Increasing Access to Contraception Learning Community

Meeting Summary | Year Four

May 16-17, 2018

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Introduction: Learning Community Meeting Overview and Goals

In May 2018, ASTHO, with support from CDC, the HHS Office of Population Affairs, the Centers for Medicare and Medicaid Services (CMS), and other national partners listed in Appendix A, convened state and territorial team members from the Increasing Access to Contraception (IAC) Learning Community. This two-day meeting concluded the four-year learning community and provided a forum for states and territories to share achievements and identify their goals and next steps for sustaining contraceptive access efforts after the community ends.

ASTHO convened the project's three cohorts of 29 interdisciplinary teams (listed in Appendix B) to:

- Discuss the IAC Learning Community evaluation framework.
- Facilitate strategy sessions with multidisciplinary state and territory teams to incorporate data, evaluation, and sustainability strategies into their existing workplan, and develop next steps to continue to expand access to effective methods of contraception.
- Encourage peer-to-peer learning through information sharing on barriers, solutions, promising strategies, and lessons learned.
- Identify opportunities to provide ongoing, informal support to help learning community states sustain efforts.

ASTHO convened federal and national partners and 117 participants representing state and territorial health agencies, Medicaid agencies, universities and medical centers, perinatal collaboratives, foundations, hospitals, providers, managed care plans, payors, primary care associations and other entities. The meeting supports the learning community's purpose and goals by fostering peer-to-peer learning and exchange through multistate learning sessions and facilitated dialogue and action planning among state and territorial teams.

IAC LEARNING COMMUNITY GOALS AND PURPOSE

Purpose: To improve access to all methods of contraception so individuals can achieve their desired number and spacing of children.

Project Goal: To identify, document, and address technical assistance needs, opportunities, and challenges to guide public health and Medicaid programs and policies to increase access to contraceptives by promoting evidence-based guidance and developing collaborative partnerships among states and territories.

Meeting Summary and Highlights

ASTHO developed the meeting agenda to achieve the outcomes listed above through a mix of panel presentations, interactive "learning together" discussions, and state and territorial team breakout sessions. The meeting highlights are summarized below.

Welcome and Meeting Overview
The meeting opened with an overview of the learning community's achievements and a preview of the meeting sessions and desired outcomes. ASTHO's community health and prevention chief, Christi Mackie, opened the meeting and reflected on the learning community's growth and progress over the project's four-year term—expanding from six state teams in 2014 to 29 state, territorial, and local teams in 2018. Ellen Pliska, ASTHO's family and child health senior director, previewed the meeting's agenda, introduced the meeting facilitator, Kathy Vincent, and thanked federal and national partners for their support and engagement throughout the project.

IAC Learning Community: Reflecting on the Past, Preparing for the Future
Sanaa Akbarali, ASTHO's family and child health director, presented on the wide array of state and territorial accomplishments in each of the project's nine focus areas. Over the project's four years, states and territories developed immediate postpartum long-acting reversible contraception (LARC) toolkits, trained providers to deliver patient-centered counseling, adopted immediate postpartum LARC Medicaid reimbursement policies, developed public awareness and social media campaigns, and partnered with hospitals, medication-assisted treatment clinics, and jails to improve access in underserved locations and for at-risk and vulnerable populations. For example, the Colorado Department of Public Health and Environment developed a factsheet to dispel misconceptions and increase provider awareness about long-acting, reversible contraception, and partners in Delaware developed the "Be Your Own Baby" campaign to engage and inform consumers about contraceptive options. The Commonwealth of the Northern Mariana Islands delivered mobile clinic outreach at high schools on all three islands.

Akbarali highlighted various forms of technical assistance provided over the project's four years, including ASTHO- and partner-developed materials, virtual learning sessions and webinars, and peer-to-peer connections. The project's interactive database offers a robust repository of factsheets, toolkits, and resources, such as ASTHO's factsheet on the use of modifier 25 for same-day LARC insertion reimbursement and the National Association of Community Health Center's *Advancing Quality Family Planning Practices: A Guide for Health Centers*, that can help states and territories as they move forward with their contraceptive access goals.

Learning Community Evaluation Activities and Findings
Akbarali introduced panelists from CDC and the University of Illinois at Chicago (UIC) School of Public Health who provided an overview of the learning community's evaluation activities and findings. UIC presenters highlighted the learning community's four evaluation goals as well as completed and upcoming evaluation activities and products. The UIC evaluation team completed various evaluation activities and products, including key informant interview and summary reports for Cohort 1 and Cohort 2, immediate postpartum LARC state monitoring tools, an IAC self-monitoring tool and data repository, pre- and post-assessments, and numerous peer-reviewed manuscripts. The team highlighted upcoming evaluation activities that will take place through late 2018, including an outcomes

IAC LEARNING COMMUNITY EVALUATION GOALS

1. Document implementation barriers, activities, and facilitators in IAC learning community teams.
2. Examine how state teams' activities and other factors relate to changes in state policies and rates of contraception uptake.
3. Understand how learning community activities helped teams accomplish objectives.
4. Identify opportunities to improve for future learning communities.

and process evaluation, new peer-reviewed manuscripts, and presentations on the learning community model and outcomes. Presenters highlighted research methods and key research questions that drive the outcome and process evaluations. Beginning in June 2018, UIC evaluators will interview state and territorial teams to collect qualitative and quantitative data that will inform the process and outcome evaluations.

