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WHAT STARTS HERE CHANGES THE WORLD

Implementing Postpartum LARC as a Strategy for Preventing Repeat Teen Pregnancy in Texas

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Repeat teen births

- 273,000+ births to 15-19 year olds each year, vast majority unintended (CDC, 2015)
- Annual public cost of over \$9.4 billion
- Nationally, **18% of teen births are repeat births**
- Texas leads the nation in % of repeat teen births (**22% of teen births, ~8,000/year**)

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Teen mothers (v. older mothers)

- Their offspring:
 - experience worse birth and health outcomes
 - receive fewer household and parental resources
 - never reach parity with regards to academic achievement
 - more likely to be teen parents themselves

Partington et al 2009, Smith & Pell 2001, Scholl, et al 1992, Santelli & Jacobson 1990, Reine et al 2008, Klerman 2006, Barber 2001, Barber & East 2009, Tang et al 2016

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Repeat teen mothers (v. 1-time teen mothers)

- More likely to:
 - emerge from & form their own low-income families
 - drop out of high school
 - have lower cognitive ability & lower educational expectations
 - be unemployed
 - have mental health problems at the time of the repeat pregnancy
 - start prenatal care later/receive no prenatal care more frequently than first-time teen mothers

Boardman et al 2006; Crittenden et al 2009; Manlove et al 2000; Furstenberg et al 1987; Shearer et al 2002; Klerman 2004

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Via health and economic channels, teen motherhood, especially repeat teen motherhood, is a primary mechanism via which inequality is transmitted across generations

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Opportunity

- TX Medicaid reimbursement immediate postpartum LARC as of January 1, 2016
- Postpartum LARC previously linked to reduced subsequent fertility
- Mixed success in other states to date- how can Texas implement optimally?
- Texas is a demographic bellwether state and a policy trendsetter for states around the country

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Postpartum LARC

- Demonstration trials: majority of women chose LARC when educated on its effectiveness and availability and when cost and access barriers removed
 - Colorado- CFPI (Ricketts et al. 2014)
 - Missouri- CHOICE (Birgisson et al 2015)
- Statewide scale implementation has been less successful (Tocce 2015)

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Legend: Shot, Hormonal IUD, Non-Hormonal IUD, Implant, Pills, Ring, Patch

14 - 17 Years

18 - 20 Years

Long-Acting Reversible Contraceptive Methods 75%

Non Long-Acting 25%

CHOICE Project, <http://www.choiceproject.wustl.edu/>

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Teens and LARC

- Legal consent
- Provider views of appropriateness
- Adolescent view of long-term contraception
 - “Whoops proof”
 - “Teen-friendly clinics”

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Other states’ experiences

- Louisiana
- Colorado

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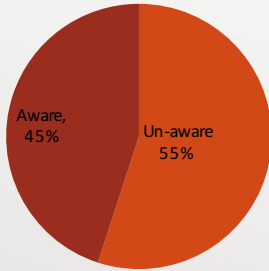
Provider Awareness and Barriers in CO

- 1 year after IPP LARC reimbursement policy
- Survey of 327 providers representing 32 hospitals and 98% of state births
- Ob/Gyns, Family Medicine Physicians, CNMs

Tocce et al 2015

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Provider Awareness of CO Medicaid policy change, N = 327

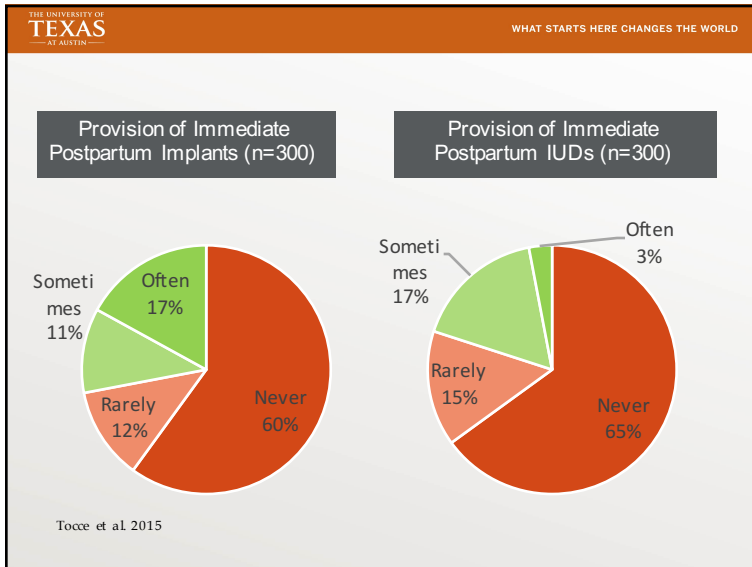


Awareness Status	Percentage
Aware	45%
Un-aware	55%

Less likely to be aware:

