

A New Clinical Guideline for

Preventing Unintended Pregnancy in Adults



Provider Toolkit

developed under the auspices of the

Governor's Blueprint for Preventing Unintended Pregnancies

State of Michigan, 2007

“Unintended pregnancy” means:

- Mistimed or unwanted at the time of *conception*, and does not reflect parental perception of the child at the time of *birth*.

Developed under the auspices of

The Michigan Governor's Blueprint for Preventing Unintended Pregnancies

- Increase public knowledge and skills related to avoiding an unintended pregnancy.
- Expand and improve coverage for family planning.
- Challenge and engage Michigan's health care community in a statewide effort to reduce Michigan's unintended pregnancy rate.

This Presentation Is For...

- Physicians and support staff in a variety of settings
- Family planning, Title X clinics
- Professional associations, medical societies, specialty societies
- Medical students, interns, residents
- College health professionals
- Local public health practitioners

... No missed opportunities to talk to patients about preventing unintended pregnancies!

This Presentation Includes...

- A. Who and when? (slide 6)
- B. Why? The vision & the data (slides 7-17)
- C. Public-private partnership (slides 18-19)
 - 1. Governor's Blueprint, Provider Task Force, MQIC, others
- D. What and how? (slides 20-32)
 - 1. Using the adult guideline
 - What about teens?
 - 2. Patient education & supports
 - Downloadable fact sheets
 - Plan First!
 - Patient phone numbers and websites
- E. For more information (slides 33-42)
 - 1. Background – organizations and people
 - 2. Get involved!

The Guideline Is For:

- All females of childbearing age 18 and older
- All males 18 years of age and older
- Yearly at regular physical
- Or more often at provider's discretion

The Vision:

If all pregnancies were intended...

- *We would have significant reductions in infant mortality, child abuse and neglect, and Medicaid costs*
- *Abortion would be reduced (about 50% of unintended pregnancies result in abortion)*

Why Is It Important?

The U.S. has one of the highest unintended pregnancy rates in the industrialized world – about half of all pregnancies are unintended.



Who Is Most At Risk for Unintended Pregnancy?

- Teens have the highest *percentage* of unintended pregnancies
- Women in their twenties have the highest *number* of unintended pregnancies
- Young and impoverished women are disproportionately burdened by unintended pregnancies
- Unmarried women
- Women with an annual household income below 200% of the federal poverty level
- African American and Hispanic women
- Low-income women without contraceptive health insurance coverage are twice as likely to have an unintended pregnancy

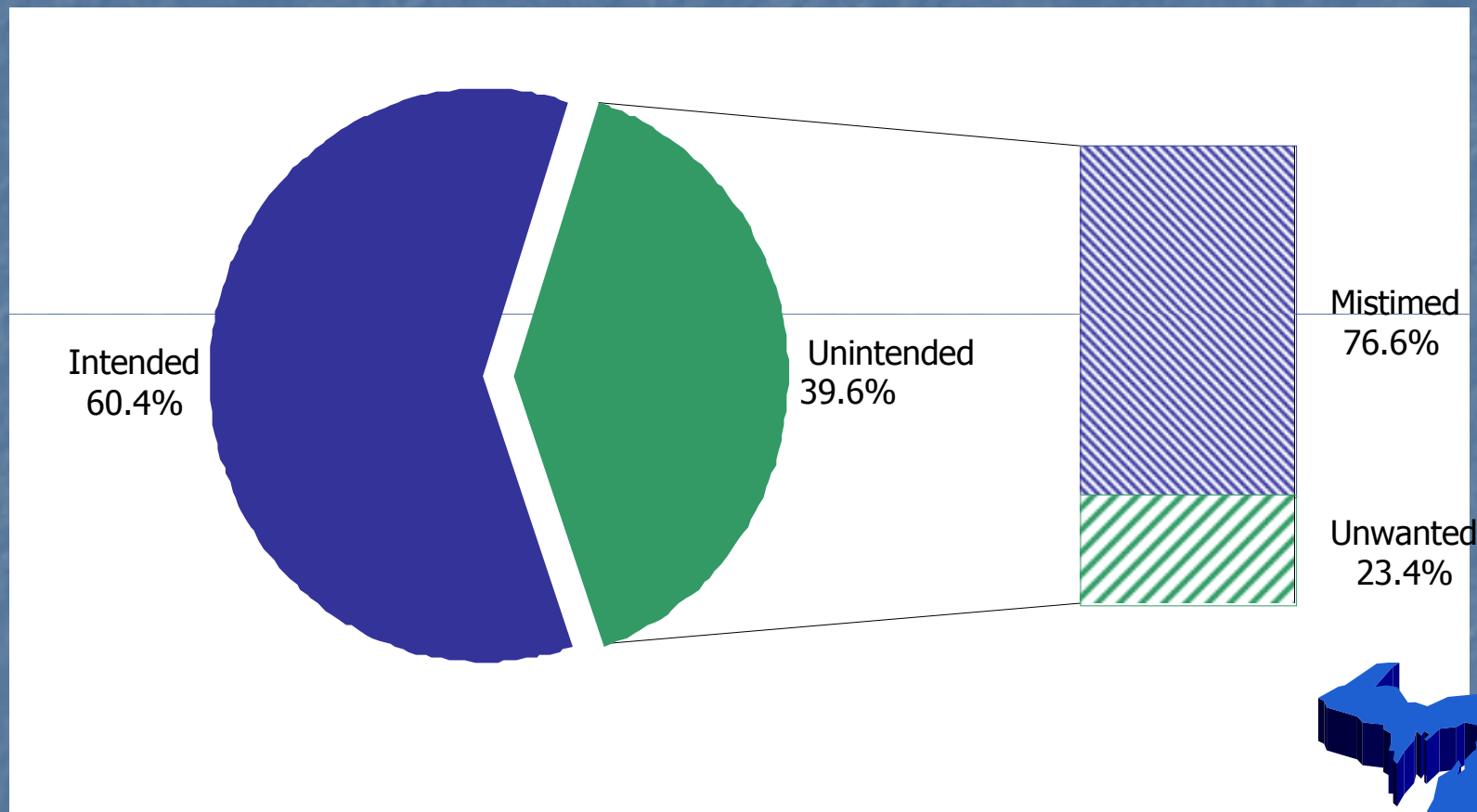
Michigan Department of Community Health, PRAMS 2005

Preventing Unintended Pregnancy
in Adults

3/10/2009

9

Unintended Pregnancies in Michigan



Almost 4 out of every 10 babies born in Michigan are unintended.

PRAMS 2004 Report, Michigan
Department of Community Health, 2007

Preventing Unintended Pregnancy
in Adults

3/10/2009

10

Why is it important?

Reducing Costs

- In FY 2000, the state Medicaid program paid for prenatal, delivery and post-natal care of about 26,000 unintended births¹
- Each birth cost Medicaid \$11,000, which translates to \$286 million in costs for Michigan¹
- If Michigan can reduce the number of unintended pregnancies by just 10%, > \$27 million in Medicaid expenditures would be saved annually¹

Every \$1 spent on family planning services saves an estimated \$3 in medical costs.²

1. Michigan Department of Community Health
2. Guttmacher Institute, <http://www.guttmacher.org/pubs/tgr/06/5/gr060507.html>

Why is it important?

