

ASTHO Increasing Access to Contraception
Learning Community
Facilitated Technical Assistance Webinar:
Immediate Postpartum LARC Toolkits

August 17, 2017

12:00-1:00p ET

For Audio: 866-740-1260, ext 5222301#



Welcome and Introductions

- Welcome from ASTHO
 - Ellen Pliska
Senior Director, Family and Child Health

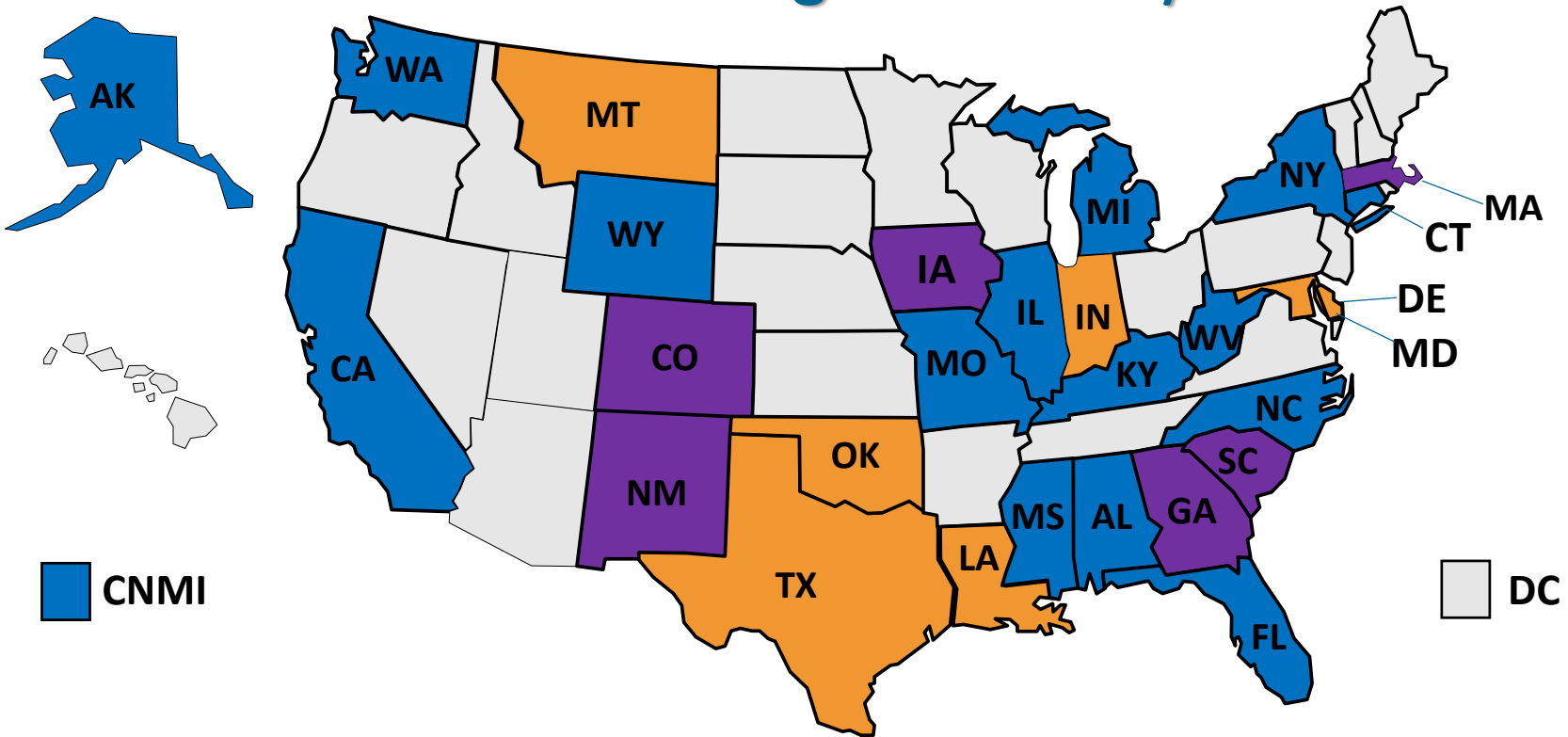
Webinar Objectives

- Learn about best practices and lessons learned from implementing the immediate postpartum LARC toolkits
- Find out about how states are implementing the toolkits and training providers on how to use them
- Discover ways to market and disseminate your toolkits

