March 11, 2016

Subject: Long acting reversible contraception (LARC) notice

Dear Provider,

I wanted to take this opportunity to revisit the advantages of LARC options for all women of reproductive age with emphasis on our teen patients (ages 13-19).

To provide some context for the discussion, in 2010, 52% of all pregnancies (15,000) in West Virginia were unintended. West Virginia’s unintended pregnancy rate was 43 per 1,000 women, aged 15-44. The teen pregnancy rate in West Virginia was 64 per 1,000 women, aged 15-19. The total public cost for unintended pregnancies was $425 per woman, aged 15-44, in West Virginia, compared with $201 per woman nationally.

Unintended pregnancies are associated with higher rates of maternal and neonatal complications of pregnancy and continue to be a concerning health problem in the United States. Teen mothers are also more likely to have subsequent births during their adolescence. Of the 2,608 teen births in West Virginia in 2010, 438 births (17%) were to girls ages 15-19 who already had a child.

Teen childbearing often poses real challenges to a young person’s ability to stay in school and earn a living wage. It places a burden on the parents of the teen mother and father and often locks families and communities into a cycle of poverty, joblessness, and dependency on state assistance.

Young women are choosing more traditional methods of birth control, such as the pill, over longer-acting, more effective methods such as intrauterine device (IUD), contraceptive implant (Nexplanon) or contraceptive shot (such as Depo-Provera). According to behavioral studies conducted by the National Campaign to Prevent Teen and Unplanned Pregnancy, 44% of sexually active teens use a method like the pill, while only seven percent use a long-acting method, and 26% report condom use.

As you know, LARC methods (such as intrauterine devices [IUDs] and implants [etonogestrel]) are effective greater than 99% of the time. They are safe and there are few contraindications due to their lack of estrogen. They afford the highest patient satisfaction rate and highest continuation rate. They offer long-term protection (3-10 years) with rapid return to fertility. They are the most cost-effective option, but are least likely to be used by teens. It appears that there is a lower discontinuation rate at two years with IUDs as compared to the etonogestrel implant. When clinically appropriate, IUDs should be considered instead of the implant.

In September 2014, the American Academy of Pediatrics (AAP) issued a recommendation related to IUDs being the first choice for teen birth control. The academy’s new advice updates a 2007 contraceptive policy that did not recommend specific methods other than condom use. The newest and smallest IUDs preferred for teens are Skyla and Liletta, which are effective for three years.
In October 2015, the American College of Obstetrics and Gynecology (ACOG) issued Committee Opinion 642, which states the following:

The American College of Obstetricians and Gynecologists recommends the following strategies to reduce barriers and increase access to implants and IUDs (i.e., long-acting reversible contraception [LARC] methods):

- For all women at risk of unintended pregnancy, obstetrician/gynecologists should provide counseling on all contraceptive options, including implants and IUDs.
- Encourage consideration of implants and IUDs for all appropriate candidates, including nulliparous women and adolescents.
- Adopt best practices for LARC insertion.
- Advocate for coverage and appropriate payment and reimbursement for every contraceptive method by all payers in all clinically appropriate circumstances.
- Become familiar with and support local, state (including Medicaid), federal, and private programs that improve affordability of all contraceptive methods.

Attached you will find letters endorsing the use of LARC as a first-line contraceptive method from Dr. Stephen Bush, West Virginia Section Chief of ACOG, and Dr. John R. Phillips, Vice President of the West Virginia Chapter of the AAP.

We know that there are many barriers to this contraceptive option for your patients, especially teens, and we are in the process of developing solutions to these barriers. Please see addendum regarding anticipated barriers and proposed solutions.

Thank you for the outstanding care that you provide our members. If you have any questions about this communication, received it in error or need assistance with any other item, please contact our Customer Care Center toll free at 1-800-782-0095 or visit our website at unicare.com.

Sincerely,

Tracy Dlott, MD, FACOG, CHCQM
Medical Director
UniCare Health Plan of West Virginia, Inc.
Addendum anticipated barriers and proposed solutions to this contraceptive option:

We know that there are many barriers to this contraceptive option for your patients, especially teens. These barriers include provider reluctance to discuss contraception with this age group in general, and LARC methods specifically; parents and guardians may not permit contraception discussion between providers and minors; there may not be enough providers in all counties who perform LARC to be able to offer this in all areas; timely access (i.e., same day and same appointment); a perceived lack of transportation to these services; providers who do perform these procedures are reluctant to perform these procedures as same day procedures; many providers, especially in terms of intrauterine devices (not implantable contraceptives) believe that patients should not be nulliparous to receive; and these forms of contraception do not prevent sexually transmitted infections (STIs).

We are in the process of developing solutions to each of the aforementioned barriers. Solutions include providing education and counseling to all practitioners so they feel more comfortable discussing this topic; and performing outreach to our members of all ages (will include target population and parents and guardians) to inform them of this contraception option so they may further discuss it during visits with their providers.

We would also provide education to address these topics with the emphasis on preparedness and offer statistics on teenage pregnancy to underscore the need for prevention. We would continue to develop strategies to provide timely access to these services in all areas of the state by providing training to all interested providers and providing lists of providers willing to partner with primary care providers to assure access for all patients who desire this method of contraception. We would educate providers regarding how to submit claims for additional procedures during routine and problem visits. We would aid office staff in appropriately building time into existing schedules for these types of requests. We would also work with office staff on strategies to maintain adequate supplies of LARC provisions. We would educate patients on how to access, if needed, transportation for these visits and would emphasize the need to employ barrier contraceptive methods to continue to protect themselves from STIs.
The West Virginia Section of the American Congress of Obstetrics and Gynecology would like to endorse the LARC (long acting reversible contraception) pregnancy prevention initiative proposed by the WV Perinatal Partnership and the LARC Prevention Workgroup. By focusing on the teen aged group of females, ages 13-19, and educating those providers that typically care for this age group, barriers to the use of the LARC agents will be lessened.

The potential barriers to the implementation of the program and the solutions will be developed through education of providers, parents/guardian, and the students themselves. We, as an organization, look forward to working with the interested partners of this important project.

Stephen H. Bush, MD

Chairman WV Section ACOG
February 12, 2016

To Whom It May Concern:

The West Virginia Chapter of the American Academy of Pediatrics would like to endorse the LARC (long acting reversible contraception) pregnancy prevention initiative proposed by the WV Perinatal Partnership and the LARC Prevention Workgroup. West Virginia continues to have high rates of teen pregnancy (64/1000 15-19 year old women) with high consequent health, social and economic costs. LARCs are safe and effective when barriers to access and payment are removed.

The mission of the LARC Pregnancy Prevention Initiative is to promote LARCs as a means to prevent teenage pregnancy and aid in appropriately spacing pregnancies by educating providers who typically care for this age group. The AAP, in September 2014, issued a policy statement and recommendation that IUDs are the first choice for birth control for teens. Education of providers, parents/guardians, and adolescents and young adults will address potential barriers and individual and systemic solutions.

We, as an organization, look forward to supporting and working with the interested partners on this important project.

John R. Phillips, MD

Vice-President, WV Chapter of the AAP