



Advancing women's reproductive healthcare by informing policy

Michelle Moniz is an obstetrician-gynecologist and health services researcher who addresses timely questions about women's reproductive health services, particularly around issues of access, use, costs, and implementation. Her work has directly informed Medicaid reimbursement and commercial insurance coverage policies around contraception, affecting access to essential services for millions of women across the country.

Improving access to contraceptive options after childbirth

Much of Moniz's research centers on women's contraceptive options and the policies that affect their availability and costs. She has extensively studied the use of long-acting, reversible contraceptive methods (such as IUDs and contraceptive implants) immediately after childbirth, which have the potential to prevent unintended and rapid repeat pregnancies.

Evidence shows that offering immediate postpartum contraception can reduce healthcare costs and improve outcomes for women and babies, and this service is supported by the National Academy of Medicine and the National Quality Forum as a measure of high-quality care. In practice, however, immediate postpartum contraception is not widely available in hospitals due to issues of reimbursement and implementation, leaving most women unable to access this care.

Moniz's efforts are helping change that. Along with IHPI colleagues, she has published landmark studies characterizing Medicaid reimbursement policies for immediate postpartum contraception across states. Her work has prompted many Medicaid agencies across the country—40 to date—to adopt specific reimbursement policies for immediate postpartum contraception, allowing hospitals across the country to begin offering this service.

She has conducted major national studies evaluating the utilization of immediate postpartum contraceptive services nationwide and the maternity care workforce's capacity to provide postpartum contraception. Her work has identified key conditions that promote successful implementation of this new practice in hospitals around the country.

Last year, Michigan Medicaid announced it would change its benefit plan to reimburse for immediate postpartum contraception, just six months after Moniz presented clinical and policy data on the service to policymakers. Michigan Medicine now offers immediate postpartum contraception to the nearly 5,000 women who deliver babies at its hospital each year.

The Michigan Department of Health and Human Services has invited Moniz to design and evaluate the statewide effort to implement contraceptive services after childbirth in all 81 maternity hospitals across Michigan—which together serve more than 120,000 delivering women. Meanwhile, Moniz's team is creating an interactive toolkit to help hospitals more easily implement immediate postpartum contraceptive services.

She is also developing cost-effectiveness tools to engage commercial payers in improving access to this care, with a goal of encouraging universal reimbursement among all payers.

Improving insurance benefit design for reproductive health services

Moniz has also evaluated the impact of healthcare reform on women's access to reproductive healthcare services, including a national survey of public attitudes toward mandated coverage of contraceptive care and other preventive services.

The study, published in the *Journal of the American Medical Association* in 2014, was cited in the Protect Women's Health from Corporate

Michelle Moniz, M.D., M.Sc., FACOG

2018 Early Career
IHPI Impact
Award Winner

Assistant Professor,
Department of
Obstetrics and
Gynecology,
Michigan Medicine



**Women's
Reproductive Health**

Immediate Postpartum Long Acting Reversible Contraception (LARC)

BEST PRACTICE

Interested postpartum women have access to intrauterine device (IUD) or contraceptive implant *immediately* after childbirth, before hospital discharge.

Potential benefits of immediate postpartum LARC



better patient experience



improved population health



reduced healthcare costs

STANDARD PRACTICE

Postpartum women wait and return to outpatient office for device placement.

Potential barriers to outpatient postpartum LARC



transportation to outpatient office



arranging childcare



getting time off work



loss of insurance coverage



getting pregnant again before office visit

Interference Act of 2014, federal legislation introduced in both the House and Senate to affirm contraceptive coverage requirements put in place by the Affordable Care Act (ACA).

More recently, Dr. Moniz published a high-impact paper in *JAMA Network Open* demonstrating that Michigan's expansion of Medicaid improved access to birth control and family planning services for women of childbearing age.

Moniz has also evaluated the effects of healthcare reform on commercially insured women's out-of-pocket costs for reproductive health services. Her work has demonstrated that 1 in 5 commercially insured women still pay out of pocket for contraception, and that higher cost-sharing hinders contraceptive use. She has also established that women's out-of-pocket costs for maternity care rose from 2008–2016, largely because of increased deductibles.

Moniz's research findings are helping payers adopt value-based insurance benefits designs, which reduce patients' out-of-pocket costs for high-value services, such as contraception.

Addressing emerging policy opportunities in women's healthcare

Throughout her research process, Moniz looks for opportunities to address timely, policy-relevant questions, and anticipates the information needs of healthcare professionals, public health experts, policymakers, and the general public when translating, presenting, and disseminating her research findings.

In 2019, Moniz will undertake an IHPI Policy Sprint project, a form of rapid analysis to examine the effects of short-term health plans—which are not required to cover essential health benefits such as contraception and maternity coverage—on women's access to healthcare. Her work continues to inform ongoing state and national health policy discussions that stand to impact the health of women in the state and across the country.

Dr. Moniz would like to thank her mentors for their steady support and guidance: Michele Heisler, Vanessa Dalton, Anne Sales, Lisa Harris, Laura Damschroder, Jane Forman, and John Ayanian, as well as her colleagues in the Program on Women's Healthcare Effectiveness Research (PWHHER). She would also like to acknowledge the IHPI National Clinician Scholars Program and CHRT Health Policy Fellowship for the incredible opportunities they have provided her to develop as a physician-researcher and agent of health policy change.



Established in 2011, the University of Michigan Institute for Healthcare Policy and Innovation is the nation's largest university-based collaborative of health services researchers evaluating how healthcare works and how it can be improved, and advising policy makers to inform change. IHPI's nearly 600 faculty span 18 U-M schools, colleges, and institutes across multiple disciplines including medicine, public health, engineering, nursing, business, public policy, social work, law, and others. Learn more at www.ihpi.umich.edu

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