



ATTACHMENT D

Access to Contraception within the MHS

Terry A. Adirim, M.D., M.P.H. M.B.A.

Acting Principal Deputy Assistant Secretary of Defense – Health Affairs



Overview

- Provide updates on:
 - Implementation of NDAA FY 2016 sec. 718 regarding contraception provision and access.
 - Navy's walk in contraception clinics
 - Elective pregnancy termination services for 2017 consistent with NDAA FY 2013, sec. 704 regarding expansion of the exceptions to include rape and incest, and the life of the mother.



NDAAs for FY16, Sec. 718 Implementation and Dissemination

- We chose the CDC selected practice recommendations for initiation and use of contraception as the Military Health System's (MHS') Clinical Practice Guidelines (CPG). Dissemination so far:
 - Webinars March 2017 and June 2017:
 - A CDC representative presented the selected practice recommendations material, including how to use the recommendations by presenting scenarios and engaged in discussion.
 - The recording can be viewed at:
<https://ltd.adobeconnect.com/pbcyb4pajuvn/>
 - Posted the link to the CDC website on the Defense Health Agency (DHA) intranet so MHS providers can easily access additional information, available for access by all military treatment facilities (MTFs) and all DoD providers who counsel and prescribe contraceptives to their patients.



DHA-Procedural Instruction Status

- Service policies were updated to reflect the use of the CDC selective practice recommendations materials as the guidelines for practice throughout the MHS while a DHA-Procedural Instruction (PI) is under development.
- The DHA-PI is currently under development in a Health Affairs (HA)/DHA-led group with Tri-Service representation
- Updates to DoDI 6490.03 “Deployment Health”, to comply with NDAA FY16, sec. 718 are in final coordination and expected to be signed soon.



