

**Access LARC
Florida Toolkit
Recommendations**

Betsy Wood, BSN, MPH

Nurse Consultant

Florida Perinatal Quality Collaborative

Partnering to Improve Health Care Quality
for Mothers and Babies



Access LARC Toolkit

Pre-Implementation	Implementation
<ul style="list-style-type: none">• Building a successful initiative• Key stakeholder education• Hospital/Managed care organization collaboration• Policies and procedures	<ul style="list-style-type: none">• Provider and staff education on device insertion• Comprehensive choice counseling

Aim

Primary Drivers

Secondary Drivers

LARCs are available for immediate postpartum insertion

Hospitals are able to receive reimbursement for LARC insertion

Reporting mechanisms are in place to enable tracking of immediate postpartum device placement

Clinic, labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion

Trained clinicians are available to provide immediate postpartum LARC insertion

Patients are aware of the contraception option of immediate postpartum LARC insertion

Establish multidisciplinary pLARC team

Add devices to formulary

Assure timely access to devices

Revise policies/ procedures to provide pLARC

Assure billing mechanism in place for pLARC

Modify IT systems to assure accurate tracking, billing and documentation of pLARC

Educate all appropriate staff on advantages and clinical recommendations of pLARC

Train clinicians on pLARC insertion

Educate providers and community partners about contraceptive choice counseling and informed consent

Within 15 months of project start, 80% of participating hospitals will be providing immediate postpartum LARCs.

Primary Drivers

Secondary Drivers

LARCs are available for immediate postpartum insertion

Hospitals are able to receive reimbursement for LARC insertion

Reporting mechanisms are in place to enable tracking of immediate postpartum device placement

Clinic, labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion

Establish multidisciplinary pLARC team

Add devices to formulary

Assure timely access to devices

Revise policies/procedures to provide pLARC

Assure billing mechanism in place for pLARC

Modify IT systems to assure accurate tracking, billing and documentation of pLARC

Educate all appropriate staff on advantages and clinical recommendations of pLARC

Work on your secondary drivers, which influence your primary drivers

Recommended Key Practices

Pre-Implementation Phase

1. Assure early multidisciplinary support by educating and identifying key champions in all pertinent departments.
2. Establish clear regular communication channels and processes, assuring that all necessary departments are represented.
3. Establish and test billing codes and processes to assure adequate and timely reimbursement.

Recommended Key Practices

Pre-Implementation Phase

4. Expand pharmacy capacity and device distribution to assure timely placement.
5. Educate clinicians, nurses, pharmacy, and lactation consultants about benefits and clinical recommendations related to pLARCs.
6. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for pLARCs.
7. Modify L & D, OB OR, postpartum, and clinic work flows to include placement of pLARC.

Recommended Key Practices

Implementation Phase

8. Establish consent processes for pLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent.
9. Develop culturally sensitive educational materials and shared decision making counseling practices to educate patients about the availability of pLARC as a contraception option.
10. Educate clinicians, community partners and nurses on informed consent and shared decision making related to pLARC.
11. Assure patient receives comprehensive contraception choice counseling prior to discharge.

Initiative Website

FPQC.org

→ Current Projects

→ Access LARC

● Immediate Postpartum Long-Acting Reversible Contraception (LARC)



Partnering to Improve Health Care Quality
for Mothers and Babies

[Access LARC](#)

Increasing Access to Immediate Postpartum Long-Acting Reversible Contraception

Access LARC News & Announcements

[Access LARC Initiative Launches November 3 2017](#)



[Access LARC Initiative Resources](#)

Online Tool Box for Participating Access LARC Hospitals

This Tool Box contains tool kit documents, example policies and educational materials, and more. This resource is updated regularly throughout the project.



[Archived Webinars](#)

health.usf.edu/publichealth/chiles/fpqc/larc

Chapter One

Building a Successful Initiative

- Engaging key stakeholders at beginning of project is **KEY** to success!
- Multidisciplinary planning and implementation
- Gain top-level support
- Team members should be able to consistently commit

Who to Include

Multi-disciplinary Implementation Team
Disciplines & Departments
Obstetric Providers
Nursing (L & D, OB, OR, Mother/Baby)
Lactation Consultants
Billing/Collections
Contracts/MCO Liaison
IT/EMR
Pharmacy
Others (for example: QI, social work)

