

Missed Opportunities: Improving Same Day Birth Control Initiation Using the One Key Question Method in an Urban Underserved Population at a Community Health Center

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Background

- The average American woman becomes sexually active at age 17, will spend 4 years of her life either pregnant or trying to get pregnant, and 25 years of her life trying to avoid pregnancy.
- 45% of pregnancies in the United States are unintended (2011).
- According to the San Diego County Maternal Child and Adolescent Health Community Profile for 2017-18, 17.3% of all women (ages 18-64 years old) delivering a baby did not receive prenatal care beginning in the first trimester of their pregnancy, 30.9% of women gave birth to a second child within 24 months of a previous pregnancy.
- Demographic of City Heights general population: 42.4 percent of City Heights residents are foreign born. City Heights racial/ethnic makeup is as follows: 54 percent Latino, 19 percent Asian or Pacific Islander, 13 percent African-American, 12 percent White, and 2 percent Other.
- The Oregon Foundation for Reproductive Health developed the "One Key Question®" method as a screening tool and conversation starter to discuss a woman's current reproductive intentions. This question, "Would you like to become pregnant in the next year?" opens the discussion for preconception counseling or birth control start and thus aims to give more women control over their reproduction through family planning.
- The CAPP and Interstate Postgraduate Medical Association created a Reproductive Health Care Initiative that includes a quality improvement module to instigate methods for improving women's reproductive care at the clinic level using the "One Key Question®". The Family Health Centers of San Diego Family Medicine Residency (FHCSDFMR) participated in this initiative and obtained the baseline rates used in our study.
- Our aim is to increase the rates of providers asking the "One Key Question®" to reproductive age women, and increase the rate of same day birth control start in those not desiring pregnancy.

Hypothesis

The use of the One Key Question® by providers will improve the rates of same day birth control initiation in eligible women ages 15-45 years old seen during clinic visits at FHCSDFMR.

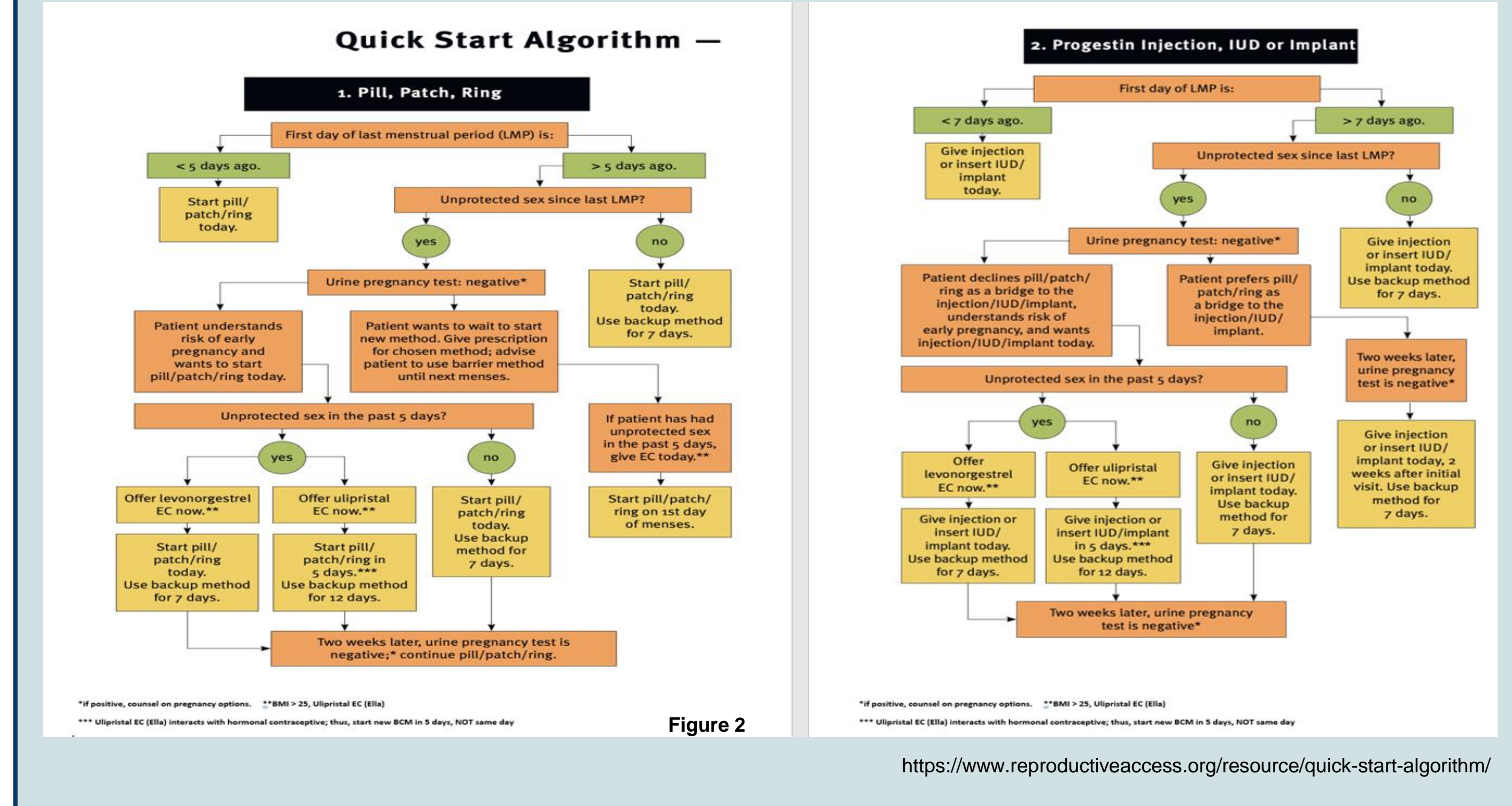
**Improve Family Planning! please ask and document:
Does your patient desire pregnancy in next 12 months?
Candidate for same day birth control start? Rx condoms/ECP?**

