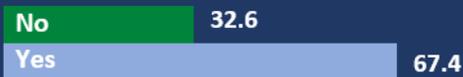


Access to Long Acting Reversible Contraceptives (LARCs) in Michigan Title X Family Planning Clinics

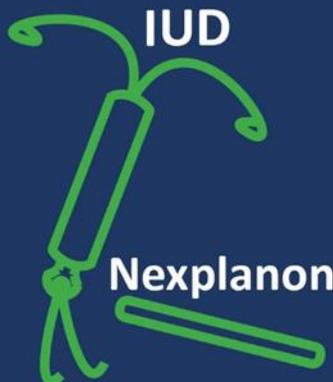
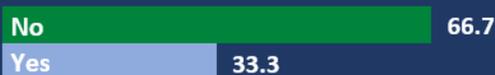
Long Acting Reversible Contraceptives (LARCs) are the most effective forms of birth control outside of sterilization. LARCs come in a variety of forms including the copper intrauterine device (IUD), the hormonal IUD, and the hormonal implant. The results of the 2016 Michigan Department of Health and Human Services (MDHHS) Family Planning Annual Report (FPAR) revealed that a low number (11.6%) of Title X clients were receiving and/or were using a LARC as their method of contraception. In order to determine possible reasons for the low numbers of LARC distribution and access, MDHHS Title X Family Planning providers and coordinators were surveyed about LARC use within their respective clinic(s) as well as potential barriers to LARC access and distribution. In total, 17 providers, 23 coordinators, and 3 who reported being both coordinator and provider completed the survey. The results of their responses are summarized below.

LARC Training/Mentoring

Slightly more than **2/3** of providers said that they were trained to insert LARCs.



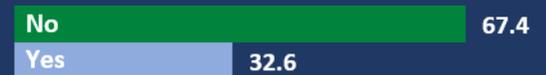
Around **1/3** were currently seeking or interested in LARC insertion training.



Just short of **1/2** said that mentoring was available with their LARC insertion training.



Just under **2/3** reported that they had experienced at least one barrier to receiving LARC insertion training.



Around **70%** of providers reported that they were trained to insert at least one LARC product. The LARC that providers were most likely to be trained to insert was **Nexplanon**. Also, many respondents reported an interest in receiving **Nexplanon** insertion trainings.



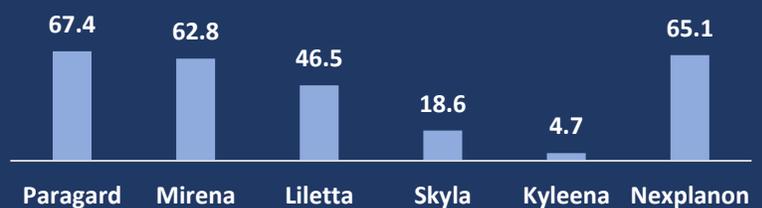
Onsite LARC Stocking, Purchasing, and Provisions



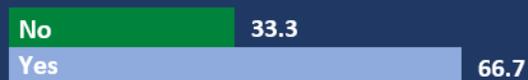
Around **54%** reported that they had experienced *at least one barrier to providing same-day LARC insertion.*

The most commonly reported barrier was *provider schedules.*

The most commonly purchased LARC was **Paragard** followed by **Nexplanon**. The most commonly reported barrier to purchasing LARCs was **cost**.



Just over **2/3** said that they provided LARCs onsite.



LARC Provisions by Paid Referral

Nearly Half of Providers who Offer LARCs by *Paid Referral* had clients who *Traveled 10 Miles or More* for their LARC Insertion Visit



40% reported that they were providing LARCs through paid referral. Most commonly, respondents reported that **1 to 3** LARCs were provided by paid referral each year.



Many Providers Reported that their Clients have Waited **2 to 4 weeks** to receive a LARC by **Paid Referral**

LARC Reimbursement and Assistance

Around **83%** reported that private insurances covered the actual cost of providing LARCs. Additionally, just over **77%** reported that Medicaid Health Plans covered the actual cost of providing LARCs.



Close to **42%** of respondents reported that their clinic sites participated in the Access and Resources for Contraceptive Health (**ARCH**) Patient Assistance Program for Kyleena, Mirena, and Skyla.

LARC Awareness, Interest, and Education

Just over **95%** reported that all of their clients were made aware that LARCs are available through the Family Planning Program.

Providers Noted That There Has Been an *Increase* in *Client Interest in LARCs* Throughout the Past Year



Almost all Providers Work from the *Most Effective* to the Least Effective Methods when Providing *Contraceptive Education*

Around **84%** reported that they had clients who were not interested in LARCs. The most common reasons clients were not interested in LARCs were that they had a friend or family member who had a bad experience with a LARC and not wanting to have LARC side effects.

Areas for Improvement and Future Directions

In the future, the Family Planning Program aims to:

- Organize more opportunities for LARC insertion trainings, and increase the availability of mentoring with insertion trainings.
- Increase the number of clinics that are able to perform same day LARC insertion.
- Assist clinics with improving the management of LARC stocking and purchasing, and streamlining LARC stock to increase availability of cheaper options.
- Increase provider awareness of LARC reimbursement programs for low-income clients, such as the ARCH program.
- Support agency relationship building with both public and private insurers.
- Continue to work to dispel myths about LARCs.
- Overall, increase the number of clients who have the opportunity to choose to receive a LARC from a Family Planning clinic.