



December 13, 2011

Dear Oregon Health Policy Board Members,

Thank you for the opportunity to provide testimony concerning the Coordinated Care Organization (CCO) Implementation Proposal.

The Oregon Foundation for Reproductive Health recognizes and applauds the CCO workgroup and Oregon Health Policy Board's commitment to improving the affordability, quality, and efficiency of health care to ensure that Oregonians get the health services they need.

The Core Measures proposed by the Outcome, Quality and Efficiency Metrics Work Group include multiple screenings to be done on a routine basis in primary care, such as blood pressure screenings, tobacco use screenings, and depression screenings. It makes sense to do these types of screenings so that interventions can be done and costly medical complications can be avoided.

We noticed, however, an important omission. There are no core measures which address women's preventive reproductive health. This is a critical oversight, and one that needs remedying.

Women are more than half the population and more than two-thirds of the patients seen in primary care clinics. Most American women are fertile for about 35 years and desire (on average) 2 children. That means most women spend 30 years of their lives trying to avoid an unintended pregnancy, and the remainder of those years trying to optimize the health of their pregnancies. The pervasiveness and duration of this need (far greater than the other conditions which have Core measures) make a compelling case for routine screening for pregnancy intention in primary care. Knowing whether or not a woman desires to be pregnant would allow primary care providers to proactively provide two core prevention services: contraception and preconception care.

Unintended pregnancy

Oregon PRAMS (Pregnancy Risk Assessment and Monitoring System) Data from 2008 show that 49% of pregnancies in our state are unintended¹. According to Healthy People 2010 and 2020, unintended pregnancies lead to an increased likelihood of infant and maternal illness, and increase the likelihood of abortion. Women with unintended pregnancies are less likely to enter prenatal care early, or even receive prenatal care at all. They are also less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. They are more likely to be

¹ Oregon PRAMS 2008 <http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/prams/Pages/9899qlist.aspx>

depressed and suffer from physical violence during pregnancy. The child of an unintended pregnancy is at greater risk for low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development². Unintended pregnancies disproportionately affect African American and Hispanic women, and are an important health disparity issue.

The adverse consequences of unintended pregnancies affect not only the children and families of these pregnancies, but also society as a whole through the increasing costs of health, education and social services. Prevention of unintended pregnancies can have profound economic impacts nationally, and has the potential to decrease the disparities in health among those of different socio-economic status. One study from California looked at prevention of unintended pregnancy by making contraception much more available to women. Each pregnancy that was avoided in this program saved the public sector \$6,557 in medical, welfare, and other social service costs for a woman and child from conception to age two and saved \$14,111 from conception to age 5³.

In Oregon in 2008, there were 34,000 unintended pregnancies. If even half of those were prevented, the state would save \$240 million. Nearly 48% of all deliveries in Oregon are paid for by Medicaid/OHP⁴. Preventing unintended pregnancy makes as much sense economically as it does for health reasons.

1. Unintended pregnancies should be tracked by CCOs as a Core Measure and an indicator of whether women are receiving the reproductive health services they need.

Contraception

Contraception is the most important preventive service offered to women in primary care, simply by the sheer prevalence and duration of the need. National data show that 98% of all women use contraception at some point in their lives, yet the contraceptive method that is best for them changes over time. Half of all unintended pregnancies are to women using no contraception, and another 45% are to women who have a contraceptive method, but use it inconsistently or incorrectly⁵.

As part of the federal Patient Protection and Affordable Care Act of 2010, the U.S. Department of Health and Human Services charged the Institute Of Medicine with reviewing which preventive services are important to women's health and well-being, and then recommending which services should be included in health care reform. One of the IOM's recommendations was a fuller range of contraceptive education, counseling, methods, and services so that women can better avoid unwanted pregnancies and space their pregnancies to promote optimal birth outcomes⁶.

Contraception is one of the most cost effective preventive services available. Oregon's Family Planning program states that its return on investment is 7 to 1. The aforementioned California study demonstrates that for every public dollar invested in contraception, the public sector saves \$4.30 in costs from conception to age 2, and \$9.25 in costs from conception to age 5. This is a powerful

² Healthy People 2010 and 2020, <http://www.healthypeople.gov>

³ Biggs MA, Foster DG, Hulett D, and Brindis C. (2010). *Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007*, San Francisco, CA. Submitted to the California Department of Public Health, Office of Family Planning Division. April 2010. Bixby Center for Global Reproductive Health, University of California, San Francisco: San Francisco, CA

⁴ PRAMS 2008

⁵ Guttmacher Institute 2008 Contraception policy brief, www.guttmacher.org

⁶ Institute of Medicine Report <http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>.

argument to include contraception services in the core standards of primary care, and assessment of contraception satisfaction as one of the Core Measures of CCOs.

- 2. The percentage of women using contraception that meets their needs should be tracked by CCOs as a Core Measure, and routine assessment of women's contraceptive needs should be a standard in primary care.**

Preconception care

Part of screening women for their pregnancy intentions involves identifying women who would like to become pregnant so that they can receive effective preconception services.

