become pregnant in the next year?”
FACTS, STATS, & BACKGROUND
Nearly half of U.S. pregnancies were unintended in 2011.

- 55% Intended
- 27% Mistimed
- 18% Unwanted
By age 45, more than half of all American women will have experienced an unintended pregnancy.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Lifetime risk for women in United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer</td>
<td>0.6%</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>2.5%</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>12.4%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>28.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>35.5%</td>
</tr>
<tr>
<td>Unintended Pregnancy</td>
<td>48%</td>
</tr>
</tbody>
</table>

CHOOSE ON YOUR CORNFLAKES STAT: LIFETIME RISK
LACK OF KNOWLEDGE

**Percentage of People Who Have Heard of Various Methods of Birth Control**

- **PILLS**: 99%
- **CONDOMS**: 99%
- **IMPLANTS**: 87%
- **IUDs**: 77%

**Percentage of People Who Say They Know Little or Nothing About Various Methods of Birth Control**

- **PILLS**: 38%
- **CONDOMS**: 12%
- **IMPLANTS**: 77%
- **IUDs**: 68%
WOMEN’S HEALTH CARE IS SILOED

• Women expect to have to go to 2 different providers for their care
• Health care delivery is separated into primary care and reproductive/sexual health
• Women are approached as pregnant or not pregnant with little effort to integrate care in between.
• Women’s health care is episodic, uncoordinated and fragmented.
THE OKQ APPROACH IS...

• Opportunistic
• Proactive
• Health promotion
• Disease prevention
RATIONALE AND RESEARCH
THE GOAL OF OKQ IS NOT TO PUT WOMEN INTO ‘YES’ OR ‘NO’ CATEGORIES

We want to:

• Start a conversation about preventive reproductive health in multiple settings (primary care, family planning, home visiting programs, etc.)

• Prevent unintended pregnancies that are unwanted or mistimed

• Increase the proportion of all pregnancies that are better prepared for

• Support women in their own goals for if and when to become pregnant
ONE KEY QUESTION

Ask*: Would you like to become pregnant in the next year?

Yes

OK Either Way

Unsure

No

Review Chronic Health Conditions and Urgent Psychosocial Concerns, and Prescribe Multi-vitamin with Folic Acid

Yes

OK Either Way

Medication Review

Screen for current contraceptive use

Review birth spacing recommendations and optional timing for wellness

Develop follow up plan for additional preconception care, assess contraception needs

Review effectiveness, offer all options including LARC and Emergency Contraception

Unsure

Medication Review

Screen for current contraceptive use

Review birth spacing recommendations and optional timing for wellness

Develop follow up plan for additional preconception care, assess contraception needs

Assess satisfaction of method and compliance of use

No

Screen for current contraceptive use

Assess satisfaction of method and compliance of use

Review effectiveness, offer all options including LARC and Emergency Contraception

OK Either Way

Medication Review

Review birth spacing recommendations and optional timing for wellness

Develop follow up plan for additional preconception care, assess contraception needs

Assess satisfaction of method and compliance of use

Review effectiveness, offer all options including LARC and Emergency Contraception

Unsure

Yes

No

On to Decision
HOW OKQ FITS IN

• Clinic-based algorithm to improve screening and follow-up care across patient populations.

• Patient response categories to pregnancy intentions reflects the continuum rather than only binary response options.

• Focus on the opportunism of OKQ to promote best health outcomes.

• Emphasis on equal support to women who want to become pregnant as well as those who do not.
ONE KEY QUESTION: DOES IT WORK?

• One Key Question is a screening tool to connect women to evidence-based practices: preconception care and contraception.
• There have been multiple pilots studies
• Pending clinical trials
Yes.
No.
Not Sure.
Okay Either Way.
IF YOUR PATIENT ANSWERS...YES

• Pre/Interconception Care
• Screen for conditions that can affect pregnancy
• Review medications
• Counsel on nutrition, exercise, substance use
• Folic Acid
• Benefits of birth spacing
IF YOUR PATIENT ANSWERS ... NO

Contraception Care

• Ask about current/prior use of birth control

• “How important is preventing a pregnancy”

• Contraception guides/tools

• Refer to medical provider
EXPLORING AMBIVALENCE

• Most women spend a good deal of time unsure
• Other women are neutral—what happens, happens
• Cultural or religious beliefs impact ambivalence
• May be at increased risk for unintended pregnancy due to low contraceptive rates

Unsure & OK Either Way are common and real answers to a complicated question.
THE DIFFERENCE BETWEEN “UNSURE” AND “OK EITHER WAY”

