

Improving Accessibility of LARC in Eastern NC

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Unified Quality Improvement
Symposium

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Team Members:

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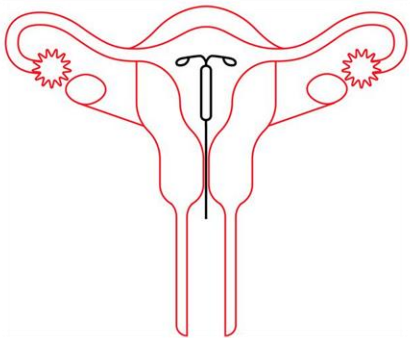
Lindsey Rossa	Perinatal Region VI Outreach Program, Program Assistant
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Background

- Over half of women in eastern NC present with increased rates of short-interval or unintended pregnancy¹
 - Contributors to maternal and infant mortality, and complications i.e. pre-term delivery, low birth weight²⁻³
- Disparities exist
 - In NC, 63% of Black women and 48% of Hispanic women reported unintended pregnancies compared to 38% of White women⁴
 - In NC, Black women have a 3x relative risk of maternal mortality compared to their white counterparts⁵ And
- Long-acting reversible contraceptives (LARCs) have shown to be the most effective form of reversible contraception,⁶ however, only 40% of women return for their 6-week postpartum visit⁷
- ACOG recommends immediate postpartum (IPP) LARC for preventing both short-interval and unintended pregnancy⁸ and this became available at VMC in December 2018

Aim Statement

With the introduction of IPP LARC, this study aims to increase access to LARC for postpartum patients by 10% from December 2017 to April 2019



Measures

Outcome Measures

- Rate of receiving LARC among those who desire LARC
- Received LARC, stratified by race

Balancing Measures

- Periodic expulsion rate evaluation

Baseline Data (Prior to Inpatient LARC)

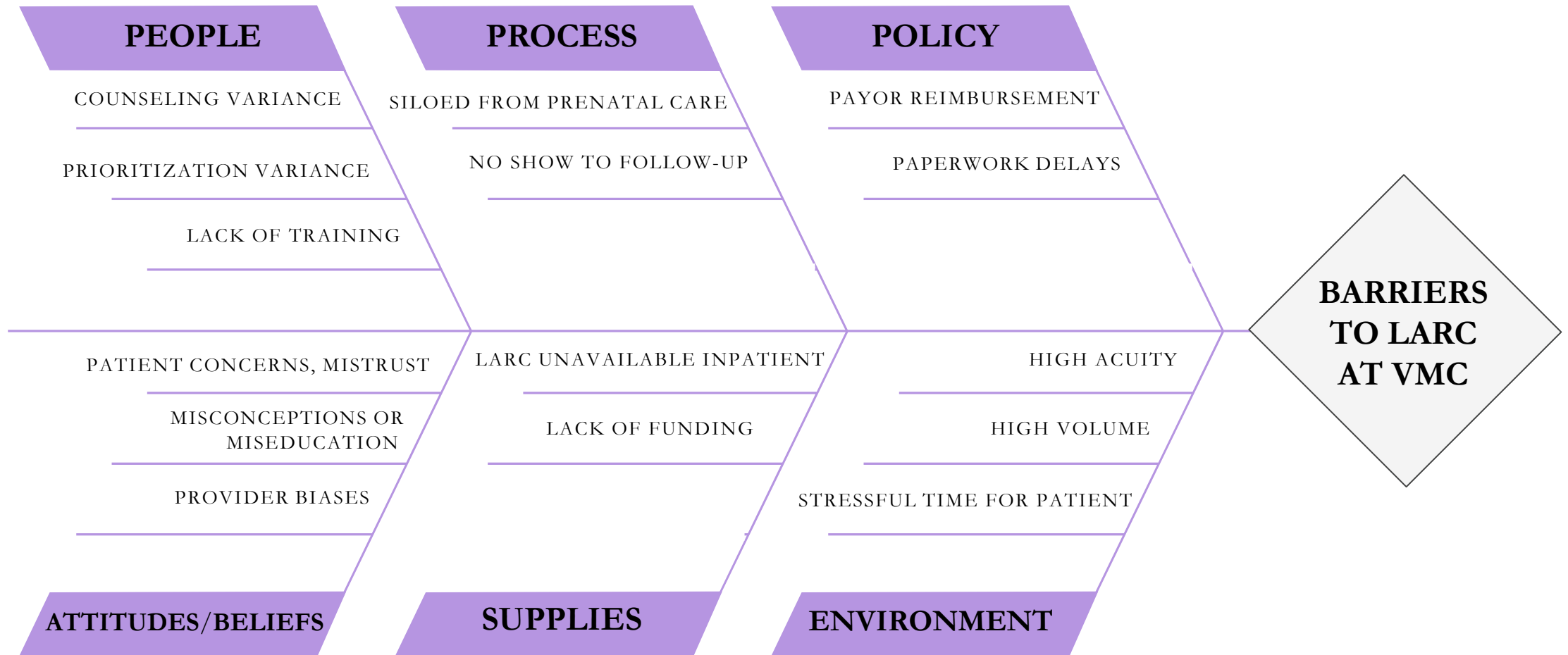
	Desired LARC (N = 638)	Received among Desired	%
Nexplanon	81	52	64%
IUD	114	59	52%
Total*	196	116	59%

