

Mount Sinai

MEDICAL CENTER

**Florida Perinatal Quality
Collaborative (FPQC)
Long Acting Reversible
Contraceptives (LARC)**



Monthly Meetings

- Multi-Disciplinary
- Buy-in

FPQC LARC Initiative

Kickoff Meeting 11/17/17

PRESENT:- Ana Caldera, Ann Wegmann, Huston Powell, Cathy McClellan, Lisa Wright, Mary Chapman, Dr. Hitt, Dr. X. Miguelez, Kylie Rowlands-Perez, Latrese Torres, Emily Keller.

- Discussed FPQC & LARC Initiative Background, Goals & plans for implementation.
- Pharmacy provided cost of LARC devices.
- Discussion about need to narrow which devices would be appropriate at MSMC.
- Dr. Hitt suggested the following 3 –



LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG
INTRAUTERINE COPPER CONTRACEPTIVE (Paragard)
ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES (Nexplanon)

- Copper IUD- not supplied by pharmacy, instead they come from materials management. Will need to include Nate Yuen in future meetings.
- Suggestion to do cost analysis of devices and concern over reimbursement for devices expressed.
- FPQC has performed legwork with insurance companies for cost of device and insertion procedure separate to delivery charge.
- Pharmacy will need to have P&T committee approval to add to formulary.
- IUD devices are off label for insertion 10 minutes post-delivery, insert says 6 weeks. Will need to provide evidence for use off label. Kylie will send information from FPQC.
- IUD to be added to L & D [pyxis](#) and implant in postpartum [pyxis](#).
- Lactation is supportive of the use of IUD and LARC Initiative.
- IT will update the other 3 IT teams that need to be involved to proceed with the build for charting and billing.
- Billing concerned about guarantee of reimbursement and possible need to renegotiate contracts.
- Meeting with Lynda Barcelo who works with managed care contracts
- Lisa will do a test on Medicaid side.
- Team to send Kylie list of additional members to be invited to next meeting.
- Next meeting will be scheduled for December.
- Kylie will create email group to share updates and other communications with group.
- Need for physician and nurse education.

Billing & Contracts

Medicaid Prescribed Drug Fee Schedule

Code	Description	FL Medicaid Reimbursement	MSMC Cost
J7298	levonorgestrel intrauterine contraceptive system 52mg 5 year	858.33	858.33
J7300	intrauterine copper contraceptive	750.09	714.7
J7307	etonogestrel contraceptive implant system	783.09	847.9

<u>MMA Plan</u>	<u>Contracting Contact</u>	<u>LARC Contact-CMO</u>	<u>Inquiry Outreach Date (Will MMA Plan Follow Medicaid Payment Methodology?)</u>	<u>Response (Y/N)</u>	<u>MA Plan Confirmed Reimbursement for LARC (Y/N)</u>	<u>Rates Proposed</u>	<u>Effective Date</u>
United Medicaid	Aleta Mills	Sloan Karver (LTC) & Eina Fishman (MMA)	12/14/2017	Y	Y		
Humana Medicaid	Yadira Fernandez/Dan Skinner	Ian Nathanson	12/14/2017	Y	TBD		
Simply Medicaid	Raylene Adams/Lisa Rivera	Jeanette Rios	12/14/2017	N			
Clear Alliance	Raylene Adams/Lisa Rivera	Francisco Hernandez	12/14/2017	N			
Amerigroup	Raylene Adams/Lisa Rivera	Vincent Pantone	12/14/2017	N			
Magellan Complete Care	Anthony Girgenti	Steven Arnold	12/14/2017	N			
Aetna Better Health	Susan Waldman/Judith Richards	Jorge Cabrera	12/14/2017	N			
Prestige	Mark Swink/Annitta Taylor	William Burnham	12/20/2017	Y	TBD		
Positive Health	Remon Walker	Frances Martinez	12/14/2017	Y	TBD		
Molina Medicaid	Don Clark	Mark Bloom	12/14/2017	N			

Policy & Procedure

Post-Placental Intrauterine Device (IUD) Insertion

I. PURPOSE:

An IUD is a small contraceptive device which is inserted into the uterus. The device is often 'T' shaped; and contains either copper or levonorgestrel (a progestin). They are one form of long-acting, reversible contraception and are some of the most effective types of reversible birth controls.

