

**Performing Provider: Community Care Collaborative**  
**Project Name: Pregnancy Planning**  
**Project Identifier: 307459301.2.5 Pass 3**

**Provider:** The Community Care Collaborative (CCC) is a new multi-institution, multi-provider, integrated delivery system. Launched in 2012 by Central Health, Travis County's Healthcare District, and the Seton Healthcare Family, Central Texas' largest hospital system, and now joined by Austin Travis County Integral Care, the County's Local Mental Health Authority, this 501(c)(3) will integrate safety net providers in Travis County in a ACO-like model. Patients will receive navigated, patient-centered care that will lead to better health outcomes, increased satisfaction with the system, efficient delivery of services, and lower costs.

**Intervention(s):** This project will implement a health promotion project to reduce unintended pregnancies through increased awareness of the benefits of long-acting reversible contraception methods (LARCs). Through targeted social media outreach, women, particularly adolescents and young adults, will be informed about LARCs and how to access them. In conjunction with the fourteen other DSRIP projects that build critical infrastructure, expand access to care, and ensure that patients receive the right services in the right place at the right time; this project will provide un and underinsured women with additional health care choices.

**Need for the project:** Texas has a higher rate of unintended pregnancies as a percentage of all pregnancies than U.S. as a whole. In Travis County, approximately 10% of all births are to females under age 20, with significantly higher rates for African Americans and Hispanics when compared with Whites. For uninsured and low-income women, long-acting reversible contraception is a preferred and appropriate strategy for preventing unintended pregnancies and supporting healthy birth spacing yet is underutilized due to lack of awareness of the benefits of LARCs and out of reach ~~to~~ due to the cost.

**Target population:** The target population for the project is low-income and Medicaid eligible females at risk for unintended pregnancy, with an emphasis on adolescents and young adults under age 25. The majority of the patients served will be at or below 200% of the Federal Poverty Level.

**Category 1 or 2 expected patient benefits:** This project will increase awareness of the benefits and accessibility of LARCs through social media; increase the number of LARC consultations integrated into patient visits by 5,000 in DY 5; and provide increased capacity for 650 LARC insertions for women in the target population by DY 5. These patients will benefit from increased contraceptive education and counseling, increased access to long-acting, reversible contraception, reduced rates of unintended pregnancy, and improved health outcomes.

**Category 3 outcomes:** 8.10: Pregnancy Rate

Title of Project: **Pregnancy Planning**

**Category / Project Area / Project Option: 2.6.14**

Engage in population-based health promotion campaign and program to promote healthy lifestyles using social media outreach strategies as an evidence-based methodology in an identified population: Adolescent and Young Adult Pregnancy Planning

Project Goal: Implement evidence-based project using social media strategies to outreach to and educate low-income uninsured and underinsured young women about access to long-acting, reversible contraception for women to prevent unintended pregnancies.

RHP Project Identification Number: **307459301.2.5**

Performing Provider Name: **Community Care Collaborative (CCC)**

Performing Provider TPI: **307459301**

**Project Description**

*Overall Project Description*

The Community Care Collaborative (CCC) is a 501(c)(3) public-private partnership that will redesign the Travis County indigent healthcare delivery system. The CCC was created in 2012 by Central Health, the taxpayer-funded Travis County Healthcare District, and the Seton Healthcare Family, Travis County's largest hospital system. Austin Travis County Integral Care, the designated provider of community-based behavioral health and developmental disorder services for Travis County, has also recently joined the CCC as a partner. The CCC's overarching goal is to provide high quality, cost effective, patient centered care that improves health outcomes for its targeted population. The CCC, through its contracted provider network, will initially serve a defined patient population of 50,000 uninsured individuals at or below 200% of the Federal Poverty Level and who meet other established eligibility requirements. The operational objectives of the CCC are to create effective coordination between providers across the continuum of care; increase and integrate capabilities of providers' Electronic Health Record (EHR) and the system's Health Information Exchange; and aligns payments with outcomes, rather than outputs. With significant public investment in the transformation of the indigent healthcare system, the CCC will develop and implement accountable care organization (ACO) and patient-centered medical home principles by establishing a strong, comprehensive primary care base, collective responsibility for care of patients across the delivery continuum, payments linked to quality improvements, and reliable and progressively stronger performance measurement and reporting.