Agenda

- 12:00** Welcome and Introductions
- 12:10** West Virginia: Best Practices and Lessons Learned- Jennie Yoost, MD, MSc
- 12:20** South Carolina: Implementation and Training- BZ Giese, BSN, RN and Deborah L Billings, PhD
- 12:30** Indiana: Marketing and Dissemination- Velvet G. Miller, PhD, RN
- 12:40** Question and Answer Session
- 1:00** Adjourn

ASTHO Increasing Access to Contraception Learning Community



- Learning Community Cohort 1 States
- Learning Community Cohort 2 States
- Learning Community Cohort 3 States

West Virginia: Best Practices and Lessons Learned

Jennie Yoost, MD, MSc
Assistant Professor Pediatric &
Adolescent Gynecology
Marshall University
Department of OBGYN



How We Approached the WV Toolkit

- WV team group discussion of what was to be included
- Reviewed other states toolkits (especially South Carolina)
- Included the following unique to WV:
 - ASTHO learning Community, Impact of Neonatal Abstinence Syndrome, Specific academic institution physician champions, WV payer specific billing codes
- Implementation process based mainly on one academic institution experience with examples of order sets, procedure note examples, patient and supply checklists
- Graphic design utilized for figures and pictures
- Billing figures based off communication with each payer

West Virginia Physician Champions

- Physician champions from all three academic institutions reviewed and edited the toolkit
- Identifying a physician champion and nursing leader within the hospital is necessary to facilitate the administrative coordination, lead the clinical process development, and ensure that clinical staff receives sufficient training.
- Physician champions at academic institutions have served to initiate immediate postpartum LARC insertions successfully and may be used as a local resource.
- Obtain endorsement from state section chiefs of ACOG and AAP.

How Long Did It Take?

What Resources Were Critical?

- It took approximately 3 months to create the draft and 2 more months to edit.
- Critical Resources
 - South Carolina Choose Well Initiative/ South Carolina Birth Outcomes Initiative
 - Office of Maternal, Child and Family Health
 - Family Planning Program
 - WV Perinatal Partnership
 - Marshall University Department of OBGYN
 - Marshall University graphic design department
 - PEIA, all 4 MCO's, FFS Medicaid
 - Toolkit references: notably resources from ACOG, CDC, and The Contraceptive Choice study

What Was The Process?

- Step 1: Convening Leadership
 - Initial roundtable discussion held with administration, billing, pharmacy and key providers.
 - Education was provided on the importance and value of offering postpartum LARC services to women. Also discussed:
 - Reimbursement, Billing procedures
 - Pharmacy procedures- where to store the devices, how to order
- Step 2: Develop the Process for Insertion
 - Patient identification- documentation in medical records
 - Patient consent- when is this done, what form is used
 - Device insertion- development of supply checklist, procedure notes
 - Patient education- when and where is this conducted

What Was The Process?

- Step 3: Build Clinical Support
 - Meet with nursing staff (L&D, postpartum, and lactation consultants). Nurses are critical in patient education. It is important to ensure that patient education offered by nurses and lactation consultants is consistent with physician counseling
- Step 4: Train clinical staff
 - Prenatal care providers, residents, nurses
 - Can be done through Grand Rounds approach, nurse meetings, faculty meetings, resident lectures
 - Use ACOG resources (online video)
- Step 5: Making adjustments
 - Reviewing payments received and resolving billing issues
 - Adjust other parts to process: supply list, order set, nurse education as needed

Lessons Learned

- It takes more than just building it for them to come.
- Regular communication needed among provider champions that have implemented
- Discuss barriers and successes
- Most useful sections:
 - Implementation
 - Importance of IPP LARC in our State (background)
 - Billing resources
- Biggest challenge:
 - Facilities that wish to implement have appreciated and used the toolkit.
 - Challenge resides with recruiting more facilities to implement IPP LARC.

Contact Information

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Questions?