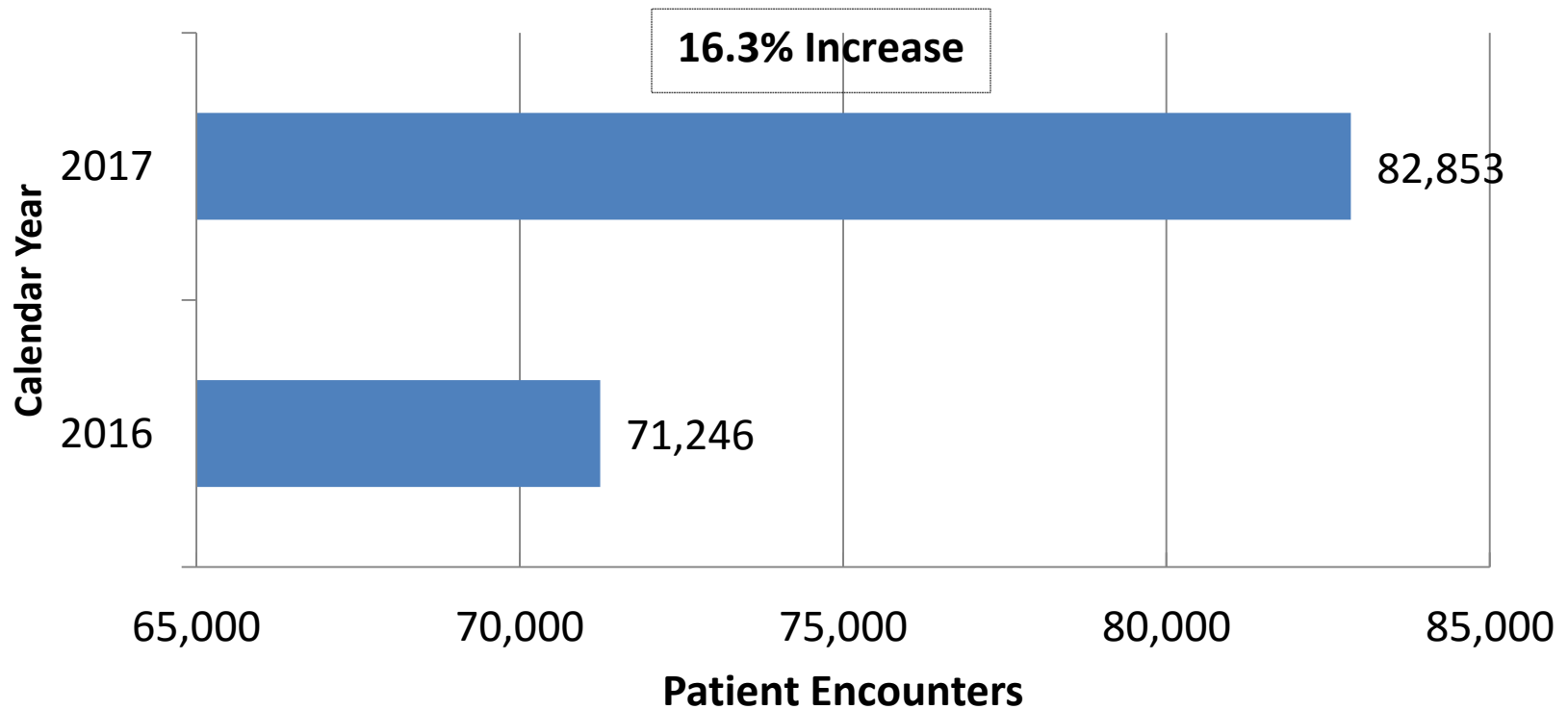
Contraception Counseling and Access



Contraceptive Counseling Encounters

Active Duty Females Aged 17-57

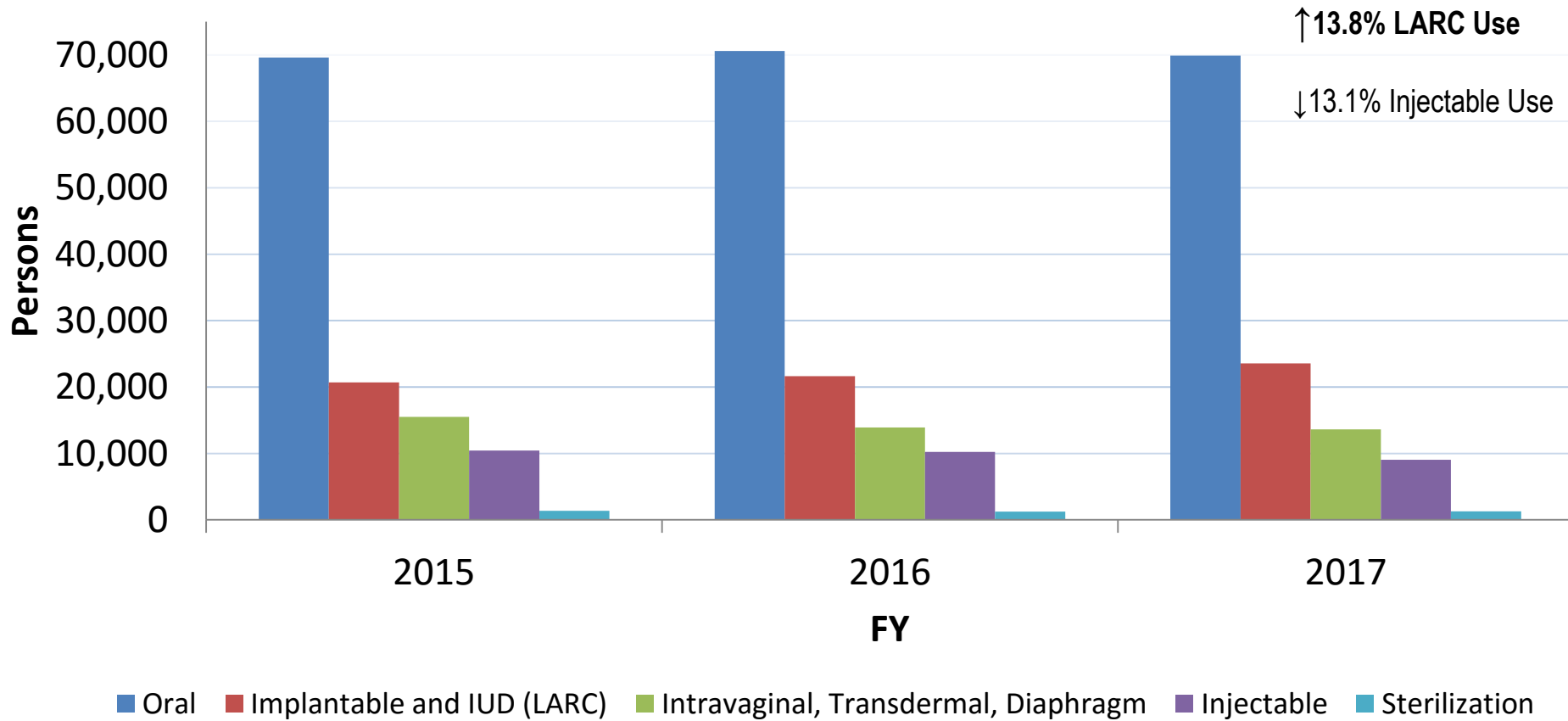
*January 1, 2016-December 31, 2017**



*Coded contraceptive counseling, may be underrepresented and could be included in care for initial contraceptive management without including the specific code

