TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

Contact Information	Valerie Tarico, PhD, (206 898 8184) valerietarico@hotmail.com Katharine Harkins, CNM, MPH, (206 972 2063) harkinsjkd@msn.com ***Which organizations were involved in developing this project suggestion?*** Washington Families 2030 Project – Power of Intentional Parenthood Hub
Project Title	Statewide implementation of routine pregnancy intention screening with same day referral or follow-on services in primary care

Rationale for the Project

Problem statement – why this project is needed.

Almost half of all pregnancies in Washington State are unintended—either mistimed or unwanted. That rises to 70 percent for women aged 20-24 and 78 percent for teens. Infants born from these pregnancies lack the benefits of preconception care and other preparations that allow parents to mitigate stress, conflict or financial hardship that can accompany childrearing These births, mostly paid for with public funds, are disproportionately high risk in terms of maternal and neonatal health, early childhood development, and long term social and economic prospects.

By contrast, when reproductive life planning becomes routine, prospective parents can stack the odds in favor of healthy children by taking steps to prevent neural tube defects and exposure to teratogens or potentially toxic stressors. They also are better positioned to safeguard their own mental health, educational attainment, prosperity and co-parenting partnerships.

Supporting research for the value of the proposed project.

- **One Key Question**, a screening tool developed by the Oregon Reproductive Health Foundation asks, "Would you like to become pregnant in the next year?" The answer prompts a bifurcating conversation about either pregnancy prevention or preconception care. Preliminary research on OKQ suggests increased contraceptive uptake and a shift toward the most effective options, IUDs and implants that remove human error and make pregnancy "opt in." The screening also identified high risk women who nonetheless desired pregnancy. Personal correspondence: Michele Stranger Hunter michele@prochoiceoregon.org 12//15
- **Medicaid covers approximately two thirds of unintended births nationwide.** Laliberté F, Lefebvre P, Law A, et al. Medicaid spending on contraceptive coverage and pregnancy-related care. *Reproductive Health*. 2014;11:20.
- **All contraceptive methods produced cost savings.** IUDs and implants return $5 to $6 for each dollar spent. Foster DG, Rostovtseva DP, Brindis CD, Biggs MA, Hulett D, Darney PD. Cost Savings from the Provision of Specific Methods of Contraception in a Publicly Funded Program. *Am J of Public Health*. 2009;99(3):446-451.
- **Contraceptive use to delay childbearing and determine family size has a strong positive association with increased socio-economic mobility**—increasing the likelihood young women graduate high school, complete higher education, and participate in the workforce. It decreases risks associated with the potentially toxic stressors of poverty, unintended birth itself, inter-partner conflict, maternal anxiety and depression.

  Sonfield A et al., The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children, New York: Guttmacher Institute, 2013.
- **Women desire effective contraceptives because of perceived socio-economic benefits.**

  Frost JJ and Lindberg LD, Reasons for using contraception: perspectives of U.S. women seeking care at specialized family planning clinics, 2012, *Contraception*.
- **Unintended birth is more likely to result in low birth weight.**

  Shah PS, Balkhair T, Ohlsson A, Beyene J, Scott F, Frick C, Intention to become pregnant and low birth weight and preterm birth: a systematic review. *Matern Child Health J*. 2011 Feb;15(2):205-16.

- **Increased LARC use is positively associated with a reduction in preterm birth.**
  Goldthwaite LM, Duca L, Johnson RK, Ostendorf D, Sheeder J. Adverse Birth Outcomes in Colorado: Assessing the Impact of a Statewide Initiative to Prevent Unintended Pregnancy. *Am J Public Health.* 2015;105(9).
- **Improved counseling and removal of barriers increase patient request for LARC to over 2/3.**
  Secura GM, Allsworth JE, Madden T, Mullersman JL, Peipert JF. The Contraceptive CHOICE Project: Reducing Barriers to Long-Acting Reversible Contraception. *Am J Obstetrics and Gynecology*. 2010;203(2):115.
- **ACOG recommends increasing access to LARCs to reduce unintended pregnancy.**
  American College of Obstetricians and Gynecologists Committee Opinion: Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy, Number 642, October 2015.

Relationship to federal objectives for Medicaid[i] with particular attention to how this project benefits Medicaid beneficiaries.

- Low income adolescents and young women are at heightened risk for unintended pregnancy and associated morbidity and mortality for mothers and infants such as: gestational diabetes, preeclampsia, HELLP Syndrome, Low Birth Weight (LBW) and Very Low Birth Weight (VBLW) and neural tube defects all of which result in significant increased healthcare costs and decreased wellbeing.

Project Description

Which Medicaid Transformation Goals[ii] are supported by this project/intervention?

- ☐ Reduce avoidable use of intensive services (Reduces acute care of unintended vaginal and caesarian birth, low birth weight, very low birthweight, HELLP Syndrome, neural tube defects, pre-eclampsia, post-partum depression)
- ☐ Improve population health (Parent: Potential reduction in chronic stress, domestic violence, substance use; and improvements in mental health related to well-timed and actively chosen childbearing. Child: long-term health improvements from decreasing LBW, VLBW, exposure to teratogens, maternal stress hormones. Child and siblings: Long-term health, mental health benefits of improved SES, improved academic success, lower risk for Adverse Childhood Events.)
- ☐ Ensure Medicaid per-capita growth is below national trends. 5 year ROI of family planning ranges from $5-7 per $1 spent.

