Alabama Care Network SOUTHEAST and GULF COAST Medical Management Meeting

February 2024

AGENDA

Quality Review

Family Planning


QUALITY

ACHN Quality Measure Incentive Report - Alabama Care Network Southeast
Measure Year: 2022

#	Measure Abbreviation	Measure Description	Possible Points	State-Wide Baseline	Region Base Line	Final Rate Target (5-year goal) (AKA Benchmark)	Annual Improvement Target	Rate (Annual)	Met/Did Not Meet	Points Earned
1	ABA-AD	Adult Body Mass Index Assessment	10	28.4%	38.8%	76.4%	61.4%	88.8%	Met	10
2	AMM-AD	Antidepressant Medication Management	10	30.1%	28.5%	37.1%	33.7%	27.7%	Did Not Meet	0
3	AMR-AD	Asthma Medication Ratio: Ages 19–64	5	57.6%	63.2%	58.8%	58.8%	80.2%	Met	5
4	AMR-CH	Asthma Medication Ratio: Ages 5–18	5	79.9%	83.2%	74.4%	74.4%	84.9%	Met	5
5	CAP-CH1	Children and Adolescents' Access to Primary Care Practitioners 12-24 months	2.5	93.8%	97.1%	96.9%	96.9%	89.0%	Did Not Meet	0
6	CAP-CH2	Children and Adolescents' Access to Primary Care Practitioners 25-mos - 6-years	2.5	86.1%	91.3%	89.8%	89.8%	84.2%	Did Not Meet	0
7	CAP-CH3	Children and Adolescents' Access to Primary Care Practitioners 7-years to 11-years	2.5	88.9%	94.0%	93.4%	93.4%	88.5%	Did Not Meet	0
8	CAP-CH4	Children and Adolescents' Access to Primary Care Practitioners 12-years to 19-years	2.5	86.5%	91.5%	91.9%	91.7%	86.9%	Did Not Meet	0
9	CCS-AD	Cervical Cancer Screening	10	39.5%	40.5%	48.0%	45.0%	47.2%	Met	10
10	IET-ADT1	IET ADT - Initiation And Engagement Of Alcohol And Other Drug Abuse Or Dependence Treatment	5	38.8%	39.6%	41.0% [5]	40.4%	35.3%	Did Not Meet	0
11	IET-ADT2	IET ADT - Initiation And Engagement Of Alcohol And Other Drug Abuse Or Dependence Treatment	5	4.4%	5.6%	10.3%	8.4%	9.1%	Met	5
12	LBW-CH*	Live Births Weighing Less Than 2,500 Grams (Lower Rate is better)	10	9.5%	9.5%	8.6%	8.9%	10.8%	Did Not Meet	0
13	PPC-CH	Prenatal and Postpartum Care: Timeliness of Prenatal Care	10	58.7%	64.9%	79.2%	73.5%	81.7%	Met	10
14	W15-CH	Well-Child Visits in the First 15 Months of Life	10	57.8%	64.2%	61.8%	61.8%	65.8%	Met	10
15	WCC-CH	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	10	8.2%	13.3%	61.0%	41.9%	98.5%	Met	10
			100	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**8**	**65**

*Lower rate is better

Family Planning

Alabama Teen Birth Ranking

- 5: Teen Birth Rate
- 42: Decline In Teen Birth Rate
- 11: Teen Pregnancy Rate

- 3788 Number of teen births (2020)
- 24.8 births per 1000 girls – teen birth rate
  - 66% improvement from peak in 1991

Sexual Activity Survey (Alabama 2019)

EVER HAD SEX BY GRADE	
Grade 9	26.9%
Grade 10	35.4%
Grade 11	49.0%
Grade 12	53.8%

EVER HAD SEX BY GENDER	
Males	42.5%
Females	38.6%

EVER HAD SEX BY RACE/ETHNICITY	
Non-Hispanic White	38.3%
Non-Hispanic Black	46.6%
Hispanic	42.6%

Alabama Teen Births (Change from 1991-2020)