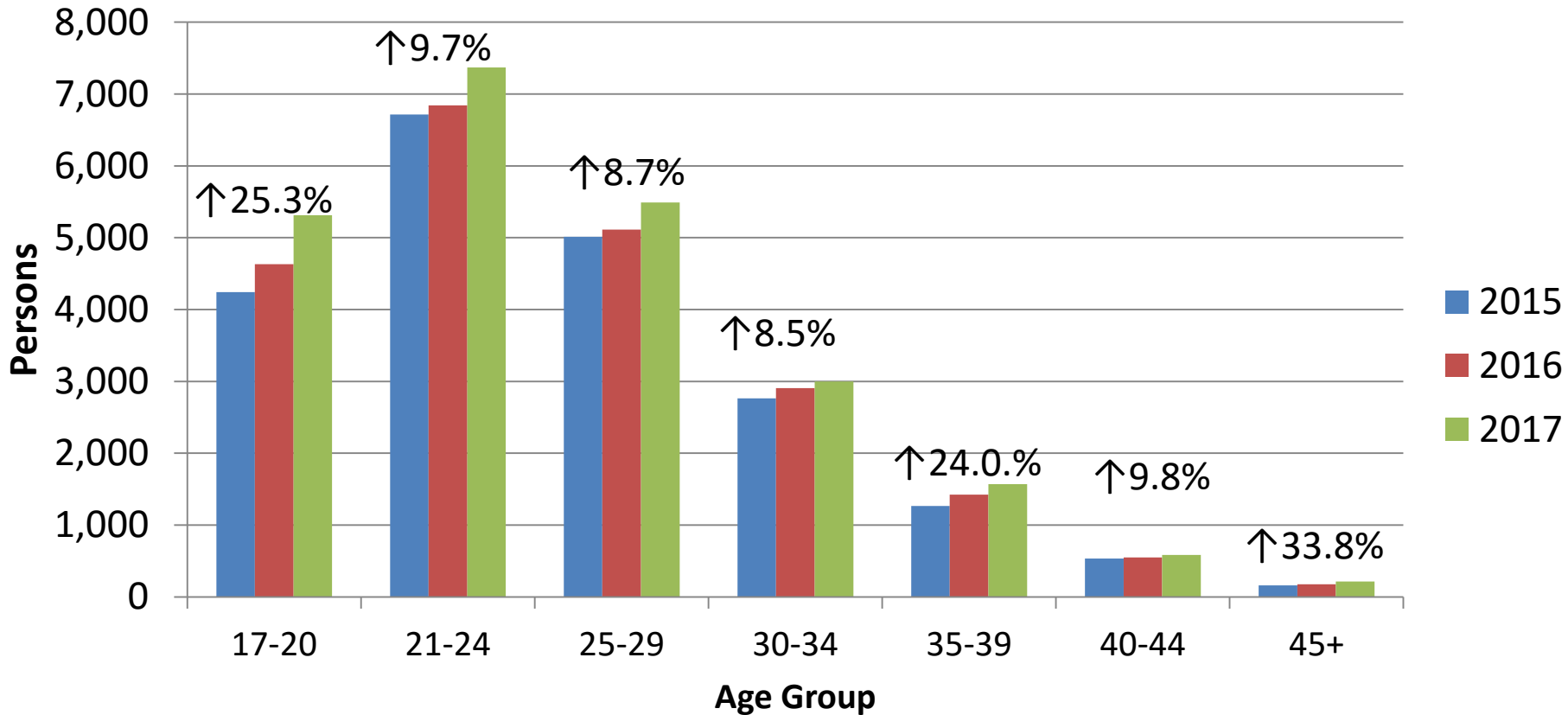


Contraceptive Use by Year and Type Of Contraception





LARC (IUD and Implant) Insertions by Year and Age Active Duty Females Ages 17-57



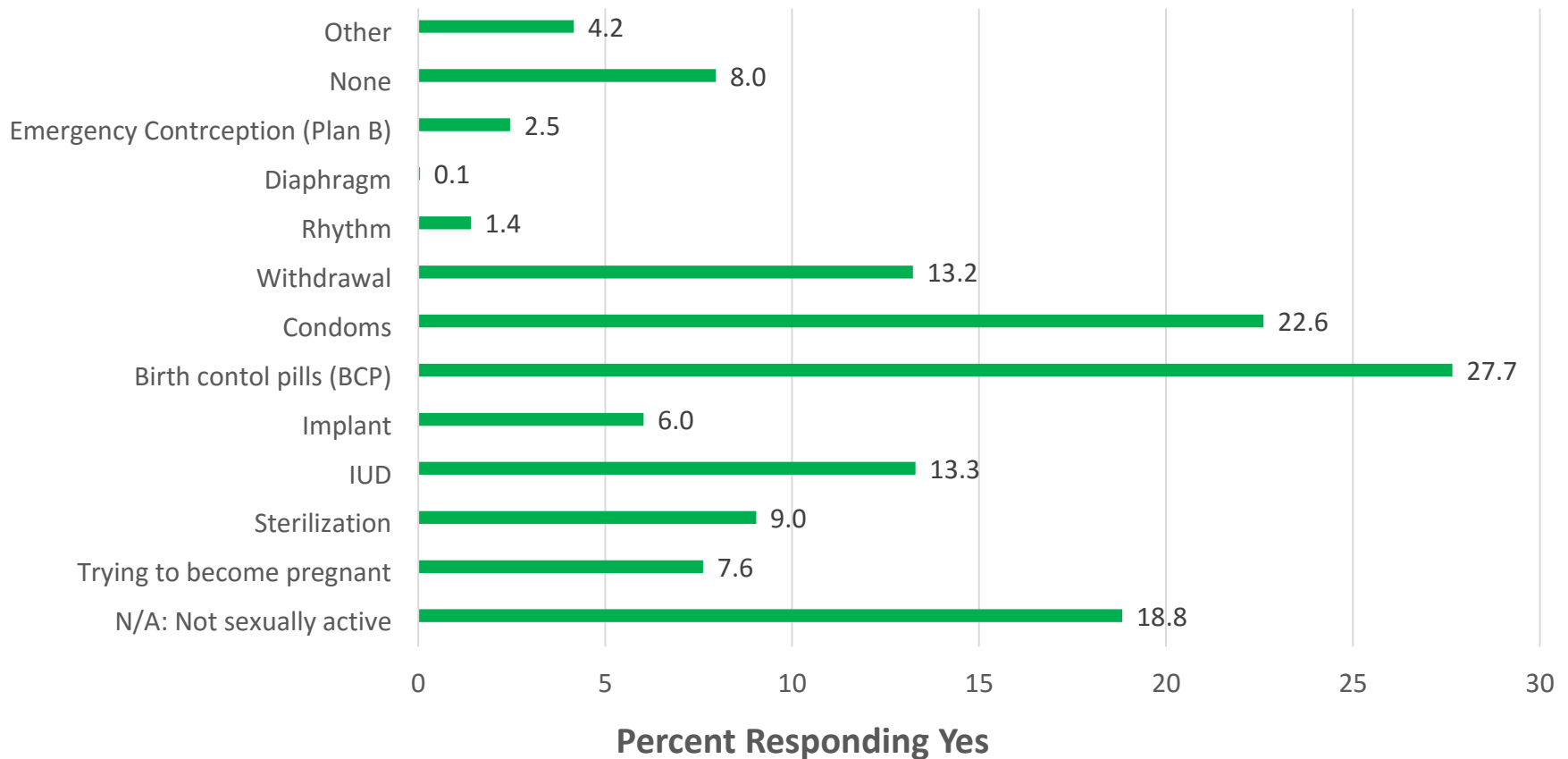


Periodic Health Assessment

- The Periodic Health Assessment (PHA) question 22 reads:
"Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant?"
 - The question is asked of all respondents
- Navy began collecting data January 2017, AF in August 2017
- Army will begin collecting data in March 2018 due to programming difficulties. However, some Army members at joint bases are included in the data currently being collected.
- As of January 2018, 35,383 women have responded to the question.



Proportion of Active Duty Females Responding Yes to Question 22* (N=35,383)





UPDATE ON NAVY CONTRACEPTIVE WALK-IN CLINICS



Navy Walk-In Contraceptive Clinics

- There are currently 7 operational walk-in contraceptive clinics
