

Building Access to Vasectomy

Donna Burkett, MD Karen Ford Manza, MPA Kristin Kramer, MPH Kari White, PhD, MPH





Agenda

Welcome

Presentations:

Kari White

Karen Ford Manza

Kirstin Kramer

Donna Burkett

Panel Discussion

Q & A

Disclosures

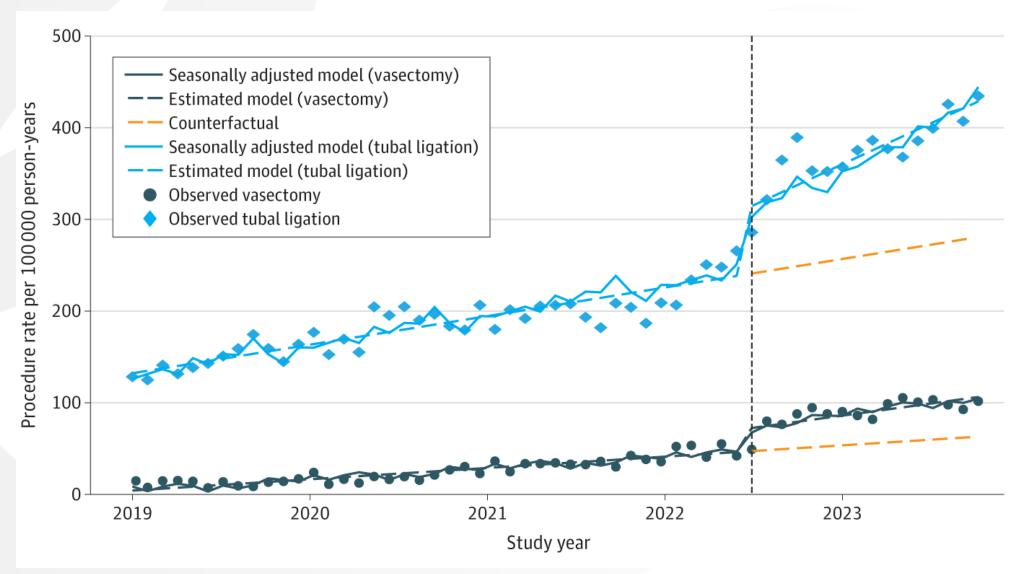


Vasectomy trends in the US

Kari White, PhD MPH

NFPRHA Meeting, May 2024

Vasectomy (and tubal ligation) increased post-Dobbs



Demographics of men getting vasectomies

Before Dobbs, men who got a vasectomy were typically:

- non-Hispanic white
- had higher levels of education
- had higher incomes

After Dobbs, a greater share of vasectomy patients:

- are seeking care a younger ages
- do not have children
- are not married/do not have a regular partner

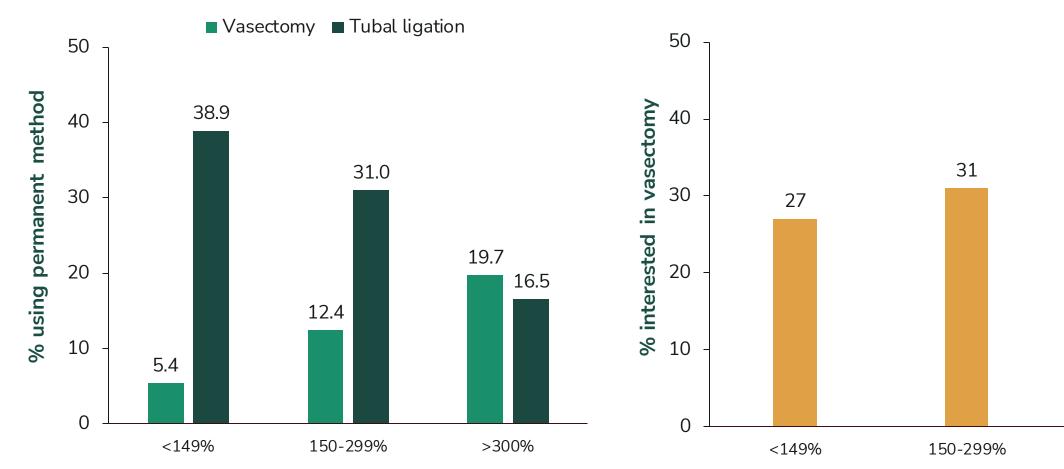
Differences in vasectomy use, not interest

Percentage of US men and women who do not want more children using permanent contraception, 2015-2019

Percentage of US men who do not want more children and are interested in vasectomy, 2018

37

>300%



White, et al 2022

Systems barriers to vasectomy care



Vasectomy is primarily provided by specialists

Fewer Title X-funded health centers offer the procedure.



