Access LARC

Florida Toolkit Recommendations

Partnering to Improve Health Care Quality
for Mothers and Babies

Access LARC Project Timeline

Pre-Implementation Phase

Implementation Phase

Hospital Participation Agreements Signed
October 2017

State Initiative Kick-Off Orientation
November 2017

Hospital Pre-Implementation Phase Launch
January 2018

Initiative Mid-Project Meeting & Implementation Phase Launch
September 2018

Initiative Completion
March 2019

2017

2018

2019

Recruit Leadership Team
Plan for Project Launch
October – December 2017

Online Learning Sessions
Ongoing Data Collection
Personal Technical Assistance
November 2017 – March 2019

Access LARC Toolkit

Pre-Implementation	Implementation
• **Building a successful initiative** • **Key stakeholder education** • **Hospital/Managed care organization collaboration** • **Policies and procedures**	• Provider and staff education on device insertion • Comprehensive choice counseling

Aim	Primary Drivers	Secondary Drivers
Within 15 months of project start, 80% of participating hospitals will be providing immediate postpartum LARCs.	**LARCs are available for immediate postpartum insertion**	**Establish multidisciplinary pLARC team**
	Hospitals are able to receive reimbursement for LARC insertion	**Add devices to formulary**
	Reporting mechanisms are in place to enable tracking of immediate postpartum device placement	**Assure timely access to devices**
	Clinic, labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion	**Revise policies/ procedures to provide pLARC**
	Trained clinicians are available to provide immediate postpartum LARC insertion	**Assure billing mechanism in place for pLARC**
	Patients are aware of the contraception option of immediate postpartum LARC insertion	**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

Recommended Key Practices

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.**
4. **Expand pharmacy capacity and device distribution to assure timely placement.**
5. **Educate clinicians, nurses, pharmacy, and lactation consultants about the benefits and clinical recommendations related to pLARC placement and breastfeeding**
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.**
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.

pLARC = immediate postpartum LARC,
Bolded or green font = Pre-Implementation phase

Primary Drivers

Secondary Drivers

Primary 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

Secondary Drivers:

- 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

Aim

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

Primary 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

Primary drivers influence the overall aim

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

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Pre-Implementation

TOOLKIT CHAPTERS

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)

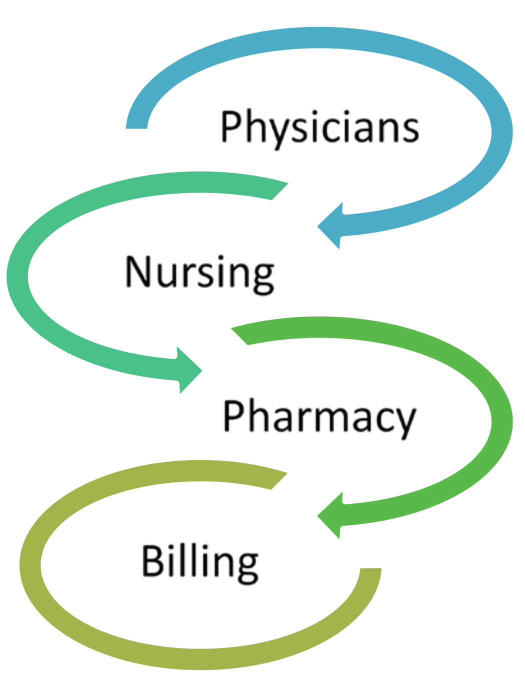
Successful Teams

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
- Participate in Collaborative events

Learn from other hospitals!

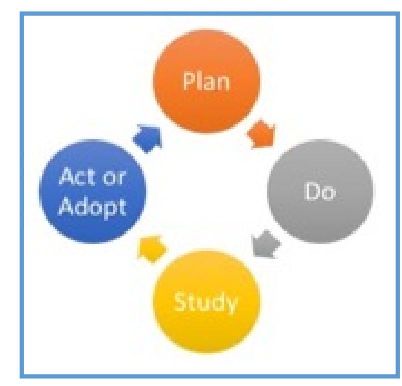
- Share important information, progress and successes with everyone
- Be creative and flexible!

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			

Do Small Steps of Change

- Plan Do Study Act (PDSA) cycles
- PDSA cycles should be run among smaller groups before gradually expanding to a larger population (and only if successful)



Other Tips

- Actively participate in this collaborative – you'll go further!
  - Don't reinvent the wheel
- Data Matter
  - Track your progress – what gets measured gets managed
- Plan for sustainability from the beginning
  - Make changes that will last longer than the project

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

- Community prenatal care providers – Choice counseling is most effective when initiated prenatally
  - ✓ Comprehensive and consistent messaging providing the full array of contraception options from most effective to least effective
  - ✓ Allows time for woman to consider all options and make an informed decision

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

Special Note on Lactation Professionals

- Conducted focus group with Florida lactation professionals (CLCs, IBCLCs)
- Summary of findings:
  - Generally not having conversations with women about contraception until after delivery

    "These conversations should have already happened by the time I see her."
  - Hearing from mothers: hormonal LARCs decrease milk supply
  - Comfortable with recommending copper IUD or other non-hormonal contraception first

Special Note on Lactation Professionals

- Summary of findings, continued:
  - Concern about coercion with immediate postpartum LARC

"I can't even imagine someone asking me that question in that moment."

