ASTHO LARC Learning Community
Virtual Learning Session
Kick Off Call

October 13, 2016
2:00-4:30p ET
For Audio: 866-740-1260, ext. 7428625#
ASTHO, with support from the CDC’s Division of Reproductive Health (DRH), formed the LARC Learning Community to focus on improving state capacity to successfully implement LARC immediately postpartum (IPP).
Agenda

2:00   Welcome and Introductions
2:10   History of LARC Learning Community
2:45   Highlighting Learning Community Successes
       – Cohorts 1&2
3:15   Highlighting State Goals – Cohort 3
4:15   Wrap Up
4:30   Adjourn
Webinar Objectives

- Review the vision, history, partnerships, and successes of the LARC Learning Community
- Describe and discuss successes LARC Learning Community Cohort 1 and 2 states since the August 2014 and October 2015 launches
- Discuss Cohort 3 goals and desired outcomes for the LARC Learning Community
- Describe technical assistance needs from all learning community states
- Share next steps for the learning community
Welcome and Introductions

Welcome from ASTHO

- Lisa Waddell, MD, MPH
  Community Health and Prevention Chief

- Ellen Pliska, MPH
  Family and Child Health Director
History of the ASTHO LARC Learning Community

Ellen Pliska
Director, Family and Child Health
Association of State and Territorial Health Officials
LARC Learning Community Expansion

Learning Community States
- ASTHO LARC Learning Community Cohort 1 (13 States)
- CDC Office of the Associate Director of Policy 6|18 Initiative (5 states)*
- Center for Medicaid and CHIP Services (CMCS) Maternal and Infant Health Initiative (13 states)*
- Additional states based on readiness (6 states)

*Some states overlap with the LARC Learning Community Cohorts 1&2
LARC Learning Community Purpose and Goals

Learning Community Purpose:
- Improving access to LARC for states
- Facilitate state level policy changes and operationalizing the logistics associated with providing access to the most effective contraception available
- Provide support in technical assistance (TA) needs and promising practices to assist state leaders in addressing access to highly effective contraception.

Learning Community Goals:
- Provide state peer-to-peer exchange and federal agency guidance in technical assistance areas
- Reimburse providers or health systems for the cost of providing the full range of contraceptive services, actual cost of LARC and other contraceptive devices, and immediate postpartum insertion of LARC
- Remove administrative and logistical barriers
CDC Federal Vision

Charlan Kroelinger, PhD
Team Leader, Maternal and Child Health Epidemiology Program
Field Support Branch, Division of Reproductive Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Improving Access to Contraception in Continental US: CDC’s Role Within the Larger HHS Context

**CDC’s 6/18 Initiative**
- 4 states funded to implement evidence-based payment strategies to improve health outcomes and reduce costs

**CDC’s ASTHO LARC Learning Community**
- 28 states and 1 territory to identify the opportunities, challenges, and TA needs using a multi-pronged approach to policy implementation of increasing contraceptive access, including LARC.

**CMCS’ Maternal and Infant Health Initiative**
- 14 states funded to facilitate data collection/report on contraceptive measure

**CMMI’s Payer-Provider Summit**
- 4 states brought together to identify promising alternative payment strategies

**MCHB’s COIIN focused on reducing infant mortality**
- 29 states are addressing increased access to contraception

**OPA’s Quality Improvement Initiative**
- 15-20 Title X grantees aligned with the state Medicaid programs funded by CMCS

**HRSA’s Bureau of Primary Health Care**
- Strengthening the quality of contraceptive services provided by community health centers

- Centers for Medicaid/CHIP Services (CMCS); Maternal and Infant Health Initiative (MIH); Maternal and Child Health Bureau (MCHB); Collaborative Improvement & Innovation Network (COIIN) to Reduce Infant Mortality (COIIN); Office of Population Affairs (OPA); Health Resources and Service Administration (HRSA)
CDC-specific Initiatives

LARC Learning Community Cohorts 1 & 2 State Teams


Learning Community

Domains of Focus → Strategies

- Provider Training
- Reach Frontier, Rural and Smaller Clinics and Service Centers
- Provider Reimbursement
- Client-centered Counseling
- Stocking and Supply
- Surveillance and Evaluation – Quality Improvement
- Stakeholder Partnerships
- Outreach – Provider and Consumer Awareness
- Client-centered Counseling
- Provider Training
- Reach Frontier, Rural and Smaller Clinics and Service Centers
- Provider Reimbursement
- Stocking and Supply
- Surveillance and Evaluation – Quality Improvement
- Stakeholder Partnerships
- Outreach – Provider and Consumer Awareness
CMS Federal Vision

