Implementation of IPP
LARCs

Seema Csukas, MD, PhD
Medical Director, Maternal and Child Health
Landscape

- 159 counties
- 18 public health districts
- 6 perinatal regions
- 81 birthing hospitals
- 10.1 million state population
- 2.1 million women 15-44
- 130,776 births
- 14,059 preterm births
Medicaid LARC Reimbursement Policy

• Effective 4/1/14
• Covered Benefits
  ➢ Device insertion immediately postpartum in hospital setting
  ➢ Ultrasound for guiding placement
• Covered Devices: Paragard (J7300), Skyla (J7301), Mirena (J7302), Nexplanon (J7307)
• Payment Methodology
  ➢ Add-on payment outside of the applicable DRG
  ➢ Physician may bill for insertion and device if applicable
Georgia Perinatal Quality Collaborative (GaPQC)

**Vision**
All perinatal stakeholders in Georgia coming together to improve health and birth outcomes for all Georgia mothers and babies

**Mission**
To establish and maintain a robust statewide perinatal data and quality improvement system that engages stakeholders in evidence-based practices to improve health outcomes for mothers and babies throughout Georgia.
Maternal Project

• Implementation of access to immediate postpartum LARCs
Participants
**LARC AIM:** Increase by 15% the number of women whose deliveries are covered by Medicaid that receive immediate post-partum long-acting reversible contraception placement (LARC).

### Key Drivers

- **Provider engaged and trained on methods**
  - Training on IPP placement.
  - Awareness among providers of risks, benefits and myths (OB and physicians who treated chronic conditions).
  - Toolkit to support adoption of immediate postpartum LARCs.

- **Policies and Billing Strategy**
  - Policy in place the outlines training requirements, consent, distribution of device card, billing process and workflow process.
  - Billing staff educated on billing process.

- **Pharmacy and Supply Chain**
  - Contracting and reimbursement strategy.
  - Supply chain process determined for storage and access within placement timeframe.

- **Education plan in place for hospital staff**
  - Include training in annual competences and L&D NEO.
  - Educate and create awareness of benefit of IPP LARC.
  - Identify best process for collecting consent and processing for discharge.

- **Education and awareness among expecting women**
  - Create scripting and educational materials for outpatient and inpatient environment.
  - Include in Women’s Center welcome packet.

### Secondary Drivers

- **Provider engaged and trained on methods**
  - Training on IPP placement.
  - Awareness among providers of risks, benefits and myths (OB and physicians who treated chronic conditions).
  - Toolkit to support adoption of immediate postpartum LARCs.

- **Policies and Billing Strategy**
  - Policy in place the outlines training requirements, consent, distribution of device card, billing process and workflow process.
  - Billing staff educated on billing process.

- **Pharmacy and Supply Chain**
  - Contracting and reimbursement strategy.
  - Supply chain process determined for storage and access within placement timeframe.

- **Education plan in place for hospital staff**
  - Include training in annual competences and L&D NEO.
  - Educate and create awareness of benefit of IPP LARC.
  - Identify best process for collecting consent and processing for discharge.

- **Education and awareness among expecting women**
  - Create scripting and educational materials for outpatient and inpatient environment.
  - Include in Women’s Center welcome packet.

### How We Measure Success

- **Provider engaged and trained on methods**
  - % of active staff providers trained.
  - % increase in baseline survey of those trained and positive perception of IPP LARC.

- **Policies and Billing Strategy**
  - # of staff trained.
  - Copy of policy.

- **Pharmacy and Supply Chain**
  - Contracting strategy in place.

- **Education plan in place for hospital staff**
  - Policy for staff training in place.
  - # of nurses trained.
  - # of new employees trained.

- **Education and awareness among expecting women**
  - Documentation of consent.
  - # of LARCs placed.
Key Steps To Promote Successful Implementation

✓ Identify institutional champion(s)

✓ Determine key stakeholders and necessary steps
  • Clinicians, Nursing, Lactation, Pharmacy, Supplies/Ordering, Revenue, Coding and Billing, Documentation support
  • May be additional that are institution specific
Key Steps To Promote Successful Implementation (cont)

✓ Coordinate implementation plan
  • Clarify processes
    ▪ Behind the scenes: formulary, ordering, supply, storage, billing
    ▪ On the unit: consent, placement process, instruments, documentation, education, follow-up
  • Train staff, providers
  • Educate patients

✓ Offer immediate postpartum LARC placement
Lessons Learned

• Policy does not equal successful implementation
• Quality improvement when there is no process to improve
• Opportunity to share ideas/barriers
• Shared learning
• Not linear
• Resource development
Next Steps

• QI process
• Engage new hospitals
• Engage other partners (payors, non-profits)
• Monitor claims
Questions?