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Issue Brief

Increasing Access to Contraception in the Context of Zika Preparedness

Perspectives from State and Local Public Health Agencies

About AMCHP

The Association of Maternal & Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs. AMCHP's members come from the highest levels of state government and include directors of maternal and child health programs, directors of programs for children with special health care needs and other public health leaders who work with and support state maternal and child health programs.

Background

The Zika virus can cause severe birth defects among infected infants. Infants can be infected by Zika through maternal transmission of the virus during pregnancy.[1] Preventing unintended pregnancy during the Zika virus outbreak is a primary strategy to reduce the number of pregnancies affected by Zika virus infection.

In the fall of 2016, the Association of Maternal & Child Health Programs (AMCHP) convened a meeting in Atlanta, GA, to discuss state-implemented approaches to increasing access to the full range of contraceptive methods, including long-acting reversible contraception (LARC), in the context of Zika preparedness. Meeting participants included representatives from 15 state and local health departments and clinics, three federal partners, and five maternal and child health membership organizations. The one-day meeting consisted of large group discussions and smaller, facilitated breakout group discussions. The following are summaries of meeting participants discussions regarding specific challenges that state and local health agencies and health care providers encounter in their efforts to increase access to contraception and shared examples of successful approaches to implementing strategies to increase contraception access in their jurisdictions.[1]

Strategy: Facilitate partnerships among private and public insurers, device manufacturers, and state agencies

State and local representatives reported that establishing public-private partnerships between state health departments, payers, device manufacturers, and health care centers has been an effective approach to address high upfront costs associated with stocking and supplying contraception methods, including long-acting reversible contraception (LARC) devices. State and local jurisdictions can establish direct payment programs to cover acquisition and stocking costs. The jurisdictions can also develop pharmacy contracts to obtain a limited number of LARC devices, return unused and unopened LARC devices, and bill insurers directly for LARC devices.

Strategy: Reimburse providers for the full range of contraceptive services

Representatives reported that health care providers may not be fully reimbursed for the full range of contraceptive services, including screening for pregnancy intention, contraceptive counseling, contraceptive device costs, and insertion or removal fees. State and local representatives reported success in modifying and implementing payment policies, including payment policies to reimburse for screening for pregnancy intention, client-centered contraception counseling, the actual cost of LARC devices, and insertion, removal, and reinsertion of LARC devices; and unbundling payment for immediate postpartum LARC supplies, procedure, and follow-up from other labor and delivery services fees.

[1]Boulet SL, D'Angelo DV, Morrow B, et al. Contraceptive use among non-pregnant and postpartum women at risk for unintended pregnancy, and female high school students, in the context of Zika preparedness — United States, 2011-2013, 2015. MMWR Morb Mortal Wkly Rep 2016;65:780-7.
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Strategy: Remove logistic and administrative barriers for contraceptive services and supplies

State and local representatives reported that modifying reimbursement policies in state payment plans, including eliminating prior authorizations, step therapy restrictions, and policies prohibiting prescription for LARC and insertion during the same visit have been successful approaches to reducing barriers to contraceptive services. Meeting participants emphasized the role that provider champions can play in influencing changes to contraceptive access. Representatives also reported that when policies are modified, billers and coders should be trained on updated billing and coding procedures for reimbursement.

Strategy: Train health care providers on current insertion and removal techniques for LARC

State and local representatives reported providing resources to train and inform health care providers, including mid-level providers and paraprofessionals, on evidence-based contraceptive guidance, resources to dispel common misconceptions about contraceptive methods, including LARC, and training opportunities on LARC insertion and removal techniques. Meeting participants also recommended administering a needs assessment of contraception services across the state to better understand characteristics of providers and clinics currently providing contraceptive services, including LARC, and to identify gaps in service provision that could be minimized through increased training resources and opportunities.

Strategy: Support youth-friendly reproductive health services

State and local representatives highlighted the importance of youth-friendly reproductive health services that includes providing teen-focused, culturally appropriate materials; ensuring protocols to protect confidentiality are in place; expanding the availability of weekend or extended clinic hours; training health care providers to provide youth with client centered reproductive health care services; and providing screening and counseling to support youth access to contraception services. Some jurisdictions reported success in collecting youth feedback on access to contraceptive services through youth advisory boards and the use of mystery shoppers to understand adolescent experiences with contraception services and identify areas of improvement related to youth-friendly clinical service provision policies and practices.

Strategy: Engage smaller or rural facilities including community health care centers

Some state and local representatives reported that due to cost restraints, lack of patient awareness, and a lack of trained providers, LARC services may not be readily available in small or rural clinics. Several meeting representatives reported that their states provide targeted resources to increase LARC services at these facilities and funding subsidies for the client encounter, contraceptive counseling, contraceptive device, and insertion fees. Meeting participants highlighted the importance of training personnel in smaller or rural clinics on billing and coding procedures for contraceptive services.

Strategy: Assess client satisfaction and increase consumer awareness

Many state and local representatives reported collecting surveillance and claims data on the prevalence of contraceptive use and method mix, but fewer reported collecting data on client satisfaction with service delivery. Meeting participants discussed the need to distinguish between client satisfaction and experience and develop surveillance data on satisfaction and experience. To increase consumer awareness, meeting participants reported success in utilizing non-traditional partners (e.g., supermarket chains, retail outlets, airports) and social media to implement health promotion campaigns to increase consumer awareness about contraceptive methods, including LARC.

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