ASTHO Increasing Access to Contraception Learning Community Facilitated Technical Assistance Webinar: Stakeholder Partnerships

December 14, 2017
2:00-3:00p ET
For Audio: 866-740-1260, ext 7428625#
Welcome and Introductions

- Welcome from ASTHO

  - Sanaa Akbarali
    Director, Family and Child Health
Webinar Objectives

• Explore ways to collaborate with innovative stakeholders working with specific populations

• Discuss how to integrate reproductive justice into patient-centered care

• Identify strategies to engage state legislatures in access to contraception
Agenda

2:00  Welcome and Introductions

2:05  Maryland and the Healthy Teen Network Explore Funding Opportunities to Provide Immediate Postpartum and Interval LARC Training

2:20  New Mexico Integrates Reproductive Justice Advocacy into Patient-Centered Access to LARC

2:40  Oregon Authorizes Pharmacists to Prescribe Hormonal Birth Control

3:00  Adjourn
Maryland and the Healthy Teen Network Explore Funding Opportunities to Provide Immediate Postpartum and Interval LARC Training

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and

Patricia Paluzzi, CNM, Dr. PH
President and CEO
Healthy Teen Network
Maryland Health Department and Healthy Teen Network Collaborate to Enhance LARC Access in Maryland State

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President and CEO
Healthy Teen Network, Inc.

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Disclosure

There is no actual or potential conflict of interest in relation to this program/presentation.
MDH and Healthy Teen Network Partnership

IT’S EASIER IF WE ALL PULL TOGETHER
Maryland LARC Facts

- About 6 million people in Maryland and about 600,000 in Baltimore City, with 24 Jurisdictions that make up the state

- FY 15 LARC usage 13% of clients (6328 clients)

- FY 17 LARC usage 16.9% of clients (12,505 clients)

- *Amount of clients almost doubled in 2 years. Percentage went up by 3.9%*

- FY 17 LARC usage for Baltimore City is 19.8% of clients (1406 clients)
Maryland IPP LARC Related Facts

- IPP LARC is an IUD placed within 10 minutes delivery or an implant that is placed before discharge

- 32 birthing hospitals in Maryland. Currently, 5/32 hospitals have IPP LARC programs.

- In 2014, 45% of Maryland pregnancies were unintended [1]

- The leading causes of infant death in 2015 was disorders relating to short gestation and unspecified low birth weight (“LBW”) [2]

- Maryland’s Preterm Birth Rate (2014) is 10.1 versus average in the US of 9.6 [3]

- The Infant Mortality Rate in Maryland is 6.7 per 1,000 live births (2015) versus the average in the U.S. of 5.9 (2015) [4]
IPP LARC Toolkit

- The Maryland Immediate Postpartum LARC Toolkit was developed by the Maryland Department of Health in conjunction with Maryland Medicaid to improve accessibility of IPP LARCs and provide hospitals with IPP LARC technical assistance.

- MDH and Maryland Medicaid are participating in ASTHO, Contraception Access Learning Community.

- Presented and participated in the Baltimore City LARC Strategic Roundtable in 2016.

- Incorporating the IPP LARC program in other Maternal and Child Health Bureau Programs including Fetal Infant Mortality Review and Babies Born Healthy.

- Link to Baltimore City Birthing Hospital Postpartum LARC Access.
Healthy Teen Network

National membership organization founded in 1979

Headquartered in Baltimore since 2008

**Mission:** To promote better outcomes for adolescents and young adults by advancing social change, cultivating innovation, and strengthening youth-supporting professionals and organizations.

www.HealthyTeenNetwork.org
The National Institute for Reproductive Health (NIRH) builds power at the state and local level to change public policy, galvanize public support, and normalize women’s decisions about abortion and contraception.

REQUEST FOR PROPOSALS October 24, 2017

Funding Opportunity for State-level Initiatives to Expand Access to Long-Acting Reversible Contraception
Our Relationship

● Healthy Teen Network developed a Strategic Plan to Reduce Teen Births in Baltimore City in 2010
● Policy launch funded by NIRH
● Remained on listserv
● Supported local work
● Was able to position a national organization to be acceptable
Developing a Proposal in 7 days!

- Find the partner
- Meet with appropriate staff
- Agree on focus and draft an approach
- Write/Get Permission
- Edit
- Submit...whew!
And if we get lucky

- Healthy Teen Network and the Maryland Department of Health will increase access to LARCs for women in the State of Maryland, with an emphasis on those using Title X services and/or requesting immediate post-partum IUD or Implant insertion.

