# Impact of Comprehensive Educational Outreach Program on NQF-Endorsed Clinical Performance Measures of Contraceptive Care in a Medicaid Population of Women of Childbearing Age with Mental Illness

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## Background

- The National Quality Forum (NQF) endorsed two clinical performance measures on contraceptive care in 2016:
- .. Most or moderately effective contraceptive method (NQF #2903): The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (sterilization, implants, IUD/IUS) or moderately effective (injectable, oral pills, patch, ring, or diaphragm) contraceptive method
- 2. Access to long-acting contraception (LARC) (NQF #2904): The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a LARC method (implant or IUD/IUS)
- A Contraception Educational Outreach Program (CEOP) was piloted in 2016 at a Medicaid managed care plan for patients living with mental illness to educate physicians and patients on effective contraceptive care

## **Objectives**

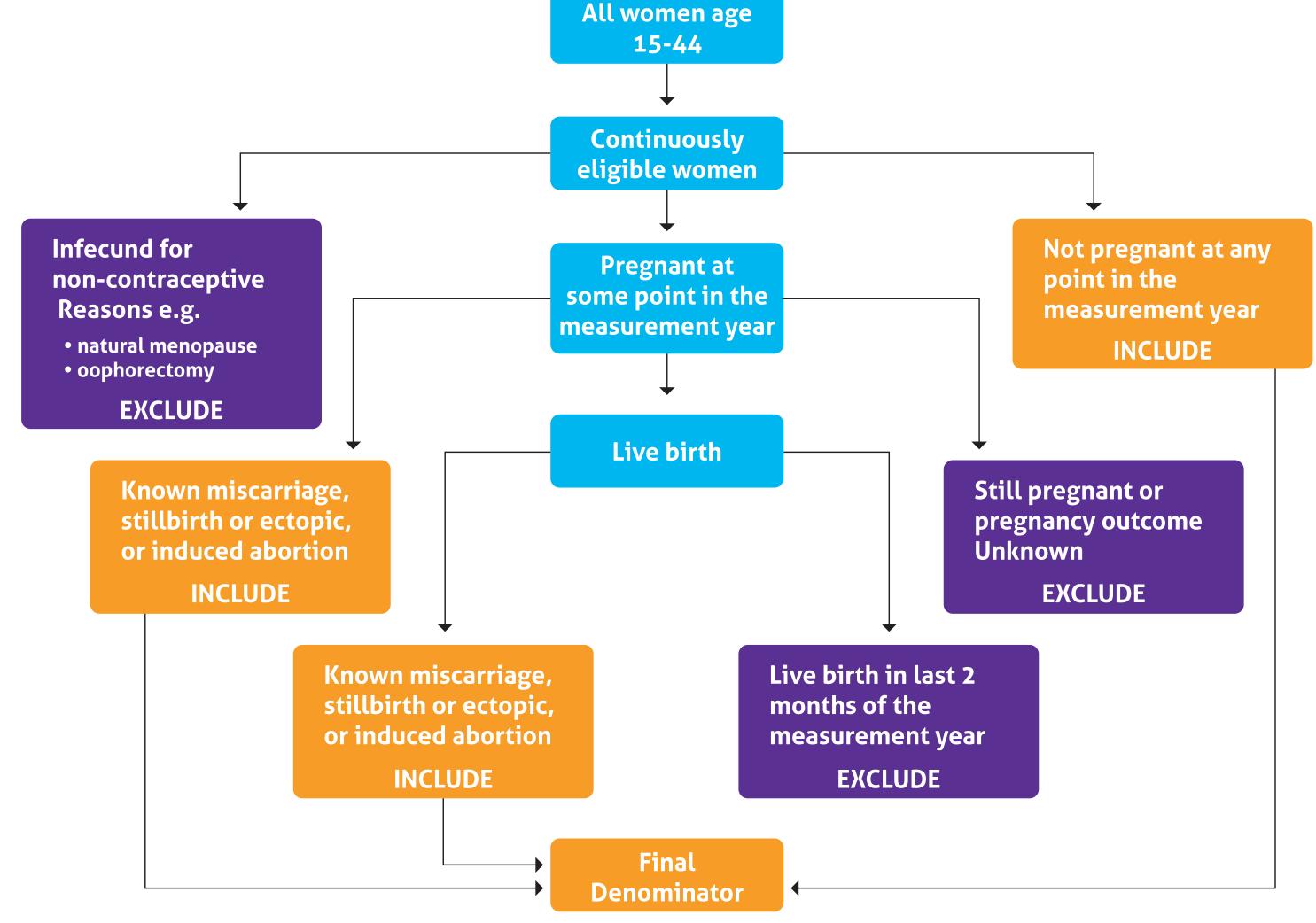
• Assess NQF contraceptive care measures in the overall health plan of women with serious mental illnesses before and after CEOP intervention

