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# Implementing Oregon's Effective Contraceptive Use Metric: Background, Early CCO Experiences, and Resources

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# Overview

- Metrics & Scoring Committee adopted Effective Contraceptive Use (ECU) as a CCO incentive measure for 2015.
- OHA developed a claims-based measure modeled after the national measure in development with CMS/CDC.
- Most CCOs are in early stages of developing quality improvement strategies and partnerships to drive progress on the measure.

# Measure Refresher

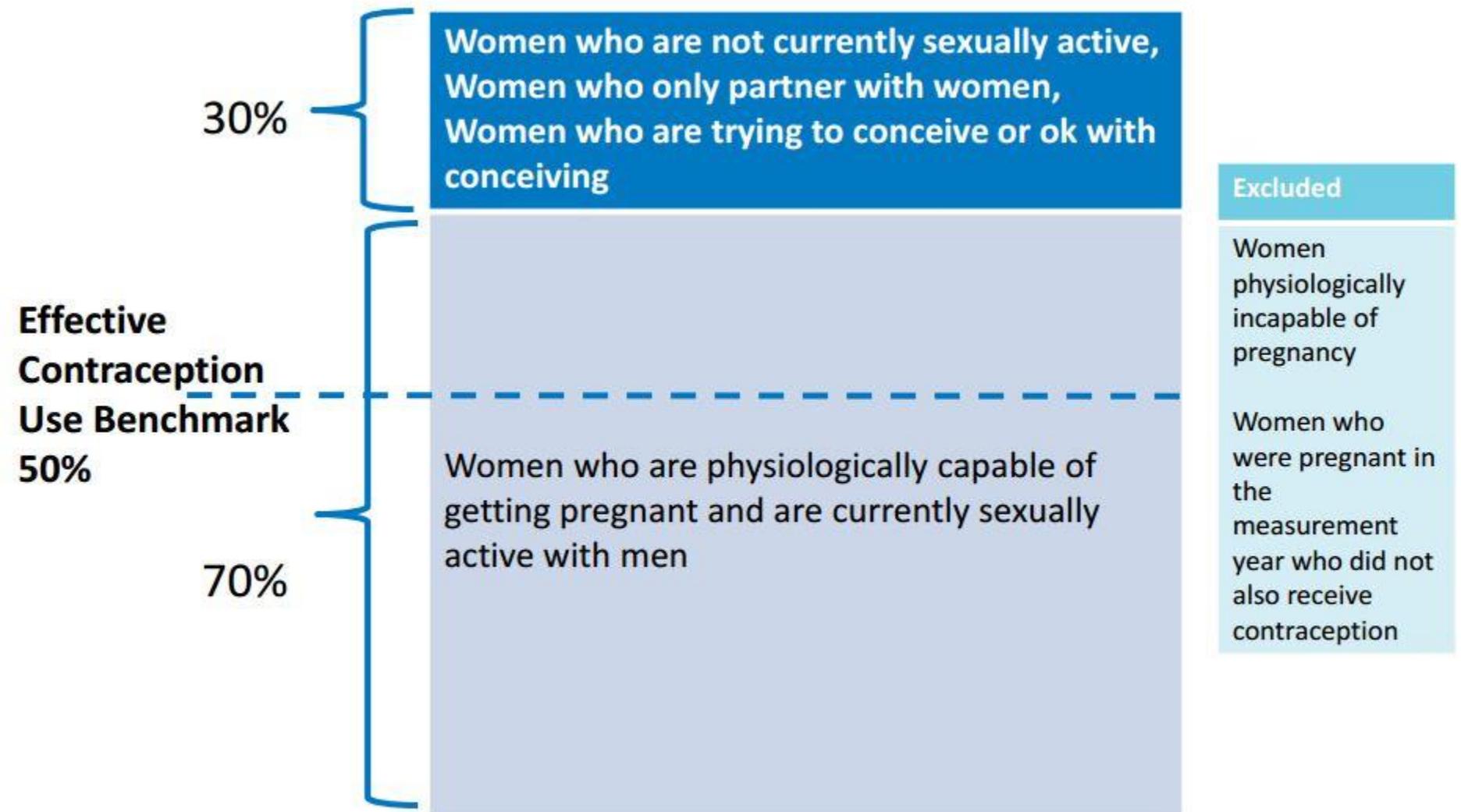
**Denominator:** All woman ages 15 – 50 as of December 31<sup>st</sup> of the measurement year who were continuously enrolled in a CCO for the measurement year.

