



PRAMS

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

PRAMS Data to Action/Success Stories Template

This template is intended for use by PRAMS sites to describe the impact of their data collection and dissemination activities. The form aims to collect **detailed** information in a format that is conducive to creating a success story. Each section in the template is followed by a self-check, which outlines relevant criteria that should be addressed in that section.

1. DATA TO ACTION/SUCCESS STORY TITLE:

Increased Access to Long-Acting Reversible Contraception in Wyoming, 2019

2. PROBLEM OVERVIEW: BRIEFLY DESCRIBE THE PUBLIC HEALTH PROBLEM THAT WAS ADDRESSED IN THIS DATA TO ACTION EXAMPLE/SUCCESS STORY.

2018 PRAMS data shows that approximately 26% of births to Wyoming women are unintended. Additionally, 16.7% of women reported that they were “unsure” about their feeling regarding pregnancy.

In 2018, about 20% of Wyoming women reported using LARCs (Long Acting Reversible Contraception) for their postpartum birth control method; a total that is similar to the average for all PRAMS states in 2017. However, 24.49% of Wyoming women report using the least effective birth control method (male/female condom, sponge, spermicide, withdrawal, and fertility awareness-based methods) with nearly 9% reporting no form of birth control. Totals for both categories have been steadily increasing since 2014.

Finally, disparities exist for women of reproductive age in both the rate of unintended pregnancy and access to LARCs in Wyoming’s rural and frontier counties.

3. PRAMS DATA USED: LIST THE TOPICS AND YEARS OF PRAMS DATA THAT WERE USED

PRAMS data from 2012-2018 were used to present a baseline and trend information for unintended pregnancies and LARC use in Wyoming.

4. PARTNERS AND PLAYERS: WHO WERE THE COLLABORATORS?

Leadership was provided by: Wyoming Department of Health (The Maternal and Child Health Unit; Maternal and Child Health Epidemiology; Rural and Frontier Health Unit; Wyoming Medicaid), and the Wyoming Primary Care Association. Additional members included the Wyoming Hospital Association; Optum (a health services company under UnitedHealth Group), and Wyoming Health Council (Wyoming’s Title X).



5. DATA TO ACTION/SUCCESS STORY NARRATIVE: WHAT HAPPENED?

This project was the result of participation in the ASTHO Increasing Access to Contraception Learning Community. It included the creation of a committee called the LARC Stakeholder Group. This group was convened to provide expertise on how to improve access to LARC for Wyoming women of reproductive age. The original goal of this group was to unbundle the DRG for LARCs in the hospital setting immediately postpartum. After discussions with Wyoming Medicaid the group instead decided to unbundle the DRG for LARCs in the Federally Qualified Health Centers and Rural Health Centers first.

Wyoming's Maternal and Child Health Unit used funding provided by the National Institute of Reproductive Health to conduct a cost analysis to examine financial implications of unbundling the Medicaid DRG Code for LARC. This work was completed through a contract with Health Management Associates, Inc. on April 2, 2019. *Wyoming PRAMS data about unintended pregnancies and LARC use was provided for the cost analysis.* The findings of the cost analysis suggested that a cost saving would be realized over time.

The LARC Stakeholder Group wrote a white paper which was presented to the Wyoming Medicaid Director. The Medicaid Director reviewed the results and approved the creation of a state plan amendment to unbundle the DRG code for LARC insertions in Wyoming's Federally Qualified Health Center and Rural Health Center's.

6. OUTCOMES & IMPACT: HOW IS LIFE DIFFERENT AS A RESULT OF THE ACTIVITY? **THIS IS THE MOST CRITICAL PIECE OF THE STORY.** *SHORT-TERM AND *INTERMEDIATE OUTCOMES MUST BE DOCUMENTED.

A. *SHORT-TERM OUTCOMES: This includes early outputs of the process such as relevant publications, meetings with stakeholders and other MEASURABLE products or activities:

Meetings for the project began on January 30, 2019 and continued through November 8, 2019. A total of nine (9) meetings were held during this period.

On October 29, 2019 a public and tribal notice was released sharing information about the state plan amendment for FQHC/RHC's. The public comment period remained open for 30 days. As of December 9, 2019 the State Plan Amendment was sent to Centers for Medicare & Medicaid Services (CMS) for review; a process that may take up to 90 days.

B. *INTERMEDIATE OUTCOMES: This includes RESULTS of the short-term outcomes—what did those products or activities lead to? For example, a media campaign was launched, legislation was introduced and passed, a new program was funded, a program was changed to better address client needs, etc.

After CMS reviews the State Plan Amendment it may be sent back for edits or full approval by CMS for implementation in the Wyoming's FQHC/RHC's.

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C. LONG-TERM OUTCOMES: This includes the measurable changes in the behaviors or health outcomes of the target population. Such changes may be difficult to directly attribute to the efforts described in the intermediate impact, but efforts should be made to monitor and evaluate the activities that are implemented.

Long-term outcomes are projected to include increased access to LARCs resulting in a higher rate of intended pregnancies and fewer mistimed or unplanned pregnancies.

7. STORY ABSTRACT: PROVIDE A SHORT 1-2 PARAGRAPH SUMMARY OF YOUR STORY AND THE OUTCOMES

2018 PRAMS data show that approximately 26% of births to Wyoming women are unintended. Additionally, 16.7% of women reported that they were “unsure” about their feeling regarding pregnancy. In 2018, about 20% of Wyoming women reported using LARCs (Long Acting Reversible Contraception) for their postpartum birth control method; a total that is similar to the average for all PRAMS states in 2017. However, given the rural and frontier geography of Wyoming, disparities exist for women of reproductive age in both the rate of unintended pregnancy and access to LARCs.

The original goal of the LARC stakeholder group, the result of participation in the ASTHO Increasing Access to Contraception Learning Community, was to unbundle LARCs in the hospital setting immediately postpartum. Data from Wyoming PRAMS was used in a cost-analysis to assess financial implications of unbundling the DRG code. When results showed a cost savings and was shared with Wyoming Medicaid. Wyoming Medicaid was willing to consider a white paper that discussed unbundling the LARC DRG in FQHCs/RHCs instead of looking at unbundling in the hospital setting. Through a cooperative effort of the LARC stakeholder group the white paper was approved by the Wyoming Medicaid Director, which influenced the state plan amendment that was released for public comment. The state plan amendment is currently under review by the Centers for Medicare & Medicaid Services.

8. CHECK IF ANY OF THE FOLLOWING ARE BEING SUBMITTED TO COMPLEMENT YOUR STORY: (CHECK ALL THAT APPLY)

- Testimonials
- Quote from Partner/Participant
- Sample of Materials Produced
- Press Release
- Promotional Materials
- Photo(s) of Project
- Video/Audio Clip
- Other (Explain: _____)

9. HOW WOULD YOU CATEGORIZE THE DATA TO ACTION EXAMPLE/SUCCESS STORY? (CHECK ALL THAT APPLY)

- Appropriation of funds

- Policy change
- New program started
- Existing program revised
- Increased visibility for an organization, program or issue
- Capacity building of an organization or group
- Other Obstetric Provider Support and Education

10. CONTACT INFORMATION:

Name: Lorie Wayne Chesnut, DrPH MPH
Title: MCH Epidemiologist, PRAMS Coordinator
Organization: Wyoming Department of Health
Phone: 307-777-6304
E-mail: lorie.chesnut@wyo.gov

11. DATE SUBMITTED:

12. PRAMS Program PI: Joseph Grandpre, PHD, MPH
PRAMS Coordinator/Program Manager: Lorie Wayne Chesnut, DrPH, MPH