• Non-Hispanic White	20	-65%
• Non-Hispanic Black	33	-71%
• Hispanic	49	+21%

Alabama Teen Births by Age

- Girls Under 15 1%
- Girls 15-17 24%
- Girls 18-19 75%

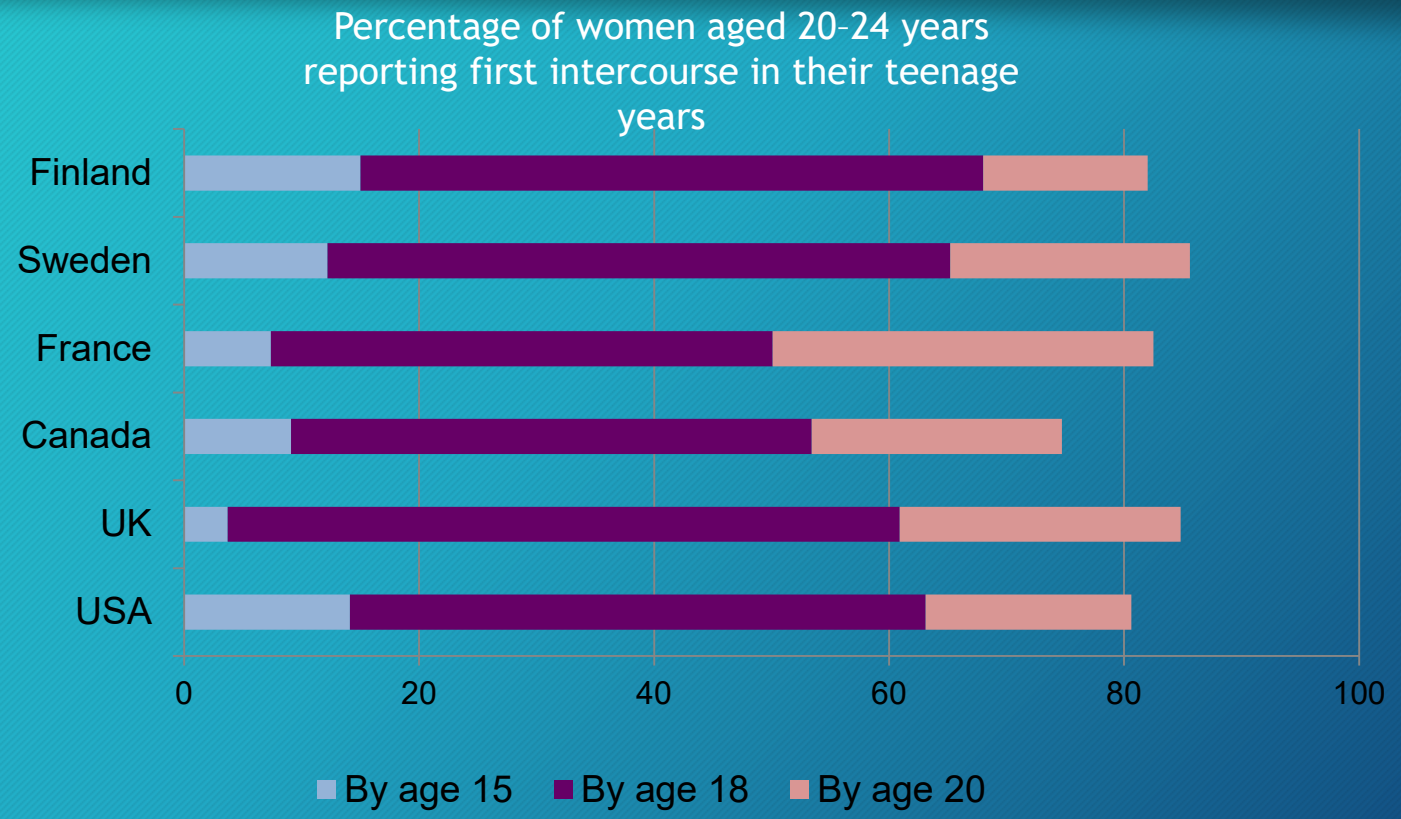
Alabama Teen Birth Rate by Race/Ethnicity 2020

- Non-Hispanic White 19.8 BIRTHS PER 1,000 GIRLS
- Non-Hispanic Black 33.0 BIRTHS PER 1,000 GIRLS
- Hispanic 48.9 BIRTHS PER 1,000 GIRLS

Unintended Pregnancy

- When looking at women in Alabama overall, not just teens, 55% of all pregnancies are described by women themselves as unplanned.

