

**Immediate Postpartum LARC Workgroup
Infant Mortality Strategic Plan
Meeting and Conference Call**

Agenda

February 18, 2014 from 8:00-9:00 am
Conference Call-In Number: 866-842-5779
Code: 9356310110

Strategic Goal 3: To improve interconception care and family planning across the Commonwealth.

Attendees: Jerry Strauss, Francis Casey, Heidi Kulberg, Kate Ferguson, Nancy Keohane, Ashley Harrell, Shannon Pursell, David Chelmow, Barb Brown, Christian Chisholm, David Buchsbaum, Karen Shea

Absent: Lauri Kalanges, Cheryl Roberts, Felicia Mason, Amelia Harris, Chris Hill, Beth Kavinsky

AGENDA

What	Who	Notes
1. Welcome and Introductions	Dr. J Strauss	
2. Review and discuss data and challenges from last meeting: <ul style="list-style-type: none"> • Percent of women who keep postpartum visits • Break down birth interval data: <ul style="list-style-type: none"> ○ By zip code? ○ Contraceptive use? ○ By payer status? ○ Additional indicators? • Additional data from DMAS and the MCOs, specific to birth intervals, postpartum visits, and family planning counseling 	Dr. Strauss and group <ul style="list-style-type: none"> • Regional and state wide break down of birth intervals <ul style="list-style-type: none"> ○ Need to gain access to data bases/merge available data ○ Without violating HIPPA need the data at granular level to understand scope of problem and need of services ○ Slice data by age, interval of birth and regionally ○ Current data exchange agreement with DMAS will need to be modified to gain additional data • What is the end point with data? <ul style="list-style-type: none"> ○ Postpartum visit vs. postpartum in hospital ○ Barriers to paying for the device in hospitals ○ Move the birth spacing intervals (main end point) • It is important to have VA data to support our problem at the granular level to: <ul style="list-style-type: none"> ○ Provide adequate contraception at appropriate point in a women’s reproductive spectra to change birth interval ○ To reduce elective pregnancy termination across the state • DMAS hasn’t looked at their specific data yet, due to resource shortages <ul style="list-style-type: none"> ○ Billing codes will need to be identified, bundle codes broken down and determine who billed based on care provided. ○ Group could write a request to DMAS of what the needs are to be analyzed; time frame for turn-around is unknown. ○ Need to determine what encounter data covers vs. fee for services. ○ Challenge: mom may deliver 1st baby under MCO A and then next baby under MCO B, hard to 	

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		<ul style="list-style-type: none"> ○ determine birth interval in this case. ○ DMAS has a database (MMIS) with all fee for service and encounter data ● Possible reimbursement through pharmacy based on other institutes examples <ul style="list-style-type: none"> ○ DMAS fee for service won't reimburse through pharmacy for the device—need legislative support to change ○ MCO won't cover if device is placed during in-patient stay ● South Carolina birth outcome initiative <ul style="list-style-type: none"> ○ Bill above strategy to cover “outpatient” service ○ Code to pay for LARC device ○ Increase reimbursement for placement of device ○ Challenge: process has stopped recently due to question if providers are being reimbursed ● Additional suggestion for intervention is to discuss contraceptive use with mom at well-baby visit, ACOG recently published an article with positive response to this method ● Definition of emergency Medicaid=barrier <ul style="list-style-type: none"> ○ Could this group work on changing this definition? ○ Undocumented population and how are they impacted with emergency Medicaid ○ Not covered with Medicaid for family planning, but covered for birth under emergency Medicaid
<p>3. Discuss viability and use of a pilot region to employ IPP LARCs to gain research data within Virginia</p>	<p>University of New Mexico experience-Shannon and Nancy</p>	<ul style="list-style-type: none"> ● Nancy and Shannon talked with Dr. Eve Espey from Univ of New Mexico to discuss how they have been successful with LARCs placed immediately postpartum. <ul style="list-style-type: none"> ○ Implemented in Aug 2013 at the university hospital, had a grant that funded the LARC device and placement for indigent women. ○ Hospital will continue funding the device and placement after grant runs out, by billing a “J” code outside of the bundle ○ They didn't use legislation to make this happen ○ Hospital receives 340B pricing during outpatient stay
<p>4. Discuss the development of a work plan for the team</p> <ul style="list-style-type: none"> ● Review work plan template ● Develop activities for 	<p>Shannon</p>	<ul style="list-style-type: none"> ● Discuss the development of a work plan to begin capturing our action steps, timeframe, leads and success indicators for this group. ● Refer to the draft work plan attached, this will be a working document and change after every meeting.

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future meeting discussion		<ul style="list-style-type: none"> If you have additional action steps that you think need to be added, please add and send to Shannon, she will update work plan for next meeting
<p>4. Questions/Additional Comments</p> <ul style="list-style-type: none"> LARC articles Promotional videos/PSAs on family planning, reproductive plan links for Webpage 	Dr. Casey Shannon	<ul style="list-style-type: none"> Shannon has requested any articles (or working links) pertaining to LARCs, birth spacing, family planning, reproductive plan, etc. to be added to the VDH IM website for researchers/providers. Shannon has also requested any PSA links or promotional links related to our topic areas, so they can be added to the VDH IM website for parents, consumers, etc.
<p>5. Next steps to reach the goal of decreasing the infant mortality rate from 6.7 to 5.7 deaths per 1000 live births by 2018 in Virginia.</p> <ul style="list-style-type: none"> Next meeting dates 	Dr. Strauss and group	<ul style="list-style-type: none"> Nancy will send a meeting wizard request early March to schedule the next LARC meeting at the end of March 2014.