Figure 1

Methods

- Retrospective chart reviews were done on 100 randomly selected charts of female patients age 15-45 years seen by any provider at our FHCSDFMR for baseline levels (9/1/17-9/1/18), and for each 3 week period of our 2 Plan-Do-Study-Act (PDSA) cycles.
- Inclusion criteria:** females 15-45 years old.
- Exclusion criteria:** current pregnancy, h/o hysterectomy, h/o tubal ligation/ Essure, h/o congenital agenesis of uterus or vagina.
- To be counted as same day birth control initiation, the method needed to be documented in the Rx/Med list or documented as nursing administered the same day as encounter.
- Interventions for PDSA Cycle 1 (8/29-9/17/19):**
 - Display of One Key Question® discussion prompts (Fig 1) at each computer in FMR provider workrooms
 - Display of same day birth control initiation algorithm (Fig 2) in each FMR provider workroom
 - Project announcement at our Residency Didactics and email announcement to all residents and faculty that see patients at FHCSDFMR which included the prompt and same day birth control algorithm to reference. Providers were encouraged to ask the One Key Question® to all females 15-45yo at all office visits.
- Interventions for PDSA Cycle 2 (9/18-10/9/19):**
 - MA/Nursing staff training to include copies of laminated One Key Question® prompts (Fig 1) to the encounter folder given to each provider for any visits for female patients seen at FHCSDFMR
 - Continuation of other interventions started for PDSA Cycle 1
 - 2nd reminder email sent to all residents and faculty at FHCSDFMR

Methods



Results

Of the 100 charts reviewed (Fig 3):
% Eligible Patients: Baseline 67% (67/100), PDSA-1 72% (72/100), PDSA-2 72% (72/100).
% Eligible patients asked the One Key Question®: Baseline 52.2% (35/67), PDSA-1 31.9% (23/72), PDSA-2 41.7%(30/72)
% Same Day Birth Control Initiation rates: Baseline 48.6% (17/35), PDSA-1 34.8% (8/23), PDSA-2 36.7% (11/30)

