New Mexico Title X Grantee’s Perspective on Strengthening Family Planning Programs

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2022 New Mexico Title X Need Assessment

CDC’s Social Vulnerability Index (SVI) Map, 2018

Title X Services Clinic Coverage Map, 2022

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NM DOH Family Planning Program (NM DOH FPP)

Title X Program Goals:
• Reduce unintended teen births
• Reduce unintended pregnancy
• Reduce chlamydial sexually transmitted infections that may cause infertility

Clinical Services:
• Reproductive health services
• Contraceptive counseling/management
• Shared decision-making
• Lab testing

Educational Programming:
• Youth development
• Community education & outreach
NM DOH FPP Recommended Strategies

- Family planning clinical services: access to
  - Confidential services at low- or no-cost
  - Most and moderately effective contraceptive methods
  - Same-day access for moderately effective methods and emergency contraceptive pills
  - Telehealth family planning services

- Service learning and positive youth development programs: Teen Outreach Program, Teen Connection Project

- Comprehensive sex education

- Adult-teen communication programs: From Playground to Prom
Methods Used by Female Clients of All Ages at PHOs

Teen Use of IUDs & Implants in PHOs

Moderately Effective BCM  Implant  IUD
New Mexico IPP LARC Initiative

PROVISION OF LONG ACTING REVERSIBLE CONTRACEPTION (LARC) AT TIME OF AN INPATIENT DELIVERY: A COLLABORATIVE EFFORT IN NEW MEXICO

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Unintended pregnancies are common

Approximately half of pregnancies in NM are unintended

Which is associated with the poor health outcomes for women & children

Unintended pregnancies within one year of delivery in the U.S. are approximately

NM postpartum PRAMS data

82% reported using contraception approximately 3 months postpartum

A small percentage use most effective method

82% reported

Percentage of births covered by Medicaid

NM is a large rural state with chronic health care provider shortages and a large low-income population.

30% of women giving birth in NM are covered by private insurance/enrolled

70% of women giving birth in NM are covered by Medicaid

Translate Experience

In 2013, a Medicaid Supplemental Memo covering immediate postpartum (IPP) LARC was issued.

UNM Hospital % Paid Medicaid claims

UNM Hospital # IPP LARC Claims Submitted for Medicaid Payment

Promising!

295 Total Claims submitted to Medicaid in NM

258=UNM Hospital (pilot)

1=Memorial Hospital

$6=Error (not an eligible hosp./birthcenter)

295=UNM Hospital (pilot)

221

IUD

2014

IUD & Implant

2015

312 Total Claims submitted to Medicaid in NM

295=UNM Hospital (pilot)

74

166

92

By December 2015

In the most populous NM counties

Expanding IPP LARC access is an important and cost-effective strategy for reducing unintended pregnancy in NM.

Where are we headed?

In the most populous NM counties

Develop: billing procedure quick-reference tool & toolkit with clinical & administrative resources.

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# Logic Model

**of National, State and Local Activities to Promote Increased Access to Contraception**

<table>
<thead>
<tr>
<th>Context</th>
<th>Inputs</th>
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<th>Outputs</th>
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</tr>
</thead>
</table>
| National: • Political climate | National: • Funding for family planning services • ACOG, CDC, OPA clinical guidance re: contraceptive counselling and LARCs • Federal initiatives on infant mortality, postpartum and inter-conception health, contraceptive access (see arrow below) • Resources from organizations such as Guttmacher Institute and the National Campaign to Prevent Teen and Unplanned Pregnancy | See Table below for Activities by Learning Community Strategy and Level (National, State, Local) | See Table below for Outputs by Learning Community Strategy | • State policies established to: o reimburse for full range of contraceptive services o reimburse at cost for LARC and other methods o reimburse for LARC placement immediately postpartum o remove administrative barriers, such as pre-authorization • Reduced logistical barriers for supply management of LARC devices | • Increased uptake of most/moderately effective contraceptive methods by: o people of reproductive age o postpartum women | • Increase in % of pregnancies that are planned • Appropriate pregnancy spacing
| State: • Political climate • Size/ demographics • Urbanicity • Climate for family planning • Medicaid MCO structure • Perinatal regionalization • # service locations | State: • Funding for family planning services | | | | | • Preterm birth • Infant Mortality • Maternal Morbidity/Mortality Improved* • Maternal educational and economic outcomes • Reproductive justice • Reductions in: o Costs to the healthcare system |

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Created by Dr. Kristin Rankin, University of Illinois at Chicago for the ASTHO Access to Contraception Learning Community

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NM Medicaid Policy Changes, 2010-2018

# Medicaid Births
- 19,841 (2010)
- 19,542 (2011)
- 19,403 (2012)
- 18,489 (2013)
- 18,649 (2014)
- 18,902 (2015)
- 492 (2016)
- 18,109 (2017)
- 17,013 (2018)

# Medicaid Births in Bernalillo Co
- 727 (2012)
- 1,829 (2013)
- 1,999 (2014)
- 2,208 (2015)
- 1,217 (2016)
- 1,577 (2017)
- 2,090 (2018)

**Key Events**
- Elimination of age limit & expansion of TP Medicaid to non-TF (7/2/16)
- Unbundled IPP LARC
- Medicaid Expansion (1/1/16)
- Unbundled LARC from FDHC: reluctance rate (5/16)

# of Immediate Postpartum (IPP) LARC provided to Medicaid Members at a Bernalillo County Hospital
- [Bar Graph]

# of Medicaid Teen Members with LARC Device Claims
- [Bar Graph]

# of Medicaid Members with LARC Device Claims
- [Bar Graph]

# of Medicaid Births
- [Bar Graph]

# of Teen Births
- [Bar Graph]

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New Mexico Strategies, 2014-2020

1. **Provision of low- or no-cost contraception** in 60 Title X clinics statewide, including 30 NMDOH public health clinics

2. **Provider training and technical assistance** – launched in December 2016
   - LARC Mentoring Program (LMP)
   - Virtual reproductive health clinic using the Extension for Community Healthcare Outcomes (ECHO) model

3. **Public awareness campaigns**: October 2016 – June 2019

4. **Policy changes**: multiple, examples are
   - Medicaid family planning expansion via SPA (decades), Medicaid expansion (began in 2014), Codifying the Affordable Care Act contraceptive coverage provision
NM Medicaid: Adolescents & Young Female Clients (≤24) – bar graph & Providers – line graph, 2014-2020, quarterly
Teen Birth Rate (TBR), 15-19

NM vs. US

NM vs. SW states & US
NM Pregnancy Risk Assessment and Monitoring System (PRAMS)

Pregnancy Intended/Unintended by Year and Pregnancy Intent (3 levels)

Year
- Intended
- Unintended or mistimed
- Not sure what I wanted

2012: 48.7, 35.4, 15.9
2013: 49.2, 32.4, 18.5
2014: 49.4, 29.4, 21.2
2015: 55.0, 25.9, 19.0
2016: 58.0, 26.3, 20.5
2017: 54.5, 25.7, 19.8
2018: 55.8, 25.2, 19.0
2019: 60.1, 22.0, 12.9

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