

# Research Practice

LSUHSC School of Public Health

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## **FACTORS ASSOCIATED WITH THE UPTAKE OF CONTRACEPTION AMONG THE LOUISIANA MEDICAID POPULATION AT RISK OF UNINTENDED PREGNANCY**

Melissa Goldin Evans, PhD

Unintended pregnancies, occurring in nearly one out of every two (45%) pregnancies in the United States, are associated with adverse health and social outcomes for the infant and the mother. Louisiana had the second highest unintended pregnancy rate (60%) in 2010 in the United States and the second worst rates of infant mortality, low birthweight, and preterm birth in 2013. The risk of unintended pregnancies is significantly reduced when women use long-acting reversible contraceptives (LARCs), namely intrauterine devices and implants. This retrospective repeated cross-sectional study was designed to gain a better understanding of the patient, provider, and policy factors associated with contraceptive and LARC uptake among populations at high risk of unintended pregnancy.

Using Louisiana Medicaid claims data from 2013-2015, and the National Quality Forum (NQF)-endorsed contraceptive care measures, patient characteristics

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We'd love you hear your comments.

Ed Trapido, ScD  
Associate Dean  
Research  
[etrapid@lsuhsc.edu](mailto:etrapid@lsuhsc.edu)

Donna L. Williams, DrPH  
Associate Dean  
Public Health Practice and  
Community Engagement  
[Dwilli3@lsuhsc.edu](mailto:Dwilli3@lsuhsc.edu)



associated with contraceptive use among 15-44 year old women at risk of unintended pregnancy, and the patient, provider, and policy characteristics associated with LARC uptake/provision among contraceptive users were analyzed using bivariate and logistic regression analyses.

Among the 726,676 women at risk of unintended pregnancy from 2013-2015, two-thirds were not using any method of contraception. Among contraceptive users, 13% were using a LARC. LARC use was most strongly associated with postpartum status (F=331.8) and provider specialty (F=289.6). **Following the 2014 Medicaid LARC reimbursement policy change to wholesale acquisition cost, LARC use (but not contraceptive use) was more likely in 2015 than in 2013 (OR=2.10). After LARC reimbursement increased, LARC uptake was more likely across all patient and provider characteristics in 2015 than in 2013.**

**IMPLICATIONS FOR PRACTICE:** Medicaid policies and interventions should ensure all women at risk of an unintended pregnancy have equitable access to LARCs and the moderately effective methods of contraception, by removing barriers to same-day LARC provision and targeting education towards healthcare providers in rural parishes and those in frequent contact with reproductive aged women (e.g., those in family practice and pediatrics) that may lack the necessary skills to provide LARCs.

**EDITOR'S NOTE:** While we often consider financial implications for patients, we rarely consider them for practitioners, in this case rural and primary care. As reimbursements shrink, practitioners might focus on those services that provide the best return in order to stay in business. Dr. Goldin Evans has shown that adjustments to reimbursements for LARCs likely contributed to more providers focusing on LARCs for their patients.

### *Melissa Goldin Evans, PhD*

Melissa Goldin Evans is a Gulf Coast native that received her BS in Exercise Science from Boston University in 2006 and her MsPH in Tropical Medicine from Tulane's School of Public Health in 2008. After working for a few years in community health in New Orleans, Melissa entered LSUHSC-SPH's CHS program and successfully defended her dissertation in 2017.



**LSU Health**  
NEW ORLEANS  
School of Public Health

Donna L. Williams, DrPH  
LSUHSC School of Public Health  
2020 Gravier, 3<sup>rd</sup> Floor  
New Orleans, LA 70003  
Dwilli3@lsuhsc.edu