ASTHO Increasing Access to Contraception
Year 4 Kick Off Virtual Learning Session

October 26, 2017
2-4pm ET
For Audio: 866-740-1260, ext. 7428625#
Webinar Objectives

- Review the structure of the learning community and discuss evaluation expectations.

- Discuss accomplishments within all three cohorts of the learning community.

- Share next steps for the learning community.
Agenda

2:05  Year Four of the Learning Community
2:35  UIC IAC Learning Community Logic Model Overview
2:45  ACOG Updates and Resources
2:55  Highlighting Learning Community Successes
3:25  State Presentations
3:55  Closing
4:00  Adjourn
Welcome and Introductions

Welcome from ASTHO

- Christi Mackie, MPH
  Community Health and Prevention, Chief
ASTHO Increasing Access to Contraception Learning Community

Learning Community Cohort 1 States

Learning Community Cohort 2 States

Learning Community Cohort 3 States

Partners: ACOG, AMCHP, AWHONN, NACCHO, NFPRHA

Agencies: CDC, CMS, OPA
Learning Community History

- 2014-2016: Immediate Postpartum LARC
  - Cohort 1: CO, GA, IA, MA, NM, SC
  - Cohort 2: DE, IN, LA, MD, MT, OK, TX

- 2016-2018: Increasing Access to Contraception
  - AL, AK, CA, CO, CNMI, CT, DE, GA, FL, IL, IN, IA, KY, LA, MD, MA, MS, MT, NM, NY, NC, OK, SC, TX, WA, WV, WY
  - New State and County: Tennessee and LA County!
Structure of the Learning Community

- Four Virtual Learning Sessions
  - Address emerging themes and common challenges

- Targeted Technical Assistance
  - Round Two Technical Assistance Calls with ASTHO
  - Peer-to-peer networking and sharing of resources
IAC In-Person Meeting: Save-the-Date!

- May 15th-17th, 2018
- Share successes
- Learn from fellow state teams
ASTHO Led Evaluation Expectations

- **September 2017 – November 2017**: Second round of technical assistance with ASTHO (calls)
- **February 2018 – March 2018**: Third round of technical assistance with ASTHO (emails)
Thank You to our Federal Partners

- CDC
- CMS
- OPA
Centers for Disease Control and Prevention

Charlan Kroelinger, PhD
Acting Chief, Women’s Health and Fertility Branch

Shanna Cox, MSPH
Associate Director for Science, Office of the Director
Division of Reproductive Health
National Center for Chronic Disease Prevention and Health Promotion
Increasing Access to Contraception Learning Community: Year 2 – Kickoff Virtual Learning Session

Charlan Kroelinger, PhD
Acting Chief, Women’s Health and Fertility Branch – Division of Reproductive Health
National Center for Chronic Disease Prevention and Health Promotion

Shanna Cox, MSPH
Associate Director for Science, Office of the Director – Division of Reproductive Health
National Center for Chronic Disease Prevention and Health Promotion

October 26, 2017
Increasing Access to Contraception Learning Community

Areas of Focus ➔ Strategies

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

- 6|18 initiative brings senior leaders at the federal and state level together
- CDC recognizes the need to align initiatives with similar topic areas and goals
- States that choose to participate in 6|18 for Preventing Unintended Pregnancy will receive technical assistance through the ASTHO Learning Community
Stakeholder Partnerships

CDC’s 6/18 Initiative
- 6 states and 1 county funded to implement evidence-based payment strategies to improve health outcomes and reduce costs

CDC’s ASTHO IAC Learning Community
- 27 states and 1 territory partnering for shared learning and identifying needs on a multi-pronged approach to policy implementation focused on increasing access to contraception

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

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 addressed 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
Surveillance and Evaluation

- Return on Investment Tool - BETA VERSION
  - User-friendly and customizable way to assess the potential economic and health impacts of increased utilization of long-acting reversible contraception (LARC) among Medicaid beneficiaries

- User guide and Interactive tool available on ASTHO Learning Community website

- Consultations with senior economist through CDC available
Return on Investment Tool: Evidence to Action

Interactive Tool to Assess Impact of Increased Use of Highly Effective Reversible Contraception Among Medicaid Beneficiaries

CAVEATS:
This is a BETA TEST version and is not considered a finished product. The materials embodied in this tool/program are "as-is" and without warranty of any kind, express, implied or otherwise, including without limitation, any warranty of fitness for a particular purpose.