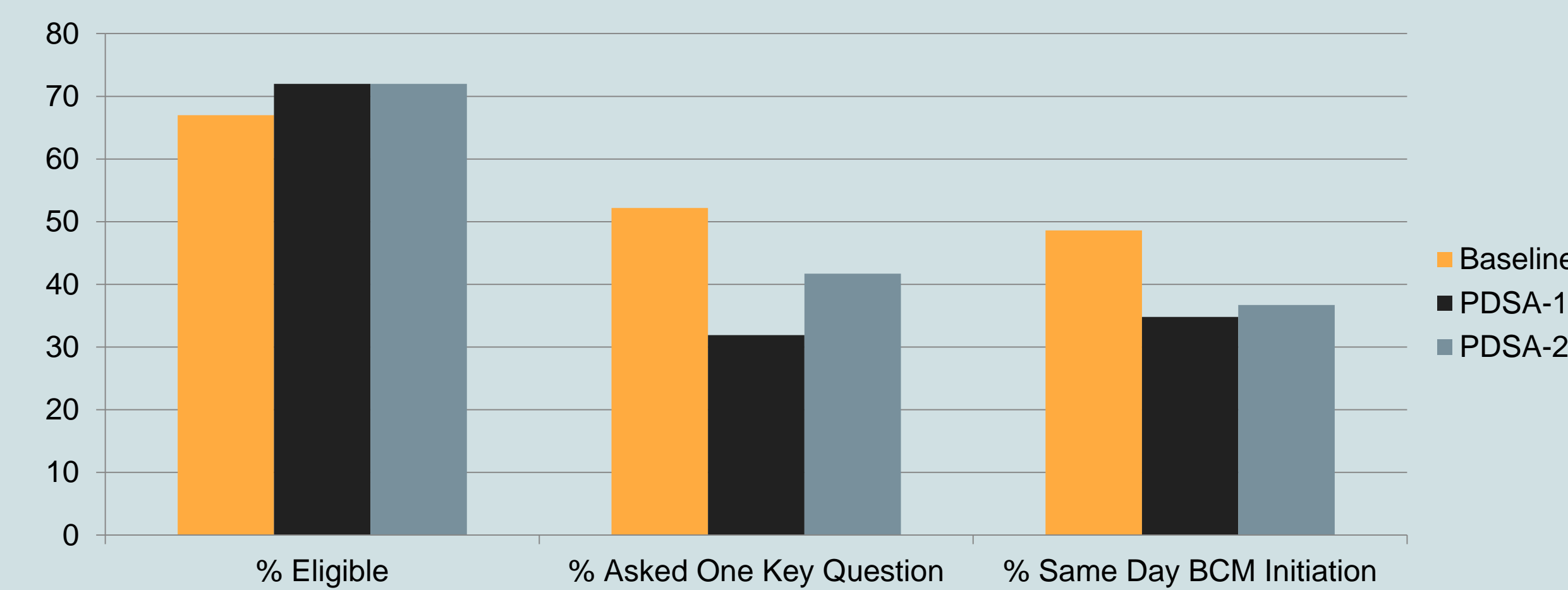


Figure 3

Further analysis done of the PDSA Cycle patient information:
PDSA Cycle 1: Of the eligible women asked One Key Question®: 21.7% (5/23) desired pregnancy, 21.7% (5/23) reported abstinence/ declined all BCM, 21.7% (5/23) continued their current birth control method, and 34.8% (8/23) started a new birth control on the same day. (Fig 4)
 Of the eligible women **NOT** asked the One Key Question® (49/72): 24.5% (12/49) were seen for an acute care/ED/Hospital follow up visit.