- Family medicine (v. OBGYN)
- Private practice (v. University affiliated)
- Religious hospital employment
- Not a current provider of IPP LARC

Tocce et al 2015



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2013: B1300332 - B1300345

Medicaid Program News and Updates (B1300345 - 12/13) - This bulletin contains information about Medicaid Benefits for Newly Eligible; Find a Healthcare Provider; Clarification on Use of Eligibility Inquiry to Verify Dates of Service in Web Portal; PCR Opt Out; 2013 Rate Increases & Fee Schedule; 2014 HCPCS & Fee Schedule; Planning Update & Survey for ICD-10; NCCI Quarterly Update; The ColoradoPAR Program; Tax Season and 1099s; December 2013 & January 2014 Holidays; Upcoming Dental Benefits Collaborative; APR-DRG Implementation; APR-DRG Web Portal Updates; Inpatient Medicaid Base Rates Effective July 1, 2013; Updates to OP Cost-to-Charge Ratios; SBIRT Code Update; SUD Integration into BHO; CWA Service Additions; Expansion of CDASS; Psychological Testing for Individuals Seeking Services from CGB; Documenting the Purpose/Intent for All Contraception Prescriptions; PiT Board Meeting' PDL Update; Rx Review Program; Rixubis; December 2013 & January 2014 Provider Workshops.

Medicaid Program News and Updates (B1300344 - 11/13) - This bulletin contains information about the ColoradoPAR Program; Tax Season and 1099s; Rate Increase Update; Web Portal User Assistance Resources; Updated MED-178; New Health Care Reform Resource Page for Providers; November 2013 Holidays; Billing for Hearing Aids; Upcoming Benefits Collaborative; Developmental Screening ; APR-DRG Update; **Immediate Postpartum Long-Acting Reversible Contraception (LARC)**; Updates to Outpatient Cost-to-Charge Ratios; NHVP Procedure Codes G9006 and T1017; NMT Accounts Receivable Balances; SUD Integration into BHOs; Waiver Claim Adjustments due to Rate Increases; PBT Committee Open Positions Beginning 2014; Next DUR Board Meeting; and November & December 2013 Provider Workshops.

Synagis® and Influenza Vaccines (B1300343 - 10/13) - This bulletin contains updated information about Synagis® and Influenza Vaccine benefits and reimbursement for children and adults for the 2013-2014 season.

Medicaid Program News and Updates (B1300342 - 10/13) - This bulletin contains information about NCCI Modifiers 24, 25, and 57 Guidelines; NCCI Quarterly Update; ColoradoPAR Program; Updated MED-178; New ACA Consumer Site; ACA HIPAA Operating Rule Changes Improve Colorado Medical Assistance Program Web Portal Eligibility Response Information; October and November 2013 Holidays; Dental Benefit Update; DME NCCI Edits; DME Wheelchair Billing Requirements; AACD Benefit Coverage Standard; Increase to Hospice Provider Rates; Immediate Postpartum Long-Acting Reversible Contraception (LARC); Waiver Prior Authorization Request Over Utilization Review; Distribution of Cost of Dispensing and Total Annual Prescription Volume Surveys; PDL Update;

