

**Increasing Awareness and Accessibility of Long-Acting Reversible Contraception:
North Sound ACH Prevention Transformation Project Suggestion**



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Project Title	Increasing Awareness and Accessibility of Long-Acting Reversible Contraception
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Rationale for the Project

Problem Statement: Washington state teen and young adult pregnancy rates are 27.8 per 1000 for ages 15-19 and 98.1 for ages 20-24. Pregnancies resulting in births in these age groups are more likely to be unintended than not (78% unintended for women under 20, ~70% unintended for 20-24) but many primary care providers do not routinely discuss pregnancy intentions or offer follow up on pregnancy prevention or pre-conception services. Births from unintended pregnancies are twice as high among women covered by Medicaid (51%) compared to women not covered by Medicaid (24%). In Washington, a majority of children are born to mothers on [Medicaid](#). The estimated federal and state government cost for Washington births from unintended pregnancies paid by Medicaid in 2010 was \$220 million.

Given this context, expanded use of the most effective methods -- long acting reversible contraception (LARC) considered "top tier" by the CDC and WHO -- could have a large impact in the state or even just one region. Many providers do not have the training to provide the full range of contraceptives: according to a Journal of Adolescent Health report, only a quarter (26%) of internal medicine physicians and pediatricians offer LARC insertion.

Evidence Base: The July 2015 WA State Report (RDA Report 9:108) states LARC is now recommended as first-line birth control for all women and adolescents. NIH reports that LARC methods have a failure rate of 0.27% as compared to a 4.55% failure rate among pill, patch and ring users. When cost, access, and knowledge barriers were removed, 72% of women participating in a recent St. Louis study selected a LARC method. Enhanced training for reproductive lifespan conversations, contraception counseling and LARC insertion have been demonstrated to improve access and increase choice, allowing more women on Medicaid to choose the most effective methods of contraception. [Just this week](#), the state of Virginia proposed investing \$9 million for LARC access based on the 40% decline in the teen birth rate between 2009 and 2013 in Colorado.

Federal Objectives:
 ✓ *Improve health outcomes for Medicaid and low-income populations*
 LARC has the potential to address this objective by helping women fulfill their pregnancy intentions and prevent unintended pregnancy. An Institute of Medicine report, *The Best Intentions, Unintended Pregnancy and the Well-Being of Children and Families*, identifies unintended pregnancy as a risk factor for late or inadequate prenatal care, low birth rate, neonatal death, and exposure to toxic stressors such as domestic violence, child abuse, and exposure of the fetus to harmful substances.ⁱ Unintended pregnancy is also associated with social and economic factors like financial hardship, failure to achieve education and career goals, and marital dissolution that may contribute to adverse childhood events (ACEs), affecting lifelong learning and health.

✓ *Increase and strengthen coverage of low income individuals*
 Training PCPs in LARC insertion increases the number of providers capable of providing LARC and therefore the options available for women. Coupling education on reproductive lifespan planning with training for LARC insertion increased has been demonstrated to increase patient trust in providers and the medical delivery system.

Project Description

Which Medicaid Transformation Goalsⁱⁱ are supported by this project/intervention? Check box(es)

- ✓ Reduce avoidable use of intensive services
- ✓ Improve population health, focused on prevention
- Accelerate transition to value-based payment
- ✓ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

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

Target Population: This project would focus on Medicaid-covered women of reproductive age who are at risk of unintended pregnancy and also create model standards of care for the broader population. Since Skagit County unintended pregnancy rates for both ages 15-19 and 20-24 exceed the state average at 33.7 and 116.2 per 1000 respectively, clinics that serve Medicaid women are our likely starting point. We plan to expand across the region as resources allow. The population of women on Medicaid aged 18-24 in the North Sound ACH counties is 74,600: 44,400 in Snohomish, 15,900 in Whatcom, 9,300 in Skagit, 4,400 in Island and 1,000 in San Juan.