DISCLAIMER:
The findings and conclusions in this work are those of the authors and do not necessarily represent the official position of the Center of Disease Control and Prevention (CDC).

TIPS:
1. If you use this for the first time, please select "enable macro" if prompted to do so
2. To control buttons with keyboard, press ALT + hot key. Hot key is the underscored letter (e.g., 'S' in Start)
3. Adjust the size to better fit your screen + -
4. When you see "?", click it for additional information

For questions and comments, please contact dphinfo@cdc.gov

Version 1.0
Last updated: 1-18-17
Economic Impact

Over 5 years, the proposed intervention will cost Medicaid $855,173. Meanwhile, the intervention will reduce Medicaid spending pertaining to unintended pregnancy by $4.5M. Please see the table and figure for yearly breakdown.

1. Intervention/programmatic costs, and pregnancy-related Medicaid savings

<table>
<thead>
<tr>
<th>Year</th>
<th>Intervention Cost</th>
<th>Programmatic Cost</th>
<th>Savings on Unintended Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 1</td>
<td>$217,756</td>
<td>$0</td>
<td>($30,626)</td>
</tr>
<tr>
<td>FY 2</td>
<td>$249,592</td>
<td>$0</td>
<td>($444,817)</td>
</tr>
<tr>
<td>FY 3</td>
<td>$263,954</td>
<td>$0</td>
<td>($979,185)</td>
</tr>
<tr>
<td>FY 4</td>
<td>$62,397</td>
<td>$0</td>
<td>($1.5M)</td>
</tr>
<tr>
<td>FY 5</td>
<td>$61,475</td>
<td>$0</td>
<td>($1.6M)</td>
</tr>
</tbody>
</table>

2. Yearly Total Medicaid Spenders on Pregnancy and Contraception

(Left to right: FY1 to FY5)

Break down by cost type

3-Year ROI *: 1.0

* cumulative return on investment;
** scroll for ROI for other years.
Surveillance and Evaluation

- Opportunity to apply for funds to add the Family Planning Module to the 2019 BRFSS
  - CDC-RFA-DP15-151304CONT18
  - Applications must be submitted by November 7, 2017.
- This funding opportunity will be announced again in the Spring of 2018.
Data and Evaluation

- Important to have state-based data for evaluation and planning purposes

Provider Training

- Tools for clinics
  - Evidence-based Clinical Practices, Assessment, and Performance Reporting tools
  - [https://www.cdc.gov/teenpregnancy/practitioner-tools-resources/contraceptive-reproductive-services.html](https://www.cdc.gov/teenpregnancy/practitioner-tools-resources/contraceptive-reproductive-services.html)

- Tools for Providers
  - Contraception Counseling E modules, patient experience survey, billing code guidance
  - [https://www.cdc.gov/teenpregnancy/health-care-providers/improving-contraceptive-access.html](https://www.cdc.gov/teenpregnancy/health-care-providers/improving-contraceptive-access.html)
Provider Training

- US Contraceptive Guidelines Continuing Education Credits available
  - [https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/training.htm](https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/training.htm)

- Recommendations about the use of hormonal contraception among women at high risk for HIV were updated in September 2017
  - [https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6637a6.pdf](https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6637a6.pdf)

- Series of speaker ready sets and practice tools
  - [https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html](https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html)
  - [https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html](https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html)
Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services

Lekisha Daniel-Robinson
Division of Quality, Evaluation and Health Outcomes
Children and Adults Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
Brittni Frederiksen, MPH, PhD
Health Scientist
Office of Population Affairs
From Immediate Postpartum LARC to Increasing Access to All Contraception

2014: OPA/CDC QFP Recommendations Published

2014: 6 states implementing immediate postpartum insertion of LARC

2015: 13 states implementing immediate postpartum insertion of LARC

2016: 27 states and territories increasing access to the full range of contraceptive options

