

Oregon's Coordinated Care Organizations: Impact on contraceptive utilization for women on Medicaid

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PRESENTATION FORMAT: Oral Presentation

TOPIC/TARGET AUDIENCE: All public health professionals. May be of particular interest to those interested in health care delivery systems, health policy, or working in the areas of reproductive and sexual health, particularly contraceptive use.

ABSTRACT: Coordinated care organizations (CCOs) represent Oregon's newest innovation, replacing traditional Medicaid managed care (MCO) and fee-for-service (FFS) arrangements for Medicaid beneficiaries. CCOs integrate the delivery of health services with emphasis on prevention and preventive care, and effective contraception use is used as a primary performance measure. This intent may increase contraceptive counseling and utilization of long-acting reversible contraception (LARC) and other effective methods. We examine the impact of CCOs on contraceptive service utilization among non-pregnant female Medicaid beneficiaries of reproductive age. Linking 2011-2013 Medicaid claims and birth certificate data, we analyzed person-month panel data which included CCO enrollment and contraceptive service use for 316,510 women enrolled in Medicaid. Logistic regression compared the likelihood of receiving contraceptive counseling for women on MCO, FFS, and CCO plans, controlling for age, ethnicity, residential county, and secular time trends. We found that CCO women were significantly more likely to receive contraceptive counseling than MCO women. Women on CCO and MCO plans were significantly more likely to receive contraceptive counseling compared to FFS. Additional findings including the impact of CCOs on counseling for specific types of contraception, receiving effective contraception, and implications for the health of women will be discussed.

OBJECTIVE(S):

- Describe to what extent Oregon's health care system integration through CCOs has led to changes in contraceptive counseling, types of contraception provided, and the receipt of effective contraception for women of reproductive age enrolled in Medicaid.
- Discuss the implications of these changes for the health of women on Medicaid.

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