Meeting Summary

Increasing Access to Contraception Learning Community
Year Three In-Person Meeting, Oct. 27-28, 2016

Purpose and Background

ASTHO, with support from Centers for Disease Control and Prevention (CDC), Office of Population Affairs (OPA), and Centers for Medicare and Medicaid Services (CMS), and other national partners (see right), convened year three of the Increasing Access to Contraception Learning Community to help selected states reduce unintended pregnancy among women of reproductive age and improve access to all methods of contraception. ASTHO convened inter-disciplinary teams from 27 states and one territory at the two-day meeting, including 13 states from prior cohorts, and 14 state and territory members that formed the newest learning community cohort (Table 1).

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)	Alabama, Alaska, California, Commonwealth of the Northern Mariana Islands, Connecticut, Florida, Illinois, Kentucky, Mississippi, New York, North Carolina, Washington, West Virginia, and Wyoming

Over the next 11 months, ASTHO will provide technical assistance to all learning community members, and identify and share promising practices to increase access to evidence-based contraception, with an initial focus this year on long-acting reversible contraception (LARC).

Year Three Launch Overview and Approach

The learning community aims to identify technical assistance needs, promising practices and barriers that impede access to contraception. Information collected during the learning community will be widely disseminated to support peer-to-peer learning and state action plan implementation. The in-person, learning community meeting aimed to:

- Launch the expanded Increasing Access to Contraception Learning Community.

ASTHO's National and Federal Partners

American Congress of Obstetricians and Gynecologists (ACOG)

Association of Maternal & Child Health Programs (AMCHP)

Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN)

Centers for Disease Control and Prevention (CDC)

- CDC Division of Reproductive Health
- CDC Office of the Associate Director for Policy

Centers for Medicare and Medicaid Services (CMS)

- Division of Quality, Evaluation and Health Outcomes, Children and Adults Health Programs Group
- Centers for Medicaid and CHIP Services (CMCS)

National Family Planning and Reproductive Health Association (NFPRHA)

National Association of City and County Health Officials (NACCHO)

Office of Population Affairs (OPA)

University of Illinois at Chicago (UIC)

- Facilitate a discussion with multi-disciplinary state and territory teams to identify needs, determine priorities, outline strategies and develop state and territorial action plans and next steps to expand access to effective methods of contraception.
- Improve the capacity of states and territories to successfully expand access to contraception through facilitating state-to state sharing of barriers, solutions, promising strategies including new or amended policies and programs, and lessons learned.
- Identify and discuss technical assistance needs for the coming year.

Along with federal and national partners and ASTHO staff, the two-day meeting brought together 126participants 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 fostered information exchange through large, multi-state learning and information exchange, as well as through facilitated dialogue and action planning among state teams.

In-Person Meeting Summary and Highlights

ASTHO Executive Director Michael Fraser opened the meeting and welcomed participants to the Increasing Access to Contraception Year 3 kick-off meeting. Day one began with an overview of the learning community—e.g., how it has evolved and expanded since its inception and lessons learned in the first two years—and a preview of the meeting and upcoming learning community activities and outcomes. ASTHO Community Health and Prevention Chief, Dr. Lisa Waddell, encouraged participants to use the meeting and learning community as an important venue for sharing informational needs and requests, as well as available resources—or "gives and gets"—a concept that was revisited throughout the meeting.

Federal partners from CDC, CMCS, and OPA highlighted federal initiatives and resources, such as the CDC's 6|18 initiative, CMCS' Maternal and Infant Health Initiative, and the Title X Family Planning Program, and described how the existing activities work together to prevent unintended pregnancy and improve contraceptive access. CDC's Associate Director for Science for the Division of Reproductive Health, Shanna Cox, provided an overview of CDC's strategies for increasing access to contraception in the context of Zika preparedness (see next page). These strategies align with ASTHO's learning community strategies, which are described later in this document.

ASTHO and CDC presenters then provided an overview and history of the learning community, including a discussion of the project's evolving focus from immediate postpartum LARC to today's more expanded focus on increased access to contraception. ASTHO staff shared successes from the first two years and previewed the state action planning process, as well as planning, implementation and evaluation activities for the upcoming year. CDC's Kate Curtis highlighted evidence-based guidelines for family planning services, including recent updates to the U.S. Medical Eligibility Criteria for Contraceptive Use and the U.S. Selected Practice Recommendations for Contraceptive Use. Dr. Wanda Barfield, Director of the CDC's Division of Reproductive Health, discussed the importance of leadership and organizational collaboration.

