

**Agenda Item Number:**

**ORANGE COUNTY BOARD OF HEALTH  
AGENDA ITEM SUMMARY**

**Meeting Date:** November 18, 2015

**Agenda Item Subject:** Long Acting Reversible Contraceptives Update

**Attachment(s):** PowerPoint Presentation

**Staff or Board Member Reporting:** Christy Bridges, MPH, PA

**Purpose:**  Action  
 Information only  
 Information with possible action

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**Summary Information:**

Presenting information requested by The Board regarding further investigating cost as a barrier associated with long acting reversible contraceptives (LARCs). 2014-2015 data suggests cost is not a barrier to women receiving LARCs, however, a review of evidence-based best practices indicated several areas for increased awareness and improvement within the health clinics. The presentation will review data, outline and prioritize opportunities for practice adoption, and list potential costs.

**Recommended Action:**  Approve  
 Approve & forward to Board of Commissioners for action  
 Approve & forward to \_\_\_\_\_  
 Accept as information  
 Revise & schedule for future action  
 Other (detail):

# Increasing LARC Use In OCHD Family Planning Patients

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# Long Acting Reversible Contraceptives (LARCs)

- Nexplanon subdermal implant—effective up to 3 years
  - Device: \$698.99 Procedure: \$250
- Mirena IUD—effective up to 5-7 years
  - Device: \$745.23 Procedure: \$160
- Paraguard IUD—effective up to 10-12 years
  - Device: \$390.00 Procedure: \$160

# LARC Use

## OCHD 2014-2015

- 12.6% (140/1114) of women in the Family Planning Program

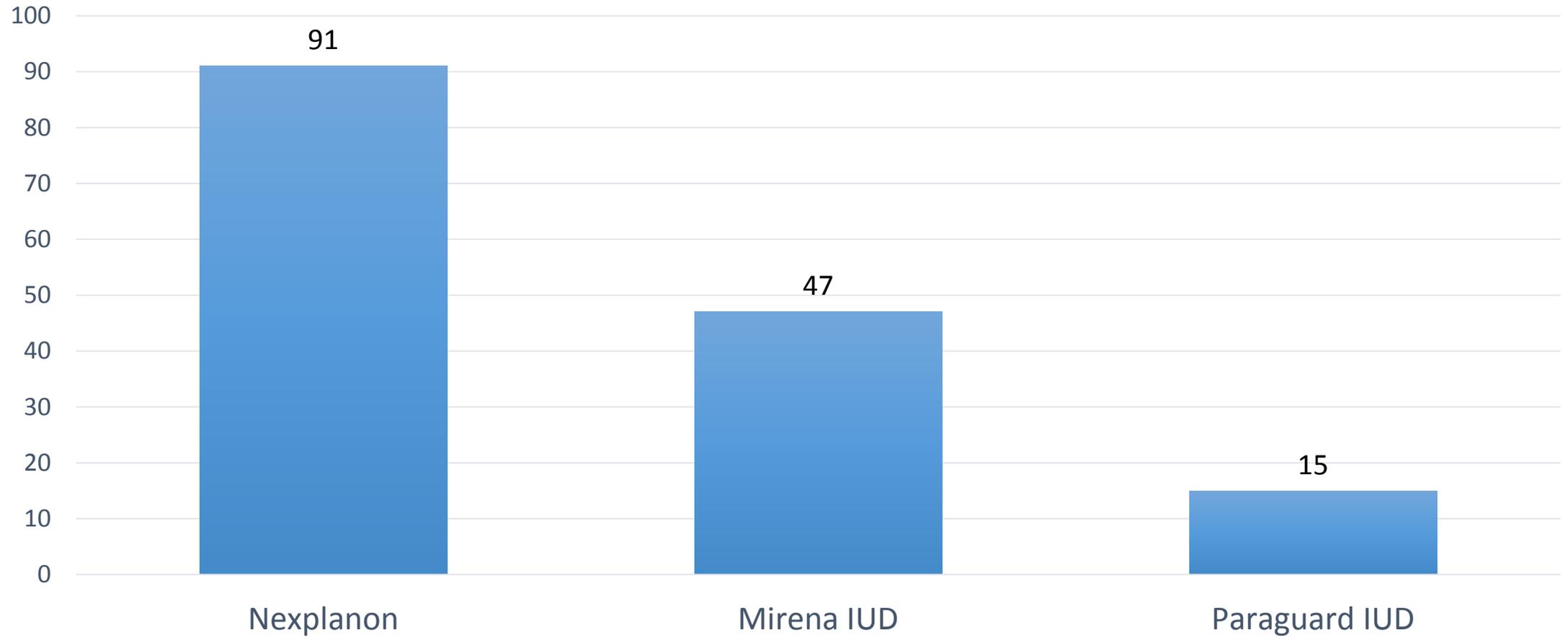
## US 2011-2013

- 7.2% of women ages 15-44 (Branum & Jones, 2015)

