

# High Level Overview of the Tool

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# Science Behind the Tool

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U.S. Department of Health and Human Services

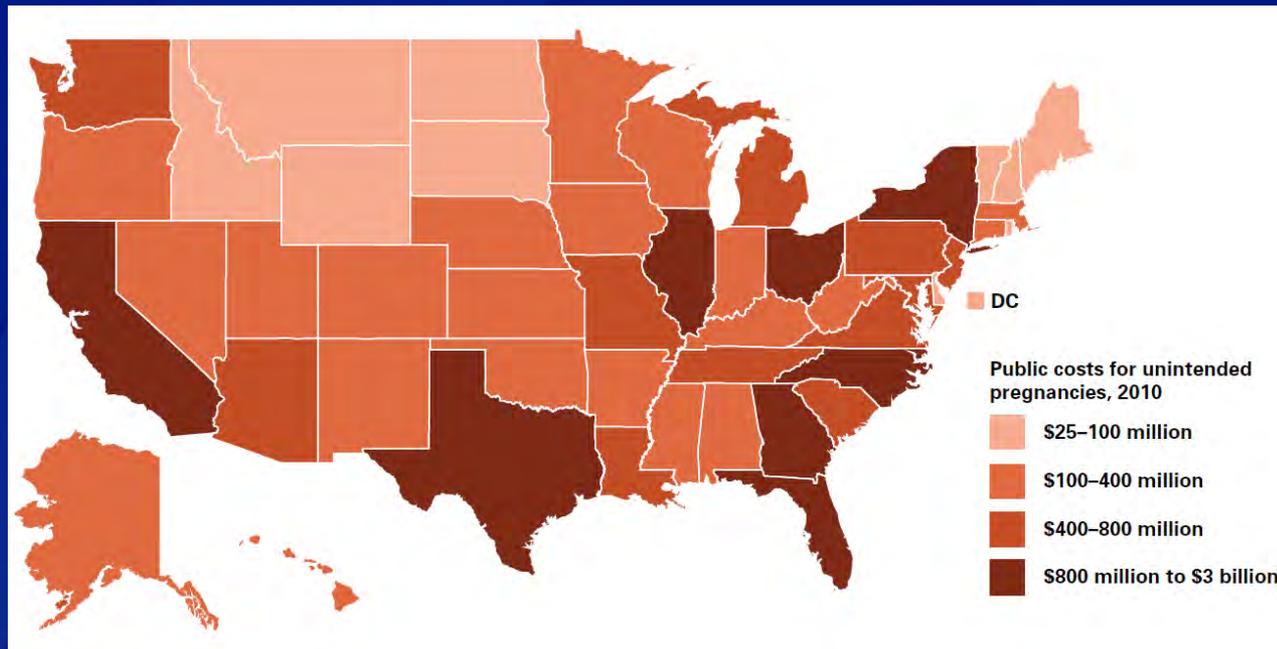
# The Cost of Unintended Pregnancy

Based on a 2010 Guttmacher Institute report <sup>[1]</sup>:

- Two million births were publicly funded (Medicaid, CHIP and IHS); of those, ~50% were unintended.
- Public costs resulting from unintended pregnancies nationwide totaled \$21.0 billion
- Public costs related to unintended pregnancies exceeded \$400 million in 19 states

[1] Sonfield, A., and Kathryn Kost. "Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010." (2015).

## Public costs related to unintended pregnancies exceeded \$400 million in 19 states



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## A Penny Saved...

- **The total gross potential savings from averting all unintended pregnancies in 2010 would have been \$15.5 billion [1].**
- **If 10% of women aged 20-29 years switched from oral contraceptives to LARC, total costs would be reduced by \$288 million [2].**

[1] Sonfield, A., and Kathryn Kost. "Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010." (2015). [2] Trussell J et al. Burden of unintended pregnancy in the United States: potential savings with increased use of long-acting reversible contraception. *Contraception* (2015) 87: 154-161.

# Impact of increased use of LARC in the US over average 1-year period

Scenario	Cost of UIP (millions)	Cost of contraception (millions)	Total cost impact (millions)
Current practice	\$2421	\$4460	\$6881
10% of OC users switch to LARC			
Cost of new contraceptive practice	\$2370	\$4223	\$6593
Cost savings (vs. current practice)	\$51	\$237	\$288
10% of SARC users switch to LARC			
Cost of new contraceptive practice	\$2303	\$4238	\$6506
Cost savings (vs. current practice)	\$117	\$222	\$375

## **CMS Maternal and Infant Health Initiative**

- **Center for Medicaid and CHIP Services (CMCS) Maternal and Infant Health Initiative:**
  - Increase by 15 percentage points the use of effective methods of contraception in Medicaid and CHIP in at least twenty states over a 3-year period.