This DSRIP project will implement an evidence-based pregnancy planning project, using social media strategies to focus on outreach and education for un and underinsured adolescents and young adult women. The project will also increase the number of LARC consultations and LARC insertions for women in the target population. Additionally, taken with the fourteen other DSRIP projects that the CCC is proposing, these women will have better access to care. These fourteen projects are:

- Chronic Care Management Project
- Patient Centered Medical Homes
- Disease Management Registry
- Expanded Hours at Community Clinics
- Mobile Clinics to Underserved Areas
- Dental Care Expansion
- Patient Navigation Project
- Gastroenterology in Community Clinics
- Pulmonology in Community Clinics
- Integrated Behavioral Health for Diabetics
- Telepsychiatry in Community Clinics
- STI & HIV Screening and Treatment & Referrals
- Community Paramedic Navigator Project
- Centering Pregnancy

This CCC Project will develop and implement social media strategies targeted to reach and educate adolescents and young adults under the age of 25 about the benefits of long-acting reversible contraception (LARCs). Using nationally and locally validated approaches, the project will identify and utilize the most appropriate social media strategies for this demographic. Such strategies may include: a microwebsite; mobile phone ads; utilizing viral influencers; micro-targeting through Google, Yahoo, and Facebook; and other strategies. In addition to this outreach and awareness campaign, the DSRIP project will also provide LARC education, assessments and counseling for all patients who are interested in learning more about LARCs or have questions about pregnancy prevention. These appointments include education and counseling, a determination of medical appropriateness, and a discussion of client preferences. If desired by the client, LARC insertions with trained and experienced professional medical staff will be provided onsite or scheduled for another time convenient to the patient.

### **Target Population:**

The social media intervention will be targeted to reach low income, Medicaid or uninsured women. Using analytics, the penetration and effectiveness of these interventions will be measured. All patients who receive LARC consultations and/or LARC insertions as a part of this project will be Medicaid beneficiaries or un-/under-insured. Based on historical percentages from a clinic system based in Travis County, we expect that:

- ~11% of project enrollees will be Medicaid beneficiaries
- ~89% of project enrollees will be uninsured, with 78% of this uninsured group under 200% of FPL.

According to the U.S. Health and Human Services Department, women ages 18 to 24 and with incomes below the poverty line are among those most at risk for unintended pregnancy. Preventing unintended pregnancy among this population is a goal under Healthy People 2020 and a priority for the Centers for Disease Control. According to the CDC, births resulting from unintended pregnancies result in negative public health outcomes including delays in initiation of prenatal care, preterm birth and low birth weight. The U.S. Bureau of Vital Health Statistics reports that low income females who are uninsured are less likely to have access to family planning services, particularly the most effective: long-acting reversible contraception.

More locally, Texas has a higher rate of unintended pregnancies as a percentage of all pregnancies than U.S. as a whole, according to the Guttmacher Institute. In Travis County, approximately 10% of all births are to females under age 20 with significantly higher rates for African Americans and Hispanics when compared with Whites (*Austin/Travis County Health and Human Services Department,*

### *2012 Critical Health Indicators Report).*

For uninsured women, barriers to this method of pregnancy prevention and birth spacing include a lack of awareness of the effectiveness of LARCs; a lack of health insurance; and the high one-time cost of this method (approximately \$850). Medical research shows that if cost were not a barrier, many women would choose LARCs to support healthy birth spacing and pregnancy prevention (*Obstetrics & Gynecology: October 2012*). LARCs have a one-time insertion cost but are 99% effective, safe, reversible, and recommended by the American College of Obstetricians and Gynecologists to promote healthy birth spacing and reduce unintended pregnancies among women under age 25. Once inserted by medical professionals, LARCs require little to no maintenance by clients, have higher compliance rates than other birth control methods, and can remain effective for 3-10 years, depending on the method.