Race	Received LARC (N = 638)
White	41 (34%)
Black	60 (49%)
Asian	4 (3%)
Hispanic or Latino	12 (10%)
American Indian or Alaskan	1 (1%)
Multiracial**	1 (1%)
Other	3 (2%)
Unknown	0 (0%)
Declined	0 (0%)
Total	122 (100%)

*Includes additional patients who were undecided or changed their minds about form of LARC

**Two or More, or multiple racial categories selected

Fishbone Diagram

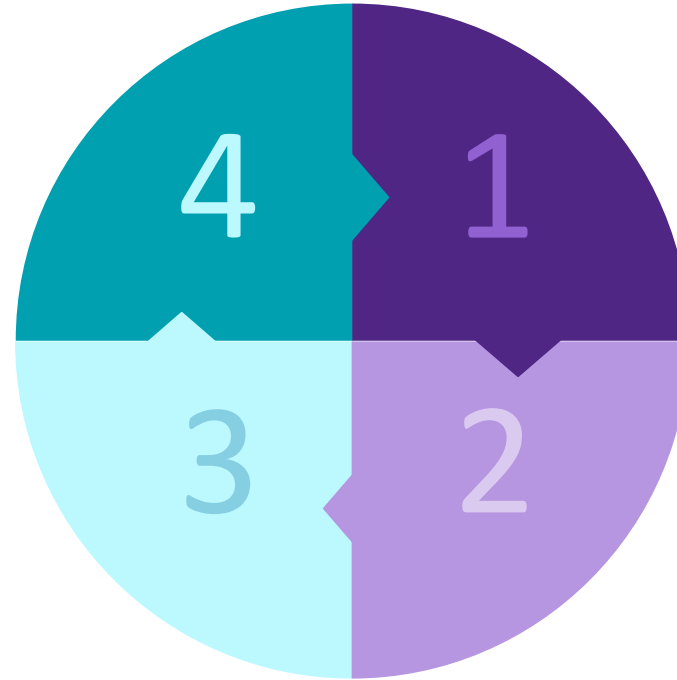


4 Act

- Ultrasound confirmation of appropriate IUD placement at point of care
- “Contraception plan” added to resident documentation whiteboard
- Added required EMR documentation for counseling
- Education on appropriate timeline for evaluating IUD position

3 Study

- Expulsion rates
- Counseling consistency
- Patient experience of placement
- Premature IUD removals for presumed malposition
- Defining criteria for a "good candidate"



PDSA Cycle

1 Plan

- Approval for Medicaid reimbursement
- PNOG grant and thorough implementation guidance
- Approval from Vidant
- Predicted increased access to LARC if made available

2 Do

- Mirena and Nexplanon added to formulary
- Provider training
- Implementation of IPP LARC clinical protocol

Post-Intervention Data (Inpatient LARC)

	Desired LARC (N = 516)	Received among Desired	%
Nexplanon	85	77	91%
IUD	107	47	44%
Total*	193	129	66%