Barriers to vasectomy



Services are geographically concentrated

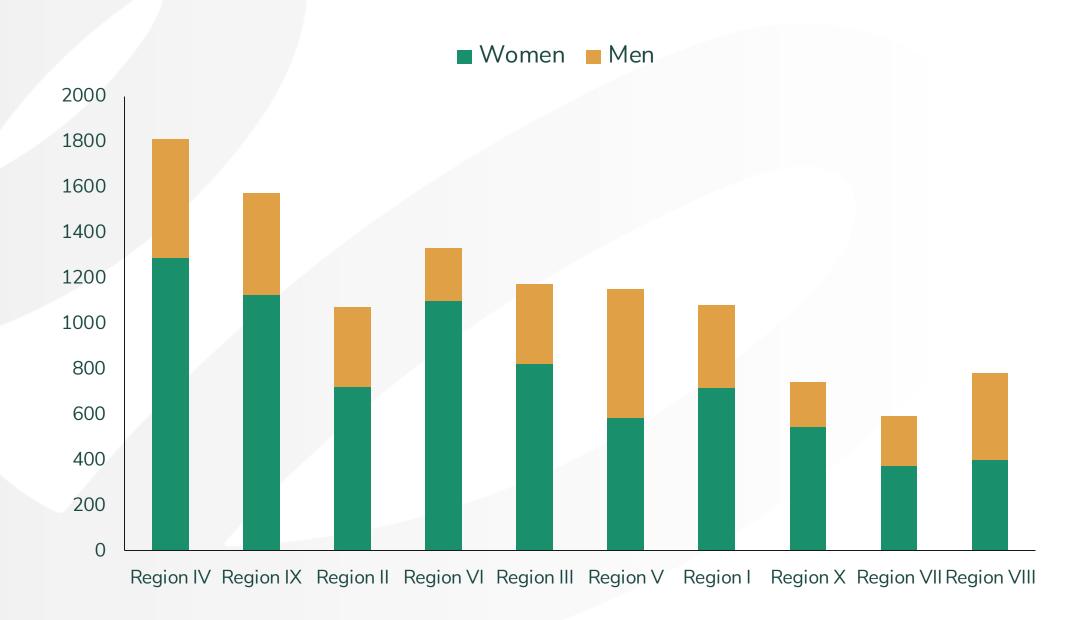
Reimbursement rates are often low, the process cumbersome





Insurance coverage is not guaranteed

Title X clients relying on vasectomy, 2022



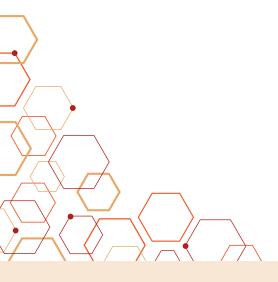


Thank you!

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@resoundrh

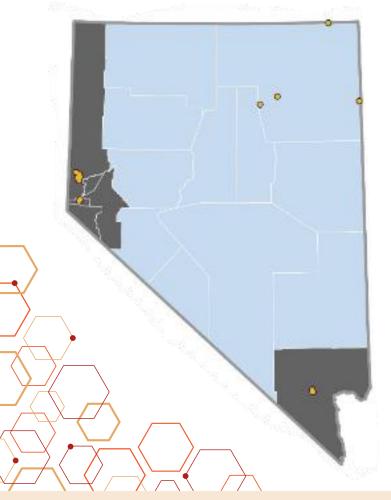
Permanent Contraception 101 – Vasectomy Access Program



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Permanent Contraception 101 – Vasectomy Access Program



Reproductive Education and
Care in Community Health Homes
(REACCHH)

Clinical Quality, Access, Equity
Patient-driven, patient-centered care
Integration, Partnership, Transparency, Sustainability



Permanent Contraception 101 – Vasectomy Access Program

REACCHH Highlights

Partnership & Communication

PDSA Data Quality Improvement Program

Creative Collaborations – get started!



Permanent Contraception 101 – Vasectomy Access Program

WHY?

Patient demand – quality, access, equity

Aligned with patient choice & need, FQHC mission...

...All possible with Title X Program and Resources



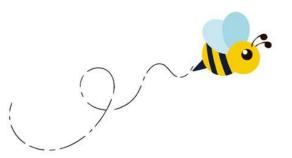
Just starting...



Permanent Contraception - Vasectomy Access Program

HOW?

Follow Values: Clinical Quality, Access, Equity



Demonstrate Sustainability:

Subrecipient - Fiscal and organizationally Grantee - time, \$, resources & networks

WHEN?

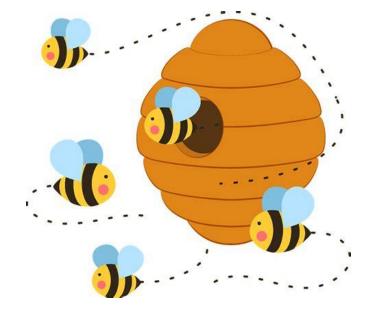
Probe for Champions & Partners!

