

ASSESSING NEED AND RESOURCES FOR PROVIDING ONSITE ACCESS TO LONG ACTING REVERSIBLE CONTRACEPTIVES IN UNIVERSITY STUDENT HEALTH SETTING

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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 LARCs 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.

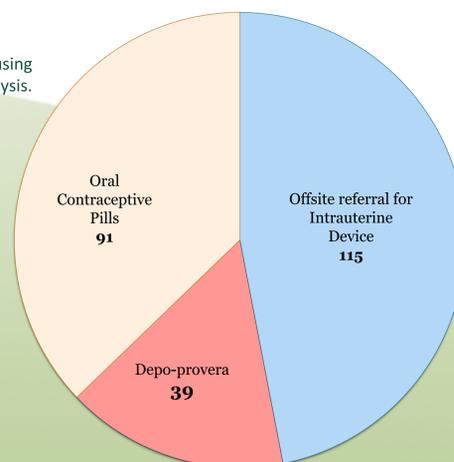
Context

- 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.

Table 1. Process flow map using opportunity & decision analysis.



	Identify & Assess	Select	Develop	Execute
Decisions	Based on needs assessment	<ul style="list-style-type: none"> ❖ Need for onsite placement outweigh costs? ❖ Who would perform insertions onsite? ❖ How to source devices? ❖ How will devices be paid for? 	<ul style="list-style-type: none"> ❖ Best month for launch? ❖ Schedule of weekly/month insertion clinic? ❖ In-office referral process? ❖ Involvement of student organizations in promotion and/or marketing 	<ul style="list-style-type: none"> ❖ May 2019 ❖ Schedule will be finalized after initiation ❖ 10 patients for first day of placement ❖ Providers trained by Bayer rep (IUDs) and Merck (Nexplanon) spring 2019. ❖ Alert patients to new onsite LARC placement
Results and reports	<ul style="list-style-type: none"> ▪ Unique pts referred for IUD placement: 115 ▪ Unique pts prescribed OCP or injectable contraception: 130 	Placement training: 3/12/19, 4/4/19 Equipment needs: minimal, clinic will provide	<ul style="list-style-type: none"> ❖ Report: monthly distribution of new birthcontrol ❖ Report: process and costs of obtaining devices 	
Issue analysis	Likely increase in uptake if IUD placement offered onsite. Specialty pharmacies and delivery times by insurer.	Devices: hormonal and copper IUD, Nexplanon Storage/payment: None stored onsite. Ordered for individual pt and shipped to office. No financial risk of expired devices. The generic hormonal IUDs have rebates but do not cost significantly less than the brand names. Providers: 2 FNPs	<ul style="list-style-type: none"> • Is UVM financial services a stakeholder? • Are there any legal considerations? • What are the consequences of blocking off insertion providers' schedules for LARCs on given days? 	Goals: <ol style="list-style-type: none"> 1. IUD placement will be provided onsite 2. Within 3 years, >50% of pts requesting contraception will have LARCs
Stakeholders	DNP candidate, administrative coordinator	Medical director, potential providers	Medical director, providers, possibly student group, clinic administration	Providers, DNP candidate

Chart 1. Patients Seen for Start of Continuation of Reversible Contraception over 12 months.

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.

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.

References

- Barry, S., Woike, A., Swartz, K., O'Brien, E. & Gibson, E. (2015, November). *Decreasing Unintended Pregnancies through Use of Long Acting Reversible Contraception (LARC): A Statewide Needs Assessment*.
 Birgisson, N.E., Zhai, Q., Secura, G.M., Madden, T. & Peipert, J.F. (2015). Preventing unintended pregnancy: The Contraceptive CHOICE Project in review. *Journal of Womens Health*, 24(5), pp. 349-53.
 Branum, A & Jones, J. Centers for Disease Control and Prevention. (2015). Trends in long-acting reversible contraception use among U.S. women aged 15-44. *National Center for Health Statistics Data Brief*, 188. Contact Madeline Howe at mehowe@uvm.edu for full list of references.