First contraceptive provision measures endorsed by National Quality Forum

2017: 27 states and territories implementing strategies to increase access to the full range of contraceptive methods and measuring efforts using performance measures
Measurement to improve quality of care

Title X FPAR data used to calculate provision of most/mod and LARC methods in all women

3 NQF endorsed claims-based contraceptive provision measures
1. Most/mod in all women
2. LARC in all women
3. Most/Mod and LARC in postpartum women

Developing/validating an electronic version of the contraceptive provision measures for submission to NQF in 2019

Working with UCSF to use the contraceptive provision measures with patient-reported outcome performance measure on contraceptive counseling
Resources

• Office of Population Affairs website for claims-based measure specifications and appropriate use: https://www.hhs.gov/opa/performance-measures/index.html

• Family Planning National Training Center website Contraceptive Services training package with 40 resources: https://www.fpntc.org/training-packages/contraceptive-services

• 4 papers published in September 2017 issue of Contraception on the contraceptive care measures
THANK YOU FOR ALL OF THE WORK THAT YOU DO!
ACOG Updates and Resources

Mica Bumpus
Program Director, ACOG LARC Program
American College of Obstetricians and Gynecologists
Who are we? The ACOG LARC Program.

The **LARC Program at the American College of Obstetricians and Gynecologists** works to improve access to the full range of contraceptive methods in the U.S. by connecting providers, patients, and the public with the most up-to-date information and resources on LARC methods.

- In working towards this mission, we:
  - Create, revise, and review clinical and educational materials
  - Advocate on behalf of providers and patients
  - Create educational and practice support tools
  - Advocate for reimbursement and coverage
  - Develop and provide educational outreach materials and training activities
  - Build relationships with family planning colleagues and organizations
  - Conduct research on LARC knowledge, attitudes, and practice patterns

- Our website: [www.acog.org/larc](http://www.acog.org/larc)

- A key programmatic focus: **increasing access to LARC immediately postpartum (IPP)**
How can we support your work? Technical assistance & training.

Mission Statement
The ACOG Postpartum Contraception Access Initiative (PCAI) works to ensure that all women have access to the full range of postpartum contraceptive options before leaving the hospital after a delivery.

1. Web-Based & Virtual Resources
Free, open access online hub for IPP LARC resources at www.pcainitiative.org

- Ready-to-Use Resources
  - General, clinical, revenue cycle, breastfeeding, contraceptive counseling
  - PowerPoint presentations, patient care brochures, FAQs & more

- Expert Technical Assistance
  - Technical assistance through LARC Help Desk
  - FAQs & resources specific to revenue cycle, including billing & reimbursement

2. Clinical & Operational Support Training
On-site, hands-on IPP LARC training for clinicians & operational systems support

- Hands-On Clinical Training
  - Didactic lecture & hands-on insertion simulation for OBGYNs & other providers
  - Shared decision making & reproductive justice-based counseling

- Operational Support Training
  - Operational systems support for revenue cycle, nursing, contraceptive counseling & breastfeeding
  - L&D & postpartum nurses, coding & billing staff, & lactation consultants
How can we support your work? Technical assistance & training.

- Current PCAI Trainings:
  - Working with hospitals in Oklahoma, Oregon, and Tennessee
  - In partnership with the Choose Well Initiative to provide IPP LARC trainings in South Carolina

- Early 2018, expect full roll out of www.pcainitiative.org, including all IPP LARC online resources and the application for onsite training
  - Online Ticket system for LARC-related questions including revenue cycle; open to all

- Advocacy resources for IPP LARC:
  - ACOG Practice Bulletin #186, LARC: Implants & IUDs *(released on Tuesday, Oct. 24th!)*
  - ACOG Committee Opinion #670: IPP LARC
  - IPP LARC Resource Digest
  - PCAI Overview
How can we support your work? Resources.

- **Upcoming webinar:** [Update on LARC: Revised Clinical Guidance from ACOG](#)
  - Thursday, November 9th from 3-4 PM ET
  - [Flier for Upcoming Webinar](#)
  - Sign up for webinar [here](#)

- **Content-specific resources:** [www.acog.org/larc](http://www.acog.org/larc)
  - Advocacy and policy
  - Clinical Education and Training
  - Practice Tools
  - Patient Education
  - Immediate Postpartum
  - Coding and Reimbursement
  - Zika
  - Webinars
Questions?