Lekisha Daniel-Robinson, MSPH
Division of Quality, Evaluation and Health Outcomes, Children and Adults Health Programs Group
CMCS, CMS
OPA Federal Vision

Susan B Moskosky, MS, WHNP-BC
Director (acting)
Office of Population Affairs
Office of the Assistant Secretary for Health/HHS

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ASTHO IPP LARC Learning Community History

- Improve state capacity to improve access to LARC's IPP
  - Facilitate state-to-state sharing
  - Provide technical assistance
  - Develop state stories, tools, and a toolkit on state solutions and materials

- Partners: ACOG, AMCHP, CDC, CMS, NFPRHA, OPA
LARC Learning Community Cohorts 1 & 2 State Teams

LARC Learning Community Cohort 1 States
- CO
- IA
- IN
- MA
- MD
- DE
- NM
- SC
- TX
- LA
- OK

LARC Learning Community Cohort 2 States
- MT
- CO
- NM
- TX
- OK
- LA

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LARC IPP Learning Community Strategies

- Training*
- Reimbursement and Sustainability*
- Consent*
- Stocking and Supply*
- Outreach^*
- Stakeholders and Partnerships^*
- Service Location^*
- Data, Measurement, and Evaluation^*
- Cross cutting: Policy, Leadership *^*

*Cohort 1

^Cohort 2
Strategy 1: Training

Strategy 2: Reimbursement

- Training: Georgia’s Medicaid CMO and OB-GYN Society offered provider trainings at perinatal centers on:
  - Medicaid policy, Billing, Reimbursement
  - Hands-on training with pelvic models
  - Next steps for engaging care teams to develop implementation plans
  - Common concerns

- Reimbursement: Montana removed a barrier for LARC reinsertion
Strategy 6: Stakeholders and Partnerships

- New Mexico expanded LARC Access after a successful pilot at UNM Hospital, 5 additional hospitals will engage communities in discussions of LARC and reproductive justice.

- Delaware Division of Public Health partnered with Upstream USA to develop and implement a plan to reduce unintended pregnancy in the state of Delaware.
Strategy 7: Service Location
Strategy 8: Data, Monitoring, Evaluation

- Colorado is developing a carve out reimbursement for rural health centers
- Maryland blends 5 hospital claims data and key informant interviews
  - Quantitative data: How hospitals are billing for the immediate postpartum LARCs
  - Qualitative data: Issues and successes that hospitals have faced
LARC Learning Community Structure

- State Teams
- Key Informant Interviews
- In Person Meeting
- 4 Virtual Learning Sessions
- Check In Calls with States
LARC Learning Community Schedule

- October 27-28, 2016: In Person Meeting, Washington, DC
  - Hotel deadline extended: October 17

- November 2016: State teams finalize action plans

- Winter 2016/2017: Key Informant Interviews

- January – March, 2017: First check in calls

- April – June, 2017: Second check in calls

- June 2017: ASTHO Evaluation
LARC Learning Community Schedule

- 4 Virtual Learning Sessions
  - December 13, 2016: Virtual Learning Session 1
  - February 14, 2017: Virtual Learning Session 2
  - April 25, 2017: Virtual Learning Session 3
  - June 6, 2017: Virtual Learning Session 4
Questions?
Highlighting Learning Community Successes
Cohorts 1 & 2 States
Learning Community Successes: Cohorts 1 & 2

General successes:
- Connected with other states working on LARC activities, and highlighted the value of state-to-state sharing and discussions (CO, GA, MT, MD, SC)
- Keeping up with the latest news, successes and challenges in LARC promotion, and developing state-specific messaging and strategies (GA)
- Increased awareness around LARC opportunities in the state (OK)

Strategy: Provider Training
- Developed provider toolkits (MT, NM, TX, MD)
- Provide comprehensive provider and support staff trainings on LARC insertion and counseling (TX, MD, DE)
- Gathering of research for IPP insertion and lactation (OK)
Learning Community Successes: Cohorts 1 & 2

Strategy: Reimbursement and Sustainability

- Learned from other states about implementation challenges and successes around carving out IPP LARC insertion from the hospital fee (CO)
- Partnered with Medicaid to establish LARC reimbursement immediately post-delivery (IN)
- Worked with Medicaid to allow FQHCs and RHCs to bill for LARC devices, insertions, and removals outside of their PPS encounter rate (LA)
Learning Community Successes: Cohorts 1 & 2

Strategy: Partnerships and Stakeholders
- Cross-departmental and cross-organizational collaboration around IPP LARC activities, leading to data sharing, ongoing funding, and resource development (All)
- Establish infrastructure for a comprehensive state-wide initiative (DE)

Strategy: Data, Monitoring, and Evaluation
- Opportunity to pilot evaluation and return on investment tools, building the business case for LARC (GA, IA)
- Obtained a CMS grant to calculate contraceptive measures (IA)
- Developed a dashboard for contraceptive measures (IA)
- Utilized data to assess barriers and additional educational opportunities for hospitals and providers (OK)
Iowa’s participation in the learning community put Iowa in position to apply for and obtain a CMS grant to calculate contraceptive measures. IDPH collaborated closely with Iowa Medicaid, the project’s lead agency.