Reducing Abortions

- 25,636 induced abortions were reported in Michigan in 2006, a 1.7% increase from the total of 25,209 reported in 2005 ¹
- The abortion rate in Michigan has not decreased in the past decade (between 11/1000 live births & 13/1000 live births) ²

1. <http://www.mdch.state.mi.us/PHA/OSR/abortion/intro.asp>

2. http://www.mdch.state.mi.us/PHA/OSR/abortion/Tab_A.asp

Why is it important?

Reducing Infant Mortality

- Unintended pregnancy is strongly correlated with increased infant mortality and morbidity
 - When the unintended pregnancy is wanted, there still may be late or lack of prenatal care
 - There is a higher incidence of unintended pregnancy in young, impoverished mothers
- Health disparity: In 2005, Michigan's infant mortality rate for infants of color was 17.9 deaths per 1,000 live births, while for whites it was 5.5 deaths per 1,000 live births ¹
- In 2004, the U.S. overall rate was 6.78 infant deaths per 1,000 births, near the bottom of industrialized countries ²

1. <http://www.mdch.state.mi.us/pha/osr/InDxMain/Tab2.apx>

2. "Infant Mortality Statistics from the 2004 Period Linked Birth/Infant Death Data Set," CDC.



“... Singapore has the best infant mortality rate in the world: 2.3 babies die before the age of 1 for every 1,000 live births. Sweden, Japan and Iceland all have a rate that is less than half of ours. If we had a rate as good as Singapore's, we would save 18,900 babies each year.”

-- Nicholas D. Kristoff, *The New York Times*

<http://www.nytimes.com/2005/01/12/opinion/12kris.html?ex=1263272400&en=c7ea472ff9651976&ei=5090>

Why is it important?

Increasing Opportunities for a Healthy Pregnancy

- Early weeks are key – if a woman knows she is pregnant she can:
 - Start timely prenatal care
 - Choose healthy foods
 - Have a healthy weight; maintain a healthy level of physical activity
 - Stop tobacco, alcohol, use of other drugs
 - Begin folic acid
 - Assess the home environment for harmful toxins
 - Be evaluated for STDs, family history, immunizations, medications, domestic violence, other risks and conditions

American College of Obstetricians and Gynecologists, http://www.acog.org/publications/patient_education/bp056.cfm

March of Dimes, <http://marchofdimes.com/pnhec/173.asp>

Why a Clinical Guideline? The CDC on Preconception Care.

“Several providers and maternal and child health researchers have recommended that health risks and behaviors be addressed during any encounter with the health-care system because approximately half of pregnancies in the United States are unintended ... provision of preconception care can increase pregnancy planning and intention ... studies have consistently demonstrated that planned pregnancies typically have improved outcomes for both women and infants.”

-- MMWR, 2006

“Recommendations to Improve Preconception Health and Health Care United States,” Posner et. al., MMWR, April 21 2006. <http://www.cdc.gov/MMWR/preview/mmwrhtml/rr5506a1.htm>

Preventing Unintended Pregnancy
in Adults

CDC Recommendations

1. Individual responsibility across the lifespan
2. Consumer awareness
3. Preventive visits
4. Interventions for identified risks,
5. Interconception care
6. Pre-pregnancy checkup
7. Health insurance coverage for women with low incomes
8. Public health programs and strategies
9. Research
10. Monitoring improvements

“Recommendations to Improve Preconception Health and Health Care United States,” Posner et. al., MMWR, April 21 2006. <http://www.cdc.gov/MMWR/preview/mmwrhtml/rr5506a1.htm>

Public-Private Partnership: Provider Task Force

- Part of Governor's Blueprint for Preventing Unintended Pregnancies, 40-member statewide advisory group
- Under auspices of Interagency Governor's Workgroup
- Convened by Michigan Surgeon General Dr. Kimberlydawn Wisdom in September 2006
- Key leadership from Brenda Fink, Director, Division of Family and Community Health, MDCH
- Chaired by Dr. Thomas Petroff, CMO of McLaren Health Plan and chair of Michigan Assoc. of Health Plans Medical Directors
- In partnership with Michigan Quality Improvement Consortium - collaboration that ensures evidence basis, standardizes and disseminates clinical guidelines
- See "Background" section



Provider Task Force 2006-2007

Preventing Unintended Pregnancy
in Adults

3/10/2009

19

Public-Private Partnership: Michigan Quality Improvement Consortium

... “a collaborative effort whose participants include physicians and other personnel representing the Michigan HMOs along with the Michigan State Medical Society, the Michigan Osteopathic Association, the Michigan Association of Health Plans, the Michigan Peer Review Organization and Blue Cross Blue Shield of Michigan.”

For more information, see www.mqic.org



Michigan Quality Improvement Consortium Guideline

Prevention of Unintended Pregnancy in Adults 18 Years and Older

The following guideline recommends specific interventions for assessing and counseling to lower the risk of unintended pregnancies.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
Males and Females	Assessment for risk of unintended pregnancy	<p>Ask about:</p> <ul style="list-style-type: none"> ♦ Sexual activity/involvement, past pregnancy and outcome ♦ Abuse (e.g. Were you pressured or forced to have sex when you did not want to?) ♦ Consistent use of birth control or protection (e.g. Does it ever happen that you have sex without using birth control or protection?) <ul style="list-style-type: none"> - If contraception is used, assess type ♦ Intent to become pregnant or father a child (e.g. Are you trying to get pregnant? Are you trying to father a child?) <p>If currently pregnant discuss postpartum contraception.</p>	At annual health exam; more frequently at the discretion of the health care provider [D]
	Interventions to prevent unintended pregnancies	<p>Advise and discuss:</p> <ul style="list-style-type: none"> ♦ Patient's risk of pregnancy or contributing to an unintended pregnancy ♦ Risks and adverse outcomes associated with unintended pregnancies <p>Assess:</p> <ul style="list-style-type: none"> ♦ Patient's understanding of risks and readiness to make behavior changes. <p>Assist patients in preventing unintended pregnancy by:</p> <ul style="list-style-type: none"> ♦ Discussing all contraceptive methods [B] ♦ Offering prescriptions ♦ Encouraging consistent latex condom use for sexually transmitted infection prevention [B] ♦ Referring to primary care provider, local health department, family planning clinic, Plan First, federally qualified health center or hotline <p>Arrange follow-up</p>	

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources including the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report: Recommendations to Improve Preconception Health and Health Care - United States, 06-Apr-2006; 55 (RR-6), (www.cdc.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Guideline Objectives

- To increase conversations between providers and patients ≥ 18 (men as well as women) about risks and consequences of unintended pregnancies
- To empower patients with family planning information for responsible decision-making
- To decrease unintended pregnancies in adults ages 18 and over in Michigan

The Clinical Interview

- It's effective, evidence-based ("My doctor said...")
 - Longstanding approach for prevention and chronic disease
 - Health care provider recommendation is central to patient acceptance
- It's low-intensive, low-tech, low-cost ("a conversation")

Increasing Intentionality for One of Life's Most Important Decisions

Why women who don't want to be pregnant say they have unprotected sex (focus groups):

