One Key Question® Pilot Results

September 2016 – August 2017
Milwaukee, Wisconsin

United Way
Greater Milwaukee & Waukesha County

LIHF Lifecourse Initiative for Healthy Families Milwaukee

Wisconsin Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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Executive Summary

Prevention of unintended pregnancy and preconception care are promising approaches to decreasing pre-term birth and infant mortality. One Key Question® (OKQ), a strategy developed by the Oregon Foundation for Reproductive Health, asks women, "Would you like to become pregnant in the next year?" and provides them appropriate care and counseling. The goal of One Key Question® is to prevent unintended pregnancy, and promote healthy pregnancies and births.

In Milwaukee, the One Key Question® intervention was piloted for one year in four diverse health care settings. Non-pregnant women of reproductive age were targeted for this program. Quantitative process and output measures were collected using electronic health records (EHR) and home visit summaries. Qualitative data was collected through key informant interviews to explore facilitators and barriers to implementation.

During the pilot, 24,042 eligible women were seen at participating sites. Of those women, 9,857 (41%) women were asked One Key Question®. The percent of women answering "No" to One Key Question® was 83% and 13% answered "Yes." Sixty-two percent of the women asked One Key Question® received contraceptive services or related referrals. Of those asked, 5% initiated a Long Acting Reversible Contraceptive and 4% received preconception counseling.

Facilitators to implementation included One Key Question® seen as an opportunity to offer patient-centered care, the success of clear prompts and place in the clinic flow, and existing infrastructure to support follow-up service provision. Barriers included competing priorities, lack of time/comfort with providing needed services, and issues of documentation and data extraction from EHRs. Based on the findings of the pilot, there is an opportunity for expanding One Key Question® to more and varied providers, to track intermediate and long term outcomes related to One Key Question®, and to raise public awareness of One Key Question®. All of these recommendations support the goal of creating a Milwaukee community that supports healthy pregnancies and strong babies.

Introduction

One Key Question® is a brief clinical intervention developed and promoted by the Oregon Foundation for Reproductive Health. This initiative seeks to deliver appropriate services to female-bodied persons of reproductive age by having providers ask these persons about their pregnancy intentions for the next year by asking "Would you like to become pregnant in the next year?" Asking this one simple question engages individuals in thinking about their reproductive intentions, and creates an opportunity for the provider to intentionally counsel patients on pre-conception health and/or choosing a safe and effective contraceptive method.

Pilots of One Key Question® have found that it is acceptable to both patients and providers, and that it is feasible to implement in a normal 15-minute primary care clinic visit. Process and outcomes data for the intervention are lacking, however. The following document details the process, results and recommendations from the implementation of One Key Question® at four sites in Milwaukee, Wisconsin between September 2016 and August 2017. The implementation was spearheaded by the Milwaukee Lifecourse Initiative for Health Families (LIHF), convened by United Way of Greater Milwaukee & Waukesha County with funding from the UW School of Medicine and Public Health from the Wisconsin Partnership Program.

Project Overview

In 2015, the LIHF Health Care Access Committee identified implementation and evaluation of One Key Question® as a priority for the committee's work. The intervention aligned with the committee's charge to "Expand access to high quality health care over the lifecourse for African American families in targeted Milwaukee ZIP codes" in an effort to reduce infant mortality in Milwaukee. As prematurity is the leading cause of infant deaths in Milwaukee, LIHF focuses on reducing prematurity in order to reduce infant mortality[1]. There are important connections between prematurity, and pregnancy intention and birth spacing. Unintended pregnancy is associated with health problems for both mother and infant including:

- Preterm birth, low birth weight, and increased infant mortality
- Delayed prenatal care
- Increased depression, anxiety, and physical abuse for mother

In Milwaukee County, 52% of Non-Hispanic Black mothers and 24% of Wisconsin Urban County Non-Hispanic White mothers of reported having an unintended pregnancy (desired to get pregnant "later" or "never"). Additionally, 28% of Milwaukee County Non-Hispanic Black mothers and 28% of Wisconsin Urban County Non-Hispanic White

[1] Ngui, E, Michalski, K, LeCounte, E, Mohr, A. 2017 City of Milwaukee Fetal Infant Mortality Review Report. Milwaukee Health Department and Joseph J Zilber School of Public Health, April 2017.

mothers reported having a short inter-pregnancy interval (less than 18 months).[2] Of the infant deaths in Milwaukee in 2016, 36.8% of the mothers who lost an infant had a close interval pregnancy of less than 18 months.[3] March of Dimes, the American College of Obstetricians and Gynecologists, and others recommend spacing pregnancies at least 18 months apart to decrease the risk of adverse birth outcomes. Pregnancy intendedness and short term pregnancy intervals were identified as serious issues in Milwaukee, and One Key Question® offers an opportunity to address both issues prior to a woman becoming pregnant.

