Treatment, Recovery and Reproductive Health Services: Doesn’t It Make Sense?

7th Annual Prescription Drug Abuse & Heroin Symposium

October 13, 2016

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Today’s Agenda

1. Introduce Concept and Proposed Strategy
2. Scope of the problem:
   • Unplanned Pregnancies
   • Drug Exposed Babies
   • How these two issues intersect
3. Reproductive Life Plan
4. Contraception Methods
5. HIP 2.0 – Marketplace
6. Question / Feedback / Input from Participants
Proposed *Preventive* Strategy

Treatment and recovery providers caring for *women of childbearing age* (14-48)

1. Routinely ask, screen and educate about effective forms of contraception

2. Refer to Medicaid / HIP 2.0

3. Connect with reproductive health providers
Strategy Intent

- Benefits the Woman in Treatment / Recovery AND Her Potential Child
- Upstream Approach
- Takes Full Advantage of Accepted Medical Practices and New Coverage Options
Unplanned Pregnancy

*Impact on Mom and Baby*

- Less likely to seek early and adequate prenatal care
- More likely to use alcohol and tobacco during pregnancy
- May be at greater risk of *physical abuse*
- More likely to experience *depression* during/after pregnancy
- More likely to have an *abortion*
- Increased risk for *economic hardship*
- Less likely to achieve *educational or career goals*
- More likely to be *dependent on public assistance*
Unplanned Pregnancy

- US - 2010 45%  Indiana – estimated 41-47%
- Highest among teens, but more than half of pregnancies to 20-24 year olds are unplanned
- Women >20 years of age, w/o high school education
- African American and Hispanics
- Low income
- Unplanned pregnancy and birth spacing:
  - Babies born at less than 18 months after a previous birth had 61% increased risk of low birth weight, 40% increased risk of prematurity, and 26% increased risk of being small for gestational age (SGA)
Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome

The use of opioids during pregnancy can result in a drug withdrawal syndrome in newborns called Neonatal Abstinence Syndrome (NAS), which causes lengthy and costly hospital stays. According to a new study, an estimated 21,732 babies were born with this syndrome in the United States in 2012, a 5-fold increase since 2000.

Every 25 minutes, a baby is born suffering from opioid withdrawal.

Average length or cost of hospital stay:

- With NAS: 16.9 days, $66,700
- Without NAS: 2.1 days, $3,500

NAS and Maternal Opioid Use on the Rise:

- Rate per 1000 hospital births


National Institute on Drug Abuse
Fetal – Infant Mortality Review
Marion County 2013-2014
183 Deaths

- Contributing Factors
  - 51 (28%) Substance Abuse Lifestyle
  - 58 (32%) Unplanned Pregnancy

- Suggestions for Prevention
  - 85 (46%) Importance of Family Planning
  - 48 (26%) Referral for Substance Abuse
Survey of Indiana MAT Clinics

• Nearly 75% indicated women of childbearing age comprised >30% of their patient population
• 100% provide services to pregnant women
• More than 25% said women were not aware of and receiving reproductive health services
What’s In The Literature?

A survey of 204 Australian and New Zealand women in outpatient treatment programs found:

• Nearly 30% had six or more pregnancies.
• Only half that did not want to get pregnant were using contraception.
What’s In The Literature? (cont.)

• Interviews of 946 opioid-abusing women found that 86% of pregnancies were unplanned.

• Survey of 376 UK women in substance use treatment found a lower use of non-condom forms of contraception and higher rates of pregnancy termination and STI’s.
What’s In The Literature? (lastly)

A survey of 148 women seen at 4 methadone clinics in western NC found:

• 10% were already pregnant.
• 35% were inconsistently or not using contraception.
• 50% wanted a LARC method or sterilization.
• 75% wanted contraception counseling or education.
Important Role of Contraception

Among women who are at risk for an unintended pregnancy

• 68% that *consistently* use contraception account for only 5% of unplanned pregnancies

• 18% with *inconsistent* use account for 41% of unplanned pregnancies

• 14% with *no* use (or have a gap of 1+ month) account for 54% of unplanned pregnancies
Reproductive Life Plan

Overview

• Developed by the CDC

• Tool for health and human service providers to ask about contraception, assess knowledge and promote shared decision-making

• Can be used with women and men

• Importance of follow-up
Reproductive Life Plan

In Practice

• Do you (your partner) plan to have (more ) children at any time in the future?

