

Long-Acting Reversible Contraception Learning Community Launch August 19, 2014

Participants

- Colorado: Greta Klinger, Melanie Reece, Elizabeth Whitney, Larry Wolk
- Georgia: Paula Brown, Claude Burnett, Seema Csukas, Lisa Hofler, Melissa Kottke
- Iowa: Debbie Kane, Debra Piehl, Stephanie Trusty
- Massachusetts: Jill Clark, Susan Manning
- New Mexico: Eve Espey, Marva Johnston, Cathy Rocke
- South Carolina: Beth DeSantis, Lisa Hobbs, Megan Old, Amy Picklesimer
- CDC: Lorrie Gavin, Dave Goodman, Charlan Kroelinger, Alex Smith
- CMS: Lekisha Daniel-Robinson
- OPA: Susan Moskosky
- ACOG: Elizabeth Wieand
- AMCHP: Andrea Cornell
- ASTHO: Katherine Flaherty, Diane Karczmarczyk; Emily Kujawa, Ellen Pliska, Claire Rudolph, Julia Schneider, Lisa Waddell, Kristen Wan

Purpose and Background

ASTHO, with support from CDC, CMS, and OPA convened an Immediate Post-Partum Long-Acting Reversible Contraception (LARC) Learning Community to help select states (Colorado, Georgia, Iowa, Massachusetts, New Mexico, and South Carolina) implement postpartum LARC initiatives. The Learning Community will bring these states together over 18 to 24 months to provide technical assistance and identify promising practices that will assist states in increasing immediate postpartum LARC insertion. To create the LARC Learning Community, ASTHO and the CDC identified states to invite to the collaboration, conducted key informant interviews, and hosted a LARC Learning Community Launch. A [summary](#) of the key informant interviews is available as a companion document to this summary.

Launch Overview and Approach

The goal of the Learning Community is to identify and document technical assistance needs, promising practices, and barriers that impact utilization of LARCS. The information collected during the Learning Community will be widely disseminated to support state immediate postpartum LARC initiatives. The goals of the first Learning Community meeting included the following:

- Improving states' capacity to successfully implement LARCs immediately postpartum by facilitating state-to-state sharing for promising strategies and common challenges.
- Providing an opportunity for states to hear from ASTHO and other federal and national partners about related activities, implementation barriers, and possible solutions.
- Creating an opportunity for multidisciplinary state teams to identify immediate action steps for the next year.
- Beginning to highlight best practices to share with other states looking to initiate LARC policies.

Thirty participants from six states attended the launch along with federal and national partner representatives and ASTHO staff. The session opened with a presentation by ASTHO on its LARC-related initiatives. Next, representatives from each state provided background information on their states and their LARC activities and plans, including their successes and barriers or challenges. Open discussions followed each of the presentations. Then, each state met to further discuss their activities, identify opportunities and challenges, and conduct a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis.

During the lunch session, the national and federal partners presented on each agency's LARC-related activities, and provided resources. Following lunch, the session participants convened in one of four peer groups (logistical challenges to implementation, patient and provider education, Medicaid reimbursement policies and procedures, and leadership and systems) to discuss lessons learned and opportunities for partnerships. These group discussions were followed by a facilitated discussion that synthesized the information from the state presentations and the peer group discussions. Finally, each state team met again to identify steps to increase LARC use.

Key Findings from the Learning Community Launch

Over the course of the launch, participants noted several themes related to states' success in implementing postpartum LARC Medicaid policies and initiatives, states' continuing challenges and barriers, and technical assistance needs.

Successes

While the Learning Community states are generally in the early stages of postpartum LARC implementation, they have had a number of early successes. To start, all six states have Medicaid policies in place for postpartum LARC. While these policies differ significantly in their structure and form of reimbursement, they help lay the foundation for implementing postpartum LARC in hospitals. In 50% of the participating states, establishing or strengthening collaboration between Medicaid and public health agencies has been a key factor in developing postpartum LARC policies and helping them advance quickly. (This observation aligns with findings from the key informant interviews.)

In addition, states have identified well-respected champions for LARC policies. These individuals are often health care providers and provide leadership to LARC efforts in addition to serving as liaisons with their peers to share information and correct misperceptions about postpartum LARC that might otherwise prevent uptake on the practice. Most states have also identified broad coalitions of partners who help establish statewide priorities and goals, coordinate stakeholder efforts, and support outreach and communication with key stakeholders.