• Women who respond “OK either way” say:
  • It doesn’t matter if I use birth control, I’ll get pregnant anyway.
  • I don’t believe pregnancy is something I should try to control.
  • They are worried that if they want to become pregnant they won’t be able to.
  • Trying to become pregnant feels too stressful
  • Don’t believe it is “acceptable” to ‘plan pregnancy while poor’, better if it just happens

• The reasons behind these answers are very different
• By asking follow up questions and giving her information you can help clarify her pregnancy intentions and correct any misinformation
The recommendations for information and referrals you need to give patients are the same:

- Combination of contraception and preconception care
- Discussion of relevant issues and health concerns
HEALTH EQUITY AND UNCONSCIOUS BIAS
WHAT IS HEALTH EQUITY?

Equality

Equity
WE BELIEVE IT’S IMPORTANT TO...

• Empower and support ALL women to decide if, when, and under what circumstances they want to get pregnant or have a child.

• Implement OKQ with ALL women regardless of race/ethnicity, sexual orientation, ability, insurance, pregnancy/parenting, relationship, socioeconomic, and educational status.
WE BELIEVE IT’S IMPORTANT TO...

• Practice person-centered care and respect the autonomy of my client;
• Be responsive to my clients’ cultural, religious, and personal values and preferences;
• Examine my own biases and will set-aside such biases to provide care for my clients;
• Seek out additional training and supports as needed to effectively deliver OKQ and follow-up care based on the client's response; and
• Ensure my health care center complies with patients’ rights.
WE BELIEVE ITS IMPORTANT TO RECOGNIZE UNCONSCIOUS/IMPLICIT BIAS

• Definition: Social stereotypes about certain groups of people that individuals form outside their own conscious awareness.

• Women report experiencing provider bias because they are “poor”, unmarried, “on welfare”, and/or women of color.

• Evidence suggests implicit bias plays a role in the differences in health disparities among races and SES.

• Evidence suggests implicit bias affects clinical judgement and decision-making.
ONE KEY QUESTION
IMPLEMENTATION
ITEMS TO INCLUDE:

When is the patient/client asked: during check in, once roomed

Who asks: MA’s, Clinician, other team member

Where is OKQ located: in paper questionnaire, health history, EHR by vitals, EHR in other area

What services are documented for each answer: Yes, No, Unsure, OK either way, and referrals for additional services

How is additional counseling, information, referrals, and follow-up care given by team
SAMPLE OKQ WORKFLOW:

Patient checks in at front desk

Patient waits in lobby for MA (paper questionnaire or in health history?)
OKQ patient brochure present

MA rooms patient MA does initial screenings and visits with patient

Women 1--50, MA asks "Would you like to become pregnant in the next year?" and documents answer (in EHR, paper chart)

MA leaves room and alerts provider of her response in EHR or by flag system

Ma provides patient education materials for contraception/preconception based on her answer

Provider enters room to follow up with patient re OKQ answer

Provider documents in EHR/paper chart the services provided

MA/RN returns to offer additional follow up for clarification and teach-back of contraception/preconception information provided

Discharge plan including follow-up appts. for LARC, and/or referral information

Provider reviews patients health HX assess for preconception or contraception care as indicated

Patient has resources for more information
REFERRAL SYSTEMS

• Necessary for organizations that cannot provide all onsite services.
• Referrals may be necessary for onsite services that are provided outside of your purview.
• Formal relationships between your organization and the referral site are key!
• Vet all referral sites.
• Understand the referral sites’ services, acceptance of insurance and/or fees for services.

ONE KEY QUESTION: How do you establish formal relationships with referral sites?
ONE KEY QUESTION® WRAP UP

• Designed to support women in their own goals for if and/or when to have children
• Works to bring best-practice information on contraception & preconception care to all patients
• Is an opportunity to assess your current practices and policies to support pregnancy intention screening

“Would you like to become pregnant in the next year?”
ONE KEY QUESTION
IN YOUR NEIGHBORHOOD
OKQ Sites: National

OKQ is currently active in 29 states and the District of Columbia.
ONE KEY QUESTION® IMPLEMENTATION

- One day, in-person certification training
- Provider and patient materials
- Consulting before and after training
- Post training webinar
- Certification (and CMEs available soon)
- Access to One Key Question web portal
- Costs depend on the number being trained

“Would you like to become pregnant in the next year?”
IN SUM...
ONE KEY QUESTION® WRAP UP

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“Would you like to become pregnant in the next year?”
CONTACT US

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