

Impact of an Educational Outreach Program on Effective Contraceptive Use in Medicaid Women with Mental Illness

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Background

- Studies report women with certain types of mental illnesses or who exhibit depressive symptoms in adolescence are at higher risk of unintended pregnancies
- A pilot Contraception Educational Outreach Program (CEOP) was implemented at a Medicaid managed care plan for
 patients living with serious mental illnesses to educate contraception methods, including long-acting reversible
 contraceptives (LARCs)

Objectives

• Describe the trend of utilizing effective contraception before and after implementation of CEOP in Medicaidcovered women

Methods

- Study design: Retrospective longitudinal cohort administrative claims database analysis
- Inclusion criteria: Women aged 18-44 with >2 oral contraception (OC) claims between January 1, 2015 and December 31, 2015 who were non-adherent (defined as <80% proportion of days covered [PDC])
- Women were excluded from participation if:
- o Had a claim for a LARC method
- Had sterilization procedure in 2015
- o Were pregnant without a delivery code during pre-intervention period
- Could not be contacted via phone
- CEOP was implemented from January 1, 2016 to June 30, 2017, and consisted of:
- 1. Provider outreach:
- » Healthcare providers (HCPs) via telephonic outreach were provided patient-specific adherence data and opportunities for improved care as well as messages pertaining to the availability of contraceptive options such as long-acting reversible contraceptives (LARCs)
- 2. Member outreach:
- » Clinical pharmacists via telephonic outreach educating patients on contraceptive methods
- Study period: January 1, 2015 to June 30, 2017, with the period January 2015 through December 2015 serving as the pre-intervention period for the exclusion criteria and assessment of baseline characteristics
- Study outcomes: Proportion of patients with more effective contraception use, defined as either higher PDC on the OC method or a claim for LARC

Results

- Of the 374 women (mean age 28) who participated in the program, majority (54%) had schizophrenia, major depression, bipolar, or substance use disorders (Table 1)
- During follow-up, 6 women (1.6%) switched to a LARC, 24 (6.4%) to injectable contraceptives, 11 (2.9%) to patches/rings while 1 woman had a sterilization procedure (Figure 1)
- The mean PDC for patients who remained on OC (n=58; 15%) increased from 40% to 64% (p<0.0001) (Figure 2)
- A total of 81 patients were lost to follow-up and the remaining 193 patients gave various reasons for discontinuing contraception including attempting to conceive, already pregnant, and lost to providers

Outreach

Table 1. Baseline Characteristics

	Measure	patients N=374	%
Age	18 – 20	65	17.4
	21 – 30	191	51.1
	31 – 40	108	28.9
	41 – 44	10	2.7
	Continuous mean (SD) [median]	27.69 (6.48) [27]	
Charlson Comorbidity Index (CCI)	Ο	287	76.7
	1	58	15.5
	2	22	5.9
	3+	7	1.9
	Continuous mean (SD) [median]	0.35 (0.81) [0]	
Number of women with ≥ 1 OB/GYN visit per year		116	31.0
Mental Health	Schizophrenia	26	7.0
	Major Depressive Disorder	94	25.1
	Bipolar Disorder	61	16.3
	Substance Use Disorder	22	5.9