Charlan Kroelinger, team leader for the maternal and child health epidemiology program in CDC's Division of Reproductive Health, highlighted research findings on effective strategies for implementing policies related to immediate postpartum LARC. The research points to several keys to implementation, including strong stakeholder partnerships, provider champions, participation in the learning community, and adoption of pilot projects. It also points out several gaps in strategy development, such as provider training in frontier, rural, and smaller clinics, and resources and protocols for women with mental health or substance use disorders.

State and Territory Team Introductions
During a facilitated lunch plenary session, state and territorial teams introduced team members and shared their successes, accomplishments, and/or something they hoped to take away from the meeting—also referred to as a "get." Designated team representatives presented their team's progress in a variety of creative formats, ranging from informal presentations and slide decks to videos and choreographed songs.

Calculating National Contraceptive Care Performance Measures Panel Discussion
Brittni Frederiksen, health scientist at the HHS Office of Population Affairs (OPA), led a panel discussion about national performance measures. Frederiksen explained National Quality Forum-endorsed clinical measures, how they are calculated, how they can be used, and why they are important. Contraceptive care measures can support improvements in quality of care and can increase the extent to which the health care system prioritizes contraceptive care. The measures are intended to provide an access measure for very low LARC use and can signal access barriers that can be addressed through provider training, quality improvement, or other processes. She highlighted Medicaid claims data and other data sources used to calculate measures, and pointed to various contraceptive care measure resources available from OPA and the Family Planning National Training Center.

Ella Douglas-Durham, research analyst at Mathematica Policy Research, highlighted how states and the Maternal and Infant Health Initiative (MIHI) are using contraceptive care measures. For example, Missouri is using the data to determine whether clarification of the state's LARC billing procedure resulted in increased billing for LARCs. Dougas-Durham summarized several of MIHI's lessons learned, as well as technical assistance resources that states can use to report the measures for the Initial Core Set of Adult Health Care Measures for Medicaid-Eligible Adults and the Initial Core Set of Children's Health Care Quality Measures.

OPA is developing electronic clinical quality measures (eCQMs) which will capture sexual activity, pregnancy intention, and previous LARC insertion or sterilization data. The refined measures will enhance accuracy by removing from calculations those women who are not sexually active or who are intending to become pregnant. OPA plans to submit the eCQM to the National Quality Forum in Spring 2019. In addition, Frederisen noted that University of California-San Francisco is developing patient-reported outcome measures for contraceptive counseling. Capturing patient experience is critical because it helps to balance contraceptive provision measures to ensure that contraceptive care is being delivered in a patient-centered and non-coercive manner. UCSF is currently testing the survey with 10 clinics and 15,000 patients.

State and Territory Action Team Planning
During the two-day meeting, state and territory teams met twice to review action plans and determine next steps. During the first state planning session, state and territorial teams discussed their plan for incorporating data and evaluation into their future contraceptive access work. Teams reviewed their action plans and discussed their evaluation goals and opportunities to use national performance measures and surveillance, provider training and other data sources moving forward. State and territorial teams met for a second time on the meeting's second day to discuss strategies for incorporating data and evaluation into their sustainability strategies.

Leveraging Federal Initiatives Panel Discussion
Following the first state team session, federal partners from CDC and OPA shared information about federal resources and opportunities for leveraging federal initiatives. Shanna Cox, associate director for science for CDC's division of reproductive health, identified ways that CDC maternal mortality, opioid addiction, and other initiatives can "wrap around" a state's contraceptive access work. She encouraged states to identify stakeholders who can help to sustain state and territorial efforts after the learning community ends. OPA Deputy Director Susan Moskosky affirmed OPA's continued work with states around performance measures and the new funding announcement for Title X Family Planning Services. She concluded her remarks by encouraging states to continue forging strong partnerships to achieve contraceptive access goals: "Forming relationships is the most important thing we can do," Moskosky said.

Learning Together Session and Day One Wrap-Up
Kathy Vincent closed the first day by asking learning community members to share key themes, lessons learned, and "lightbulb" moments that emerged from the day's presentations and discussions. Considering several states' interest in improved contraceptive access for women involved with the criminal justice system or affected by opioid addiction, a learning community member from New Mexico encouraged partnerships with reproductive justice advocates to ensure patient-centered and non-coercive contraceptive care. Another learning community member suggested that ASTHO consider hosting a listserv to sustain state information exchange and networking beyond the learning community.

Day Two Open and Review of Emerging Themes
Vincent opened day two by summarizing key themes from the prior day and previewing the upcoming day's activities and desired outcomes. Among the first day's themes, team members addressed needs for improving access to women struggling with opioid addiction and/or mental and behavioral health issues, and the importance of adopting policies that reflect reproductive justice principles. In addition, teams expressed the importance of working with private payers, accountable care organizations, state legislatures, and other key partners.