- An assessment of clinic operations and effectiveness was conducted and average wait times were evaluated.
 - More than 50% of patients were 20-30 years old
 - The most common Active Duty patients were Junior Enlisted (E1-E4)
 - Volume has steadily increased to as high as 400 Active Duty Service Members per month in San Diego
 - Wait times varied from 8 to 60 minutes



Navy Contraceptive Walk-In Clinics and Start-Up Month

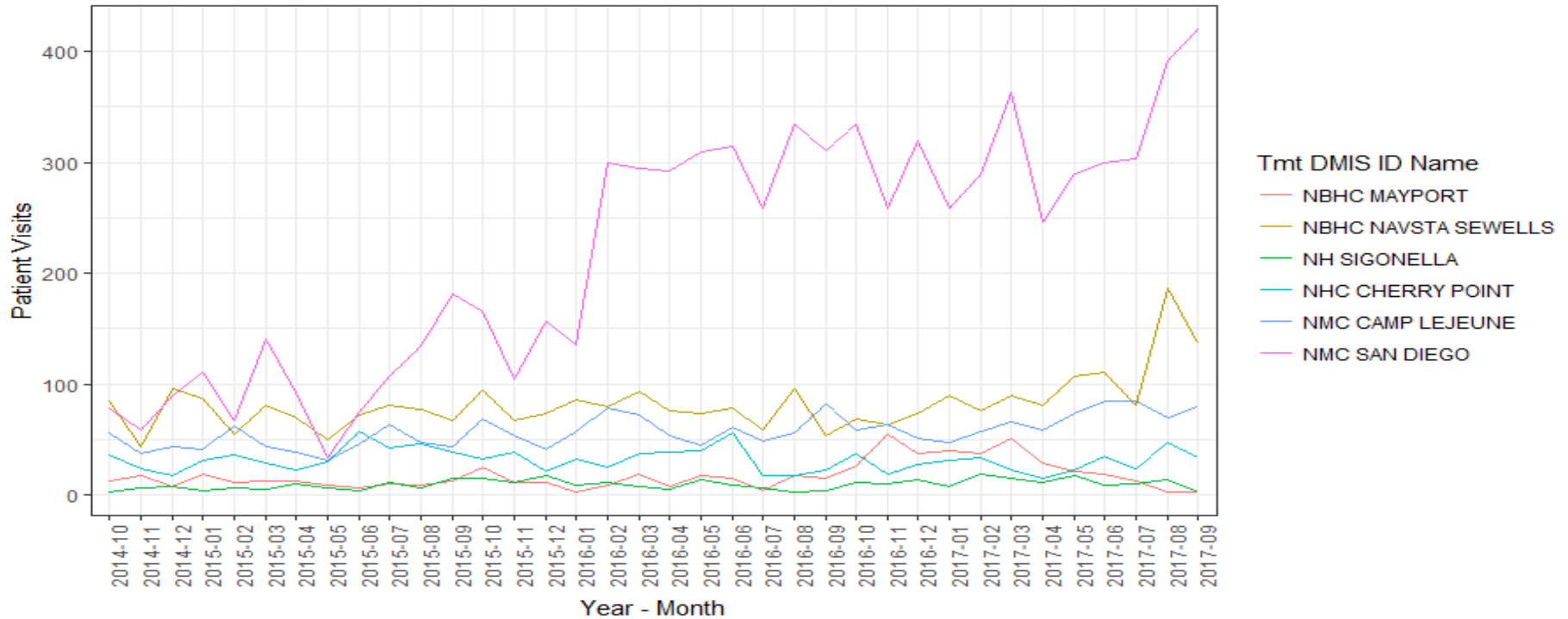
Walk-In Contraception Clinic Site Name	Clinic Start Month
NMC San Diego OB/GYN Clinic	2016 February
NH Jacksonville BHC Mayport OB/GYN Clinic	2016 November
NMC San Diego BHC Kearny Mesa	2017 February
NH Sigonella OB/GYN Clinic	2017 March
NMC Portsmouth BHC Norfolk OB/GYN Clinic	2017 April
NHC Cherry Point Women's Health Clinic	2017 June
NMC Camp Lejeune OB/GYN Clinic	2017 August
NH Jacksonville OB/GYN Clinic	2017 December



