Building Healthier Families: Expanding Access to Long Acting Reversible Contraception Across the Rio Grande Valley

Tony Ogburn, MD Professor and Chair Saul D. Rivas, MD, MSPH Assistant Clinical Professor Anita Madison, MD, MPH Resident Physician, PGY3

DEPARTMENT OF OBSTETRICS & GYNECOLOGY



Financial Disclosures

- •Anita Madison None
- •Tony Ogburn None
- •Saul D. Rivas None



Objectives

- 1. Describe the efforts used to increase LARC access across the Rio Grande Valley
 - Review the epidemiology of unplanned pregnancy and the potential impact of LARC use
 - Describe the implementation of a sustainable IPP LARC program
 - Describe patient and provider LARC educational initiatives
- 2. Discuss challenges and resources for implementing LARC programs
 - List available resources for patients to obtain LARC coverage
 - Understand the components of developing a successful mobile clinic
 - Describe the role of community collaboration to implement LARC programs



Good news!

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Declines in Unintended Pregnancy in the United States, 2008–2011

Lawrence B. Finer, Ph.D., and Mia R. Zolna, M.P.H.

ABSTRACT

BACKGROUND

The rate of unintended pregnancy in the United States increased slightly between 2001 and 2008 and is higher than that in many other industrialized countries. National trends have not been reported since 2008.

METHODS

We calculated rates of pregnancy for the years 2008 and 2011 according to women's and girls' pregnancy intentions and the outcomes of those pregnancies. We obtained data on pregnancy intentions from the National Survey of Family Growth and a national survey of patients who had abortions, data on births from the National Center for Health Statistics, and data on induced abortions from a national census of abortion providers; the number of miscarriages was estimated using data from the National Survey of Family Growth.



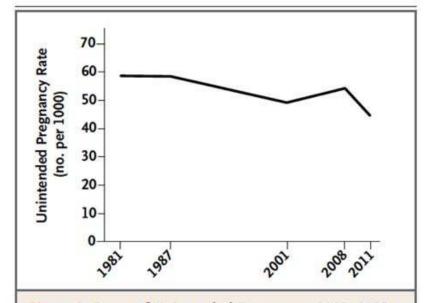
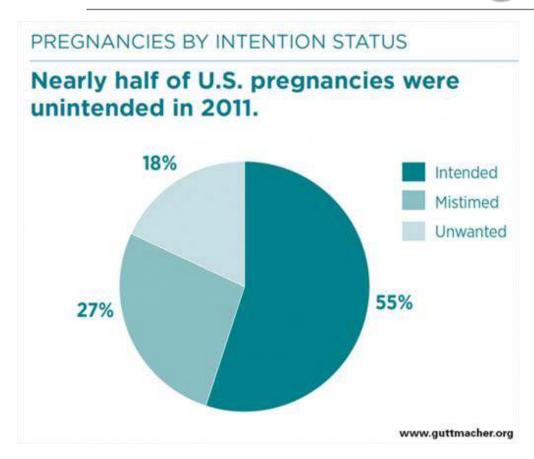


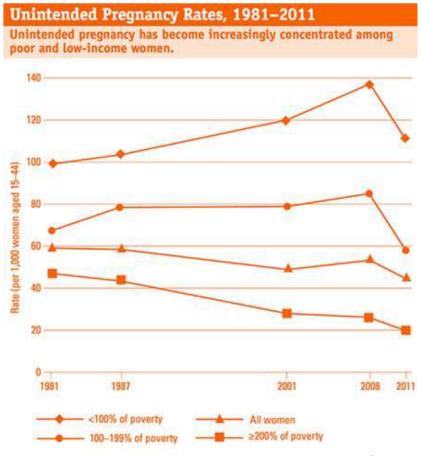
Figure 1. Rates of Unintended Pregnancy, 1981–2011.

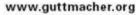
Rates are reported as the number of unintended pregnancies per 1000 women and girls 15 to 44 years of age.



Unintended Pregnancy



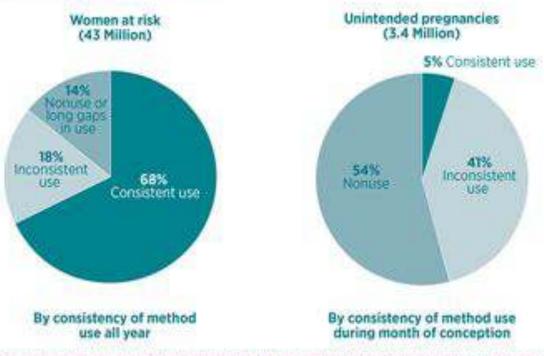






MODERN CONTRACEPTION WORKS

In 2008, the two-thirds of U.S. women at risk of pregnancy who used contraceptives consistently accounted for only 5% of unintended pregnancies.



