Immediate Postpartum
LARC (IPLARC):
Wave 2 Teams
Toolkit Overview & First Steps for QI Work

June 17, 2019
12:00 – 1:00 PM
Tips for Accessing WebEx

- You must manually add the meeting to your calendar.
- WebEx is currently unable to add the meeting to your calendar if you are accepting the meeting on a mobile device.

Add to calendar by clicking either of these options.
Call Overview

• Initiative Overview/Recap
• Toolkit Overview
• Takeaways from Face-to-Face Meeting
  – Breakout sessions
  – ACOG training
• ILPQC IPLARC Data System Next Steps
• QI First Steps
• Upcoming Events
Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)

INITIATIVE OVERVIEW
ILPQC IPLARC Initiative

**Goals**

- Increase access to IPLARC
- Educate Patients on contraceptive options
- Educate Providers counseling and placement
- Simplify IPLARC Billing
- Stock LARC in Pharmacy
- Implement IPLARC Protocol
- Systems Changes to OB Care Process Flow

**Increase access to IPLARC**
## Aims and Measures

**Overall Initiative Aim**

Within 11 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARC.

**Structure Measures**

- IT/EMR systems that allow for documentation of IPLARC placement for tracking, and documentation
- Coding / billing strategies in place for reimbursement for IPLARC
- IPLARC devices stocked in the inpatient pharmacy
- IPLARC protocols in place for labor and delivery and postpartum units
- Communicated launch of IPLARC availability during delivery admission with affiliated prenatal care site and provided sites with provider/staff and patient education materials for contraceptive options counseling, including IPLARC
- Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC

**Process Measure**

Educated all participating providers/nurses on benefits of IPLARC, protocols, counseling & IPLARC placement

**Outcome Measure, among participating hospitals**

- Provide and document comprehensive contraceptive counseling, including IPLARC, during prenatal care and delivery admission
- By increasing access to IPLARC, increase in utilization of IPLARC

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*Go Live* date by May 2020 for Wave 2 teams!
Expert Advisors help guide work

• Expert Panel
  – Melissa Gilliam
  – Lee Hasselbacher
  – Sadia Haider
  – Shannon Lightner
  – Kai Tao
  – Amber Truehart

• Clinical leads:
  – Stephen Locher, Advocate Illinois Masonic Medical Center
  – Shelly Tien, NorthShore University HealthSystem Evanston Hospital
Wave 2 Teams to date...

- Abraham Lincoln Memorial Hospital
- Alton Memorial Hospital
- Anderson Hospital
- Barnes-Jewish Hospital
- Carle Richland Memorial Hospital
- FHN Memorial Hospital
- Gibson Area Hospital
- NM Central DuPage Hospital
- Passavant Area Hospital
- Roseland Community Hospital
- Rush University Medical Center
- Rush-Copley Medical Center
- Silver Cross Hospital
- Touchette Regional Hospital
- West Suburban Medical Center
Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)

IPLARC TOOLKIT OVERVIEW

ONLINE VERSION AVAILABLE ON ILPQC.ORG
IPLARC Toolkit Sections

• Introduction
1. Initiative Resources
2. National Guidance
3. Documentation of IPLARC Placement
4. Coding/Billing Strategies
5. Stocking IPLARC in Inpatient Inventory
6. Example Protocols
7. Referral Strategies for Providing Immediate Post-Discharge LARC
8. Provider & Nurse IPLARC Education
9. Patient Education
10. Other IPLARC Toolkits
National Guidance: ACOG Committee Opinions

• Please print a copy of Committee Opinion #670 to include in your toolkit

• Share with OB providers and Nurses for Buy-In
IPLARC Documentation

- Documentation and dot phrase examples for both IUD and Implant insertion

Example Dot Phrase/Procedure Note for Immediate Postpartum IUD Insertion

Post-placental IUD Insertion Procedure Note

Time of delivery of placenta. ***
Time of insertion of IUD. ***
IUD Type: (IUD Type:26874)
Insertion Type: (Insertion Type:50744)

Ring Forceps:
After delivery of the placenta, the IUD placement. Speculum was confirmed that the patient was placed. The penis was placed in the operator's hands. A ring was placed by the second hand the inserted past the forceps, and then located to the fundus. The cut to the level of the fundus and the procedure well.

