LARC FIRST Practice: *LARC FIRST Practice Overview*

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content:	Components of a "LARC FIRST Practice"

Overview:
This chart provides an overview of the essential components of a "LARC FIRST Practice," the common barriers which make it difficult to fulfill each component and key strategies which may be helpful in overcoming these barriers. This document is the heart of the CHOICE Resource Center, and can serve as an introduction to the additional modules.

Component	Barriers	Strategies
1. Evidence-based belief that LARC are the most effective reversible methods. They are first line contraceptive options that are proven to reduce unintended pregnancy, teen pregnancy, and abortion.	• Persistence of myths that IUDs are harmful or not appropriate for the majority of women • Adherence to outdated eligibility criteria and clinical protocols	• Promote CHOICE research and other evidence-based research in the field through education and outreach to healthcare providers, administrators, and patients. *For evidence on LARC as first line contraceptive options, refer to:* **Module 1: The Evidence**
2. Every patient is a LARC candidate until her medical history indicates otherwise.	• Assumptions made about appropriate methods based on women's external characteristics, such as age • Cognitive 'shortcuts' used with the belief that they save time or because the clinician 'knows best'	• Suspend clinical judgement on method use until all relevant medical facts are known. • Determine method eligibility by a patient's medical history and evidence-based clinical guidelines. • Recognize that every woman deserves the best treatment option, and better outcomes are achieved if women are invested in their contraceptive choice. *For further details in overcoming provision barriers, refer to:* **Module 3: Advanced Practitioner Resources** *For further details in obtaining medical history and eliciting a patient's contraceptive choice, refer to:* **Module 2: Contraceptive Counseling**
3. All staff is knowledgeable about birth	• This level of staff training would be	• Understand that this level of training is worth

control methods, especially LARC, and can answer basic questions and debunk myths about any method. This includes receptionists, ancillary health staff, clinicians and administrators. Accurate information is presented to each patient and based on evidence, not anecdotes or personal experiences.	too time-consuming	the investment. Staff persons are better equipped to do their jobs, patients' questions are answered in a more efficient manner, accurate information is consistently given to patients, and clinician time is preserved. • Have receptionists deliver the CHOICE 'LARC-blurb' to patients over the phone as they call to schedule appointments. • Well-trained staff serve as ambassadors about LARC in the community, which can result in an increase in patients and a positive image of LARC methods in general. *For further details in contraceptive counseling training, refer to:* **Module 2: Contraceptive Counseling** *For further details on cross-training staff, refer to:* **Module 4: Patient Management** *For further details in creative approaches to professional development, refer to:* **Module 5: Effective Staffing and Management**
4. All methods of contraception are discussed with patients using a tier-based counseling approach. LARC is always discussed as the first line option.	• Departs from standard clinical practice (i.e. begin discussion by inquiring about what patient has used for contraception in the past) • Too time-consuming to discuss all methods with a patient	• Use CHOICE's succinct counseling script. • Help patients visualize options and effectiveness rates by laminating 'contraceptive menus' and 'LARC-first' posters. • Create a productive wait time by showing the CHOICE contraceptive counseling video in the patient waiting area. • Train ancillary health staff to counsel patients. *For further details on tier-based counseling, refer to:* **Module 2: Contraceptive Counseling** *For LARC FIRST materials, refer to:*

5. Every effort is made to avoid undue obstacles for patients in obtaining their contraceptive method of choice.	• Departs from typical clinical protocol (i.e. patient needs to be on her period to insert LARC, must have two consecutive negative urine pregnancy tests and negative STD results) • Concern about potential pregnancy and STD infection • Multiple patient visits are beneficial for a practice's financial gain • Difficult to verify insurance benefits in a timely manner	**LARC FIRST: Environment** • Follow evidence-based guidelines when determining insertion timeframe. • Use bridge methods when appropriate to reduce the chance of an interim unintended pregnancy between visits. • Acknowledge that fewer clinic visits may reduce the interim chances for an unintended pregnancy. • Work with insurance companies to streamline process of insurance coverage verification. *For further information on insertion time frames and bridging, refer to:* **Module 3: Advanced Practitioner Resources**
6. Same-day LARC insertions are the standard. Exceptions include high probability of pregnancy, within 4 weeks of delivery, within 2 weeks of an abortion, symptomatic infection, or within 3 months of chlamydia or gonorrhea diagnosis.	• Not enough time in the clinic schedule for 'unplanned' insertions • Requirements that devices must be ordered for a specific name	• Create a clinic flow schedule that is flexible enough to allow same-day insertions. • Realize that as clinicians become more comfortable with insertions, less time is required. • Investigate options to swap out methods on the shelf with ones ordered for patients. *For further details in clinic flow scheduling, refer to:* **LARC FIRST: Environment**
7. Advanced practitioners have received proper LARC training including insertions, removals, patient management, and evidence- based contraindications. Advanced practitioners are comfortable inserting LARC, and have a support network to	• Limited resources for where to get trained on LARC insertion • Have professional LARC training but not enough experience with actual patients to feel confident • Limited resources to stay up-to-date on the newest evidence-based	• Refer to a compiled list of LARC trainings and opportunities for mentors, in which CME credits can be obtained. • Stay up-to-date on the newest evidence. • Contact practices branded as 'LARC FIRST' for potential mentoring and support.