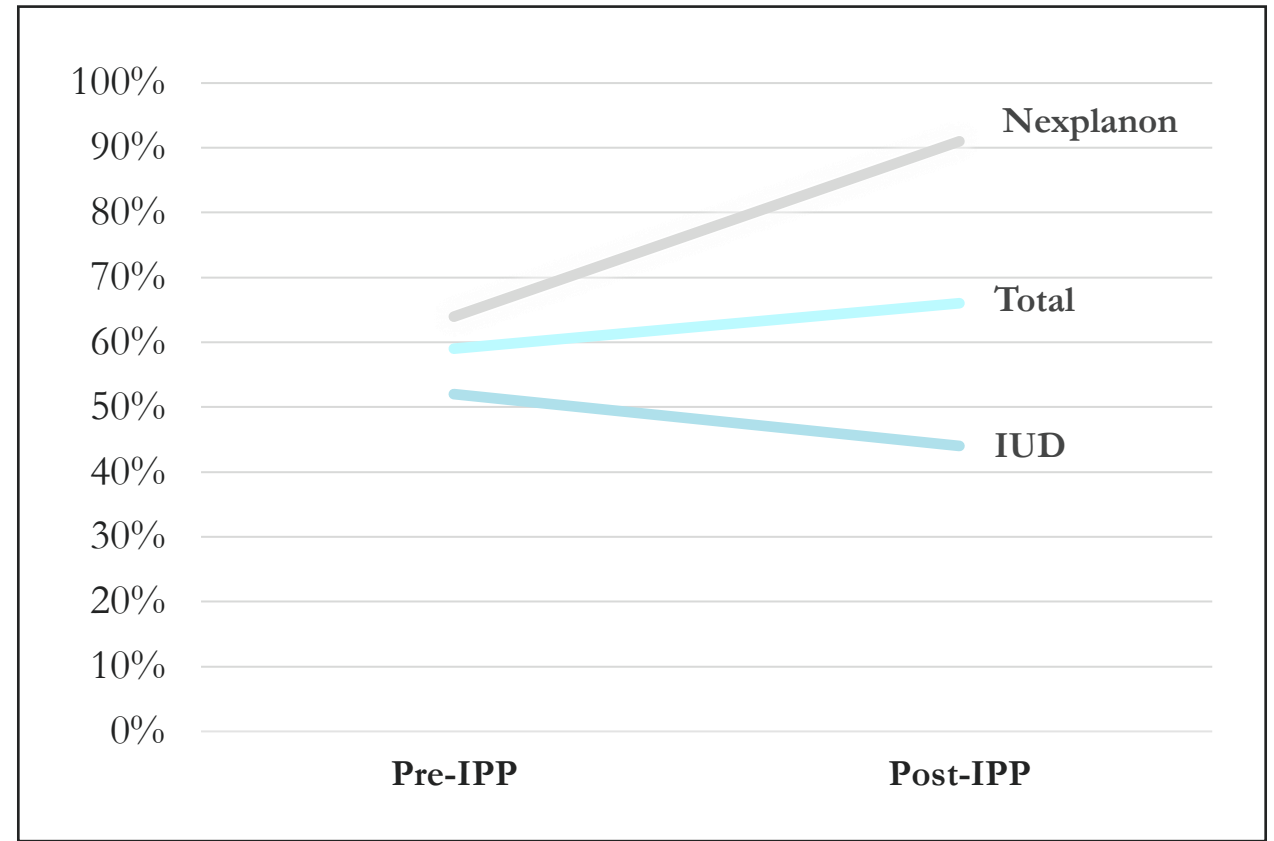
Race	Received LARC (N = 516)
White	46 (35%)
Black	76 (57%)
Asian	1 (1%)
Hispanic or Latino	8 (6%)
American Indian or Alaskan	0 (0%)
Multiracial**	0 (0%)
Other	1 (1%)
Unknown	1 (1%)
Declined	0 (0%)
Total	133 (100%)

*Includes additional patients who were undecided or changed their minds about form of LARC