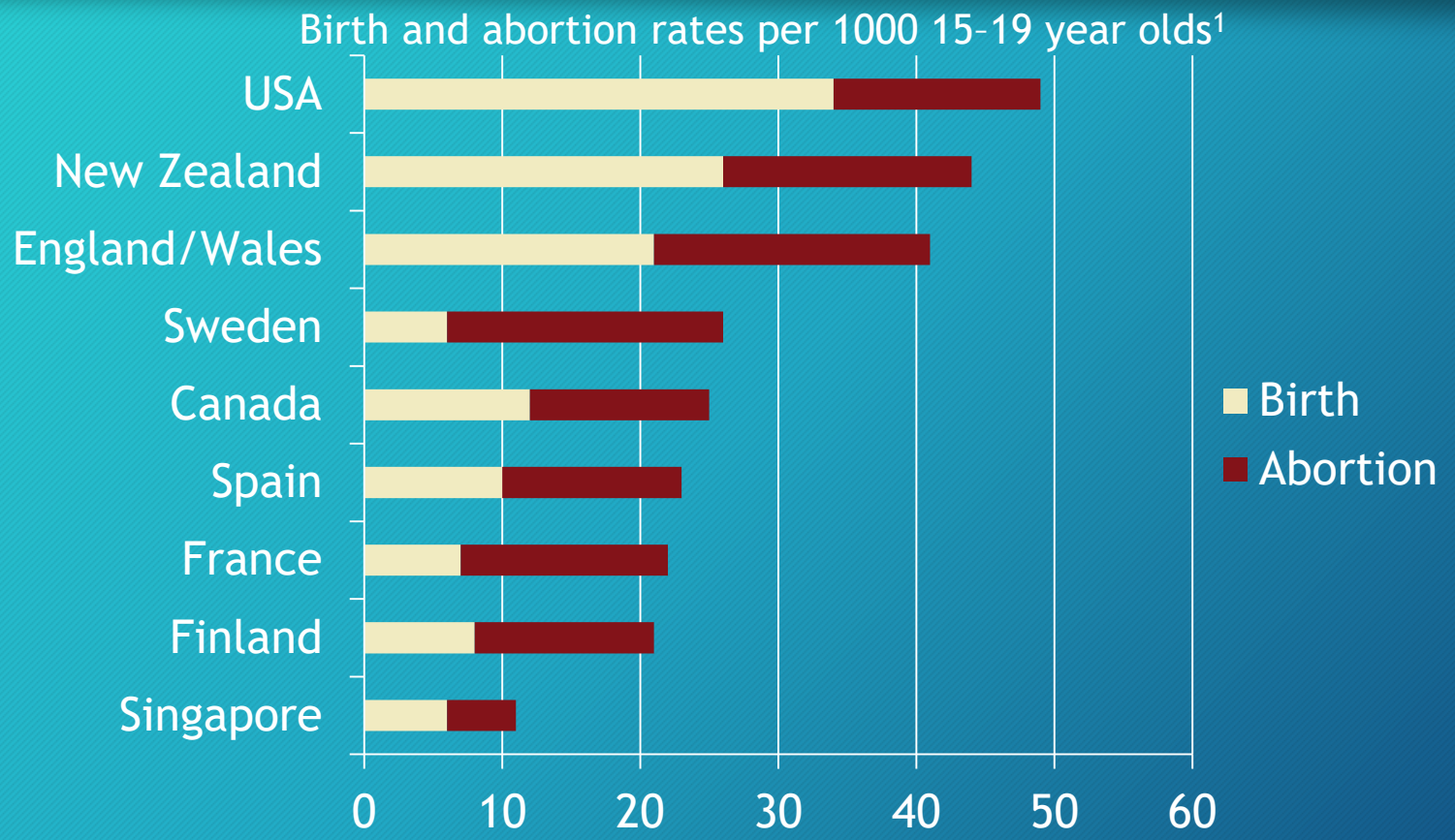
By the late teenage years, approximately 60% of adolescent women will have had sexual intercourse[1]



- The earlier that adolescents have sex, the less likely they are to use contraception[2]

1. Apter D, et al. Gynaecol Forum 2013;18(3):1–32; 2. Leikko R, et al. J Social Med, In press 2016.

Although birth and abortion rates amongst adolescents are declining, they remain high[1,2]