Operator's Hand:
After delivery of the placenta, the IUD placement. Speculum was confirmed that the patient was placed. The penis was placed in the operator's hands. The ring was placed by the second hand the inserted past the forceps, and then located to the fundus. The cut to the level of the fundus and the procedure well.

Example Dot Phrase/Procedure Note for Immediate Postpartum Nexplanon Insertion

Nexplanon Insertion Procedure Note, DCT Phrase

Procedure: Nexplanon Insertion

The risks, benefits, and alternatives of Nexplanon insertion were reviewed with the patient. All questions were answered to her satisfaction and consents were signed.

The patient was placed in the dorsal supine position with her non-dominant (left/right:511354) arm flexed at the elbow and externally rotated. The area for insertion was marked approximately 8 cm from the medial epicondyle of the humerus over the triceps muscles. The area of planned insertion was prepared with (Betadine/Chlorhexidine 2497). 5cc of 1% lidocaine was injected subdermally along the planned insertion tunnel. The Nexplanon applicator was grasped, the protection cap was removed from the applicator and the white Nexplanon device was visualized within the applicator. The applicator needle was inserted subdermally in the standard fashion, and the device was deployed. The implant was palpated to verify correct subdermal location by myself and the patient. The site was dressed with a Band-Aid and a pressure bandage. User card was completed after insertion and given to patient.

Assessment/Plan-
Nexplanon Insertion in (left/right:511354) arm without complication
Removal Date ***/20***
100% condom use encouraged for sexually transmitted infection prevention
Wound care instructions reviewed, call if any problems
NSAIDS and ice packs for insertion site pain
Coding/Billing Strategies

- HFS Guidance and ACOG Guidance for Coding/Billing
Stocking & Supply

* Guidance from ACOG District II

Stocking and Supply:

- Forecast the demand for LARC devices within your office/hospital setting.
  * It may be challenging to estimate patient demand of an IUD or implant. The Reproductive Health Supplies Coalition recommends forecasting demand for new contraceptive products based on a combination of patient, provider, and financial factors.

- Determine if you are eligible for drugs and devices at a reduced cost through the 340B program.
  - Federal law requires that 340B pricing be at least 23% lower for a name brand product and 14% lower for a generic product, using the average manufacturer retail price as the basis. Manufacturers may, however, set the price at a lower level of their choosing.
  * The 340B Drug Pricing Program is a federal program that requires drug manufacturers to provide outpatient drugs and devices to eligible health care organizations or covered entities at significantly reduced prices.

- Determine LARC method coverage options:
  - When a LARC method is covered as a medical benefit, also known as “buy and bill”, a provider:
    1. Buys the LARC method directly from the manufacturer, designated pharmacy or specialty distributor.
    2. Bills the patient’s insurance for the LARC method and insertion procedure.
  - When a LARC method is covered as a pharmacy benefit, also known as “white bagging”:
    1. A pharmacy or specialty distributor bills the patient’s insurance directly for the LARC method and sends the device to the provider’s office.
    2. A provider bills the patient’s insurance for related procedures and services.
  - IUDs may need to be purchased directly from the manufacturer or through a distributor depending on the type of device. When purchasing LARC methods, providers may be able to realize benefits from volume discounts, 90-day net terms, and other payment options.

- If your office or hospital uses a fixed ordering system (meaning devices are ordered on a predetermined schedule), consider establishing a minimum/maximum inventory control system.
We’ve provided numerous examples of clinical guidelines & policies – please adapt these for your hospital!
IPLARC Checklists, Order Sets, and Patient Instructions

- National and local resources are provided – please use these as a guide for developing your unit specific checklists, order sets, patient instructions
- Don’t forget to schedule a 2 week follow-up appointment after IUD insertion!
Example Consents

- Example consents are provided for both Implant and IUD insertion. Please use these as examples to modify your hospital’s materials.
Referral Strategies for Immediate Post-Discharge LARC

- Consider how to optimize options for patients who desire outpatient pp LARC

- Strategies for improving referral processes

- See IPAC Toolkit for additional resources
Provider and Nurse Education: Comprehensive Contraceptive Counseling