- “Not thinking, not planning, going with the flow” (87% of those interviewed)
 - Ambivalence towards pregnancy
 - Lack of thought/preparation (‘go with the flow’)
 - Perceived low risk of getting pregnant
 - Shy, embarrassed to acquire contraception
 - Pre-existing condition limits choice of method
 - Reliance on alternate methods (e.g. withdrawal)
- Other reasons: method, partner-related, cost/access

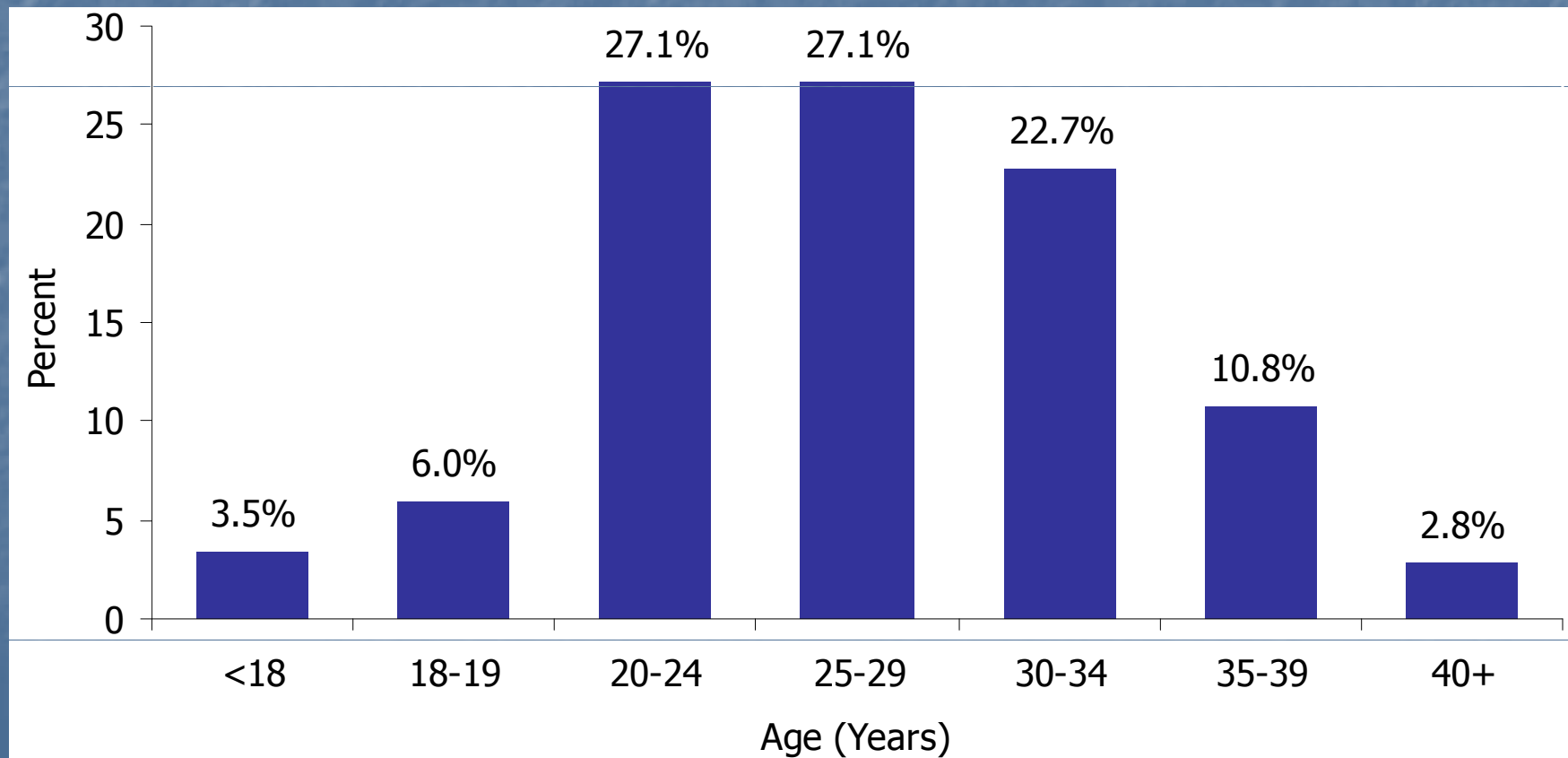
“Risking Unintended Pregnancy,” Mary Nettleman, MD, MS, Adejoke Ayoola, RN, MSc, Jennifer Brewer, BA, Michigan State University, 2006.

Why Focus on Adults?

- A different approach is needed for talking with teens
- Most pregnancies in teens are unintended, but 75% of unintended pregnancies occur in adults

Less than 4% of babies born are to teens under 18.

Prevalence of
maternal age,
2004 MI
PRAMS



How the Guideline Can Help: Assess.

Ask About...

- Sexual activity
- Abuse
- Intention to have a child
- Birth control
 - Consistent and correct use
 - Assess current type used
 - If currently pregnant, discuss postpartum contraception

How the Guideline Can Help: **Intervene.**


- Advise Patient about Their Risk Of:
 - An unintended pregnancy
 - Adverse outcomes of unintended pregnancy
- Assess Patient's:
 - Understanding of risk
 - Readiness to make needed behavior changes
- Assist in Preventing Unintended Pregnancy
 - Discuss contraception methods
 - Offer prescriptions
 - Encourage latex condom use for STI prevention
 - Refer to PCP, health department, Plan First!, family planning clinic or hotline
- Arrange for Follow-Up

Suggested Clinical Process:

- Medical Assistant/Nurse gives fact sheets to patient ≥ 18 (reproductive age) to read while waiting to see the physician. Staff advises patient to ask doctor about the fact sheets.
- Or, fact sheets can be handed to the patient when s/he checks in.
- Provider discusses with patient and notes in chart.

How the Guideline Can Help: User-Friendly Patient Information

Yes! I am planning to have a baby.



Are there other things besides my health I should think about?

- Do you have the support of your partner, family and those at the number on your ID card.
- Are there other kinds of help or support you can get?
- On average it costs about \$260,700 to raise a child from b

For more information contact:

- March of Dimes www.marchofdimes.com 248-359-1550
- CDC www.cdc.gov/lifeStages/ click on Pregnancy
- American College of Obstetricians and Gynecologists http://www.acog.org/publications/patient_education/bp056.c
- Your local health department www.michigan.gov/mdc health department map

I am pregnant or plan to become pregnant soon.
What should my doctor and I talk about?

Health problems you have such as (sugar) blood pressure, asthma or



I want to decide my own future. I can choose to wait until I'm ready to have a baby.

How do I plan to wait until I'm ready to get pregnant?

You can ask your health care provider about your birth control choices. No matter what type of birth control you choose, regular visits with your doctor are important. Make sure you understand how to use your birth control. Ask if it is still the best birth control choice for you.

What if I am not sure my birth control worked, or I forgot to use my birth control?

Emergency contraception can be taken within five days to prevent pregnancy. It is meant as backup birth control only. It is not as effective as the correct and consistent use of birth control. Ask your doctor or pharmacist.

What about cost?

If you are worried about how to pay for your birth control, tell your doctor cost is a concern for you. If you have a health plan, call the number on your card. On average it costs about \$ 260,700 to raise a child from birth to age 17.