Meeting Summary

The first day featured three separate "Getting to Know Your Learning Community Colleagues" sessions in which states introduced themselves and highlighted their planned work to improve contraceptive access. State teams met over a working lunch to begin the state action planning process. State team members discussed current state actions, challenges and successes, and developed a statewide vision and goals for improving access to contraceptives. Following the working lunch, panelists from the University of Illinois at Chicago's School of Public Health (UIC) presented on learning community qualitative and evaluative data collection activities and products, and the underlying implementation science that supports the use of learning communities as an evidence-based implementation strategy. Presenters highlighted existing products from the first two years—including key informant interview reports, a published journal article on the learning community methods and framework for expanding immediate postpartum LARC across states, and the immediate postpartum LARC monitoring tool—as well as future evaluation activities and products. Panelists defined implementation science and identified facilitators and barriers that states face during implementation, as well as strategies for overcoming barriers and improving implementation. In addition, UIC's presenters highlighted the role of learning community social networks on expansion of immediate postpartum LARC access.

These presentations were followed by group discussions where participants convened in one of nine facilitated groups to discuss lessons learned and partnership opportunities in the following areas: adolescents; coding and billing; data, monitoring and evaluation; federally qualified health centers (FQHCs); hospitals; Medicaid; rural access; patient education and outreach; and provider training. Day one ended with a facilitated discussion among all participants about the common challenges, lessons learned and potential opportunities for partnership.

The meeting facilitator, Kathy Vincent, opened day two by summarizing key themes from the prior day and previewing the upcoming day's activities and desired outcomes. State teams met twice during the day to develop and refine goals and action steps for the upcoming year. The day also featured group learning opportunities, including a national partner panel presentation and discussion about data and practice tools, advocacy and policy resources, reimbursement guides,

Contraception Access Strategies Align with CDC Zika Preparedness

"Increasing access to contraceptive services and the full range of methods, including long-acting reversible contraception (LARC) to reduce unintended pregnancy, is an important strategy for preventing the number of pregnancies affected by Zika," says the CDC's 2016 Response to Zika. Seven strategies for reducing unintended pregnancy and preventing adverse pregnancy and birth outcomes include:

1. Train healthcare providers on current LARC insertion and removal techniques
2. Remove logistical and administrative barriers for contraceptive services and supplies
3. Engage smaller or rural facilities including community health centers
4. Reimburse providers for the full range of contraceptive services, including screening, counseling, and LARC insertion, removal and follow-up
5. Support youth-friendly reproductive health services
6. Facilitate partnerships among private and public insurers, LARC manufacturers, and state agencies
7. Increase consumer awareness of contraception options and assess client satisfaction with service delivery

Source: CDC, "Increasing Access to Contraception in the Context of Zika Preparedness," Sept. 2016.

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education and training tools, and environmental scans of state contraceptive policies. Panelists from ACOG, AMCHP, AWHONN, and NFPHRA shared organizational resources and tools that states could use to facilitate state action plan implementation. State report-outs followed, in which each state presented their goals and immediate action items. Day two ended with a facilitated discussion about technical assistance needs and available resources, and next steps. A conversation about "gives and gets" provided a forum for participants to share what they hoped to gain or learn through their participation in the meeting and learning community—e.g., informational resources and fact sheets, training or policy options—as well as resources or solutions that address those needs. For example, in response to requests for provider and clinical staff education and training tools, several individuals offered to share billing and coding toolkits or LARC training materials to help fill the gaps.

Key Findings from the In-Person Meeting by Strategy

Throughout the meeting, participants identified and developed nine key strategies for increasing access to contraception. These include eight strategies that participants identified in the first two learning community cohorts, and a new strategy that participants identified at the third meeting to address access for special populations.

Strategy 1: Provider Training

Most states cited provider and clinical staff training (e.g., in LARC insertion and removal, patient counseling or effective billing practices) as an ongoing struggle, particularly in rural and underserved areas, FQHCs and other locations that lack sufficient providers and resources. States highlighted strategies for educating and training various providers and other clinical staff members to deliver patient-centered, evidence-based contraceptive counseling and family planning services. Participants identified national and state training resources and tools (e.g., the CDC's Quality Family Planning national guidelines), as well as workforce strategies that entail assessing provider scopes of practice and developing provider training in LARC, billing and coding, and patient-centered counseling.