## Methods

- CEOP consisted of clinical pharmacist making telephonic outreach between January 1, 2016 and June 30, 2017 to:
- .. Select female members (see inclusion and exclusion criteria below) educating them on contraceptive methods
- 2. Respective primary healthcare providers who treated these female members who participated in the outreach to discuss patientspecific educational opportunities, identify barriers to utilizing LARCs, and encourage provider to follow-up with members
- Selection criteria for patient-outreach:
- 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])
- Exclusion criteria: Women were excluded from participation if any of the following occurred during pre-program period:
- » a claim for a LARC method
- » a claim for a female sterilization procedure
- » a claim indicating pregnancy without a delivery code
- » they could not be contacted via phone

## Methods cont.

- Study period:
- Pre-program: Jan 1, 2015 Dec 31, 2015 Program: Jan 1, 2016 – June 30, 2017
- Study outcomes: NQF-measures on contraceptive care for measurement years 2015 (pre-program) and 2016 (post-program initiation)
- Results were calculated for the overall health plan population as well as the population receiving care from CEOP-participating physicians
- According to reporting guidelines, the measures were stratified into two age groups and four rates were reported:
- Ages 15–20: Most or moderately effective contraception
- o Ages 15–20: LARC
- Ages 21–44: Most or moderately effective contraception Ages 21–44: LARC



# Figure 1. Denominator Calculation per Measurement Year

## Results

- The plan comprised 52,914 women in the population aged 15-44
- A total of 658 physicians who managed 12,967 women were contacted via phone during the program period and of these, 374 women were contacted via phone by a clinical pharmacist
- Most or moderately effective contraceptive methods used in women aged 15-20 rose from 15.5% (2015) to 16.8% (2016) (p=0.335) in the overall population and 27.4% (2015) to 30.3% (2016) (p=0.175) for physician-outreached patient population
- Most or moderately effective contraceptive in women aged 21-44 remained the same across measurement years in both populations
- Access to LARCs increased from 2.0% to 2.3% (p=0.435) and 1.1% to 1.4% (p=0.105) in women aged 15-20 and 21-44, respectively, in the overall population, and 3.3% to 4.6% (p=0.133) and 1.8% to 2.5% (p=0.024), respectively, in physician-outreached patient population

### Measure Less than 18 18 – 20 5,2 21-30 18,4 17,1 31 - 40 41 - 44Continuous mean (SD) [median] 48,1 $\mathcal{L}_{\mathcal{L}}$ Charlsor Comorbic ζ+ Index (CCI) Continuous mean (SD) [median] Number of women with $\geq 1$ **OB/GYN visit per year** Schizophrenia 1,6 Major Depressive Disorder Menta Health Bipolar Disorder 2,90 Substance Use 2,3 Disorder

## Table 1. Baseline Characteristics

%	Physician outreach patients N=12,967	%
14.0	1,513	11.7
10.0	1,469	11.3
34.9	5,029	38.8
32.3	4,049	31.2
8.8	907	7.0
<u>2</u> 28]	27.92 (7.96) [28]	
91.1	10,403	80.2
6.3	1,746	13.5
1.4	403	3.1
1.3	415	3.2
0.15 (0.68)[0] (1.03)[0		0]
7.3	3,106	24.0
3.2	853	6.6
10.7	2,772	21.4
5.6	1,565	12.1
4.5	1,226	9.5
	14.0 10.0 34.9 32.3 8.8 28] 91.1 6.3 1.4 1.3 () 7.3 3.2 10.7 5.6	%       outreach patients N=12,967         14.0       1,513         10.0       1,469         34.9       5,029         32.3       4,049         8.8       907         28]       (7.96) [2         91.1       10,403         6.3       1,746         1.4       403         1.3       415         0]       (1.03) [         7.3       3,106         3.2       853         10.7       2,772         5.6       1,565