Navy Walk-In Clinics Monthly Encounters by Clinic

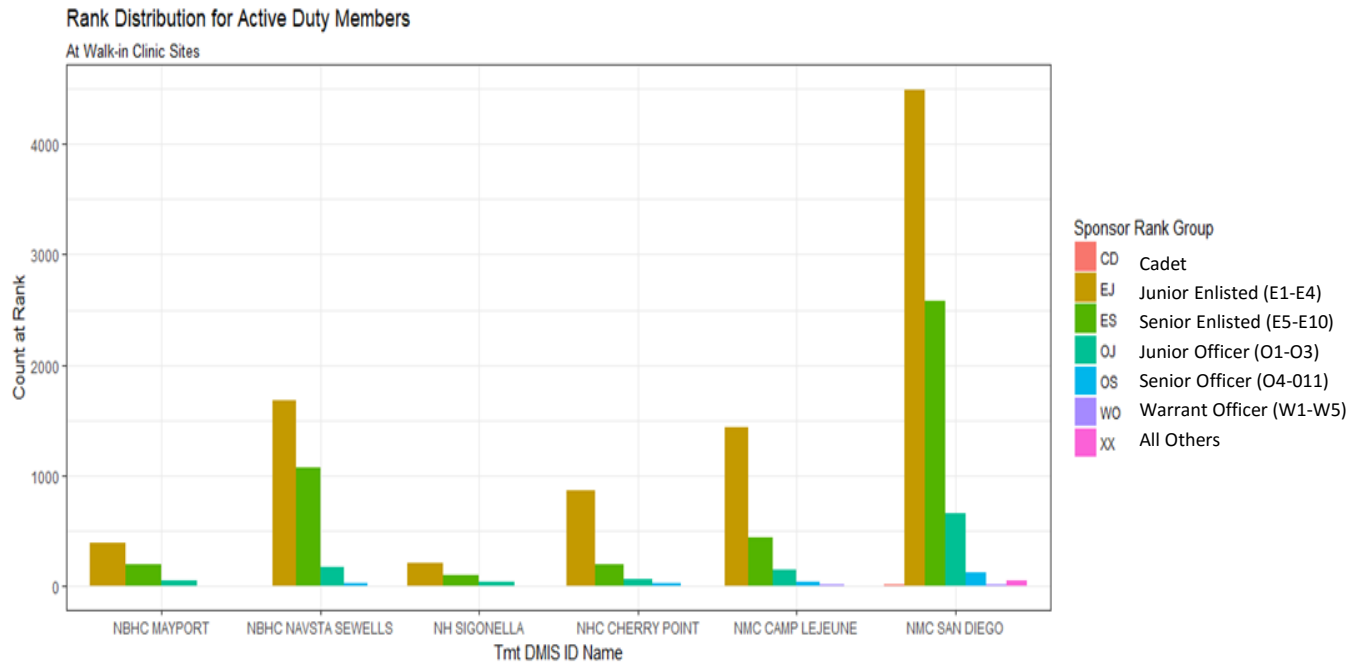
Volume At Walk-in Clinic Locations

Active Duty Only





Navy Walk-In Clinics Active Duty Members by Rank





UPDATE ON PREGNANCY TERMINATIONS FOR 2017



Pregnancy Terminations for Rape, Incest or Medical Complications Endangering the Life of the Mother *FY 2017*

	Army	Navy	AF	Marines	Total
Rape/Incest	2	3		1	6
Medical complications endangering the life of the mother		1	1		2
Total	2	4	1	1	8



Summary

- DoD is in compliance with NDAA FY16, Sec. 718
- The CDC Selected Practice Recommendations for Contraceptive Use (SPR) were adopted as DoD's CPG December 23, 2016
- Contraceptive counseling encounters increased 16.3% in 2017
- Long-acting reversible contraceptives (**LARC**) use has increased 13.8% since CY2015
- Navy has opened 7 walk-in contraceptive clinics