II. SCOPE:

RN, Physician OB

III. PATIENT POPULATION:

Adolescent, Adult

IV. POLICY:

- a. Patients considering post-placental IUD insertion should receive patient education from a provider both at prenatal visits and upon admission to Labor and Delivery. After completion of appropriate counseling, patients identified as appropriate candidates for post-placental IUD insertion can be offered post-placental IUD insertion.
- b. IUD will be inserted according to ACOG/manufacture's guidelines.
- c. The following remain contraindications:
 1. Pregnancy, possibility of pregnancy, planned pregnancy in the next year.
 2. Congenital or acquired uterine anomaly that distorts the uterine cavity (bicornuate uterus, fibroids which markedly distort the cavity).
 3. Acute PID infected abortion or postpartum endometritis within the last three months. Untreated acute cervicitis or vaginitis or other lower genital tract infection. It is not necessary to rule out GC or Chlamydia in asymptomatic women prior to insertion. In the setting of immediate postpartum IUD placement, contraindications include: intrauterine infection; postpartum hemorrhage; or puerperal sepsis.
 4. Unexplained abnormal uterine bleeding.
 5. Acute liver disease or liver tumor (benign or malignant).
 6. Known or suspected breast cancer or other progestin-sensitive cancer.
 7. Known or suspected uterine or cervical neoplasia (but not abnormal Pap smear or mild dysplasia)
 8. Hypersensitivity to any component of the IUD.
- d. These are NOT contraindications:
 - i. Nulliparity
 - ii. Adolescents (WHO considers IUD acceptable anytime after menarche – Medical Eligibility Criteria 2). Adolescents and others at risk for STDs (< 26 y/o, promiscuity, prior STDs) should be screened for gonorrhea and Chlamydia. Screening can be done at the time of insertion since treatment with the IUD in place is usually sufficient.
 - iii. Prior ectopic pregnancy or history PID > 3 months prior.

- iv. Women who are not monogamous – IUD does not increase her risk of developing PID due to GC or Chlamydia (but the patient should be counseled on the importance of consistent condom use for STD prevention).
- v. Breastfeeding.
- vi. Abnormal Papanicolaou smear, once a colposcopy rules out severe dysplasia. (Patient does not need to be cleared from Colpo Clinic prior to IUD insertion – the clinician should however rule out need for LEEP as the goal would be to do the LEEP procedure prior to IUD insertion).

V. PROCEDURE:

- a. Provider will obtain written informed consent from the patient on admission.
- b. Provider will order the IUD in EPIC at the time of admission.
- c. At the time of delivery, obtain the IUD and supplies.
- d. Perform a "Time Out" prior to starting the procedure.
- e. Once instructed by the provider, open the IUD inserter tray in a sterile fashion and the provider will remove the IUD from the inserter tray. Place the IUD information sticker (which contains the lot number and expiration date).
- f. Place the IUD information sticker (which contains the lot number and expiration date) from the package to the consent form.
- g. Document in EPIC
- h. During routine postpartum care (fundal checks and peri-care) carefully inspect perineum, pads, and blood clots for the presence of visible strings or an expelled IUD. Notify the physician immediately if IUD expulsion is suspected.

VI. REFERENCES:

- a. ACOG Practice Bulletin # 121: Long-Acting Reversible Contraception: Implants and Intrauterine Devices
- b. ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception
- c. ACOG Committee Opinion #672: Clinical Challenges of Long-Acting Reversible Contraceptive Methods
- d. ACOG Committee Opinion #539: Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices
- e. Eggebroten JL, Sanders JN, Turok DK. Immediate postpartum intrauterine device and implant program outcomes: a prospective analysis. Am J Obstet Gynecol 2017;volume:x.ex-x.ex.

Post-partum Etonogestrel Contraceptive Implant, 61.16.01

I. PURPOSE:

Nexplanon is a small contraceptive rod, 4 cm in length, containing etonogestrel hormone (a progestin). They are one form of long-acting, reversible contraception and are some of the most effective types of reversible birth controls.

II. SCOPE:

RN, Physician OB

III. PATIENT POPULATION:

Adolescent, Adult

IV. POLICY:

- a. Patients considering post-partum etonogestrel contraceptive implant insertion should receive patient education from a provider both at prenatal visits and upon admission to Labor and Delivery. After completion of appropriate counseling, patients identified as appropriate candidates can be offered post-partum etonogestrel contraceptive implant.
- b. Post-partum etonogestrel contraceptive implant will be inserted according to ACOG/manufacturer's guidelines.

V. PROCEDURE:

- a. Physician will obtain a written informed consent from the patient.
- b. Obtain the Nexplanon device and lidocaine from the OmniCell.
- c. Before performing procedure, assist provider in drawing up the lidocaine and preparing the room with the required equipment.
- d. Perform a "Time Out" prior to starting the procedure.
- e. Open the Nexplanon package in a sterile manner and the provider will remove the
- f. Nexplanon device from the inserter tray.
- g. Attach the Nexplanon information sticker (including the Lot # and expiration date) from the package to the front of the consent form.
- h. Document in EPIC

VI. REFERENCES:

- a. ACOG Practice Bulletin # 121: Long-Acting Reversible Contraception: Implants and Intrauterine Devices
- b. ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception
- c. ACOG Committee Opinion #672: Clinical Challenges of Long-Acting Reversible Contraceptive Methods

Consents

<p>Insertion of Long Acting Contraception Devices</p>	<p>This is a procedure to place/implant/insert reversible contraception devices (Intra-uterine Device and Birth Control Implant). The IUD is guided through the vagina and the cervix and then inserted into and left inside the uterus. The contraceptive implant is implanted under your skin (sub-dermally) in your upper arm after numbing the area with a local pain medication.</p>	<p>I understand that placement/implantation of Long Acting Contraceptive Devices has the following possible complications, including but not limited to:</p> <ul style="list-style-type: none">• Failure of implant resulting in intrauterine or ectopic pregnancy;• Rarely, pregnancy may occur while a woman is using an IUD. If pregnancy occurs and you would like to continue the pregnancy, the IUD should be removed IF your doctor can see the IUD in the cervix or the strings are visible. If the IUD remains in place during pregnancy, there are increased risks of miscarriage and infections.• Infection• Bleeding;• Difficulty removing implant; migration of the implant requiring surgical removal;• Irregular bleeding/cramping within first 6 months of implant insertion.• Pelvic Inflammatory Disease;• Deep or incorrect insertion, and;• Unrecognized non-insertion.
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Patient Education

What Is Immediate Postpartum IUD?

The intrauterine device (IUD) can be inserted 10-15 minutes after delivery to prevent pregnancy. This is called immediate postpartum IUD. IUDs are inserted inside your womb by a doctor.

Why should I get the IUD right after delivery?

- You can get pregnant after giving birth
- It gives your body time to heal before getting pregnant again
- It's convenient and you do not have to schedule a separate appointment

How does the IUD compare to other forms of birth control used after delivery?

- It works better than pills, rings, shots and condoms
- It won't keep you from breastfeeding

How do I know if I can get an IUD right after delivery?

Most women can get an IUD but talk to your provider first

What happens after I get an IUD?

- Follow the plan your doctor shares with you
- Check that your IUD is in place (feel for strings)
- If your IUD falls out you need to use some other birth control
- IUDs do not protect against sexually transmitted diseases (STDs)—use condoms to prevent STDs

Where can I get more information?

- IUD: <http://www.arhp.org/Publications-and-Resources/Patient-Resources/Fact-Sheets/Hormonal-IUD>
- Baby/birth spacing: <http://www.healthyc.org/your-health/baby-spacing>

Who do I call if I have questions or problems?

If you have questions, call: _____

**The cost of birth control may depend on when you get it and what kind of insurance you have.*





What Is Immediate Postpartum LARC?

Intrauterine devices (IUD) and implants are known as long-acting reversible contraception (LARC). Women can get birth control right after delivery in the hospital. Getting LARC right after delivery can help prevent pregnancy.



A doctor can insert LARC right after delivery or before you leave the hospital.

Comparing Options

IUD

The IUD is a small, T-shaped piece of plastic that goes inside the womb. Not all IUDs contain hormones.

Why should I get LARC after delivery or before I leave the hospital? LARC...

- ⇒ You can get pregnant right after giving birth
- ⇒ Gives your body time to heal before getting pregnant again
- ⇒ Works for years after being inserted
- ⇒ Works better than other birth control: pill, ring, shot and condoms

How do I know if I can get LARC?