- Comprehensive contraceptive counseling is essential for this initiative!
- Contraception is not one-size fits all
- Consider how to improve counseling during prenatal care and the delivery admission
- Great PDSA cycle opportunity!
General IPLARC Education

- Take advantage of ACOG resources for immediate postpartum LARC education
Nursing Education

- Slide deck from Advocate Illinois Masonic Medical Center
- Nursing Education article

Postpartum LARC
(Long Acting Reversible Contraception)

What is LARC

- Long-acting reversible contraception (LARC) methods include the intrauterine device (IUD) and the birth control implant. Both methods are highly effective, last for several years, and are easy to use. If one method is removed, the other can continue providing contraception.
- The IUD and the implant are the most effective forms of reversible contraception.
- Both types of IUDs work primarily by preventing fertilization of the egg.
- The implant works primarily by suppressing ovulation.
- One of the benefits is that it can be inserted immediately after childbirth/breastfeeding.

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What Nurses Need to Know About Immediate Postpartum Initiation of Long-Acting Reversible Contraception

Postpartum contraception is not a new concept, but recently there have been significant efforts to increase the use of long-acting reversible contraception (LARC) during the immediate postpartum period (Cohen, Sheeler, Aaffleck, Kuerer, & Meek, 2016; Fain & Zoloth, 2013; Goldsby & Shaw, 2015; Lippin, Gray, & Chen, 2012). Immediate postpartum initiation of LARC is described as postpartum placement of an intrauterine device (IUD) or progestin-releasing system (IUS) within 30 minutes of placental expulsion or insertion of a contraceptive implant 2 to 48 hours after birth and the first dose of a progestin contraceptive jelly or contraceptive placed directly into the uterus (American College of Obstetricians and Gynecologists, 2003). The competing interests of health disparities, pregnancy-related risks, and efficiency of contraceptive methods are balanced in this process. Immediate postpartum contraceptive placement offers several benefits, including:

1. Increased efficacy: Immediate placement of a contraceptive can reduce the risk of unintended pregnancy and improve overall contraceptive efficacy.
2. Improved access: Immediate postpartum placement of contraceptive devices can improve access to effective contraception.
3. Cost savings: Immediate postpartum placement can reduce healthcare costs associated with unintended pregnancies.
4. Stigma reduction: Immediate postpartum placement can reduce the stigma associated with contraceptive use.

In conclusion, immediate postpartum initiation of LARC is an important strategy to improve contraceptive uptake and reduce unintended pregnancies.
Provider Education

- Provider Education Videos available from ACOG and ACOG District II
- Printed education materials also available in toolkit
Comprehensive Patient Education

• Bedsider material also available in Spanish

• Great resource to improve / standardize comprehensive contraception counseling during prenatal care and the delivery admission

• Great PDSA cycle opportunity!
Patient Education that Includes IPLARC

- Numerous state and national resources that specifically address IPLARC are provided

- Contraception counseling should cover all options, can use IPLARC specific materials to add to comprehensive counseling (ie Bedsider)

- Also helpful to provide more information to patients who are interested in IPLARC
TAKEAWAYS FROM FACE-TO-FACE MEETING & ACOG TRAINING
ILPQC OB Face-to-Face Meeting Numbers

• 263 physicians, nurses, and public health professionals attended OB Meeting on 5/29

• 204 attended the neonatal meeting on 5/30 with over 100 attendees present at both
Materials distributed

• IPLARC binders distributed to teams with a submitted roster
• Patient education materials distributed included:
  • Postpartum Birth Control, Postpartum LARC, Postpartum Implant and Postpartum IUD pads
  • Pregnancy spacing/planning tear pads
  • We have extra materials if your hospital is looking for more! Email Danielle, danielle.young@northwestern.edu
Key Takeaways & Barriers from IPLARC Breakout Session

Strategies for Success

• Key Players Meeting
• Provider engagement
  – Billing clarification
  – Share ACOG Committee Opinion
  – Provider education (Grand Rounds)
  – Experience with postpartum IUD insertion = reduced expulsion rate
• Document prenatal patient education/comprehensive contraceptive counseling
  – Education on benefits of healthy pregnancy spacing / risks of short interval
  – Education on all contraceptive options
• If you’re missing a piece, just go ahead and start – ok to start with a small pilot

