

ASTHO LARC Immediately Postpartum Learning Guidance and Successes

Ellen Pliska, MHS, CPH
Family and Child Health Director
Association of State and Territorial Health Officials
August 31, 2016



Why ASTHO?

- ASTHO represents: U.S., U.S. Territories and freely associated states, and D.C. public health agencies
- Track, evaluate, provide technical assistance, and advise on the impact and formation of public or private health policy
- Members, the chief health officials of these jurisdictions:
 - Convene governmental and nongovernmental agencies
 - Engage clinical and community partners
 - Leverage and link data to collaborate with public and private payers to drive payment policy reforms
 - Raise visibility among a broader community of policymakers, funders

ASTHO LARC Immediately Postpartum (IPP) Learning Community

- Improve state capacity to improve access to LARCs IPP
 - Facilitate state-to-state sharing
 - Provide technical assistance
 - Develop state stories, tools, and a toolkit on state solutions and materials
- Cohort 1 states: CO, GA, IA, MA, NM, SC
- Cohort 2 states: DE, IN, LA, MD, MT, OK, TX
- Partners: ACOG, AMCHP, CDC, CMS, NFPRHA, OPA

LARC IPP Learning Community Domains

- Training*
- Reimbursement and Sustainability*
- Consent*
- Stocking and Supply*
- Outreach^
- Stakeholders and Partnerships^
- Service Location^
- Data, Measurement, and Evaluation^
- Cross cutting: Policy, Leadership *^

*Cohort 1

^Cohort 2

Domain 1: Provider Training

■ State Actions/Guidance

■ Develop and adapt provider training

- Colorado, Delaware, Georgia, Iowa, Louisiana, South Carolina, Texas

■ Identify provider champions

- Maryland, New Mexico

■ Educate providers on billing processes

- Colorado, Georgia, New Mexico

Domain 1: Training

- State Actions/Guidance
 - Educate providers on billing processes
- Georgia's Medicaid CMO and OB-GYN Society offered provider trainings at perinatal centers on:
 - Medicaid policy
 - Why IPP is a good time for placement
 - Billing and reimbursement
 - Hands-on training with pelvic models
 - Next steps for engaging care teams to develop implementation plans
 - Common concerns

Domain 2: Reimbursement and Sustainability

- State Actions/Guidance
- Support Medicaid and private payer coverage
 - Colorado, Iowa, Massachusetts, New Mexico, South Carolina
- Ensure smoothly functioning reimbursement
 - Colorado, New Mexico, South Carolina
- Use alternative funding mechanisms
 - Colorado, Delaware, Iowa, New Mexico, Oklahoma
- Opportunities through new devices, approaches
- Ensure provisions for unexpected outcomes
 - Louisiana, Montana

Domain 2: Reimbursement and Sustainability

- State Actions/Guidance
 - Support Medicaid and private payer coverage
 - Ensure provisions for unexpected outcomes
- Iowa may require postpartum LARC coverage in an upcoming request for proposals for new MCOs
- Montana Medicaid removed a barrier for LARC reinsertion

Domain 2: Reimbursement and Sustainability

- State Actions/Guidance
 - Use alternative funding mechanisms
-
- Delaware Division of Public Health reallocated one-time repurposed funding to cover the cost of devices free of charge for women who do not have insurance.
 - Also covers the cost of devices to allow providers to have an initial stock

Domain 3: Consent and Ethical Concerns

- State Actions/Guidance
 - Raise consent and confidentiality issues across payment types and hospitals
 - Georgia, New Mexico
 - Prioritize informed consent procedures and educational materials
 - Coordinate inpatient and outpatient settings
 - Collaborate with academia to research the impact of consent procedures
 - New Mexico

Domain 3: Consent and Ethical Concerns

■ State Actions/Guidance

- Raise consent and confidentiality issues across payment types and hospitals
 - Collaborate with academia to research the impact of consent procedures
- New Mexico expanded LARC Access after a successful pilot at UNM Hospital, 5 additional hospitals will engage communities in discussions of LARC and reproductive justice

Domain 4: Stocking and Supply

- State Actions/Guidance
 - Enhance policies and procedures for stocking LARC devices
 - Louisiana, South Carolina
 - Engage with pharmacy partners and their associations to gain non-traditional champions

Domain 4: Stocking and Supply

■ State Actions/Guidance

- Enhance policies and procedures for stocking LARC devices
- Louisiana worked with their five MCOs to develop a one-page “cheat sheet” on stocking
- South Carolina’s white bagging program reduces provider barriers to LARC ordering and billing in outpatient settings.
 - April-October 2014, use of this pharmacy benefit increased by 283%

Domain 5: Outreach

■ State Actions/Guidance

- Conduct outreach and communication activities
 - All states
- Develop word of mouth and outreach campaigns
 - Colorado
- Use technology to further your reach
 - Georgia, New Mexico

Domain 5: Outreach

■ State Actions/Guidance

- Conduct outreach and communication activities
 - Use technology to further your reach
-
- New Mexico is reaching vulnerable populations in 13 focus areas
 - Using private funds to kick-start the program
 - Using a blended community specific approach with social media
 - Reaching out to many providers to expand service networks

Domain 6: Stakeholders and Partnerships

- State Actions/Guidance
 - Coordinate statewide strategic planning for immediate postpartum LARC
 - Delaware
 - Cultivate cross-sector partnerships
 - Delaware, Indiana, New Mexico, South Carolina, Texas

Domain 6: Stakeholders and Partnerships

■ State Actions/Guidance

- Coordinate statewide strategic planning for immediate postpartum LARC
- Delaware Division of Public Health partnered with Upstream USA to develop and implement a plan to reduce unintended pregnancy in the state of Delaware.

Domain 6: Stakeholders and Partnerships

- State Actions/Guidance
 - Cultivate cross-sector partnerships
- South Carolina develops LARC toolkit
 - Partnered with the Choose Well Initiative
 - A-to-Z guidance on implementing immediate postpartum LARC initiatives

Domain 7: Service Location

■ State Actions/Guidance

- Maintain focus on increasing access to LARC – both inpatient and outpatient settings – for at-risk populations
 - Colorado, Delaware, Montana
- Delaware is training outpatient sites including Federally Qualified Health Centers (FQHCs)
- Montana collaborating with their Department of Correction

Domain 8: Data, Monitoring, and Evaluation

- State Actions/Guidance
- Build the evidence base for immediate postpartum LARC
 - Iowa, Massachusetts, South Carolina
- Assess qualitative and quantitative data
 - Colorado, Georgia, Iowa, Indiana, Massachusetts
- Work with academic and research partners to identify evidence gaps
 - Iowa, New Mexico

Domain 8: Data, Monitoring, and Evaluation

■ State Actions/Guidance

■ Assess qualitative and quantitative data

- Maryland blends 5 hospital claims data and key informant interviews
 - Quantitative data: How hospitals are billing for the immediate postpartum LARCs
 - Qualitative data: Issues and successes that hospitals have faced
- Will inform MD's hospital implementation toolkit.

ASTHO LARC Resources

Ellen Pliska, Family and Child Health Director
epliska@astho.org

ASTHO LARC Resources

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