Colorado Significantly Decreases Unintended Pregnancies by Expanding Contraceptive Access

The Colorado Family Planning Initiative's efforts helped spur a 54 percent reduction in teen births, saved the state nearly $70 million in public assistance costs, and reduced financial barriers so women can more readily access their preferred contraceptive methods.

Pregnancies that occur too early or too late in a woman's life, or that are spaced too closely, negatively affect maternal health and increase the risk of prematurity and low birth weight. Up to 41 percent of unintended pregnancies are due to inconsistent use of contraceptives.[1] Increasing contraceptive access so women can choose the most effective methods is a proven, effective strategy to reducing unintended pregnancies.

In 2008, nearly half (46%) of all pregnancies in Colorado were unintended.[2] These pregnancies are more common among women under age 25 who have a high school education or less, are African American or Hispanic/Latina, and are low-income.[3] Unintended pregnancies cost Colorado Medicaid more than $160 million annually.[4]

From 2008 to 2016, the Colorado Initiative to Reduce Unintended Pregnancy explored and tested strategies to make a meaningful statewide impact in reducing unplanned pregnancy among women lacking access to quality contraceptive care. The four key strategies included: increasing access to quality contraceptive services; increasing availability of the full range of contraceptives methods, including implants and IUDs; promoting healthy decisions and planning; and improving public policies and practices. Success required not just funding but a strategic and integrated implementation framework that engaged public, private, and community partners throughout the state.

Since the start of the CFPI project:

- Colorado's birth rate fell 54 percent for young women ages 15-19, and 30 percent among women ages 20-24 between 2009 and 2016.
- The number of repeat teen births (teens giving birth for the second or third time, etc.) dropped 63 percent between 2009 and 2016.
- The abortion rate fell 63 percent among women ages 15-19, and 41 percent among women ages 20-24 between 2009 and 2016.
- The 2017 Taking the Unintended Out of Pregnancy analysis found that CDPHE's CFPI project was responsible for $66.1-69.6 million in avoided costs to other state programs, such as Medicaid, food stamps, and temporary aid to families in need (2010-2014)

A critical player in this effort was the Colorado Department of Public Health and Environment (CDPHE). The department focused on expanding contraceptive access within Colorado's public health system and creating the Colorado Family Planning Initiative (CFPI), a program that complemented the existing CDPHE Family Planning Program. By removing clinic and client barriers, more women were able to choose and use any contraceptive method, including the most effective methods: IUDs and implants.

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Other key partners included:

• Beforeplay.org • Boulder Valley Women's Health Center • Colorado Association for School-Based Health Care • Colorado Department of Public Health and Environment • Colorado Children's Hospital – Adolescent Clinic • Colorado Consumer Health Initiative • Colorado Organization for Latina Opportunity and Reproductive Rights	• Colorado Youth Matter • Denver Health • Denver Public Schools • Focus Points Family Resource Center • High Plains Community Health Center • NARAL Pro-Choice Colorado • Southwest Open School Health Center • University of Colorado School of Medicine • Valley Wide Health Systems • Colorado Department of Health Care Policy and Financing

Steps Taken:
Using a multi-pronged approach, partners across the state focused on several primary tactics to increase access to, use of, and education about these contraceptive methods.

- CDPHE provided 68 Title X-funded clinics statewide with additional financial support to offer implants and IUDs on a sliding fee scale. Although many clinics had previously offered these methods, cost constraints prevented many clinics from being able to offer them to women who wanted to use them. The additional funding allowed clinics to offer implants and IUDs at a cost comparable with other, less expensive and less effective (due to potential user error) methods, such as birth control pills and Depo-Provera injections.
- CDPHE and others trained providers and other clinic staff on contraceptive counseling, including implants and IUDs, managing side effects, and performing insertion and removal procedures. Training initially only targeted providers, but as the project progressed, administrative and other staff were trained in billing for family planning services and clinic efficiency that supports same-day insertions. Ongoing training was provided as best practices evolved and new clinicians joined the project.
- Clinics expanded their capacity to see more clients and offer more family planning services. CDPHE contributed to the process by helping clinics establish protocols and procedures for device placements and removals, and by supporting clinic activities to increase the number of patients who could be served, such as expanding staff time, renovating clinics to increase exam space, and building payment and reimbursement systems to ensure that clinics were being appropriately reimbursed for these devices and procedures. To facilitate this workflow, CDPHE staff developed a billing and coding manual and, in some cases, also helped with infrastructure improvements including creating electronic health record systems.
- Community outreach and education helped link people to care, and think about their plans for parenting. Activities varied across communities and were often responsive to particular needs. Partners offered individual education in schools and relevant classes in community settings, including some in Spanish. CDPHE and the Colorado Initiative partnered to develop Beforeplay.org, an edgy, robust public education campaign to encourage healthy, informed conversations about sexual health. In some neighborhoods, people went door-to-door and to places in the community (e.g., salons) to connect with women, discuss their sexual needs, and refer them to care.