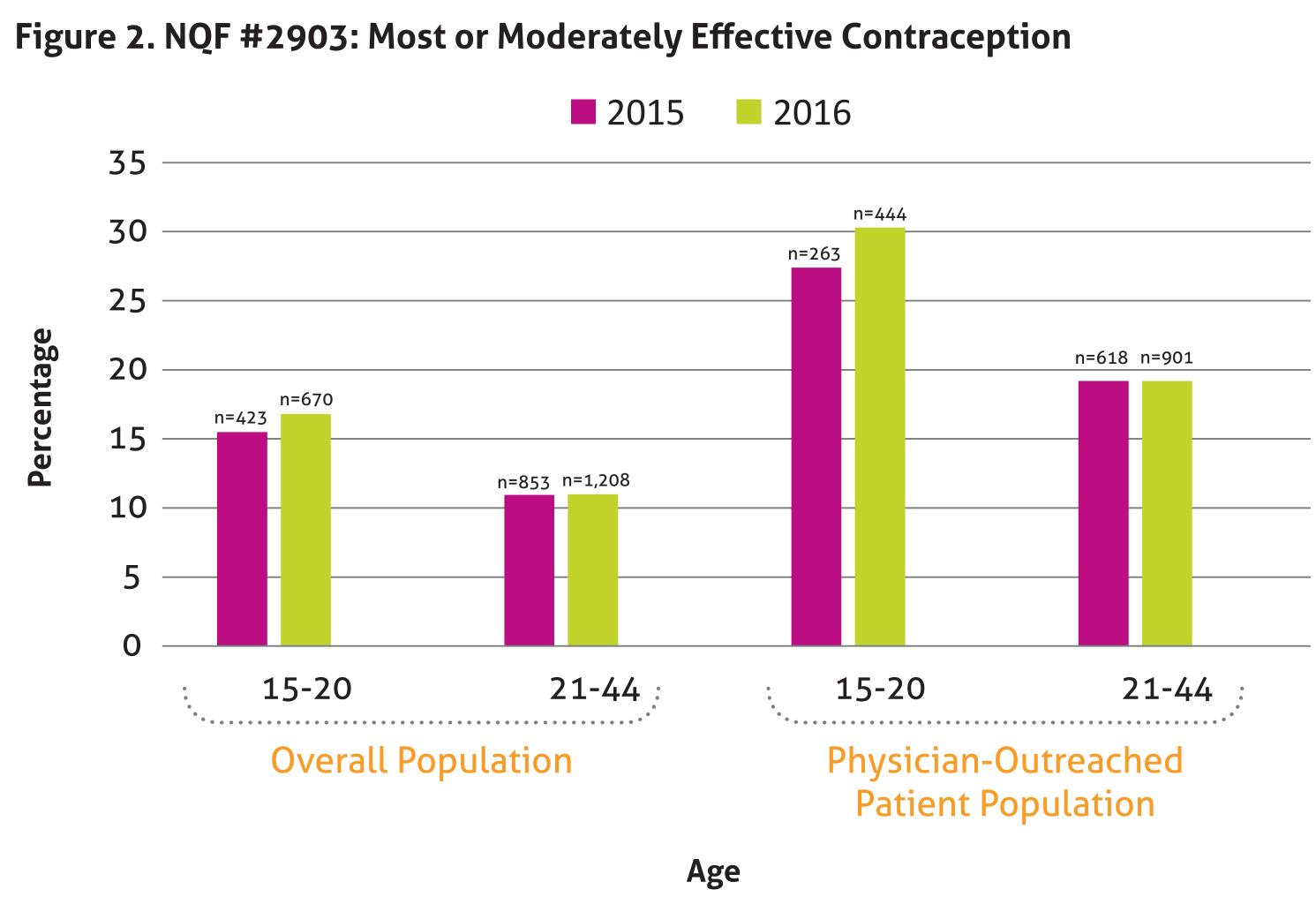
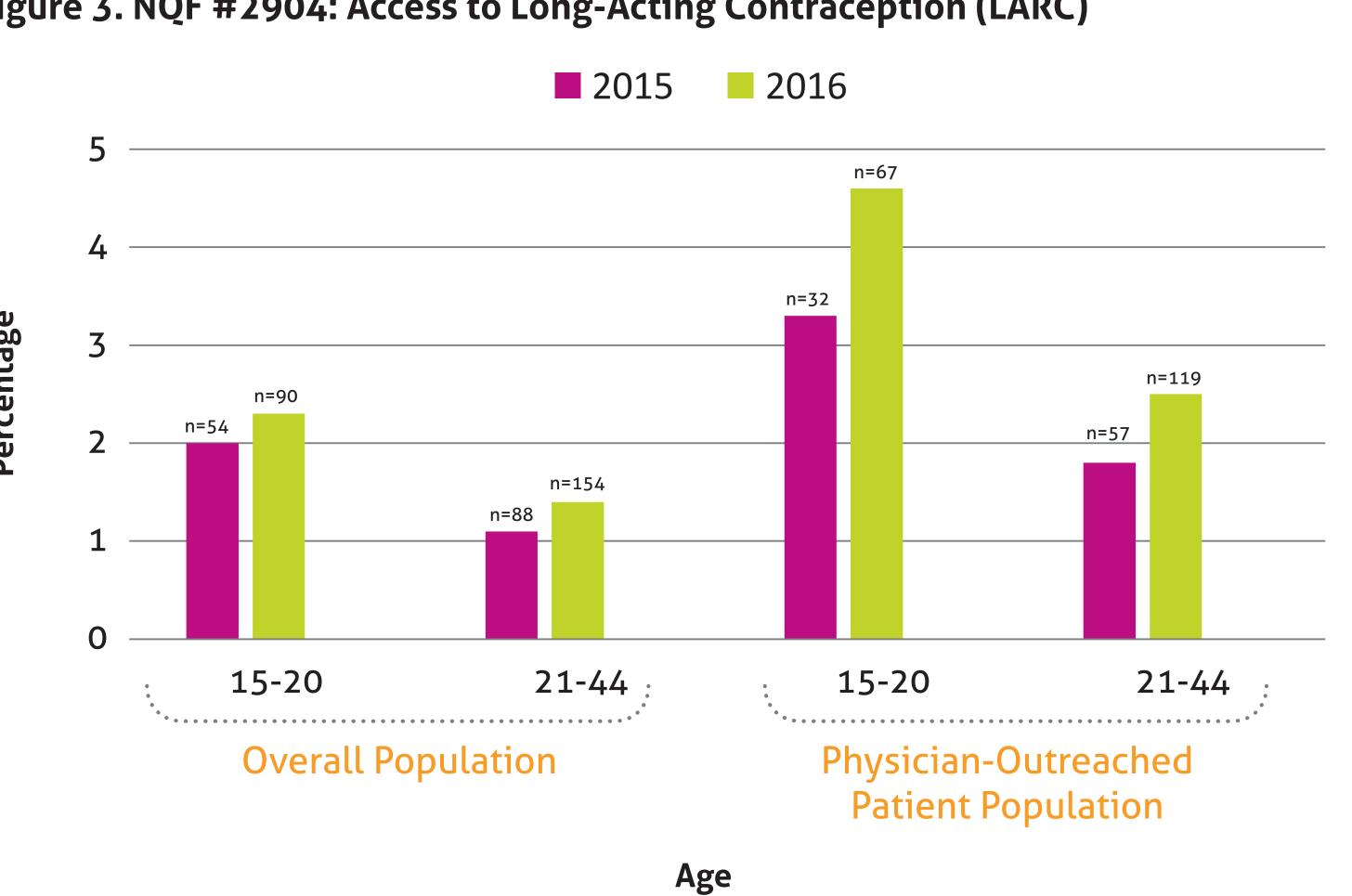


Figure 3. NQF #2904: Access to Long-Acting Contraception (LARC)





## Magellan Rx MANAGEMENT

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AMCP Nexus 2018 | Orlando, FL

## Conclusions

- We observed minimal differences in the change of the clinical performance measures, possibly due to this population having the challenge of mental illness in addition to the challenges common to Medicaid members
- Nonetheless, minimal improvements are noteworthy as these patients may require a higher degree of healthcare
- Further analysis of such a program in other populations would help inform health plans on interventions that may improve NQF contraceptive care measures

## Limitations

- Analysis is based on real world claims data; No data validation of claims data was preformed beyond those required for adjudication.
- Only members with access to phone were included in this study and this may not be representative of Medicaid population with mental illness.
- Medicaid claims data are limited because they only capture aspects that can be coded with a diagnosis, procedure or drug code. Therefore, the data cannot capture:
- o abstinence
- seeking pregnancy
- o procedures and diagnoses that occurred in previous measurement years, as the measures are specified to look at one measurement year
- This population presents unique treatment challenges; therefore, results seen in this population are not directly generalizable to other patient populations.

## 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.