Finally, several states are initiating provider training to build a healthcare workforce capable of and comfortable with performing postpartum LARC insertions. A few states have already begun postpartum LARC programs in some hospitals. The lessons learned through these initial sites have and will inform efforts to expand to other hospitals.

Barriers and Challenges

The Learning Community states identified a number of barriers and challenges to postpartum LARC implementation, as well as strategies to address them. First, although all six states have postpartum LARC Medicaid policies in place, it has sometimes been difficult to implement the policies in hospitals because of a lack of provider awareness about the policies, provider misperceptions about the use of LARCs postpartum, and lack of provider training. In addition, many hospitals do not have protocols in place to offer and implement postpartum LARC. States expressed that it will be important to have assistance to develop or refine protocols or "toolkits" to address these issues.

Participants have found that Medicaid policies vary from state to state in their type of payment structure and reimbursement rate for inpatient LARC services. These differences may impact the extent to which hospitals and providers are incentivized to offer postpartum LARC services. In addition, states will need to investigate Medicaid policies for LARC expulsions and removal and private payer coverage

for inpatient LARC services. Best practices for leveraging alternative funding sources (particularly 340B pricing for inpatient LARC services) are currently not well understood, and as a result, states may be missing opportunities for additional reimbursement for services.

Some states have experienced problems with the actual Medicaid reimbursement process, which will require more troubleshooting. Also, data about LARC services is not well understood because data availability (e.g., claims data) is limited, and there has not been extensive analysis to date. Better data sets on IUD insertions, expulsion rates, and removals will enhance public health information about postpartum LARC use, billing, and other measures.

A few of the Learning Community states face unique challenges to accessing target populations, particularly in rural areas. States expressed interest in developing outreach plans that include innovative strategies to reach providers and women in these areas, including telemedicine and mobile units for education and services. In addition, states expressed concerns about consent and confidentiality issues with inpatient LARC programs. Potential strategies to address these concerns include determining the issues, developing standardized consent processes and protocols, and providing education (e.g., written materials) to providers and women as needed.

Technical Assistance Needs

States identified a number of technical assistance needs throughout the launch meeting, which generally aligned with those identified during the key informant interviews and fell under several categories. States first indicated a need to identify and build the evidence base supporting postpartum LARC. They requested guidance on how to best identify and use data to support postpartum LARC initiatives, how to conduct cost effectiveness analysis, and how to define measurements to track impact. States also expressed a need for strategic planning support to implement postpartum LARC initiatives. They further requested guidance related to Medicaid policy development and other financing options. Specifically, they asked for an assessment and comparison of state Medicaid policies covering postpartum LARC, as well as assistance identifying additional potential funding sources for inpatient LARC insertion (e.g., 340B pricing or TANF).

Learning Community participants also requested assistance identifying, compiling, and developing LARC implementation resources. These resources would support various aspects of implementation, including raising awareness and gaining buy-in, clinical implementation protocols and tools, provider training, and sharing best practices. Finally, states asked ASTHO and federal and national partners to help maximize peer-to-peer learning opportunities through the Learning Community, as well as build support at the national level by working to align federal and national efforts and resources, writing joint LARC statements encouraging LARC use in states from partner organizations, and determining if there is a role for the Joint Commission to monitor or provide clinical guidance on inpatient LARC services.

Next Steps

The launch meeting inspired several next steps for state teams, ASTHO and national partners. State teams identified immediate and longer-term next steps to support advancing postpartum LARC in their states. These steps fall into several broad categories: continuing action planning, exploring current and future data capacity, continuing to develop partnerships, exploring additional financing options, supporting provider training and implementation, and conducting additional outreach and communications activities. Based on the outcomes and technical assistance requests expressed during

ASTHO Meeting Summary



the key informant interviews and Learning Community Launch, possible next steps for ASTHO and national partners include: providing learning opportunities on specific topics of interest, connecting with federal and national partners to develop and build technical assistance plans with states, and coordinating peer group calls.

The findings from the key informant interviews and the Learning Community launch will continue to inform the content and structure of the Learning Community over the course of the project. ASTHO will continue to work closely with the six state teams and federal and national partners to facilitate a meaningful, productive Learning Community that advances postpartum LARC initiatives in the participating states and identifies best practices and technical assistance opportunities to support other states.