*Only ages 18-50 are tied to the CCO incentive payments; OHA monitors and reports on ages 15-17.*

**Numerator:** Women with evidence of one of the following methods of contraception during the measurement period: sterilization, IUD, implant, injection, pills, patch, ring, or diaphragm.

**Exclusions:** Women with evidence of hysterectomy, bilateral oophorectomy, natural or premature menopause.

# Who is in the measure?



# Measure Refresher

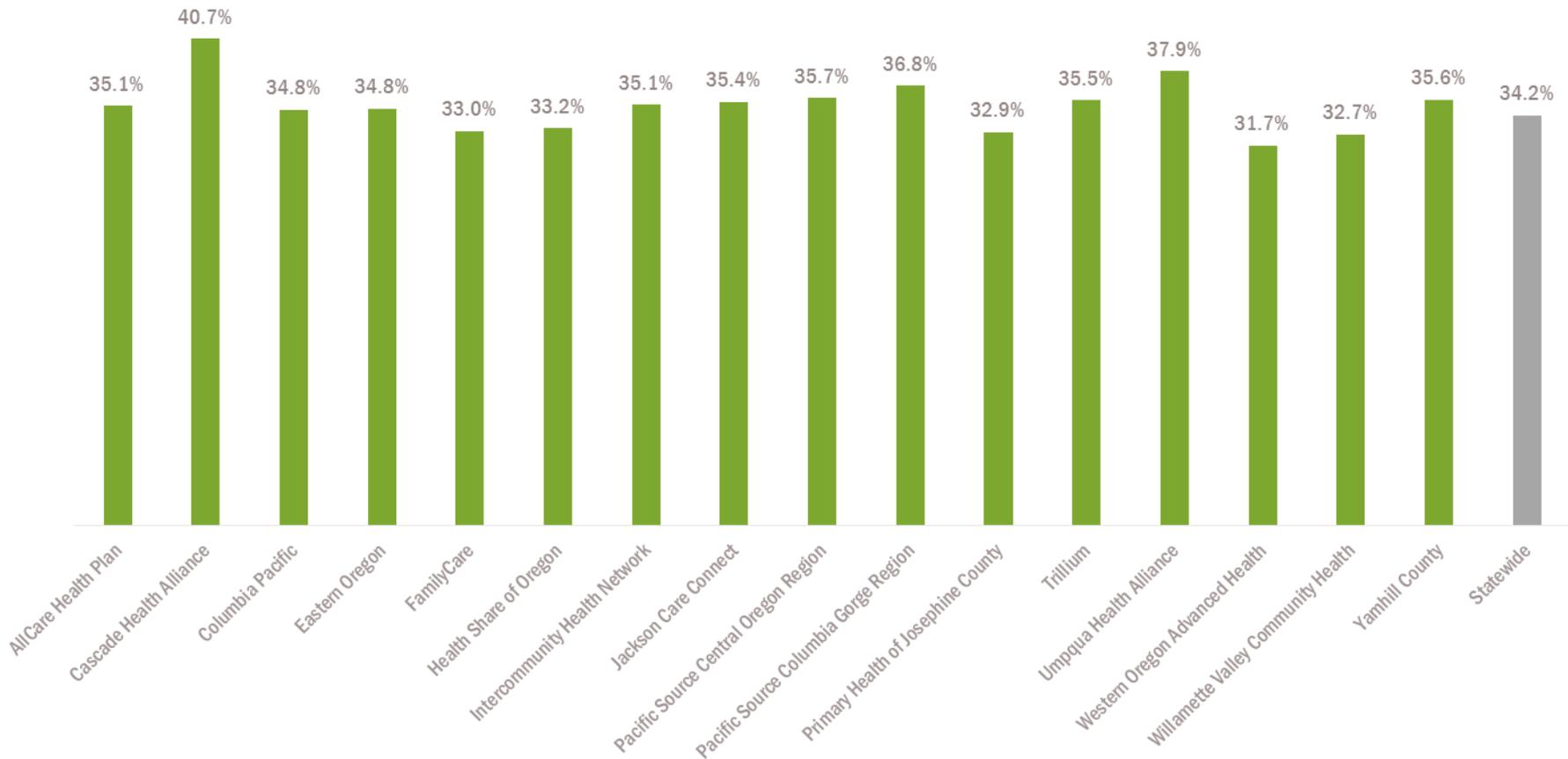
- What about male sterilization?
- What about other contraceptive methods?
- What about women on LARCs prior to the measurement period?
- What about women who were pregnant during the measurement period?
- What about services provided through county health department or other family planning clinic?



