



*Georgia Department of Public Health*

# Implementation of IPP LARCs



Seema Csukas, MD, PhD

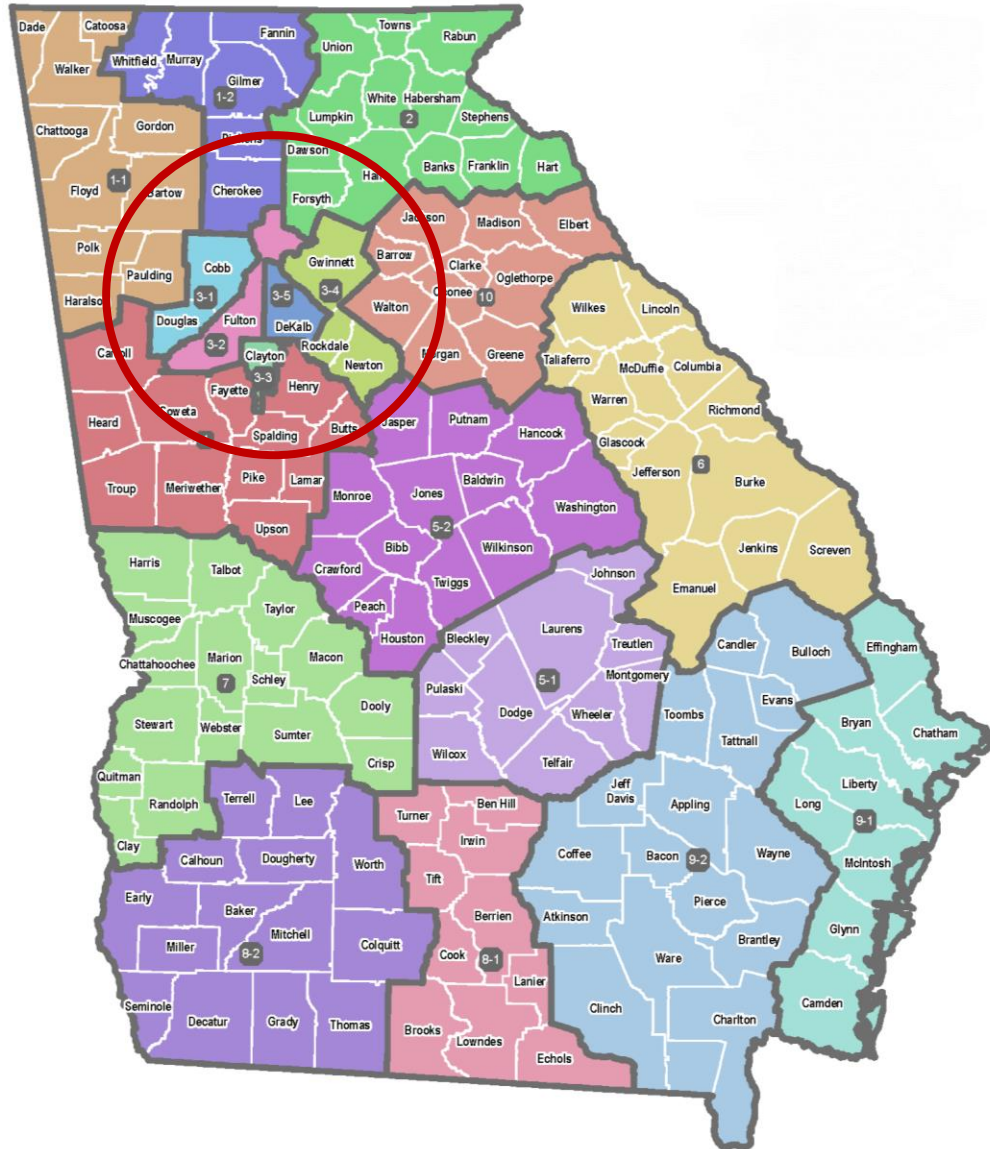
Medical Director, Maternal and Child Health

*We Protect Lives.*



# 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







# Driver Diagram

**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	Secondary Drivers	How We Measure Success
Provider engaged and trained on methods	<ul style="list-style-type: none"> <li>- Training on IPP placement.</li> <li>- Awareness among providers of risks, benefits and myths (OB and physicians who treated chronic conditions).</li> <li>- Toolkit to support adoption of immediate postpartum LARCs.</li> </ul>	<ul style="list-style-type: none"> <li>- % of active staff providers trained.</li> <li>- % increase in baseline survey of those trained and positive perception of IPP LARC.</li> </ul>
Policies and Billing Strategy	<ul style="list-style-type: none"> <li>- Policy in place that outlines training requirements, consent, distribution of device card, billing process and workflow process.</li> <li>- Billing staff educated on billing process.</li> </ul>	<ul style="list-style-type: none"> <li>- # of staff trained.</li> <li>- Copy of policy.</li> </ul>
Pharmacy and Supply Chain	<ul style="list-style-type: none"> <li>- Contracting and reimbursement strategy.</li> <li>- Supply chain process determined for storage and access within placement timeframe.</li> </ul>	<ul style="list-style-type: none"> <li>- Contracting strategy in place.</li> </ul>
Education plan in place for hospital staff	<ul style="list-style-type: none"> <li>- Include training in annual competencies and L&amp;D NEO.</li> <li>- Educate and create awareness of benefit of IPP LARC.</li> <li>- Identify best process for collecting consent and processing for discharge.</li> </ul>	<ul style="list-style-type: none"> <li>- Policy for staff training in place.</li> <li>- # of nurses trained.</li> <li>- # of new employees trained.</li> </ul>
Education and awareness among expecting women	<ul style="list-style-type: none"> <li>- Create scripting and educational materials for outpatient and inpatient environment.</li> <li>- Include in Women's Center welcome packet.</li> </ul>	<ul style="list-style-type: none"> <li>- Documentation of consent.</li> <li>- # of LARCs placed.</li> </ul>

# 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?**

*We Protect Lives.*