According to the CDC, about 30% of U.S. women have complications during pregnancy, and approximately 12% of babies born prematurely, 8% born with low birth weight, and 3% with major birth defects. The human and economic costs of poor pregnancy outcomes to families and society are enormous: each child born in the United States with a major disability leads to direct and indirect societal costs of more than \$1 million over his or her lifetime⁷.

There is evidence that improving women's health before pregnancy is important for optimizing pregnancy outcomes. Making preconception care services (including folic acid, vaccinations, and screening for health conditions and use of harmful medications and substances) more available to women would significantly improve maternal and infant outcomes, particularly for women at risk of adverse outcomes. Since nearly half of all pregnancies are unplanned, access to preconception health care services should be the norm for women during their reproductive years. Folic acid supplementation is a simple, effective means of preventing major birth defects, and yet according to PRAMS data in 2008, only 30% of Oregon women took folic acid daily before their most recent pregnancy. Creating a Core Measure regarding folic acid supplementation would encourage primary care providers to engage in other preconception counseling as well.

- 3. The percentage of pregnant women who began taking folic acid prior to pregnancy should be tracked by CCOs as a Core Measure, and a marker of delivery of preconception service availability and prevalence.**

And finally, since unintended pregnancy, access to contraception, and poor pregnancy outcomes are all health disparity issues, they should be included in the Community Health Assessments conducted by CCOs.

Thank you for your consideration of our perspective.

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⁷CDC preconception health workgroup

<http://www.cdc.gov/ncbddd/preconception/documents/Workgroup%20Proceedings%20June06.pdf>

OHPB testimony: CCO metrics Oregon Foundation for Reproductive Health

Proposal: The Outcomes, Quality and Efficiency Metrics Work Group must ensure that women's preventive reproductive health standards are included in CCO Core performance measures.

Proposed Core measures already include the following:

<u>Core measure</u>	<u>Prevalence in Oregon [1]</u>
• assessment of tobacco use	17.5% use tobacco
• blood pressure screening	25.8% with high blood pressure
• alcohol screening,	4.8% of men and 5.4% of women have heavy use
• diabetes care	6.8% with diabetes
• depression screening	4.7% with symptoms of major depression

While it is clear that these measures represent important primary care health concerns, the prevalence of these issues pale in comparison to the prevalence of the need for preventive reproductive health services. Women make up more than half of the population, and upwards of 70% of the patients in a primary care clinic. While most women desire only 2 children, they are fertile for 35 or more years of their lives. This means that most women spend 30 years trying to prevent an unintended pregnancy every month, and the remainder of those years trying to have a healthy pregnancy. **Preventive reproductive health is a core component of primary care for women, and needs to be represented in these core standards.** Preventive reproductive health issues include contraception and preconception care, with the goals of preventing unintended pregnancy and increasing the likelihood that all pregnancies are as healthy as possible.

<u>Proposed additions to Core measures</u>	<u>Prevalence in Oregon</u>
• assessment of unintended pregnancy	49% of all pregnancies in Oregon are unintended [2]
• contraception access/ satisfaction with method	98% of women use contraception at some time in their lives (US)[3] 95% of women with an unintended pregnancy were not using any method or were using a method inconsistently or incorrectly (US)[3]
• folic acid prior to conception	30% of Oregon women take folic acid daily before conception [2]

[1] Oregon Public Health Division website, public.health.oregon.gov, accessed December 1, 2011, [2] Oregon PRAMS data 2008, [3] Guttmacher Institute website, www.guttmacher.org, accessed December 1, 2011, data from 2008

Proposed additions to the Core performance measures table of the Outcomes, Quality and Efficiency Metrics Work Group

Metric	Domain	Alignment	Process measures	Outcome measures	Rationale
Percent of women age 18-50 with unintended pregnancies	Primary Care, prevention	HP 2020, AHRQ National Quality Measures Clearinghouse	% of prenatal patients with documentation of pregnancy intendedness	% reduction in rates of unintended pregnancy	Unintended pregnancies lead to worse outcomes for mother and infant, higher rates of preterm delivery, and substantial state health care costs. Almost half of all deliveries are paid for by Medicaid/OHP. This is a health disparity issue . Rates are higher for African Americans and Hispanics.
Percent of women age 18-50 taking folic acid daily before they become pregnant	Primary Care, prevention	HP 2020, USPSTF Grade A, AHRQ National Quality Measures Clearinghouse	% of prenatal patients with documentation of folic acid consumption prior to conception	% Increase in rates of folic acid consumption prior to conception	Folic acid is a simple, effective, inexpensive way to prevent birth defects. Also, this measure would encourage clinicians to ask about other health behaviors, screen for medical conditions and adjust medications as needed to maximize chances for a healthy pregnancy
Percent of women age 18-50 using contraception that meets their needs	Primary Care, prevention	HP 2020, IOM report, AHRQ National Quality Measures Clearinghouse HEDIS[1], Meaningful Use [2]	% of adult women screened for contraceptive needs	% increase in women using contraception that meets their needs	Contraception has been shown to prevent unintended pregnancy, especially when women have access to multiple methods to meet their needs as they change over time.

[1] Annual monitoring for patients on persistent medications, Adult Access to Preventive/Ambulatory Health Services

[2] Monitoring of persistent medications

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