Which Transformation Project Domain(s) are involved?

- ☐ Health Systems Capacity Building X
- ☐ Care Delivery Redesign X
- ☐ Population Health Improvement – prevention activities X

Region(s) and sub-population(s) impacted by the project.

By focusing on prevention, this statewide project promotes healthy starts for young women, infants and children, thus counterbalancing investments in the chronically ill. At the same time, women who struggle with chronic illness, mental illness or substance use stand to benefit most because ill-timed pregnancy can exacerbate each of these issues, and each issue can exacerbate maternal and child risks.

Relationship to Washington's Medicaid Transformation goals.

Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.

The goal of this project is to help shift family planning services from a specialty silo to an integrated care "no wrong door" "whole person" service delivery model--ensuring that women can get their needs met wherever they come into contact with the health system. Funding during the waiver period will be used to train providers across the state in a screening and counseling method such as One Key Question or a similar screening process developed by the Bixby Center at UCSF and available through Associated Risk Management Services of PPFA. Project coordinators will engage insurance plans and medical records specialists to address billing and coding issues, and to revise electronic records so that they prompt for the screening—as is now being done in Oregon's model program.

The expected outcome is an almost immediate reduction in unsought, high-risk births (and abortions). Reduction in

high risk, state-funded pregnancies and births will produce savings that begin to accrue during the waiver period and that continue to accrue throughout the lifetimes of those served.

Without a transformation in service delivery that brings evidence based family planning care to women in primary care, chronic care and social service settings, a growing "technology gap" in contraception risks widening economic and health disparities already present. Economically advantaged women currently obtain the best contraceptives at the highest rate, while unsought pregnancy increasingly concentrates among the poor. Because unsought pregnancy is a risk factor for poverty, this creates a vicious cycle that can be addressed only by ensuring uniform screening and provision of family planning services across socioeconomic brackets.

Links to complementary transformation initiatives - those funded through other local, state or federal authorities

The screening proposed in this initiative is one component of transformation initiatives being submitted by North Sound ACH and King County Health Department, each of which proposes a more extensive retooling of primary care clinics to provide state-of-the-art patient-centered family planning services.

Potential partners, systems, and organizations needed to be engaged to achieve the results of proposed project.

This project requires partnership of care systems with qualified training partners, preferably under the oversight of participating ACH. Training for screening, counseling and LARC insertion may be contracted via UCSF Bixby, Oregon Reproductive Health Foundation, UpstreamUSA, PPFA (Associated Risk Management Services), Cardea or PPGNWHI.

Core Investment Components

Proposed activities and cost estimates ("order of magnitude") for the project.

- 50 half-day pregnancy intentions trainings reaching 25 primary care health homes and systems-- $500,000
- Half time coordinator position for five years -- $250,000
- Tech assist with electronic records modification to prompt for screening and preconception care--$200,000
- Development and dissemination of electronic self-administered reproductive life planning tool--$150,000
- Capacity building in LARC center of excellence for supervised practice--$150,000
- 50 "upskill" trainings for counselors (patient-centered interview, tiered presentation of options)--$250,000
- 50 "upskill" trainings for providers who will offer LARC insertion-- $500,000
- Program Evaluation/Research $200,000
- TOTAL: $2 M

How many people you expect to serve, on a monthly or annual basis, when fully implemented.

- An estimated 430,000 Washington women of reproductive age rely on state funded family planning services. Once routine screening is implemented statewide, all of these women should be screened annually.

How much you expect the program to cost per person served, on a monthly or annual basis.

- The per woman cost of publically funded family planning services is approximately $335 per person. This should decline over time as women transition to the contraceptive method of their choice with a significant proportion choosing long acting methods that provide 3-12 years of contraceptive protection.

How long it will take to fully implement the project within a region where you expect it will have to be phased in.

- Following funding, training should be fully implemented within one year in those regions that have already laid groundwork, namely the North Sound and King ACHs, and within three years of initiation in other regions.

The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.

- Today approx. 15% of Washington women use a long acting contraceptive. If universal screening and enhanced care increased this to 25% during waiver period: 430,000 women x .10 x $300 cost per LARC x 5xROI =$64.5M

Project Metrics

Key process and outcome measures against which the performance of the project would be measured.

Primary care providers trained in pregnancy intentions screening; providers trained in LARC insertion; preconception care; first trimester care; cross-sector clinics offering full range of contraceptives; LARC uptake; teen pregnancy; low birth weight, very low birthweight, abortion, patient survey (sample) re shared decision making.

[i] Medicaid objectives as stated in GAO report 15-239, April 2015, http://www.gao.gov/products/GAO-15-239:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director's Letter – available at: http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html.

[ii] Transformation goals as stated in Washington's Medicaid Transformation waiver, http://www.hca.wa.gov/hw/Documents/waiverappl.pdf:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington's tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.