ONE KEY QUESTION®

RESEARCH OVERVIEW

BACKGROUND

One Key Question® is a patient-centered tool for health and social service providers that starts the conversation about if, when, and under what circumstances women want to get pregnant and have a child.[1, 2] One Key Question® is used by thousands of healthcare and social service providers in approximately 30 states. One Key Question® providers include clinicians, community health workers, home visiting nurses, and many more. One Key Question® has been adopted by large health systems, state and local public health departments, and others to address a myriad of health equity efforts, including patient satisfaction, perinatal equity, and maternal child health.

Notably, the Association of Maternal and Child Health Programs has identified One Key Question® as a Best Practice in their Innovation Station database.[3] The Innovation Station database categorizes programs at different levels, including cutting edge, emerging practice, promising practice, and best practice. One Key Question has been endorsed by the American Public Health Association as an effective Reproductive Life Planning strategy and the American College of Obstetricians and Gynecologists notes that pregnancy desire screening is a "core component of high-quality, primary preventive care services."[4, 5] One Key Question is also supported as a promising practice to improve the provision of reproductive health services for women[6] and is aligned with the Office of Population Affairs and Centers for Disease Control and Prevention's Quality in Family Planning service delivery recommendations for clinical practice. The American Medical Association also supports the use of pregnancy intention screening as a part of routine well-care and recommends it be documented in the medical record.[7]

Impact

Power to Decide provides both online and in-person certification training and consultation packages for health and service providers, clinics, community based organizations, public health departments, and other organizations. In in-person post-training evaluations, training participants reported being satisfied with the training and felt the activities were useful in building skills, with the majority of participants planning to implement One Key Question® within three months of training. Post-training, participants also reported significantly higher confidence in: 1) implementing One Key Question® with fidelity; 2) counseling on contraception, preconception, and interconception care; 3) counseling in a non-judgmental, unbiased way; and 4) confidence in integrating One Key Question® into site workflow ($p<.05$).[8]

ONE KEY QUESTION® A PROGRAM OF POWER TO DECIDE

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These findings were consistent even among those who had previously been implementing One Key Question®. Complementary to training participant perspectives on confidence and utility of One Key Question® are patient reports. Data collected from female clinic patients as part of a randomized controlled trial at the OHSU Center for Women's Health support that One Key Question® helped patients better communicate their reproductive health goals to their provider.[9] Similarly, quality improvement research on the feasibility of use in retail health clinics has shown that One Key Question® helped fill a gap for women who otherwise would not have received reproductive health information.[10]

We have collaborated with researchers across the United States to study the impact of One Key Question®. We have collected data on healthcare quality and patient experience indicators such as: (1) workflow impact; (2) provider support and efficacy; and (3) patient experience. Implementation data have been collected on three major indicators: (1) whether there has been an increase in contraceptive care; (2) whether there has been an increase in the number of women choosing to use more effective contraceptive methods; and (3) whether there has been an increase in consumption of folic acid and prenatal vitamins, prime indicators that a woman was counseled about preconception and prenatal care. Please see (table below) for a brief overview of findings from select studies over the last decade.

Although there have not yet been published efficacy studies of One Key Question® related to long-term health outcomes, we are fully committed to continuing to measure its influence. It is anticipated that future publications will describe the effectiveness of these efforts.

Overview of Findings from Select One Key Question® Pilot Sites
University of Chicago; Chicago, IL Dr. Debra Stulberg and colleagues conducted a pilot study to assess whether integration of One Key Question® in the Electronic Medical Record (EMR) of an urban community health center, paired with brief clinician training, would increase rates of contraceptive and preconception counseling.[11] This is the first published study that examined the impact of One Key Question® on clinical care. Following integration of One Key Question® in the clinic EMR and brief training for clinicians on its use, patients (N=63) ages 18-49 reported significantly higher rates of their clinician counseling them about contraception (52% vs. 76%, p=.040) and recommending a LARC method compared to before One Key Question® was integrated in the clinic EMR 10% vs. 32%, p=.035). Additionally, Dr. Stulberg is building on this work through a subsequent study examining four university-affiliated Primary Care and Obstetrics and Gynecology practices; two using One Key Question® and two providing usual care. Patients will be surveyed to measure changes in counseling, preconception health, contraceptive use, and patient satisfaction over time between treatment and control groups.
Hawaii Department of Health Home Visiting Service Unit (HVSU); Honolulu, HI[12] One Key Question® was selected in 2016 by the Hawaii Maternal and Infant Health Collaborative (HMIHC) as the RLP strategy that would be piloted in three targeted community agencies that deliver both clinical and nonclinical services statewide. In 2017, One Key Question® was implemented in all six home visiting agencies across 10 home visiting sites. As a result, the HMIHC is using data to inform implementation and program monitoring to reduce infant mortality, improve birth outcomes, and build the evidence base for One Key Question®. Also, a series of trainings with 71 individuals across 10 health centers were conducted between September 2017 and March 2019. Post-training survey data showed an increase in contraception counseling and use of long acting reversible contraceptive (LARC) methods among training participants.[13]
Brigham and Women's Hospital; Boston, MA. This 2018 pilot was comprised of 517 women seeking treatment for a systemic rheumatic disease. This study demonstrated the feasibility of implementing a reproductive health intention screening tool in a high-volume academic practice. In addition, One Key Question® reduced barriers to OB/GYN referrals for contraceptive and preconception counseling; 71% of providers felt One Key Question® was a helpful guide, and OB/GYN appointments rose from 5% to 15% six months post-intervention.