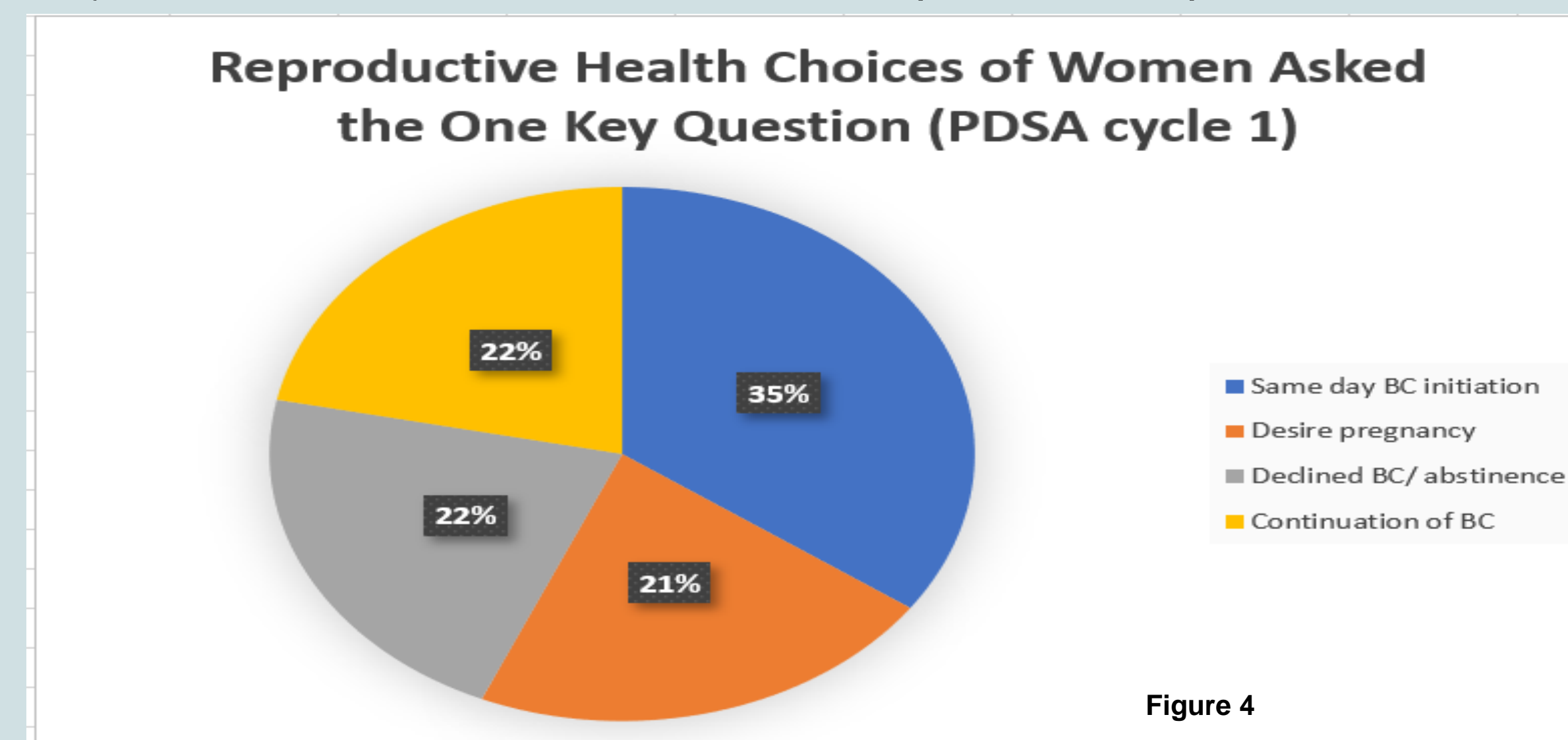


Figure 4

Results

PDSA Cycle 2: Of the eligible women asked One Key Question®: 10% (3/30) desired pregnancy, 26.6% (8/30) reported abstinence/ declined all BCM, 26.7% (8/30) continued their current birth control, and 36.7% (11/30) started a new birth control on the same day. (Fig 5)
 Of the eligible women **NOT** asked the One Key Question® (42/72): 26.2% (11/42) were seen for an acute care/ED/Hospital follow up visit.

