

Implementation of the **One Key Question** to Support People's Reproductive Choices & Planning

Tresne Hernandez, Jordana L. Gilman, Madeline A. Coulter, Patricia Coughenour, Sarah Betstadt, Jamie Carr, Lindsay Deleo, Sarah Caveglia, Sarah Gallivan, Rachel Ingber, Michelle Siembor, Lisa Smith, Dana Stuehling, Tori Valachovic, and **Amy R. Harrington**

UR Medicine Gender Wellness, Obstetrics & Gynecology Clinic

INTRODUCTION

For people with the ability to become pregnant, there is an underutilization of preconception and contraceptive counseling (which increases contraception use & pregnancy outcomes).^{1,2} The percentage of women in New York State (not including all people who can become pregnant, regardless of gender) who report ever talking with a health care provider about ways to prepare for a healthy pregnancy has "significantly worsened" from 2019, was 34.9% in 2020, & continues to be below the goal for 2024 (38.1%).³

Project Purpose: Continue a needs assessment at an OB/GYN clinic. Focus on implementing **One Key Question (OKQ)** to better support the clinic's patients in their reproductive health choices.

The One Key Question ³ Would you like to become pregnant in the next year? Yes

l'm not sure

l'm ok either way

□ No, but I would sometime in the future

□ No, I never want to become pregnant in the future

COMMUNITY PARTNER

UR Medicine's Gender Wellness, Obstetrics, and Gynecology (GOG) clinic is an academic OB/GYN clinic serving many people on Medicaid. **OKQ** has been shown to be effective in primary care clinics, but there is a paucity of research in OB/GYN clinics.

Al cl te

An interdisciplinary team was created at this clinic, including providers, medical technicians, social workers, medical students, & a nurse.

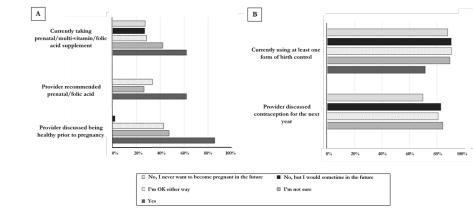
PHASE 1 PHASE 2 PHASE 3: PHASE 4: FORM TEAM, NEEDS ASSESSMENT ADMINISTER SURVEY IMPLEMENTATION OF CHANGE SUSTAINABILITY & NEXT STEPS

Prior research demonstrates One Key Question: 4,5

- \uparrow patient satisfaction & rates of contraception counseling
- \downarrow the proportion of patients using no contraception (26% to 4%)
- Identified people ambivalent about pregnancy due to interpersonal violence

AIMS: 1. W

- What do patients wish had been discussed during their visit that was not discussed?
- 2. Are patients receiving medical care (e.g., folic acid, birth control) aligned w/ their OKQ answer?
- 3. Are patients offered the medical care aligned with their **OKQ** answer?
- 4. Do patients think it is helpful be asked OKQ during their visit?
 - Qualitative & quantitative data collected in survey administered Dec '21 March '22:
- > 95% of people had nothing else they wished had been discussed during the visit
 - There is an opportunity to recommend/prescribe more folic acid (Figure A) and discuss contraception for those who never want to become pregnant (Figure B)
 - OKQ not asked in majority of visits. Of those asked, 65% believed it was helpful



COMMUNITY HEALTH IMPROVEMENT PROJECT

- Aug '22 clinic-wide meeting: Staff agreed medical technicians (techs) would ask OKQ w/ screening questions & vitals. Tech advocate met with techs to explain process/purpose & provide a document on responding to questions
- Nov '22: While supporting OKQ implementation in person, challenges identified
- In-person survey of techs & providers conducted. Concerns included:
 - o Did not feel adequately trained/unsure of context for asking
 - Did not know/trust to ask only patients without recent losses/hysterectomies
 - Thought *all* patients should be asked
 - **OKQ** not seen as relevant to acute care visits (e.g. STI test, pap smear)

CONCLUSIONS

Survey demonstrated clinic has 1) high patient satisfaction and 2) an opportunity to better support people with folic acid/contraception use by including **OKQ** in visits.

The team met & decided that instead of techs, would try having providers ask the **OKQ** or be the one to address patients' responses.

Limitations include not fully implementing the **OKQ** at the scheduled time, but this reflects the iterative process of implementation in order to address the needs of people and the system. It also demonstrates the importance of continuing conversations.

IMPACT, SUSTAINABILITY, & NEXT STEPS



Impact: In the Implementation Phase, 12 staff members surveyed. **OKQ** at the clinic could affect > 1,000 people

Sustainability & Next Steps: Continue interdisciplinary team. **OKQ** will be implemented as described above. To assess the impact of **OKQ**, a post-implementation survey, protocol, and data analysis excel sheet have been created. Information regarding this process will be disseminated to the clinic and beyond with a manuscript.

References: (1) Bello JK, Rao G, Stulberg DB. Trends in contraceptive and preconception care in United States ambulatory practices. Fam Med. 2015 Apr;47(4):264-71. PMID: 25853596. (2) New York State Prevention Agenda Dashboard – County Level: Monroe County. New York State Department of Health. Updated February 2022. Accessed December 15 2022.

htps://webbil.health.ny, gov/SASStoredProcess/guest?_program=%2FEBI%2FPHI6%2Fapps%2Fdashboard&2Fpa_dashboard&2F