Overview of Findings from Select One Key Question® Pilot Sites
One Community Health; Hood River and The Dalles, OR. This 2015 pilot study sought to improve the frequency of screening for pregnancy desire in clinical practice. The study (N=500) compared two clinics, one that implemented One Key Question® and one that did not. The analysis using electronic health records found 64% of patients in the intervention site had received appropriate screening for pregnancy desire compared to 12% at the non-intervention site, suggesting that staff were able to incorporate the change into their workflow. The 52% improvement rate was attributed to adopting One Key Question® as a simple clinical procedure for staff to incorporate into their normal workflow of patient care.
Clay County Public Health Center; Liberty, MO. A pilot was conducted through the STD and Women's Health Programs (N=203) between 2014-2015. Nearly four in ten (38%) clients did not want to become pregnant and 42% reported they only wanted to become pregnant in the future. Only 3% of clients desired pregnancy and 2% reported pregnancy ambivalence (didn't care). The Center reported that staff struggled at first, asking One Key Question® only to clients they thought would need preventive reproductive health care. After further training to discuss bias and opportunities missed when predetermining who needs what care, staff began using One Key Question® with all clients. One Key Question® has been implemented into the Center's EMR and now also asked within the WIC/Prenatal Case Management Program.
Patient Experiences with Family Planning in Community Health Centers; National Survey. In an attempt to provide comprehensive findings on the patient experience with family planning care in community health centers, researchers from the George Washington University Milken Institute School of Public Health conducted a national survey of women of childbearing age (N=1,868) in 19 non-Title X community health centers across the United States as well as focus groups with women (N=82) in 6 additional health centers. The national survey implemented in 2014 included One Key Question® as the metric for pregnancy intention and ambivalence. Only 10% of women surveyed affirmatively desired to get pregnant in the coming year, and yet among women who were not actively seeking pregnancy, nearly one in three were not using contraceptives. Findings from this work support that greater efforts should be made to ensure that women of childbearing age who receive care at health centers are routinely screened for their pregnancy intentions and are assured access to immediate follow-up counseling, contraceptive care, or referral for family planning services.
Multnomah County Southeast Primary Care Clinic; Portland, OR. This pilot study, conducted between 2013-2014, showed that even among a small sampling of women (N=100) seen by a single provider, One Key Question® can impact women's health. About 20% of the women were seeking family planning services. Approximately 14% of participating women wanted to become pregnant (9%) or responded they would be okay either way (5%), yet most were not taking steps toward a healthy pregnancy. Half of the women in this pilot who did not want to become pregnant were at risk of unintended pregnancy. Among them, One Key Question® decreased the proportion using no method of contraception from 26% to 4%, and increased the proportion using the most effective methods from 32% to 46%.
Washington County Family Planning; OR. This 2013 study of One Key Question® involved 2,500 women between the ages of 18 and 50 years old seeking family planning services, including approximately 800 Spanish speakers. Six in ten (60%) women who received One Key Question® reported satisfaction with their current method of contraception and 23% received new contraception services (14% began using contraception, 9% changed to a preferred method). In addition, 12% of women were given preconception care. A critical discovery reported was the significant uptake in the identification of women most at risk for unintended pregnancy: the women who were ambivalent about their pregnancy intentions. Participating providers reported they were better able to identify women who were ambivalent about pregnancy due to other conditions such as IPV, mental health disorders, and substance abuse, which prompted additional services and referrals.
OHSU Family Medicine Richmond Clinic; Portland, OR.[14] This 6-week pilot conducted in 2011 sought to test the feasibility and acceptability of screening for pregnancy intention in primary care (N=154). Findings indicated that One Key Question® met patient needs, was acceptable to providers, and was feasible in a 15-minute primary care visit. None of the providers thought the clinic slowed or patient flow was significantly disrupted. Women screened using One Key Question® were 3.5 times more likely to receive a prenatal vitamin prescription (p=.011), 4.8 times more likely to receive an emergency contraception prescription (p=.003), and 2.07 times more likely to receive any reproductive health prescription (p=.003) compared to those that were not screened. The majority (77%) of providers thought communication with their patients improved because of this initiative, and 95% of providers reported they would recommend One Key Question® to another clinic. This pilot showed great promise for improving women's health care in a primary care setting.

Endnotes

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13 Health Mothers Healthy Babies Coalition of Hawaii. (2019). One Key Question® Training Assessment. Report for the Hawaii State Department of Health: unpublished.

14 Yonke, N. (2011). Pregnancy intention screening in primary care. Oregon Foundation for Reproductive Health's One Key Question® initiative OHSU: Richmond Clinic Pilot.