

Meeting Summary



Immediate Postpartum Long-Acting Reversible Contraception Learning Community Year Two In-Person Meeting Oct. 19–20, 2015

Purpose and Background

ASTHO, with support from CDC and partnerships with the American Congress of Obstetricians and Gynecologists, the Association of Maternal & Child Health Programs, the Centers for Medicare and Medicaid Services, and the Office of Population Affairs, convened year two of the Immediate Postpartum Long-Acting Reversible Contraception (LARC) Learning Community to help selected states implement LARC initiatives. In addition to Colorado, Georgia, Iowa, Massachusetts, New Mexico, and South Carolina (Cohort I), ASTHO welcomed Delaware, Indiana, Louisiana, Maryland, Montana, Oklahoma, and Texas (Cohort II) to the learning community. Over the next year, ASTHO will provide technical assistance to these thirteen states and identify promising practices to increase access to immediate postpartum LARC. ASTHO and CDC will conduct key informant interviews with both cohorts to further explore successes and challenges related to LARC implementation, and will hold four virtual learning sessions over the next year.

Year Two Launch Overview and Approach

The learning community aims to identify and document technical assistance needs, promising practices, and barriers impacting access to LARC. Information collected during the learning community will be widely disseminated to support immediate postpartum LARC initiatives. The year two learning community in-person meeting aimed to:

- Create an opportunity for multi-disciplinary teams to evaluate their immediate postpartum LARC progress, identify priorities for the next year, and develop short- and medium-term action steps.
- Improve states' capacity to successfully implement immediate postpartum LARC by facilitating state-to-state sharing of promising strategies and common challenges.
- Highlight Cohort I lessons learned and goals for the future.
- Discuss Cohort II policies, progress, and technical assistance needs.
- Examine progress on the [eight domains](#) of the learning community and identify learning opportunities

Seventy participants from 13 states attended the two-day in-person meeting, along with federal and national partners and ASTHO staff. Day one opened with an overview of the learning community and highlights from states' eight domains success and technical assistance (including regarding provider training, reimbursement and sustainability, informed consent and ethical concerns, stocking and supply, outreach, stakeholder partnerships, service locations, and data, monitoring, and evaluation) and Cohort I activities over the past year. Cohort II states then presented on their experiences and challenges regarding increasing access to LARC. These presentations were followed by group discussions where participants convened in one of five facilitated peer groups—logistical challenges to implementation (two groups), patient and provider education, Medicaid policies and procedures, and leadership and systems—to discuss lessons learned and partnership opportunities to improve immediate postpartum LARC in their states. Day one ended with facilitated individual state team time to identify strengths,

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opportunities, weaknesses, and threats for implementing immediate postpartum LARC and goals for the upcoming year, followed by a final state report out.

Day two began with a presentation on the evaluation methods that will be employed over the next year for the learning community. Cohort I states presented successes from year one and discussed goals for the upcoming year. Cohort I states and Cohort II states were paired to discuss short- and medium-term actions that states, partners, and ASTHO can take to increase access to immediate postpartum LARC. The meeting concluded with a final state report out, comments, and next steps.

Key Findings from the Learning Community In-Person Meeting By Domain

Domain 1: Provider Training

States cited provider training on LARC counseling and insertion as crucial to increasing LARC use. States have begun to provide healthcare professionals with the training and tools they need to confidently and comfortably insert LARC immediately postpartum.

Domain 2: Reimbursement and Sustainability

The majority of states have Medicaid policies in place for immediate postpartum LARC. Participants stressed the importance of collaboration and partnership between state Medicaid and public health agencies to increase access to LARC immediately postpartum. Many states reported difficulty in implementing policies due to a myriad of factors, including a lack of awareness among providers about policy changes, misperceptions regarding immediate postpartum LARC insertion, and lack of provider training. Additionally, state-by-state variations in Medicaid policies have proven challenging and impact the extent to which hospitals and providers are incentivized to offer postpartum LARC services.

