LARC Learning Community Data, Monitoring, and Evaluation Update: Iowa Experience

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Immediate Postpartum LARC Data Tool: A Brief Update

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School of Public Health
Division of Epidemiology and Biostatistics
Reminder of Tool

- IPP LARC state data tool developed to assist teams in monitoring efforts – presented by Kristin on May call
- Measures calculated from existing Medicaid claims data
- Table and chart templates for disseminating results
- Five key indicators:
  1. Birthing Facilities Billing for IPP LARC
  2. IPP LARC coverage
  3. IPP LARC uptake
  4. IUD removal
  5. Implant removal
Two states have completed a pilot of the data tool.  
Three more states are in the process of piloting the data tool.  
After the pilot, we’re asking states to complete a brief survey about their experiences.
Early Feedback

- Data quality issues – state teams are needing to create work-arounds to access the correct data from their Medicaid claims
- Question about whether it makes sense to monitor IPP LARC activities using all submitted claims or only paid claims (poll)
Next Steps

- Waiting for a few states to give us feedback
- We’ll incorporate feedback into the tool and then make the tool available to all of you soon
- If any other state would like to join the pilot, please reach out to us at cdesis2@uic.edu (Carla) or krankin@uic.edu (Kristin)
IPP LARC Data collection tool
Iowa’s experience

- Iowa advantages to completing the tool
  - Build on the work completed by CSTE Fellow
  - Already link paid claims to the birth certificate

- What I did not have ready—translation - I should not have waited until the last minute to complete the tool
  - Categories of hospital by location
  - LARC removals
  - Separate indicators for IUD and implant
IPP LARC Data collection tool
Abbreviated results – Iowa, pre and post Medicaid reimbursement change

Number of IPP LARC inserted by month
Iowa 2013-2015
<table>
<thead>
<tr>
<th></th>
<th>Calendar year 2014</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quarter 1</td>
<td>Quarter 2</td>
<td>Quarter 3</td>
<td>Quarter 4</td>
</tr>
<tr>
<td>Total number of birthing</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>facilities in state that have</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>billed* for IPP LARC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of birthing</td>
<td>63</td>
<td>63</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>facilities in state</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of birthing</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>facilities that have</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>billed* for IPP LARC, by</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>quarter</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Billed for = paid claim in this report
### IPP LARC Data collection tool
**Abbreviated results – Iowa, calendar year 2014**

<table>
<thead>
<tr>
<th>Calendar year 2014</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Year 1 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of Medicaid deliveries at birthing facilities in state that have billed for IPP LARC</td>
<td>544</td>
<td>595</td>
<td>674</td>
<td>717</td>
<td>2530</td>
</tr>
<tr>
<td>Total number of Medicaid deliveries in state</td>
<td>3584</td>
<td>3659</td>
<td>4093</td>
<td>3893</td>
<td>15229</td>
</tr>
<tr>
<td>Proportion of Medicaid deliveries that take place at facilities that bill for IPP LARC, by quarter</td>
<td>15%</td>
<td>16%</td>
<td>16%</td>
<td>18%</td>
<td>17%</td>
</tr>
</tbody>
</table>
IPP LARC Data collection tool
Iowa’s random thoughts and comments

■ Overall – cool tool
  ▪ Remind users to limit sample to women ages 15-44

■ How to define and name hospital type
  ▪ Academic or teaching
    – Methods discusses hospital type
    – More teaching hospitals than I expected
  ▪ Community hospital

■ Hospital denominator
  ▪ Exclude religiously based hospitals?

■ Hospital location - Rural – Urban
  ▪ Use PRAMS definition?
  ▪ How many levels (i.e. MSA adjacent to urban)

■ Billed vs. paid claim
  ▪ What is the underlying assumption: does billed = paid claim?
  ▪ No data on billed claims or denied claims
Questions?
Colorado: June 6-7, 2016, Provider Training Symposium

Jody Camp, MPH
Director of Family Planning, Colorado Department of Public Health and Environment
COLORADO Updates

- **LARC Symposium in June**
  - 117 providers trained in LARC insertion
  - 53 in Nexplanon

- **IPP LARC Insertion Training for birthing hospitals**
  - 3 hospitals participating
  - CU School of Medicine trainer (includes clinical, counseling and billing and coding)
  - A complement to Medicaid future carve-out
Colorado LARC Training Symposium

Confidence in Contraception Counseling Skills

- No Skills: 7% (Pre Survey), 2% (Post Survey)
- Slightly Skillful: 2% (Pre Survey), 18% (Post Survey)
- Somewhat Skillful: 4% (Pre Survey), 32% (Post Survey)
- Moderately Skillful: 6% (Pre Survey), 60% (Post Survey)
- Very Skillful: 29% (Pre Survey), 12% (Post Survey)
Colorado LARC Training Symposium

Confidence in Inserting Mirena IUS

- No Experience: Pre Survey 58% - Post Survey 6%
- Slightly Confident: Pre Survey 17% - Post Survey 4%
- Somewhat Confident: Pre Survey 11% - Post Survey 28%
- Moderately Confident: Pre Survey 10% - Post Survey 42%
- Very Confident: Pre Survey 4% - Post Survey 20%
The in service was terrific, placed my first IUD on Friday. Thank-you for a great learning experience

Provider (AGPCNP-BC-DNP) Testimonial

Jun 12, 2016