NGTES: "Noruse" includes women who were sessably active, but did not use any method of contraception. "Long gaps in use" includes women who did use a contraceptive during the year, but had a gap in use of a month or longer when they were sessably active. "Inconsistent use" includes women who used a method in all months that they were sessably active, but missed taking some pills, or skipped use or incorrectly used their barrier method or condom during some acts of intercourse. "Consistent use" includes women without any gaps in use who used their method consistently and correctly during all months when they were sexually active, including those who used a long-acting or permanent method.

www.guttmacher.org



HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?















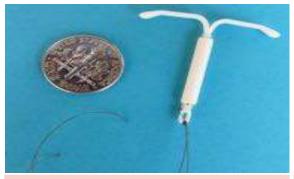




This work by the LICSF School of Reduces Bloby Corner and Bedsoler is inversed as a Chartie Cornelina Attribution - Non-Commercial - Nother's 30 Unpyrted License

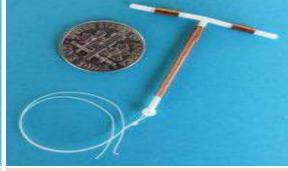
FYI, without birth control, over 90 in 100 young women get prognant in a year.

Long-Acting Reversible Contraception (LARC)



LNG-IUS

- >99% effective
- 20 mcg levonorgestrel/day
- Up to 5 years



Copper T IUD

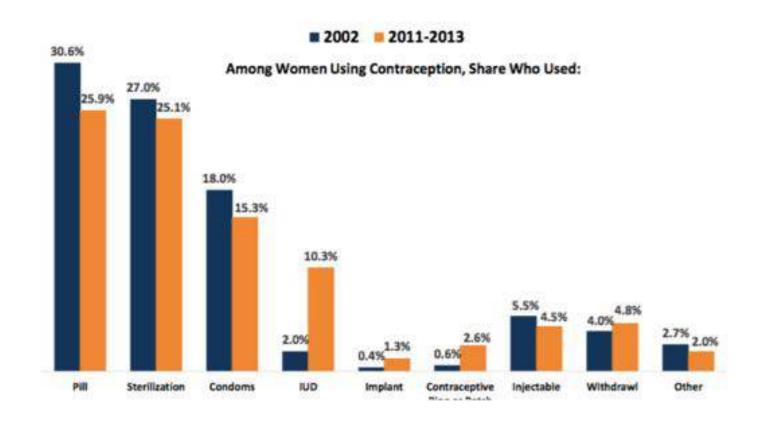
- >99% effective
- Copperions
- Up to 10 years



Subdermal Implant

- >99% effective
- 60 mcg etonogestrel/day
- Up to 3 years

Changes in method use over 10 years





The Lower Rio Grande Valley

Four counties – Cameron, Willacy, Starr and Hidalgo

From South Padre Island/Brownsville to Rio Grande City – ~100 miles

Official Population - ~1.3 million (about 300,000 in 1970)

- Doesn't include "Winter Texans" ~250,000
- Others

Population is

- Younger than average
 - median age 29 years vs 37 years (US)
- More likely to be uninsured
 - ~39% vs ~17% (TX) vs ~11.9% (US)
- More likely to live below the poverty line
 - ~35% vs ~17% (TX) vs ~15% (US)

Teen pregnancy rate (13-17) – per 1,000

- Cameron 35.2, Hidalgo 31.5, Willacy/Starr 36.6
- National 15.4, Harris 22.1





A Brief History of the UTRGV and the UTRGV School of Medicine

1947 – First legislation introduced to open a medical school in the RGV

2012 – Regents vote to create UTRGV, Texas Legislature passes SB24 to create a university in South Texas to include a SOM

- Improve health care in the RGV
- Train providers

2013 – Committees formed to design new University from the merger of UT Pan American and UT Brownsville

• A new university with almost 30K students

August, 2014 – Groundbreaking for SOM







A Brief History – cont'd...