Will my birth control keep me from getting a sexually transmitted disease (STD)?

NO. However if you are sexually active, using condoms **and** other birth control methods **together** will greatly reduce your risk of pregnancy and STDs, including HIV/AIDS.

Not having sex is the only guarantee against pregnancy and STDs, including HIV/AIDS. The only way to be sure you won't get pregnant is not to have sex. Using birth control the right way and every time you

What do I need to know about birth control?

There are many kinds of birth control. You and your health care provider can choose the one that fits how you live.

Talk to your doctor about:

- How safe is it?
- How well does it work?
- How easy is it to use?

ing:
merican Cancer Society www.cancer.org click on
nking
merican Lung Association www.lungusa.org click
smoking

Patient Fact Sheets

- Health-literate
- Interactive
- “News to Use” – info and referral
- “Male perspective” under development
- Spanish and Arabic versions planned
- Free, download at Michigan Surgeon General web page:
<http://www.michigan.gov/mdch/0,1607,7-132--65525--,00.html>

More Information

Plan First!

- Will expand subsidized family planning services to about 200,000 more women in Michigan
- For women who do not have insurance coverage for family planning services, or do not qualify for Medicaid, Plan First! may help pay for out-of-pocket costs related to reproductive health care.
- Covers office visits for family planning related services, lab tests, prescriptions for birth control, contraceptive supplies and devices, treatment of sexually transmitted diseases, some sterilizations for women 21 and older. Does not cover abortions or treatment of infertility.
- For women ages 19-44 years; U.S. citizens or qualified immigrants; must be Michigan residents
- Family income limits - up to 185% of Federal Poverty Level guidelines
- Have a Social Security number or have applied for one
- Are not receiving Medicaid
- Are not pregnant

1-800-642-3195 www.michigan.gov/mdch

Or, go to local health department or MDHS office

More Information for Patients

Preconception Health

- March of Dimes www.marchofdimes.com
248-359-1550
- CDC www.cdc.gov/LifeStages/
Click on *Pregnancy*
- Local health department www.michigan.gov/mdch
Click on *local health dept. map*
- American College of Obstetricians and Gynecologists
http://www.acog.org/publications/patient_education/bp056.cfm
- American Cancer Society www.cancer.org
Click on *Guide to Quit Smoking*
- American Lung Association www.lungusa.org
Click on *Freedom from Smoking*
- MDCH QUITLINE
800-480-7848
- CDC www.fruitsandveggiesmatter.gov
- Michigan Steps Up www.michiganstepsup.org
- USDA www.fns.usda.gov/wic/

Delay of Pregnancy

- Michigan Medicaid
www.michigan.gov/mdch
Click on *health care coverage*
- Plan First!
800-642-3195
- Your DHS office
www.michigan.gov/mdch
Click on *county offices*
- Local health department
www.michigan.gov/mdch
Click on *local health dept. map*
- Local Planned Parenthood
www.plannedparenthood.org
800-230-PLAN

Background – Organizations & People

Get Involved!

**Clinical Guideline for
Preventing Unintended
Pregnancy in Adults**

Governor's Blueprint for Preventing Unintended Pregnancies

First 4 Initiatives

1. ***Plan First!*** Michigan requested and received a waiver from the federal government to allow expanded access to family planning through Medicaid, for women earning up to 185% of the poverty level. This expansion is the Plan First! Program. Since Plan First! was introduced in July 2006, more than 35,000 women have signed up for it, with an estimated savings to the state of approximately \$27 million per year.
2. ***Talk Early & Talk Often*** helps parents of middle school children develop the necessary skills to talk to their children about abstinence and sexuality. Since it began in October 2005, more than 70 workshops have been held throughout Michigan in public and parochial schools, medical centers, worship centers, health departments, and libraries.

Governor's Blueprint for Preventing Unintended Pregnancies

First 4 Initiatives (cont'd....)

3. ***Contraceptive Equity*** The Governor has called upon the legislature to require that health plans that cover prescription drugs also cover birth control. Also, the Michigan Civil Rights Commission issued a Declaratory Ruling stating that Michigan employers violate Elliott-Larsen Civil Rights Act if the employer excludes contraceptive coverage in an employer-provided comprehensive health plan that provides prescription drug coverage.

4. ***New Clinical Guideline*** Health care providers are being challenged and supported with user-friendly resources to engage their patients in conversation on this crucial issue, by including discussions about family planning with all men and women of childbearing age, to ask them about their intentions regarding pregnancy and to provide information on family planning. A statewide advisory group of providers built a new evidence-based Clinical Guideline, approved through the Michigan Quality Improvement Consortium, and a toolkit for physicians and other providers to use in counseling their patients.

Michigan Quality Improvement Consortium Mission

“The Michigan Quality Improvement Consortium will establish and implement a core set of clinical practice guidelines and performance measures. The interventions designed and implemented by each plan to improve consistent delivery of services will be at the discretion of individual plans, but guidelines, performance goals, measurement methodology, and performance reporting will be standardized.”

<http://www.mqic.org>

3/10/2009

Preventing Unintended Pregnancy
in Adults

37

MQIC Participating Organizations

- Blue Cross Blue Shield of Michigan
- Blue Care Network
- Great Lakes Health Plan
- Health Alliance Plan
- HealthPlus of Michigan
- Health Plan of Michigan
- Midwest Health Plan
- Michigan Association of Health Plans
- Michigan Department of Community Health
- Michigan Osteopathic Association
- Michigan State Medical Society
- Molina Health Care of Michigan
- Michigan Peer Review Organization
- OmniCare, A Coventry Health Care Plan
- Physicians Health Plan of Mid-Michigan
- Physicians Health Plan of South Michigan
- Priority Health
- Total Health Care, Inc.
- University of Michigan Health System

<http://www.mqic.org>

Provider Task Force Composition

- Physicians (OB/GYN, Family Practice, Internal Medicine, Emergency Medicine)
- Nurses/nurse practitioners/nurse midwife
- Community-based/Medicaid and Title X providers
- MDCH, MDHS, local public health
- Michigan Primary Care Consortium, Michigan Quality Improvement Consortium, Michigan Association of Health Plans; ACOG
- Health plans and health systems (medical directors, quality management, IT, provider education)
- Universities/medical schools
- School-based health care
- Psychology/social workers
- Those working with cultural minorities and underserved

Provider Task Force Members

Kimberlydawn Wisdom, MD, MS
Michigan Surgeon General

Tom Petroff, DO, FACOOG
McLaren Health Plan
Provider Task Force Chair

Sheryl Lowe, RN, MA, BCBSM
Chair, Guideline Development &
Evaluation Subcommittee

