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• 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!


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

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.

RESULTS

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.

Finer NEJM, 2016
Unintended Pregnancy

Nearly half of U.S. pregnancies were unintended in 2011.

- Intended: 18%
- Mistimed: 27%
- Unwanted: 55%

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

**Women at risk (43 Million)**
- 68% Consistent use
- 18% Inconsistent use
- 14% Nonuse or long gaps in use

**Unintended pregnancies (3.4 Million)**
- 5% Consistent use
- 54% Nonuse
- 41% Inconsistent use

By consistency of method use all year

By consistency of method use during month of conception

NOTES: “Nonuse” includes women who were sexually 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 sexually active.

“Inconsistent use” includes women who used a method in all months that they were sexually 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?

Really, really well
- The Implant ( Nexplanon)
- IUD (Skyla)
- IUD (Mirena)
- Sterilization, for men and women

Works, hassle-free, for up to...
- 3 years
- 3 years
- 5 years
- 12 years
- Forever

O.K.
- The Pill
- The Patch
- The Ring
- The Shot (Depo-Provera)

For it to work best, use it...
- Every week
- Every month
- Every 3 months

Not as well
- Pulling Out
- Fertility Awareness
- Diaphragm
- Condoms, for men or women

Use with any other method!

For each of these methods to work, you or your partner have to use it every single time you have sex.

Less than 1 in 100 women

6-9 in 100 women, depending on method

12-24 in 100 women, depending on method

F.Y.I., without birth control, over 90 in 100 young women get pregnant in a year.
Long-Acting Reversible Contraception (LARC)

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>LNG-IUS</td>
<td>&gt;99% effective</td>
<td>Up to 5 years</td>
</tr>
<tr>
<td></td>
<td>20 mcg levonorgestrel/day</td>
<td></td>
</tr>
<tr>
<td>Copper T IUD</td>
<td>&gt;99% effective</td>
<td>Up to 10 years</td>
</tr>
<tr>
<td></td>
<td>Copper ions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to 10 years</td>
<td></td>
</tr>
<tr>
<td>Subdermal Implant</td>
<td>&gt;99% effective</td>
<td>Up to 3 years</td>
</tr>
<tr>
<td></td>
<td>60 mcg etonogestrel/day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to 3 years</td>
<td></td>
</tr>
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</table>
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
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, but particularly in underserved communities.

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 improving health outcomes in the RGV 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
Baseline Postpartum Contraceptive Use

DHR was lowest – 10% vs 23% overall
- One hospital had 80% - only service providing immediate PP LARC

Percentage of Women Discharged with Contraception

- Planned procedure (sterilization or LARC), lost to follow-up
- Prescription
- Hormonal (Depo or Pill)
- LARC
- Sterilization

UTRGV
## Postpartum Contraception

<table>
<thead>
<tr>
<th></th>
<th>DHR</th>
<th>Overall</th>
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<tbody>
<tr>
<td>Postpartum visit within 3 months</td>
<td>83%</td>
<td>79%</td>
</tr>
<tr>
<td>IUD counseling</td>
<td>59%</td>
<td>66%</td>
</tr>
<tr>
<td>Implant counseling</td>
<td>45%</td>
<td>59%</td>
</tr>
<tr>
<td>Received method at 1\textsuperscript{st} PP visit</td>
<td>19%</td>
<td>27%</td>
</tr>
</tbody>
</table>
Contraceptive Use at 6 months

6-month Contraceptive Use by Hospital
Among non-pregnant women who completed through the 6-month interview.
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, first-time 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
Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy

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

- 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.

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
THE TEXAS
Long-Acting Reversible Contraception TOOLKIT
Volume 2

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

Leading Change
- Creating a Shared Need
- Shaping a Vision
- Mobilizing Commitment

Changing Systems and Structures
- Making Change Last
- Monitoring Progress

Current State

Transition State

Future State
2.2.5.2 Intrauterine Device Insertion

2.2.5.2.1 Insertion of IUD

The IUD and the insertion of IUDs are coded as CPT 73201, 73202, 73203, 73204, 73205, 73206, 73207, 73208, 73209, 73210, and 73211.

When a vaginal, cervical, or uterine procedure is performed as the IUD insertion procedure:
- The other vaginal, cervical, or uterine procedure code is added.
- The IUD insertion will be the primary procedure.

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

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<td>Z3041, Z3042, Z30430, Z30431, Z30432, Z30433, Z3049, Z308</td>
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<td>Z309, Z9851, Z9852</td>
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Pharmacy & Supplies
IPP LARC Program at Women’s Hospital at Renaissance

<table>
<thead>
<tr>
<th>Total LARC Devices Placed</th>
<th>218</th>
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<tbody>
<tr>
<td>Implants</td>
<td>16</td>
</tr>
<tr>
<td>IUDs</td>
<td>8</td>
</tr>
<tr>
<td>Contraception</td>
<td>191</td>
</tr>
<tr>
<td>Total</td>
<td>218</td>
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<table>
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<tr>
<th>Device Source</th>
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<tr>
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<td>Grant</td>
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<th>Payment Type</th>
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<tr>
<td>Medicaid</td>
<td>64</td>
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<tr>
<td>Commercial Insurance</td>
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[Image of 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!