

LARC Access Ohio
July 18, 2019 In-Person Learning Exchange
Record of Learning

Featured Topic

Key takeaways from pre-meeting presentation by Colorado Permanente (CP; also see slides attached to email):

- CP recognized LARC insertion rates among adolescent patients were not aligning with federal recommendations and rolled out a multi-faceted intervention to increase utilization.
- The intervention was designed by a task force comprising pediatricians, family medicine clinicians, OB-GYNs, and pharmacists. The task force also obtained buy-in from leadership to increase LARC as frontline contraception for this patient population. At first, pediatricians and family medicine clinicians were worried about the added time to do LARC insertions but overcame this barrier (and others) because of the benefits to patients and their sense of responsibility and joy in practice.
- The intervention included: Education Interventions (journal club, CME to address myths), Process Improvement Interventions (EMR changes, insertion training, mentoring), and Longitudinal Education (take-home points, spaced repetition, revised patient handouts).
- CP conducted a retrospective cohort study of KPCO members 13-18 years from 2013-2016 and looked at 4 measures:
 1. Clinical data from EHR and other administrative sources in KPCO
 2. CME attendance information from Department of Medical Education
 3. LARC placement defined by ICD-9, ICD-10 and procedure codes
 4. Pregnancies identified using validated EMR algorithm
- Results:
 - After the CME, 85% of clinicians intended to strongly recommend LARC
 - Number of implant providers more than doubled and ALL medical office buildings now have a clinician who can place LARC
 - Proportion of LARC placed by primary care clinicians increased from **6.2%** in 2013 to **32.5%** in 2016 ($p < 0.001$) (there was more effect on implants vs. IUDs; family medicine physicians were more comfortable doing implants and there is less standardized training available for IUDs vs. Nexplanon)
 - Increase in LARC placement was not limited to primary care clinicians who attended CME (*all across group differences not significant)
 - (They did not track adherence in this study.)

Participants

- Nationwide Children’s Hospital, Ohio Better Birth Outcomes: Angela Abenaim
- Ohio Association of Community Health Centers: Dana Vallangeon
- Ohio Colleges of Medicine Government Resource Center: Michelle Menegay
- Ohio Perinatal Quality Collaborative: Karen Hughes
- Summit County Public Health: Brianna White, Shaleeta Smith
- Youngstown City Health District: Erin Bishop
- The Ohio State University College of Public Health/Ohio Policy Evaluation Network: Saira Nawaz
- The Center for Community Solutions: Melissa Federman
- CelebrateOne: Priyam Chokshi
- Facilitator: Lauren Sogor

- Conclusions
 - Change in physician behavior and clinical myths regarding LARC use in adolescents: Increased LARC placements by primary care clinicians and overall increased access to LARC for patients. This intervention was associated with overall increase in LARC placement in adolescent population.
 - Impact of Communities of Practice: Although CME attendance in primary care was not associated with a greater increase in LARC placement, they believe the culture of practice changed.
 - Quality improvement requires ongoing assessment to ensure sustainability: There was an initial statistically significant decline in teen pregnancy rates for the first 15 months after the intervention. However, this was not sustained when data was included for first two quarters of 2017.

Participant Updates

Ohio Association of Community Health Centers

- Welcome Dr. Vallangeon, who recently joined OACHC from Lower Lights Christian Health Center in Columbus! Dr. Vallangeon noted the benefits of participation in the OPQC project (more below).

The Center for Community Solutions

- CCS' work has been focused on policy since Better Birth Control NEO ended, and they are exploring doing more LARC access work with First Year Cleveland (FYC). This year CCS is supporting a One Key Question pilot with a cohort of Cuyahoga County home visitors in partnership with FYC and March of Dimes.
- CCS also continues to manage media buys, largely on Facebook, for the WhoopsProof.org campaign.

Ohio Perinatal Quality Collaborative

- OPQC conducted a quality improvement project in federally qualified health centers to test the feasibility of increasing LARC access and utilization. They found the initiative was successful in increasing volume of use, but unfortunately the lifecycle was too short to allow them to demonstrate statistically significant impact on clinical practice. The evidence suggests clinics were also doing more screening, counseling, and motivational interviewing. They are looking for opportunities to use [lessons learned](#) in other clinical settings.

CelebrateOne

- CelebrateOne announced that via new MOU, Columbus City Schools will begin implementing Planned Parenthood's "Get Real" curriculum for 7th graders in the 2019-2020 school year. The program will begin using a train-the-trainer model and CelebrateOne hopes to expand to 100% of schools within 3 years.

Ohio Colleges of Medicine Government Resource Center

- Ohio Pregnancy Assessment Survey (OPAS; Ohio's version of PRAMS) is underway and will be surveying women on perinatal topics comprehensively, include contraception, pregnancy intention, etc. There are around 5,000 respondents annually and now they are able to provide county-level data for Cuyahoga, Franklin, and Hamilton counties.
- They are working on a white paper using Ohio Medicaid Assessment Survey data examining women's health across the lifespan, which will include reproductive health.
- They are also working to integrate OPAS data with vital statistics and claims data and publish on the data.