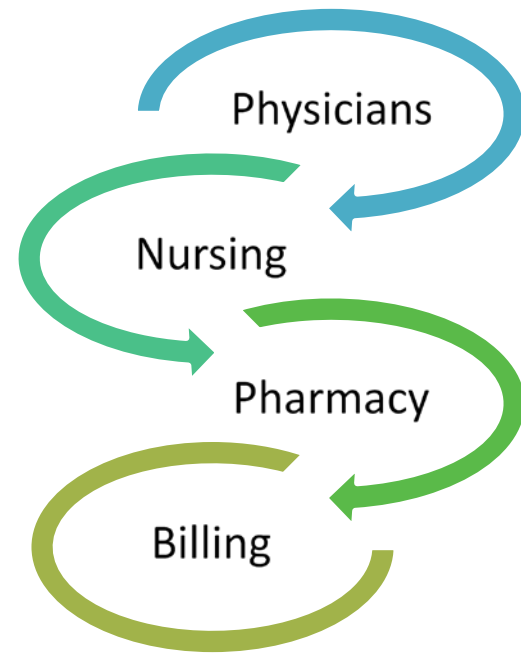
Successful Teams

Institute for Healthcare Improvement

- Clinical Leadership
- Technical expertise
- Day-to-day leadership
- Project sponsorship

Champions are Essential

Champions are individuals who actively associate with the project and dedicate themselves to incorporating best practices within the structure of each unit



Components of Successful Participation

- 👤 Create a QI culture—a team environment that emphasizes quality and patient safety
- 👤 Hold regular QI team meetings to follow progress
- 👤 Share important information, progress and successes with everyone
- 👤 Be creative and flexible!

Potential Tool for your Use

Example of Access LARC Timeline

Activity	Person Responsible	Target Date	Progress/Outcome
Recruit champions for multidisciplinary team			
Conduct scheduled monthly team meetings			
Establish/test billing mechanism			
Create pharmacy capacity			
Educate providers/staff on clinical evidence			
Develop/revise policies and protocols			
Modify IT systems			
Educate providers on insertion			
Establish consent process			
Develop contraceptive choice counseling			
Educate staff on policies, procedures, counseling			

Chapter Two – Key Stakeholder Education on LARC

- Key providers and staff should be educated on the definition, components, and importance of immediate postpartum long-acting reversible contraception
 - “Why should we want to do this?”



Who are the Key Stakeholders for Access LARC?

Physicians and Midwives

- ❑ Delivering practitioners – Not all providers are aware of this relatively new contraceptive choice and may be resistant to LARC placement during the delivery hospitalization
 - ✓ Identify influential champions
 - ✓ Educate, educate, educate

Who are the Key Stakeholders for Access LARC?

Administration

Nurses – L&D, Mother/Baby, OB OR

- ✓ Influential during intrapartum
- ✓ Critical input into necessary process changes for implementation

Who are the Key Stakeholders for Access LARC?

Pharmacy

- ✓ Need approval to add LARC to formularies
- ✓ New processes

Lactation Consultants

- ✓ Recognized expert in breastfeeding
- ✓ Historically resistant to hormonal contraceptives
- ✓ Educate on latest literature

Educational Resources

- 👶 FPQC Slide Sets
- 👶 ACOG statements on LARC
- 👶 Academy of Breastfeeding Medicine statement
- 👶 CMS info bulletin on Medicaid approaches to increase access

Resources are available in
the online Access LARC
tool box

Chapter Three – Hospital/Managed Care Organization Collaboration



- I. Working with your MCO
- II. Contract amendments
- III. Billing and reimbursement
Procedure codes
- IV. Pharmacy

Working with Medicaid Managed Care Organizations

Policy and Systems Changes

- The **Inpatient Hospital Service Coverage Policy** for LARCs and other services was updated and became effective July 11, 2016.
 - Allows providers to reimburse for immediate postpartum (IPP) placement of LARC devices separate from the inpatient hospital labor and delivery

Contract Amendments

- ✓ Formulary Drug/Device for Reimbursement in the hospital
- ✓ Hospital Billing & Reimbursement Process and Agreement for Drug/Device
- ✓ Physician Billing & Reimbursement Process and Agreement for Service Rendered
- ✓ Enhancement of the communication and follow-up process between the health plan and physician to the hospital labor and delivery department to convey consent for immediate postpartum LARC insertion

Billing Issues

- ✓ Determine whether the billing system is adaptable to allow for line items outside the DRG and when possible altering the program to streamline billing for LARCs.
- ✓ Submit all required information exactly according to the policy to avoid claims being denied.
- ✓ Identify a mechanism to reconcile reimbursements with patient accounts and monitor and resolve denials.
- ✓ Test all elements of the claims process and resolve any system glitches prior to implementation.