The goal: We aim to advance health equity by increasing knowledge of and access to the forms of contraception considered "top tier" by the CDC and WHO for women covered by Medicaid in support of evidence based best

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practices. This will close the current “technology gap” that exists between income levels, reducing health disparities.

We also strive to improve the experience of care for women covered by Medicaid by centering conversations on reproductive lifespan planning within the context of their personal life goals. This patient-centered approach has been demonstrated to increase usage and satisfaction.

Additionally, we aim to reduce State Core Measure # 2: Unintended Pregnancy (from population health subset) and to decrease Medicaid spending per enrollee (#51).

Intervention:

- 1) Provider training on how to incorporate reproductive life planning into routine health screening, clarify pregnancy intentions, utilize client centered contraceptive counseling best practices and inserting/ implanting LARC for patients who choose those methods.
- 2) Education and outreach to women covered by Medicaid to increase accurate reproductive health knowledge including risk/benefit information regarding LARCs and decrease misperceptions of LARC potentially conducted by providers, MCOs, non-profit community organizations, community colleges and high schools.

Outcomes:

- Reductions in unintended pregnancy rates (WA Core Measure Set: Population measure 2)
- Decreased Medicaid spending per enrollee (WA Core Measure Set #51)
- Increased provider and consumer awareness of LARC as most effective
- Increased provider capacity to provide LARC to female patients at patient discretion
- Increased use of LARC

Links to complementary transformation initiatives:

This proposal aligns with the Triple Aim within Medicaid by increasing the quality of contraceptive care for Medicaid members while reducing the high Medicaid maternal and infant care costs. It also aligns with the following federal objectives:

CMCS’s *CMCS Maternal and Infant Health Initiative* seeks to increase the rate of pregnancies that are intended through increasing by 15 percentage points the use of effective methods of contraception in Medicaid and CHIP over a 3-year period.

CDC’s *6/18 Initiative: Accelerating Evidence into Action*, identifies unintended pregnancy as one of the six high-burden health conditions with evidence-based preventive practices demonstrating potential for emerging value-based payment and delivery models.

Relationship to Washington’s Medicaid Transformation goals:

- Improve population health by preventing unintended pregnancy.
- Accelerate the transition to value-based payment by measuring return-on-investment through cross-sector collaboration
- Helps minimize per-capita cost growth by preventing unintended pregnancy; pregnancy is the largest health expenditure and in WA a majority of children are born to mothers on Medicaid.

Partners: Coordinated Care, Molina, AmeriGroup, UHC and CHPW have all indicated interest as has Mt. Baker Planned Parenthood. Potentially all MCOs and PCPs across the region could partner to increase access to LARC; organizations providing Social Services & Supports, LHJs and CBOs are also potential partners. We also align with King County’s proposal “Unintended Pregnancy Prevention.” Washington DOH has endorsed this project.

Health Disparities: Births from unintended pregnancies are significantly more common among women covered by Medicaid (51%) compared to women not on Medicaid (24%) (WA 2010). There is a disparity in access to the most effective contraction for women eligible for Medicaid when compared to women in higher income brackets; this “technology gap” compounds existing economic and health disparities. Increasing access to the most effective contraceptive methods improves health equity and increases standards of care. [A Texas study](#) showed dramatic disparities in LARC utilization with usage increases corresponding to higher incomes. The St. Louis CHOICE study found that women from all income and ethnicity groups select a LARC method when access, cost, and knowledge barriers were eliminated. Across income, ethnicity and age groups, women had high continuation rates & satisfaction with their chosen method.ⁱⁱⁱ American Indian/Native Alaskan women and Black women have the highest rates of live birth from unintended pregnancy (both at 53%); Latinas and Asian/Pacific Islander women also had higher rates than white women ([43%, 35% and 33% respectively.](#)) These disparities indicate a potentially high unmet need for the most patient centered and effective family planning services.