IF YES:

• How many would you like to have?
• How long would you like to wait until you become pregnant?
• What family planning methods do you plan to use until you are ready to become pregnant?
• How sure are you that you’ll be able to use this method without any problems?
Reproductive Life Plan

In Practice

IF NO:

• What family planning method will you use to avoid pregnancy?
• How sure are you that you will be able to use this method without any problems?
• Peoples plans change. Is it possible that you could ever decide to become pregnant?
Long Acting Reversible Contraception
John W. Stutsman, MD, FACOG
Asst. Prof. of Clinical OB/GYN
Indiana University School of Medicine
Medical Director, Planned Parenthood of Indiana & Kentucky
Effectiveness of Family Planning Methods

Most Effective
Less than 1 pregnancy per 100 women in a year
- Implant: 0.05%
- Intrauterine Device (IUD): 0.2% - Copper T: 0.8%
- Male Sterilization (Vasectomy): 0.15%
- Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic): 0.5%

How to make your method most effective
- After procedure, little or nothing to do or remember.
- Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

Injectable: Get repeat injections on time.
Pills: Take a pill each day.
Patch, Ring: Keep in place, change on time.
Diaphragm: Use correctly every time you have sex.

Injectable
- 6%

Pill
- 9%

Patch
- 9%

Ring
- 9%

Diaphragm
- 12%

Male Condom
- 18%

Female Condom
- 21%

Withdrawal
- 22%

Sponge

- 24% parous women
- 12% nulliparous women

Fertility-Awareness Based Methods

Spermicide

- 24%

Spermicide
- 28%

Least Effective
18 or more pregnancies per 100 women in a year

CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception
Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.
Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from World Health Organization (WHO); Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for health project; Family planning; a global handbook for providers (2011 update). Baltimore, MD: Geneva, Switzerland; CCP and WHO; 2011; and Trussel J. Contraceptive failure in the United States. Contraception 2011;83:397–404.
Types of Long-Acting Reversible Contraception

• Intrauterine device (IUD, IUC, IUS)
  – Levonorgestrel (LNG) IUD
    • Mirena ® - FDA approved 5 yrs
    • Skyla ® - FDA approved 3 yrs
  – Copper IUD
    • Paraguard ®
    • FDA approved 10 years

• Subdermal implant
  – Etonogestrel subdermal implant
    • Nexplanon ®
    • FDA approved for 3 years (up to 4 years)
Dispelling Myths About IUC, IUD, IUS...

In fact, IUDs:

- **Are not** abortifacients
- **Do not** cause ectopic pregnancies
- **Do not** cause pelvic infection
- **Do not** decrease the likelihood of future pregnancies
- **Can** be used by nulliparous women
- **Can** be used by women who have had an ectopic pregnancy
- **Do not** need to be removed for PID treatment
- **Do not** have to be removed if inflammatory changes or Actinomyces are noted on a Pap test

IUC Available in the United States

- Copper T 380A IUD
  - Copper ions
  - Approved for 10 years of use
    - May use up to 12 years

IUC Available in the United States

- **LNG 52 IUS**
  - Releases 20 μg of LNG per day
  - Approved for 3 (Liletta) or 5 (Mirena) years of use (up to 7 years)

- **LNG 13.5 IUS**
  - Releases 14 μg of LNG per day
  - Approved for 3 years of use

# IUC Mechanism of Action

<table>
<thead>
<tr>
<th>Mechanism of Action</th>
<th>Copper T IUD</th>
<th>LNG 52 IUS</th>
<th>LNG 13.5 IUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary</strong></td>
<td><img src="image1" alt="Copper T IUD" /></td>
<td><img src="image2" alt="LNG 52 IUS" /></td>
<td><img src="image3" alt="LNG 13.5 IUS" /></td>
</tr>
<tr>
<td>• Prevents fertilization</td>
<td>• Inhibits fertilization</td>
<td>• Inhibits fertilization</td>
<td></td>
</tr>
<tr>
<td>• Reduces sperm motility and viability</td>
<td>• Causes cervical mucus to thicken</td>
<td>• Inhibits sperm motility and function</td>
<td></td>
</tr>
<tr>
<td>• Inhibits development of ova</td>
<td>• Inhibits implantation (?)</td>
<td>• Inhibits implantation (?)</td>
<td></td>
</tr>
</tbody>
</table>

| Secondary | Inhibits implantation (?) | Inhibits implantation (?) |

Percentage of Women with Fertilized Eggs in Oviducts After Midcycle Coitus

<table>
<thead>
<tr>
<th>Group</th>
<th>Normal development (%)</th>
<th>No development (%)</th>
<th>Abnormal development (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control (n = 20)</td>
<td>50</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>IUC* (n = 14)</td>
<td>0</td>
<td>64</td>
<td>36</td>
</tr>
</tbody>
</table>