1. Sedgh G, et al. J Adolesc Health 2015;56:223-230; 2. World Health Organization. Fact Sheet no. 364, 2014.

Consequences of Unintended Pregnancy

- **Infant**
  - Prematurity
  - Infant mortality
  - Abuse
  - Future teen pregnancy
- **Teen Mom**
  - Low educational attainment
  - Unemployment
  - Poverty
  - Risk for repeat pregnancy
- **Society**
  - $9.1 billion in 2004

Santelli and Melnikas, 2010
http://www.guttmacher.org/pubs/FB-ATSRH.html
Klein, JD and the Committee on Adolescence, 2006

Impact of inconsistent and non-use of contraception on teen pregnancies

- **46% due to non-use of contraception**
- **54% due to contraceptive failure**
  - Effectiveness of method
  - Consistent and correct use

Santelli et al., 2006

Declines in Adolescent pregnancy and Unmet Need for contraception

- **Majority of decline attributable to increased contraceptive use among adolescents**

- **Among adolescents who become pregnant, about half due to contraceptive failure**
  - Failure of method
  - Failure to use correctly and consistently

Santelli, Am J Public Health 2007;97:150.
Santelli, Persp Sex Reprod Health, 2006;38:106

Why teen moms did not use contraception

Reason	Percent
Thought could not get pregnant	31.4
Partner did not want to use contraception	23.6
Did not mind if got pregnant	22.1
Trouble getting birth control	13.1
Side effects from contraception	9.4
Thought she or partner was sterile	8.0

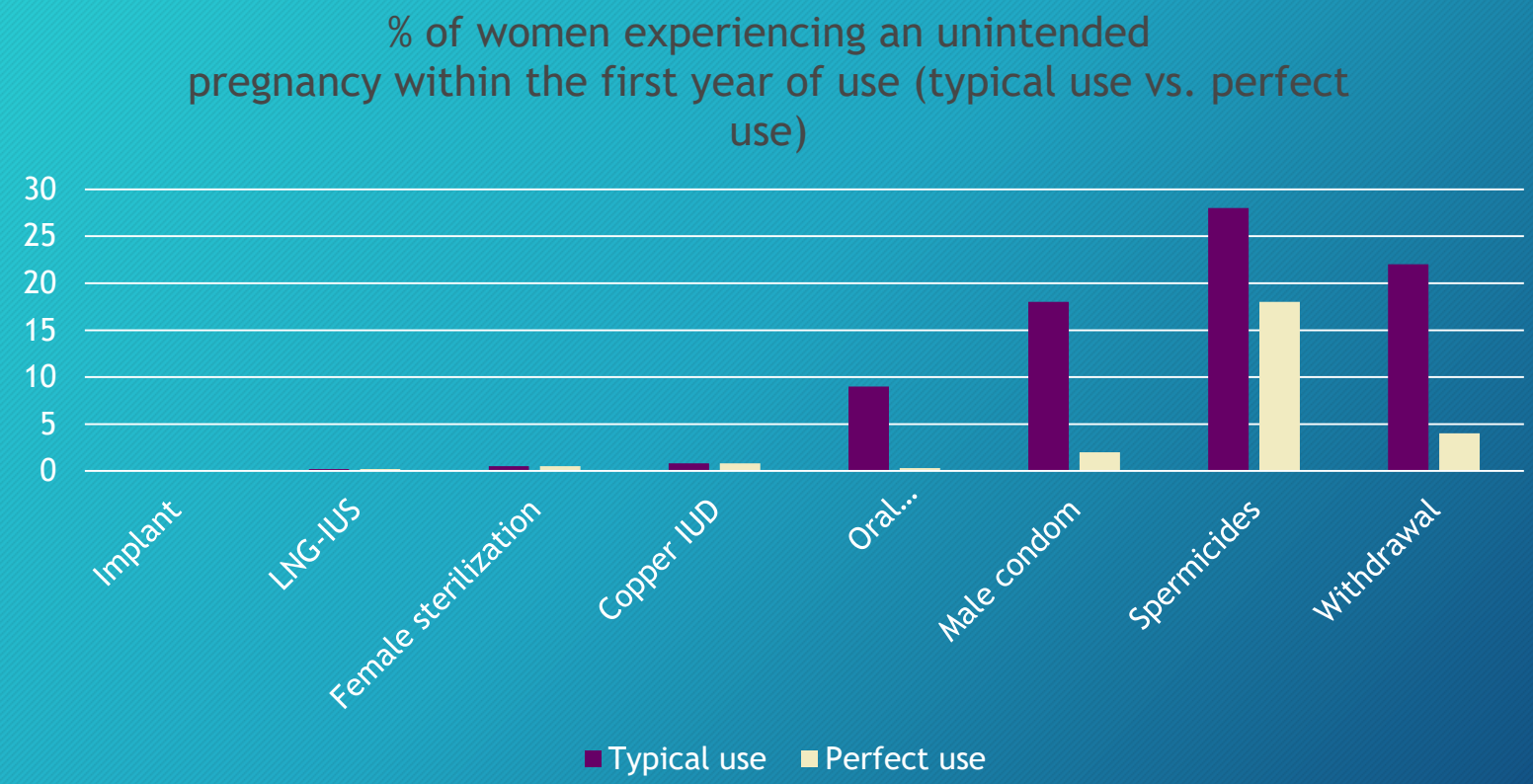
CDC, MMWR 2012;61:25.