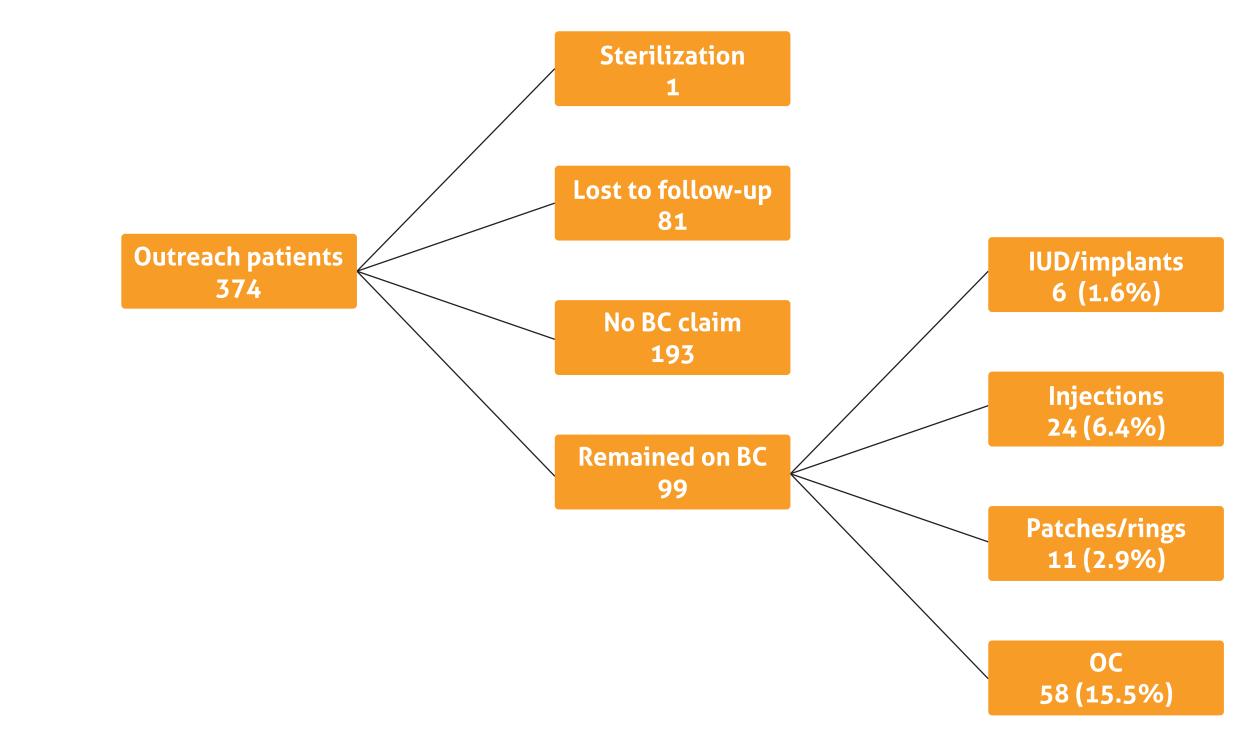


Figure 2. Adherence (PDC) Pre- and Post-Outreach Program for Patients Who Remained on OC (n=58)