- General inquiries:
  Mica Bumpus
  ACOG LARC Program Director
  mbumpus@acog.org

- PCAI inquiries: pcai@acog.org
Accomplishments from Year 3 of the Learning Community

The ASTHO Team
Focus Area 1: Provider Awareness and Training
Provider Awareness and Training

- Made contact with Merck for implant insertion/removal training
- Completed a LARC Myths fact sheet for providers to utilize
- Training needs questionnaire administered to providers and programs
- IPQIC created a LARC toolkit that was distributed statewide
Provider Awareness and Training

- **IL**: Chicago DPH developed a symposium to improve youth friendly services.
- **LA**: Day-long training on LARCs and Motivational Interviewing for 60 FQHC partners.
- **MS**: Executed contraceptive counseling and One Key Question training.
- **LA**: Conducted survey of OB/GYNs and NPs on their attitudes, behaviors, and beliefs.
Provider Awareness and Training

Successful integration of separate projects focused in IPP and interval LARC to deliver training and support

UPSTREAM USA will begin working to train all types of providers

Identified key opportunities from pilot hospital assessment with CRMC
Focus Area 2: Reimbursement and Financial Sustainability
Reimbursement and Financial Sustainability

Completed submission of LARC carve-out for IPP LARC and for FQHCs

Removal of LARC devices from DRG leading to the implementation of a pilot program

Obtained agreements from 2 of 3 IA MCO’s to pay for IPP LARC

Div. of Insurance surveyed private insurance plans, 6 of 11 plans cover IPP LARC unbundled
Reimbursement and Financial Sustainability

- MD: Billing and Contracting Webinar that involved TA for Title X Family Planning Clinics
- IL: Received foundation funding to form a collaborative increasing access with an emphasis on LARC
- MT: CMS approval for unbundling LARCs from all-inclusive rate for FQHCs and Rural Health Centers
Reimbursement and Financial Sustainability

Rate methodology successfully changed for all Phys. Drug Program Contraceptives

QINCA held two virtual learning sessions on IPP IUD insertion and same day provision and a 2-day in person session

SPA was changed to remove restrictions on LARC devices for Medicaid members
Focus Area 3: Informed Consent and Ethical Considerations

Photo Source: Global Genes
Informed Consent and Ethical Considerations

Incorporating birth spacing and reproductive justice messaging into IPP LARC Toolkit

TX HHS is continuing to work on implementing One Key Question and identifying challenges to accessing LARC
Focus Area 4: Logistical, Stocking, and Administrative Barriers
Logistical, Stocking, and Administrative Barriers

Developed a Reproductive Health Supply Procurement Guide for Title X Sub-Grantee FQHC partners

Administrative funds for LARC stocking as a provision of the current Medicaid 1115 waiver application
Focus Area 5: Consumer Awareness
Consumer Awareness

Collaborating with DHCS Medi-Cal Managed Care Quality Unit to study LARC Utilization within Managed Care Plans

Through IM CoLLIN, participating programs demonstrated an increase in effective contraceptive selection among their postpartum clients
Focus Area 6: Stakeholder Partnerships
Organized LARC summit w/key stakeholders to address need for postpartum LARCs in Alaska.

Held a stakeholder meeting to review status of LARC initiative and identify reimbursement policies.

LA County is developing a relationship with Health Net, with assistance from AltaMed IPA.
Stakeholder Partnerships

- Continuation of BOI stakeholder partnerships with Choose Well to expand our established efforts for IPP LARC
- Bi-monthly LARC stakeholder meetings to discuss challenges and successes with recently updated LARC policies in Texas
Focus Area 7: Service Locations
Continued mobile clinic outreach at the high schools on all 3 islands

**LA County**
Approached 8 hospitals with high volumes of deliveries

Working with Palmetto Health Hospital to implement a 5-site pilot of CCSC
Service Locations

Implementation of IPP LARC at 3 teaching Institutions with plans to expand to 2 community hospitals

