**The Copper IUD and Emergency Contraception:**

**Best Practices and Strategies for Implementing "Plan C"**

**Webinar Questions & Answers**

**Responses provided by Laura Churchill, MS, FNP-BC**

1. **Question:** How do you address barriers specific to agencies in rural areas?

**Answer:** Greene County is very large and the majority of it is rural, so transportation is often an issue for women who come to our clinic to have a Copper IUD inserted (versus going to a pharmacy for other forms of emergency contraception, or EC). If a client has Medicaid, you can arrange Medicaid transport. So, if you are able to talk with a woman in need of a Copper IUD as EC over the phone, one transportation solution is to arrange for Medicaid transport.

1. **Question:**  What happens if a health center is no able to get staff buy-in around the provision of the Copper IUS at EC?

**Answer:** The strategy that we implemented was to begin by getting staff buy-in for same-day long-acting reversible contraception (LARC) insertions. If staff can see that a client in front of them is currently using oral contraception and now wants an IUD or Nexplanon *and* can take the jump into offering same-day insertions for LARC methods, adding the Copper IUD as EC is an extension of that same-day service to meet women where they are at. It is really about going back to our mission of meeting women where they are at today. The old practice involved making two appointments and having clients come back a second time, which did not work as clients often would not come back, except when they came back with a positive pregnancy test.

1. **Question:** Do you check placement after each insertion or only if there are complication symptoms?

**Answer:** We generally do not check placement after every insertion. We only check placement if the client is experiencing difficulties, problems, or complications. At the clinician’s discretion, if the insertion was particularly difficult, or the client did not seem to tolerate it well, we might check the placement. We would almost always check the placement if a client had an expulsed IUD and chose to have a second IUD inserted. That client would then follow-up with an ultrasound to check placement.

1. **Question:** Are you able to check insertion on-site or do you send the client to another facility?

**Answer :** We do not have ultrasounds on-site, so we do have to send these clients to another facility to check for placement. The FPBP does cover an ultrasound to check the placement of an IUD, so, for eligible clients, we are able to code so that the service is paid for.

1. **Question:** How do you pay for all of the IUDs?

**Answer:** When we first began providing the IUD as EC at Greene County Family Planning, we actually ran out of money from our Title X grant and had to use the revenue that the IUD insertions generated so that we could purchase more IUDs. Make sure that your billing and coding staff are on board and that you are getting the revenue needed to put the money back into the program to buy them. But in general, I start with my grant money, and then I use the revenue from the insertions to purchase more IUDs.

We also utilize the Family Planning Benefit Program (FPBP). I know there are many providers out there with high numbers of immigrant populations for whom the FPBP does not apply. In that case, it is important to craft your budget so that you have money set aside for clients who do not qualify for FPBP. I know that it would be a struggle for us financially if our population was not eligible for FPBP.

**Note from Elizabeth Jones:** Additionally, through the Center of Excellence for Family Planning and Reproductive Health Services, we offer technical assistance related to fiscal sustainability because we know that not all agencies are able to take advantage of the FPBP because their populations do not screen as eligible for the program. These agencies need to run a lean and mean program, not only taking advantage of all available revenues from third-party sources, but also looking at staffing and really thinking about opportunities for efficiencies wherever possible.