# Effective contraceptive use among members ages 18-50, 2014

Compared against 2015 benchmark

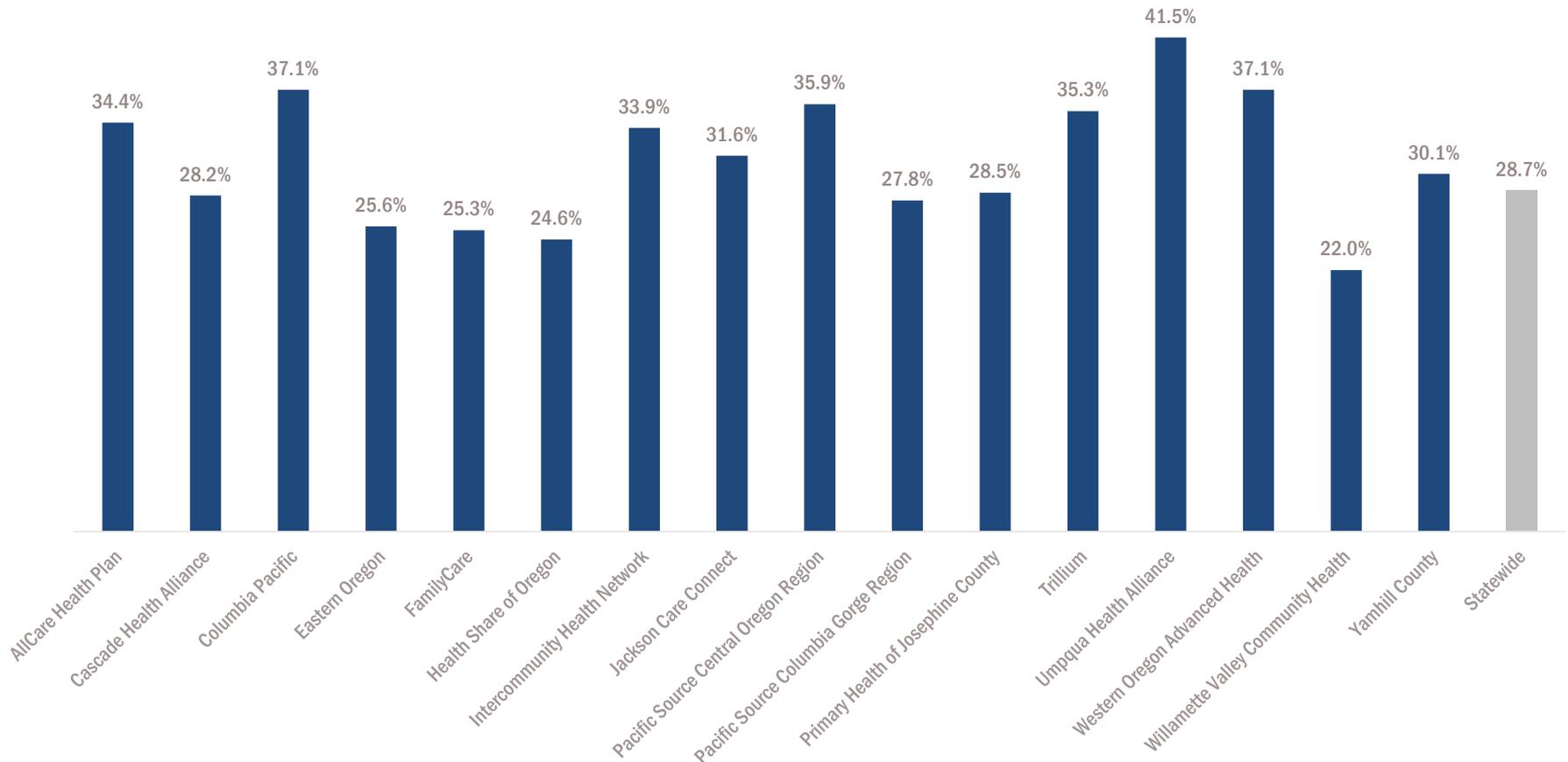
2015 Benchmark: 50.0%



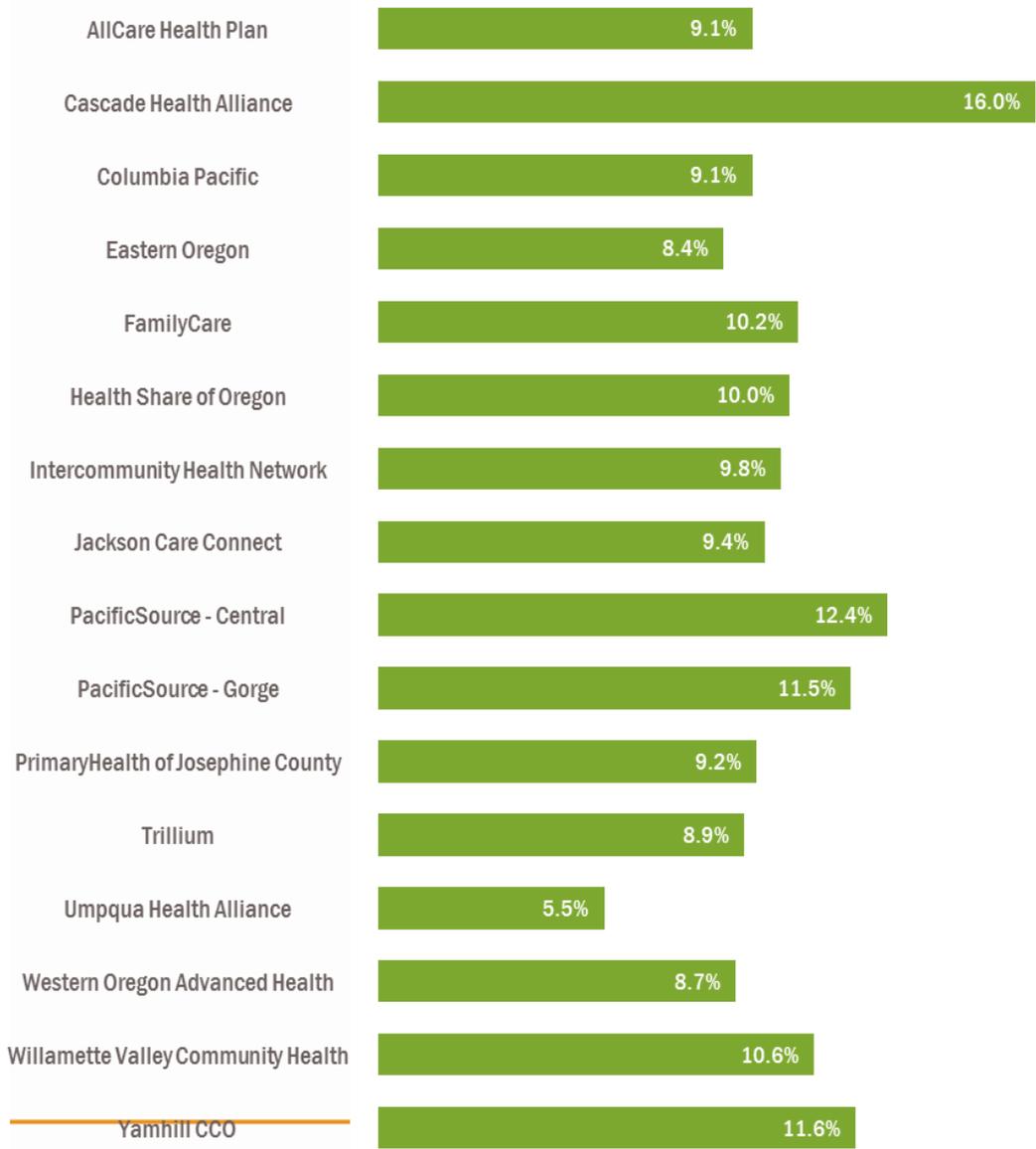