Wilmetta Anderson
Blue Cross Blue Shield of MI

Sharifa Abou-Mediene, MD, MPH
ACCESS

Delores Baker, MD
Molina Healthcare

Mary Beth Bolton, MD, DACP
Health Alliance Plan

Carl Christensen, MD, PhD
WSU/Detroit Medical Center

Vanessa Dalton, MD, MPH
U of M Medical School

Betty Dawson, CNP
Ingham County Health Department

Paulette Dobyne Dunbar
MI Department of Community Health

Brenda Fink, ACSW
MI Department of Community Health

Cheryl Gibson Fountain, MD, FACOG
St. John Detroit Riverview Hospital

Violanda Grigorescu, MD, MSPH
MI Department of Community Health

Rebecca Hite-Horn, MSW
The Corner Health Center

Sharon Karber, RN, MSN, FNP
MI Department of Community Health

Mary Nettleman, MD, MS
Michigan State University

Valerie Overholt, DO
Providence Hospital

Margaret Punch, MD
ACOG – Michigan Chapter

Rose Ramirez, MD
Jupiter Family Medicine, PC

William Ridella, MPH, BMA
Detroit Dept. of Health & Wellness Promotion

George Shade, MD, FACOG, FACPE
Sinai-Grace Hospital

Dianne Singleton, PhD
Michigan State University

Linda Thompson Adams, DrPH, RN
Oakland University

Bob VanEck
Priority Health

Preventing Unintended Pregnancy
in Adults

Provider Task Force Members

Kimberlydawn Wisdom, MD, MS
Michigan Surgeon General

Tom Petroff, DO, FACOOG
McLaren Health Plan
Provider Task Force Chair

Janet MacQueen, Blue Care Network
Chair, Guideline Dissemination &
Communication Subcommittee

Asif Bakhsh
Blue Care Network

Gail Maurer, RN, BSH
MI Department of Community Health

Velma Theisen, MPH
MI Department of Community Health

Nancy Combs
MI Department of Community Health

Lydia McBurrows, MS, RN, CPNP
Henry Ford Health System

Maxine Thome, PhD, LMSW, MPH
NASW – Michigan Chapter

Donna Garrison, Health Communications
Intern, Michigan State University

Dennis Paradis, MPH
Michigan Osteopathic Association

Cosmos Van de Ven, MD
University of Michigan

Lynn Gray, MD
MI Academy of Family Physicians

Doug Paterson
Michigan Primary Care Association

Jocelyn Vanda
MI Department of Human Services

Sheri Greenhoe
MI State Medical Society

Sarah Scranton
Planned Parenthood Affiliates of MI

Michael Weiss, DO, FACOOG
Michigan Osteopathic Association

Kevin Kelly
MI State Medical Society

Sameerah Shareef, CNM
Meridian Women's Health

Laydell Wyatt
St. John Macomb Hospital

Gail Martin
March of Dimes, MI Chapter

Richard Smith, MD
Henry Ford Health System

Preventing Unintended Pregnancy
in Adults

Interagency Work Group Members

Laurie Bechhofer, HIV/STD Education
Consultant

Michigan Department of Education

Maxine Berman, Director of Special Projects
Office of the Governor

Patty Cantu, Director, Office of Career and
Technical Preparation

Michigan Department of Labor and Economic
Growth

Jean Chabut, Chief Public Health Administrative
Officer

Michigan Department of Community Health

Nancy Combs, Program Manager

Office of the Michigan Surgeon General

Michigan Department of Community Health

Brenda Fink, Director

Division of Family and Community Health

Michigan Department of Community Health

Kyle Guarrant, Supervisor

Coordinated School Health & Safety Programs

Michigan Department of Education

Gilda Jacobs, Senator

Huntington Woods, District 14

Judy Karandjeff, Director

Michigan Women's Commission

Jackie Prokop, RN, BSN

Federal Regulation and Hospital Reimbursement
Section

Michigan Department of Community Health

Marilyn Stephen, Director of Child Support

Michigan Department of Human Services

Carrie Tarry, Adolescent Health Coordinator

Division of Family and Community Health

Michigan Department of Community Health

Jocelyn Vanda, Director of Interagency and
Community Services

Michigan Department of Human Services

Kimberlydawn Wisdom, MD,

Surgeon General

Michigan Department of Community Health

Pam Yager, Policy Advisor on Health Care and
Financial Services

Office of the Governor

Get Involved!

- To learn more about the new Adult Clinical Guideline for Preventing Unintended Pregnancies, or
- To host a provider presentation, publish a newsletter article, or otherwise communicate the Guideline to relevant audiences, contact:

Office of the Surgeon General
Michigan Department of Community Health
surgeongeneral@michigan.gov
(517) 335-8011

This presentation can be accessed at
<http://www.michigan.gov/mdch/0,1607,7-132--65525--,00.html>

“Plan First!”

Michigan’s Family Planning Waiver Program

Jackie Prokop, RN, MHA

MDCH

Medicaid Waiver Specialist

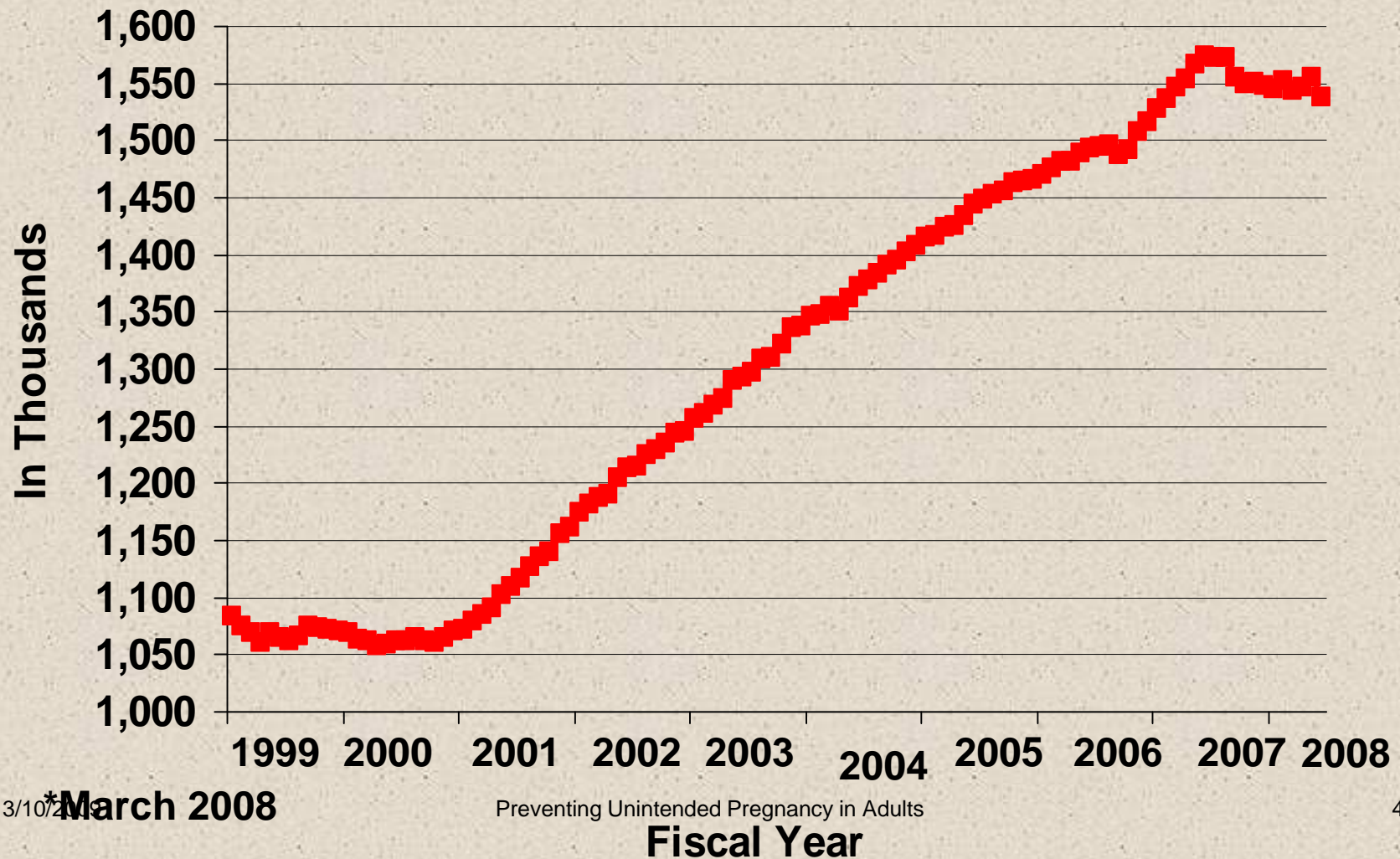
May 5, 2008

Why Obtain a Waiver?