Worked with pilot hospital in Cheyenne to assess IPP LARC readiness and training needs
Focus Area 8: Data, Monitoring, and Evaluation
Successfully completed/reported CCW: Contraceptive Care Measure for 2014 and 2015

Process to evaluate reproductive health care access under the new state-funded program is under development

Established baseline rate of most and moderately effective contraception use

Working with Mass League of Community Health Centers to include Contraceptive performance measures
Data, Monitoring, and Evaluation

Created a Billing Workgroup Listserv and Team Drive for family planning resources and data sharing

Unintended pregnancy rates among Pregnancy Medical Home births has gone from 52.5% in 2012 to 45.7% in 2016

OK State DOH increase in LARC Utilization (FPAR 2016): Nexplanon 13% increase and IUD/IUS 1.2% increase
Focus Area 9: Specific Populations
Specific Populations

**AK**
Partnered with Mat-Su Valley Perinatal Opioid Treatment Program to address LARC and prevention of NAS

**MT**
Working with a community Drug Task Force to increase access for women w/ substance use disorder who are incarcerated

**WV**
Partnering of LARC services with harm reduction entities to promote better health of women of child bearing age w/ substance use disorder
Share your documents with us!

Please share your toolkits, fact sheets, stakeholder meeting agendas, policies, training manuals with us!

ContraceptiveAccess@astho.org
Be Your Own Baby

Peter Mastriano, MBA
Field Marketing Manager
Upstream USA
Upstream is a national nonprofit organization providing training and technical assistance to health centers so that all women have same-day access to the full range of contraceptive methods, empowering them to become pregnant only if and when they want to."
Our Approach

Ensure that all women have single-visit access to the full range of contraceptives, including long-acting reversible contraceptives (LARC), so they can choose the best method for them.
Delaware CAN
Contraceptive Access Now

• Drive awareness of the services provided
• Increase consideration for services offered
• Facilitate ability to receive birth control at no cost
Qualitative Exploration:

PURPOSE:
Gut-check creative concepts with in-person interviews and focus groups’ reactions

APPROACH:
• Two 90-minute focus groups covering the Wilmington area
• Two 90-minute in-person interviews covering the Sussex area
• 14 interviews with partner sites (VASE, BeeBe Healthcare, LaRed, Brandywine, CCHS, & Families First)

Quantitative Validation:

PURPOSE:
Validate instincts and previous research with a readable sample of women in Delaware and nearby markets

APPROACH:
• Quantitative survey
• 158 heterosexually active women in Mid-Atlantic area (>50% DE) who are currently not planning on becoming pregnant in the next year
  • 18-23: 59%; 24-29: 41%
  • No Kids: 75%
  • Less than a 4-year degree: 84%
Two Critical Elements

ABILITY
Removal of barriers

MOTIVATION
Incentive to change behavior

Universal Messages
- FREE
- SAME-DAY ACCESS

Opportunity Areas
- UNPLANNED PREGNANCY
- BEHAVIOR
- CONTROL
- ACCESSIBILITY
Be unapologetically empowering to ignite her inner strength

1. Be unapologetically empowering to ignite her inner strength

2. Grab her attention by presenting birth control in an unexpected way

3. Tap into her inner desire to help not only herself, but other women

4. Make it irresistibly easy for her to take action

5. Instill urgency

“I work 7 days a week.” Sonia, 27

“I have 3 jobs, including one that is overnight three times a week, plus school.” Nanika, 23

“Getting there is %*$$$! They close early. It requires a lot of planning and I’m not good at planning.” Petra, 25
Search for free BC clinics using your zip code & whether you have insurance or not

Watch the music video: “Be Your Own Baby”

Search Bedsider.org materials about BC methods
Health centers found for you
Call to schedule an appointment with the center that works best for you. Easy as that.