Social media outreach is an innovative health promotion strategy for reaching and educating adolescent and young adult women, particularly Hispanic women, about the effectiveness and availability of LARCs. The literature indicates that Hispanics may be much more receptive to messaging through mobile and social means than non-Hispanics. For example, 75% of Hispanics own a Smartphone vs. 56% of Non-Hispanics. (*Nielsen Mobile Media Marketplace, Q3 2012, U.S.; Population U.S. A13+.*)

Examples of recent health promotion campaigns to educate young women about LARCs include the Take Control Initiative, Bedsider's Works Like a Charm contest, and California's LARC Awareness Week. Formed in 2010, Tulsa's *Take Control Initiative* ([www.takecontroinitiative.org](http://www.takecontroinitiative.org)) provides education, outreach, and free clinical services for LARCs for women at risk for pregnancy at or below 185% of FPL. Social media outreach strategies for the Tulsa program include use of Facebook and Twitter. Bedsider, a free national online support network for birth control, sponsored an online contest in 2011, *Works Like a Charm*, which asked women (and couples) to "tell us why you love your LARC" (<http://bedsider.org>). California Family Health Council kicked off LARC Awareness Week 2012: Nov 25<sup>th</sup>-Dec 1<sup>st</sup> using social media strategies including video messages (I Love My LARC) sent in through social media platforms ([www.cfhc.org/love-my-LARC](http://www.cfhc.org/love-my-LARC)). The CDC has developed a *Social Media Toolkit for Health Communicators* that highlights effective strategies to reach young adults with health promotion messages.

### *Project Goals*

The goals of the project are to:

1. Raise awareness of the benefits of LARCs through social media-based health promotion (year 3)
2. Increase the consultation and use of long-acting reversible contraception to medically-appropriate patients, review risks and advantages of LARCs, insertion provided by medical professionals (year 3)
3. Reduce unintended pregnancy rates among target populations through LARC surveillance and maintenance (year 4 and year 5)

The outreach and health education staff at CCC-contracted clinics will develop and implement social media health promotions program for outreach and education to the target population. The medical staff will provide health screenings, and contraceptive counseling and assessment, and long-acting contraception to appropriate clients using evidence-based strategies for clients at risk for unintended pregnancies.

### *Challenges or Issues Faced by the Performing Provider*

Challenges and Issues include:

- Lack of awareness of the existence, appropriateness, and availability of LARCs
- Lack of health insurance and financial resources to afford LARCs
- Expanding the availability of health screenings, and contraceptive counseling and contraceptive assessments to women particularly under age 25 at risk for unintended pregnancy
- Provider will need to utilize bilingual health education staff to provide culturally appropriate counseling on pregnancy prevention, contraceptive methods and birth spacing. Recruiting for medical assistants to conduct contraceptive counseling and education can be challenging, especially bilingual medical staff.

### *How the Project Addresses those Challenges*

This Project will address these challenges by:

- Developing and implementing a range of social media strategies most effective for the population to raise awareness of the benefits of LARCs both in Spanish and English
- Providing clients with verbal and written information (Spanish/English) on the use, effectiveness, and medically recognized benefits and risks of LARCs by trained bilingual health center staff
- Offer contraceptive health assessments to clients to identify those clients for whom LARCs are medically appropriate
- Providing health assessment and as appropriate LARC insertion at no cost
- Utilize bilingual trained health education staff to provide culturally appropriate counseling on pregnancy prevention, contraceptive methods and birth spacing.
- Conduct on-going staff recruitment led by HR staff to ensure adequate health center staffing for project.

### *How the Project is Related to RHP Goals*

The Project aligns with Regional Healthcare Partnership 7's Goals 1 and 2:

1. Prepare and develop infrastructure to improve the health of the current and future Region 7 populations; and
2. Reduce health system costs by expanding opportunities for patients and families to access the most appropriate care in the most appropriate setting.

***5-Year Expected Outcome for Providers and Patients:*** This project expects to expand number of LARC consultations and insertions to 500 women in DY 3, 550 women in DY 4, and 650 women in DY 5. These patients will benefit from increased contraceptive education and counseling, increased access to long-acting, reversible contraception, reduced rates of unintended pregnancy, and improved health outcomes.

### **Starting Point/Baseline**

#### *Baseline Data*

Baseline data for the number of patient visits for the specific patient population receiving LARC consultations will be established during DY2.