For the Milwaukee One Key Question® Pilot, four sites were identified to participate. These sites were selected based on interest in piloting One Key Question®, ability to offer follow-up care for each One Key Question® response, and serve women at risk of unintended and short term interval pregnancies. The four sites were:

- City of Milwaukee Health Department (MHD) Maternal and Child Health Home Visiting Programs
- Planned Parenthood of Wisconsin – Northwest Clinic
- Progressive Community Health Centers (PCHC)(Women's Health Department)
- Sixteenth Street Community Health Centers (SSCHC)

Each site selected a champion to serve on the One Key Question® Implementation Team. This team worked for eight months to assess site readiness, and develop an implementation and evaluation plan. The pilot began on September 1, 2016 and continued through August 30, 2017. The Implementation Team continued to meet throughout the course of the pilot to review data, and to share experiences and practices across sites. There was significant diversity in implementation across sites.

Each site staff received a brief training on One Key Question® prior to beginning implementation. This training included information on the justification and development of One Key Question®, the One Key Question® algorithm, and information on how to provide follow-up care to each One Key Question® response. After the training, each site champion continued to communicate with their site providers as needed. No other training was offered throughout the pilot or to new providers who started during the pilot.

Goals and Objectives

The goals of implementing One Key Question® in Milwaukee were:

> **Goal 1:** To increase the proportion of (non-first-time) pregnancies in Milwaukee that begin 18-36 months after the previous pregnancy ends.

[2] Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 7 (2012-2013), Wisconsin Department of Health Services.
[3] Ngui, E, Michalski, K, LeCounte, E, Mohr, A. 2017 City of Milwaukee Fetal Infant Mortality Review Report. Milwaukee Health Department and Joseph J Zilber School of Public Health, April 2017.

Goal 2: To increase the proportion of live births in Milwaukee at full gestation (38 or more weeks).
Goals 3: To increase the proportion of live births in Milwaukee of babies at greater than 2,500g or 5.5lbs.
Goal 4: To decrease infant deaths per 1,000 live births in the city of Milwaukee, especially among African American families.

The purpose of the Milwaukee One Key Question® Pilot was to inform best practices for health care and social service providers in the city of Milwaukee by reporting on the implementation process and results of asking women about their pregnancy intentions over the course of a year. The data collection and analysis were guided by the following objectives.

Objective 1: Describe the process of implementation of One Key Question® in four diverse settings in Milwaukee.
Objective 2: Determine whether the implementation of One Key Question® improves the quality and appropriateness of care received by women of reproductive age in primary care settings.

Specific Aim 1: Measure adherence to the intervention by calculating the proportion of eligible women who received the intervention.
Specific Aim 2: Describe organizational factors that influenced the implementation of the intervention.
Specific Aim 3: Determine whether the implementation of One Key Question® affects the number of women with pregnancy intentions who receive pre-conception care.
Specific Aim 4: Determine whether the implementation of One Key Question® affects the number of women who intend to not become pregnant in the next year who begin using a highly effective contraceptive method.
Specific Aim 5: Determine whether the implementation of One Key Question® affects the number of women who are unsure of their proximal pregnancy intentions who receive pre-conception and contraceptive counseling.

Evaluation Overview

The goals of the Milwaukee One Key Question® Pilot evaluation were to:

1) Measure provider implementation
2) Observe changes in preconception care delivery
3) Observe prescription and uptake of contraceptives
4) Explore barriers and facilitators of implementing One Key Question® in Milwaukee clinical settings

See Appendix A for the One Key Question® Milwaukee Logic Model.

Methodology

The Milwaukee One Key Question® Pilot was determined "Exempt- Quality Improvement" by the University of Wisconsin-Madison Institutional Review Board (IRB) as it is considered to constitute a Quality Improvement project.

Quantitative Data

Data was collected using a variety of methods across sites. Two sites added One Key Question® to their electronic health record (EHR). One site adapted an existing question in the EHR and prompted staff to ask One Key Question®. One site developed a paper form to collect responses. Aggregate data was reported by each site on a quarterly basis beginning with the three months prior to the start of implementation, for a total of five quarters (Appendix B). This reporting included measures of:

- Number of eligible women seen
- Patients Responses to One Key Question®
- Health services delivered following the asking of One Key Question®

