Assessing Need and Resources for Providing On-Site Access to Long Acting Reversible Contraceptives in University Student Health Setting

Madeline Howe

University of Vermont

Follow this and additional works at: https://scholarworks.uvm.edu/cnhsdnp

Part of the Nursing Commons

Recommended Citation

Howe, Madeline, "Assessing Need and Resources for Providing On-Site Access to Long Acting Reversible Contraceptives in University Student Health Setting" (2019). College of Nursing and Health Sciences Doctor of Nursing Practice (DNP) Project Publications. 35.

https://scholarworks.uvm.edu/cnhsdnp/35

This Project is brought to you for free and open access by the College of Nursing and Health Sciences at ScholarWorks @ UVM. It has been accepted for inclusion in College of Nursing and Health Sciences Doctor of Nursing Practice (DNP) Project Publications by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
Assessing need and resources for providing on-site access to Long Acting Reversible Contraceptives in university student health setting

Madeline Howe
Faculty Advisor: Amy O’Meara
Site: UVM Student Health
Site Mentor: Abigail Maynard
I declare that there are no relationships, conditions, or circumstances that present a conflict of interest relevant to the content of this presentation.
Introduction

- Over 50% of all pregnancies in the state of Vermont are unintended.

- Long-acting reversible contraceptives (LARCs) are the most effective form, yet the least utilized.

- Women overwhelmingly choose LARCs when
  - educated on their efficacy
  - cost and convenience are equal to other forms.
Available knowledge

- NPs and other providers in primary care are qualified to place IUDs and Nexplanon
- PCPs must offer onsite LARCs to increase uptake
- Barriers cited by PCPs: cost, perceived lack of patient interest, lack of provider confidence
- Current process: patient visits PCP --> PCP refers to gynecology --> 2-3 gyn visits
- Services and procedures at SHS are paid for through a per-student health fee; insurances are not billed
Rationale

Assumptions:

1. Increased access to effective contraception will decrease unintended pregnancy
2. Onsite LARC placement will increase uptake
**Purpose & Aims**

**Specific aim:** Collect and analyze available data to create plan for SHS to implement onsite LARC insertion.

**Overarching purpose:** Increase access to the effective contraceptive method of choice.
Ethical Considerations

• IRB exempt as non-research

• Privacy of patients protected:
  • SHS staff performed chart queries
  • Removed names and other identifiers before sending raw data

• Same day goals
Context

• University of Vermont Student Health Services
  • Outpatient clinic on campus
  • Providers include physicians and nurse practitioners
  • Most providers lack recent experience placing LARCs
  • Majority of patients are under 30
• Current process: patient visits PCP --> PCP refers to gynecology --> 2-3 gyn visits
• Services and procedures at SHS are paid for through a per-student health fee; insurances are not billed
Teamwork and Partnerships

• Team:
  • Providers at SHS
  • Abigail Maynard, FNP
  • Medical director
  • Administrative coordinator
Planning & Implementation
Chart review

Measures, over past 12 months:
• Referrals to gyne for IUD placement
• ICD-10 codes for contraceptive method
Determining logistics of supply, payment & reimbursement

- Identified barriers
  - Cost of stocking devices that might not be used
  - SHS does not bill insurance/ for specific procedures
- Perceptions
  - Scope of practice
  - Patient interest
  - Scheduling
Solution for hormonal and copper IUDs

Patient $\rightarrow$ SHS

SHS $\rightarrow$ Sends patient’s insurance info to specialty pharmacy
Specialty pharmacy ships device $\rightarrow$ Device at SHS in 1-7 days

$\rightarrow$ Patient can return to SHS for placement as early as day of delivery

Total time from initial visit to placement: 1 day to 2 weeks with average of 1 week
Nexplanon

- Medical benefit vs pharmacy benefit
- TheraCom or CuraScript
  - Same or next day
- Pharmacy benefit
  - Cigna or CVS specialty pharmacies
- Total time from first appointment to placement
  - Medical benefit: 1 day to 1 week
  - Pharmacy benefit: 1 day to 2 weeks
Discussion
Key findings

1. Benefits of onsite LARC placement outweigh perceived and actual costs.

2. The process to offer onsite LARC placement at SHS will be minimally disruptive to the clinic because of current insurance legislation, supplier initiative, and the SHS payment structure.
Associations & Findings

- Staff and provider engagement!
- Insurance law and policy
- Discrepancy: Provider scope of practice vs initial comfort
- Training and practice
- Cost of intervention
Interpretation

**Impact.** Increased access to LARCs. Partnerships strengthened.

**Comparison of results.** Consistent with other studies demonstrating need for LARCs. Part of slow trend towards placing LARCs at primary care practices, particularly in student health.

**Anticipated vs observed outcomes.** Launching proposed intervention this academic year, which is earlier than expected. Provider and staff engagement accelerated implementation.

**Costs and trade-offs.** Minimal financial burden to clinic or patients. Disruptions to schedule and space outweighed by benefits. Same-day, onsite placement ideal but too disruptive and potentially costly at present.
Limitations

1. Generalizability
   - Unique cost/billing structure
   - Demographics

2. Evaluation
   - Wait 12 months post-implementation to assess effectiveness of practice change
Sustainability

Next steps
- Launching this academic year!
- Direct distribution?
- Same-day placement?

Potential for spread to other contexts
- Future DNP projects?
- Specialty pharmacies as solution for practices

Implications for practice
Acknowledgements

Amy O’Meara
Abby Maynard
Lejla Pasic
Michelle Paavola
Sharon Glezen
References