The baseline data for use of social media strategies will be established during DY2. At this point, there has been no previous community or population outreach for LARCs using any media, including social media strategies.

## Rationale

### *Reason for Selection of Project Options and Components*

According to the U.S. Health and Human Services Department, women ages 18 to 24 with incomes below the poverty line are among those most at risk for unintended pregnancy. Women with lower levels of income, and without health insurance are less likely to have access to family planning services, particularly the most effective long-acting reversible contraception (LARCs) according to data from the U.S. Bureau of Vital Health Statistics. Previous analysis has found that direct medical costs of unintended pregnancies are \$4.5 billion annually, and 53% of these may be attributed to poor contraceptive adherence. If 10% of women aged 20-29 switched from oral contraceptives to LARCs, cost savings of more than \$200 million in health care could be generated (*American Public Health Association, Burden of Unintended Pregnancies in the U.S.; James Trussell, Oct. 29, 2012*).

According to the CDC, births resulting from unintended pregnancies can result in negative public health outcomes including delays in initiation of prenatal care, preterm birth and low birth weight. It is estimated that the average annual cost to taxpayers of teen births is \$1,430 per mother per year ([www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13](http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13)). According to the same source, previous studies have shown that family planning services saved nearly \$4 in Medicaid expenditures for pregnancy-related care for every \$1 spent. Low income and minority females bear a higher burden of unintended pregnancy and have the fewest resources with which to address the issue and its consequences (*Brookings Institute: The High Cost of Unintended Pregnancy, July 2011*). Long-acting forms of contraception are 20 times more effective than short-term methods of contraception and are appropriate for at risk women under age 24 in preventing unintended pregnancies, according to a recent study published by the *New England Journal of Medicine*, yet the one-time cost of the long-term methods is a barrier to usage. Per American College of Obstetricians and Gynecologists recommendations, providing access to long-acting contraceptive methods (such as IUDs and implants) to nulliparous and parous women who seek this method, and prefer this method, but can't afford the out-of-pocket expense, improves health outcomes and reduces public health costs.

A core component of this project will be the use of continuous quality improvement to evaluate and improve upon the effectiveness of this intervention. CQI activities will be integrated into project planning and used for performance improvement opportunities.

### *Reason for Selection of Milestones & Metrics*

Per American College of Obstetricians and Gynecologists (ACOG) clinician guidelines, LARCs are recommended for women at high risk for unintended pregnancy due to high effectiveness rate in reducing unintended pregnancy, high continuation rate among use women, and medical appropriateness for young women, including nulliparous and parous women. LARC methods are recommended by ACOG as first-line contraceptive methods and encouraged as option for most women due to research indicating few contraindications and medical appropriateness for almost all women.

DY2 includes P-X milestones to develop a plan to integrate LARC education and counseling into visits for clients seeking birth control or preventive care, develop a social media outreach strategy that identifies most appropriate social media techniques per local target population and documents implementation plans, and establish a baseline of patient visits for clients under 25 years old receiving LARC consultations/insertions. DY3 includes implementation of social media outreach

strategy and LARC education and counseling (P-3) and updating the baseline to include women from all age groups. Improvement milestones in DYs 3 through 5 will demonstrate increased numbers of patient's visits receiving LARC consultations to prevent unintended pregnancies (I-8), with an increase of 3,500 patient visits in DY3, 4,000 patient visits in DY4, and 5,000 patient visits in DY5. DYs 3 through 5 will also demonstrate an increased number of LARC insertions in women (I-6), with an expected increase of 500 LARC insertions in DY3, 550 LARC insertions in DY4, and 650 LARC insertions in DY5. Additional process milestones include participation in face-to-face learning collaborative (P-8) and execution of an evaluation process to monitor social media analytics and adjust social media outreach content based on results to ensure appropriate, effective messaging to target population. (P-5). Data sources to report metrics include social media analytics, EHR, scheduling system, and other clinic documentation.