Qualitative Data

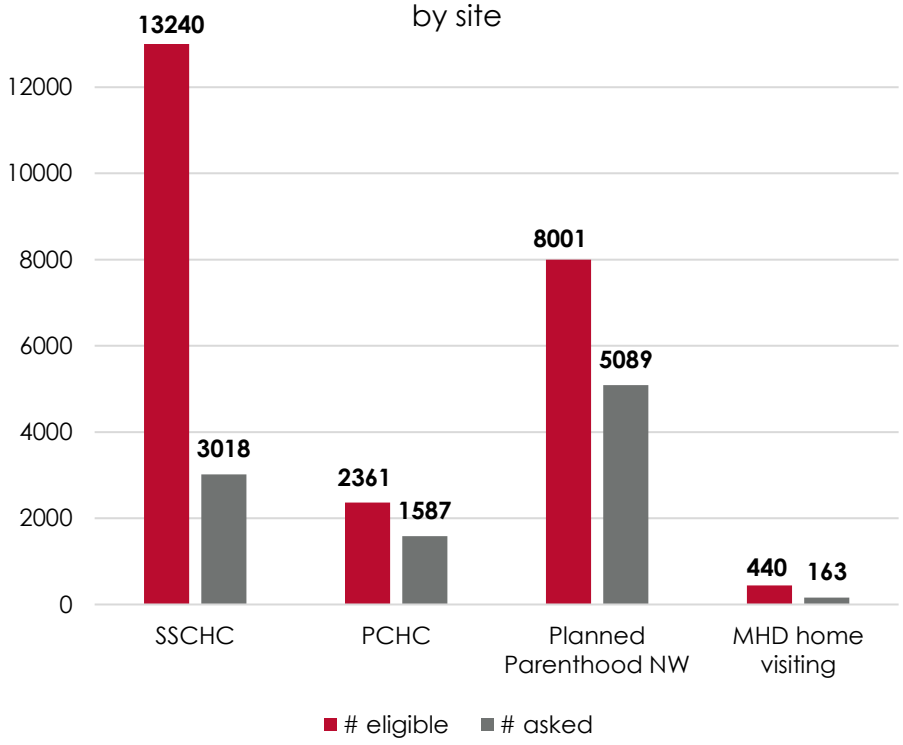
Key informant interviews were conducted at all four sites. Interviews were conducted with administrative staff members and clinicians. These interview subjects were identified by the site champion for each site. The lead evaluator coordinated the scheduling of interviews and conducted the interviews with each subject. Interviews were conducted using a semi-structured interview guide (Appendix C) and lasted between 30 and 60 minutes. With permission of informants, interviews were recorded. The evaluator also took notes during the interview on the reactions and non-verbal cues of the informants. Recordings were not transcribed verbatim, but rather the evaluator listened to the recordings and took detailed notes. All interview notes were analyzed by the evaluator using deductive thematic content analysis for barriers and facilitators related to the implementation. Interview notes were also analyzed using inductive thematic content analysis for other emergent themes.

Key Findings and Discussion

Data Results

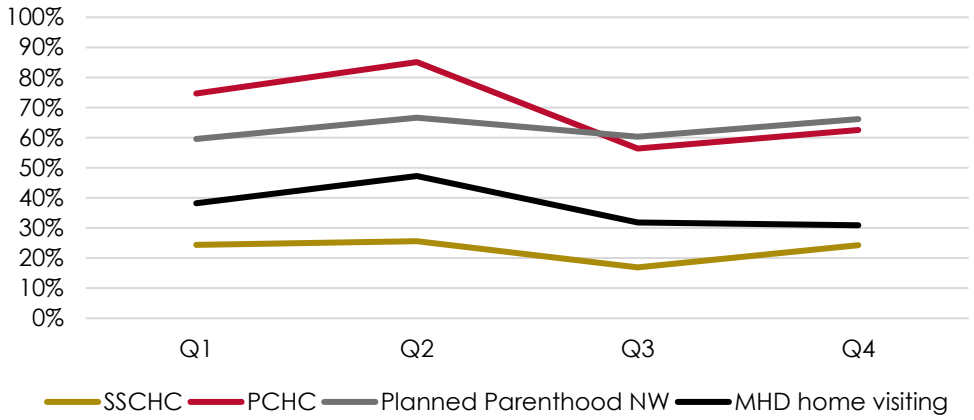
For all sites, eligible women were any non-pregnant female-bodies persons of reproductive age seen by a participating provider. Reproductive age was defined by each site and ranged from 12-18 on the low end to 50 on the upper age limit. A total of 24,042 women meeting the eligibility definition were seen at the four sites between September 2016 and August 2017. Of these eligible women, 9,857 women were asked One Key Question®. This number may include duplicates as it is possible that the same woman had multiple appointments throughout the year.