BACK-UP SLIDES



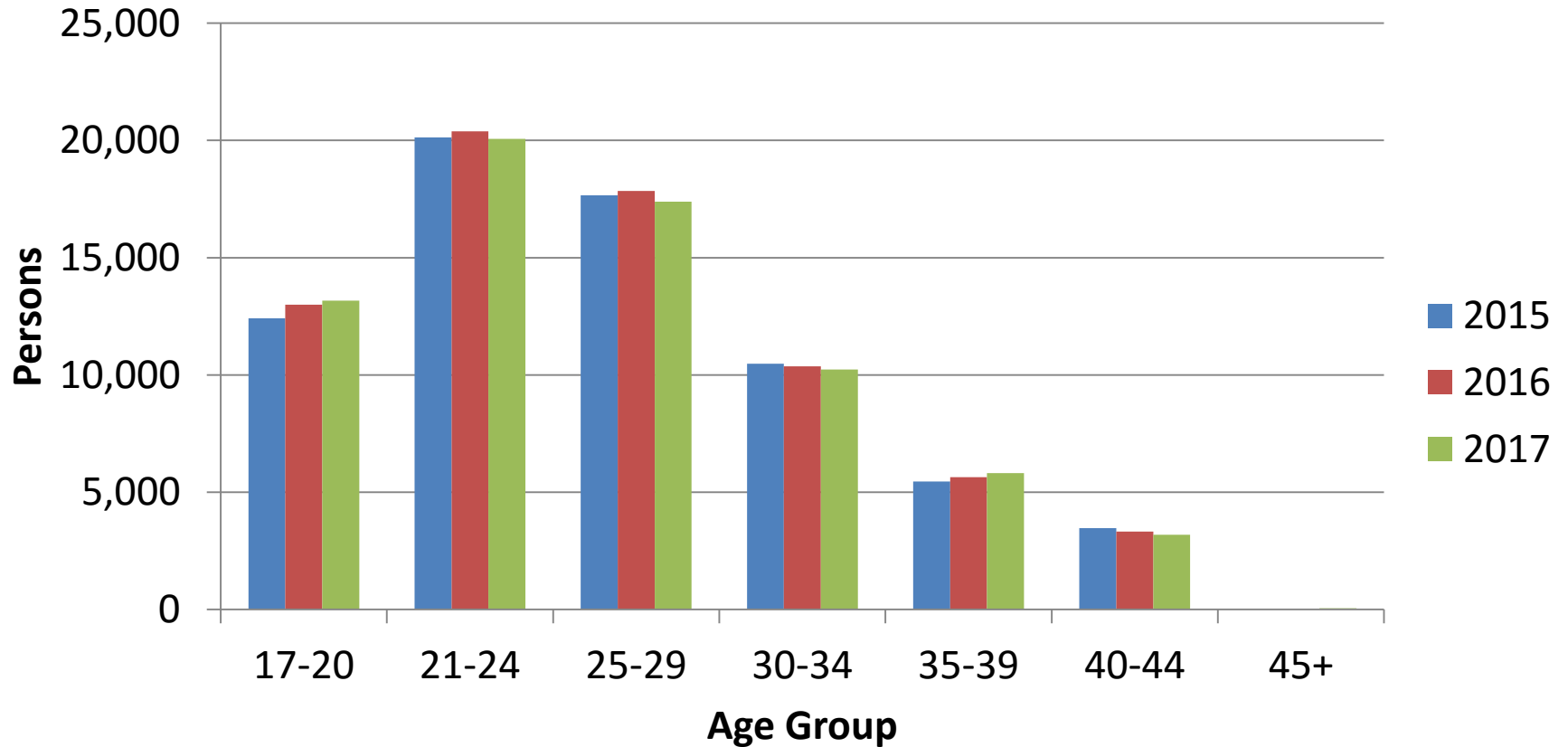
Number of Active Duty* Female Beneficiaries by Year

	FY 2015	FY 2016	FY 2017
17-20	31,240	33,550	34,668
21-24	57,339	58,463	58,988
25-29	54,613	55,719	56,317
30-34	38,586	38,698	38,677
35-39	25,254	26,107	27,191
40-44	14,827	14,267	13,992
45-57	12,292	12,347	12,264
Total	234,151	239,151	242,097