- Pilot tools to monitor LARC uptake (University of Illinois) and a return on investment (CDC-DRH).

- Working with IDPH information management staff to develop a dashboard for the contraceptive measures. The dashboard will appear on the IDPH “Public Health Tracking” System.
New Mexico

- Data sharing in the service of problem solving at the policy and institutional levels

- Opportunities for ongoing funding in collaboration with a UNM-led proposal to expand LARC training in ambulatory and inpatient settings in rural communities

- Toolkit development
Outpatient LARC Carve out for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)

Working with Medicaid to make a rule change allowing FQHCs and RHCs to bill for LARC devices, insertions, and removals outside of their PPS encounter rate
Oklahoma

- Increased awareness of LARC opportunities that may be utilized in our state, along with our gathering of research in IPP insertion and lactation

- Drilling down into the IPP claims data made us aware of barriers and additional educational opportunities for hospitals and providers
Highlighting State Goals
Cohort 3 States

Ellen Pliska
Director, Family and Child Health
Association of State and Territorial Health Officials
Cohort 3 – Preliminary Goals / Themes

Strategy: Training
- Increase **provider education**, awareness, outreach and acceptance of LARC
- Enhance understanding of medical back up for mid-level providers

Strategy: Reimbursement and Sustainability
- Increase number of **provider contracts** for IUD insertions
- Adopt a policy for **reimbursement** of LARC placement, including in the immediate postpartum period
- Manage frequent device price changes/increases
- Implement **policy changes** related to LARC
- Assist organizations in resolving **administrative barriers**
Cohort 3 – Preliminary Goals / Themes

Strategy: Outreach
- Enhance patient education/awareness of LARC

Strategy: Stakeholders and Partnerships
- Strengthen provider (OB) partnerships
- Increase LARC access to specific populations

Strategy: Service Location
- Enhance hospital capacity to provide IPP LARC
- Integrate LARC into FQHC, county health department systems, and school based health centers; enhance clinic efficiency

Overarching Strategies
- Increase access to LARC
Alabama

- To explore increasing the number of contract provider for IUD insertions

- To better understand how states, similar to Alabama, manage medical back-up for mid-level providers

- To explore enhancing financial viability to hospitals for the insertion of LARC immediately post-partum
Alaska

- Identify and work with key providers (large OB provider groups) and private hospitals to increase awareness and acceptance of LARC placements immediately postpartum.

- Expand/enhance discussions regarding Medicaid reimbursement practices for in-hospital labor and delivery charges, with the goal of adopting a policy for reimbursement of LARC placement in the immediate postpartum period.

- Expand/enhance discussions regarding Medicaid reimbursement practices for out-of-hospital postpartum visits to include adequate reimbursement of LARC placements, with the goal of adopting a policy to support LARC placements.
Increase education/knowledge among providers and patients regarding:

- Health care policies and legislation of LARC coverage/access to family planning services (particularly concerning with Medi-Cal HMO & Covered California Plans)/new upcoming legislation starting Jan 2017
- LARC safety for medically complex patients
To increase access to LARCs immediately postpartum:

- Strengthen our partnership with providers by offering training, quality assurance/quality improvement projects.
- Develop hospital policies to support increasing access of LARCs immediately postpartum.
- Develop procedures/protocols for storage/supply/and inventory of LARCs in the L&D and OB wards of our hospital.
Connecticut

- Integrating LARC into the FQHC systems: women use FQCH for pre/post partum care and as their medical home.

- Managing frequent device price increases that challenge government pricing structures set on a biennial cycle.
Florida

- Initiation of a statewide roll-out of implementation of policy changes and clinical practice and procedural changes from diverse healthcare settings to facilitate LARC services in the hospital immediate post-partum setting.

- Initiation of statewide training in County Health Department Family Planning clinics on clinic efficiency, incorporating same day insertion into clinic flow, and comprehensive provider training on LARC methods including insertion, removal, and counseling.
Illinois

- Train more providers especially family medicine and pediatrics providers to provider LARC education and LARC procedures, includes insuring school based health centers educate and provide LARCs.

