High Level Overview of the Tool

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Science Behind the Tool

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The Cost of Unintended Pregnancy

Based on a 2010 Guttmacher Institute report [1]:

- 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

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

A Penny Saved…

- The total gross potential savings from averting all unintended pregnancies is 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 \[^2\].

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

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

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.
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

- **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

<table>
<thead>
<tr>
<th>Category</th>
<th>Parameter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics of target population</td>
<td>1. Population Size</td>
<td># and age distribution of Medicaid-enrolled women of reproductive age</td>
</tr>
<tr>
<td></td>
<td>2. Age composition</td>
<td></td>
</tr>
<tr>
<td>Intervention effect</td>
<td>3. Intervention: postpartum (PP) or interval</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>4. Proposed change in LARC uptake</td>
<td>Percentage points of increase in LARC uptake (best guess)</td>
</tr>
<tr>
<td></td>
<td>5. Implementation period</td>
<td>Time frame for the change to be realized</td>
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<tr>
<td>Economic projection time frame</td>
<td>6. Fiscal years for projection</td>
<td># of fiscal years that the impact of the proposed intervention will be projected on</td>
</tr>
<tr>
<td>Intervention cost</td>
<td>7. Programmatic cost</td>
<td>Resources needed for non-clinical aspect of the intervention (e.g., operation, personnel, outreach activities).</td>
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<tr>
<td></td>
<td>8. Clinical service cost</td>
<td>Reimbursement for LARC devices and related services.</td>
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