Strategy 2: Reimbursement and Sustainability

States rely on various funding sources and sustainability strategies to support contraception access, including Medicaid, private insurance, the Title X Family Planning program, the 340b Drug Pricing Program, among others. Still, many states reported difficulty in implementing policies due to lack of adequate reimbursement, provider frustration about claims denials, and other factors. Participants identified federal and state resources, including billing toolkits and federal guidance on family planning regulations and options (e.g., as outlined in the 2016 CMS letter to state officials). States also identified payment and reimbursement policy changes and practices that can be adopted to support access to the full range of contraceptive methods, including:

- Reimbursing immediate postpartum LARC through unbundled payments from labor and delivery services
- Collaborating with Medicaid programs to develop billing and coding protocols and guidance
- Addressing network adequacy and provider scope of practice

Strategy 3: Informed Consent and Ethical Considerations

States discussed the importance of fostering patient-centered decision making through evidence-based, culturally-competent, and unbiased counseling practices. States also report ongoing concerns with consent and confidentiality and disparities in access to contraceptive services throughout the state—

including in FQHCs and rural communities. Standardized consent and counseling processes and protocols, and expanded provider training resources were cited as important strategies for assuring access and promoting patient choice. States shared strategies for providing youth-friendly reproductive health services, educating providers on confidentiality concerns for adolescents, and methods for assuring confidentiality through suppression of explanation of benefits (EOB).

Strategy 4: Stocking and Supply
States reported that FQHCs, rural hospitals and clinics and other providers face ongoing challenges with stocking and supplying LARC devices, due to high upfront costs and long lag times for reimbursement. Participants discussed approaches for removing logistical and administrative barriers (e.g., pre-authorization and "step therapy" requirements), and helping hospitals and clinics to stock and maintain adequate contraceptive supplies.

Strategy 5: Outreach
Many participants cited a need to improve public and provider awareness about evidence-based contraceptive methods across the care continuum. State and local champions, public campaigns and informational strategies were cited as critical steps for improving awareness and addressing misconceptions among providers, policymakers, patients and the public.

Strategy 6: Stakeholder Partnerships
Facilitating and fostering partnerships—among state agencies, private and public insurers, device manufacturers, policymakers, hospital and provider associations, perinatal quality collaboratives, medical centers and universities, and reproductive justice advocates—were cited as key strategies. States emphasized that partnerships are essential and facilitate data-sharing, policy development, workforce training, and other critical activities.

Strategy 7: Service Locations
States identified persisting difficulties and access disparities in specific locations, including in FQHCs and rural hospitals and clinics, as well as in locations where patients are required to make multiple visits to obtain contraception services. Strategies for supporting distinct service locations entailed carving-out FQHCs, and improving provider capacity through telehealth, rural preceptorships and mobile units for education and service delivery.

Strategy 8: Data, Monitoring, and Evaluation
Several states have concerns about their current data collection and analysis capacity and cited a need for improved access to actionable and timely data, evaluation and performance measures. National partners and states shared available and emerging data and evaluation resources on contraception access, utilization, patient satisfaction, and performance measures for monitoring and evaluating pregnancy prevention initiatives.

*Strategy 9: Special Populations (**New in 2016**)*
A new strategy was added to reflect state discussion about persistent challenges and access barriers for "hard to reach" groups, such as adolescents, women with disabilities, uninsured and under-insured women, non-English speaking women and women with substance use disorders. States shared varied workforce, communication, policy and clinical practice strategies for improving access for special populations.

Technical Assistance

Participants identified several technical assistance needs, including a need for data, policy, evaluation and implementation resources and tools that effectively address common challenges and barriers. Many states want to do more to address the unmet needs of rural communities and providers, through provider training, preceptorships and other innovative workforce practices. Sustainable reimbursement for providers and other members of the health care team, including community health workers and non-licensed clinicians, was identified as an area for further attention. Several participants requested timely informational resources and tools that establish the economic case for enhanced access and usage, or that address policymaker concerns about rising sexually transmitted infection rates. As LARC use spreads, states report an ongoing interest in developing educational and informational resources and implementation protocols, provider training, and best practices. States also request additional messaging and communication tools to address myths about LARC usage and alleviate provider concerns.

Next Steps

States and partners left the in-person meeting with several next steps, including those steps they outlined in their state-defined action plans, as well as learning community-wide next steps. In the short term, state teams will finalize and submit their final state action plans by December 1, 2016. ASTHO and national partners will continue to provide technical assistance and facilitate peer-to-peer support by coordinating four virtual learning sessions and connecting with federal and national partners to develop and build technical assistance plans with states.

ASTHO and CDC will conduct key informant interviews with the 14 newest learning community members to further explore successes and challenges related to implementation. ASTHO will continue to work closely with all 27 state and territorial teams and federal and national partners to facilitate a meaningful, productive learning community that leverages the collective resources and lessons learned to reduce unintended pregnancy and improve access to all methods of contraception. Additional resources and information, including slides and resources from the Improving Access to Contraception Learning Community, may be found at: http://www.astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/.