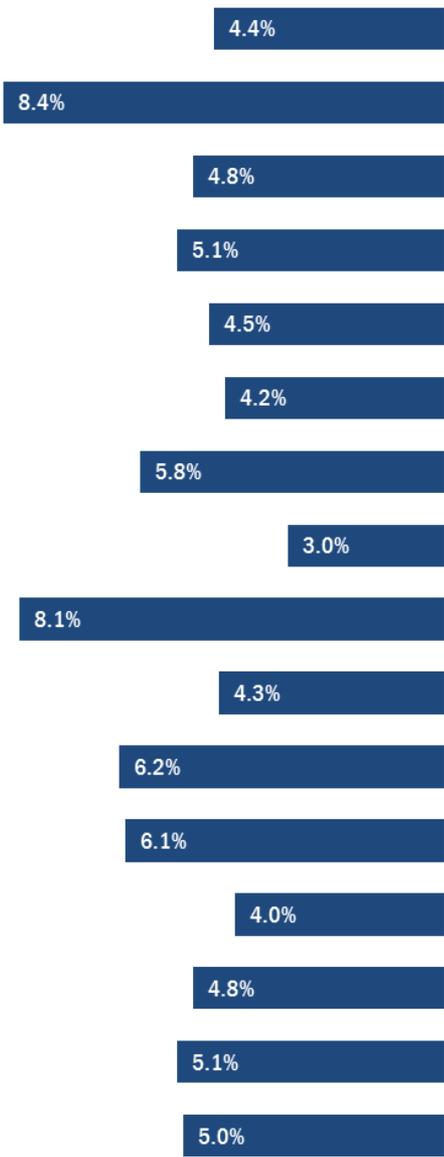
# Effective contraceptive use among members ages 15-17, 2014