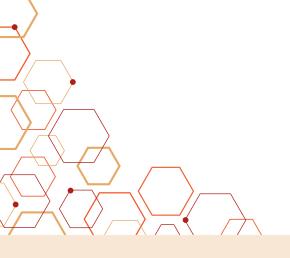


Permanent Contraception 101 – Vasectomy Access Program

Partners & Champions

Provider Turn-over Staff Turn-over







Permanent Contraception - Vasectomy Access Program

Barriers & Opportunities

Complex!

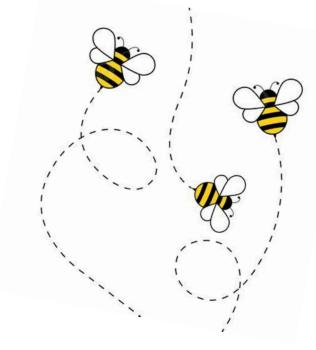
Ethical considerations

"Zero-sum game"

Competing Priorities

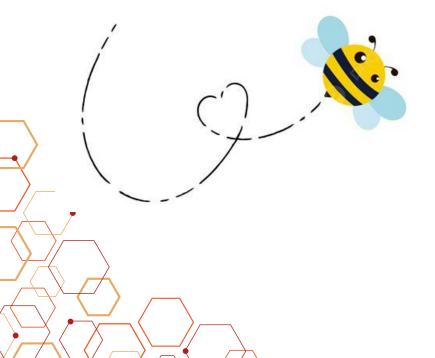
Scarcity of funds

Eligible provider types to perform vasectomy





Permanent Contraception – Vasectomy Access Program



Find support & start!

Thanks to NVPCA Team

Northern Nevada Partner:

Kirstin Kramer, MPH Community Health Alliance RH Programs Manager



COMMUNITY
HEALTH
ALLIANCE

Vasectomy in Title X

Kirstin Kramer, MPH

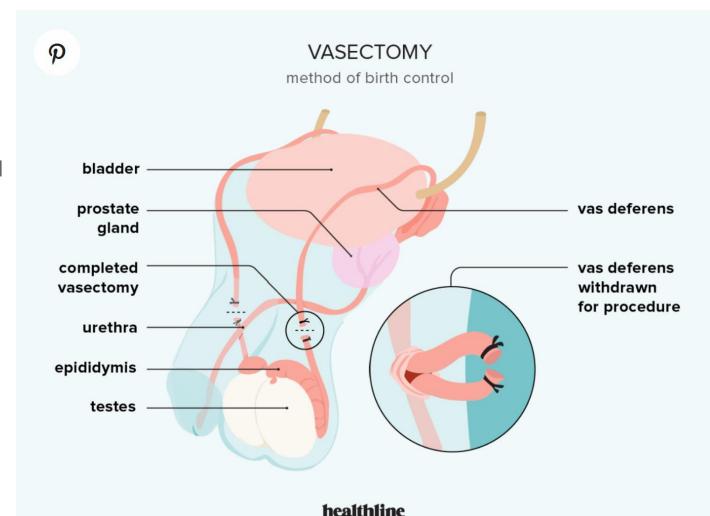
Reproductive Health Programs Manager

What is a Vasectomy?

A vasectomy is a surgical procedure that prevents sperm from leaving the testicles and entering the semen, providing permanent birth control. Also known as male sterilization or "the snip," a vasectomy is more than 99% effective at preventing pregnancy.

Conventional: Scalpel

No-Scalpel: Clamps with a small hole



Four Reasons to Offer Vasectomy

Why we what to do this, and why you should too!

- 1. Accessibility and Convenience
- 2. Reducing Healthcare Disparities
- 3. Cost-Effectiveness
- 4. Patient Education and Counseling

Federal Rules for Payment of Sterilization

Federal funds can only be used to pay for the sterilization of an individual when:

- a) The individual is at least 21 years old at the time consent is obtained;
- b) The individual is not a mentally incompetent individual;
- c) The individual has voluntarily given informed consent in accordance with all the requirements prescribed in §§441.257 and 441.258; and
- d) At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of the sterilization, except in the case of premature delivery or emergency abdominal surgery. An individual may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since he or she gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

Source: 42 CFR §441.253

Common Questions and Concerns

Will a vasectomy affect my sex life?: No

Will I need to stay in the hospital after a vasectomy?: No

Does a vasectomy cause cancer?: No

Does a vasectomy affect testosterone levels?: No

Does a vasectomy affect sex drive?: No

Can a vasectomy be reversed?: Not always

Do vasectomies protect against STDs?: No



Program Plan









Research and
Collaboration with the
NVPCA. Environmental
scan. Is there a need in
our community?

Stakeholder engagement, provider champion. Goals and objectives. "Goal: provide our community with vasectomy as part of our family planning initiatives- no matter what"

Policy/ Procedure, SFDS, board approval, Department focus, credentialing, Front Office, Call Center, MA, Provider, Scheduling, Marketing, Pharmacy, Billing

Pilot, Re-evaluate process, Training, Expansion

Story Time:

Prom Date

Married Life

Community- WFF



COMMUNITY HEALTH ALLIANCE

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Donna Burkett, MD





Q & A