- Project LARC will accomplish this goal through a communication and training initiative that will increase awareness and knowledge and change attitudes about LARCs and especially Immediate Post-Partum (IPP) LARCIs, and increase insertion and billing skills among Title X staff, prenatal providers, hospital clinicians, billing, and pharmacist staff across the state.

- Guided by an IPP Advisory Group.

- Supported by Regional Expert Teams.
Advantages

● Leverages existing training mechanisms
● Builds on existing efforts
● Strong collaboration team
● Plan based on need
Questions???
Thank you!
References

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JOIN TODAY!
Questions?
New Mexico Integrates Reproductive Justice Advocacy into Patient-Centered Access to LARC

Abby Reese, CNM
Program Director
New Mexico Perinatal Collaborative

and

Denicia Cadena
Policy and Cultural Strategy Director
Young Women United
Reproductive Justice & Contraceptive Decision Making
YOUNG WOMEN UNITED
Young Women United (YWU) leads policy change, place-based community organizing, research, and culture shift by and for women and people of color in New Mexico.

YWU works to build communities where all people have access to the information, education, and resources to make real decisions about our own bodies and lives.
Improving access to reproductive healthcare, including contraception

Increasing access to pregnancy related care, including:
- De-criminalizing substance use and pregnancy
- Improving access to a full range of birthing options, centering midwifery models of care

Leading criminal and juvenile justice reform from a gendered lens

Supporting young families
Background

- **1956**: States begin to pass laws mandating the sterilization of people deemed inferior and unfit
- **1965**: First federal subsidies helping lower-income families obtain access to birth control started as part of President Lyndon Johnson’s “War on Poverty.”
  - also reorganized family planning service activities by establishing the National Center for Family Planning Services
  - Title X of the Public Health Service Act
Background

1975:  
25,000 women were sterilized by the Indian Health Services. Mary Alice Relf (12 years old), sister Minnie Relf (14 years old)– sterilized by nurse under federally funded program

1980s: Phoenix/Oklahoma Indian Health Services use Depo-Provera in Native women with disabilities, despite the fact that it was not approved by the FDA
Dismantling Teen Pregnancy Prevention

If we are committed to a bright future for all young people then we must invest in meaningful solutions to address the underlying causes of the challenges they face, instead of perpetuating the misconception that teen pregnancy is a problem that must be prevented.

NEW REPORT AVAILABLE
JUNE 1ST, 2016
youngwomenunited.org/report-2016
IF YOU ARE ADDICTED TO DRUGS
Get birth control - get $200 cash

STOP THE CYCLE OF ADDICTED NEWBORNS NOW!
1-888-30-CRACK
www.cabirthcontrol.com

MAKE A TAX DEDUCTIBLE DONATION TODAY
Our Bodies, Our Lives

The decision to cease using a long-acting method should be made by each individual with support from health professional without judgment or obstacles.

Enthusiasm for LARCs should not distract from ongoing need to support other policies and programs that address the full scope of healthy sexuality.

All providers need to intentionally address implicit bias at their institutions and practices.
New Mexico
LARC Workgroup

Improving access to reproductive health care, specifically contraception, for women and all people in New Mexico.

Leveraging resources to effectively expand access to LARC in appropriate and impactful ways.

Confront coercion in the provision of LARC and contraception in care provision, advocacy, and every opportunity.
Participating Organizations
Conveners: Young Women United

ACLU of New Mexico
Envision New Mexico/UNM Adolescent Medicine Division
La Clinica de Familia/Healthy Start Program
March of Dimes
Planned Parenthood of the Rocky Mountains
University of New Mexico/Departments of OB/Gyn and Family & Community Medicine
New Mexico Perinatal Collaborative

New Mexico Affiliate of the American College of Nurse-Midwives
New Mexico School-Based Health Center Alliance
New Mexico Department of Health
New Mexico Human Services Department/Medical Assistance Division
Southwest Women’s Law Center
New Mexico Section of the American Congress of Obstetricians & Gynecologists
Strategic Priorities
Determined by consensus

Policy and advocacy

Provider/staff education and training

Outreach and education, with an emphasis on cultural humility

Collective evaluation and fundraising strategy
LARC Workgroup Victories

LARC access expansion through NM HSD
Contraception access focus from NM DOH
Provider Training and Mentoring
Explicit focus on preventing coercion
Continued collaboration
HSD Initiatives

Effective September 1, 2016 Medical Assistance Division (MAD) of the New Mexico Human Service Department unbundled Long-Acting Reversible Contraception (LARC) drugs and devices from FQHC, RHC and HB-RHC rates.

Under Centennial Care, HSD does not require a Prior Authorization (PA) for LARC.