June, 2015 – Four residencies, including OB/Gyn, start at DHR with UTHSCSA as the sponsoring institution

July 2016 – First class of 55 medical students begin classes







UTRGV SOM Mission

The mission of the University of Texas Rio Grande Valley School of Medicine (UTRGV SOM) is to: educate a diverse group of dedicated students who will become physicians that serve across all the disciplines of medicine; bring hope to patients by advancing medical knowledge through research; integrate education and research to advance the quality and accessibility of patient care; and engage with the Rio Grande Valley (RGV) communities to benefit Texas and the world.

UTRGV SOM Goals

Provide a forward-thinking medical education experience that graduates physicians dedicated to practicing scientific, evidence-based, patient-centered medicine in any setting, <u>but particularly in underserved communities</u>.

Leverage UTRGV's unique geographic location at the border of the United States and Mexico; a place that is enriched by its culture and family traditions but burdened by health disparities.

Instill dedication to research, generation of new knowledge, and public service.

Graduate culturally-aware medical students who will provide exemplary care to the diverse populations in the RGV and the nation.

Increase under-represented minorities in medicine.

Contribute to substantially <u>improving health outcomes in the RGV</u> and beyond.

Educate the physician workforce of the future.



Department Priorities

TNTC....

Undergraduate Medical Education

- Problem based year 1-2 curriculum
- Early community engagement

Clinical/Research Areas of Focus

- Family Planning
- Cervical Cancer Prevention
- Improve Ob services at DHR and across the Valley
- Develop Women's Subspecialty Services
 - Gyn Oncology, Urogynecology, REI



Needs Assessment

Texas Postpartum Contraception Study

- 8 sites across Texas over 1700 patients
 - Doctor's Hospital Renaissance participated
 - •300 patients enrolled

Potter, 2017

Age	
18-24	163 (54)
25-29	81 (27)
30+	56 (19)

Annual Household Income	-
<\$10,000	153 (51)
\$10,000 - \$19,999	78 (26)
\$20,000 - \$34,999	46 (15)
\$35,000 or more	20 (7)
Don't know/No Response	3 (1)

Race/ethnicity	
Hispanic	297 (99)
White, non-Hispanic	2 (<1)
Asian	1 (<1)

Country of Origin	
U.S.	227 (76)
Mexico	70 (23)
Other	3 (1)

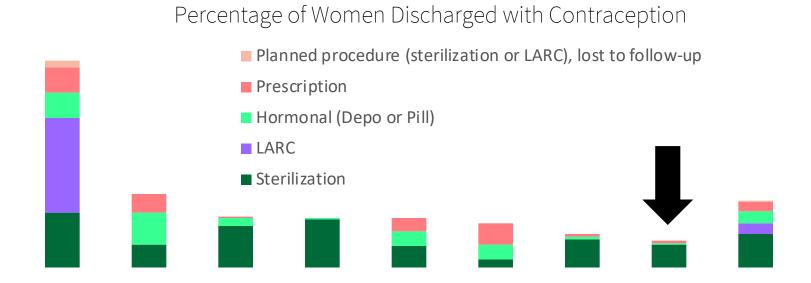
Prenatal Care Provider	N (%)
Private doctor	292 (98)
Public Clinic	6 (2)



Baseline Postpartum Contraceptive Use

DHR was lowest - 10% vs 23% overall

• One hospital had 80% - only service providing immediate PP LARC



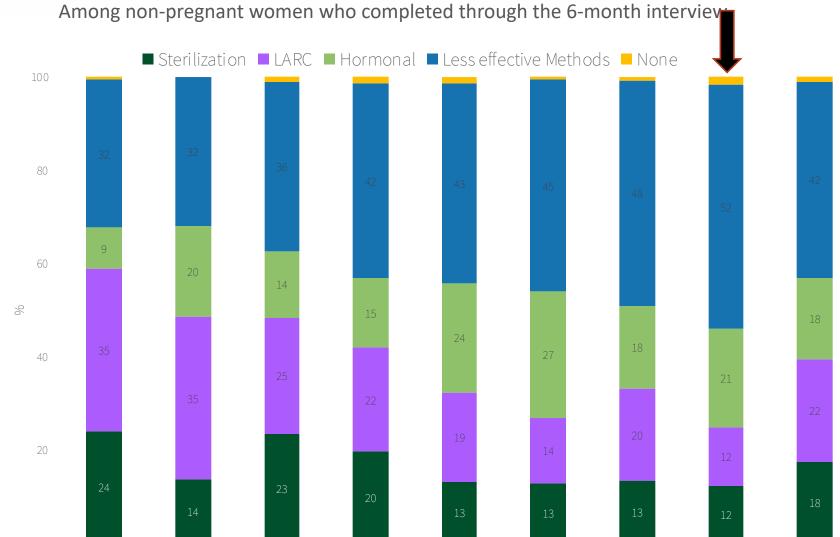


Postpartum Contraception

	DHR	Overall
Postpartum visit within 3 months	83%	79%
IUD counseling	59%	66%
Implant counseling	45%	59%
Received method at 1 st PP visit	19%	27%

Contraceptive Use at 6 months

6-month Contraceptive Use by Hospital



Other outcomes - DHR

Insurance Coverage

- 100 % were covered for delivery
 - Private insurance, Medicaid,
 CHIP Perinatal
- At 3 months
 - 68% were uninsured

Repeat Pregnancy

- At 12 months
 - 13% at DHR
 - Overall 9%



Increasing LARC usage in the RGV

- Education
 - CME
 - Students/residents
 - Community groups
- Implant training
 - Requires certified trainer
 - 10 sessions since June, 2016
 - Over 100 providers trained to insert Nexplanon

- •Increasing access with community partners
 - Nurse Family Partnership
 - School Districts/School based clinics
- •LARC Training grant provides devices for free
 - Over 500 grant devices inserted by residents since 6/2016
 - Over 1000 total LARCs placed by resident service
- •Immediate PP LARC
 - Launched 2/2017



The Unimovil – A pilot project for LARC



UTRGV Unimovil

- •Grant from United Health Foundation to establish the *Center for Colonias Integrated Care Program: VIDAS* (Valley Interprofessional Development and Services)
- •Bring increased access to underserved communities in the Rio Grande Valley
- •Expanded access and awareness about contraception to colonias in the valley



Healthy Families

- •Funded by the Texas Health and Human Services Commission
- •Goal is to better understand and address inequities in prenatal care access and birth outcomes in Hidalgo and Smith counties
 - Unintended pregnancy rates are related to birth outcomes
 - Initiated projects to increase LARC usage in the Valley



Nurse Family Partnership

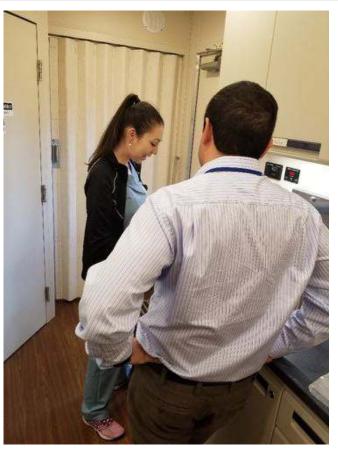
- •A non- profit community health program
 - Specially trained nurses regularly visit young, firsttime moms-to-be
 - Early pregnancy through the child's second birthday
- Improves
 - Pregnancy outcomes
 - Child health and development
 - Economic self sufficiency of the family
- •Dr. Saul Rivas Guest speaker at Annual Conference
 - Discussed contraception and benefits of LARCs
 - A partner for the Unimovil!





Out into the Community!







Unimovil Visits – 45 Patients

10/6/17, 9 pts, Pharr

2/2/18, 9 pts, Alamo

5/8/18, 7 pts, Alamo

6/12/18, 6 pts, San Carlos

8/14/18, 4 pts, San Carlos

9/11/18, 10 pts, Alton





Other Activities: Community

PSJA School District Nurses Annual Training



PSJA District Parental Advisory Council





Sotomayer High School: 3rd Annual Pearls of Wisdom Women's Conference

- •High school committed to the success of teen mothers by providing
 - Opportunity to acquire a high school diploma
 - Industry certificates
 - Dual degree college program
- Facilitator for Teen Health Education Sessions
 - Discussed contraception
 - Reasons to see the gynecologist as a teen
 - STI presentation
- Distributed handouts and clinic information





Other Activities: Provider training DHR Ambulatory Procedures Course





South Texas Summit on Teen Health

SOUTH TEXAS

ADOLESCENT HEALTH SUMMIT

AUGUST 28-29, 2018
EDINBURG CONFERENCE CENTER AT RENAISSANCE





UTRGV Undergraduate Retreat

- 30 participants
 - UTRGV undergraduates
- Discussed
 - STD prevention and treatment
 - Cervical and breast cancer prevention and detection
 - Contraception

Immediate Post Partum LARC





Immediate postpartum placement: Why should we do it?