"Does she really have time to consider her options?"

  - Would like lactation consultants and physicians to have the same knowledge and messaging about lactation + contraception

"Providers need to know what they're talking about."

Special Note on Lactation Professionals

- Academy of Breastfeeding Medicine Statement (2015):

"There are limited data from well-conducted scientific studies that adequately take into consideration the effect on the infant of exclusive breastfeeding, especially in the immediate postpartum period when the establishment of lactation and adequate milk production is essential. Moreover, exclusively breastfeeding women are very unlikely to become pregnant in the first 6 weeks after birth as described above. In this setting, hormonal contraception has minimal benefit, and early initiation may derail a woman's exclusive breastfeeding intentions. Unless the risk of unplanned pregnancy or loss to follow-up is high, early initiation of hormonal contraception in breastfeeding women is not recommended".

Special Note on Lactation Professionals

- LNG IUD:
  - Limited data on its effect on breastfeeding (Chen et al, 2011)
  - Progestin-only methods immediately postpartum have shown no effect on breastfeeding (Phillips et al, 2016)
- Subdermal Contraceptive Implant:
  - Immediate postpartum initiation does not delay successful establishment of milk supply nor affect successful breastfeeding (Gurtcheff et al, 2011)

Special Note on Lactation Professionals

- Our Toolkit Recommendation:
  - Because of theoretical concerns related to hormonal effects on milk production and infant growth and development, and limited data on hormonal methods' effects on breastfeeding, **the advantages of insertion generally outweigh the theoretical or proven risks**.
  - In women who remain very concerned about this despite the evidence, placement of a copper IUD may be appropriate.

Educational Topics

- Unplanned Pregnancies and pregnancy spacing
- Evidence for LARC and why immediate postpartum
- Types of LARC
- Immediate PP LARC movement
- Provider FAQs

Educational Resources

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

Resources will all be 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

Working with Medicaid Managed Care Organizations

- ✓ Diagnosis Related Group (DRG) payments.
  - The Agency issued a provider alert clarifying the Inpatient LARC reimbursement policy change.
  - Medicaid Health Plan Resource Guide - to provide health plans pre-implementation resources for the Florida
- Statewide LARC Quality Improvement Initiative.

CPT CODE	DESCRIPTION
11981	Insertion, non-biodegradable drug delivery implants
11982	Removal, non-biodegradable drug delivery implants
11983	Removal with reinsertion, non-biodegradable drug delivery implant
58300	Insertion of IUD
58301	Removal of IUD

HCPCS CODE	DESCRIPTION	NDC
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	52544003554; 00023585801
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	50419042101; 50419042301; 50419042308
J7300	INTRAUTERINE COPPER CONTRACEPTIVE (Paragard)	51285020401
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	50419042201
*Q9984	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE (KyleEna), 19.5 MG	50419042401
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES (Nexplanon)	00052433001

*** systems are currently being updated to include this temporary code**

Note: National Drug Codes (NDC) should be included. The only limit on these products is 1 unit per claim, up to 3 claims per year.

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; 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 mechanisms to reconcile reimbursements with patient accounts and monitor & 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

Lessons Learned from Other States Implementing pLARC

- Determine whether the billing system is adaptable to allow for line items outside the DRG; 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 mechanisms to reconcile reimbursements with patient accounts and monitor & resolve denials.
- Test all elements of the claims process and resolve any system glitches prior to implementation.

Chapter Four - Policies & Procedures

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

Unit-Specific Policies & Procedures

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

Unit-Specific Policies & Procedures

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

Unit-Specific Policies & Procedures

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

Model Modified Workflow Diagram

Antepartum

Triage

Labor and Delivery

Postpartum Floor

Postpartum Appointment

Counsel all women on Immediate Postpartum LARC

Desires Immediate PP LARC

Declines Immediate PP LARC

Review options, sign consent, and check insurance

Review alternative options, including interval LARC

Insurance approved

Insurance not approved

Sign consent; notate in chart

Identify strategies for interval LARC or possible other funding sources; f/u subsequent visits in case insurance changes

Confirm still desires LARC

Re-sign consent; sign device-specific consent. Ensure supplies available

Routine labor management

Desires Nexplanon

Place implant prior to hospital discharge
*Can be on Postpartum Floor

Desires IUD

Place IUD within 10 minutes of placenta delivery

Routine postpartum care

Routine postpartum care

Unable to receive postpartum LARC

Provide interval LARC

IUD Strings seen

Routine care

IUD Strings not seen

Refer for ultrasound

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Chapters 5 and 6

WHAT WILL BE IN THE IMPLEMENTATION PHASE?

Chapter Five – Provider and Staff Education on Procedures

- Educate staff on new hospital pLARC policies/protocols/order sets/consent process
- Educate/credential physicians on pLARC placement/insertion

Chapter Six - Patient Counseling

- Informed & shared decision making/educational resources for prenatal, intrapartum, prior to discharge
- Emphasis on *reversible*, with resources for optional removal
- Consistent messaging for all providers

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More on those chapters at our 2018 Mid-Project Meeting!

QUESTIONS?