- Through 115 waiver authority states can extend eligibility to provide family planning services
- Needs assessment
 - PRAMS data shows 64% of Medicaid births are unintended,
 - 25% are unwanted
 - Medicaid pays for roughly 40% of all Michigan births.
 - 53,019 births out of 127,395 births for FY06.

Michigan Medicaid Caseload

1,537,470*



3/10/2008 *March 2008

Preventing Unintended Pregnancy in Adults



Budget Issues

- ❑ \$10,000 cost of prenatal care, delivery, post partum care, and care of child in first year of life.
- ❑ If we can prevent 10% of unintended pregnancies will be budget neutral.
- ❑ Can provide free family planning services for up to 200,000 women.

Budget Issues

- Federal government provides an enhanced match rate for family planning services.
 - 90/10
- Michigan's Medicaid FMAP is 58/44.
- Program is administered by the Michigan Department of Community Health (MDCH).

Waiver Approval

- Centers for Medicare and Medicaid Services (CMS) approved Michigan's submission of a Section 1115 demonstration waiver to provide family planning services to Michigan citizens who otherwise would not have medical coverage for these services. This is a 5 year demonstration project.
 - Renewable
- “Plan First!” is the name of the program.
- July 1, 2006 Implementation date.



Eligibility Criteria

- ❑ Women ages 19 through 44,
- ❑ Who are not currently Medicaid eligible,
- ❑ Do not have other insurance that covers family planning,
- ❑ Family income at or below 185% of the federal poverty level (FPL),
- ❑ Michigan residents, and
- ❑ Must meet Medicaid citizenship requirements.



Covered Services

- ❑ Office visits,
- ❑ Contraceptives,
- ❑ Family planning/reproductive health-related laboratory procedures and diagnostic tests,
- ❑ Sterilizations, and
- ❑ Medications required incidental to or as part of a procedure done for family planning purposes.

Service Delivery System



- ❑ Any currently enrolled Medicaid provider,
- ❑ Title X Clinics,
- ❑ Primary care physicians (MDs and DOs) in public and private practice, and other Medicaid approved providers, i.e., Certified Nurse Midwives and Nurse Practitioners,
- ❑ Pharmacies,
- ❑ Laboratories,
- ❑ Outpatient, and
- ❑ Federally Qualified Health Centers (FQHC), etc.

Outreach

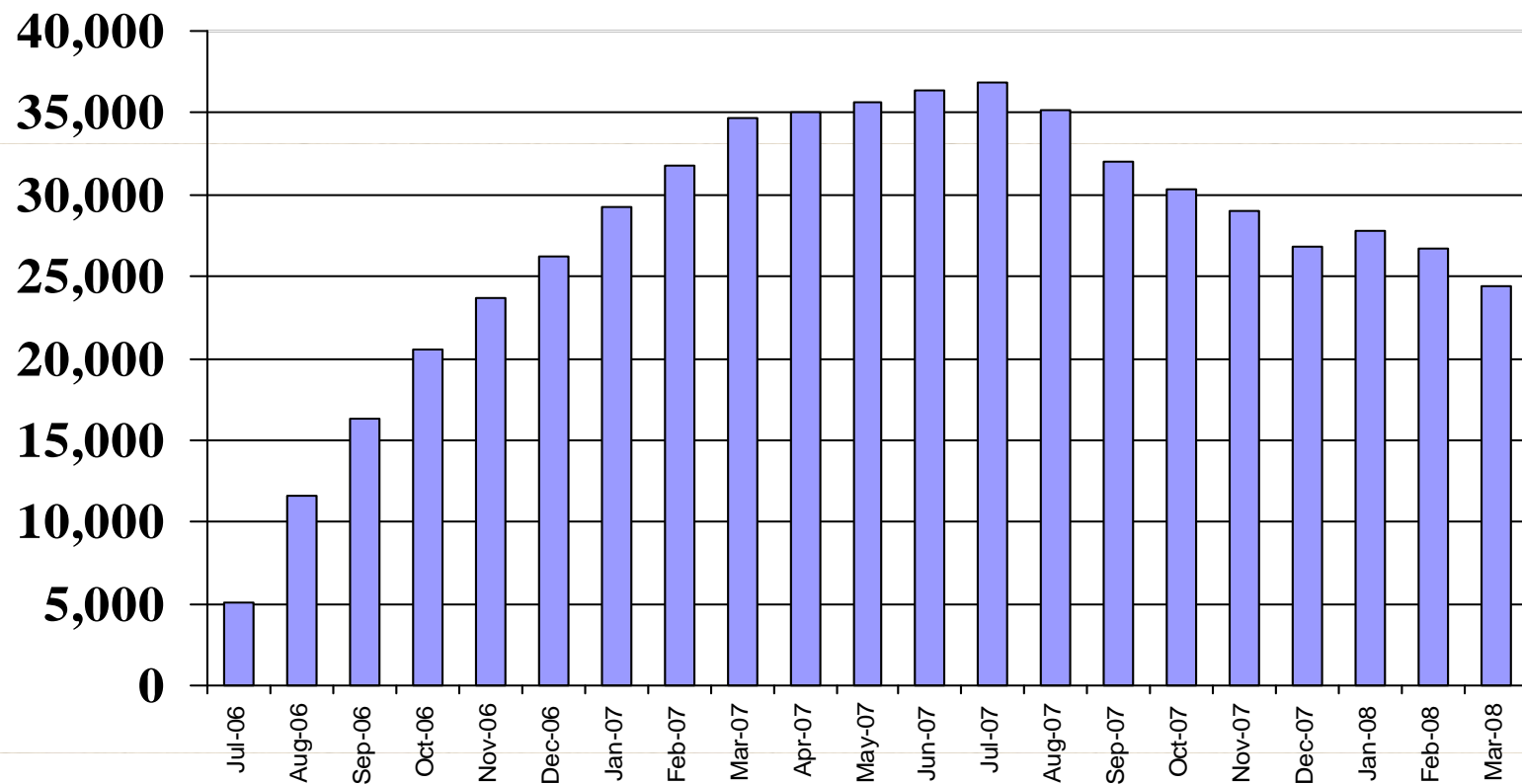
- ❑ Press Releases
- ❑ Provider trainings
- ❑ Provider bulletins
- ❑ Provider mailings of applications and brochures
- ❑ Poster
- ❑ Brochure
- ❑ TV commercials targeting Plan First eligible beneficiaries