Youngstown City Health District

- Through the My Baby's First project, Youngstown has seen a decrease in the white infant mortality rate, but the black-white disparity is growing, and they know they need to do more.
- Focus is now on social determinants of health, and two committees have been created to focus on transportation and housing. The Housing committee is examining gaps – for example, they found there is nowhere for homeless pregnant women to go after a local shelter they thought would work has put up some barriers.
- They are continuing to work with partners at Youngstown State University to help students access contraception in the on-site clinic run by Mercy Health.
- In general, the Youngstown area continues to face a lot of access barriers, including with the lack of federally qualified health centers offering OB-GYN care, leaving women with hospital options that do not provide comprehensive contraception services due to their religious affiliation.

Summit County Public Health

- SCPH is a new Title X recipient (yay!), and they have been working hard to get things up and running (unfortunately this roll-out coincides with the launch of EPIC, so things have been a build held up building out the tools). The goal is to launch in October.
- The Health Commissioner envisions the health department as a "one-stop shop" for care. Part of the strategic plan is for family planning to be implemented as "every woman every time," regardless of the type of visit.
- They have found that most Title X clinics don't offer Nexplanon, so that's a gap they are examining.
- They are considering a One Key Question pilot with Nurse-Family Partnership and via HUB at the health department. They are also exploring how to engage WIC and community health workers to enhance access.

The Ohio State University College of Public Health

- Welcome Sarai, who works on the Ohio Policy Evaluation Network (OPEN) project!
- The OPEN team is developing a data dashboard that will integrate data from multiple sources, including survey findings and ideally, claims data. She's looking for guidance from the group on what would be most helpful and will connect with some members of the group separately.

State Legislative Update

- State Budget
 - Unfortunately, the \$2.5 million that was earmarked for LARC access (clinic transformation) in earlier Senate versions of the budget did not make it into the final budget bill due to some last-minute advocacy by Ohio Right to Life, which misunderstand the money as a Planned Parenthood earmark. However, the money is still there in Medicaid, and it's possibly the department will be supportive of this work nonetheless, even without the explicit earmark.
 - There was some promising news in the state budget for LARC: Section 291.20 Increases funding to address infant mortality (termed Infant Vitality by the state) by \$50,000 and requires funds to be used for a multi-pronged population health approach to address infant mortality. Specifies that this approach may include the following: increasing awareness; supporting data collection; analysis and interpretation to inform decision-making and ensure accountability; targeting

- resources where the need is greatest; and implementing quality improvement science and programming that is evidence-based or based on emerging. Specifies that measurable interventions may include activities related to safe sleep, community engagement, Centering Pregnancy, newborn screening, **safe birth spacing**, gestational diabetes, smoking cessation, breastfeeding, care coordination, and progesterone
- You can view the Comparison Document and see how the versions of the budget from the Governor, House, and Senate match up against the final bill [here](#).
- Michelle from OCMGRC shared that Medicaid has committed to supporting focus groups on barriers to optimal birth spacing among Appalachian women. Additionally, in the spring, they did one focus group in each of the 9 OEI counties and are aiming to do some in-depth interviews as well.

Work Session: Updating Group Action Plan

- After productive discussion and brainstorming, the group created the following **updated purpose statement** to better reflect current language around family planning and the group’s vision:

To improve awareness of and access to effective contraceptive methods for Ohioans as a priority to enhance infant vitality and women’s health.

- Rationale for choosing some of these words/phrases:
 - The group wants to remain action oriented and reference health outcomes, as opposed to focusing on collaboration and cross-learning.
 - The group wants to underscore the value placed on effective methods, in part to head off pressure to include methods that are *not* effective.
 - The group will use the term “infant vitality” instead of “infant mortality” to be consistent with how the State of Ohio is naming this work.
 - The group wants to be explicitly inclusive of women’s health in the statement to signal an understanding that LARC access is also important for women who choose not to have children.
- The facilitators will be asking others in the group to weigh in and approve this statement before considering it final.
- Based on the removal of the term “LARC” from the purpose statement, the group discussed whether a name change for the coalition was needed. The group decided to **keep the name the same** to signal the emphasis on LARC as an “effective contraceptive method” referenced in the purpose statement. The facilitators will be asking others in the group for input on this decision as well.
- Per the categories in the short online survey shared in advance of the meeting, the group decided the following “buckets” are a potential useful organizing structure for the update Action Plan and quarterly meeting updates. As a next step, the facilitator will populate a table with participants’ existing activities organized by **strategic bucket** for group review and approval.
 - Practice transformation
 - Clinician education
 - Patient/consumer education
 - Policy/advocacy
 - Research
 - Funding
 - Providing family planning services

- Finally, the group discussed how it will measure success. There are a number of valuable data sources related to this work that the group could review on an annual basis to examine progress on LARC access and awareness, including:
 - Claims data from Ohio Department of Health
 - OPAS
 - Managed care plan data via the Health Information Exchange (HealthBridge, CliniSync)
 - FQHC uniform dataset on live births under 2500g
 - Ohio Hospital Association discharge data

Up Next

- LARC Access Ohio Virtual Learning Exchange: **September 12, 2-3:30 p.m.** Feel free to send Lauren your ideas for topics and speakers!

Thank you to our supporters!

