Lessons Learned from the CHOICE Project: Enhancing Access to LARC in Your Family Planning Program

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Objectives

• Describe lessons learned from the CHOICE Project in creating clinical systems that reliably and consistently ensure access to LARC methods

• Describe a systematic approach for ensuring consistent and reliable access to contraception, especially LARC methods, according to nationally recognized clinical recommendations, and based on lessons learned from CHOICE

Disclosures

Michelle Gerka - Nothing to Disclose
Dawn Middleton - Nothing to Disclose
Hilary Broughton – Nothing to Disclose

Participant Introductions

Why Long Acting Reversible Contraception (LARC)?
First-line Contraceptive Care

- LARC methods are top-tier contraceptives based on effectiveness, with pregnancy rates of less than 1% per year for perfect use and typical use
- No need for daily adherence
- Few contraindications and almost all women are eligible
- LARC methods should be offered as first-line contraceptive methods

ACOG Committee Opinion no. 450: Increasing use of contraceptive implants and intrauterine devices to reduce unintended pregnancy.

The Research

- Women and adolescents:
  - Don’t know about LARC
  - Choose LARC methods at high rates
  - Report high satisfaction with LARC methods
  - Continue LARC methods at high rates

Contraceptive CHOICE Project

All Contraceptive Methods
All Staff Trained
Standardized Contraceptive Counseling
Free of Charge
Same Day

Method Chosen at Enrollment

<table>
<thead>
<tr>
<th>Overall Cohort</th>
<th>Teens Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>LNG-IUS</td>
<td>46%</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>9%</td>
</tr>
<tr>
<td>Implant</td>
<td>12%</td>
</tr>
<tr>
<td>OCP</td>
<td>7%</td>
</tr>
<tr>
<td>3M Injection</td>
<td>5%</td>
</tr>
<tr>
<td>Ring</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

LARC Uptake 75% 72%

LARC Methods by Teens

16-17 years
- LNG-IUS: 87.5%
- Copper IUD: 84.1%
- Implant: 83.3%
- Any LARC: 86.2%
- Non-LARC: 54.7%

18-19 years
- LNG-IUS: 78.9%
- Copper IUD: 77.3%
- Implant: 68.5%
- Any LARC: 76.6%
- Non-LARC: 40.9%

12 & 24-Month Continuation - All

<table>
<thead>
<tr>
<th>Method</th>
<th>12-Month (%)</th>
<th>24-Month (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LNG-IUS</td>
<td>87.5</td>
<td>78.9</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>84.1</td>
<td>77.3</td>
</tr>
<tr>
<td>Implant</td>
<td>83.3</td>
<td>68.5</td>
</tr>
<tr>
<td>Any LARC</td>
<td>86.2</td>
<td>76.6</td>
</tr>
<tr>
<td>DMPA</td>
<td>56.2</td>
<td>38.0</td>
</tr>
<tr>
<td>OCPs</td>
<td>55.0</td>
<td>43.5</td>
</tr>
<tr>
<td>Ring</td>
<td>54.2</td>
<td>41.1</td>
</tr>
<tr>
<td>Patch</td>
<td>49.5</td>
<td>39.9</td>
</tr>
<tr>
<td>Non-LARC</td>
<td>54.7</td>
<td>40.9</td>
</tr>
</tbody>
</table>

Updated data from Menelkis Contraception 2011, unpublished data

The Research

- Increase use of LARC has been attributed to observed decreases in pregnancy rates
- If we were able to shift sexually active young women by even 15 percent toward better use of contraception, unplanned pregnancy and abortion would fall by 27%
  
  www.thenationalcampaign.org/Bedsider/PDF/status-checkFINAL.pdf

Key LARC Considerations

- Nulliparous women and adolescents are eligible
- No requirement of STD negative test prior to IUD insertion
- If STD test returns positive - treat – do not remove IUD
- No increased risk of PID with IUD
- Same-day insertion when pregnancy can be reasonably ruled out

Opportunity to Re-imagine Contraceptive Care

Increase access to the most-effective birth control options we have - LARC

The Research

- Significant structural and process-level barriers at the agency and clinic-level persist that prevent access to LARC methods


CAI and CHOICE Partnership Translate Research to Practice

Made possible with funds from Centers for Disease Control and Prevention, Division of Reproductive Health
### Key Ingredients

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
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</thead>
<tbody>
<tr>
<td><strong>Women</strong> [who don’t want to be pregnant]</td>
<td><strong>Leadership</strong></td>
</tr>
<tr>
<td><strong>Trained Staff</strong> [all staff, every day]</td>
<td><strong>Fiscal</strong></td>
</tr>
<tr>
<td><strong>All Contraceptive Methods</strong> [on site every day]</td>
<td><strong>Clinical Environment</strong></td>
</tr>
<tr>
<td><strong>Standardized Contraceptive Counseling</strong></td>
<td><strong>Tasks</strong></td>
</tr>
<tr>
<td><strong>Free Contraception &amp; Care</strong></td>
<td><strong>Capable &amp; Motivated Staff</strong></td>
</tr>
<tr>
<td><strong>Same-day Provision of Contraception</strong></td>
<td><strong>Clients and Community</strong></td>
</tr>
</tbody>
</table>