The socioeconomic environment can create multiple barriers to obtaining contraception[1]

- Poverty and marginalisation
- Pursuit of social inclusion, peer group and maternal conformity
- Family dynamics and values
- Childhood and domestic sexual abuse
- Gender inequality
- Partner pressure
- Lack of policy for sexual and reproductive healthcare
- Gender-based discrimination
- Lack of access to education
- Legal restrictions around access to contraception (for single women) and safe abortion
- Health insurance

1. Bitzer J, et al. Eur J Contracept Reprod Health Care 2016;21:6,417-430

The gap between typical and perfect use of user-dependent methods needs to be considered, especially for adolescents[1,2]



1. Trussell J. Contraceptive efficacy. Contraceptive Technology 2011; Twentieth Revised Edition; 2. Apter D. Gynaecol Forum 2013;18(3):3.

Viewing Code

Online Viewing Code:

22024

Effectiveness of Family Planning Methods

Most Effective

Less than 1 pregnancy per 100 women in a year

6-12 pregnancies per 100 women in a year

18 or more pregnancies per 100 women in a year

Least Effective

Reversible

Implant

0.05 %*

Intrauterine Device (IUD)

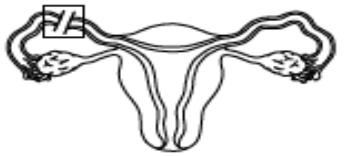
LNG - 0.2 % Copper T - 0.8 %

Permanent

Male Sterilization (Vasectomy)

0.15 %

Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)

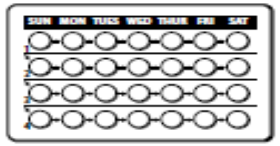


0.5 %

Injectable

6 %

Pill

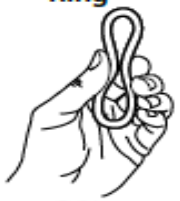


9 %

Patch

9 %

Ring

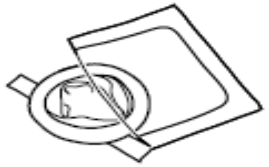


9 %

Diaphragm

12 %

Male Condom

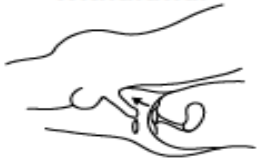


18 %

Female Condom

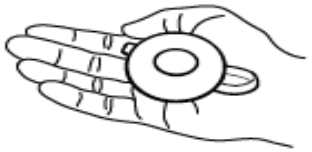
21 %

Withdrawal



22 %

Sponge

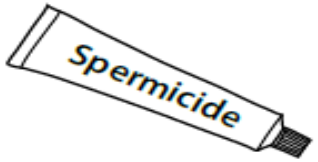


24 % parous women
12 % nulliparous women

Fertility-Awareness Based Methods

24 %

Spermicide



28 %

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

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.

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.

Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

CS 242797

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 Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397–404.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Tier 3:
“Least Effective”

- Condoms (male and female)
- Diaphragms, cervical cap, sponge
- Fertility awareness-based methods
- Withdrawal
- Spermicides

Contraceptive Technology, 20th edition

Tier 2 Methods: "Moderately Effective"

- Injectable (DMPA)
- Pill
- Patch
- Ring

Contraceptive Technology, 20th edition

TIER 1 for Adolescents: Long Acting Reversible Contraception (LARC)

- "Forgettable contraception"
- Not dependent on compliance/adherence
- "Expanding access to LARC for young women has been declared a national priority" (IOM)
- "Should be considered as first-line choices for both nulliparous and parous adolescents" (ACOG 2007)

Finer, et al. Changes in use of long-acting contraceptive methods in the United States, 2007-2009. Fertil Steril 2012.