consult for special cases.	practices • No other clinicians to rely on for mentoring and support	*For resources on LARC trainings, refer to:* **Module 3: Advanced Practitioner Resources** *To stay up-to-date on the latest CHOICE publications, refer to:* **Module 1: The Evidence**
8. Every patient's time is valued. Prolonged waits and multiple appointments are avoided when possible. Patients' calls are promptly returned. Evening appointments are offered at least one night per week.	• There are too many patients scheduled to move quickly and avoid wait times • The clinician has too many patients to return all calls within 48 hours • Limited staff make it difficult to be able to offer evening appointments	• Use creative approaches to complete portions of the patient's visit while in the waiting area (i.e. , show the CC video, complete CT/GC self-swab testing, have the receptionist run a urine pregnancy test). • Streamline patient management system to involve ancillary health staff so patients receive answers quicker and less clinician time is used. • Shift staff scheduling to accommodate one late night per week. *For further details in efficient clinic flow, refer to:* **LARC FIRST: Environment** *For further details on the patient management system, refer to:* **Module 4: Patient Management**
9. Staff treats patients with respect. This includes being friendly throughout the appointment and engaged in the patient's experience, avoiding a condescending or dismissive attitude, and honoring the patient's choice unless medically inappropriate.	• Time and funding limitations do not allow for staff development. • Hiring process does not allow for saturation of these characteristics.	• Foster staff engagement and motivational activities through team meeting and creative approaches. • Create a formal evaluation of what constitutes a good employee. • Use established hiring characteristics guidelines to promote a patient-centered team. *For further details on staff development, refer to:* **Module 5: Effective Staffing and Management**

10. LARC methods are consistently stocked for same-day insertions.	• Upfront costs prevent stocking LARC devices	• Investigate ways to purchase a few methods as 'floaters'. *For further details on addressing cost barriers, refer to:* **LARC FIRST: Affordability Resources**
11. Contraceptive counseling is not the sole responsibility of the clinician; ancillary health staff, administrators, and various forms of media can aid in providing patients with an optimal counseling experience.	• Too time-consuming to train staff with this level of detail • Clinicians don't want to give up this responsibility	• Use the CHOICE contraceptive counseling training program to efficiently train non-clinician staff. • Understand that clinicians are still involved in the counseling process; they are required for final approval of each patient's choice. • Recognize that clinicians will be able to see more patients if they delegate counseling to ancillary health staff. *For further details on the CHOICE contraceptive counseling training program, refer to:* **Module 2: Contraceptive Counseling**
12. Cross-training is the standard practice; all staff members can answer phone lines, schedule patient appointments, conduct pregnancy tests, provide information and resources, etc.	• There is not enough time or resources for cross-training. • It's not necessary for staff to know all skills.	• Present skills one at a time with opportunities to practice. Training does not have to be intensive. • Acknowledge that cross-training saves time and prevents stressful situations in the future if staffing is low. *For further details in cross-training, refer to:* **Module 4: Patient Management**
13. Data systems are in place to monitor key practice indicators (i.e., how many LARCs are inserted and removed, common complaints and adverse events, demographics of women	• Level of surveillance would be too time consuming and not necessary for practice performance and growth.	• Recognize that practice data can be crucial to receive additional resources such as funding, personnel or supplies. • Understand that once systems are in place, little time is required to maintain systems.

served). Identify strengths and weaknesses with objective data.		*For suggestions on how a practice can use data to understand its current situation and set goals, refer to:* **Module 1: The Evidence** *For more details on how to use data to motivate staff and reach practice goals and milestones, refer to:* **Module 5: Effective Staffing and Management**
14. Community outreach is necessary to reach women outside of the practice and to promote LARC awareness to specific groups and the general public.	• Community outreach is too time-consuming • I'm unsure of how to do this • It's not the part of the clinician's job	• Participate in local health fairs. • Establish a list of annual community fairs and festivals. • Develop an outreach 'table' or presentation that can be reused for each event. • Offer ancillary health staff the opportunity to participate in outreach events. *For further details on how to create a community outreach campaign and for CHOICE outreach materials, refer to:* **LARC FIRST: Marketing your LARC FIRST Practice**