



**PROVIDER RESPONSES TO THE IMPLEMENTATION OF ONE KEY QUESTION®
INTO THE UNIVERSITY OF UTAH HEALTHCARE SYSTEM**

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Unintended pregnancies account for almost half of all pregnancies in the United States. An unplanned pregnancy can lead to negative health and social consequences for both the mother and child (Gold, Sonfield, Richards, & Frost, 2009). Unintended pregnancy is also correlated with an increased burden on the public health system. One Key Question® (OKQ) is a tool for healthcare providers to assess a woman's pregnancy intentions. It asks the question, "Would you like to become pregnant in the next year?" and based on the patient's response, provides direction for the provider regarding counseling, education, and discussion (Bellanca & Hunter, 2013). This study was designed to understand factors impacting the implementation of routine pregnancy intention screening into clinical practice within the University of Utah Health area by identifying barriers and facilitators to the use of OKQ among health care providers and medical assistants.

A literature review was conducted to understand the impact of routine pregnancy screening on rates of unintended pregnancy, various methods of screening, and implementation of screening tools into the electronic health record (EHR). Trainings on OKQ were done with providers. Interviews were conducted with clinic staff and providers and surveys were given to medical assistants, physicians, nurse midwives, and nurse practitioners. The interviews were transcribed and coded based on themes. This study sought to understand current practices related to pregnancy intention screening and preconception health preconception health counseling, the perceived barriers and facilitators to the implementation of OKQ, and ways in which these perceived barriers could be addressed.

We found that while many providers reported talking about pregnancy intention during patient visits- it was not done in a systemic or routine way. There was also not a specific place in the EHR for those assessments to be recorded. Facilitators to OKQ implementation included recognition that pregnancy intention screening and documentation of pregnancy intention in the EHR would be an important means of caring for the individual patient and a good source for referrals for physicians not specializing in women's health. Barriers included time constraints, not viewing the OKQ as appropriate for every patient and visit, and not knowing where to include the algorithm within the EHR.

The implementation of OKQ into the University of Utah Health system would create a standard for asking about and documenting women's pregnancy intentions. While OKQ may work well, other pregnancy intention screening tools should also be considered and explored for implementation.

References:

Bellanca, H. K. & Hunter, M. S. (2013). ONE KEY QUESTION: Preventative reproductive health is part of high quality primary care. *Association of Reproductive Health Professionals* 88, 3-6. <http://dx.doi.org/10.1016/j.contraception.2013.05.003>

Gold R. B., Sonfield A., Richards, C. L., Frost, J. J. (2009). Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System. Guttmacher Institute. Retrieved from <https://www.guttmacher.org/sites/default/files/reportpdf/nextsteps.pdf>