- •Unintended pregnancy is common & birth spacing is important
- •LARC is very effective at pregnancy prevention
- Many reproductive aged women don't have a doctor
- Convenience



COMMITTEE OPINION

Number 642 . October 2015

(Replaces Committee Opinion Number 450, December 2009)

Committee on Gynecologic Practice Long-Acting Reversible Contraception Working Group

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy

Box 2. Best Practices for Long-Acting Reversible Contraception Insertion* \Leftrightarrow

- Provide long-acting reversible contraception (LARC) methods the same day as requested, whenever possible, if pregnancy can reasonably be excluded.
- Offer LARC methods at the time of delivery, abortion, or dilation and curettage for miscarriage.
- Screen for sexually transmitted infections at the time of intrauterine device (IUD) insertion; if the screening test result is positive, treat the infection without removal of the IUD.
- Offer the copper IUD as the most effective method of emergency contraception.

*For more information, see U.S. selected practice recommendations for contraceptive use, 2013: adapted from the World Health Organization selected practice recommendations for contraceptive use, 2nd edition. Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, MMWR Recomm Rep 2013;62:1-60.

What are some of the systems barriers that must be overcome for a patient to receive an inpatient LARC device?

- a. Cost
- b. Stocking of devices
- c. Provider training
- d. All of the above

IPP LARC Program at Women's Hospital at Renaissance

- Program implemented in February 2017
- •Collaboration between:
 - UTRGV Department of Obstetrics and Gynecology
 - WHR Billing and Coding Department
 - WHR Pharmacy Department
 - WHR Administration and Nursing staff
- •One of the few IPP LARC programs in Texas



Medicaid Reimbursement for Postpartum LARC by State





Reimbursement Methodology to Change for Long-Acting Reversible Contraception (LARC) Devices Effective January 1, 2016

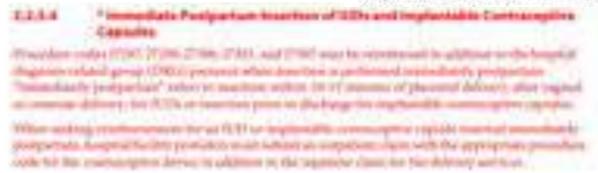
Information proper Describer 21, 2019.

Mote: The Health and Human Services Commission (HHCIC) has requested that TMHP publish the following information.

Mode: This article applies only to claims submitted to TMMP for processing. Pleffer to the Mindicald managed own organizations (MCOs) for information about MCO benefits. Sinitiations, prior authorization, reindurasment, and MCO specific claim processing procedures.

Effective for dates of service on or after January 1, 2016, some providers may receive additional reinforcement for long arting reversible contraceptor (CARC) devices.

Hospital Reimbursement for Immediate Postparture LARC



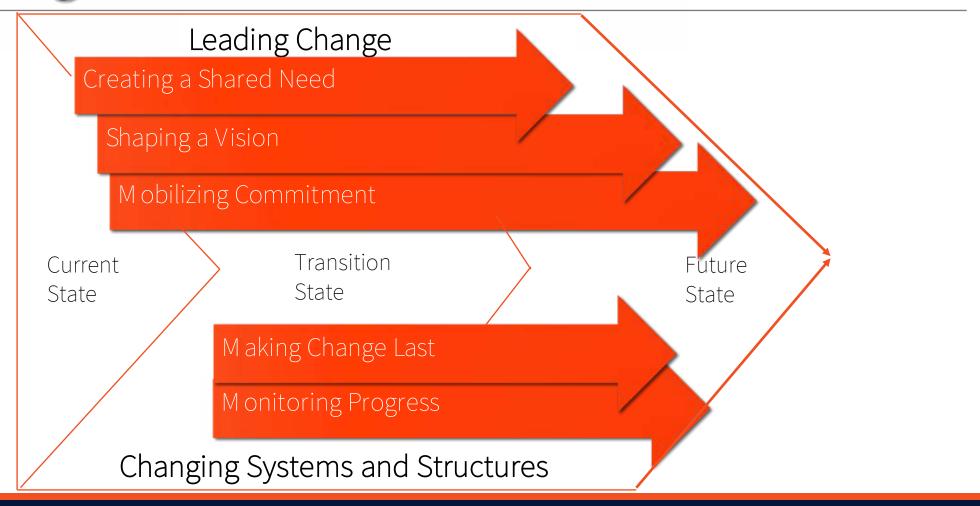


Long-Acting Reversible Contraception

Volume 2

A resource for Texas health care providers to support access to long-acting reversible contraception (LARC)