Core Investment Components

With unintended pregnancy accounting for over half of all pregnancies in the state, the North Sound ACH is

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positioned to improve health outcomes and reduce system-wide costs through enhanced access to the most effective contraceptives. LARC methods have been shown to have the highest effectiveness in preventing unintended pregnancies, including among teens and young women. However, these methods are often out of reach for many low-income women because of high cost compared with other contraceptive methods and a lack of providers trained to implant or insert LARC devices. A lack of knowledge on the part of both providers and patients as well as outdated medical practices combine to create barriers to optimal care and health. This project would have two components intended to increase access to LARC and reduced the rates of unintended pregnancy and associated costs:

1. Educating primary care providers on how to have patient-centered conversations with their clients about their reproductive life plans and how to assist women with selection of their preferred contraceptive method coupled with training interested providers on evidence based contraceptive best practices including inserting and implanting LARCs so that option is more readily available to all women regardless of insurance status; and
2. Partnering with providers, MCOs, and community-based organizations to conduct an education campaign to update knowledge of top tier contraceptives for members and communities.

Cost: We anticipate the need for .5 FTE Project Manager estimated at \$48K inclusive of benefits. The North Sound ACH has already received sizeable donations from the community to support this project. We are currently exploring donated training from device distributors and Planned Parenthood training rates. Mt. Baker Planned Parenthood has also received a grant from a [UCSF initiative](#) offering baseline training for providers at no cost.

King county estimates of cost per person served:

- If 110,000 women were reached it would cost \$9-\$18 per person annually
- If 50% of these women were reached it would cost \$18-\$36 per person annually

Best Estimate: Based on currently available data from our MCO partners, there is a huge gap in provider training for LARC: one plan reported that 201 of their providers prescribe LARC in the North Sound region as compared to 458 who prescribe other forms of hormonal contraception, suggesting that many providers women may turn to for family planning are not equipped to offer the most effective methods recommended by relevant regulatory and professional bodies; this is consistent with national research. MCO data also suggests ample opportunity for patient education regarding unintentional pregnancy prevention: plans report that between 1.66% and 9.45% percent of members use LARC. One plan reported that 86.22% of members use no hormonal birth control. The North Sound region has 14.8% of Washington’s Medicaid population. There were 42,503 births in Washington covered by Medicaid in 2015, at a cost of \$399,738,218; approximately 6,290 were in the North Sound at a cost of \$59,163,740.

Full Implementation could happen region-wide in 9 to 12 months from start of project funding. Provider training could begin within 60 days. We predict 3-4 months to develop an education program across MCOs; partnerships/collaborations are in place to begin work 2/1/16.

ROI: By averting unintended pregnancies and other negative reproductive health outcomes, publically funded family planning services provided by safety-net health centers saved the State of Washington \$269,900,000 in 2010. The estimated federal and state government cost for Washington births from unintended pregnancies paid by Medicaid in 2010 was \$220 million. In contrast, the annual cost for contraceptive care in Washington to prevent these pregnancies would have been about \$335 per person or a total cost of about \$7million. Specific ROI on LARC in Washington still requires analysis but for every \$1 spent on publically funded family planning, governments generally saves \$7.09. Shared savings from lowered births in the Medicaid population could be tracked once we agree to a mechanism for reinvesting cost avoidance.

Project Metrics

Process measures

1. # of providers trained (and the population they serve)
2. # of providers reimbursed for LARC
3. # of providers integrated reproductive life planning into their practices
4. # of clients engaged in reproductive life planning conversations
5. # of clients receiving educational materials

Outcome measures

6. # of LARC insertions/implantations (baseline needed from MCO Claims)
7. Unintended pregnancy rate in the region (PMCC measure 2, population)
8. # of pregnancies per geographic target in reproductive age groupings
9. Cost avoidance from reduction in Medicaid births

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ⁱ Brown, S., and Eisenberg, L. (editors). *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. National Academy Press. Washington, D.C. 1995.

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.

ⁱⁱⁱ *AJOG*, "[Contraceptive continuation in Hispanic women](#)," March 2015