MCO contracts contain a tracking measure (TM) requiring the MCO to measure the use of Long Acting Reversible Contraception (LARC) among members age 15 through 19.
HSD Initiatives

MCO member handbooks must include
“Information on accessing....specialty services, including a
discussion of the member’s right to self-refer to in-plan and out-
of-plan family planning providers, a female member’s right to
self-refer to a women’s health specialist within the network for
covered care”

NM HSD Actively engaged with Association of State and Territorial
Health Officials (ASTHO) LARC learning community.
The Family Planning Project (FPP) is working with the Public Health Decision and Regions to increase access to contraception through implementation of telemedicine for areas with a shortage of providers.

The Family Planning Project ECHO (Extension for Community Healthcare Outcomes), in collaboration with NM DOH and NM HSD, is providing reproductive health distance medical education and care management.
Provider Training & Activities

Immediate Postpartum LARC Toolkit
  Web-based resource developed by the NM Perinatal Collaborative
  Hands-on administrative & clinical staff trainings delivered in 3 hospitals to date
  Anticipated in 3 additional hospitals in coming months

LARC Mentoring Program (LMP)
  3-year pilot program based at UNM Adolescent Medicine Division
  Clinical and administrative training focused in outpatient settings

Provider Trainings
  Collaboratively offered by LMP, YWU, NMPC in conjunction with the Bixby Center for Global Reproductive Health
  Trainings to date: Española, Las Cruces, Hobbs
Continued Collaboration

Bimonthly meetings to continually address barriers and build innovation
Deep partnership between healthcare providers and advocates
A model for other states
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Oregon Authorizes Pharmacists to Prescribe Hormonal Birth Control

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Clinical Assistant Professor
Oregon State University College of Pharmacy

and

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Director of Alumni Relations & Professional Development
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Bringing Women’s Health Into the 21st Century

Dr. Knute Buehler and Oregon Pharmacists
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The Oregon Model

Summary

- Allows women access to hormonal birth control therapies without a doctor’s prescription from any pharmacist who is certified to prescribe.
- Women complete an evidence-based self-assessment form to screen for contraindications.
- Pharmacists prescribe and dispense the birth control after evaluating the self-assessment form.
- Women can walk into any participating pharmacy and walk out in 10 minutes with their contraceptives.
The Oregon Model

- National Attention
  - Colorado
  - Hawaii
  - California
  - Washington
  - Others? Many states are calling to ask about our Oregon model, the regulatory aspect, the safety, and how the billing model works.
- While the concept of certified pharmacists prescribing may sound unorthodox, it is the clear path to immediate increased access to hormonal therapies and therefore an immediate public health outcome in reducing unintended pregnancies.
“States Lead Effort to Let Pharmacists Prescribe Birth Control”

The New York Times

“Birth control in Oregon will be available over the counter”

The Seattle Times

“Oregon opts to dramatically expand women's birth control access”

REUTERS

“Pharmacists in California and Oregon to Prescribe Birth Control”

TIME

“Access to birth control: Oregon lawmaker would let women skip doctor's visit”

The Bulletin

“Oregon Birth Control Law Would Make Access To Contraception Among The Easiest In US”

INTERNATIONAL BUSINESS TIMES

“Oregon Legislature uses session to expand birth control access”

Pharmacy Times

“Pharmacists Will Soon Prescribe Birth Control in Oregon”

The Dallas Morning News

“2 states lead on pharmacist-prescribed birth control”

Los Angeles Times

“Birth control will be available to women over the counter in Oregon”
Some Important Aspects:

- Initial anecdotal reports, 90% of pharmacist patient evaluations result in a pharmacist prescribing hormonal therapies and roughly 10% result in contraindications leading to referral, or referral for IUD placement.

- 100% of the consultations are billed (Medicaid billing---for the patient consult) to payers using standard E & M codes, with the pharmacist as the prescriber.
Is it Safe?

- The American College of Obstetricians and Gynecologists (ACOG), the preeminent authority on women’s health issues, officially endorsed making oral hormonal contraceptives available OTC in 2012 and reaffirmed their decision in 2014.

- A study funded by the National Institute of Health (NIH) in 2008 in Washington state affirmed the women can safely assess their own health risks to birth control:
  
  “In a recent study from Washington state, Shotorbani et al. demonstrated that women’s responses to a medical eligibility checklist for hormonal contraceptives was just as accurate as a provider’s formal evaluation.”
Is it Safe?

The Oregon Board of Pharmacy and a legislatively mandated advisory council of medical providers worked for several months to develop clear and safe procedures for pharmacists to follow for assessment.

The required training evolved into a certification, to assure that those pharmacists who prescribe are fully prepared to conduct a women’s care evaluation for prescribing.