Change Acceleration Process





Coding & Billing

GYNECOLOGICAL, OBSTETRICS, AND FAMILY

2.2.5.2 Intrauterine I

2.2.5.2.1 Insertion of The IUD and the insertion of 17301, and 58300.

When a vaginal, cervical, or ut as the IUD insertion procedur

- · The other vaginal, cervica
- · The IUD insertion will be

 CPT
 Device
 REIMB

 J7297
 Liletta
 \$671.25

 J7298
 Mirena
 \$826.72

 J7300
 Paraguard
 \$753.78

 J7303
 Nexplanon
 \$786.95

CPT	AGE	REIMB		
58300 IUD	0-20	\$57.82		
insertion	21-99	\$55.06		
11981 Nexplan.	0-20	\$67.08		
Insertion	21-99	\$63.89		

Liletta Cost: \$625

(Liletta reimbursement potential: \$729.07)

Profit: \$104.07

Mirena Cost: \$858.33

(Mirena reimbursement potential: \$884.54)

Profit: \$26.21

Paraguard Cost: \$739

(Paraguard reimbursement potential: \$811.06)

Profit: \$72.06

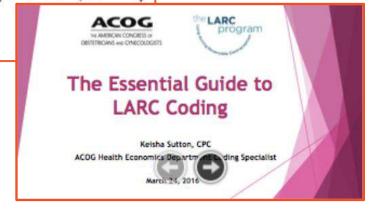
Nexplanon Cost: 771.52

(Nexplanon reimbursement potential: \$854.03)

Profit: \$82.51

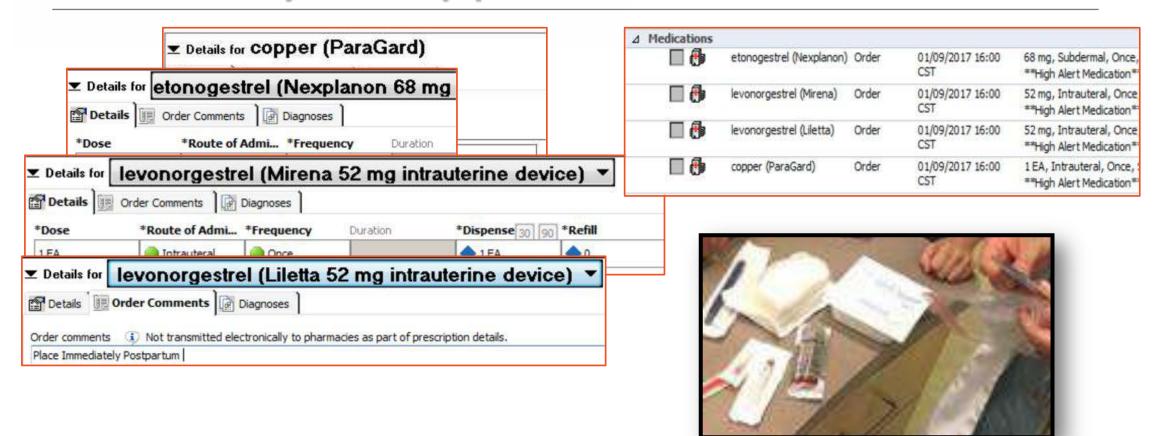
Procedure codes J7297, J7298, J7300, and J7301 may be reimbursed when they are billed with one of the following diagnosis codes:

codes						
Z30013	Z30014	Z30018	Z3002	Z3009	Z302	Z3040
Z3042	Z30430	Z30431	Z30432	Z30433	Z3049	Z308
Z9851	Z9852					1
	Z30013 Z3042	Z30013 Z30014 Z3042 Z30430	Z30013 Z30014 Z30018 Z3042 Z30430 Z30431	Z30013 Z30014 Z30018 Z3002 Z3042 Z30430 Z30431 Z30432	Z30013 Z30014 Z30018 Z3002 Z3009 Z3042 Z30430 Z30431 Z30432 Z30433	Z30013 Z30014 Z30018 Z3002 Z3009 Z302 Z3042 Z30430 Z30431 Z30432 Z30433 Z3049





Pharmacy & Supplies





IPP LARC Program at Women's Hospital at Renaissance







https://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception

Future Directions

- Continue IPP LARC program
 - Expand to other hospitals in the Valley
- Expand outreach clinics for LARC
 - UTRGV Student and employee health
 - AHEC clinics
 - Unimovil
- Continue/expand provider and patient education
- Advocate for LARC access for all interested women
 - Perinatal CHIP



Thank you!