Figure 1: Eligible women asked One Key Question® by site



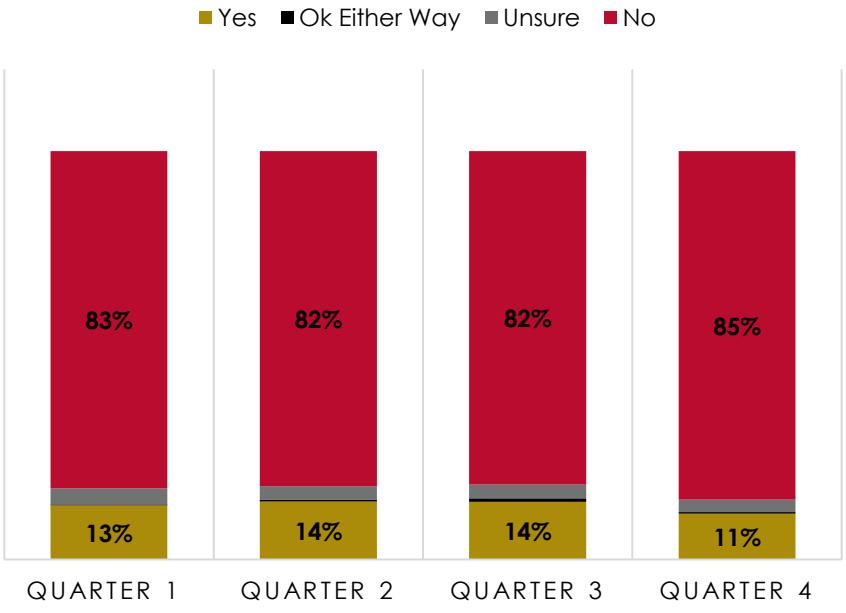
Forty-one percent of the total eligible women were asked One Key Question® over the course of the pilot. This percentage varied across sites ranging from 23% to 67%. At all sites the highest percentage of women asked occurred during the second quarter of the pilot (December 2016-February 2017).

Figure 2: Percentage of non-pregnant women of reproductive age asked One Key Question®



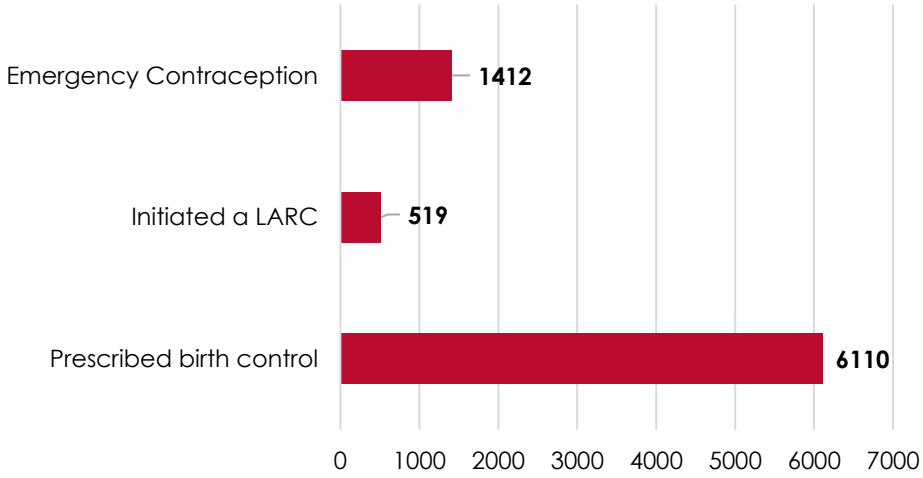
Of those women that were asked One Key Question®, 83% responded "No" that they would not like to become pregnant in the next year. Thirteen percent responded "Yes." Three percent answered either "Ok Either Way" or "Unsure." These percentages were consistent across quarters with a maximum variation of 3%.

Figure 3: Responses to One Key Question® across sites



During appointments when One Key Question® was asked, 6,110 (62%) women were provided with a prescription for birth control (e.g. birth control pill, patch, ring). Five hundred and nineteen (5%) women initiated a Long Acting Reversible Contraceptive (LARC), including an intrauterine device (IUD) or implant. Of those women asked, 1,412 (14%) women received emergency contraception. The Health Department Home Visiting programs do not provide prescriptions to birth control or initiate LARC, but rather provide referrals to other providers when requested by clients. The Home Visiting programs do provide emergency contraception. The other three sites provide prescriptions to birth control, initiate LARC, and offer emergency contraception. One limitation to this data may be in the data collection regarding the initiation of LARC as these reported instances would only be at the same appointment as when the woman was asked One Key Question®. Initiation of LARC would not be captured if a woman initiated LARC at a future appointment as a result of a conversation following the asking of One Key Question®. Additionally, concerns were raised by providers about compliance with birth control as a challenge. The data tracked for this pilot only measures whether a woman was provided with a prescription for birth control. It does not measure whether that prescription was filled, if the woman utilized the prescribed birth control, or for how long. No data was collected on women being advised to utilize condoms or other barrier methods.

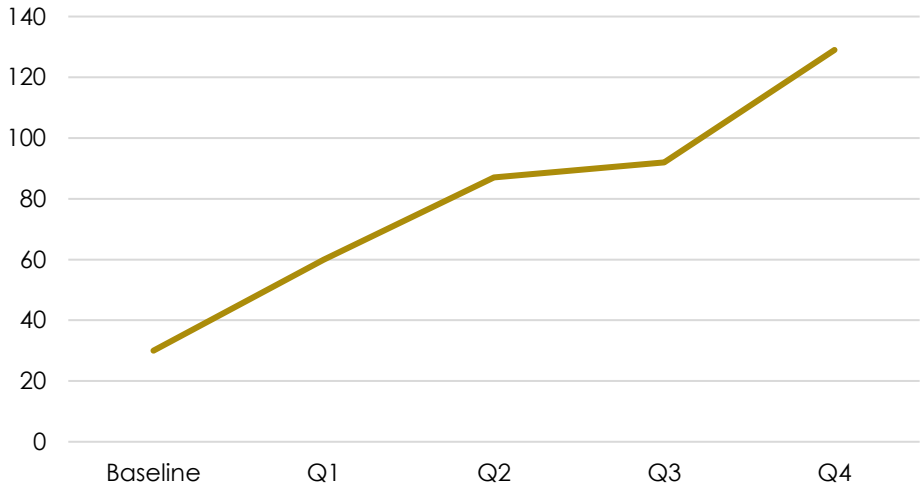
Figure 4: Contraceptive delivery across sites



During appointments when One Key Question® was asked, a total of 368 (4%) women received documented preconception care. This preconception care could include prescriptions for prenatal vitamins, counseling for handling chronic conditions during pregnancy, and advising how other prescriptions might need to be changed before or during pregnancy. Each site chose their specific coding for preconception care. There was an overall increase in the documentation of preconception care. It was noted by clinicians that it is possible that this does not directly indicate an increase in provision of preconception care, but rather an increase in the documentation of those services in

EHRs. The One Key Question® process created a specific and identified location for preconception care to be documented that may not have previously existed in all systems and drew providers' attention to that documentation opportunity.

Figure 5: Preconception Care By Quarter



Due to limitations in extracting data from the EHRs, it was not possible to match the responses to One Key Question® with the clinical responses provided. We cannot conclude that all women that received contraception answered "No" to One Key Question® or that all women that received preconception care responded "Yes" to One Key Question®.

While baseline data was collected for the quarter prior to the implementation of the One Key Question® pilot (June through August 2016), it is problematic to utilize this as a comparison as there was turn over at all sites for providers. In some cases it was as many as a third of providers changed between the baseline measure and pilot implementation.

Key Informant Interviews

Key informant interviews were conducted at all sites. A total of seven interviews were conducted; three with administrators, three with clinicians, and one with an individual in a role as both administrator and clinician. The guiding research questions were:

- What were the barriers to successful implementation?
- What site-level factors facilitated implementation?

A number of themes emerged during these interviews.

Asking the Question

- The phrasing of the question "Would you like become pregnant in the next year?" has been tested, and it is recommended that the question be asked exactly as outlined. However, a number providers identified that they might adapt the way that they ask the question based on their own way of speaking or the patient that they are asking. They felt that it got to the same responses, but was being asked in other ways, such as "Are you thinking about having another kiddo?"
- One Key Question® was seen as an opportunity to offer patient-centered care. One provider shared that they felt that in their clinician role they believed that they were already offering good preconception and contraceptive counseling to their patients. By asking of the question, they recognized that they had been making assumptions about some patients, and patients' responses to One Key Question® were different than what the clinician would have anticipated. One Key Question® provided an opportunity to identify and focus on the patient's wishes and desires, and to ensure that providers are empowering their patients with the best knowledge to fulfill their desires.
- The asking of One Key Question® was most effective when the prompts to ask were placed in a clear location within the EHR and within the clinic flow. In some cases, the question was placed in the "Family Planning" tab of the EHR, which required that providers navigate to that tab in order to be prompted to ask the question. Some EHR workflows would have bypassed the question and the providers would not have been prompted to ask One Key Question®. When providers knew where the question was located and how to enter responses, there was success in getting the question asked. At one site where the question was added to the EHR, a number of providers who were not a part of the pilot of One Key Question® found the question and started asking it, which indicates that just the presence of the question within an EHR has the opportunity to encourage providers to ask.
- There was also variation in who asked the question at different sites. The providers asking the question included physicians, nurses, medical assistants, and home visitors. At one site, consistent asking of the question occurred when medical assistants asked the question during the rooming of the patient at the start of the appointment. The response was then recorded in the EHR and notes were left for

the physician to follow-up on during the remainder of the appointment. This process demonstrated that a higher percentage of eligible patients were asked One Key Question®. Another site has since adopted this workflow to increase their asking of eligible women.

