LARC Ohio
Exploring a Statewide Reproductive Health Collaborative

Our Purpose
To reduce infant mortality by improving awareness of and access to LARC methods in Ohio

Lunch available
12:30 – 1:00pm

Welcome, Framing
What are your questions of clarity on the proposed approach?
Attachment A

Clarity of Purpose
What assumptions do we need to test or challenge in thinking about our purpose?
Attachment B

Clarity on good places to start
What interventions are good places to start our collaborative activity?
Attachment C

Clarity on measures of success
What are our key measures of success for interventions identified as good places to start?

Clarity on next steps
What could happen that would enable you to feel fully engaged about LARC Ohio?
Attachment D

January 25, 2017 Record of Learning
1/25/17 Participants

- Alicia Leatherman-OBBO
- Alison Norris-OSU
- Angela Abenaim-OBBO
- Angie Norton-ODH
- Anne Harnish-GRC
- Dushka Crane-GRC
- Jessica Seeberger –Cradle Cincinnati
- Jo Taylor- Cols Public Health
- Karen Hughes-OPQC
- Melissa Federman- Center for Community Solutions
- Teresa Rios-Bishop- OACHC
- Tiffany Krauss- Cols Public Health
- Traci Bell-Thomas- Medicaid

Facilitated by: Jeff Biehl-Clarity Consultancy
Purpose

To improve awareness of and access to LARC methods in Ohio as a strategy to impact factors associated with infant mortality.

1/25/17: Revised Purpose

Primary Drivers

Supply: Improve alignment of provider practice culture and work flow with best practices

Demand: Improve consumer knowledge

Product: Improve access to LARC options

Interventions

(common places to start collaborative work)

- Common/shared approach, materials, tools
- Comprehensive and scalable practice transformation (training & technical assistance)
- On-demand, on-line training option
- Sponsored by statewide provider associations

- Common/shared approach, materials, tools
  - Multi-tiered that allows customization
  - Tailored to different consumer audiences
  - Culturally, geographically, generationally appropriate
- Common portal on LARC access points

- Streamline prior-authorization requirements across managed care organizations
- Fund up-front cost of stocking LARC methods
- Common/shared policy on protected visit status
<table>
<thead>
<tr>
<th>Primary Drivers</th>
<th>Interventions</th>
<th>Standardize</th>
<th>Align in Principle</th>
<th>Differ by Design</th>
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</thead>
<tbody>
<tr>
<td>Supply: Improve alignment of provider practice culture and work flow with best practices</td>
<td>Materials &amp; tools</td>
<td>X</td>
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<tr>
<td></td>
<td>Comprehensive and scalable practice transformation (training &amp; technical assistance) process</td>
<td></td>
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<td>X</td>
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<td></td>
<td>On-demand, on-line training option</td>
<td>X</td>
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<td>Demand: Improve consumer knowledge</td>
<td>Multi-tiered that allows customization</td>
<td>X</td>
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<td></td>
<td>• With regional co-branding</td>
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<td>• Regions might start with different audiences</td>
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<td></td>
<td>• Standardized approach includes both content/materials and campaign</td>
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<td></td>
<td>Common portal on LARC access points</td>
<td>X</td>
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<tr>
<td>Product: Improve access to LARC options</td>
<td>Streamline prior-authorization requirements across managed care organizations</td>
<td>X</td>
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<tr>
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<td>• Includes coverage and formularies</td>
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<td>• Start with Medicaid MCOs</td>
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<td>Fund up-front cost of stocking LARC methods</td>
<td>TBD: intent would be to provide assistance with up-front stock at the beginning of the practice transformation process only</td>
<td>X</td>
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<td>Policy on protected minor visit status</td>
<td>X</td>
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1/25/17: reflections on measurements

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<tr>
<th>Interventions</th>
<th>What are our key measures of success for interventions identified as good places to start?</th>
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</table>
| Comprehensive and scalable practice transformation (training & technical assistance) | Increased:  
- LARC removal  
- Same day insertion  
- End-user survey  
- Women choosing LARC  
- Providers with LARC  
- Provider-based counseling  
- LARC utilization  
- Practice transformation components implemented |
| Multi-tiered that allows customization                                         | Increased:  
- Birth spacing intervals  
- Community events  
- Youth risk survey/other surveys  
- PRAM – awareness on LARC  
- Consumers informed about LARC and access  
- LARC utilization by region  
- Campaign statistics |
Attachment D - Collaborative approach used by other groups to get the right things done...

Reduce infant mortality by improving awareness of and access to LARC methods in Ohio

The Five Conditions of Collaboration

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
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<tbody>
<tr>
<td>Common Agenda</td>
<td>All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.</td>
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<td>Shared Measurement</td>
<td>Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.</td>
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<td>Mutually Reinforcing Activities</td>
<td>Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.</td>
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<td>Continuous Communication</td>
<td>Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.</td>
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<td>Neutral Facilitated Approach</td>
<td>Establish an approach based on neutral design and facilitation to ensure all perspectives are heard in the collaborative process.</td>
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1/25/17: What could happen that would enable you to feel fully engaged about LARC Ohio?

- Align with other priorities
- Align partners with similar goals and objectives
- Better define who is involved/engaged with shared expectations
- Address a useful need, avoid duplication
- Shared learning
- Get stuff done – executive – action orientation

1/25/17: What wise next steps should we consider?

- Proceed working on action plans for both areas of focus and securing resources
- From ODH perspective, develop plan of action as early in Q1 as possible for consideration of funding
- Revisit name – LARC Ohio – before launching our work
- Align with ODH’s practice transformation waves (focused on FQHCs) + include private practices
- Leverage campaign materials already developed

- Group agreed to form three work groups focused on shaping initial action plans and work by phone (initial volunteers):
  - Practice transformation (OACHC, Melissa, Jo, Dushka, Alison)
  - Campaign/content (OACHC, Melissa, ODH, Karen, Jessica)
  - Our Structure/5 conditions of collaboration (Melissa, Anne)

- Group agreed to reconvene in-person by end of February to finalize action plans.