IPLARC Monthly Teams Webinar: Wave 1 Round Robin

February 18, 2019
12:00 – 1:00 PM
Introductions

• Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
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  • Role
  • Institution
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• 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

Join by phone
+1-415-655-0002 US Toll Global call-in numbers

Call-in info
Call Overview

• Progress Towards GO LIVE and Review of Data
• New Resources
• Making Systems Change Last
• Round Robin – Teams update on progress towards Go LIVE Goal
• Next Steps
PROGRESS TOWARD GO LIVE AND REVIEW OF DATA
## Aims and Measures

### Overall Initiative Aim
Within 9 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARCs.

### 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
- Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC
- 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

### 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

"Go Live" date is March 2019 for Wave 1 teams!
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** (protocols/process flow/checklists) to include counseling, consent, and placement of IPLARC (see toolkit for example).
Establish consent processes for IPLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent (see toolkit for examples).

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).

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).

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

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

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.
Wave 1 Hospital GO LIVE Status

<table>
<thead>
<tr>
<th>Hospital</th>
<th>GO LIVE Status</th>
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<tbody>
<tr>
<td>Advocate Christ</td>
<td>GO LIVE on track – April 2019</td>
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<tr>
<td>Advocate Illinois Masonic</td>
<td>LIVE</td>
</tr>
<tr>
<td>Advocate Lutheran General</td>
<td>GO LIVE on track – March 2019</td>
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<tr>
<td>Carle Foundation Hospital</td>
<td>LIVE – 1/2/19</td>
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<tr>
<td>Memorial Hospital Carbondale</td>
<td>GO LIVE on track – March 2019</td>
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<tr>
<td>Memorial Medical Center</td>
<td>GO LIVE on track – March 2019</td>
</tr>
<tr>
<td>NorthShore University HealthSystem</td>
<td>LIVE – 11/26/18</td>
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<tr>
<td>Northwestern Memorial Hospital</td>
<td>GO LIVE on track – March 2019</td>
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<tr>
<td>Norwegian American Hospital</td>
<td>LIVE – 12/17/18</td>
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<tr>
<td>Rush Copley</td>
<td>Tentative GO LIVE – March 2019</td>
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<tr>
<td>Stroger</td>
<td>LIVE</td>
</tr>
<tr>
<td>Swedish Covenant Hospital</td>
<td>LIVE w/ IUDs – target Mar 2019 for implants</td>
</tr>
<tr>
<td>Vista Medical Center</td>
<td>LIVE – 1/5/19</td>
</tr>
<tr>
<td>University of Chicago</td>
<td>LIVE w/ implants. Live w/ IUDs 2/4/19</td>
</tr>
<tr>
<td>UI Health</td>
<td>LIVE w/ IUDs – target Feb 2019 for implants</td>
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By March 2019, ≥75% of participating hospitals will be providing immediate postpartum LARCs.
Key Players Meetings

• ALL Key Players Meetings have been completed/scheduled!

• Thank you to all teams for allowing ILPQC staff and consultants to learn from your team! We enjoyed meeting all of you

• Lessons learned:
  – Teams need tools to engage with outpatient sites (prenatal provider/prenatal clinic packet developed).
  – IPLARC should be offered to all patients regardless of insurance type; however, strategies for confirming coverage with private insurance are needed (see suggested strategies in prenatal provider/outpatient packet)
<table>
<thead>
<tr>
<th>Month</th>
<th># Teams Entering Data</th>
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<tbody>
<tr>
<td>April 2018</td>
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<td>May 2018</td>
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<td>October 2018</td>
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<td>November 2018</td>
<td>12</td>
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<td>December 2018</td>
<td>10</td>
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<tr>
<td>January 2019</td>
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Please submit November/December data by end of Feb!
Hospitals Providing IPLARC

Percent of Hospitals Providing Any IPLARC

Percent of Hospitals Providing IPLARC broken down by IUDs and Implants

Hospitals Providing IUDs

Hospitals Providing Implants
IPLARC on Formulary

Percent of Hospitals with Inpatient **IUDs** Available on Hospital Formulary

- April 2018: 26.67%
- May 2018: 26.67%
- June 2018: 33.33%
- July 2018: 33.33%
- Aug 2018: 66.67%
- Sep 2018: 66.67%
- Oct 2018: 66.67%
- Nov 2018: 60%
- Dec 2018: 60%

Percent of Hospitals with Inpatient **Implants** Available on Hospital Formulary

- April 2018: 40%
- May 2018: 40%
- June 2018: 40%
- July 2018: 40%
- Aug 2018: 40%
- Sep 2018: 40%
- Oct 2018: 40%
- Nov 2018: 40%
- Dec 2018: 40%

Great work!
IPLARC on L&D/Postpartum

Percent of Hospitals with LARC Devices on L&D or Postpartum Unit
IPLARC Protocols in Place

Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for IUDS

Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for Implants
IPLARC Billing Codes

Percent of Hospitals with Billing Codes Implemented for **IUDs**

Percent of Hospitals with Billing Codes Implemented for **Implants**

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<td>IUDs</td>
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We have resources to support you in standardizing patient education!