<https://www.colorado.gov/pacific/hcpf/bulletins>

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Hospital Providers

All Patient Refined-Diagnosis Related Group (APR-DRG) Update
 All Patient Refined-Diagnosis Related Group Version 30 (v30), maintained by 3M™ Health Information Systems, will replace the current CMS-DRG Version 24 system.
 Although the CMS-DRGs are used as the basis of the current DRG system, the Department established many additional Medicaid-specific DRGs, such as neonatal, rehabilitation, and psychiatric DRGs. These DRGs were added in order to address the specialized health needs of the Medicaid population, as the Department needed a system of DRGs that best reflected the population they are serving. Since APR-DRGs take into account all patient populations, the DRGs added by the Department are reflected in the APR-DRGs.
 Necessary system changes for the successful APR-DRG implementation are still in progress. However, it is anticipated that the transition will be completed by the scheduled date included on the [Implementation Timeline](#) web page, located on the Department's website->Provider Services->Diagnosis Related Group (DRG) Relative Weights->Implementation Timeline.
 It is expected that, by moving to a more refined and appropriate system, payment to providers will align better with improving efficiency, economy, access, quality, and health outcomes. APR-DRG v30 is also equipped to handle the transition to Internal Classification of Diseases 10th Edition (ICD-10).
 The Department is planning to transition to APR-DRG v30 January 1, 2014. The effective [weights and timeliness](#) for the implementation are located on the Department's website-> Provider Services->Diagnosis Related Group (DRG) Relative Weights->January 1, 2014--APR-DRG. The weights and timeliness reflect the feedback gathered from the provider community over the past eight (8) months. Please refer to the [Provider Outreach Calendar](#) for presentations and minutes from the stakeholder sessions, as well as additional information regarding APR-DRGs.

Immediate Postpartum Long-Acting Reversible Contraception (LARC)
 Effective for dates of service on or after October 1, 2013, the Department updated the Colorado Medical Assistance Program's policy to include reimbursement for long-acting reversible contraception provided in a hospital. This temporary process enables hospital providers to be reimbursed for these devices immediately following delivery. The Department will revert to the normal claims process when APR-DRG is implemented in early January 2014.
 From October 1 through December 31, 2013, hospitals **MUST** include the National Drug Code (NDC) along with the appropriate Current Procedural Terminology (CPT) codes on inpatient claims for LARC in order to receive reimbursement from the Colorado Medical Assistance Program. Claims that do not include the NDC will not be processed. The Department will issue payment for these claims to hospitals in the spring of 2014. Reimbursement is based upon the fee schedule.
 The following table includes the device, the CPT codes, and the NDCs included in this temporary process:

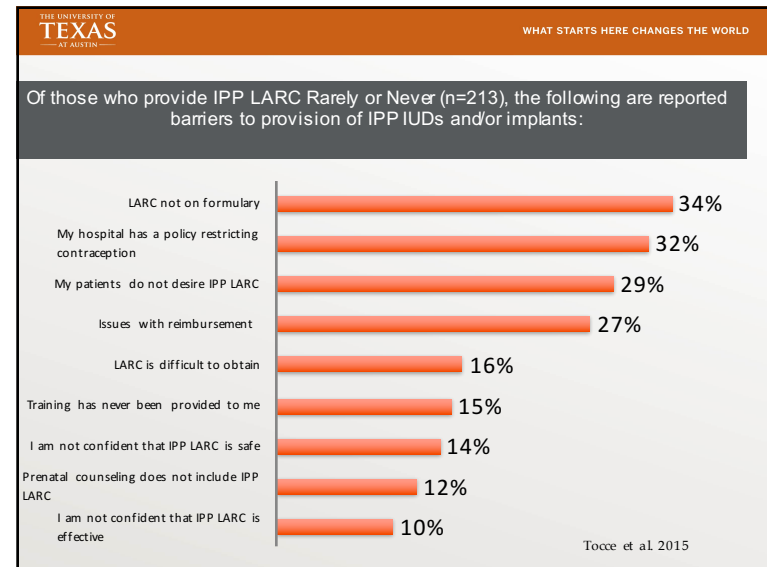
DEVICE	CPT CODE	NDC
Skylla	00090	50419042201
Mirena	J7302	50419042101
Implanon	J7307	50052027201
Neovion	J7307	00052027401
ParaGard	J7300	51285020401

Please contact Kirstin Michel at kirstin.michel@colorado.gov with any questions.

Updates to Outpatient Cost-to-Charge Ratios
 The Department is in the process of updating all hospital outpatient cost-to-charge ratios. Outpatient laboratory, occupational therapy, physical therapy, and hospital based transportation claims are reimbursed based on the Medicaid Fee Schedules located at the bottom of the [Provider Services](#) home page.