First Steps

1. Review IPLARC Toolkit
2. Develop IPLARC Team
3. Determine 30-60-90 day plan

Billing

• Device payment unbundled for Medicaid/MCOs
• Private payers – contracts need to be amended to include device reimbursement, must request
• Make sure to separate the IPLARC codes from the delivery bundle
2019 Face-to-Face Meeting Feedback

- What was most useful from the meeting?
- What could we improve on for next year?
- Other thoughts/comments?

ACOG IPLARC Training

- What was most useful from the meeting?
- What could we improve on for next year?
- Other thoughts/comments?
ILPQC IPLARC DATA SYSTEM
NEXT STEPS
Team Member REDCap Access

- Team members who were indicated to need ILPQC Data System access on the IPLARC roster form will be added to IPLARC forms this week.
- If you need to review your roster, please email Danielle Young, danielle.young@northwestern.edu
IPLARC REDCap Training Calls

Want to learn how to optimize use of the IPLARC data system to help drive QI at your hospital? How to best use your reports and dashboard? Tune into an upcoming IPLARC REDCap Training Call!

**Tuesday, July 9, 10-11am**

**Wednesday, July 17, 2-3pm**
**ILPQC IPLARC Data Collection Form**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers/Format</th>
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<tbody>
<tr>
<td>1. For which month are you reporting? (month)</td>
<td>Month/year</td>
</tr>
<tr>
<td>2. What stakeholders do you have on your hospital QI team to date?</td>
<td>Administration</td>
</tr>
<tr>
<td>3. MCO liaison</td>
<td></td>
</tr>
<tr>
<td>4. Pharmacy</td>
<td></td>
</tr>
<tr>
<td>5. Billing</td>
<td></td>
</tr>
<tr>
<td>6. Nursing</td>
<td></td>
</tr>
<tr>
<td>7. Legislation consultant</td>
<td></td>
</tr>
<tr>
<td>8. Opioid provider champion</td>
<td></td>
</tr>
<tr>
<td>9. EMS/IT</td>
<td></td>
</tr>
<tr>
<td>10. Ambulatory prenatal care site liaison</td>
<td></td>
</tr>
<tr>
<td>11. Social Work</td>
<td></td>
</tr>
<tr>
<td>12. Other</td>
<td></td>
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**Hospital has IPLARC devices stocked in the inpatient inventory**

| 1. Are inpatient IUDs available on your hospital formulary?             | Have not started |
| 2. Working on it                                                        |                |
| 3. In place (one or more IUDs are available)                           |                |
| a. Mirena                                                               |                |
| b. Liletta                                                              |                |
| c. Syyle                                                                 |                |
| d. Kyleena                                                              |                |
| e. Ferogynex                                                            |                |
| f. Other                                                                |                |

| 4. Are inpatient implants available on your hospital formulary?        | Have not started |
| 2. Working on it                                                        |                |
| 3. In place (one or more implants are available)                       |                |
| a. Mirena                                                               |                |
| b. Liletta                                                              |                |
| c. Syyle                                                                 |                |
| d. Kyleena                                                              |                |
| e. Ferogynex                                                            |                |
| f. Other                                                                |                |

| 5. Are inpatient LARC devices (with needed supplies) available on labor and delivery and/or on the postpartum unit? | Have not started |
| 2. Working on it                                                        |                |
| 3. In place (one or more LARC devices are available)                    |                |
| a. IUD                                                                   |                |
| b. Implant                                                               |                |
| c. Both                                                                  |                |