State Panel on Data Collection and Application
During the first panel discussion, representatives from Delaware, Iowa, and Mississippi discussed how their states use data to inform contraception initiatives and how other states may replicate the approaches. For example, Khaleel Hussaini, CDC assignee with the Delaware Division of Public Health (DPH), provided an overview of Delaware's Contraceptive Access Now (DE-CAN) initiative, a partnership between DPH and Upstream USA. Hussaini pointed out key data findings, including the state's 15 percent reduction in unintended pregnancy between 2014 and 2016, based on an analysis of Title X data. Debbie Kane, CDC

assignee with the Iowa Department of Public Health, highlighted ways that contraceptive access and utilization data sources—including the Iowa prenatal care survey, Title X, Medicaid claims data, and the Pregnancy Risk Assessment Monitoring System—informs and guides public health action in Iowa. For example, 2017 Title X data showed differences in contraceptive uptake by clinic site and by race and ethnicity, prompting IDPH to collaborate with local family planning directors to determine the underlying reasons for such differences. Danielle Lampton, adolescent health services bureau director for the Mississippi Department of Health, identified data challenges and opportunities and noted that even outdated or limited data can be used—for example, to establish a baseline—as long as users carefully define caveats and resist over-generalizing the findings.

National Panel Identifies Sustainability Opportunities
The day's second panel discussion featured speakers from three national organizations who identified opportunities for states to leverage national resources to sustain state and territorial contraceptive access work. Mica Bumpus, LARC program director for the American College of Obstetricians and Gynecologists (ACOG), highlighted resources and technical assistance available through ACOG's LARC Program and the Postpartum Contraceptive Access Initiative. Jenny Mistry, senior manager of special initiatives at the National Institute for Reproductive Health, pointed out funding opportunities and partnerships with states and communities to support access to the full range of contraceptive options. Daryn Eikner, vice president at the National Family Planning and Reproductive Health Association, highlighted customized training and technical assistance opportunities to support family planning providers with quality improvement, communication strategies, clinic efficiency, quality measures, and coding and revenue cycle management.

Partnering with Providers: Identifying Resources for Increasing Contraceptive Access
The second action planning session and working lunch was followed by the day's third panel discussion which emphasized opportunities for states and territories to partner with providers. Kathryn Curtis, health scientist with CDC's Division of Reproductive Health, highlighted CDC and OPA contraception resources, including the US Medical Eligibility Criteria for Contraceptive Use and recommendations for providing Quality Family Planning Services, as well as provider tools, and CDC contraception guidance. Physician fellows highlighted opportunities for states and territories to partner with the Fellowship in Family Planning and the Ryan Residency Program for provider training and technical assistance.

Closing and Next Steps

The final "learning together" session offered an opportunity for team members and partners to identify federal, national, state, and territorial tools and resources that can help address some of the needs (also referred to as "gets") expressed during the meeting. During the facilitated discussion, team members asked one another for guidance on working through specific challenges, such as how to resolve Medicaid claims rejections, or how to engage private insurers or faith-based hospital systems.

Ellen Pliska used the Hero's Journey story pattern to trace the learning community's milestones and successes. Through the four-year journey, Pliska noted that teams have made strong connections within and across states and territories—creating a "new normal" which can help to sustain progress once the learning community ends. Pointing to the vast network of resources and expertise highlighted during the two-day meeting, Pliska affirmed that "we're all here to help" as states chart their path ahead. In her final remarks, Mackie reflected on the learning community's successes and thanked state and territorial team members,

ASTHO staff, and partners for their energy and dedication to supporting the learning community. Moving forward, ASTHO will consider options to support state and territorial information exchange, as well as identify opportunities to weave contraceptive access into other ongoing public health initiatives.

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APPENDIX A: INCREASING ACCESS TO CONTRACEPTION NATIONAL AND FEDERAL PARTNERS

American Congress of Obstetricians and Gynecologists

Association of Maternal & Child Health Programs

CDC's Office of the Associate Director for Policy and the Division of Reproductive Health

The Division of Quality and Health Outcomes in the Centers for Medicare and Medicaid Services' Children and Adults Health Programs Group

Center for Medicare and Medicaid Services' Center for Medicaid and CHIP Services

March of Dimes

National Family Planning and Reproductive Health Association

National Association of County and City Health Officials

National Institute for Reproductive Health

HHS Office of Population Affairs

Power to Decide

University of Illinois at Chicago

APPENDIX B: LEARNING COMMUNITY STATE, TERRITORIAL, AND LOCAL MEMBERS

Table 1: Learning Community Participants

Cohort	Participating States and Territories
1 (2014)	Colorado, Georgia, Iowa, Massachusetts, New Mexico, and South Carolina
2 (2015)	Delaware, Indiana, Louisiana, Maryland, Montana, Oklahoma, and Texas
3 (2016-2017)	Alabama, Alaska, California, Commonwealth of the Northern Mariana Islands, Connecticut, Florida, Illinois, Kentucky, Los Angeles County, Mississippi, New York, North Carolina, Tennessee, Washington, West Virginia, and Wyoming