### Adoption of First-line Recommendations (LARC) for Adolescent Contraceptive Care

<table>
<thead>
<tr>
<th>Organizational or Agency-Level (Organizational Readiness)</th>
<th>Healthcare Delivery System Attributes Prepared and Practice Healthcare Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership</strong></td>
<td><strong>Fiscal</strong></td>
</tr>
<tr>
<td><strong>Values</strong> First-line Recommended Care</td>
<td><strong>Budgeting</strong></td>
</tr>
<tr>
<td><strong>W&amp; Vision, Goal</strong></td>
<td><strong>Billing</strong></td>
</tr>
<tr>
<td><strong>Contraceptive Policy</strong> [nationally recognized clinical recommendations]</td>
<td><strong>Contracting</strong></td>
</tr>
<tr>
<td><strong>Execution &amp; Oversight</strong></td>
<td><strong>Insurance</strong></td>
</tr>
<tr>
<td><strong>Measure &amp; Monitor</strong></td>
<td><strong>Implementation Tools</strong></td>
</tr>
</tbody>
</table>

### Leaders Make Quality Possible

- Leadership engagement and focus drives improvements in health care quality
- Leaders must do more than say change is a priority
- Leaders must plan and execute a systematic process for making change happen


### Applying the Framework in “My Health Care Setting”

### Fiscal

- **Budgeting**
- **Billing and Reimbursement**
- **Contracting with Third Party Payers**
Cost of Quality

- The Chief Financial Officer must be a champion for quality


Affordable Care Act

- More individuals will have access to insurance
- A set of “sexual health services” are available without co-pay
  - FDA approved birth control methods
  - Chlamydia screening
  - High intensity behavioral counseling

What did CAI do?

- Developed a tool to model cost vs. reimbursement for the provision of LARC methods
- Assessed time since negotiation of contracts with payers
- Worked with 13 health care providers across 9 states to model cost vs. reimbursement for the provision of LARC using the tool

Questions to Answer

- Cost to purchase LARC?
- Reimbursement rates from third-party payers?
- Do we lose money, make money or break-even when providing LARC?
- Are we reimbursed for: device, insertion and the visit?
- When was the last time contracts were negotiated with third party payers?

What did we find?

All but one health care provider made money providing the Mirena/Paraguard IUD to clients

All but two health care providers made money providing Nexplanon to clients

Based on payer mix, each client provided with Mirena will bring in:

<table>
<thead>
<tr>
<th>Cost Range</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>$70 - $123</td>
<td>5</td>
</tr>
<tr>
<td>$129 - $155</td>
<td>2</td>
</tr>
<tr>
<td>$155 - $180</td>
<td>1</td>
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<tr>
<td>$181 - $200</td>
<td>1</td>
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<tr>
<td>$201 - $223</td>
<td>1</td>
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<tr>
<td>$224 - $240</td>
<td>1</td>
</tr>
<tr>
<td>$241 - $267</td>
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<tr>
<td>$268 - $285</td>
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<td>$286 - $311</td>
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<td>$312 - $338</td>
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<td>$339 - $365</td>
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<td>$366 - $392</td>
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<td>$393 - $420</td>
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<td>$421 - $447</td>
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<td>$448 - $474</td>
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<td>$475 - $501</td>
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<td>$502 - $528</td>
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<td>$529 - $555</td>
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<tr>
<td>$556 - $582</td>
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<tr>
<td>$583 - $610</td>
<td>1</td>
</tr>
<tr>
<td>$611 - $637</td>
<td>1</td>
</tr>
</tbody>
</table>

Average: $222.93
Min: $25.28
Max: $989.51
Based on payer mix, each client provided with Paraguard will bring in:

Average: $208.21
Min: $40.89
Max: $617.17

Average profit/loss per client

Based on payer mix, each client provided with Nexplanon will bring in:

Average: $210.22
Min: -$183.67
Max: $474.00

Have agencies renegotiated all contracts in the last 3 years?

Tasks
Consistent and Reliable Care
Identification of Clients
Pregnancy Intentions
Contraceptive Counseling
[manage LARC side-effects]
Same-day Contraception
Fiscal Triage

What are your reactions?

Clinic Environment
Mentors and Champions
Flexible Visits
Exam Room Readiness
“You Will Get the Care You Need”
Reliable and Consistent Care

- Steps in the delivery of care, and key tasks performed, should reliably and consistently:
  - Identify the need for contraceptive services
  - Provide services that same day without requirement of subsequent visit

“Do Today’s Work Today”

Staff Capability and Motivation

Roles and Responsibilities - Team
  - Knowledge
  - Skills
  - Confidence
  - Comfort
  - Attitudes and Beliefs
  - Implementation Tools

Devote Resources

- Ensure staff have the knowledge, skills, and confidence to provide quality care

“staff make mission and strategy come alive at the front-lines of care”

Reflection

Opportunities and Challenges

Thank You for Promoting Equity in Access to LARC!

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