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
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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
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 scboi.gov/org

Established a rapid response protocol for emerging obstacles such as the rising device reimbursement rates and state sales tax issues
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

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: