2015

# Application of One Key Question at Hinesburg Family Practice

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# APPLICATION OF ONE KEY QUESTION (OKQ) AT HINESBURG FAMILY PRACTICE

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# 2A. PROBLEM IDENTIFICATION AND NEED

- 51% pregnancies in the United States were unintended in 2008[1]
  - Unintended= mistimed (did not want to get pregnant now, but in the future) or unwanted (did not want to be pregnant)
  - Healthy People 2020: Goal of reducing unintended pregnancies
  - Intendedness has been correlated to SES, education level, and relationship status
- Preconception care- defined by CDC as a "set of interventions aimed at identifying and modifying biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through prevention and management"[2]
  - "Detect, treat, and help women modify behaviors, health conditions, and risk factors" prior to pregnancy
  - Important throughout entirety of reproductive years to improve maternal and child wellbeing
  - Includes family planning, health maintenance, medication optimization, management of chronic issues
    - Example: Folic acid supplementation- to prevent neural tube defects

# 2B. PROBLEM IDENTIFICATION AND NEED- VERMONT

- 54% of pregnancies in VT are planned (Healthy Vermonters 2020)[4]
  - 49% mothers whose pregnancies were unintended reported using any method of birth control (PRAMS 2009-2011)[5]
- 73% childbearing aged women used birth control during last sexual encounter (BRFSS)[6]
  - 32% shot, pill, patch, ring or diaphragm, 28% permanent, 19% short acting (condom), 17% long acting (implant or IUD), 4% other
- Of all women in VT:
  - 29% have talked with a health care worker about healthy pregnancy before conception (HV2020)[4]
  - 38% of mothers reported taking a multivitamin every day in the month prior to pregnancy (PRAMS)[5]
- Of women who want a child in the next year: (BRFSS)[6]
  - 62% have talked with a health care worker about healthy pregnancy
  - 57% report taking a prenatal vitamin
- Goals set by Healthy Vermonters 2020[4]
  - 65% of pregnancies will be planned
  - 40% of all women will have talked with a health care worker about healthy pregnancy before conception

# 3. PUBLIC HEALTH COST

- Preconception care improves outcomes for both mother and child[3]
  - Issues: infectious diseases, nutritional deficiencies, chronic disease (diabetes, asthma, thyroid, epilepsy, etc), over/underweight, medication teratogenic effects, behaviors (tobacco/alcohol/drug use)
  - Adverse outcomes: spontaneous abortion, developmental disability, low birth weight, microcephaly, fetal death, preterm birth
- Unintended pregnancy has been associated with negative effects on both maternal and child wellbeing[7]
  - Less likely to be recognized early in pregnancy, and thus, receive adequate prenatal care
  - Less likely to be breast- fed, more likely to be of low birth weight
  - Studies have shown children had greater disadvantages in health and school measures
  - Mothers may be more likely to be depressed; also affects social relationships and future in terms of education and careers
    - Some question of how much negative effects are related to maternal characteristics (age, SES etc) that may affect pregnancy intentions
- The Guttmacher Institute estimates government (federal and state) expenditure on unintended pregnancy in 2010 was $21 billion[8]

# 4. COMMUNITY PERSPECTIVE

- Kim Swartz, Director of Preventive Reproductive Health, VT Department of Health
  - Women's health care is often "siloed and fragmented" across different providers, leading to lack of continuity and appropriate follow up for various issues
  - Need more emphasis on the most effective contraceptive methods, particularly long acting devices
  - Use of OKQ may help normalize pregnancy screening, has great potential in improving access in prenatal and contraceptive counseling
  - Helped with connecting me to OKQ resources
- Dr. Michelle Cangiano, MD- Medical Director of Hinesburg Family Practice
  - Unintentional pregnancy rate has been increasing in recent years and something that is seen in day to day practice in women of all ages.
  - Some women are unaware of the aspects of prenatal and preconception care, and some have misconceptions about pregnancy. For instance, many women in their 40s don't believe they can become pregnant.
  - OKQ is a good way to initiate conversations about pregnancy with women who may not regularly come for physicals, and can provide them information before an unintended pregnancy
  - OKQ can trigger education and discussion with women, and is a good tool for public education. It not only helps health care providers to identify the woman's greatest need, but also offers resources on options for care in the community.

