Quality Improvement

When introducing a new health care service or expanding an existing one, it is essential to build continuous quality improvement processes and measurements into the initiative to gauge progress. Engagement with quality improvement practices is likely to increase positive patient experiences and outcomes, lower financial cost, and enhance provider experience.[62] In order to maintain provider satisfaction and the availability of postpartum LARC for your patients, it is important to regularly adjust the immediate postpartum LARC implementation plan, as needed, to improve and streamline patient care.

The U.S. Office of Population Affairs (OPA) has developed clinical performance measures that can be used to improve access to client-centered contraceptive care. Additionally, such measures can be employed to reduce rates of unintended pregnancies in the US, California, and Los Angeles County.[63]

Importantly, we do not strive for these measures to reach 100%, because the most important goals in contraceptive care are to educate patients about all options and to respect their preferences. There are always women who will make informed decisions to opt for less effective methods or no contraceptive method at all.[63] While improvement in these measures over time typically reflects enhancements to patient counseling and expanded utilization of highly effective methods, *these measures should not encourage high rates of use, as to avoid coercive practices* (*See Section 3, Reproductive Justice for more information on coercive contraceptive practices*).

Contraceptive care measures help to ensure that the 61 million women of reproductive age in the United States have access to high quality care, in order to reduce maternal and infant mortality and other pregnancy related complications.[64] The National Quality Forum (NQF) endorses these measures, as access to quality contraceptive counseling and comprehensive health care increases economic security. Further, these measures address gaps in quality healthcare and improve postpartum care by helping women space healthy pregnancies. The Immediate Postpartum Monitoring tool, as described below, seeks to employ qualitative and quantitative methods to address these measures, and to assist women and families achieve their desired number and spacing of healthy children.[65]

The Contraceptive Care Measures[64]	
Most & Moderately Effective Methods for **Postpartum Women**	The percentage of women aged 15-44 years who had a live birth that is provided a most effective (sterilization, implants, IUD/IUS) or moderately effective (injectables, oral pills, patch, ring, or diaphragm) contraceptive method within 3 and 60 days of delivery (NQF #2902)
Access to LARC for **Postpartum Women**	The percentage of women aged 15-44 years who had a live birth that is provided a LARC method (implants or IUD/IUS) within 3 and 60 days of delivery (NQF #2902)
Most & Moderately Effective Methods for **All Women**	The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (that is, sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (injectables, oral pills, patch, ring, or diaphragm) contraceptive method (NQF #2903)
Access to LARC for **All Women**	Access to LARC: The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a long-acting reversible contraceptive (LARC) method (implants or IUD/IUS) (NQF #2904)

These measures should be used to assess whether access to LARC is limited or nonexistent. For example, if less than 1-2% of a population are using LARC, it may be indicative of lack of accessibility. *In 2017, fewer than 1% of new mothers received immediate postpartum LARC in Los Angeles County.*[66]

The Association of State and Territorial Health Organizations (ASTHO) *Increasing Access to Contraception Collaborative* has developed tools for monitoring implementation of immediate postpartum LARC at the state level;[67] we have adapted these tools for use by individual hospitals.

You can access this tool at http://publichealth.lacounty.gov/owh/index1.htm

IMMEDIATE POSTPARTUM (IPP) MONITORING TOOL

Quantitative Tracking

LARC use within a hospital may be tracked quantitatively via several different methods:

<table>
<tr><th colspan="2">Claims based</th></tr>
<tr><td colspan="2">

- Tracking the number of claims submitted to or paid by Medicaid (*see IPP Monitoring Tool in Appendix B*)
- Extracting from the Family Planning Annual Report (FPAR) of federal Title X funds

</td></tr>
<tr><th colspan="2">Electronic health records[68]</th></tr>
<tr><td>Tracking CPT codes for IUD or subdermal implant</td><td>

- 11981 Insertion, non-biodegradable drug delivery implant
- 11982 Removal, non-biodegradable drug delivery implant
- 11983 Removal with reinsertion, non-biodegradable drug delivery implant
- 58300 Insertion of IUD
- 58301 Removal of IUD

</td></tr>
<tr><td>Tracking ICD codes (Z30 Encounter for Contraceptive Management code series)</td><td>

- Z30.018 Encounter for initial prescription of other contraceptives
- Z30.09 Encounter for other general counseling and advice on contraception
- Z30.430 Encounter for insertion of intrauterine contraceptive device
- Z30.431 Encounter for routine checking of intrauterine contraceptive device
- Z30.432 Encounter for removal of intrauterine contraceptive device
- Z30.433 Encounter for removal and reinsertion of intrauterine contraceptive device
- Z30.49 For checking, reinsertion, or removal of the implant

</td></tr>
<tr><td>Tracking supply with HCPCS (Healthcare Procedural Coding System) codes</td><td>

- J7297 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
- J7298 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
- J7300 Intrauterine copper contraceptive
- J7301 Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
- J7307 Etonogestrel [contraceptive] implant system, including implant and supplies

</td></tr>
</table>

Inventory based
• Evaluating pharmacy LARC inventory stock and purchasing orders
Provider based
• Tracking provider-specific LARC placement rates
Patient based
• Surveying patients upon discharge to identify current or desired contraceptive method

Qualitative tracking

In addition to a quantitative review of Postpartum LARC access, a variety of qualitative efforts can be utilized to ensure steady progress. Particularly during the initial phases of the program, efforts should be made to periodically evaluate for unintended consequences, provider burden, and operational issues.

Consider specifically eliciting feedback from the following program participants:

Physicians	In the hospital with delivering privileges
	Referring prenatal patients
	Caring for patients postpartum
Nursing	On the labor and delivery floor
	On the postpartum floor
Pharmacy Staff	Distributing LARC devices to providers
	Ordering LARC inventory for the hospital
Billing Staff	Involved in coding visits (ICD) or procedures (CPT, HCPCS)
	Submitting Medicaid claims
	Coordinating the receipt of government funds (Medicaid, Title X)

Specific suggestions for evaluating for quality improvement:

Clinical Staff	The clinical leadership should reconvene clinical staff on a regular basis, or as appropriate, to review postpartum LARC processes and identify any needed changes.
	Immediate postpartum LARC implementation should be reviewed regularly at Quality Improvement meetings with special attention to systems barriers that can be addressed with Quality Improvement projects.
	Periodic survey evaluation by participating clinicians to obtain individual insights into the program's effectiveness and utility.

Billing	Billing staff should review the payments received against claims.
	Submission data to identify any issues with claims denials. (See information below about reporting rejected claims to National Health Law Program).
	Billing staff should hold meetings with Medi-Cal staff or Medi-Cal Managed Care organization (e.g. LA Care, Health Net) representatives to discuss and resolve any billing or reimbursement issues (see Hospital Billing and Reimbursement).

Patients	Monitoring the proportion of women choosing a postpartum LARC can provide evidence of the policy's impact on LARC access and be used in quality improvement efforts.