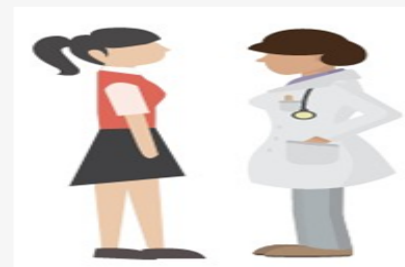
Most women can get LARC but talk to your provider first

Where can I get more information?

- ⇒ Birth control options and information: www.bedsider.org
- ⇒ IUD: <http://www.arhp.org/Publications-and-Resources/Patient-Resources/Fact-Sheets/Hormonal-IUD>
- ⇒ Implant: <http://www.arhp.org/Publications-and-Resources/Patient-Resources/fact-sheets/single-rod>
- ⇒ Baby/birth spacing: <http://www.healthyc.org/your-health/baby-spacing>

Implant

The implant is a small, plastic rod that is placed under the skin of the arm. This contains hormones.



**Cost of birth control may depend on when you get it and what kind of insurance you have.*

Pharmacy & Supply Chain

Long Acting Reversible Contraceptives (LARC), *Formulary Addition*

The aim of the LARC initiative is to increase women's contraceptive choices by facilitating the establishment of LARC placement during the delivery hospitalization in participating Florida hospitals. The American College of Obstetricians and Gynecologists supports immediate postpartum LARC insertion (ie, before hospital discharge) as a best practice, recognizing its role in preventing rapid repeat and unintended pregnancy. The committee approved etonogestrel (Nexplanon[®]) and levonorgestrel (Mirena[®]) for placement prior to discharge.

EMR

LARC

- Department Based
 - L&D
 - Postpartum

Larc, One
Age: 35 y.o.
DOB: 07/09/1983

Bed: LDEL-03
MRN: 3007401
CSN: 5000114321

GA: None
Hx: G1P0
EDD: None

Blood Type: Non...
He...
Weight (kg): Non...

LARC

File | Add Rows | Add LDA | Cascade | Add Col | Insert Col | Hide Device Data | Launch OBIX | Comp...

Antepartum | Post Vaginal Recovery | OB Time Out for Bedsi... | Vital Signs | IV Assessment | Critical

Hide All Show All

Procedure	<input checked="" type="checkbox"/>			
Pre-Procedure In...	<input checked="" type="checkbox"/>			
Blood Products a...	<input checked="" type="checkbox"/>			
Section II: Pre Pr...	<input checked="" type="checkbox"/>			
Section III: Site M...	<input checked="" type="checkbox"/>			
Section V: Prior t...	<input checked="" type="checkbox"/>			
LARC IUD Placem...	<input checked="" type="checkbox"/>			

Expanded View All

	1m	5m	10m
			9/10/18
			1400

Procedure

Procedure stated by consent

Pre-Procedure Interventions / Checklist

Patient name verified?	
Patient's date of birth verified?	
Consents Completed/Verified/Signed	
Is patient's H&P on file?	
Implants	

Blood Products and Availability

Is a type and screen on file?	
Are blood products available?	
PRBCs (Units)	
Autologous (units)	
FFP (Units)	
Platelets (Units)	
Other (units)	

Section II: Pre Procedure

Verify Patient's ID Band for Correct Name & Date Of Birth?	
Consent accurate and complete including laterality spelled	
Is patient's H&P on file?	
Pre op check list completed	
Is nursing assessment complete?	
Is the Pre-anesthesia/Moderate Sedation Assessment	
Are radiology images available?	
Is special equipment available?	
Pt/legal rep educated on ID/site marking/preventing	
RN Circulator Signature	
STOP Take a moment to verify ALL answers	

Summary
Chart Review
Care Everywh...
Results Revi...
Synopsis
History
Allergies
Medications
Immunizations
Work List
Flowsheets
Intake/Output
MAR
Notes
Education
Care Plan
Clinical Refer...
Manage Orders
Launch OBIX
LARC

LARC

Labor and Delivery

Risk Management

- Approval of Consent
- Approval of

Pre-Proc. Check List

LARC

File | Add Rows | Add LDA | Cascade | Add Col | Insert Col | Hide Device Data | Launch OBIX | Comps

Antepartum | Post Vaginal Recovery | OB Time Out for Bedsi... | Vital Signs | IV Assessment | Critical

Hide All Show All

Procedure

Pre-Procedure In...