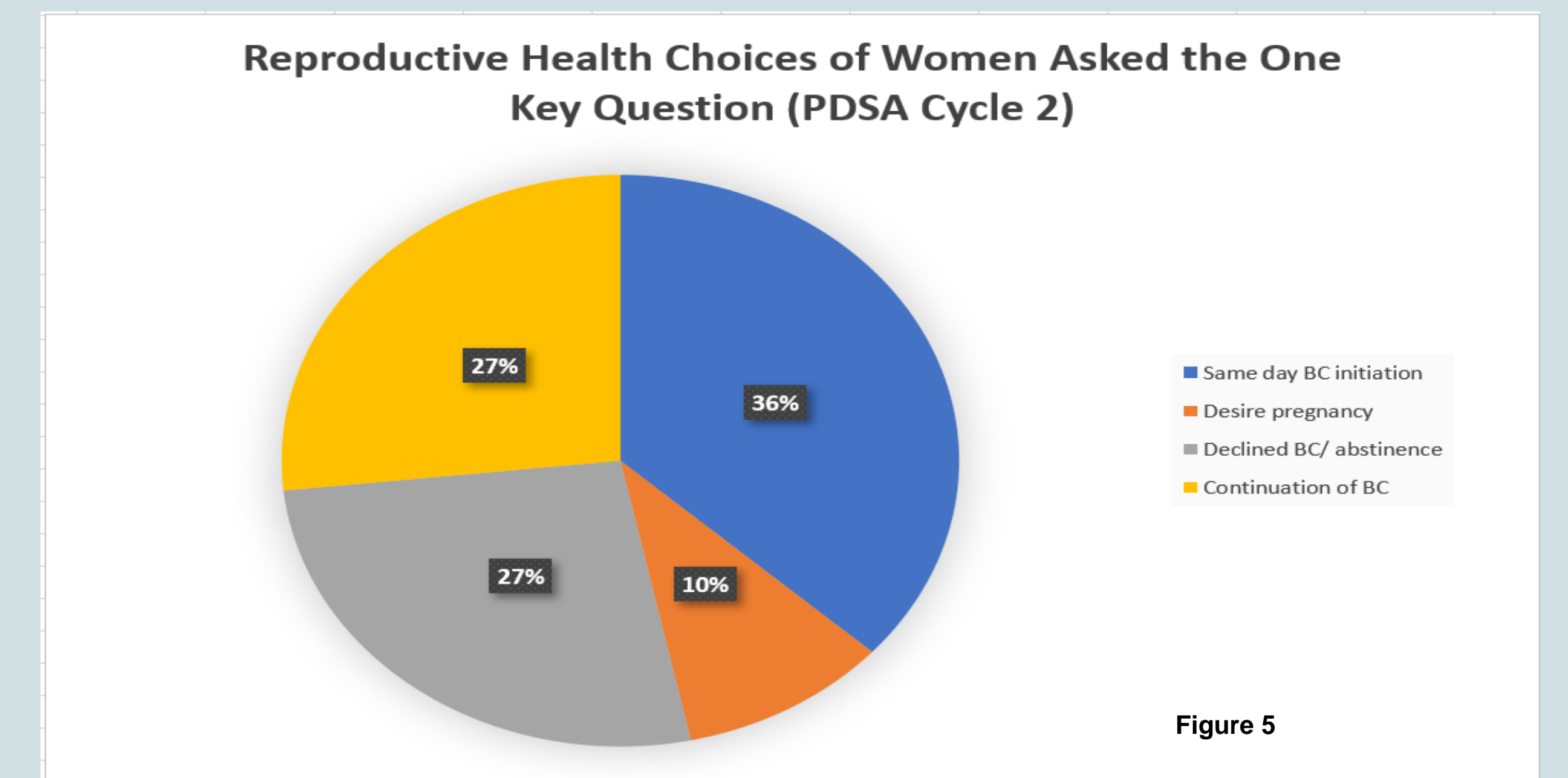


Figure 5

Discussion

- Our interventions lead to a 10% increase in asking the One Key Question® between PDSA cycles but not compared to our baseline levels, and lead to a 2% increase in prescriptions for same day birth control initiation between PDSA cycles but less compared to our baseline values.
- Of the woman asked, a large proportion continue to decline birth control methods or choose abstinence.
- Notably, about 1/4 of the visits where the One Key Question® was not asked, were acute care/ED/Hospital follow up visits. These are a large source of missed opportunity to initiate discussion about desired pregnancy. Since many young adults often only present to clinic for acute care visits, this is a key area for future interventions.
- Significant numbers of patients in our diverse underserved population also preferred pregnancy, abstinence, or no birth control method at all. Further evaluation of social and cultural determinants of reproductive health choices would be useful.
- Limitations in our project included that data regarding patients' reproductive health choices may be skewed, as there was a large number of women who were **not** asked the One Key Question®. There was also a noted lack of MA/nurse participation in placing reminder prompts into patients' encounter folder during PDSA cycle 2 interventions limiting evaluation of data outcomes for that cycle. We also acknowledge that baseline %'s are likely inflated due to use of a 1 year chart review period (and thus more eligible clinic encounters per patient to evaluate) compared with our 3 week intervention cycles (which had typically one encounter per patient to evaluate). Same day birth control rates may also be lower than actual since discussion and initiation of condom use was not counted unless it was documented in the Rx/Med list or dispensed by nursing.