State Story

Facing Budget Constraints, Oklahoma Secures Private Funding for Long-Acting Reversible Contraception

To reduce the state's high rates of teen births and unplanned pregnancies, the Oklahoma Health Care Authority sought funding from foundations to increase the use of long-acting reversible contraception.

Oklahoma has the second highest rate of teen births among 15- to 19-year-olds in the United States, and one of the top five highest teen birth rates in the nation overall. Additionally, more than half of all pregnancies in the state are unintended, and unintended pregnancy is linked to a variety of adverse outcomes, including delayed prenatal care, higher rates of maternal substance use during pregnancy, and preterm birth.

The high teen birth and unintended pregnancy rates have not only negatively affected Oklahoma's women and children, but also have a significant financial impact on the state. The state Medicaid agency, the Oklahoma Health Care Authority (OHCA), annually pays for 60 percent of the state's births.

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To address these issues and decrease the personal and economic costs associated with teen births and unintended pregnancies, OHCA is bringing together partners from regional foundations, the Oklahoma State Department of Health, the state's major health insurance companies, and professional associations to undertake an innovative program: a two-year, statewide project that uses private funding (matched with federal funds) to increase utilization of long-acting reversible contraception (LARC), which includes non-hormonal copper intrauterine devices (IUDs), hormonal IUDs, and single-rod hormonal implants. OHCA's project goals are to inform its members and providers that LARC is the most cost-efficient and effective form of birth control and to reeducate them about LARC availability in the state.

Additionally, in September 2014, OHCA enacted a Medicaid reimbursement policy that allows providers to bill separately when they place LARC immediately post-partum (IPP). Prior to the new policy, providers received reimbursement as part of one hospital payment, resulting in a barrier to place LARC immediately postpartum. As of June 2016, OHCA staff stated they're beginning to see the change produce results, with more than 200 devices placed and billed for under the new reimbursement schedule. Although the new policy preceded the private funding project, it laid an important foundation for the work to come.

Steps Taken:

- Due to budget constraints, OHCA staff knew that the agency wouldn't be able to obtain state funds for a special LARC program, yet they wanted to make LARC more accessible to address the state's unintended pregnancies rate. Inspired by Colorado's work on LARC, OHCA Deputy CEO Garth Splinter suggested that OHCA seek private funding for an Oklahoma LARC program.

During internal discussions, OHCA staff identified a local foundation as a potential match for the plan.

- Agency employees coordinated a meeting with the local foundation in the fall of 2015, during which they presented their vision: a statewide program that would use private funding to promote LARC use and engage all payers, health departments, tribal clinics, federally qualified health centers, and other agencies interested in issues related to unintended pregnancy.
- Several days after the meeting, a foundation representative called OHCA to report that the foundation was interested in supporting the LARC project. Moreover, the foundation had shared OHCA's vision with two other foundations —and both also wanted to help.
- Using some of the funding it received, OHCA hired two full-time employees who are part of the agency's medical unit and therefore, have access to all of the medical team's resources for their implementation efforts.
- Oklahoma's LARC program is broken into four components: LARC 1A, LARC 1B, LARC 2, and immediate postpartum. OHCA is currently implementing LARC 1A and 1B. LARC 1B has added a third full-time employee.
- Under LARC 1A, OHCA aims to more efficiently leverage Oklahoma's existing resources to increase awareness of and access to LARC. This includes: developing an inventory of the state's LARC services, providers, advocates, and state agencies; establishing LARC usage metrics and baseline values; educating providers and members about LARC through materials and trainings; and revising Medicaid policies as necessary to promote LARC use.
- LARC 1B will focus on outreach to the state's teen population and their healthcare providers to reduce the state's teen birth rate. The agency's goal is to have a dedicated staff member educate patients and providers about clinic and contraceptive best practices.
- OHCA will implement the additional project goals in phases as outlined and detailed below.

Future Steps:

- LARC 2 will educate and support clinics to increase the use of LARCs. Under LARC 2, OHCA plans to provide clinics and providers with quality improvement training; education on how to practice evidence-based, patient-centered, tiered contraceptive counseling; training on how to properly insert and remove LARC devices; and education on billing and coding best practices.
- The immediate postpartum phase will aim to increase awareness of the Medicaid reimbursement policy that went into effect in September 2014, develop protocols and checklists for immediate postpartum implementation in hospitals, and educate and train providers on immediate postpartum LARC insertion.
- One challenge for OHCA with the LARC program is that many doctors in Oklahoma are employed by large health systems, some of which may have religious affiliations with policies prohibiting insertion of LARC. However, the agency sees this as a public health issue, so it wants to identify common ground and creative solutions that will allow it to work with the state's religiously affiliated health systems.
- OHCA is considering hiring a vendor to visit doctors' offices and clinics to assess their readiness and training on LARC insertion. This service would also perform some facilitation and provide guidance on proper billing, with the goal of ensuring that providers know Medicaid will pay them for inserting LARC.

- The agencies also want to encourage providers to include LARC in one visit combined with other care, such as new mothers' postpartum checkups. Some patients have limited access to healthcare and therefore are at high risk of not returning to their physicians' offices for follow-up care. Including LARC education and insertion into other kinds of appointments reduces the risk of missing the opportunity to reach patients.
- OHCA plans to conduct surveys to obtain provider feedback on counseling and education, which the staff will use to implement quick-cycle quality improvement for the project.
- LARC 1B and LARC2 are funded through the Children's Health Insurance Program (CHIP) Health Services Initiative (HSI). The Centers for Medicare and Medicaid Services (CMS) has approved the program for the benefit of all women, Medicaid and non-Medicaid, who are under 19 years of age.

Results:

- To measure the program's success, OHCA, together with the OSDH, will be analyzing the state's unintended pregnancy and teen birth rates to identify possible decreases. Other measures the agencies will consider include rates of LARC usage, billing records, and working with LARC wholesalers to determine accurate counts for how many devices come into Oklahoma.
- The team ultimately hopes to establish baseline measurements that it can use to track the program's outcomes even after the program is over. They are committed to institutionalizing as many of the project outcomes as possible.

Lessons Learned:

- Be creative with funding sources. Many states experience budgetary constraints, so public-private partnerships may help your state more easily generate buy-in for projects and pursue more innovative work.
- Taking a risk can pay off. OHCA staff initially believed their vision for the LARC program would generate pushback. Instead, they were surprised by how easily the program gained acceptance.
- Educate stakeholders about how teen births and unintended pregnancies impact mothers and their children. Use data from your state to illustrate how this is a public health problem.
- Oklahoma's new Medicaid IPP LARC reimbursement policy has shown early positive results, and it provides another mechanism through which OHCA can promote the LARC project.
- Hold discussions with agencies, private payers, and external groups to determine how to get more out of current resources. Building these relationships will allow you and your partners to create new policies or exchange education materials.
- If the CHIP program is reauthorized enhanced federal matching rates (now approximately 95%) may be available for these efforts for women below age 19.

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