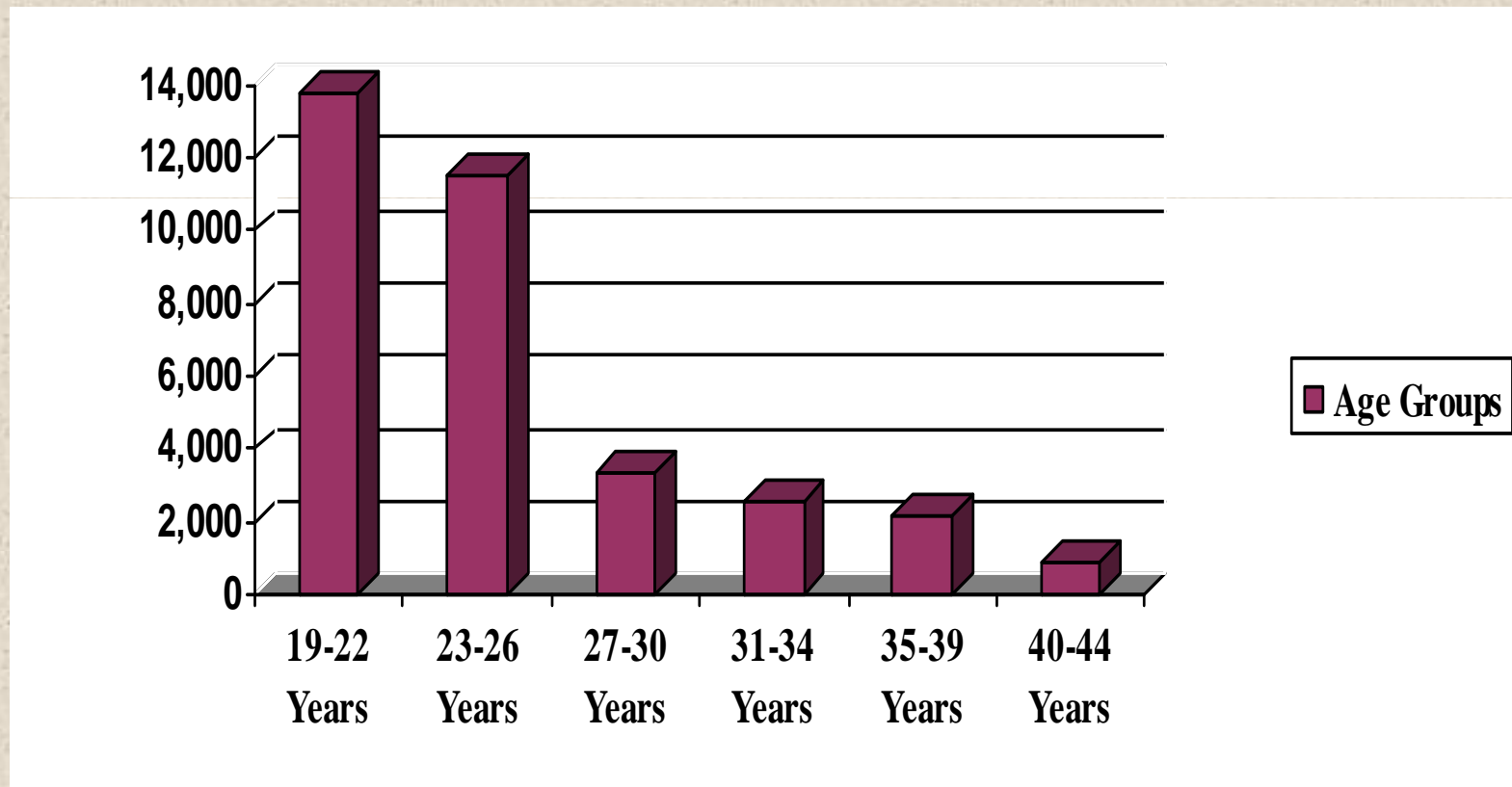
Application Processing

- Program has a 2 page simple application
 - Can be accessed on-line or by paper
 - On-line application web address:
<https://healthcare4mi.com/michild-web/>
- Eligibility is determined by Department of Human Services staff.
- Currently have roughly 24,000 women enrolled.
- Target mailing:
 - LHDs, Title X clinics, FQHCs and DHS
 - Women losing Medicaid
 - Women aging out of MICHild

Plan First Historical Enrollment



Plan First Enrollment by Age





Plan First Enrollment Issues

- Provide Citizenship documentation
 - Deficit Reduction Act of 2005 (DRA)
 - Have copy of birth certificate
 - DHS linked with vital records
- Other Insurance issue
 - CMS changed position

Questions?



Governor's Blueprint for Preventing Unintended Pregnancies

**Jackie Prokop, RN, MHA – Plan First!
Michigan Department of
Community Health**

**Cheryl Gibson Fountain, MD, FACOG
Provider Task Force,
MQIC Adult Clinical Guideline**

**Nancy Combs, MA, Facilitator
Office of the Michigan Surgeon General,
MDCH**

**Reducing Infant Mortality in Michigan:
Lessons Learned From the Field**

May 5, 2008

Session Objectives

- Provide overview of Governor's Blueprint for Preventing Unintended Pregnancies
- Review Plan First! and Adult Clinical Guideline
- Discuss additional strategies that can impact unintended pregnancy
- Identify barriers, strategies to overcome them, and next steps

The Vision:

If all pregnancies were intended...

- We would have significant reductions in infant mortality, child abuse and neglect, and Medicaid costs.*
- Abortion would be reduced (about 50% of unintended pregnancies result in abortion).¹*