*Total Active Duty end strength for FY 2017 1.3 million

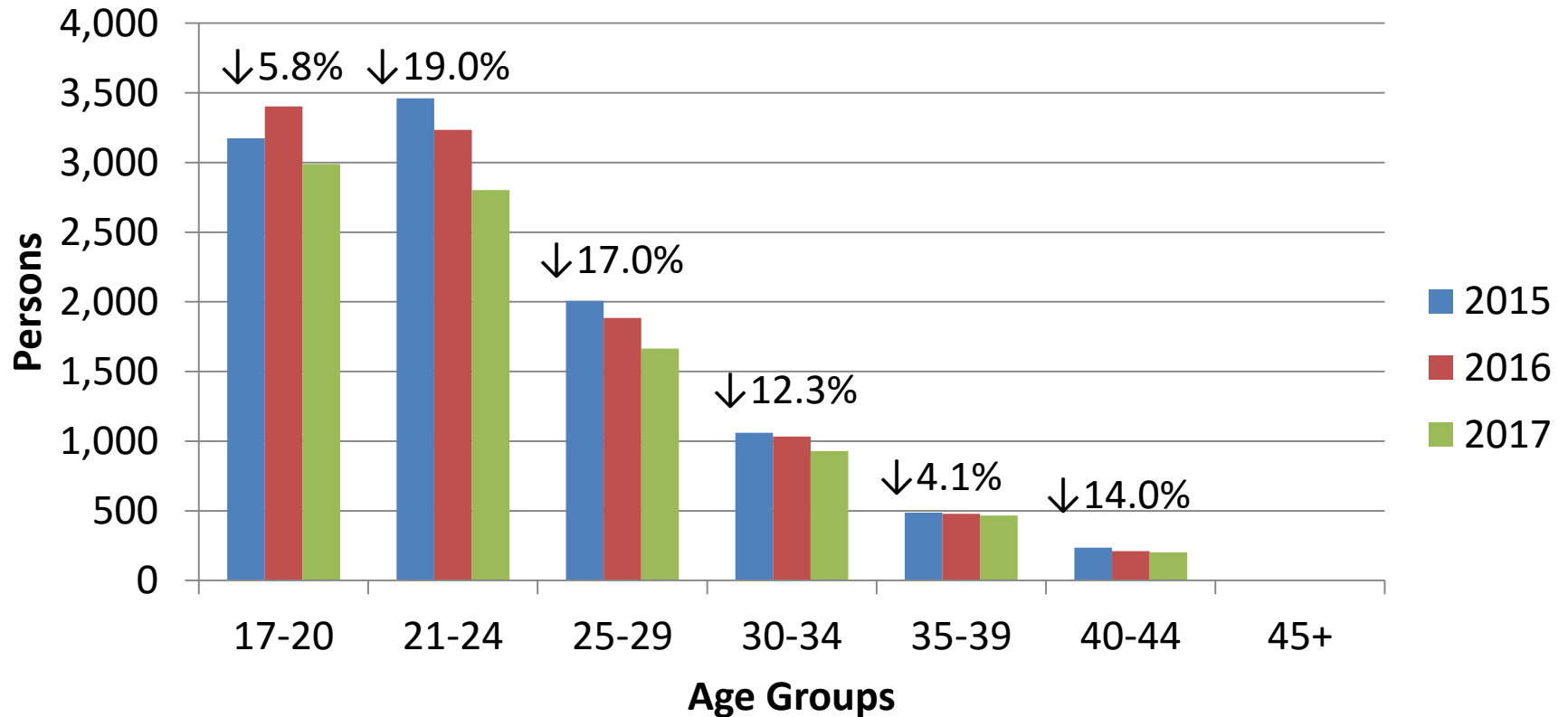


Initial Oral Contraceptive Encounters by Year and Age Active Duty Females Ages 17-57





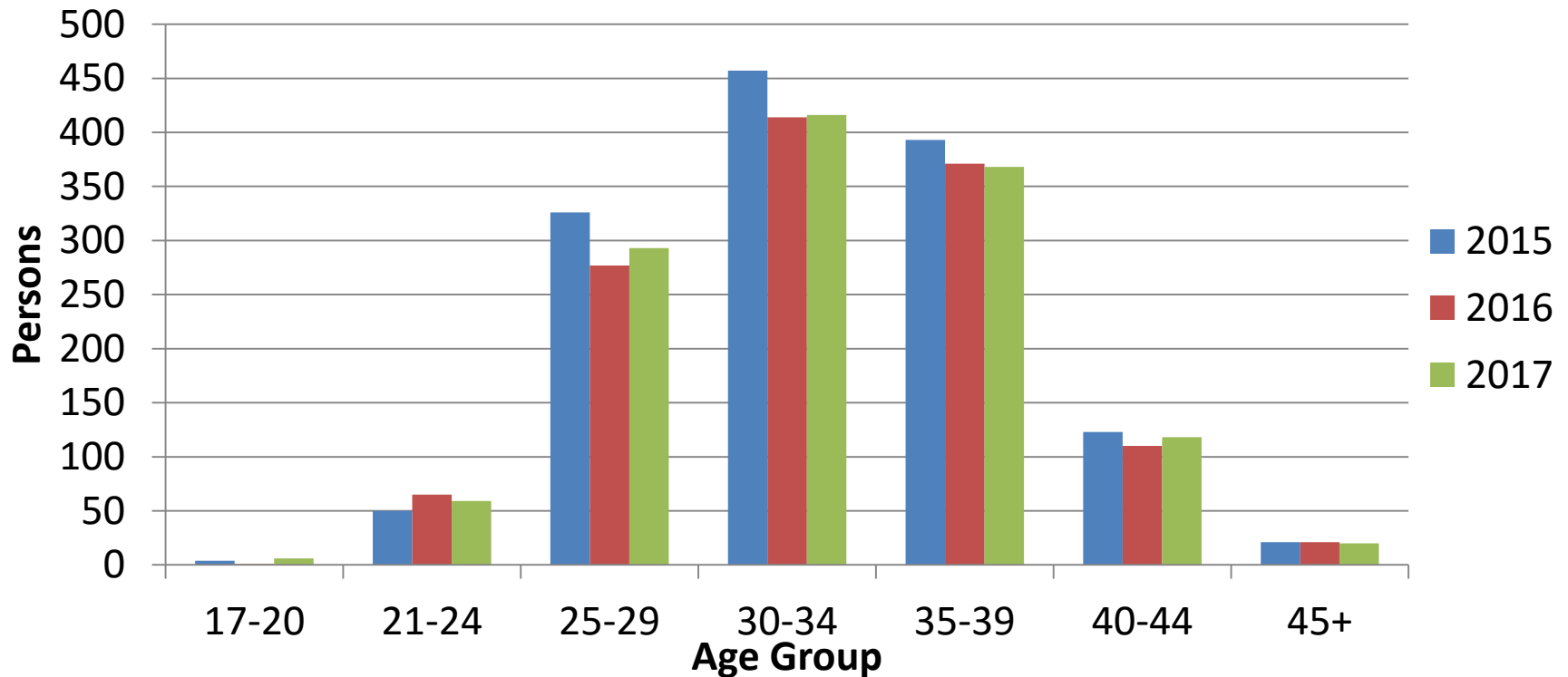
Initial Injectable Contraceptive Encounters by Year & Age Active Duty Females Ages 17-57