*IUDs studied included Copper T 200 (4 women), Lippes loop (5 women), and progestin IUDs (5 women)

LARC and Birth Spacing

• Women who used LARC vs. less effective contraceptive methods had almost 4 times the odds [95% CI, 3.55-4.26] of achieving an optimal birth interval

• Subdermal implant was associated with longer interpregnancy interval in adolescents compared with less effective methods (18.7 mo. vs. 11.9 mo.)


LARC Usage by Adolescents in St. Louis Missouri (CHOICE)

• Contraceptive CHOICE Project
  – Longitudinal, observational study of women’s choice, use, and continuation of available contraceptive methods
  – All methods were offered to study participants at NO cost

• Among adolescents aged 14-20, 62% choose LARC method (658/1054)

• Young women aged 14-17 years preferred implant over IUD

Effectiveness of LARC Methods (CHOICE)

The Contraceptive CHOICE Project

- Longitudinal study from 2008-2013 that followed 1,404 teenagers aged 15 to 19 years old for 2-3 years after choosing their contraceptive method.
  - 72% chose an IUD or implant (rate increased at end of study)


<table>
<thead>
<tr>
<th>Mean annual rate per 1000 teens</th>
<th>CHOICE participants</th>
<th>Typical U.S Teen</th>
</tr>
</thead>
<tbody>
<tr>
<td>pregnancy rate</td>
<td>34.0</td>
<td>158.5</td>
</tr>
<tr>
<td>birth rate</td>
<td>19.4</td>
<td>94.0</td>
</tr>
<tr>
<td>abortion rate</td>
<td>9.7</td>
<td>41.5</td>
</tr>
</tbody>
</table>
Adolescent LARC Usage in Colorado

• *How Colorado’s teen birthrate dropped 40% in four years*
  – “Since 2009, the state has provided 30,000 contraceptive implants or intrauterine devices (IUDs) at low or no cost.”
  – “teen abortion rate fell by 35 percent between 2009 and 2012”
  – “the state saved $42.5 million in health-care expenditures associated with teen births.”

• Tocce KM, Sheeder JL, Teal SB. *Rapid repeat pregnancy in adolescents: do immediate postpartum contraceptive implants make a difference?*
  – Prospective longitudinal trial
  – the relative risk of repeat pregnancy at 12 months after delivery was 5.0 times greater (95% confidence interval [CI], 1.9–12.7) for the control group compared to those who received an immediate postpartum implant

Cost Effectiveness of LARC

5-Yr Costs Associated with Contraceptive Methods in the Managed Payment Model

LARC - Advantages

• Extremely effective
• Immediately reversible
• Can be placed immediately postpartum and used while breastfeeding
• Few contraindications
• Non-hormonal option (ParaGard)
LARC - Disadvantages

• Requires a visit to a medical provider
• Minimally invasive (but invasive) procedure
• Chance of side effects or complications (mainly bleeding/spotting)
• Upfront COSTS$
How did we get here?

HIP 1.0: *This is a test. This is only a test.*

The ACA comes to Indiana
- SBE and Medicaid expansion debates
- Navigator regulation

The Cover Indiana campaign

HIP 2.0
- The introduction
- The first date
- Going steady
HIP 2.0: A tug-of-war among multiple views & interests
Result?
A compromise product
Enroll in the Healthy Indiana Plan in 5 Steps!

1. LEARN ABOUT HIP 2.0
   - Find out more at HIP.IN.gov
   - Applications are available online, by mail, or by visiting your local Division of Family Resources (DFR) office.

2. GET THE APPLICATION
   - Call 1-877-GET-HIP-9 or visit HIP.IN.gov to find more information about the application process or to find your local DFR office.
   - Applications are processed within 45 business days once all required information is received.