Blood Products a...

Section II: Pre Pr...

Section III: Site M...

Section V: Prior t...

LARC IUD Placem...

Expanded View All

1m 5m 10m

9/10/18

1400

Section III: Site Marking

Midline, single organ, without laterality or cardiac cath.

****STOP** Take a moment to verify ALL answers**

Section V: Prior to Procedure

Verify Patient's ID Band for Correct Name & Date Of Birth?

Correct side and site marked with initials and visible

Does team agree on procedure to be performed?

Is the Pre Op checklist completed, timed and signed?

Is the patient in the correct position?

Relevant images are properly labeled and displayed

All special equipment or special requirements identified

Has a prophylactic antibiotic been given?

Safety precautions based on patient history and/or

Is alcohol based skin prep dry?

Team Member 1

Team Member 2

Team Member 3

Team Member 4

Team Member 5

Team Member 6

Team Member 7

Team Member 8

****STOP** Take a moment to verify ALL answers**

LARC IUD Placement (Intrauterine Device)

\$Procedure LARC Placement

IUD Lot Number

IUD Expiration Date

IUD Inserted Date

IUD Inserted Time

Device Placed

IUD Placement

IUD Inserted by

LARC Provider Present

NOT PRESENT

Comments

LARC

Labor and Delivery

- IUD Lot Number (Manual Entry)
- IUD Expiration Date (Manual Entry)
- IUD Inserted Date/Time (Manual Entry)
- Device Placed:
 - Mirena
 - Paragard (Copper)

LARC IUD Placement (Intrauterine Device)	
\$Procedure LARC Placement	
IUD Lot Number	
IUD Expiration Date	
IUD Inserted Date	
IUD Inserted Time	
Device Placed	
IUD Placement	
IUD Inserted by	
LARC Provider Present	
NOT PRESENT	
Comments	

- IUD Placement
 - Immediately PostPartum SVD
 - Immediately Postpartum C/S
- IUD Inserted by
 - Name of the physician
- LARC Provider Present
 - Attending, Resident, Nursing Student, Medical Student, Midwifery Student, Family Planning Fellow, Faculty

LARC IUD Placement (Intrauterine Device)	
\$Procedure LARC Placement	
IUD Lot Number	
IUD Expiration Date	
IUD Inserted Date	
IUD Inserted Time	
Device Placed	
IUD Placement	
IUD Inserted by	
LARC Provider Present	
NOT PRESENT	
Comments	

LARC PostPartum

- Device Placed
 - Nexplanon

LARC

File | Add Rows | Add LDA | Cascade | Add Col | Insert Col | Hide Device Data | Launch OBIX | Comp

Postpartum | Intake/Output | IV Assessment | Vital Signs | Post Vaginal Recovery | Daily Cares/Safety | La

Hide All Show All

Expanded View All

1m 5m 10m

Admission (Current) f
7/13/18
0900

Midline, single organ, without laterality or cardiac cath,
STOP Take a moment to verify ALL answers

Section V: Prior to Procedure

Verify Patient's ID Band for Correct Name & Date Of Birth?
Correct side and site marked with initials and visible
Does team agree on procedure to be performed?
Is the Pre Op checklist completed, timed and signed?
Is the patient in the correct position?
Relevant images are properly labeled and displayed
All special equipment or special requirements identified
Has a prophylactic antibiotic been given?
Safety precautions based on patient history and/or
Is alcohol based skin prep dry?
Team Member 1
Team Member 2
Team Member 3
Team Member 4
Team Member 5
Team Member 6
Team Member 7
Team Member 8
STOP Take a moment to verify ALL answers

LARC Implant Placement (Arm Implant)

SOB LARC Placement		1
Implant Placement		
Implant Site		
Implant Lot Number		
Implant Expiration Date		
Implant Inserted Date		
Implant Inserted Time		
Device Placed		
Implant Inserted by		
LARC Provider Present		
Comments:		

- Administrative buy-in before you start.
- Key members involved from conception.
- Non-clinical elements
- Steering outside members
- Other contacts when key members move on
- Patience