- CDPHE worked with two hospital partners to create systems to enable women to choose implants or IUDs immediately postpartum. The process involved working with interdisciplinary care teams to establish clinical protocols for ordering, stocking, and storing devices, establishing billing procedures, and training providers on device insertion.
- In 2013, the Colorado Department of Health Care Policy and Financing (HCPF), the state Medicaid agency, created a short-term work around payment mechanism to reimburse hospitals for long-acting reversible contraception (LARC) provided immediately postpartum in an inpatient setting. In November 2013, HCPF issued a provider bulletin describing the temporary policy, which covered postpartum implants and IUDs for a three-month period between Oct. 1 and Dec. 31, 2013. On Jan. 1, 2014, the payment methodology for hospitals was upgraded to the All Patient Refined Diagnostic Related Group (APR DRG) classification system, which more accurately reflected the level of services and resource utilization, including for postpartum implants and IUDs as part of the global labor and delivery hospital fee. HCPF staff are now analyzing claims and payments for these time periods to determine the impact on insertion rates immediately postpartum. CDPHE and HCPF staff found that low provider awareness of this payment policy may have impacted utilization rates.
- A related effort, supported by state Medicaid policy changes, is increasing access to implants and IUDs in hospital settings immediately postpartum. Researchers at the University of Colorado School of Medicine estimate that the state could save nearly $2.3 million over two years for every 1,000 Medicaid-eligible women by removing barriers to immediate postpartum implant and IUD access and reducing unintended pregnancies.[5,6,7] Since 2014, Colorado has participated in the ASTHO LARC Learning Community to support this effort.
- State and local partners championed organizing efforts at local, school district, and state levels to improve the structural conditions and policies that impact sexual and reproductive healthcare. Organizations worked with a growing number of school administrators seeking guidance on how to provide high-quality, comprehensive sex education in the classroom. Students and parents testified at school board meetings. A wide array of organizations engaged their members and others to share with elected officials the value of these prevention programs—an important step in the policy process since prevention is often not well understood.

Results:

As of August 2017, CDPHE updated its family planning-related datasets and the following are several highlights:

- Since the start of the LARC project, the birth rate for young women ages 15 to 19 was reduced by more than half, falling 54 percent between 2009 and 2016. The rate dropped from 37.5 births per 1,000 teens in 2009 to 17.1 in 2016.
- A similar downward trend was seen among women ages 20 to 24, with their birth rates dropping 30 percent between 2009 and 2016.
- The number of repeat teen births (teens giving birth for the second or third time, etc.) dropped by nearly two-thirds (63 percent) between 2009 and 2016.
- The abortion rate among women ages 15 to 19 fell by 53 percent and among women ages 20 to 24 by 27 percent between 2009 and 2015 (data for 2016 are not yet available.)
- The 2017 Taking the Unintended Out of Pregnancy analysis found that CDPHE's CFPI project was responsible for $66.1-69.6 million in avoided costs to other state programs such as Medicaid, food stamps, and temporary aid to families in need.

Next Steps:
Through participation in the ASTHO LARC Learning Community, CDPHE, HCPF, and other partners are exploring additional activities and next steps.

- CDPHE explored innovative financing strategies to increase funding and reimbursement for implants and IUDs, particularly in rural settings. In 2015, the Colorado state legislature introduced a bill that would have increased the general fund allocation from $1.6 million to $6.6 million for the CDPHE Family Planning Program to be used specifically for implants, IUDs, and training. While both Gov. John Hickenlooper and CDPHE Executive Director Larry Wolk were strong advocates for the bill, it did not pass. However, in 2016, the governor requested a $2.5 million increase for family planning in the budget presented to the Colorado state legislature, which was approved. This $2.5 million in additional funds now puts the state contribution to CDPHE's family planning program at $4.1 million, helping to secure a future for Colorado's reproductive health network.
- In 2015, HCPF received approval from CMS to "carve out" reimbursement from the per visit (encounter) rate for implants and IUDs devices offered through rural health clinics. Changes in the payment methodology and fee-for-service billing for these devices was shared with stakeholders and published in a provider bulletin.
- HCPF is also seeking CMS approvals to "carve out" reimbursements from both in-patient hospital payments and from Federally Qualified Health Center (FQHC) encounter rate payments for implants and IUDs provided immediately postpartum or at a FQHC visit per recommendations and guidelines from CDC and the U.S. Office of Population Affairs on the provision of family planning services.
- Partners plan to continue sharing information with providers about resources to support access and use of implants and IUDs through Title X program communications and other communication channels.
- Partners also plan to offer additional provider training and explore new partnerships with community health centers, rural health clinic networks, hospital organizations, OB-GYN groups, Planned Parenthood offices, health plan associations, and other family planning- and women-centered organizations to expand access to the full range of contraception to other clinics and hospitals across the state.
- Partners also plan to train providers on using the new Liletta device (a type of IUD) and plan to continue gathering data to understand insurance reimbursement and cost sharing challenges.

Lessons Learned:
- State health agencies should focus on adequate reimbursement. The cost of implants and IUDs is a major barrier for both patients and providers, but CDPHE and its partners found that young women are very receptive to these methods if the cost barriers are addressed through Medicaid policy changes similar to those tested in Colorado, or through other creative financing options.
- Providers must inform women about the full range of contraception options and incorporate quality family planning services in primary care settings. In addition, women should receive information throughout pregnancy that outlines their postpartum contraceptive options. This type of cross-setting education requires coordinating with and cultivating champions among a

broad range of prenatal and perinatal providers, including nurse midwives, OB-GYNs, pharmacists, and other members of the care team in both outpatient clinics and inpatient settings.

- State health agencies should provide technical support to clinics and hospitals to establish systems that ensure that implants and IUDs are offered alongside other methods. Offering these devices on a systematic basis requires clinics, hospitals, and other care sites to develop and implement protocols to both inform women of their contraception options and stock and store implants and IUDs, which requires determining various care team members' roles and ensuring that appropriate billing codes and procedures are used. It may also require educating providers to address misperceptions about who can use implants and IUDs, particularly in postpartum settings.
- Collecting data along the way is critical to making the business case for offering implants and IUDs broadly. CDPHE staff recommend designing evaluation criteria and measures in a way that ensures that the data will be easily understood and useful to a wide range of partners.

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