Follow-up on the Question

- Having primary care providers ask One Key Question® offers an important opportunity to integrate women's reproductive health care into primary care, but it is crucial that primary care providers have the necessary tools and resources for follow-up. Primary care providers need to be well versed in opportunities for preconception care and contraceptive options within their own clinic system, but also opportunities for referrals to other providers and services.
- It is most helpful when clinics have existing infrastructure to support women's preconception and contraceptive health needs (e.g. same-day LARC insertion). This can contribute to comfort and ease of referrals to other providers.
- Recognizing that health care services account for a small percentage of an individual's health and that social determinants play a crucial role in their wellness, it is necessary to have strong community partners for non-medical service referrals. Once providers identify that patients have a need beyond medical care that might support their desire to have a child or to prevent pregnancy, providers can play an important role in making referrals to additional social services.
- One Key Question® was seen as an improvement on existing practices and an opportunity to focus care and conversations during short appointments rather than an added task to already limited time.

Considerations for Evaluation

- There were significant challenges with extracting data from EHR systems. Utilization of the EHR provided a good opportunity for prompting providers to ask the question and capture the responses. However, it did present challenges in compiling the data to be extracted and shared for the broader pilot evaluation. There were challenges with the ability to match responses to One Key Question® with services received and demographic data of patients. Paper documentation forms also presented challenges as they required that the provider have a paper form when asking the question and staff time was required for data entry needed for data compilation.
- As the question itself was new and some of the follow-up services were not always previously coded, there were challenges of inconsistent charting. For future implementations, there may be an opportunity for validation of service delivery documentation through chart reviews or other verification systems. During the pilot the most successful charting was achieved when definitions and documenting systems were clearly designed and communicated for how counseling and non-billable services were to be tracked.

- Tracking and evaluating intermediate indicators of success (e.g. early entry into prenatal care) would be helpful for communicating the importance of asking One Key Question®.

All pilot sites have indicated that they are continuing to ask One Key Question® beyond the completion of the pilot.

Recommendations

Expand implementation of One Key Question® to more providers throughout Milwaukee

- Primary and emergency care providers are a possible gateway to reproductive health services. There are many women who may be seeing providers in primary or emergency room settings who are not receiving care elsewhere. Starting a reproductive health care conversation by asking One Key Question® may provide an important introduction. With more providers in the community asking One Key Question®, there is an opportunity to create the expectation that providers will discuss reproductive health with all female patients and it will become more normalized.
- Importance of pregnancy to chronic disease outcomes should be emphasized. One Key Question® presents an opportunity to start conversations about chronic conditions with women before they become pregnant. Pregnancy can be a challenging time to ask women to make changes to manage chronic conditions, so this early intervention provides a opportunity to improve the health of women and the health of their potential future children.
- Empower non-medical staff to conduct screenings and provide health education. One Key Question® can be asked by a variety of providers in health care and social services, not just physicians or nurses. The success of having medical assistants asking One Key Question® during the pilot indicates a good opportunity for expansion. Additionally, there may be an opportunity for other service providers (e.g. social workers, care coordinators, home visitors) to provide educational information, reinforcing messaging, and check-ins on compliance with recommended services.
- Need for multilevel buy-in from systems for the greatest success. Providers and administrative level staff all need to be invested in wanting to ask One Key Question® to ensure that there are needed resources and services available to support providers in asking.
- Need for culturally responsive reproductive health care for all patients. It is crucial that providers recognize that patients come with a variety of personal and cultural viewpoints regarding reproductive health. One Key Question® provides an opportunity to start a conversation on reproductive health from a culturally neutral position and to work with patients to ensure that they are receiving care that best fits their needs and values. One Key Question®

embraces the right of women to not have children or to have children under the conditions of their choosing.