ZIP: 19801  Insurance: Yes

NEW SEARCH

Henrietta Johnson Medical Center- Southbridge
Wilmington, DE
601 New Castle Ave,
Wilmington, DE 19801
P: 302-655-6107

Hours
M: 8am-5pm  F: 8am-5pm
T: 8am-5pm  S: 8am-5pm
W: 8am-5pm  Su: Closed

Insurance Plans Accepted
Accepts most major insurances, medicaid and the uninsured

Henrietta Johnson Medical Center- Eastside
Wilmington, DE
600 N. Lombard Street,
Wilmington, DE 19801
P: 302-761-4610

Hours
M: Closed   F: 8am-5pm
T: Closed   S: 8am-5pm
W: 8am-5pm  Su: Closed

Insurance Plans Accepted
Accepts some major insurances, medicaid and the uninsured

Planned Parenthood DE- Wilmington
Wilmington, DE
625 N. Shipley St,
Wilmington, DE 19801
P: 302-655-7293

Hours
M: 12:00pm-7:00pm  F: Closed
T: Closed   S: Closed
W: 8am-6:30pm  Su: Closed

Insurance Plans Accepted
Planned Parenthood accepts most commercial insurances, medicaid and the uninsured

• Search for free BC clinics using your zip code & whether you have insurance or not
• Watch the music video: “Be Your Own Baby”
• Search Bedsider.org materials about BC methods
SELF-SCHEDULING

FREE TRANSPORTATION

CONSUMER REBATES

Welcome to the Be Your Own Baby Rebate Center brought to you by Upstream USA.

1. Submit an Offer
2. Contact Us
3. FAQs
4. Log In
5. Create Account

© 2017 BeYourOwnBaby.com
ONLINE
Digital Display Advertising
Organic & Paid Social
Paid Search
YouTube
Mobile

OFFLINE
Signage at clinical & non-clinical partners
Promotional Merchandise
Out of Home Marketing
Publicity
Events
“It’s hitting millennial women of reproductive age who don’t want to have babies,” she said. “It’s sending the message there are things they can do to avoid that.”

~Amanda Fretz, Office Manager, Khan Ob-Gyn. in Dover

“I just stopped right there—mid-stride—and said yes what is this, I need this. I kept staring at it and was like, wow—I can’t believe that this is something that is available in my area. Not only that, but it was available in multiple locations at a bunch of different clinics.”

~Tori Burt, 26. BeYourOwnBaby consumer

Upstream training brings same-day contraceptive services to First State

Meredith Newman, The News Journal

In 2010, 57% of all pregnancies in Delaware were unintended, the highest rate in the nation. That year, the federal and state governments spent over $94 million on unintended pregnancies in the First State.
Feedback about Be Your Own Baby

Unsolicited feedback from consumers and parents at DE events:

I am a parent and I think this is **awesome**. I have a teenage daughter that I had when I was 19 and I want my daughter to be **better educated** about birth control.

Your Facebook ads **crack me up** (said very positively)

I saw the commercial and it's **poppin'**. And I am a marketing manager, so I'd know.”

I saw the commercial and **love it**.

Consumer comments and campaign updates from our partners:

Anecdotally, looks like the **advertising is working**! Our visit numbers are higher than they are usually this time of year, and they have been since the campaign started.

- Planned Parenthood of Delaware

I just completed an observation at DPH (Pyle), and it was **truly a treat**. Cheryl, the Nurse Practitioner, asked her new patient how she heard about their services, and the patient replied: “I saw a post on my Instagram called BE YOUR OWN BABY.”

Since May, they have scheduled 26 non-LA Red patients for birth control appointments, 18 of which have already been seen. This could be a good indication that **the marketing campaign is rocking out** in Sussex County.
THANK YOU!

Questions?
Provider Survey Immediate Postpartum LARC

Bethany Berry, CNM, MSN
Senior Midwife
Southcentral Foundation
Goal of Survey

• Our goal was to find out what barriers to IPP LARC were perceived by providers

• Provider attitudes towards IPP LARC
Methods

- Alaska State LARC Initiative Team created Provider Survey

- Contacted and requested the state presidents of ACNM, ACOG, and AAFP to disseminate survey monkey link to their membership by email

- Target population: Providers in State of Alaska who attend births

- Anonymous Survey
Please identify what type of provider you are

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBGYN MD/DO</td>
<td>79.31%</td>
</tr>
<tr>
<td>Family Practice MD/DO</td>
<td>0.00%</td>
</tr>
<tr>
<td>CNM</td>
<td>17.24%</td>
</tr>
<tr>
<td>ANP</td>
<td>3.45%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>29</td>
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</tbody>
</table>
How many IUDs/Implants do you place in a year?
Have you placed IUDs immediately postpartum (IPP) after birth?