Domain 3: Informed Consent and Ethical Concerns

States reported ongoing concerns with consent and confidentiality for inpatient LARC insertion, indicating the need for standardized consent processes and protocols.

Domain 4: Stocking and Supply

Cohort I states reported ongoing challenges with stocking and supplying LARC, and Cohort II states also cited this as a major barrier to LARC implementation. States reported that offering LARC in an inpatient setting is significantly more expensive than in outpatient settings because LARC devices may not be covered under HRSA's 340B Drug Pricing Program. Rural hospitals, in particular, cited difficulties in stocking LARC devices due to rising costs and budgetary constraints. Upfront costs and concerns about reimbursement continue to be a barrier for physician and pharmacy buy-in. However, many states reported that providers were highly motivated to provide inpatient LARC through avenues such as [white bagging](#), a method of stocking LARC devices in an outpatient clinic that directly charges the device to the individual patient's insurance instead of to the provider.

Domain 5: Outreach

Participants identified that well respected champions in their states were critical to accepting and spreading LARC use immediately postpartum, noting that strong leadership helped states implement Medicaid reimbursement policies. These champions are often healthcare providers who serve as leaders in LARC efforts and as liaisons with other providers, sharing information and addressing LARC

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misperceptions. Political will, community enthusiasm, and support from providers has garnered widespread interest in expanding LARC access.

Domain 6: Stakeholder Partnerships

States also identified broad coalitions of partners who helped establish statewide priorities and goals, coordinated stakeholder efforts, and supported outreach and communication with key players. Identifying a LARC champion who could disseminate accurate and timely information to other stakeholders and decision makers proved to be a challenge for some states. Along similar lines, states identified a need for immediate postpartum LARC information and tools to disseminate to stakeholders, providers, and the community, particularly regarding new LARC policies.

Domain 7: Service Locations

States identified persisting difficulties reaching priority populations, particularly in rural areas where LARC access is minimal. In discussion, states in both cohorts suggested trying to reach providers and women in rural areas by developing outreach plans that incorporate telemedicine and mobile units for education and services.

Domain 8: Data, Monitoring, and Evaluation

Almost all of the states in the learning community reported challenges with data collection and analysis. Some states have taken steps to develop quality measures and evaluation plans to capture and document LARC successes in their states. Data on intrauterine device insertion, expulsion rates, and removals have helped states enhance their knowledge of postpartum LARC use and billing.

Technical Assistance

Cohort I and II states identified a number of technical assistance needs throughout the meeting. Almost all states identified needing to build the evidence base to support LARC insertion immediately postpartum. This includes being able to access data sets and guidance on collection and analysis to support LARC initiatives. In addition, states requested guidance on conducting cost analyses of LARC use in their states to build the business case for LARC. States also mentioned the need for guidance to develop Medicaid policies and other financing options and sources for LARC insertion and use.

As LARC use spreads, states report an ongoing interest in developing educational and informational resources to support LARC, including raising awareness, gaining buy-in, and establishing implementation protocols, provider training, and best practices. States also request additional messaging and communication tools to address myths about LARC usage and alleviate provider concerns. Finally, states asked for guidance on creating online toolkits both for clinical and community use to implement LARC.

Next Steps

States and partners left the in-person meeting with several next steps. Cohorts I and II identified short-, medium- and long-term steps that they can take to increase access to immediate postpartum LARC in their states. Next steps include continued action planning and goal setting, developing and maintaining collaborative relationships, exploring additional financing options, supporting provider training, and engaging in outreach and communication activities related to LARC policies. ASTHO and national partners will continue to provide technical assistance and facilitate peer-to-peer support by providing

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learning opportunities on specific topics of interest, coordinating peer group calls, and connecting with federal and national partners to develop and build technical assistance plans with states.

Findings from the key informant interviews will inform the content and structure of the learning community over the course of the project. ASTHO will continue to work closely with the thirteen state teams and federal and national partners to facilitate a meaningful, productive learning community. Identifying best practices and technical assistance opportunities will help advance immediate postpartum LARC initiatives in participating states and support increased access at the national level.