Pharmacy

- ✓ Revising formulary
- ✓ Determining inventory levels
- ✓ Modifying order sets
- ✓ Physical location of inventory

Chapter Four - Policies and Procedures

- 👤 Develop unit-specific policies and procedures:
 - ✓ Prenatal care (clinic, health department, etc)
 - ✓ Labor and delivery
 - ✓ Postpartum

Unit-Specific Policies and Procedures

Prenatal clinic:

- ✓ Appropriate counseling
 - ✓ All contraceptive options
 - ✓ Immediate postpartum versus interval
- ✓ Consent
- ✓ Insurance verification
 - ✓ Work with your surgery scheduler

Unit-Specific Policies and Procedures

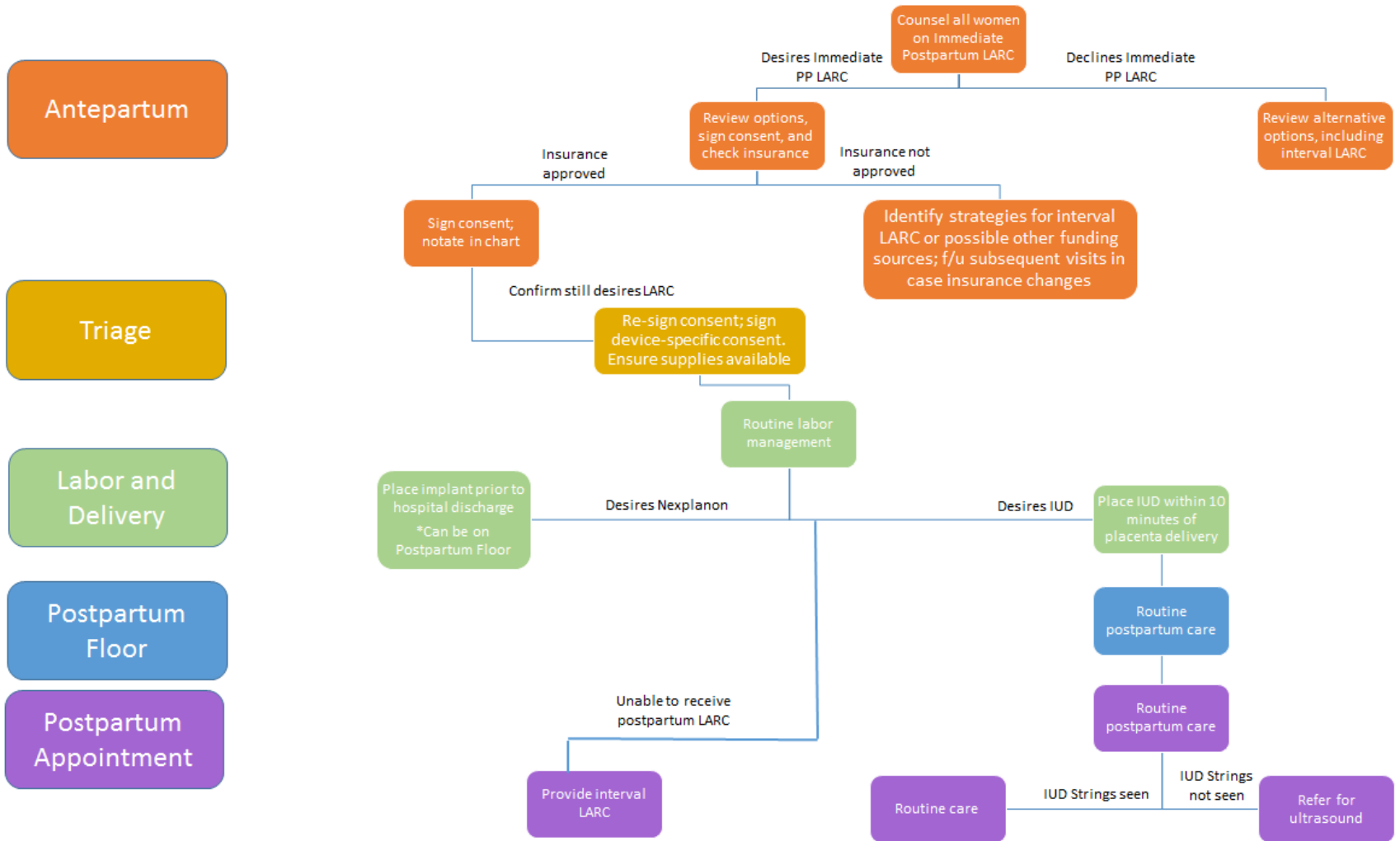
- 👶 Labor and Delivery:
 - ✓ Consent
 - ✓ Hospital-specific and device-specific
 - ✓ Insurance verification
 - ✓ Ensure no changes in insurance
 - ✓ Review contraindications
 - ✗ Hemorrhage
 - ✗ Infection
 - ✓ Follow detailed postpartum insertion protocols

Unit-Specific Policies and Procedures

Postpartum:

- ✓ Routine postpartum hospital care
 - ✓ Notify physician if concern for the IUD falling out
- ✓ Routine postpartum follow-up
 - ✓ Include IUD string check
 - ✓ Any concerns should be referred to OB provider or local Family Planning clinic
 - ✓ Postpartum infections can be treated with antibiotics *without* removing the IUD

Model Modified Workflow Diagram



Partnering to Improve Health Care Quality
for Mothers and Babies

QUESTIONS?