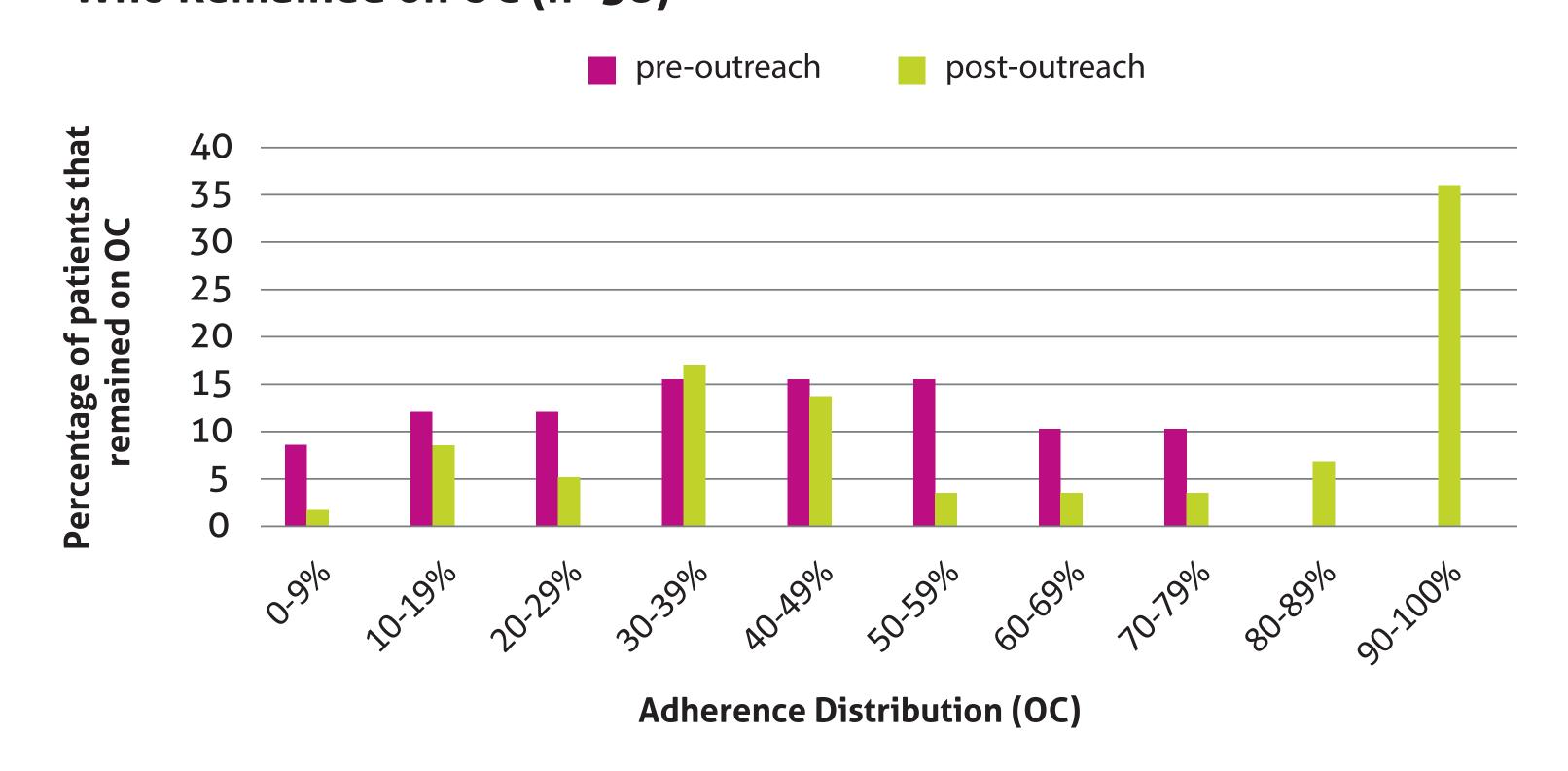


Table 2. Adherence Summary

Measure	Total n=58	%
No of women who increased from < 80% to ≥80%	25	43.1
No of women whose adherence increased (PDC increases > 5%)	39	67.2
No of women whose adherence did not change (PDC +/- 5% count as no change)	3	5.2
No of women whose adherence decreased (PDC decreases > 5%)	16	27.6

Conclusions

- After program implementation, there was an increasing trend in more effective contraception use, including LARCs
- Adherence, as measured by PDC, improved for participants in the patient outreach program who remained on OC
- Programs like this may help reduce unintended pregnancies
- Methods and results of these programs should be shared so they may be further refined and improved for similar populations

Limitations

- Analysis is based on real world claims data; No data validation of claims data was performed beyond those required for adjudication.
- Services performed and products provided to patients but not billed, such as pro bono office visits, physician samples, or contraceptives distributed via free programs were not included in the data.
- This population presents unique treatment challenges therefore, results seen in this population are not directly generalizable to other patient populations.
- The PDC is the preferred method of measuring adherence using claims data but it is an imperfect proxy that cannot indicate with certainty actual medications taken.

Disclosures

This study was sponsored by Bayer Healthcare Pharmaceuticals. A. Law,
R. Lynen, and L. Wen are employees of Bayer HealthCare Pharmaceuticals.
A. Kangethe and M. Polson are employees of Magellan Rx Management and served as co-investigators of this study.