3. SEND IN APPLICATION ONLINE (OR BY MAIL) WITH ALL REQUIRED INFORMATION
   - For questions about what to include in your application, call 1-877-GET-HIP-9.
   - Included in the application is an opportunity to choose a health plan that works best for you.

4. GET WELCOME PACKET & PAY YOUR CONTRIBUTION
   - Your health plan will mail you a welcome packet along with an invoice for your first POWER Account contribution.
   - POWER Account Invoices must be paid by the due date stated on the invoice to become enrolled in HIP Plus.
   - Members who fall under a certain income level and don’t make a POWER Account contribution will be enrolled in HIP Basic once the due date has passed.

5. GET COVERED WITH HIP
   - Coverage in HIP Plus begins the first of the month your POWER Account contribution is received and processed by your health plan.

YOUR HIP BENEFITS

All HIP members will receive a letter informing them of when coverage starts and how to get the most out of their HIP benefits.
## HIP Employee Benefit Link

- **Who's eligible?**
  - Optional for individuals with access to cost-effective employer-sponsored insurance
  - Exception: Medically fragile

- **How do you pay?**
  - Enhanced POWER Account contributions can be used for premiums, co-payments or deductibles

- **What are the benefits?**
  - Employer plan benefits

## HIP Plus

- **Who's eligible?**
  - Income up to 138% FPL
  - Consistent POWER Account contributions

- **How do you pay?**
  - POWER Account contributions
  - No co-payments, except:
    - Non-emergency ER visit: $8-25

- **What are the benefits?**
  - Comprehensive medical benefits incl. maternity
  - Vision & dental benefits
  - Increased service limits
  - Comprehensive drug benefit

## HIP Basic

- **Who's eligible?**
  - Income below 100% FPL only
  - Fail to make POWER Account contribution

- **How do you pay?**
  - Copayments for most services
  - More expensive than HIP Plus

- **What are the benefits?**
  - Comprehensive medical benefits incl. maternity
  - Lower service limits
  - Limited drug benefit

## State Plan

- **Who's eligible?**
  - Individuals with complex medical or behavioral conditions
  - Very low income parents
  - Pregnant women

- **How do you pay?**
  - Copayments or POWER Account contribution
  - Exception: Pregnant women are exempt from cost-sharing

- **What are the benefits?**
  - Comprehensive medical benefits incl. maternity
  - Current Medicaid benefits as required by federal law
  - Enhanced behavioral health services
HIP 2.0 at a glance

- Able-bodied adults ages 19-64 up to 138% FPL
- Different tiers of coverage: HIP Plus, HIP Basic, HIP Link
- Salient differences between 2.0 and traditional Medicaid: cost-sharing, non-payment penalties, no retroactive coverage, no NEMT, graduated ED copays
- Financed by Hospital Assessment Fee
- CMS STC requires 3rd party payments and expanded PE capacity
Where are we now?

Total enrollment over 400,000
- Over 60% making contributions
- 83% below 100% FPL

3,600 new providers/locations joined IHCP

20 day average eligibility determination

Projected HIP Enrollment

<table>
<thead>
<tr>
<th>Year</th>
<th>Projected “total” enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>60,000*</td>
</tr>
<tr>
<td>2015</td>
<td>356,869</td>
</tr>
<tr>
<td>2016</td>
<td>518,506</td>
</tr>
<tr>
<td>2017</td>
<td>544,763</td>
</tr>
<tr>
<td>2018</td>
<td>552,390</td>
</tr>
</tbody>
</table>

* “HIP 1.0” enrollment
Local Coalitions Reach 44 Counties

Central Indiana serves 8 counties:
Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, & Shelby

Northeast Indiana serves 10 counties:
Allen, De Kalb, Elkhart, Kosciusko, Huntington, Lagrange, Noble, Steuben, Wabash & Whitley

East Central Indiana serves 6 counties: Blackford, Delaware, Grant, Henry, Randolph and Wayne

West Central Indiana serves 6 counties: Clay, Parke, Putnam, Sullivan, Vermillion and Vigo
### Area Five CKF Coalition:
Cass, Fulton, Howard, Miami, & Tipton Counties Coalition
Lead Agency: Area Five Agency on Aging & Community Services
Phone: 574-722-4451
[www.areafive.com](http://www.areafive.com)

### Central Indiana Coalition:
Boone, Hamilton, Hendricks, Marion, Hancock, Morgan, Johnson & Shelby
Lead Agency: Health & Hospital Corp of Marion County
Phone: 317-221-3117
[www.hhcorp.org](http://www.hhcorp.org)