**Hospital has IPLARC protocols in place for labor and delivery and postpartum units**

| 6. Do you have immediate postpartum protocols and process flows in place | Have not started |
| 2. Working on it                                                        |                |
| 3. In place (one or more protocols are in place)                        |                |
| a. L&D                                                                  |                |
| b. Postpartum unit                                                      |                |
| c. OS OR                                                                |                |
| d. Pharmacy                                                             |                |
| e. Billing                                                              |                |
| f. Other                                                                |                |

| 7. Which departments have implemented a protocol to support immediate postpartum placement of IUDs? (check all that apply) | Have not started |
| 2. Working on it                                                        |                |
| 3. In place (one or more protocols are in place)                        |                |
| a. L&D                                                                  |                |
| b. Postpartum unit                                                      |                |
| c. OS OR                                                                |                |
| d. Pharmacy                                                             |                |
| e. Billing                                                              |                |
| f. Other                                                                |                |

| 8. Do you have immediate postpartum protocols and process flows in place | Have not started |
| 2. Working on it                                                        |                |
| 3. In place (one or more protocols are in place)                        |                |
| a. L&D                                                                  |                |
| b. Postpartum unit                                                      |                |
| c. OS OR                                                                |                |
| d. Pharmacy                                                             |                |
| e. Billing                                                              |                |
| f. Other                                                                |                |

| 9. Which departments have implemented a protocol to support immediate postpartum placement of implants? (check all that apply) | Have not started |
| 2. Working on it                                                        |                |
| 3. In place (one or more protocols are in place)                        |                |
| a. L&D                                                                  |                |
| b. Postpartum unit                                                      |                |
| c. OS OR                                                                |                |
| d. Pharmacy                                                             |                |
| e. Billing                                                              |                |
| f. Other                                                                |                |

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</thead>
<tbody>
<tr>
<td>10. If your hospital carries LARC devices, does your hospital use 3400 purchasing for LARC devices?</td>
<td>1. Hospital is not eligible for/doesn't participate in 3400 2. Eligible, not yet participating 3. Eligible, participating 4. Do not know</td>
</tr>
<tr>
<td>11. Have you implemented billing codes for IUDs?</td>
<td>Have not started 2. Working on it 3. In place</td>
</tr>
<tr>
<td>12. Have you implemented billing codes for implants?</td>
<td>Have not started 2. Working on it 3. In place</td>
</tr>
<tr>
<td>13. If billing codes are implemented for IUD, implant, or both, with which payers do you have billing strategies in place?</td>
<td>1. Traditional Medicaid/Medicaid FFS 2. Medicaid MCOs 3. Private insurers (please specify, check all that apply): a. Aetna b. Ambetter c. Assurant Health d. BCBS of IL e. Coventry f. Harken Health g. Humana h. United Health i. Other</td>
</tr>
<tr>
<td>15. Have you received reimbursement for the devices that you placed? (check all that apply)</td>
<td>1. Yes, traditional Medicaid/Medicaid FFS 2. Yes, from MCO(s) a. Yes, from at least 1 MCO b. Yes, from all Medicaid MCOs with whom the hospital contracts c. Yes, from all Medicaid MCOs, even those with whom the hospital does not contract 3. Yes, from private payer(s): a. Yes, from at least 1 private payer b. Yes, from all private payers with whom the hospital contracts</td>
</tr>
</tbody>
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**Hospital can document IPLARC placement in IT/EMR systems**

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>16. Does your hospital have IT /EMR revisions implemented for tracking and documentation of immediate postpartum placement of IUDs?</td>
<td>1. Have not started 2. Working on it 3. In place</td>
</tr>
<tr>
<td>17. If “in place,” which IT / EMR revisions have been completed to assure adequate tracking, and documentation for IUDs (check all that apply)</td>
<td>1. EMR for consent 2. EMR for contraceptive choice counseling, including IPLARC 3. Order sets 4. Pharmacy system (acquisition and stocking) 5. Billing system 6. Tracking tools 7. Other</td>
</tr>
</tbody>
</table>
ILPQC Data System

ILPQC IPLARC Process Measures: Cumulative Percent of Nurses, Lactation Consultants, and Social Workers Trained on IPLARC Evidence and Protocols

ILPQC IPLARC Initiative: Cumulative Percent of Nurses Trained on IPLARC Evidence and Protocols, 2016-2019
Default displays the last month of data entered by your hospital

Free rapid response dashboard to drive your team’s QI work!
Hexagons are colored to indicate team progress on the structure measure from month-to-month.
Important Measure to Drive your QI once set GO LIVE

• Random sample of 10 delivery records
  – # with comprehensive contraceptive counseling including option of IPLARC documented in the prenatal record
  – # with comprehensive contraceptive counseling including option of IPLARC documented in the delivery admission

Work with your outpatient sites to develop a mechanism to document prenatal comprehensive contraceptive counseling for every patient in the prenatal record
Possible approaches:
1. Build contraception counseling / plan documented into EMR for prenatal care and delivery admission
2. Use of dot-phrase for contraceptive counseling documented
3. Make sure providers know data is being tracked for QI and provide feedback to outpatient sites regarding % documentation
Data form for sample of 10 charts per month to track % contraceptive counseling documented prenatal and delivery admission.
QI FIRST STEPS
13 Practice Changes for IPLARC Success – Pre-implementation

1. Assure early **multidisciplinary** support by educating and identifying **key champions** in all pertinent departments for your IPLARC QI team.

2. Establish **scheduled meetings for your team at least monthly**, assuring that all necessary departments are represented, **develop 30/60/90 day plan**, establish **timeline to accomplish key steps**.

3. **Establish and test billing codes** and processes to assure adequate and timely reimbursement (see toolkit).

4. **Expand pharmacy/ inpatient inventory capacity** and device distribution to assure timely placement on labor and delivery and postpartum units.

5. **Educate clinicians, nurses, pharmacy, and lactation consultants** about benefits and clinical recommendations related to IPLARCs (see toolkit for e-modules, slide decks, materials).

6. **Assure that all appropriate IT/EMR systems are modified** to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARCs (dot phrases to document counseling and placement, consent forms, order set, billing framework see toolkit examples).

7. **Modify L&D, OB OR, postpartum, and clinic work flows** (process flow document) to include counseling, consent, and placement of IPLARC (see toolkit for example).
13 Practice Changes for IPLARC Success – Implementation

8. Establish consent processes for IPLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent (see toolkit for examples).

9. Develop educational materials and shared decision making counseling practices to educate patients about the availability of IPLARC as a contraception option (outpatient prenatal care locations, L&D, postpartum) (see toolkit for examples).

10. Educate clinicians, and nurses on informed consent and shared decision making related to IPLARC as well as IPLARC placement and documentation (see toolkit for ILPQC/ACOG training, e-modules, slide decks, education materials).

11. Standardize system / process flow to assure all patients receive comprehensive contraception choice counseling including IPLARC in affiliated prenatal care sites and during delivery admission.

12. Communicate launch date of hospital’s IPLARC capability to all providers, nurses and affiliated prenatal care sites: communicate protocols, documentation and billing strategies.

13. Track and review IPLARC data, collected monthly through ILPQC REDcap data system with real-time data reports, share data with providers and nurses and review standardized counseling for prenatal sites and labor and delivery and IPLARC uptake, to evaluate program success and sustainability.
Getting started with IPLARC

- Form your QI team and find a monthly meeting time
- Submit team roster if not completed
- Review IPLARC key driver diagram
- Review baseline survey responses and identify team goals (email Danielle if you need access to your survey responses)
- Create a draft 30-60-90 day plan (QI plan for first 3 months)
- Work on pre-implementation steps first: Billing / stocking
- Draft a process flow diagram for patients arriving on L&D (steps to identify if patients have a contraception plan, offer pt centered comprehensive counseling, identify women who desire IPLARC, provide IPLARC) – use to identify barriers and strategies
- Plan first PDSA cycle to address 30-60-90 day plan
DRAFT IPLARC Key Driver Diagram

**Aim**
- EMR/IT systems in place for IPLARC tracking
- Hospitals reimbursed for IPLARC insertion
- LARC devices available on site at the hospital for immediate postpartum insertion
- All OB/postpartum units equipped to provide IPLARC
- Patients aware of IPLARC as a contraceptive option
- Trained clinicians available to provide IPLARC

**Primary Drivers**
- Create order set for IPLARC
- Educate providers and staff on IPLARC documentation procedures
- Develop billing mechanism in place for Medicaid and private insurance
- Add devices to formulary
- Assure devices/kits available on all OB/postpartum units in timely manner
- Revise policies/procedures to provide IPLARC
- Educate clinicians and staff on the evidence and clinical recommendations of IPLARC
- Educate clinicians and affiliated prenatal care sites on contraceptive choice counseling
- Train clinicians on IPLARC insertion

**Secondary Drivers**

**Recommended Key Practices**
1. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
2. Assure billings codes are in place and that staff in all necessary departments are educated on correct billing procedures.
3. Have protocols in place for billing in/out of network, public/private insurance.
4. Establish communication channel and multidisciplinary support among appropriate departments.
5. Modify L&D, OB OR, postpartum and clinic works flows to include placement of LARC.
6. Store LARC devices on L&D and/or develop process for acquiring devices in a timely manner.
7. Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding.
8. Educate clinicians, community partners and nurses on informed consent and shared decision making.
9. Connect with providers and staff at prenatal care sites to ensure they are aware the hospital is providing IPLARC and that education materials are available.
10. Distribute patient education materials that are culturally sensitive and use shared decision making to counsel patients about IPLARC.
11. Participate in hands-on training of IPLARC insertion.

**Within 9 months of initiative launch, ≥75% of participating hospitals will be providing immediate postpartum LARCs.**
30-60-90 Day Plans or “Where should we start” Plan

• What are your goals?
• Where do you want to start?
• What would you like to accomplish in first 3 months of this initiative?
• Include plan for first small test of change (PDSA cycle)
What is a process flow map?
AKA, Flowcharts, Flow maps, Flow diagrams, Algorithms

- Tool in your toolbox
- Easy-to-understand visual model of a process
- Sequence of steps to get from “A” → “B”

Created by Edraw
Why use a process flow map?

- Clarify current state
  - Basis for discussion
  - Standardize a process
  - Identify key stakeholders
  - Depict roles & responsibilities

- Communicate a process
  - Clarify process for team & others

- Analyze a process
  - Opportunities, inefficiencies, bottlenecks

The value of QI methods in Access LARC: PDSAs & Process mapping

Meesa Salkikrishnan, MD, CSSBB
Rachel Rapkin, MD, MPH
FPOC Access LARC webinar
6/13/18
Analyzing your process map

Look for potential areas for improvement

- Bottlenecks & delays
- Rework due to errors
- Role ambiguity
- Duplicated efforts
- Unnecessary steps
- Sources of waste
- Variation
- Hand-offs

The value of QI methods in Access LARC: PDSAs & Process mapping

Maya Balakrishnan, MD, CSSBB
Rachel Rapkin, MD, MPH
FPOG Access LARC webinar
6/13/18
Useful tips

• All key stakeholders should be represented
• There is no “one right type” of process flow map
• Keep it simple & readable
  • Provide just enough level of detail
  • Complex process $\rightarrow$ break into sub-processes
• Sketch your map 1st
  • Use sticky notes or butcher paper if working in a large group
  • “Walk” or observe the process

Map “current” (AS IS) state $\rightarrow$ “desired” state
Process map symbols

- **Start/End**
- **Step**
- **Decision**
- **Delay**
- **Direction**

Diagram:
- **START**
  - **Check the Weather Channel**
  - **Rain Predicted?**
    - **yes**
      - **Stay Home**
    - **no**
      - **Play Golf**
- **STOP**

Legend:
- **Do this**
- **If yes, follow this flow**
- **If no, follow this flow**

The value of QI methods in Access LARC: PDSAs & Process mapping
Key questions to discuss with your team before getting started:

• What is the process for contraceptive counseling for prenatal patients and counseling during delivery admission – how do you standardize so consistent for all patients?
• What is the process for communication with affiliated prenatal care sites regarding IPLARC availability?
• What is the process for ensuring LARC devices are available on L&D / postpartum?
• What is the process for documentation / coding for billing?
• What is the process for implementing an IPLARC protocol?
- Use process map symbols
- Consider using color to visually help users
Access LARC - Placement of Implant

V1. 5/2018

LARC implant desired and imminent delivery

Provider places orders using LARC order set in EPIC

Patient delivers

LARC implant consent confirmed?

NO

LARC still desired?