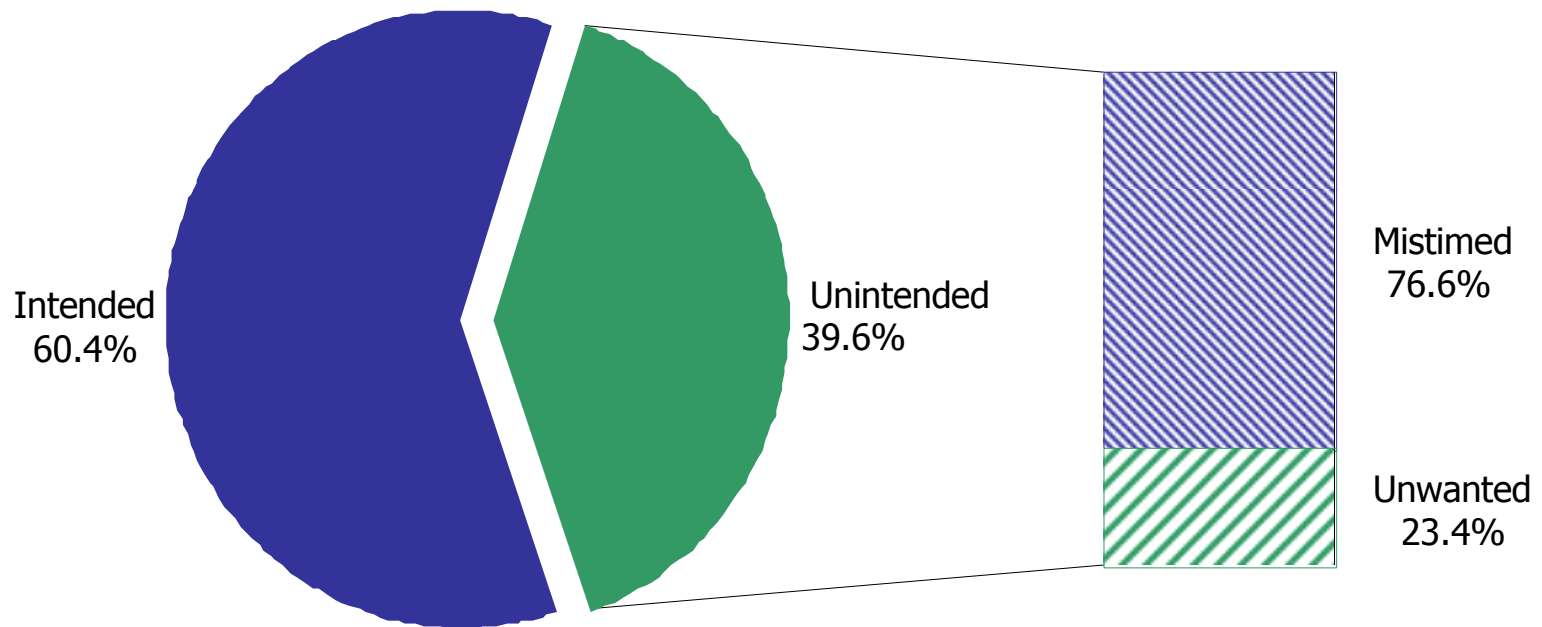
1. Guttmacher Institute

Why Is It Important?



The U.S. has one of the highest unintended pregnancy rates in the industrialized world – about half of all pregnancies are unintended.

Unintended Pregnancies in Michigan



Almost 4 out of every 10 babies born in Michigan are unintended.

Governor's Blueprint for Preventing Unintended Pregnancies

Objectives

- Increase public knowledge and skills related to avoiding an unintended pregnancy.

Governor's Blueprint for Preventing Unintended Pregnancies

Objectives

- Expand and improve coverage for family planning.

Governor's Blueprint for Preventing Unintended Pregnancies

Objectives

- Challenge and engage Michigan's health care community in a statewide effort to reduce Michigan's unintended pregnancy rate.

Governor's Blueprint for Preventing Unintended Pregnancies

Background

- Interagency Workgroup established in 2003
- Policy-level representatives from key state agencies

Governor's Blueprint for Preventing Unintended Pregnancies

Interagency Work Group Members

Laurie Bechhofer, HIV/STD Education
Consultant

Michigan Department of Education

Maxine Berman, Director of Special Projects
Office of the Governor

Patty Cantu, Director, Office of Career and
Technical Preparation

Michigan Department of Labor and Economic
Growth

Jean Chabut, Chief Public Health Administrative
Officer

Michigan Department of Community Health

Nancy Combs, Program Manager

Office of the Michigan Surgeon General

Michigan Department of Community Health

Brenda Fink, Director

Division of Family and Community Health

Michigan Department of Community Health

Kyle Guerrant, Supervisor

Coordinated School Health & Safety Programs

Michigan Department of Education

Gilda Jacobs, Senator

Huntington Woods, District 14

Judy Karandjeff, Director

Michigan Women's Commission

Jackie Prokop, RN, BSN

Federal Regulation and Hospital Reimbursement
Section

Michigan Department of Community Health

Marilyn Stephen, Director of Child Support

Michigan Department of Human Services

Carrie Tarry, Adolescent Health Coordinator

Division of Family and Community Health

Michigan Department of Community Health

Jocelyn Vanda, Director of Interagency and
Community Services

Michigan Department of Human Services

Kimberlydawn Wisdom, MD,

Surgeon General

Michigan Department of Community Health

Pam Yager, Policy Advisor on Health Care and
Financial Services

Office of the Governor

Preventing Unintended Pregnancy
in Adults

Governor's Blueprint for Preventing Unintended Pregnancies

Background

- Stakeholders from across the state first convened in 2004 to develop public-private and “public-public” partnerships to reduce unintended pregnancy

Governor's Blueprint for Preventing Unintended Pregnancies

Stakeholder Organizations

- Michigan Association of Health Plans
- Michigan Association of Local Public Health
- Michigan Health & Hospital Association
- School-Community Health Alliance of Michigan
- Michigan Midwives Association
- Michigan Nurses Association
- Michigan State Medical Society
- Michigan Association of School Boards
- Michigan Association of Local Public Health
- March of Dimes – Michigan Chapter
- Michigan Network for Youth and Families
- Michigan Society for Adolescent Medicine
- Michigan Osteopathic Association
- Michigan's Children
- Planned Parenthood Affiliates of Michigan
- Comprehensive School Health Coordinators Association
- Michigan Council for Maternal & Child Health
- Healthy Mothers, Healthy Babies
- National Association of Social Workers

Governor's Blueprint for Preventing Unintended Pregnancies

First 4 Initiatives

1. *Plan First!*

Michigan requested and received a waiver from the federal government to allow expanded access to family planning through Medicaid, for women earning up to 185% of the poverty level.

Governor's Blueprint for Preventing Unintended Pregnancies

First 4 Initiatives

2. *Talk Early & Talk Often*

Helps parents of middle school children develop the necessary skills to talk to their children about abstinence and sexuality.

Governor's Blueprint for Preventing Unintended Pregnancies

First 4 Initiatives

3. *Contraceptive Equity*

Governor Jennifer Granholm has called upon the legislature to require health plans that cover prescription drugs to also cover birth control.

- HB 4295 (Beida); SB 41 (Scott) and SB 42 (Jacobs) have been introduced in the House and Senate.
- The Michigan Civil Rights Commission issued a Declaratory Ruling stating that Michigan employers violate the Elliott-Larsen Civil Rights Act if the employer excludes contraceptive coverage in an employer-provided comprehensive health plan that provides prescription drug coverage.

Governor's Blueprint for Preventing Unintended Pregnancies

First 4 Initiatives

4. *New Clinical Guideline*

Health care providers are being challenged and supported with user-friendly resources to engage their patients in conversation on this crucial issue, by including discussions about family planning with all men and women of childbearing age, to ask them about their intentions regarding pregnancy and to provide information on family planning.

- A statewide advisory group of providers built a new evidence-based Clinical Guideline, approved through the Michigan Quality Improvement Consortium, and a toolkit for physicians and other providers to use in counseling their patients.

Today's Panelists

- Cheryl Gibson Fountain, MD, FACOG, Michigan Provider Task Force & Beaumont Hospital
- Jackie Prokop, RN, MHA, Waiver Specialist, Michigan Department of Community Health

Discussion

- Why are initiatives such as Plan First! and the new MQIC Clinical Guideline important for reducing infant mortality in our state?
- What new strategies are needed to disseminate these programs and increase enrollment and engagement?
- How do we work proactively and consistently with community partners and stakeholders?

Discussion

- To what new – and perhaps non-traditional – partners should we reach out? How?
- What are possible barriers we may encounter ... and strategies to overcome them?
- What are next steps?