This certification is now available in multiple states, is utilized by multiple chain pharmacies, and is recognized by payers.

Emergency Contraceptives are already available OTC.
How Will This Proposal Impact Women’s Health?

- Research at the University of California, San Francisco, estimated that unintended pregnancies could be reduced by up to 25% if oral hormonal birth control was made available OTC.

- Other studies have shown that the requirement to see a doctor and obtain a prescription before accessing birth control can be a substantial obstacle for some women, especially those of lower socioeconomic levels.

- Studies have demonstrated that a *major* cause of poverty is unintended pregnancy.
How Will This Proposal Impact Women’s Health?

- Over 3000 pharmacists are certified to prescribe hormonal therapies:
  - multiple states
  - multiple chains
  - independent pharmacies
- Ongoing studies to assess the population and safety including collaborations with OHSU
- Anecdotes---bell curve of pharmacists; early adopters, and those more cautious, all prescribing now!
- Liability insurance has not been negatively impacted, as it becomes the scope of practice. Very careful parameters have been established.
- Helps to free up more healthcare resources for other services
Why make it Pharmacist Prescribed?

- It ensures affordability for consumers by remaining a prescription, which is very important for women of low-socioeconomic backgrounds.
  - OTC would increase cost (and impact 3rd party payment) and remove the safety measure of the self-assessment test.
- It allows pharmacists to bill for the product and for the assessment.
  - Medicaid and private payers are covering the full cost of the product and are paying pharmacists for their services.
  - This makes the chain pharmacies much more likely to participate, since it creates an incentive for them to participate while accomplishing the state’s goals and improving women’s health.
- FDA requirements are prohibitive to move these products to OTC status
Why make it Pharmacist Prescribed?

- Some methods of pharmacist-provided contraception have proven to be barriers for widespread uptake from pharmacists:
  - Not recognizing pharmacists as providers makes it difficult to set up billing with Medicaid and other 3rd party payers.
  - Not clearly indicating that the pharmacist is prescribing makes it harder to indicate to payers of an encounter.
  - Use of collaborative practice agreements can cause:
    - Scalability problems
    - Liability problems
    - Provider participation limited
    - No or truncated payment (for patient assessment, the product may be covered)
Why make it Pharmacist Prescribed?

- Pharmacist prescribing of limited formulary or under state protocols is the future of Health Care
  
  - Pharmacists play a bigger role addressing public health needs
    
    - Birth control
    
    - Naloxone
    
    - Smoking Cessation
    
    - Diabetes supplies
    
    - And more
  
  - Pushing services to new access points and allowing specialists to focus on more complex treatments
  
  - Increasing access
  
  - Keeping costs down and helps transition to a value based health system
  
  - Appreciating the challenges women face in the 21st century
How We Did It

- This is the future of Health Care
  - Strong Coalitions and Bipartisan Support
  - Backing from doctor brings unique credibility
  - Simple and streamlined language
  - Building relationships with the press
  - Years of diligent work (both on the bill and afterwards on implementation)
  - Teamwork throughout Oregon on certification, implementation and billing
  - Exceptional certification, that led to credentialing and enrollment of pharmacists as paid providers for Oregon Medicaid, Oregon’s CCOs and commercial plans
  - Using established billing codes on the medical side
Why It Matters For You

- Colorado and Hawaii have already adopted the Oregon Model, and so can you.
- The model was designed to be an off-the-shelf program that other states could adopt seamlessly - clear statutory language, concise administrative rules, evidence-based process/protocols, and a national certified training program.
Conclusion

- Our Oregon model allows pharmacists to become certified to prescribe hormonal birth control therapies.
- Increasing access to women’s hormonal birth control therapies will result in decreased unintended pregnancies.
- Pharmacists are an important resource that should be fully leveraged in every state to accomplish intended public health outcomes.
- With correct parameters, pharmacists can serve our patients **safely and effectively** to provide this service to patients in rural and urban settings throughout our nation.
Contact Info

Thank you for the invitation to speak to you today.

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- Paige Clark, RPh. OSU College of Pharmacy; Paige.clark@oregonstate.edu
- Lorinda Anderson, Pharm.D OSU College of Pharmacy; Lorinda.Anderson@oregonstate.edu
Questions?
Evaluation

Please fill out our evaluation!

http://astho.az1.qualtrics.com/jfe/form/SV_79Df4gtrvAwdnsF
Thank You!!

Additional tools, materials and recordings available on the ASTHO Increasing Access to Contraception page, NEW library, and Team Map:

Main Page:
http://www.astho.org/Increasing-Access-to-Contraception/

Library:
http://www.astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/

State and Territorial Team Map: