



**Immediate Postpartum LARC
Implementation Guide
2017**



Immediate Postpartum LARC Implementation Guide

The New Mexico Perinatal Collaborative developed this guide to assist hospitals with the process of implementing a program to offer immediate postpartum long-acting reversible contraception (LARC). This guide is based on research conducted among hospitals offering LARC that suggests a stage-based approach using standardized guidance can facilitate success. This resource also incorporates New Mexico-specific guidance developed in collaboration with the New Mexico Medicaid Program, the University of New Mexico Department of Obstetrics & Gynecology, and the University of New Mexico Hospital, where immediate postpartum LARC has been offered since 2013.

The guide identifies four departments or roles that must be engaged throughout the development of a successful LARC program: *clinicians, pharmacy, finance, and information technology (IT)*. It addresses three stages of system development: Exploration, Installation, and Implementation & Evaluation for Sustainability. Each stage has its own table that aligns key tasks with the department likely responsible for the task. Multidisciplinary collaboration is critical throughout the process. Highlighted areas indicate where multiple departments must collaborate on the same task.

The guide is intended to be flexible and adaptable based on local considerations. Hospitals may use this guide to anticipate and plan for each stage of implementation, but not every task will be necessary in every institution. This guide may also serve as a tool to assess progress at regular intervals.

Further resources and the most up-to-date guidance may be found at nmperinatalcollaborative.com.



LARC Implementation: Step 1 Exploration

Champion Role	Task
Clinician Pharmacy Finance	Identify champions: Project champions should include individuals in a variety of clinical and administrative roles. <i>It is critical to identify clinical, pharmacy, and finance leads who will have a direct role in service provision and reimbursement.</i>
Clinician	Promote clinical evidence: Clinical leads must be prepared to share the evidence base for immediate postpartum LARC, including safety, clinical benefits, and the rationale for implementing a hospital program. <i>(See Provider Research & Resources section of Toolkit.)</i>
Pharmacy Finance	Assure insurance participation: Educate team members that all Centennial Care MCOs and fee-for-service Medicaid reimburse for LARC outside of the DRG for childbirth.
Pharmacy Finance	Confirm device cost & reimbursement rates: If needed for budgeting and planning purposes, obtain device cost information from the manufacturers. Check NM Medicaid Portal for the most up-to-date reimbursement rates: http://www.hsd.state.nm.us/providers/fee-schedules.aspx
Clinician Pharmacy	Confirm administrative buy-in: This will vary by hospital and leadership structure. Determine the need for administrative education, involvement, and on-going communication.
Clinician Pharmacy Finance IT/EHR	Assemble immediate postpartum LARC team / Plan for ongoing communication or meetings: Ideally, identified clinician, pharmacy, and finance champions, along with IT representation, will continue on as the IPP LARC team with assigned areas of responsibility. A plan for regular meetings or communication is needed to promote progress amid competing work demands. Consider what may be the most efficient process for your institution, including dedicated time within established service-level team meetings, or separate workgroup meetings.

Adapted from: Hofler, L. G., Cordes, S., Cwiak, C. A., Goedken, P., Jamieson, D. J., & Kottke, M. (2017). Implementing immediate postpartum long-acting reversible contraception programs. *Obstetrics & Gynecology*, 129(1), 3-9. DOI: 10.1097/AOG.0000000000001798



LARC Implementation: Step 2 Installation

Champion Role	Tasks	
Clinician	<p><u>Documents:</u> Toolkit contains templates that may be adapted to institutional standards for:</p> <ul style="list-style-type: none"> -Consents -Unit protocols -Supply lists -Patient education materials 	<p><u>Training:</u></p> <ul style="list-style-type: none"> -<u>Implant certification:</u> Contact manufacturer for FDA-approved training -<u>Post-placental IUD:</u> Available through the NMPC, also on-line resources -<u>Nursing/Pharmacy/Staff in-service:</u> targeted training pertaining to role in service provision
Pharmacy	<ul style="list-style-type: none"> -Confirm that devices are on formulary. -If not, then work with clinicians to initiate application to Pharmacy & Therapeutics Committee (<i>See Toolkit Clinical Evidence folder for resources.</i>) -Determine how to obtain devices: from bulk medical supplier? From manufacturer? Are new contracts or updates required? - Work with IT to add devices to inventory systems. -Determine distribution plan that accounts for need for rapid accessibility. -Work with clinicians to determine order volume and order devices. 	
Finance	<ul style="list-style-type: none"> -Determine billing mechanism for LARC devices. Options include: <ul style="list-style-type: none"> -Enroll with NM Medicaid as a "medical supplier- type 414". -Bill under a hospital "professional component" number. -Update billing systems to reflect unique features of LARC claims submission. -Collaborate with IT on a data-pull format and determine a schedule to analyze data on reimbursement. 	
IT/EHR	<ul style="list-style-type: none"> -Update EHR with documentation templates and electronic order sets. -Work closely with Finance to adapt systems for charge capture. -Add LARC to inventory notification systems. -Work with Finance to design a data query to confirm appropriate and timely reimbursement. 	

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LARC Implementation: Step 3 Implement, Evaluate & Sustain

Champion Role	Tasks		
Clinician	<u>Documents:</u> Pilot use and consider need for refinement and timing of updates: -Consents -Unit protocols -Supply lists -Patient education materials	<u>Procedure Flow:</u> Pilot processes , consult Pharmacy , and evaluate need for change in: -Clinician routine -Device storage -Placement location/timing	<u>Training:</u> Consider ongoing needs including: -New staff hires -Refresher opportunities for all staff
Pharmacy	Pilot processes , consult Clinicians and IT , and evaluate need for change in: -Inventory systems -Order process and volume -Distribution plan that accounts for need for rapid access to IUDs		
Finance	Pilot processes , examine initial data on reimbursement , consult IT , and evaluate the need for change in: -Billing systems adjustments made to facilitate LARC claims submission -Data-pull format and timing -Follow-up on claims denials		
IT/EHR	Pilot processes , consult Clinicians , Pharmacy , and Finance , and evaluate the need for change in: -EHR documentation templates and electronic order sets -Systems for charge capture -Inventory notification systems -Reimbursement and denials data queries to confirm appropriate and timely reimbursement		

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