- Yes: 55.17%
- No: 45.83%
Have you placed implants on a postpartum unit prior to discharge of an OB patient?

- Yes: 55.17%
- No: 45.83%
If you are currently not placing pp IUDs and Implants postpartum, please choose a reason:

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not get reimbursed for it</td>
<td>9.09%</td>
</tr>
<tr>
<td>The device is not covered by insurance</td>
<td>9.09%</td>
</tr>
<tr>
<td>The devices are not available in the clinical setting</td>
<td>22.73%</td>
</tr>
<tr>
<td>The hospital does not allow these procedures</td>
<td>27.27%</td>
</tr>
<tr>
<td>I do not support the placement of LARCs postpartum</td>
<td>0.00%</td>
</tr>
<tr>
<td>I want my patient to come back for a postpartum visit</td>
<td>0.00%</td>
</tr>
<tr>
<td>I don’t know how to place postpartum IUDs</td>
<td>4.55%</td>
</tr>
<tr>
<td>I don’t know how to place Nexplanons</td>
<td>4.55%</td>
</tr>
<tr>
<td>N/A</td>
<td>13.64%</td>
</tr>
<tr>
<td>N/A, I am placing them.</td>
<td>31.82%</td>
</tr>
</tbody>
</table>

Total Respondents: 22
Comments

OK with Nexplanon, Don't agree with IUD immediately postpartum
2/6/2017 8:09 PM

I don’t have trouble getting people to come back for placement postpartum
2/6/2017 4:33 PM

No longer doing OB but others in my group do this
2/6/2017 11:09 AM

Our CNMs do them in Inpatient
2/5/2017 1:24 PM

Higher rate of IUD expulsion postpartum
2/5/2017 7:22 AM

not on formularv at either hospital. We need to have them
If all barriers were removed, (i.e.: cost, availability, placement training) how likely would you be to introduce these postpartum procedures into your practice?

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not likely</td>
<td>3.45%</td>
</tr>
<tr>
<td>Somewhat likely</td>
<td>10.34%</td>
</tr>
<tr>
<td>Very likely</td>
<td>37.93%</td>
</tr>
<tr>
<td>N/A, I already use these postpartum procedures</td>
<td>27.59%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>20.69%</td>
</tr>
</tbody>
</table>

TOTAL 29
If you are providing OB care, what percentage of your patients return for a pp visit?
During prenatal care what trimester do you discuss contraception?
What methods currently do you offer your patients?
# Do you perform Sterilization procedures?

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes, bilateral salpingectomies/tubals</td>
<td>78.57%</td>
</tr>
<tr>
<td>yes, Essure</td>
<td>46.43%</td>
</tr>
<tr>
<td>yes, Vasectomies</td>
<td>3.57%</td>
</tr>
<tr>
<td>No, I refer to another provider</td>
<td>21.43%</td>
</tr>
<tr>
<td>No.</td>
<td>3.57%</td>
</tr>
</tbody>
</table>

Total Respondents: 28
Improvement ideas...

• I would have asked if providers needed more information or training

• I would have asked them to identify if they work in an urban setting or a rural setting

• I would have asked if providers wanted to be a part of the LARC initiative team (recruitment)
Questions?
Increasing Access to Contraception
Learning Community Next Steps

Sanaa Akbarali, MPH
Director, Family and Child Health
ASTHO
New and Improved: Searchable Library!

http://www.astho.org/Increasing-Access-to-Contraception/
Next Steps

- ACOG Revised Clinical Guidance Webinar
  - November 9, 2017
  - Register [here](#)

- Virtual Learning Session #2:
  - December 7th, 2:00-4:00PM ET
Evaluation

Please fill out our evaluation!

https://astho.az1.qualtrics.com/jfe/form/SV_4YseZdbfQJKPtB3
Thank You!!

Additional tools, materials and recordings available on the ASTHO Increasing Access to Contraception page, NEW library, and Team Map:

Main Page:
http://www.astho.org/Increasing-Access-to-Contraception/

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

State and Territorial Team Map: