

**Barriers to EPL integration and Tips for Approaching Leadership**

**Barriers to EPL integration**

TEAMM training participants report barriers in terms of implementing and integrating comprehensive EPL management in their site of practice that include resistance from administration, colleagues, or staff; perceptions of EPL management as induced abortion; and logistical barriers around resources, staffing, space, and clinic flow. APCs have additional hurdles, with a lack of training opportunities being one of the more prominent barriers to EPL management.

Many of these barriers have been documented in the literature:

* Dennis A, Fuentes L, Douglas-Durham E, Grossman D. [Barriers and Facilitators to Moving Miscarriage Management out of the Operating Room](https://www.ncbi.nlm.nih.gov/pubmed/26153842). Perspectives on Sexual and Reproductive Health. 2015 Sep;47(3):141-9. DOI: 10.1363/47e4315
* Darney B, Weaver M, VanDerhei D, Stevens N, Prager S. [“One of those areas that people avoid” a qualitative study of implementation in miscarriage management. BMC Health Services Research](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3637834/). 2013; 13: 123.DOI: 10.1186/1472-6963-13-123

**Approaching Leadership and of EPL Integration for APCs**

**Points to Convey:**

* Key messages regarding service need/feasibility
  + Miscarriage is common.
    - In women with a known pregnancy, it is estimated that 1 in 4 will miscarry before the 12th week.
    - Miscarriage affects 960,000 women annually.
    - Most occur before 13 weeks gestation.
* Regulatory standards, who can provide:
  + expectant management
  + medical management
  + surgical management
* APCs have the skills, follow-up capacity, and can provide improved patient experience in the clinic by offering continuity of care to their existing patients, from an Emergency Department or operating room.
* This service is generally well reimbursed.

**Considerations for the Clinic/Hospital Leadership Team:**

* What level of staff can provide which services in your state?
  + Physician-only laws?
  + Investigate facility licensure requirements (if applicable) for providing EPL care, specifically aspiration services
* Will fees be the same for management of EPL as for induced abortion?
* Should you begin the service in abortion-providing sites first or roll-out broadly?
* Evaluate equipment and supply needs
* How will the need for expedient insurance verification be handled?
* What training may the staff need to work comfortably with EPL patients (particularly if they aren't providing induced ABs)? Do they need tips for communication? Are they concerned they are providing induced abortions while managing EPL?
* Are any staff new to ultrasound that will provide services? Plan early for ultrasound training needs and preceptorship?
* Are lab fees for quantitative hCG reasonable or should rates be re-negotiated (early pregnancy evaluation may increase the number of labs requisitioned)?
* Are referral lists up to date and accurate for prenatal care, genetic counseling, psychological support, and abortion care if not provided in your location?
* How will you market the service?
  + Website
  + Community relations
  + Other