NO

Determine if alternative contraceptive method desired

YES

Nurse gets LARC implant and insertion kit from pyxis and brings it to patient

Obtain consent

Provider places LARC implant

Provider documents LARC implant placement using EPIC LARC procedure note

Postpartum follow-up instructions given
Plan-Do-Study-Act (PDSA) Cycle: Building Hospital-Level QI Capacity

The Model for Improvement

- **AIM**
  - What are we trying to accomplish?

- **MEASURES**
  - How will we know that a change is an improvement?

- **CHANGES**
  - What changes can we make that will result in improvement?

Hospital QI Work:
What changes can you make to your process/system and test with a PDSA cycle to reach initiative goals?
Sample PDSA: Reimbursement

Your hospital QI team identifies an opportunity to improve reimbursement. Your hospital has recently begun to stock LARCs on L&D and implemented inpatient LARC device billing codes, but you haven’t received payment for your first IPLARC.

For your first test of change, you decide to survey the departments involved in billing and submitting claims in your hospital.
Sample PDSA: Reimbursement

• **Plan:**
  
  – **Objective:** Receive payment for IPLARC placement
  
  – **Prediction:** We think that if we survey the departments involved in billing and claims in our hospital we will identify a list or next steps to improve the reimbursement process
  
  – **5Ws:** Jessie will document the steps used currently for reimbursement in each department involved and identify opportunities for improvement
Sample PDSA: Reimbursement

- **Do**: Jessie schedules brief meetings with a staff in each department to understand how they’ve implemented the new billing process.

- **Study**: Jessie identified that one department did not have education on the new billing process which resulted in incorrect information on the claim form.

- **Act**: Jessie and her QI team’s billing liaison create a “quick start” guide on the billing process and completing the claims form correctly.
Keep in mind

• Scale down scope of tests
• Pick willing volunteers
• Choose changes that don’t require long process for approval initially
• Don’t reinvent the wheel
Keep in mind

• Pick easy changes with good yield
• Avoid technical slow downs
• Reflect on results of EVERY change – even failures
• End the test if there is no improvement
UPCOMING EVENTS
# IPLARC Calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July 9</strong>, 10-11am</td>
<td>ILPQC IPLARC Data System Training Call</td>
</tr>
<tr>
<td>July 15, 12-1pm</td>
<td>IPLARC Wave 2: Billing &amp; coding</td>
</tr>
<tr>
<td><strong>July 17</strong>, 2-3pm</td>
<td>ILPQC IPLARC Data System Training Call</td>
</tr>
<tr>
<td><strong>July 29</strong></td>
<td><strong>ACOG/ILPQC IPLARC Training, Chicago, IL</strong></td>
</tr>
<tr>
<td>August 19, 12-1pm</td>
<td>IPLARC Wave 2: Stocking &amp; pharmacy</td>
</tr>
<tr>
<td>September 16, 12-1pm</td>
<td>IPLARC Wave 2: Protocols and checklists</td>
</tr>
<tr>
<td>October 21, 12-1pm</td>
<td>IPLARC Wave 2: Standardizing comprehensive contraceptive counseling (prenatal &amp; delivery admission)</td>
</tr>
</tbody>
</table>
ACOG IPLARC Training

- **Next Opportunity:** July 29, Northwestern, Chicago, IL
- Register here: [www.ilpqc.eventbrite.com](http://www.ilpqc.eventbrite.com)
- Training will cover:
  - Capacity building
  - Contraceptive counseling
  - Insertion training
- Each team should have at least one representative(s) attend one of the two trainings (ideally a provider and a nurse attend from each team)
SAVE THE DATE

ILPQC 7th Annual Conference
Monday, November 4, 2019
Westin Lombard
Key Players Meeting

• Invitations for this **FREE CONSULTATION** will go out summer 2019
  – Goal is to schedule all KP meetings before 2020, email Danielle to schedule

• Key Players Meeting - we will come to your hospital!
  – We want to **help you succeed** by:
    • **Partnering with you** to arrange your Key Players meeting.
    • **Assist you** with who to invite at each hospital for most effective meeting with representative from ILPQC
    • **Provide you with a expert clinician** from the IPLARC speakers bureau to partner with you to problem solve, overcome barriers and move implementation forward.
QUESTIONS?
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org
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