Effective Contraception Use Metric

QHOC Meeting
Feb 9, 2015

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Maternal Child Family Program Manager
Health Share of Oregon
Effective Contraception Use metric

- Effective contraception use among women at risk of unintended pregnancy

- **Denominator**: women 15-50 who are physiologically capable of getting pregnant

- **Numerator**: claims for contraception prescriptions or procedures for Tier 1 or 2 methods: female sterilization, IUD, implant, pills, patch, ring, depo shot, diaphragm
Effectiveness of Family Planning Methods

Most Effective

- Implant
- Intrauterine Device (IUD)
- Male Sterilization (Vasectomy)
- Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)

Less than 1 pregnancy per 100 women in a year

0.05%* LNG - 0.2% Copper T - 0.8%

How to make your method most effective

After procedure, little or nothing to do or remember.
Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

Injectable: Get repeat injections on time.
Pills: Take a pill each day.
Patch, Ring: Keep in place, change on time.
Diaphragm: Use correctly every time you have sex.

Injectable
- 6%
Pill
- 9%
Patch
- 9%
Ring
- 9%
Diaphragm
- 12%

6-12 pregnancies per 100 women in a year

Male Condom
- 18%
Female Condom
- 21%
Withdrawal
- 22%
Sponge
- 24% parous women
- 12% nulliparous women

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.
Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

Fertility-Awareness Based Methods

- Fertility
- January
- Spermicide

- 24%
- 28%

Least Effective

- Male Condom
- Female Condom
- Withdrawal
- Sponge

18 or more pregnancies per 100 women in a year

- 18%
- 21%
- 22%
- 24%

* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

CONDONS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.
Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.


U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Who is in this metric?

- Women who are abstinent or not currently sexually active
- Women who only partner with women
- Women who are trying to conceive

Benchmark
- 50% of women

Excluded
- Women physiologically incapable of pregnancy
- Women who were pregnant in the measurement year who did not also receive contraception

- 70% of women who are physiologically capable of getting pregnant and are currently sexually active with men
What about men?

- Important to include men in the conversation
- Since most contraception is for women, cannot find claims in man’s record, so not included
Why is this important?

Goal is to prevent unintended pregnancy

A woman with an unintended pregnancy is:

- less likely to seek early prenatal care
- more likely to expose the fetus to harmful substances
- at greater risk of depression
- at greater risk of physical abuse
- at greater risk of having her employment, education and relationship with her partner derailed

Why is this important?

Goal is to prevent unintended (unwanted) pregnancies

A child of an unintended conception is at greater risk of:

- being born at low birthweight
- dying in his/her first year of life
- being abused or neglected
- not receiving sufficient resources for healthy development

Medicaid coverage

Medicaid in Oregon pays for 48% of all births

Among births to women who say the pregnancy was unintended, Medicaid paid for 63% of the births
How are we doing with contraception now?

2011 data

54,700 pregnancies

45,100 births

9600 abortions

28,400 intended

16,700 unintended

26,300 unintended pregnancies (48%)

Source: Oregon Vital Statistics and Oregon PRAMS 2011
How are we doing with contraception now?

“When you got pregnant with your new baby, were you doing anything to prevent pregnancy?”

<table>
<thead>
<tr>
<th>Yes</th>
<th>49%</th>
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</thead>
<tbody>
<tr>
<td>Half of women who had a baby in 2011 were using contraception when they got pregnant (method didn’t meet their needs)</td>
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</table>

<table>
<thead>
<tr>
<th>No</th>
<th>51%</th>
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<tbody>
<tr>
<td>One quarter of women did not want to get pregnant but were not using anything (lack of knowledge/access to contraception)</td>
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</table>

One-quarter of women were ok with getting pregnant

Source: Oregon PRAMS 2011
35% of women at risk of unintended pregnancy are either using NO method or are using a method incorrectly or inconsistently.
What does this metric ask providers to do?

- Talk about pregnancy intentions at least once a year
- Support her needs
  - Abstinence
  - Highly effective contraception
  - Preconception health
- Code for the care
  - Contraception prescriptions and procedures count
  - Surveillance codes for sterilization and long-acting methods
V25.4, Surveillance of previously prescribed contraceptive methods*

V25.40, Contraceptive surveillance, unspecified*

V25.41, Surveillance of oral contraceptive.

V25.42, Surveillance of previously prescribed contraceptive method, intrauterine device.

V25.43, Surveillance of previously prescribed contraceptive method; implantable sub-dermal contraceptive.

V25.49, Surveillance of other contraceptive method*

V25.9, Unspecified contraceptive management*

V45.59 Presence of other contraceptive device
How can we improve our contraception care?

