Tennessee Unintended Pregnancy and Immediate Postpartum LARC

Tennessee ACOG
March 4th
Nikki Zite, MD, MPH

57.7% of births occurred in Women not trying to get Pregnant, less than ½ were using any form of birth control.

Birth Control Method at Time of Pregnancy*
Tennessee, 2013

- Condoms: 45.6%
- Withdrawal: 29.2%
- Birth Control Pills: 29.1%
- Rhythm/Natural Family Planning: 11.2%
- Injection: 4.8%
- LARC (i.e. IUD or Implant): 2.2%
- Patch or Vaginal Ring: 1.1%
- Other: 1.1%

*Women may have reported more than one birth control method. Therefore, percentages do not sum to 100%.
Why look to IPP LARC?

- LARC methods are the best contraceptive methods we have
  - Failure rates comparable to sterilization
- Immediately postpartum is a perfect time to place them
  - Convenient
  - Safe
  - Cost effective
  - Good continuation rate

American College of Obstetricians and Gynecologists (ACOG)

“The immediate postpartum period is a particularly favorable time for IUD or implant insertion. Women who have recently given birth are often highly motivated to use contraception, they are known not to be pregnant, and the hospital setting offers convenience for both the patient and the health care provider.”

Practice Bulletin No. 121; Obstet Gynecol; 2011
CDC’s Adaptation of WHO guidance

Medical Eligibility Criteria

<table>
<thead>
<tr>
<th></th>
<th>Implant</th>
<th>Copper IUD</th>
<th>LNG-IUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>&lt;10 min</td>
<td>10 min-48 hours</td>
<td>2</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Puerperal sepsis</td>
<td>1</td>
<td>4</td>
<td>4</td>
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12-Month Continuation

<table>
<thead>
<tr>
<th>Method</th>
<th>Continuation Rate (%)</th>
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<tbody>
<tr>
<td>LNG-IUS</td>
<td>87.5</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>84.1</td>
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<tr>
<td>Implant</td>
<td>83.3</td>
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<tr>
<td>Any LARC</td>
<td>86.2</td>
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<tr>
<td>DMPA</td>
<td>56.2</td>
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<tr>
<td>OCPs</td>
<td>55.0</td>
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<tr>
<td>Ring</td>
<td>54.2</td>
</tr>
<tr>
<td>Patch</td>
<td>49.5</td>
</tr>
<tr>
<td>Non-LARC</td>
<td>54.7</td>
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</tbody>
</table>
Immediate PP Implants in teens

- Colorado Adolescent Maternity Program (CAMP)
- Prospective Cohort
- Offered 396 teens and young women (13-23 years) all contraceptive options during third trimester counseling including a contraceptive implant placed immediately postpartum
  - 171 had an implant placed immediately postpartum
  - 225 selected other methods or a different time for placement

Source: Tocce, Am J ObGyn 2012
Immediate PP Implant placement

• When offered:
  • Teens accept them
  • Continue them
  • Have fewer pregnancies within 12 mo
  • 2.6% of those who selected an IPI
  • 18.6% who did not

UTMCK work around for IPP LARC, prior to 11/2018

• Ordered in clinic for patients that had PNC in our system
• Had to order 2 wks in advance
• Often did not have for patients that wanted it
• Could not get IUDS or Implants for patients with No PNC or out of our system
• Could not use IUDs because would not be available in time frame needed for insertion
• NEEDED A BETTER SYSTEM..

MEMO

To: Network Hospitals: Practitioners
From: Victor Wu, Chief Medical Officer
Date: October 3, 2017
Subject: Billing Policy Change for Immediate Postpartum Voluntary Reversible Long-Acting Contraception

TennCare, Tennessee’s Medicaid program, provides coverage for voluntary reversible long-acting contraceptive devices (VRLACs) including implants and intrauterine devices (IUDs) through both an inpatient medical benefit and outpatient pharmacy benefit. TennCare’s three contracted managed care organizations (MCOs), Amerigroup, BlueCare, and United Healthcare Community Plan, have agreed to implement a billing policy change to allow TennCare enrollees who would choose a VRLAC contraceptive option to have more ready access to their device of choice immediately following delivery during an inpatient stay. TennCare’s three MCO will be
The better system....

• TennCare/ MCO Policy Change 11/2/17
• Pharmacy ready to stock L&D and PP floor
  • Started process about 6 months earlier
  • P&T, MEC, Pathways, billing....
• Education for Nurses, Lactation team, and providers
  • NIRH grant
  • MPH student/champion
  • Used existing resources
• Planned as QI project from beginning

Contraception Plan at Admission

• Part of nurses admission intake
• Monthly report
  • THEY ARE ROCKING THIS!!
• Compare to discharge contraception
  • Working on getting this data
• Ideally follow-up at PP visit
Contraception Plan at Discharge

UTMCK IPP LARC NUMBERS – as of Feb 22

- IPP IUDs
  - 35 inserted
  - ?? reimbursed
  - ?? Device
  - 16 Insertion fee

- IPP Implants
  - >100 inserted
  - ?? reimbursed
  - ?? Device
  - 26 Insertion fee

Immediate PP LARC Summary

- We can do this in Tennessee
  - Requires "champion" and all team members
- TennCare/MCO's very motivated
- Commercial Payers starting to cover
- Patients desire this option
  - Patient centered counseling is critical
  - Need to be aware of process for removal and be guaranteed it will be removed whenever desired
- Safe, effective, convenient