# 5A. INTERVENTION AND METHODOLOGY

- **One Key Question (OKQ)**[9]
  - Developed by the Oregon Foundation of Reproductive Health (OFRH)
  - Goal to start discussion about preventive reproductive care in primary care setting
  - Asks all women ages 18-50, "would you like to become pregnant in the next year?"
  - Depending on response, provider offers appropriate follow up
    - Yes: prenatal counseling on folic acid/prenatal vitamins, health maintenance, education
    - No: assess satisfaction with contraceptive method and offer appropriate counseling
    - Ok either way/Unsure: discuss appropriate steps for prevention and/or preparation for pregnancy
  - Previously piloted in Milton, VT in 2013

# 5B. INTERVENTION AND METHODOLOGY

- Application of OKQ at Hinesburg Family Practice – how can we improve access to appropriate prenatal care or contraception?
  - 1) Assessing readiness and resources available at practice (Focus of community health improvement project)
    - Connecting and coordinating with members of the VT Department of Health and the Oregon Foundation of Reproductive Health to set up pilot while reviewing protocols from previous pilots
    - Collecting patient demographics of the practice
    - Determining where/how patients receive preconception counseling, prenatal care, contraceptive counseling, and whether the clinic required further resources
    - Developing implementation strategy and flow within the practice, identifying providers for the pilot
    - Evaluating the feasibility of integrating the use of PRISM
    - Organizing OKQ materials (posters, brochures, questionnaires), making them available for implementation.
    - Asking clinic staff of their perceptions of possible impact on practice and clinical flow
  - 2) Running pilot of OKQ with 1 provider for 2 months
    - Yet to be completed; awaiting IRB approval
    - Goals
      - Understand how OKQ fits into the flow of a patient visit
      - Focus on gathering more follow up information (lacking from the Milton pilot)
      - Increase numbers of patients receiving preconception and contraceptive counseling; ensuring women receive adequate prenatal care within the first trimester

# 6. RESULTS AND RESPONSE

- Hinesburg Family Practice is well equipped for starting an OKQ pilot
  - Ability to provide appropriate follow up (preconception counseling, contraceptive counseling) by providers at the practice
  - Provides most forms of contraception on site
  - Support from staff for follow-through
- Developed protocol for OKQ pilot implementation
  - Clinical care associate (CCA) will hand every woman ages 18-50 a paper OKQ questionnaire, no matter the reason of their visit. Provider will then offer appropriate follow up or schedule future visit for follow up.
    - Questionnaire adapted by the Vermont Department of Health based on original developed by OFRH
- Based on informal discussion with providers and CCAs about flow and impact on practice:
  - Good way to increase awareness of availability of prenatal care in family medicine
  - Felt to be a useful question with a tangible impact on the population
  - Not an issue for the CCAs to give patients an additional form to fill out while rooming patients
  - Overall positive response to piloting initiative

# 7. EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- Analysis of collected data once the 2 months are completed
  - Chart review to assess outcomes of follow up
    - How many women are scheduling and returning follow up visits? Increases in prenatal counseling? Increases in contraception use?
    - Are there changes to the prenatal population?
    - What contraceptive methods are women selecting? Is there increasing use of LARCs?
- Collect insight from providers and CCAs on flow and impact on practice
- Limitations
  - Pilot will primarily capture the responses of women who will be seeing a female provider who offers prenatal care and has previous experience working with OKQ. In the future, would be helpful to expand to multiple providers.
  - Tracking flow- would like to integrate OKQ with the use of EHR (PRISM), but not feasible at this time for a short pilot period. Current protocol with paper questionnaire is not environmentally friendly and unlikely to be used in at a larger scale.

# 8. LOOKING TO THE FUTURE

- VT Department of Health: goals to integrate OKQ into practices across the state and into VT health reform
  - How can we better connect practices to their local district health offices for support?
- Study the use of OKQ in a clinical setting that does not have the same resources as Hinesburg
  - What happens when women must be referred to other sites for follow up care?
- Application of OKQ targeted at more specific populations of women
  - E.g. substance using women, teenagers
- Can we ask an analogous question to partners to offer them support?

# 9. REFERENCES


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