- Screen all women for pregnancy intentions
- Improve your contraception provision with evidence-based support
- Help more women obtain LARCs (IUDs and implant)
- Partnering with other professionals
Screen for pregnancy intentions

One Key Question® initiative
Ask: Would you like to get pregnant in the next year?
www.onekeyquestion.org

Motivational interviewing approach
Ask: Would you like to have any (more) children?
If so, when?
How important is it to you to prevent pregnancy until then?
Improve your contraception provision

http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm
Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

**Key:**
1. No restriction (method can be used)
2. Advantages generally outweigh theoretical or proven risks
3. Theoretical or proven risks usually outweigh the advantages
4. Unacceptable health risk (method not to be used)

**Updated June 2012.** This summary sheet only contains a subset of the recommendations from the US MEC. For complete guidance, see http://www.cdc.gov/reproductive-health/summary/medelig criteria U.S.MEC.htm

Most contraceptive methods do not protect against sexually transmitted infections (STIs). Consistent and correct use of the male latex condom reduces the risk of STIs and HIV.

### Chart Details

#### Contraception

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-condition</th>
<th>Combined/HB</th>
<th>Progestin-only/JI</th>
<th>Injection</th>
<th>Implant</th>
<th>LHC (IUD)</th>
<th>Copper(IUD)</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mercrene to ≤ 45 = 1</td>
<td>1</td>
<td>1</td>
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<tr>
<td></td>
<td>Mercrene to &gt; 45 - 1</td>
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<tr>
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<td>Mercrene to ≤ 55 = 1</td>
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<td>Mercrene to &gt; 55 - 1</td>
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<tr>
<td></td>
<td>Mercrene to ≤ 70 = 1</td>
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<tr>
<td></td>
<td>Mercrene to &gt; 70 - 1</td>
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#### Anatomic abnormalities

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<td>a. Diaphragm</td>
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<td>b. Other abnormalities</td>
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#### Anemia

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<td>a. Thalassemia</td>
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<td>b. Malaria</td>
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#### Benign ovarian tumors (including cysts)

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<tbody>
<tr>
<td>a. Undiagnosed mass</td>
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<td>2*</td>
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<td>b. Benign breast disease</td>
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<td>1</td>
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<td>1</td>
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<tr>
<td>c. Family history of cancer</td>
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<td>1</td>
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<tr>
<td>d. Breast cancer; br. current; a past and no evidence of breast cancer for 5 years</td>
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#### Breastfeeding

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<tr>
<td>Postpartum: a. 1 month postpartum</td>
<td>3*</td>
<td>3*</td>
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<tr>
<td>Postpartum: b. 1 month or more postpartum</td>
<td>3*</td>
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#### Cervical cancer

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<tbody>
<tr>
<td>a. 1 month postpartum</td>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>b. 1 month or more postpartum</td>
<td>2</td>
<td>2</td>
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#### Cervical intraepithelial neoplasia

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<tbody>
<tr>
<td>a. Mid (compensated)</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>b. Severe (decompensated)</td>
<td>4</td>
<td>4</td>
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#### DVT/PE

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<tbody>
<tr>
<td>a. History of DVT/PE, not on anticoagulant therapy</td>
<td>4</td>
<td>4</td>
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<tr>
<td>b. History of DVT/PE, on anticoagulant therapy</td>
<td>3</td>
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<td>c. Acute DVT/PE</td>
<td>4</td>
<td>4</td>
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<tr>
<td>d. History of DVT/PE, on anticoagulant therapy</td>
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#### History of bariatric surgery

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<td>a. Bariatric surgery</td>
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#### History of cholecystectomy

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<th>Sub-condition</th>
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<tbody>
<tr>
<td>a. Pregnancy-related</td>
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<td>b. PPD-related</td>
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<tr>
<td>c. PPD-related</td>
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#### History of pelvic surgery

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<tr>
<td>a. High risk</td>
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<td>b. HIV infected</td>
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Improve your contraception provision

OPRHAC
Oregon Preventive Reproductive Health Advisory Council

- Convened by the Reproductive Health Program of the Public Health Division

- Developing **checklists** for primary care practices to use to assess their own provision of contraception care and preconception care, based on national guidelines and local expertise
Help more women obtain LARCs

- **Long Acting Reversible Contraception**
  - Paragard, Mirena or Skyla IUD
  - Nexplanon implant

- Highest effectiveness rate among any reversible contraception method (22 times more effective at preventing pregnancy than pills)

- Highest satisfaction rate for any contraception method (86% vs average 54% for other methods)

Source: Choice Project website: http://www.choiceproject.wustl.edu/
Help more women obtain LARCs

- LARCs are appropriate for
  - Nulliparous women
  - Teens
  - Any woman who desires long-acting contraception

- LARCs should not be used for women with
  - Current intrauterine infection
  - Current purulent cervicitis
  - Unexplained vaginal bleeding
  - Pelvic TB, liver tumors, SLE

Source: US MEC for contraceptive use
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm
Partner with other professionals

Local Family Planning Clinics

- Experts available for collaboration
- Contractually obligated to assure provision of contraception in your area
- Care at Family Planning clinics counts toward the metric in the first year, may not count in future years unless you have a contract
- Every community is different – primary care, gynecologists and county FP clinics should meet and strategize locally
  - How do referrals work (both ways)
  - Who provides iuds and implants?
  - Difficult cases/consultation
Thank you!