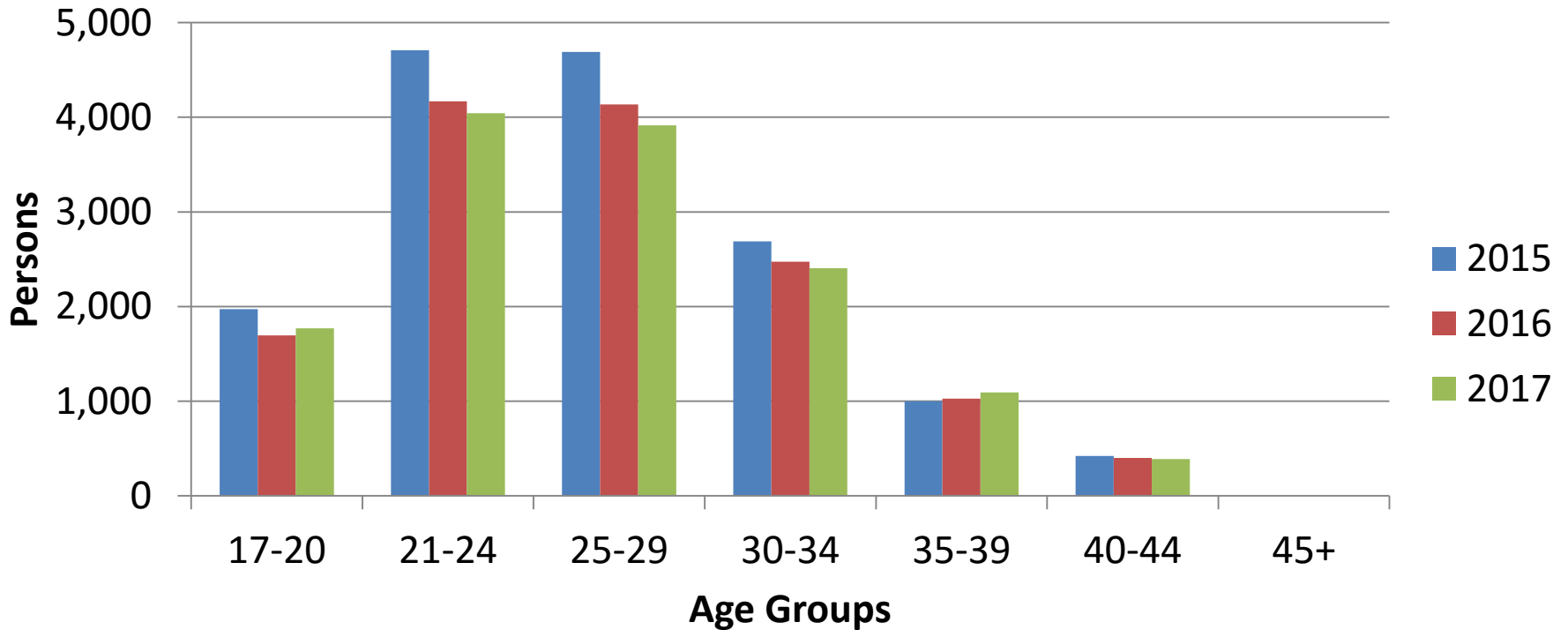
Sterilizations by Year and Age

Active Duty Service Females Ages 17-57





Other* Contraceptive Encounters by Year and Age Active Duty Service Females Ages 17-57



*Includes initial encounters for Intravaginal, transdermal contraceptives and diaphragm/cervical caps



Contraception Availability (Handouts)

- All FDA approved prescription contraceptives are included in the TRICARE Pharmacy benefit, in accordance with 32 CFR 199.4 and 32 CFR 199.21:
 - The TRICARE formulary has included prescription contraceptives since the inception of the TRICARE Pharmacy Benefit.
- The Basic Core Formulary (BCF) is a list of outpatient medications required to be on formulary at all full-service MTFs.
 - BCF medications are intended to meet the majority of the primary care needs of DoD beneficiaries.
 - Pharmacies are not required to have every FDA approved outpatient medication on their formulary.
 - Medications not on BCF can be obtained at network or civilian pharmacies, or MTF can order them.
 - MTFs can augment the BCF adding medications to meet their specific beneficiary population needs.
- MTFs offer many in-clinic contraceptive options that include IUDs and injectable products.
 - The ordering and stocking of products are often managed by the MTF pharmacy.
 - Since they are not outpatient medications, they are not listed as formulary items, because they are ordered by MTF providers from the pharmacy for in-clinic use.