Health centers maintain a process of continuous quality improvement (CQI) through systematic data collection, analysis and assessment, improvement identification, process design, communication, and ongoing evaluation of outcomes to ensure high quality health services. CQI program combines compliance, risk and quality oversight and includes data-driven and data-based performance measurements tracked daily, and weekly. Clinical care is monitored and evaluated through weekly meetings of a clinical core team (VP of Health Services, Chief Medical Officer, CQI staff and health center directors). The committee assesses data obtained from internal and external audits, and formulates plans to ensure continuous quality improvement. For this project, CQI will include a survey of providers, staff, and/or patients to determine efficacy of outreach and counseling and refine future interventions based on results.

#### *Unique Community Need Identification Number*

CN12: Lack of adequate prenatal care

CN.17 increasing diversity of the region, exacerbating the existing racial and ethnic disparities across many health conditions

#### *How the project represents a new initiative for the Performing Provider or significantly enhances an existing delivery system reform initiative*

This Project significantly enhances the existing delivery system by expanding access to services to additional uninsured and Medicaid eligible women and will improve access to long acting, reversible contraception, reduce public health costs, and promote healthy birth spacing.

#### *Related Activities Funded by U.S. Dept. of Health and Human Services (DHHS)*

There are no related funded activities.

### **Related Category 3 Outcome Measure(s)**

#### *Category 3 Outcome Measures(s) Selected*

Final approval for Category 3 outcome measures is pending.

#### *Reasons/Rationale for Selecting the Outcome Measure(s)*

Category 3 selections have not been finalized.

### **Relationship to Other RHP Projects**

#### *How Project Supports, Reinforces, Enables Other Projects*

The CCC's fifteen projects (listed within the project description) are all interrelated and will provide high quality, cost effective, patient centered care that improves health outcomes for its targeted population. This project has a similar target population to the CCC's project for Sexually Transmitted Infection Screening, Treatment, and Prevention (307459301.2.4).

*List of Related Category 4 Projects (RHP Project ID Number)*

RD-1: Potentially Preventable Admissions

**Relationship to Other Performing Providers' Projects in the RHP**

*List of Other Providers in the RHP that are Proposing Similar Projects*

This project has a similar target population to the City of Austin Health & Human Services Department projects for Prenatal & Postnatal Improvement Program (201320302.2.4) and Healthy Families Program Expansion (201320302.2.5) and to University Medical Center at Brackenridge's project for OB Navigation (137265806.2.1).

**Plan for Learning Collaborative**

*Plan for Participating in RHP-wide Learning Collaborative for Similar Projects*

RHP 7's performing providers, IGT entities, and anchor recognize the importance of learning from each other's implementation experiences and will make regular efforts to share ideas and solve problems. Region-wide, anchor-led meetings will be held at least annually and will offer an opportunity to share, listen, and learn what providers have encountered while implementing their DSRIP projects. RHP 7 envisions continuing the regular, anchor-led calls that are open to all performing providers and IGT entities, as launched during plan development. These calls have brought value to the process, and will be continued on a schedule that will be helpful throughout the waiver period. Further, the region will continue to use its website ([www.texasregion7rhp.net](http://www.texasregion7rhp.net)) to share information, updates and best practices as has been done during this first waiver year.

As useful, Central Health, as RHP's anchor, will foster the development of topical learning collaboratives – smaller meetings as the annual regional summit – that will bring together all levels of stakeholders who are involved in DSRIP projects that share common goals, outcomes, themes or approaches. This multi-pronged approach should allow for continuous improvement of regional projects, which will in turn better serve RHP 7's low-income population and transform its healthcare delivery system.

**Project Valuation**

*Approach and Rationale for Valuing Project*

In valuing its projects, the Community Care Collaborative considered the extent to which the project fulfilled the Triple Aim, supported Waiver goals and addressed community needs. The size of the required investment was also considered, which included considerations of personnel, equipment, time and complexity. Of particular relevance to this project is the one-time cost per LARC (approximately \$850), which make this highly-effective contraceptive method out of reach for many low-income women. Finally, the CCC reflected on the scope of the project: the number of patients that would be affected, including the type of patients; the number of patient visits or encounters; how many providers or staff members would be added; the costs that would be avoided as a result of the project; and the “ripple effect” the project would have on all members of the healthcare system. These factors were weighed against the amount of funding available.

It is estimated that the average annual cost to taxpayers of teen births is \$1,430 per mother per year



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