## Colorado Family Planning Initiative

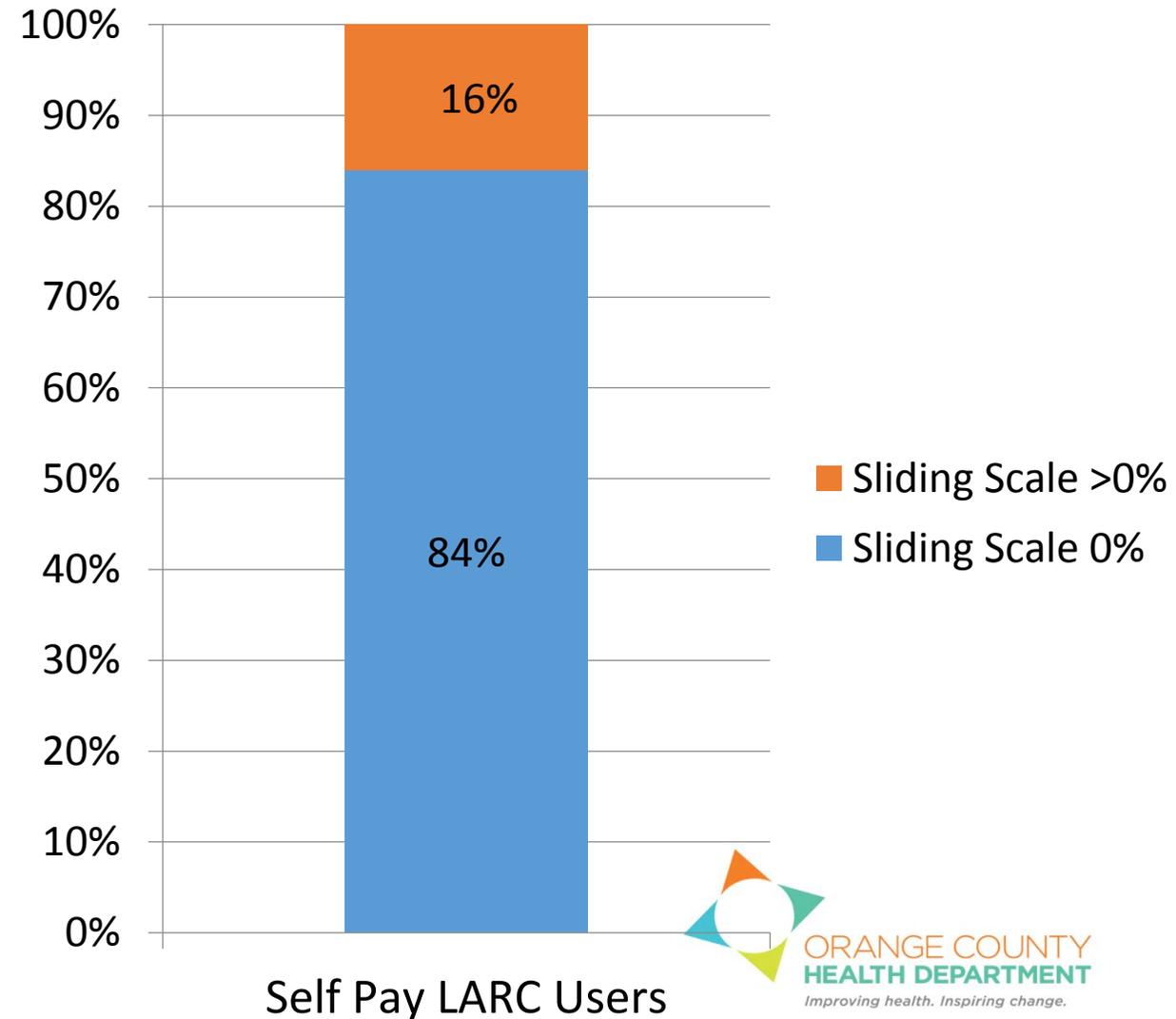
- Increased LARC use in Title X clinics from 4.5% in 2008 to 19.4% in 2011 (Annual Report, 2014)

# LARC Use at OCHD



# Possible Barriers to LARCs at OCHD

- Procedure concerns
- Side effect concerns
- Others' negative experiences
- Cost?
  - 59% of LARC users were self-pay;
  - 84% paid 0%