## Office of Population Affairs

- **Expert Panel Meeting on Promoting Best Practices to Prevent Unintended Pregnancy in Medicaid**
  - Health Systems Change | Patient-Provider Perspectives | Data and Measurement
- **Clinical performance measures for contraceptive care**
  1. The percentage of women at risk of unintended pregnancy provided a most or moderately effective contraceptive method (Intermediate outcome measure)
  2. The percentage of women at risk of unintended pregnancy provided a long-acting reversible contraceptive (LARC) method (Access measure)
  3. The percentage of women who had a live birth and in the 3-60 days after delivery were provided a:
    - Most or moderately effective contraceptive method
    - LARC method

## **CDC Teen/Unintended Pregnancy Initiatives**

- **Teen Pregnancy Prevention Winnable Battle FY16 objective:**
  - Increase access and utilization of LARC by addressing the cost, administrative, and logistical barriers to LARC reimbursement.
- **6|18 Initiative**
  - Evidence-based payment strategies to improve health and cost outcomes
  - 6 health conditions & 18 proven interventions
  - tobacco use, hypertension, healthcare-associated infections, asthma, unintended pregnancies, and diabetes

## 6|18 Initiative: 4 interventions targeting unintended pregnancy prevention

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- **Address inadequate reimbursement**
  - ✓ Reimburse providers for the actual cost of providing contraceptive services (e.g., insertion, removal, replacement, or reinsertion of LARC) for women of child-bearing age.
  - ✓ Reimburse providers for the actual cost of LARC or other contraceptive devices to provide the full range of contraceptive methods.
- **Expand Coverage**
  - ✓ Reimburse for immediate postpartum insertion of LARC by unbundling payment for LARC from other postpartum services.
- **Remove Barriers**
  - ✓ Remove administrative and logistical barriers to LARC contraception.

## **Our Goal**

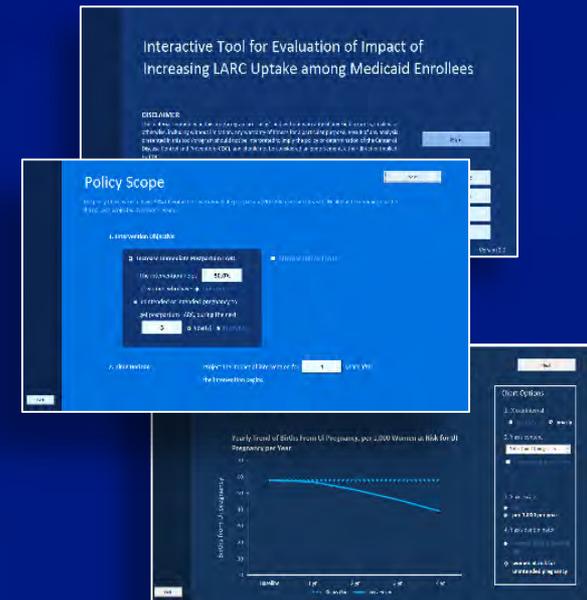
**Develop a tool for state Medicaid programs to conduct customized analyses of the impact of interventions/policies to increase the uptake of LARC on unintended pregnancies and associated costs**

## LARC Tool: Do's and Don'ts

- The tool **does not** predict effect size of an intervention in terms of by how much LARC use would change
  - Effect size varies depending on program context
  - Users need to give 'best guess' and test a range of values for best and worst scenarios
- The tool **does** project if a certain percentage change of LARC use can be achieved...
  - How would expected number of unintended pregnancies and births change?
  - What is the impact on Medicaid's annual budget?
  - Would the intervention be budget neutral? When will it breakeven?

# LARC tool: Requirement and Access

- Run on any PC with Excel
  - But not on Mac
- Will be open access and downloadable from the CDC website



## Users' Inputs for LARC tool

- Listed are necessary inputs that users need to provide
- Other inputs are pre-populated with default values, which users can change if needed

Category	Parameter	Description
Characteristics of target population	1. Population Size	# and age distribution of Medicaid-enrolled women of reproductive age
	2. Age composition	
Intervention effect	3. Intervention: postpartum (PP) or interval	What type of LARC service will be affected by the intervention? e.g., A policy of coverage for PP LARC would only affect PP LARC uptake
	4. Proposed change in LARC uptake	Percentage points of increase in LARC uptake (best guess)
	5. Implementation period	Time frame for the change to be realized

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Category	Parameter	Description
Economic projection time frame	6. Fiscal years for projection	# of fiscal years that the impact of the proposed intervention will be projected on
Intervention cost	7. Programmatic cost	Resources needed for non-clinical aspect of the intervention (e.g., operation, personnel, outreach activities).
	8. Clinical service cost	Reimbursement for LARC devices and related services