- Assess the current landscape of major delivering hospitals for policy and procedures around immediate postpartum LARC insertions. Provide support and technical assistance to hospitals that are motivated to provide immediate postpartum LARC. Identify processes that hinder the revenue cycle and inventory management cycle for LARCS to be readily available immediately postpartum or within the timeframe of the inpatient global delivery encounter.
Kentucky

- Offer a meaningful opportunity to our Members to engage in family planning in a proactive manner, particularly in the immediate days after birth without requiring a follow up visit;

- To further empower physicians, hospitals and our five Managed Care Organizations in their efforts to provide LARC, especially in the immediate postpartum period;

- To operationalize the postpartum insertion of LARC in Kentucky’s payment systems.
Mississippi

- Work with hospitals including administration, billing, nursing and medical staff to implement immediate postpartum LARC insertion, focusing on establishing policies and work plans along with needed clinical training for postpartum LARC use.

- Collaborate with key clinical partners, public and private, to reduce barriers to same day availability of LARCs - Increase provider and other key clinical staff education and awareness on the provision of LARCs - Support clinic level improvements to policies and workflow to increase timely provision of LARCs
New York

- Conduct provider education and outreach, including addressing concerns related to immediate postpartum insertion and client centered contraceptive counseling.

- Conduct patient education on prenatal contraceptive decision-making.

- Assist organizations (hospitals, FQHCs, etc.) in resolving administrative and logistical barriers to LARC (stocking issues, etc.)
North Carolina

- Address barriers with same-day insertion of LARC in different clinic settings
- Strengthen expectations and increase communication with OB community by continuing to work on the PMH Care Pathway on Reproductive Life Planning/LARC
- Improve adolescent LARC access and usage by strengthening partnerships with OB/Gyn providers and/or extending training for pediatricians.
Leverage several LARC and Unintended Pregnancy Prevention projects that are taking place in our state to increase access to LARC to reduce unintended pregnancy in our state to 32.4% by 2022.

Sharing best practices among states to facilitate increased LARC access.
West Virginia

- Increased provider buy-in for LARC insertion immediately postpartum.

- Increased awareness of LARC as a quality birth control option
Increase the capacity of Wyoming hospitals to provide immediate postpartum LARC

Increase LARC access among Wyoming Medicaid family planning waiver participants and Wyoming adolescents.
Technical Assistance Review

Ellen Pliska
Director, Family and Child Health
Association of State and Territorial Health Officials
Technical Assistance Requests

Provider Training

- Comprehensive and effective clinical and provider training for LARC insertion, removal, counseling, billing, and outreach to specific populations

- Providing provider training on processing of outpatient and inpatient claims for the same patient

- Providing education to billing staff on IPP LARC insertion

- Providing necessary technical assistance to hospitals keeping in mind unique billing systems and structures

- Enhance clinic efficiency and same day insertions
Technical Assistance Requests

Reimbursement and Sustainability

- Support for post-partum ‘carve-out’ policy implementation
- Coordination with Managed Care Organizations with LARC policy initiatives
- Learn from states with a Medicaid Fee-For-Service structure
- Enhance hospital financial viability for LARC insertion
- Discuss Family Planning Waiver for 2017
Technical Assistance Requests

Informed Consent and Ethical Considerations
- Engaging Medicaid and Medicaid MCOs around improving contraceptive care without using performance measures that may be coercive
- Developing non-coercive outreach materials for providers and consumers

Stocking and Supply
- Stocking and supply of all available LARC devices in rural and frontier communities
- Storage, supply, and inventory of LARC devices on all labor and delivery and OB wards
Technical Assistance Requests

Outreach

- Outpatient outreach and education materials for providers/consumers, addressing barriers to LARC in a non-coercive way
- Engage primary care and rural health organizations

Service Location

- Innovative models to utilize with tribal populations, rural areas, and minority groups
- Strategies to support LARC service integration in FQHCs and other clinics
Technical Assistance Requests

Data, Monitoring, and Evaluation

- Utilization of paid claims for measure calculation in the MCO model

- Conversion from ICD 9 to ICD 10 for contraceptive measures

- Additional information on metrics for evaluation

- Discern qualitative data from respondents to develop an implementation plan
Next Steps

- **In Person Meeting**
  
  *October 27-28\(^{th}\)*

  *Renaissance Hotel, Washington, D.C.*

- The reservation deadline has been extended to October 17\(^{th}\).

- Contact Eighmey Zeeck at [ezeeck@astho.org](mailto:ezeeck@astho.org) if you need travel details.
Evaluation

Please take our evaluation survey so we can improve for future calls:

Thank you!!

Additional tools, materials and recordings available on the ASTHO LARC page:

http://www.astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/