INTRODUCTION

Background
• Over 50% of pregnancies in Vermont are unintended.
• Long-Acting Reversible Contraceptives (LARCs) – such as intra-uterine devices (IUDs) and a hormonal implant – are the most effective non-permanent form of contraception yet the least utilized.
• Women overwhelmingly choose LARC when
  • Educated on their efficacy
  • Cost and access are equal to other forms.
• Placement of IUDs and the implant are within the scope of practice of primary care providers.
• Patients at the University of Vermont (UVM) student health clinic must be referred to gynecology for LARC placement.

Aims
1. Identify need for LARC placement at student health.
2. Develop plan to meet need.

Context
• UVM student health is an outpatient clinic on campus that provides primary care for the campus community.
• Providers include nurse practitioners, physicians, and physician assistants.
• Most providers lack recent experience placing LARCs
• Services and procedures are paid for through a yearly per-student health fee; insurances are not billed.
• All UVM students must have insurance for medications & additional health needs.

METHODS

A needs assessment was conducted using data query of electronic health records and informal interviews with SHS providers and administrators. Suppliers and insurers were contacted and costs calculated. Prepared documents and presentation with data, analysis, and initial steps to of implementation process. See Table 1 for process map.

DISCUSSION

Key Findings
1. Benefits of onsite LARC placement outweighs perceived 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.

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.

OUTCOME & CONCLUSIONS

UVM student health is scheduled to begin offering LARC placement by the end of the 2018-2019 academic year. The impact of this intervention on unintended pregnancy cannot be determined at this time.