**Two or More, or multiple racial categories selected

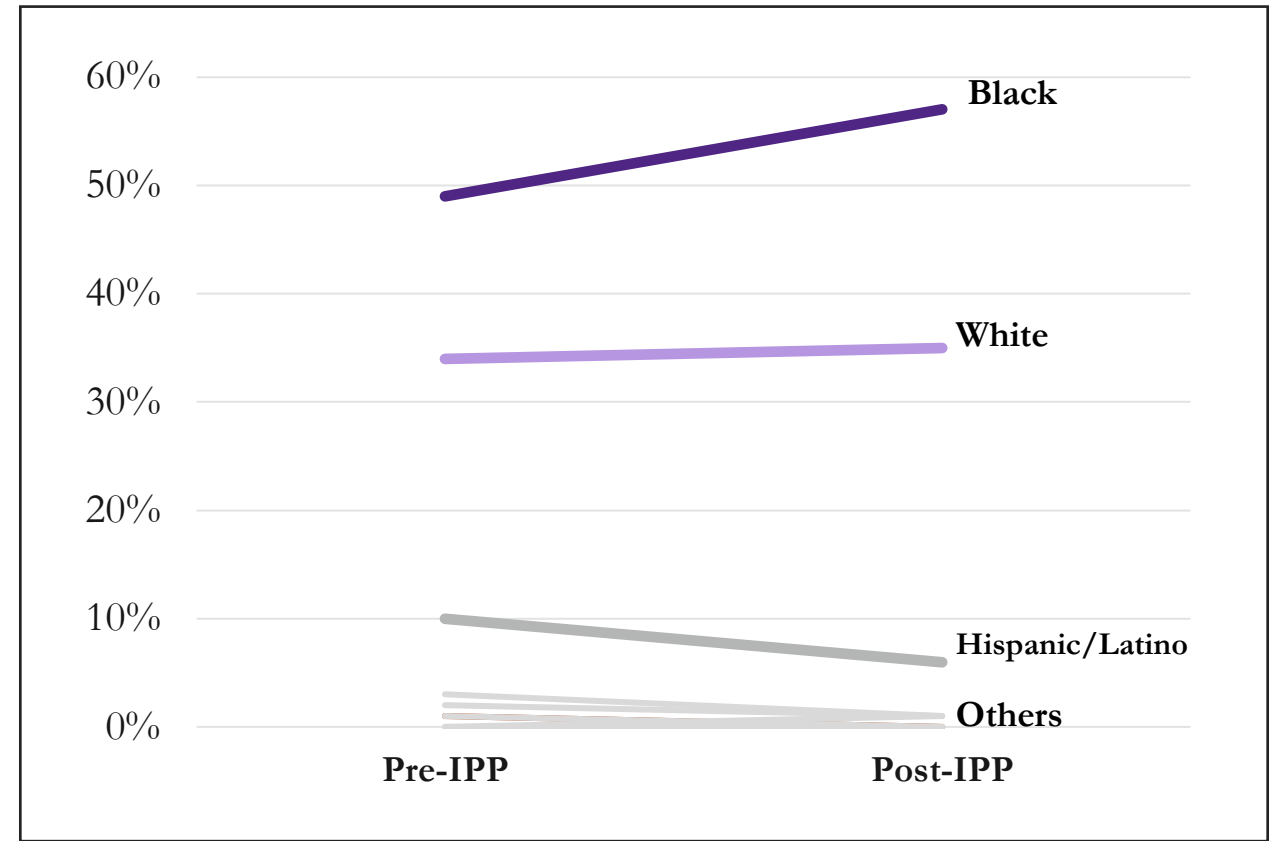
Run Chart: Received LARC Among Desired

	Pre-Intervention	Post-Intervention
Nexplanon	64%	91%
IUD	52%	44%
Total	59%	66%



Run Chart: Received LARC

	Pre-Intervention	Post-Intervention
Black	49%	57%
White	34%	35%
Hispanic or Latino	10%	6%
Asian	3%	1%
American Indian or Alaskan	1%	0%
Multiracial	1%	0%
Other	2%	1%
Unknown	0%	1%
Declined	0%	0%



Challenges and Lessons Learned

QI & Advocacy go hand in hand:

- **Vidant**
 - Developing a novel, system-wide process for the purchase, storage, and billing of inpatient LARC that could become financially viable
- **Payors**
 - Convincing Medicaid to reimburse device and placement fees for the first time inpatient
- **Providers**
 - Reluctance regarding expulsion rates
 - Reimbursement and/or recognition (wRVUs) for providing the service inpatient

- **Ensuring metrics capture the story**
 - Distinguishing increasing access to LARC vs utilization of LARC
 - Practices around documenting race data appeared to evolve
- **Understanding the ethical pitfalls**
 - Reproductive entrapment

Next Steps

Private payor reimbursement

1-year follow-up survey to
assess LARC satisfaction

“Reproductive navigator” role

Questions?

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