### East Central Indiana Coalition:
Blackford, Delaware, Grant, Henry, Randolph & Wayne
Lead Agency: Open Door Health Services
Phone: 765-286-7000
[www.opendoorhs.org](http://www.opendoorhs.org)

### Lake County Coalition
Lead Agency: Community HealthNet Health Centers
Phone: 219-789-4163
[www.garychc.org](http://www.garychc.org)

### LaPorte County Coalition
Lead Agency: Healthy Communities of LaPorte County
Phone: 219-877-4451
[www.healthycommunitieslpc.org](http://www.healthycommunitieslpc.org)

### Madison County Coalition
Lead Agency: United Way of Madison County
Phone: 765-608-3060
[www.unitedwaymadisonco.org](http://www.unitedwaymadisonco.org)

### Monroe, Owen & Brown Counties Coalition
Lead Agency: South Central Community Action Program
Phone: 812-339-3447 ext. 233
[www.inscicap.org](http://www.inscicap.org)

### Lake County Coalition
Lead Agency: Community HealthNet Health Centers
Phone: 219-789-4163
[www.garychc.org](http://www.garychc.org)

### LaPorte County Coalition
Lead Agency: Healthy Communities of LaPorte County
Phone: 219-877-4451
[www.healthycommunitieslpc.org](http://www.healthycommunitieslpc.org)

### Madison County Coalition
Lead Agency: United Way of Madison County
Phone: 765-608-3060
[www.unitedwaymadisonco.org](http://www.unitedwaymadisonco.org)

### Monroe, Owen & Brown Counties Coalition
Lead Agency: South Central Community Action Program
Phone: 812-339-3447 ext. 233
[www.inscicap.org](http://www.inscicap.org)

### North Central Indiana Coalition:
St. Joseph & Marshall
Lead Agency: United Health Services
Phone: 574-247-6047
[www.uhs-in.org](http://www.uhs-in.org)

### Northeast Indiana Coalition:
Allen, DeKalb, Elkhart, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash & Whitley
Lead Agency: Brightpoint
Phone: 260-423-3546 ext. 276
[www.mybrightpoint.org](http://www.mybrightpoint.org)

### Scott County Coalition
Lead Agency: Scott County Partnership
Phone: 812-752-6365
[www.scottcountypartnership.org](http://www.scottcountypartnership.org)

### West Central Coalition:
Clay, Parke, Putnam, Sullivan, Vermillion & Vigo
Lead Agency: West Central Indiana Economic Development District, Inc.
Phone: 812-917-3140
[www.westcentralin.org](http://www.westcentralin.org)
CKF-IN Coalition Enrollment Services

• FREE in person assistance for:
  – Hoosier Healthwise
    • Up to 250% FPL
  – HIP 2.0
    • Up to 138% FPL
  – Marketplace
    • Up to 400% FPL
      – Cost Sharing after 138% FPL
Indiana’s Federally Facilitated Marketplace

2016 Marketplace Plans

- All Savers
- Anthem
- CareSource
- IU Health
- Mdwise Marketplace
- Physicians Health Plan
- MHS

2016 Insurers by County

- [Marketplace Insurance Providers by County for 2016](#)
2017 Marketplace Filings

- Anthem Insurance Companies
- CareSource Indiana Inc.
- MHS
- MDwise Marketplace
Resources

HIP 2.0 – Health Care Coverage
• http://www.in.gov/fssa/hip/2450.htm (free brochures)
• http://www.in.gov/healthcarereform/2468.htm
• https://www.ckfindiana.org/resources

Contraception
• http://thenationalcampaign.org/
• https://bedsider.org/
• http://www.choiceproject.wustl.edu/#CHOICE

Reproductive Health Care Providers
• https://www.ifhc.org/
• https://www.plannedparenthood.org/planned-parenthood-indiana-kentucky
• http://www.indianapca.org/

Reproductive Life Plan
• http://www.cdc.gov/preconception/reproductiveplan.html
• http://beforeandbeyond.org/toolkit/reproductive-life-plan-assessment/
References

- https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states
- https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states
- http://sys.mahec.net/media/onlinejournal/Contraceptive%20Choices.pdf
- http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052960/
- http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0116231
- http://www.popline.org/node/534933
Questions???