Compared against 2015 benchmark

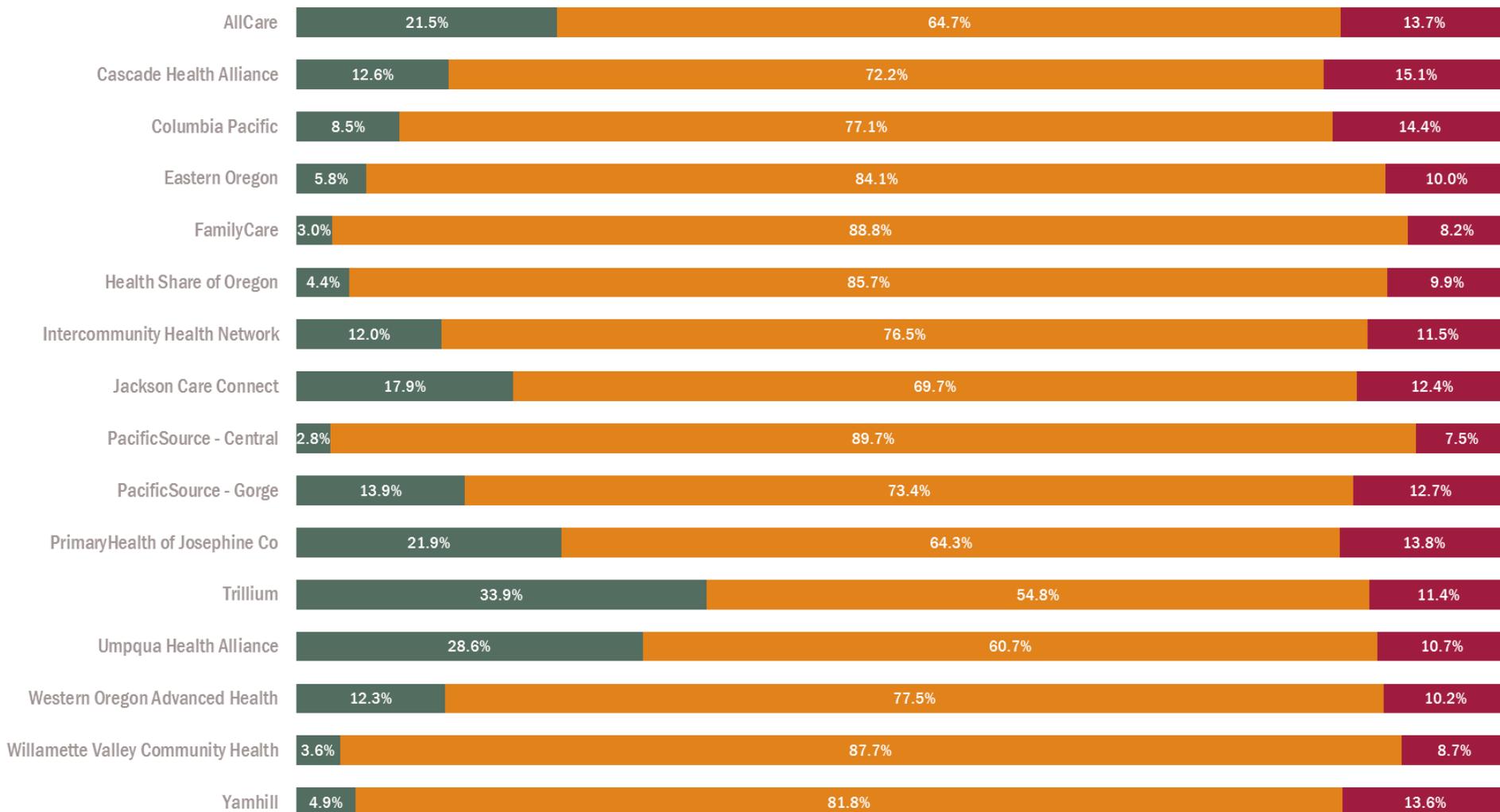
2015 Benchmark: 50.0%



# % of women ages 15-17 and 18-50 in 2014 using LARCs



# % of women (ages 15-50) in the ECU numerator because of **FFS claims**, **CCO claims**, or **both**.



# OHA Guidance Document

In December 2014, OHA published a measure guidance document providing more background on the measure, the specifications, and recommended strategies for improving ECU.

1. Screen women for their pregnancy intentions on a routine basis.
2. Remove barriers to contraception.
3. Improve availability and uptake of LARCs.
4. Create quality improvement processes for contraceptive care.
5. Build provider awareness and capacity around effective contraceptive use.
6. Enhance partnerships with local family planning clinics.