Make it Easy for Providers to Implement

- Put One Key Question® in a prominent place in the EHR to ensure that it gets asked of all eligible women. Clear, easy prompts are needed and definitions for documentation should be clearly outlined. Buy-in from IT and staff managing EHR systems would assist to adapt the data gathering in the EHR and retrieve data for process improvement and outcomes measurement.
- All providers at the pilot sites received training at the inception of the pilot, but there was turnover at all sites throughout the pilot. There is an opportunity to provide ongoing trainings to ensure that new staff receive information on One Key Question® and that previously trained staff are given reminders regarding asking the question. At one site, the site champion sent regular email reminders to staff, but did not feel that those made an impact on their asking of the question. They identified that they felt they had better success with in person outreach to staff members.
- Emphasize to providers that while the addition of the question is new to an appointment, One Key Question® can be an opportunity to steer the patient-provider conversation to the most important priorities for the patient's health.

Collect Additional Data

- Need to collect and track patient outcomes and the correlation with the asking of One Key Question®. Short term outcomes might include early entry into prenatal care, chronic condition management, and vitamin or birth control compliance. There is a need for outcomes data to determine whether One Key Question® can achieve the outcomes of improving women's preconception health and eventual birth outcomes, and improving access and use of effective contraception to prevent pregnancies.
    - There may also be an opportunity to link with billing and/or prescription mechanisms to measure these intermediate indicators.
    - Analysis of services stratified by each answer to One Key Question® may provide additional insight into the process.
- There may be value in examining responses to One Key Question®, services provided, and intermediate outcomes by various demographics (e.g. age, race/ethnicity, income level).
- The best practice is to ask One Key Question® of all women of reproductive age at every appointment. However, individual providers or clinics may opt to ask less frequently if women are being seen regularly. There is an opportunity to consider how responses change over time or compliance with recommended services by tracking how often each woman was asked and what her responses are over time.

Increase Public Awareness

- One Key Question® is still relatively new in Milwaukee, and many women and providers are not familiar with the question. Public awareness could work to normalize One Key Question®, but also normalize conversations more generally around reproductive health for all women. With additional community awareness, more patients might start prompting providers to discuss their reproductive health needs.
- Increased community awareness could work to support programs and services beyond health care to support women's preconception and contraceptive health needs.

Ask One Key Question® of men

- There is an opportunity to engage men in conversations regarding pregnancy intentionality, preconception health, and contraception. The question would need to be adapted to be relevant for men and resources would need to be identified to ensure that men are getting connected with the needed services.

Conclusion

The Milwaukee One Key Question® Pilot has presented an opportunity to identify a process for implementing One Key Question® and to collect preliminary process data. It is now necessary to explore opportunities for expanding One Key Question® to more and varied providers, to track intermediate and long term outcomes related to One Key Question®, and to raise public awareness of One Key Question®. These steps provide an opportunity to change the landscape for women's reproductive health care being offered in Milwaukee and improve opportunities for women to have healthy pregnancies and strong babies.

Acknowledgements

Thank you to the following for their support of the Milwaukee One Key Question® Pilot:

- Oregon Foundation for Reproductive Health
- UW School of Medicine and Public Health from the Wisconsin Partnership Program
- United Way of Greater Milwaukee & Waukesha County
- Milwaukee Lifecourse Initiative for Healthy Families (LIHF)
- LIHF Health Care Access Committee
- Jessica Gathirimu
- Dr. Magda Peck
- Dr. Ken Schellhase
- Fiona Weeks

Thank you to the staff and providers at the One Key Question® Pilot implementation sties for all of their work and support:

- City of Milwaukee Health Department
- Planned Parenthood of Wisconsin
- Progressive Community Health Centers
- Sixteenth Street Community Health Centers

If you are interested in learning more or implementing One Key Question® in Milwaukee, please contact Allison Amphlett, Milwaukee LIHF Health Care Access Project Manager, at aamphlett@unitedwaygmwc.org or 414-263-8212.

Appendix A

One Key Question® Milwaukee Logic Model

Inputs	**Processes**	**Outputs**	**Outcomes**	**Impact** (Short-term)	**Impact** (Long-term)
EHR/Paper documentation forms Health center personnel/ Home visitors	Site presentations Site inventories Documentation of OKQ in EHR	# of providers regularly asking the question # of women of reproductive age asked the question	↑ documentation of pregnancy intentions ↑ % of women with pregnancy intention who receive preconception counseling/ services ↑ % of women without explicit pregnancy intention who receive contraceptive counseling	↑ % of sexually active women using a contraceptive method ↑ % of sexually active women using a highly effective contraceptive method ↑ % of women trying to become pregnant taking folic acid supplement	↑ % of pregnancies with interval of 18-36 months ↑ % of live births ≥2500g ↓ infant deaths per 1,000 births

Appendix B

Quantitative Data Collection Tool

Implementation Measures					**Where was this data found? (e.g. diagnostic code, EHR report, medication list)**
Site completes clinic presentation				0	
Site completes clinic inventory				0	
Site determines implementation strategy/flow				0	
	Q1	**Q2**	**Q3**	**Q4**	
# of providers at site	0	0	0	0	
# of providers trained in OKQ	0	0	0	0	
# of providers actively asking OKQ	0	0	0	0	
Departments/clinics Implementing	0	0	0	0	

