

Improving Outcomes and Reducing Costs: Oregon's Innovative Reproductive Health Program

Overview

One approach to promoting healthy birth outcomes is to reduce unintended pregnancies. This strategy has been used in the state of Oregon for over a decade with positive results. Research suggests that babies born of wanted and welcomed pregnancies are less likely to be premature or low birth weight and also more likely to be breastfed as infants.¹ By combining their Title X and Medicaid family planning waiver programs, the Oregon Reproductive Health Program has expanded family planning services to more uninsured and underinsured Oregonians. At the same time, they have improved the quality and efficiency of services, and in 2011 alone, averted an estimated 17,000 unintended pregnancies, saving the state \$28 million in Medicaid spending.

Prior to 1998, reproductive health services in Oregon were delivered to low-income individuals through Title X grants from the U.S. Department of Health and Human Services, Office of Population Affairs. The Program served more than 50,000 people through 90 clinics around the state. At the time, the rate of unintended pregnancy in Oregon among women aged 15-44 was 44.3/1,000 pregnancies and the infant mortality rate was 5.8/1,000 live births.² In 1998, Oregon was granted a waiver from the Centers for Medicare and Medicaid Services (CMS) to expand Medicaid coverage for family planning services. Twenty-six states have been granted Medicaid waivers since 1993.

Target Population

Oregon sought to increase access to reproductive health and family planning services among uninsured and underinsured residents of reproductive age. Their main objective was to assist Oregonians in planning healthy, well-timed, and intended pregnancies.

Role of State Health Agency

To expand access to reproductive health services to more Oregonians and reduce rates of unintended pregnancy, Oregon received a Medicaid waiver for family planning services in 1998. Oregon **ContraceptiveCare**, or CCare, (formerly known as the Family Planning Expansion Project or FPEP) began the following year by covering reproductive health services for men, women, and teens up to 185 percent of the federal poverty level and not otherwise enrolled in the Oregon Health Plan, Oregon's regular Medicaid program.³ Services delivered under CCare include birth control methods, including vasectomy and emergency contraception; contraceptive management counseling and education; physical exams with breast and cervical cancer screenings, as indicated; and information and referrals to other preventative health and social services.⁴

"By building upon the strong foundation of established relationships with Title X providers, Oregon was able to incorporate the Medicaid waiver program, resulting in a nationally recognized model for reproductive health."
-Emily Elman, MPH, Oregon Health Authority

Unlike many other family planning waiver states, Oregon developed a model of integration between its Title X and Medicaid family planning waiver. CCare is co-located with Title X in the Public Health Division of the Oregon Health Authority (OHA), as opposed to within OHA's state Medicaid Division. This integration has allowed Oregon to administer programs through one office to better align policies and streamline communications to the same network of publicly funded family planning providers. The presence of CCare has allowed Title X family planning providers to expand their reach and serve more Oregonians in need by providing a reimbursement source for reproductive health services already being delivered.

Program Highlights

- Developed a model of Title X and Medicaid family planning waiver integration to deliver more services to uninsured and underinsured.
- Created a streamlined, client-centered application for CCare to reduce barriers to care.
- Increased enrollment and service capacity from 50,000 patients across 90 clinics in 1998 to 113,000 patients across 155 clinics in 2011.
- Reduced unintended pregnancy, averting 17,000 in 2011 alone.
- Identified as a model of innovation and best practices in expanding enrollment and providing publicly funded family planning services.

Oregon's Reproductive Health Program is also a leader among waiver states in its efforts to streamline client enrollment and eligibility verification processes. The standard Oregon Health Plan enrollment application is lengthy and requires that applicants provide a great deal of documentation to determine eligibility before services are provided. CCare's client-centered application process involves a one-page form that is filled out at the clinic site and entered into a centralized, statewide eligibility database. Clients can receive same-day services and supplies as state employees subsequently verify all eligibility requirements.

Results and Health Outcomes

Since the introduction of CCare in 1999, the Reproductive Health Program has thrived, currently serving 113,000 patients in 155 clinics located throughout every county of the state.⁵ The unintended pregnancy rate in the state has dropped to 39.0/1,000 pregnancies and the infant mortality rate has also fallen, though this is not the explicit aim of the program, to 4.8/1,000 live births. In its first year, CCare averted approximately 500 unintended pregnancies⁶; in 2011, the Oregon Health Authority estimates that 17,000 unintended pregnancies were prevented across the state, a 34-fold increase since the inception of CCare.

Conclusions

The Oregon Reproductive Health Program has produced a significant return on investment to the state as well. The average cost of a Medicaid-paid birth (including labor, delivery, and first year of infant care) is approximately \$18,000 in Oregon compared to \$270 per client per year for family planning services and supplies provided by CCare. Thus, reducing unintended pregnancies among this population has reduced Medicaid expenditures immensely. After accounting for investment, the Oregon Reproductive Health Program saved the state \$28 million in 2011 alone. The innovative program design ensures \$9 in

enhanced Medicaid reimbursement for every \$1 the state spends; in addition, for every \$1 the state spends on the program, it saves \$7 by preventing unintended pregnancies through the delivery of reproductive health services.⁵

A 2008 policy analysis by Dr. Richard C. Lindrooth indicated that the Oregon Reproductive Health Program produced a significant reduction in unintended births, is likely to continue generating substantial cost savings, and has been more effective than family planning waiver programs in other states.⁶ The Guttmacher Institute included Oregon's program in its 2011 assessment of family planning waiver projects across the country as a model of innovation and best practices in expanding enrollment and providing publicly funded family planning services.⁷ The Centers for Medicare and Medicaid Services concluded that the program effectively increases contraceptive services and access to primary care, improves service delivery, and reduces unintended pregnancy.⁵

References:

¹ Kost K, Landry DJ and Darroch JE, The Effects of Pregnancy Planning Status On Birth Outcomes and Infant Care, *Family Planning Perspectives*, 1998, 30(5):223–230.

² Oregon Health Services. Oregon Vital Statistics Annual Report, 2009. Available at <http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/Pages/index.aspx>. Accessed April 11, 2012.

³ The state increased eligibility level for clients from 185% of the federal poverty level to 250% on April 1, 2012.

⁴ Oregon Department of Human Services, Public Health. Family Planning Program Manual, 2008. Available at <http://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Pages/AllProvidersMaterials.aspx#manuals>. Accessed April 11, 2012.

⁵ Oregon Health Authority. Celebrating the Past, Embracing the Future: Oregon Reproductive Health Program Report, 2010. Available at http://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Documents/9857_Family_Planning_Report_2010_Color-Single-Pages-WEB.pdf. Accessed April 11, 2012.

⁶ Lindrooth RC. Policy Brief: Measuring the Effect of Oregon's Family Planning Medicaid Waiver. Charleston, SC: Medical University of South Carolina Center for Health Economics and Policy Studies. 2008.

⁷ Sonfield A, Gold RB. Medicaid Family Planning Expansions: Lessons Learned and Implications for the Future. New York: Guttmacher Institute. 2011.