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
[colorado.gov/health](#) November 2013

https://www.colorado.gov/pacific/sites/default/files/Bulletin_1113_B1300344_0.pdf



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Supply + Demand

- Supply:
 - Reimbursement procedures/EMR
 - Device stocking
 - Provider training, willingness (Tocce et al., 2012)
- Demand
 - Women request postpartum LARC
 - Prenatal counseling
 - Prenatal documentation of wishes in EMR
 - Ensure referrals to hospitals providing LARC

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Supply Side is not Enough

- Lack of demand from mothers may reflect lack of adequate prenatal counseling (Chacko et al., 2016).
- If patients are not educated on postpartum LARC and do not request it, providers perceive lack of demand (Tocce et al., 2015).
- Lack of provider advocacy for postpartum LARC cited as a primary reason why some states have chosen not to adopt reimbursement policies (Moniz et al., 2015).

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Supply Side is not Enough

- Focus on supply-side factors (training providers, supplying devices, enabling reimbursement systems) is insufficient if patient demand for postpartum LARC is not present (Tocce et al 2012).
- Crucial to focus on demand-side factors, e.g. helping young women to understand, ask for most effective contraceptive options available to them (Sheeder et al 2008).

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How to generate demand?

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Lack of Evidence-Based Strategies

- Federal funding streams require evidence-based programs
- Only 1 listed in OAH evidence-based practice database: Respeto/Proteger

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Promising strategies

- Adolescent-focused reproductive health clinics (e.g. CO- CAMP, Houston- BCM teen health clinic)
- PREP innovative approaches funded projects:
- Adult Identity Mentoring (AIM) for Teen Moms (Clark et al 2015)
 - Los Angeles
 - 9 sessions, 7 one-on-one in home
 - Logistical barriers + possible selves
 - 56% more likely to use LARC
- Teen Options to Prevent Pregnancy (TOPP) (Office of Adolescent Health 2014)
 - Ohio
 - Monthly telephone motivational interviewing
 - Nurse home visits
 - Transportation, etc

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New project

- Aim: design a teen-friendly protocol for immediate postpartum LARC in Texas

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Step 1a: What works

- Demographic, social, psychological, and clinical factors that differentiate those that intend to use postpartum LARC versus a short-acting method
- Understand patient demand for postpartum LARC under conditions of
 - (a) universal availability of LARC devices, intensive counseling
- Research Question: Characteristics of Colorado teens who do/do not intend to use postpartum LARC despite having access to it?

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Step 1b: Where are we starting in TX

- Understand patient demand for postpartum LARC under conditions of
 - (b) baseline pre-policy implementation in Texas, limited availability of LARC devices
- Research question: What individual factors influenced teens' postpartum contraceptive wishes in Texas prior to the implementation of postpartum LARC?

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Step 2: Insight from pregnant TX teens

- Interviews with pregnant teens across the state
 - Knowledge
 - Attitudes
 - Perceived barriers

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Step 3: Protocol Development & Testing

- Based on HHSC protocol
- Developmentally appropriate for teens
- Expert feedback
- Implement & evaluate in 2 clinics
- Increased postpartum LARC insertion, retention, reduced repeat births?

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Stay Tuned for Results!