[www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx)

# CCO Feedback



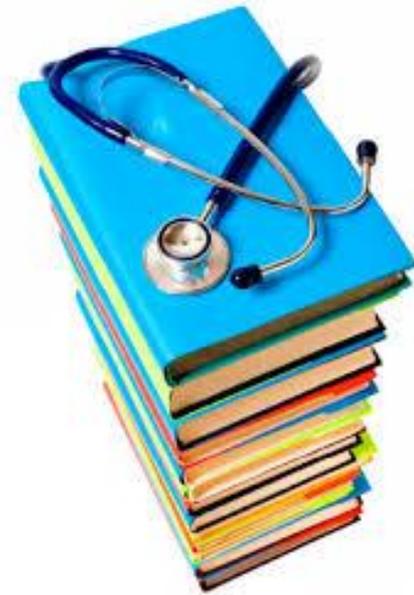
# Early CCO Experiences: Framing

Several CCOs reported pushback from providers and community:

- ❖ Some concerns may be stemming from a perceived lack of privacy for patients and their personal choices about contraceptive use.
- ❖ Help medical community understand the intent of the metric and dispel the idea that it is about sterilization for women on Medicaid.
- ❖ Communicate shared responsibility: PCPs say they don't deal with contraceptive use, that's OB/GYN or family planning clinic job.
- ❖ Several CCOs have found more success beginning with / focusing on pregnancy intention screening rather than contraceptive use.
- ❖ May also be better to frame contraceptive surveillance as “health history”.

# Early CCO Experiences: Provider Education

- ❖ Several CCOs just collaborated to sponsor two evidence-based LARC trainings (Oct 22-23) for providers.
- ❖ CCOs provide presentations on the measure and strategies for improvement with providers and staff and stakeholders where possible; some developed materials.
- ❖ Recent Patient Centered Primary Care Institute webinar on effective contraceptive use. [www.pccpci.org](http://www.pccpci.org)
- ❖ Ongoing technical assistance from OFRH to implement pregnancy intention screening.



# Early CCO Experiences: Outreach & Engagement

- ❖ CCOs are not yet working on member communications or outreach related to effective contraceptive use, but may be an arena for future work.
- ❖ Several CCOs have provided information about the measure and local data to stakeholders, such as community advisory councils or clinical partners.
  - One CCO shared that their clinical partners are overwhelmed with all the quality improvement efforts going on, experienced greatest traction for ECU with local WIC clinics.

# Early CCO Experiences: Technical Challenges

- ❖ CCOs report provider frustration with contraceptive surveillance coding if individual has come in for unrelated visit.
- ❖ Telehealth limitations.
- ❖ EHRs in general.
- ❖ Not all local county health departments and family planning clinics are correctly billing (or billing at all) for contraceptive services.

# Early CCO Experiences: Other Approaches

- ❖ CCOs incorporated the measure into provider contracts: required providers to develop a process or strategy to address the measure (or demonstrate performance improvement).
- ❖ CCOs reviewed coverage for contraception and alignment with ACA requirements, adjusted formularies and supply limits as needed.



# CCO Advice for RHCs



- ❖ Tell your local CCO “we are your partners,” let them know you are out there and ask how you can help.
- ❖ Consider connections and resources that serve other populations or priority areas for the CCO.
- ❖ Reach out to CCOs through the Innovator Agents. [www.oregon.gov/oha/Transformation-Center/Pages/Innovator-Agents.aspx](http://www.oregon.gov/oha/Transformation-Center/Pages/Innovator-Agents.aspx)

- ❖ How has the effective contraceptive use metric affected your relationship with your local CCO(s)?
- ❖ Has the metric sparked any new or innovative collaborations with CCOs?
- ❖ What support or additional resources do you need?

FEEDBACK



# For More Information

- ECU Metric Summary  
<https://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Documents/Resources/ECU.pdf>
- ECU Metric Specifications and Guidance Document  
[www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx)
- PCPCI Webinar: Contraception as a Quality Metric  
[www.pcpci.org/resources/webinars/contraception-quality-metric-innovative-work-in-oregon](http://www.pcpci.org/resources/webinars/contraception-quality-metric-innovative-work-in-oregon)

# Questions?

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