Process Measures						**Where was this data found? (e.g. diagnostic code, EHR report, medication list)**
	Baseline	**Q1**	**Q2**	**Q3**	**Q4**	
How many unique patients were seen?	0	0	0	0	0	
How many unique patients were women of childbearing age?	0	0	0	0	0	
How many unique patients were pregnant?	0	0	0	0	0	
How many patients were screened with One Key Question®?		0	0	0	0	
Documented responses to the question	Yes	0	0	0	0	
	Ok Either Way	0	0	0	0	
	Unsure	0	0	0	0	
	No	0	0	0	0	

Outputs						**Where was this data found? (e.g. diagnostic code, EHR report, medication list)**
	Baseline	**Q1**	**Q2**	**Q3**	**Q4**	
How many women received preconception care (including folic acid/PNV) during her visit?	0					
How many women were referred for preconception care with another provider?	0					
How many women were prescribed a birth control method? (specify if possible)	0					
Of these, how many women initiated a birth control method?	0					
How many women initiated/switched their method to a LARC?	0					
How many women were given emergency contraception at their visit?	0					
How many women were referred for a birth control consult with another provider?	0					

Appendix C

Administrator Interview Guide

Introduction

Thank you for agreeing to meet with me to talk about your site's implementation of One Key Question®. Your responses and insights will be used to improve future implementation of One Key Question® in the state of Wisconsin. While your name will not be attached to the information you share with me, your responses may be shared with other organizations and at academic conferences, and it is possible that you could be identified by your answers.

I expect this interview to take between 45 minutes and one hour. You are not obligated to answer all of the questions I ask, and you may discontinue the interview at any time.

Do I have you permission to audio record this interview? [Begin recording]

Before I begin the interview, do you have any questions for me?

Questions:

1. What is your role within the organization?
2. How long have you been with the organization?
3. What was your role in the implementation of One Key Question®?
4. In your own words, what is One Key Question®?
5. What did you think or feel when you were first invited to implement One Key Question® at your site?
6. Try to think of a time when the implementation or evaluation of One Key Question® didn't go quite as you expected or intended.
    a. Tell me about what happened.
    b. What specifically didn't go as intended?
    c. How did you address the issue?
    d. Has this incident changed how you approach One Key Question®?
7. Can you tell me more about how well One Key Question® fit (or didn't) within your organization?
    a. What aspects of your organization do you think influenced the relative success of One Key Question®?
    b. Did you change anything about One Key Question® to make it fit better within your organizational context? What? How did you arrive at these changes?
8. What about the implementation of One Key Question® would you consider a success?
    a. How has One Key Question® changed how your site functions, if at all?
    b. Would you recommend to your organization's leadership that they continue One Key Question® after the pilot? Why or why not?
9. What changes, if any, would you recommend for future projects to implement One Key Question®?

Clinician Interview Guide

Introduction

Thank you for agreeing to meet with me to talk about your site's implementation of One Key Question®. Your responses and insights will be used to improve future implementation of One Key Question® in the state of Wisconsin. While your name will not be attached to the information you share with me, your responses may be shared with other organizations and at academic conferences, and it is possible that you could be identified by your answers.

I expect this interview to take between 45 minutes and one hour. You are not obligated to answer all of the questions I ask, and you may discontinue the interview at any time.

Do I have you permission to audio record this interview? [Begin recording]

Before I begin the interview, do you have any questions for me?

Questions:

1. How long have you been with the organization?
2. How would you describe or characterize the population you serve?
3. Tell me about the orientation you received to One Key Question®.
4. In your own words, what is One Key Question®?
5. What did you think or feel when you were first invited to implement One Key Question® at your site?
6. Try to think of a time when the implementation of One Key Question® didn't go quite as you expected or intended.
    a. Tell me about what happened.
    b. What specifically didn't go as intended?
    c. How did you address the issue?
    d. Has this incident changed how you approach One Key Question®?
7. Can you tell me more about how well One Key Question® fits (or doesn't) into your clinical practice?
    a. What aspects of your site do you think influence the relative success of One Key Question®?
    b. Did you change anything about One Key Question® to make it fit better within your clinical practice? What? How did you arrive at these changes?
8. What about the implementation of One Key Question® would you consider a success?
    a. How has One Key Question® changed how you interact with your patients, if at all?
    b. Do you intend to continue asking One Key Question® in your clinical practice? Why or why not?
9. What are one or two things that you would recommend could be done differently to make the implementation of One Key Question® easier or more effective?