# Increasing LARC Use—Best Practices

- Offer LARCs first, streamline choices (Stevens & Berlan, 2014)
- Lead with LARC benefits (Stevens & Berlan, 2014)
- Explore and incorporate patient preferences (Gomez & Clark, 2014)
- Utilize strategies women value —learning about method from another user and addressing most common questions (Anderson, Steinauer, Valente, Koblentz & Dehlendorf, 2014)
- Reduce barriers such as cost, number of appointments (Dehlendorf, et al., 2014)

# Area 1: Messaging and Outreach Opportunities

- Exam room visuals
- LARC specific pamphlets
- Website emphasis on LARC options
- Social Media promotion
- Outreach to local schools and pediatric practices

# Area 2: Staff Opportunities

- Training all staff to provide support for LARC use
- Interactive contraceptive choice tool at intake
- LARC pamphlet to all Family Planning patients
- Video clips on patient experiences with LARCs

# Area 3: Provider Opportunities

Talking points guide/tip sharing for scenarios

- Patient uninformed about LARC
- Patient with concerns based on friend's LARC experience
- Troubleshooting LARC side effects in current user

# Area 4: Cost of LARCs

- Increase awareness of Family Planning Medicaid eligibility among patients
- Possible funding options for patients who do not slide to 0%

# Priorities

	Focus Priority	Outcome Impact vs Perceived Difficulty of Implementation	Proposed Timeframe
Area 1	Exam room visuals; LARC pamphlets; Website/Social media promotion	High Impact/Low Difficulty	Completion within 3 months
Area 2	Staff education	Moderate Impact/Low Difficulty	This fiscal year
Area 3	Provider tip sharing	High Impact/Low Difficulty	This fiscal year
Area 2	Video clips; Interactive contraceptive choice tool at intake	High Impact/Moderate Difficulty	Next fiscal year
Area 4	Evaluation of funding options for patients who do not slide to 0%	Moderate Impact/Moderate-High Difficulty	Consider pending results of above

# Recommendation

Move Forward with High and Moderate Impact, Low Difficulty Best Practices:

- Exam room visuals; educational pamphlets, electronic promotion/outreach
- Provider tip-sharing opportunities and staff education

Support Initiatives for High Impact, Moderate-High Difficulty Best Practices:

- Consider video clip use and evaluate against organizational priorities
- Support work toward identification of contraceptive tool at intake

# Projected Expenses for Recommendations

Item	Quantity x Price	Total Expense
Exam room visuals	10 mounted posters x \$18/poster	\$180
Printed pamphlets	Qty 200 = (\$.83/) Qty 500 = (\$.65/) Qty 750 = (\$.61/)	\$165.67 (or) \$326.38 (or) \$458.29
DVDs of user experiences	4 x \$5	\$20
Upgraded portable DVD player	2 x \$110	\$220
Staff training	In-house	Budget neutral
Website/social media promotion costs	--	\$25
Provider tip sharing	In-house	Budget neutral



Plan B One-Step

- 1 Effective treatment in reducing the risk of pregnancy within 72-120 hours after a contraceptive accident by 75-89%
- 2 Can be taken any time during menstrual cycle
- 3 Does not cause abortion

NDC 57431-942-80

DEPO  
PROVERA  
150mg/4ml



125  
EXAM  
ROOM 1

## References

Anderson, N., Steinauer, J., Valente, T., Koblentz, J., & Dehlendorf, C. (2014). Women's social communication about IUDs: a qualitative analysis. *Perspectives on Sexual and Reproductive Health, 46*(3), 141-8. doi: 10.1363/46e1814

Branum, A.M. & Jones, J. (2015). Trends in long-acting reversible contraception use in US women aged 15-44. *NCHS Data Brief, 188*. <http://www.cdc.gov/nchs/data/databriefs/db188.pdf>

Colorado Family Planning Program. (2014). *Annual Report*.

Dehlendorf, C., Tharayil, M., Anderson, N., Gbenedio, K., Wittman, A., & Steinauer, J. (2014). Counseling about IUDs: a mixed methods analysis. *Perspectives on Sexual and Reproductive Health, 46*(3), 141-8. doi: 10.1363/46e1814

Gomez, A.M. & Clark, J. B. (2014). The relationship between contraceptive features preferred by young women and interest in IUDs: an exploratory analysis. *Perspectives on Sexual and Reproductive Health, 46*(3), 141-8. doi: 10.1363/46e1814

Stevens, J. & Berlan, E. D. (2014). Applying principles from behavioral economics to promote long-acting reversible contraceptive methods. *Perspectives on Sexual and Reproductive Health, 46*(3), 141-8. doi: 10.1363/46e1814