

Testimony to Metrics and Scoring Committee

November 20, 2014

Oregon Foundation for Reproductive Health

Dear Members of the Committee and staff of OHA,

Thank you for the opportunity to provide testimony today.

We commend the Metrics and Scoring Committee for adopting “**Effective contraception use among women at risk of unintended pregnancy**” as an incentivized metric for Coordinated Care Organizations (CCO) for 2015. This demonstrates a commitment to women’s health and the improvement of maternal and child health outcomes in Oregon.

We know that access to effective contraception can greatly improve health outcomes for women and their children. Women and couples use contraceptives to have healthier pregnancies, to help time and space births, and to achieve their desired family size. The average American woman who wants two children will spend 5 years pregnant, postpartum, or trying to become pregnant and 30 years trying to avoid pregnancy. There are health consequences associated with unintended pregnancy; mothers delay initiating prenatal care and have an increased risk of depression or physical violence while the babies are more likely to be born with low birth weight and more likely to experience poor mental and physical health during childhood.

CCOs play a crucial role in ensuring the essential health care needs of the Medicaid population they serve are met and also in reducing fragmentation of care through creating a coordinated effort to meet the service needs of enrollees.

CCOs need a women’s health metric. Women and children comprise more than half of the Medicaid population, and Medicaid pays for nearly half of the deliveries in our state. Consider unintended pregnancy as a health condition which drives both poor health outcomes and high costs. Too often primary care assumes women’s reproductive health needs are being met somewhere else (OBGYN/family planning); the reality is only one third of women do so. This means primary care is missing an opportunity to provide evidence-based care, such as preconception or contraception services, to help women prevent unintended pregnancy. The integration of these preventive reproductive health services in primary care will happen if it is incentivized.

CCOs need to reduce unintended pregnancies to improve outcomes. Unintended pregnancies result in poorer health for families and worse social outcomes (poverty, derailment of jobs and education, foster home placement). An initiative to promote pregnancy planning in primary care will improve those outcomes. While families from all income levels experience unintended pregnancy, low-income women have 5.5 times the risk of unintended pregnancy as middle-income women. This is a critical issue in the Medicaid population and needs to be addressed through preventive reproductive health services being provided proactively.

CCOs need to reduce costs. While Medicaid pays for about 43% of all births in our state, Medicaid pays for 61% of the births that result from unintended pregnancies. That amounts to more than 10,000 births per

year. If we conservatively spend \$8,500 per birth, those unintended births result in \$85 million in Medicaid spending per year for prenatal and delivery costs alone. Reducing unintended pregnancies by just 10% would produce \$8-10 million in cost savings, and it would help families meet their own goals for the number and spacing of their children.

Providers are on board. All primary care provider organizations in Oregon (OMA, OAFP, Oregon chapter of ACOG, and 19 other organizations) support pregnancy intention screening in primary care. The Oregon Foundation for Reproductive Health has developed the One Key Question® Initiative, which encourages primary care providers to screen women for their pregnancy intentions. Through our work in this initiative, we have seen how vital it is for primary care clinics to provide comprehensive contraceptive counseling and preconception care. Considering the prevalence of unintended pregnancy compared to other chronic conditions, providers are motivated and poised to make a change. The incentivized metric really allows these providers to spend their precious time and resources engaging in preventive care.

Effective contraception should include the most effective and moderately effective methods (e.g., IUDs, implants, sterilization, pills, patch, ring, depo injection). These are tier 1 and tier 2 birth control methods according to the CDC and HSS that are effective at preventing pregnancy with typical use of each. The emerging best-practice of tiered contraceptive counseling shows that offering these methods to women at risk of an unintended pregnancy helps the patient successfully meet her own goals for preventive pregnancy.

Oregon will continue to be a leader in health care transformation by establishing a health metric that meets the needs of our community. We should not fail to meet an extremely basic health need for thousands of women and their families in our state. Unintended pregnancy is a public health issue and effective contraception is an evidence-based practice that helps women prevent unintended pregnancies and plan healthy families. Through ensuring preventive reproductive health services are routinely provided, we can make lasting impact on health outcomes.

Thank you for your time and consideration.

Sincerely,

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