Barriers to LARC provision

- Patient preference
- Concern about safety
  - Risk of PID
  - Nulliparous, adolescent, not monogamous
- Not trained in IUD insertion
- IUDs not available

- Tyler, Obstet Gynecol 2012;119:762
- Madden, Contraception 2010;81:112..

Teen use of LARCs

- Barriers
  - Cost
  - Knowledge and attitudes
    - 80% of adolescents never heard of IUD
- Opportunity
  - CHOICE project, St. Louis
  - Women educated about LARC
  - All methods provided without cost
  - 62% of adolescents chose LARC
  - 69% of ages 14-17
  - 61% of ages 18-20

- Whitaker, Contraception 2008;78:211. Mestad, Contraception 2011;84:493.

Safety of IUDs for Teens

- IUDs and age <20: US MEC 2
- IUDs and Expulsion
  - Evidence shows slightly increased risk of expulsion in younger women
- IUDs and infertility
  - No evidence that IUDs cause later infertility
  - Infertility associated with gonorrhea and Chlamydia
- IUDs and STIs
  - No evidence that IUDs increase risk of STI acquisition
  - Women with current cervicitis, chlamydial infection, gonorrhea should not start an IUD (US MEC 4)
  - Women with a very high individual likelihood of exposure to chlamydial infection or gonorrhea generally should not start an IUD (US MEC 3)

US SPR
Exams and tests prior to initiation

- Unnecessary tests may be barrier to starting
  - Women (adolescents) may not be comfortable with pelvic exam
  - Coming back for a second (or more) visit to receive test results
- Recommendations address exams and test needed prior to initiation
  - Class A = essential and mandatory
  - Class B = contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context
  - Class C = does not contribute substantially to safe and effective use of the contraceptive method

US SPR
Exams and tests prior to initiation

Examination or test	Contraceptive method and class							
Examination	LNG and Cu-IUD	Implant	Injectable	CHC	POP	Condom	Diaphragm or cervical cap	Spermicide
Blood pressure	C	C	C	A*	C	C	C	C
Weight (BMI)	—†	—†	—†	—†	—†	C	C	C
Clinical breast examination	C	C	C	C	C	C	C	C
Bimanual examination and cervical inspection	A	C	C	C	C	C	A	C
Laboratory test								
Glucose	C	C	C	C	C	C	C	C
Lipids	C	C	C	C	C	C	C	C
Liver enzymes	C	C	C	C	C	C	C	C
Hemoglobin	C	C	C	C	C	C	C	C
Thrombogenic mutations	C	C	C	C	C	C	C	C
Cervical cytology (Papanicolaou smear)	C	C	C	C	C	C	C	C
STD screening with laboratory tests	—§	C	C	C	C	C	C	C
HIV screening with laboratory tests	C	C	C	C	C	C	C	C

Pelvic Exam before Initiating Contraception

- Is not necessary before starting implant
- No US MEC 3 or 4 conditions will be detected by pelvic
- Evidence:
  - Two case-control studies
  - Delayed versus immediate pelvic exam before contraception

- Tepper Contraception 2013

The Ask

- Review your clinic's protocols for family planning guidance.
- Become aware of referral resources in your area.
- Consider LARC as first line contraception for teens.

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- Osterman, M. J. K., Hamilton, B.E., Martin, J.A., & Valenzuela, C.P. (2022). Births: Final Data for 2020. National Vital Statistics Reports, 70(17). Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf
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- Teen Pregnancy
- Kost, K., & Maddow-Zimet, I. (2016). U.S. Teenage Pregnancies, Births and Abortions, 2011: State Trends by Age, Race and Ethnicity. New York: Guttmacher Institute. Retrieved from: https://www.guttmacher.org/report/us-teen-pregnancy-state-trends-2011.
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334-744-2565

Referrals – (334) 466-4609 – Fax referral form or Face Sheet with Patient information and contact information

Gulf Coast TotalCare

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Thank You For Your Time

Medical Management Meeting Schedule

- All meetings will be via webinar at 12:00 p.m. Central Time
- February 20,21, 28, 29