References

- Bourdeman, L. A., Allosworth, J., Phipps, M. G., & Lapuno, K. L. (2006). Risk factors for unintended versus intended rapid repeat pregnancies among adolescents. *Journal of Adolescent Health, 39*(4), 597-61-8.
- Crittenden, C. P., Boris, N. W., Rice, J. C., Taylor, C. A., & Olds, D. L. (2009). The role of mental health factors, behavioral factors, and past experiences in the prediction of rapid repeat pregnancy in adolescence. *Journal of Adolescent Health, 44*(1), 25-32.
- Huntington, S. N., Sieber, D. L., Hair, K. A., & Cisher, R. A. (2009). Second births to teenage mothers: risk factors for low birth weight and preterm birth. *Perspectives on Sexual and Reproductive Health, 41*(6), 101-109.
- Smith, G. C., & Pell, J. P. (2001). Teenage pregnancy and risk of adverse perinatal outcomes associated with first and second births: population based retrospective cohort study. *BMJ (Clinical Research Ed.), 323*(7311), 476.
- Scholl, T. O., Hediger, M. L., Huang, L., Johnson, F. E., Smith, W., & Arcus, I. G. (1992). Young maternal age and parity influences on pregnancy outcome. *Annals of Epidemiology, 2*(5), 565-575.
- Santelli, J. S., & Jacobson, M. S. (1990). Birth weight outcomes for repeat teenage pregnancy. *Journal of Adolescent Health, 11*(6), 240-247.
- Reime, B., Schickling, B. A., & Wendt, P. (2008). Reproductive outcomes in adolescents who had a previous birth or an induced abortion compared to adolescents' first pregnancies. *BMC Pregnancy and Childbirth, 8*, 4.
- Klerman, L. V. (2006). Risk of poor pregnancy outcomes: is it higher among multiparous teenage mothers? *Journal of Adolescent Health, 38*(6), 761-764.
- Barber, J. S. (2001). The intergenerational transmission of age at first birth among married and unmarried men and women. *Social Science Research, 30*(2), 219-247.
- Barber, J. S., & East, P. L. (2009). Home and parenting resources available to siblings depending on their birth intention status. *Child Development, 80*(3), 921-939.
- Tang, S., Davis-Kean, P. E., Chen, M., & Seaton, H. R. (2016). Adolescent pregnancy's inter-generational effects: Does an adolescent mother's education have consequences for her children's achievement? *Journal of Research on Adolescence, 26*(1), 180-193.
- Manlove, J., Maguire, C., & Papillo, A. R. (2000). Subsequent fertility among teen mothers: Longitudinal analyses of recent national data. *Journal of Marriage and Family, 62*(2), 436-448.
- Furstenberg, F. F., Brooks-Gunn, J., & Morgan, S. P. (1987). *Adolescent mothers in later life*. Cambridge: Cambridge University Press.
- Shearer, D. L., Mulvihill, B. A., Klerman, L. V., Wallander, J. L., Hovinga, M. E., & Redden, D. T. (2002). Association of early childbearing and low cognitive ability. *Perspectives on Sexual and Reproductive Health, 34*(5), 236-243.
- Klerman, L.V. (2004). *Another chance: Preventing additional births to teen mothers*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Chacko, M. R., Wiemann, C. M., Buzi, R. S., Kozinetz, C. A., Peskin, M., & Smith, P. B. (2016). Choice of Postpartum Contraception: Factors Predisposing Pregnant Adolescents to Choose Less Effective Methods Over Long-Acting Reversible Contraception. *The Journal of Adolescent Health, 59*(3), 329-335.
- Ricketts, S., Klingler, G., & Schwulberg, R. (2014). Game Change in Colorado: Widespread Use Of Long-Acting, Reversible Contraceptives and Rapid Decline in Births Among Young, Low-income Women. *Perspectives on Sexual and Reproductive Health, 46*(5), 125-132.
- Sheeder, J., Iocce, K., & Stevens-Simon, C. (2009). Reasons for ineffective contraceptive use antedating adolescent pregnancies part I: an indicator of gaps in family planning services. *Maternal and Child Health Journal, 13*(3), 295-305.
- Iocce, K., Goldthwaite, L., Sheeder, J., Echengreen, C., & Teal, S. (2015). Barriers to immediate postpartum LARC method use 1 year after Medicaid policy change. *Contraception, 92*(4), 379.
- Iocce, K., Sheeder, J., Python, J., & Teal, S. B. (2012). Long acting reversible contraception in postpartum adolescents: early initiation of etonogestrel implants is superior to IUDs in the outpatient setting. *Journal of Pediatric and Adolescent Gynecology, 23*(1), 59-63.
- U.S. Centers for Disease Control and Prevention (2015). VitalSigns - Preventing repeat teen births. <http://www.cdc.gov/VitalSigns/TeenPregnancy/>
- Bergsson, N. E., Zhao, Q., Secura, G. M., Madden, T., & Depert, J. F. (2015). Preventing Unintended Pregnancy: The Contraceptive CHOICE Project in Review. *Journal of Women's Health, 24*(5), 349-353.