South Carolina: Implementation and Training

BZ Giese, BSN, RN

Director, SCBOI

Deborah L Billings, PhD

Director, Choose Well



South Carolina Birth Outcomes Initiative: UPDATE IPP LARC Toolkit : ASTHO Webinar

8/17/2017

BZ Giese, BSN, RN
Director, SCBOI

Deborah L Billings, PhD
Director, Choose Well

SCBOI IPP LARC TOOLKIT: Implementation & Training

- 2012-2016 limited resources for one on one outreach to hospitals
- Relied on BOI stakeholders to take the message to their facilities
- Dedicated internal staff (1) to target 5 high volume birthing hospitals for on site visits to promote BOI programs/policies
- Created LARC live webinar with 3 speakers; still posted on schoi.gov/org
- Established a rapid response protocol for emerging obstacles such as the rising device reimbursement rates and state sales tax issues

SCBOI IPP LARC TOOLKIT: Implementation & Training

- 2017, expansion of resources through the statewide Choose Well initiative (an SCBOI collaborator)
- Choose Well staff liaison dedicated full-time to work with hospitals throughout the state to map out needs and define internal champions
- ACOG implementation of its Postpartum Contraceptive Access Initiative (PCAI), supported by Choose Well
 - First statewide implementation of PCAI
 - Offering a menu of 6 training options, tailored to needs of each hospital
 - 2017- 4 hospitals
 - 2018- expansion to at least 4 more hospitals

Contact Information

- **BZ.....giesem@scdhhs.gov**
- **Debbie.....DBillings@newmorningfoundation.org**

Questions?



South Carolina: Implementation and Training

Velvet G. Miller, PhD, RN
Indiana University School of Medicine



Marketing and Dissemination

Velvet G. Miller, PhD, RN

Indiana University School of Medicine

- How did you decide who to disseminate the toolkits to?
- Who is the intended audience for your toolkits?
- What organizations did you partner with to disseminate the toolkit?

Marketing and Dissemination



Thanks, South Carolina!

Marketing and Dissemination

- Question #1: Process for dissemination considerations
 - ✓ Series of questions
 - ✓ Who/What are key resources for providers re: LARCs?
 - ✓ Who/What are key resource for women re: birth control?
 - ✓ Who can help increase awareness in community?

Marketing and Dissemination

- Question #2: Intended audience for toolkit
 - ✓ OB/GYN providers; Family Medicine providers; Pediatricians; Nurses; Group practices
 - ✓ Hospitals; birthing centers
 - ✓ Professional organizations
 - ✓ Community organizations
 - ✓ State and Local health agencies
 - ✓ Educational institutions
 - ✓ Insurance industry – state and private

Marketing and Dissemination

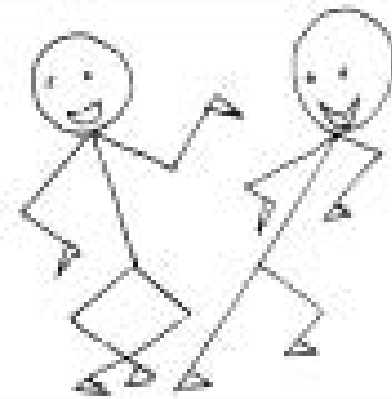
- Questions #3: Partners in Dissemination
 - ✓ Use what we have
 - ✓ Indiana Perinatal Quality Improvement Collaborative
 - ✓ Active, diverse, comprehensive membership
 - ✓ Representatives and leadership of major statewide organizations, key stakeholders, key influencers, and early adopters
 - ✓ Each held responsible for disseminating among its networks

Marketing and Dissemination

- LESSONS LEARNED:
 - ✓ When you fall make it part of your dance
 - ✓ Much planned and not done yet
 - ✓ New opportunities realized

Marketing and Dissemination

- STILL DANCING!



Marketing and Dissemination

Velvet G. Miller, PhD, RN (millevel@iupui.edu)

Indiana University School of Medicine

Indiana Perinatal Quality Improvement Collaborative
(IPQIC) and Indiana State Department of Health

Labor of Love <http://in.gov/laboroflove/762.htm>

LARC toolkit <http://in.gov/laboroflove/files/larc-tool-kit-w-appendices.pdf>

Questions?



Group Discussion Questions

- Can you provide suggestions as to who the best champion is at a hospital to help drive implementation?
- What is the utility of the toolkit for policymakers?
- Have you considered addressing reproductive justice in the toolkits?
- Do your toolkits address billing and reimbursement and, if so, what is covered in that area?
- How would you suggest modifying this toolkit for other states? How did you consider state context as each state is different?
- What information have you provided to Lactation consultants to overcome resistance to immediate postpartum hormonal contraception?
- What type of settings are the toolkits being implemented in?

Closing & Evaluation

- You will receive an evaluation from ReadyTalk. Please fill it out to help us improve.
- Additional tools, materials and recordings available on the ASTHO Increasing Access to Contraception page:
<http://www.astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/>
- State map:
<http://www.astho.org/Maternal-and-Child-Health/Increasing-Access-to-Contraception/Resources-Map/>