- Prenatal provider/outpatient packet
- Toolkit section 9
IPLARC Inpatient Patient Education & Counseling Protocols

Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission
IT/EMR Revisions In Place

Percent of Hospitals with IT/EMR Revisions for Tracking and Documentation of Immediate Postpartum LARC
Provider IPLARC Education

Physician/Midwife Training on IPLARC Evidence, Protocols, Counseling & Placement

- Physicians/midwives trained on IPLARC evidence, protocols, counseling
- Physicians/Midwives trained on immediate postpartum IUD placement
- Physicians/Midwives trained on immediate postpartum implant placement
Staff IPLARC Education

Percent of Nurses, Lactation Consultants, Social Workers Trained on IPLARC Evidence, Protocols, and Counseling

- Nurses Trained
- Lactation Consultants Trained
- Social Workers Trained
Don’t Forget!

November – January Data Due by the end of February!

We need to be able to track teams progress for GO LIVE goal in March
NEW RESOURCES
IPLARC Prenatal Provider/ prenatal clinic Packet

- Prenatal provider letter/ GO LIVE announcement
- IPLARC Fact Sheet
- IPLARC ACOG FAQ500
- Comprehensive counselling tool/materials
- Dot phrase/billing for outpatient and inpatient providers
- Strategies for private insurance coverage

IMMEDIATE POSTPARTUM LARC IS NOW LIVE!

WHAT
Nexplanon
Mirena / Paraguard IUD

WHEN
Monday
March 4th, 2019

HOW
- Mirena order through Admission order set<Insert your process here>
- Nexplanon order through Post-partum order set<Insert your process here>

- Once ordered, devices are now available on L&D and the postpartum unit.
- Insertion kits with all needed supplies are available (insert location here).
- Insertion checklist, consent and patient post-procedure information are available in the EHR.
- Dot phrase for documentation, billing codes are also available.

AVAILABLE OPTION FOR PATIENTS
COUNSELING
Prenatality provide patient centered comprehensive contraceptive counseling including IPU/PRO as an option. See attached counseling materials for patient resources.

DATA COLLECTION
We will track contraceptive counseling documentation with a monthly random sample of delivery records to review if patients received comprehensive counseling with a postpartum plan documented. For all pregnant patients, please provide appropriate contraceptive options counseling and document. If the patient desires IPU/PRO please include in the problem list.

BILLING & REIMBURSEMENT
IUDs are now unbundled from the global delivery fee and can be billed through hospital billing/coding system similar to other services provided.

QUESTIONS?
Please feel free to reach out with any questions.
<INSERT@YOUREMAIL.COM>
Outpatient Contraception Counseling & Documentation

• Sustainability depends on comprehensive contraceptive counseling with contraception plan documented for all patients regardless of prenatal care site
• IPLARC should be included as an option for all patients
• Contraception counseling / plan documentation should be documented for all patients in both prenatal care and delivery admission records
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
### Outcome Measures

<table>
<thead>
<tr>
<th>Question</th>
<th>Options/Instructions</th>
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<tbody>
<tr>
<td>30. Number of deliveries this month:</td>
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<tr>
<td>* must provide value</td>
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</tr>
<tr>
<td>31. Is your hospital routinely counseling, offering, and providing</td>
<td>Yes, No</td>
</tr>
<tr>
<td>immediate postpartum LARCs either IUD or Implants (i.e., is your system</td>
<td></td>
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<tr>
<td>live)?</td>
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<tr>
<td>* must provide value</td>
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</tr>
<tr>
<td>31a. If yes, please specify:</td>
<td>IUDs, Implants, Both</td>
</tr>
<tr>
<td>* must provide value</td>
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</tr>
<tr>
<td>32. Total number of immediate postpartum IUDs placed this month:</td>
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<tr>
<td>* must provide value</td>
<td></td>
</tr>
<tr>
<td>33. Total number of immediate postpartum implants placed this month:</td>
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<td>* must provide value</td>
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</tbody>
</table>

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If your hospital is routinely counseling, offering, and providing immediate postpartum LARCs, either IUD, implants, or both, please review a random sample of 10 charts for this month.

Begin by systematically selecting 10 records.

First, divide the total number of live births occurring at your facility in a given month by 10 and then select every nth chart where n is the result of that division.

**Example 1:** If your hospital has 102 births in a month, then divide 102 by 10 = 10.2 and you will select every 10th birth for that month.

**Example 2:** If your hospital has 28 births in a month, then 28 divided by 10 is 2.8 and you will select every 2nd birth for that month.

Review this random sample of charts and record the number of charts (0-10) with the following information documented:

34. How many charts with contraceptive counseling, including IPLARC, documented/10 during prenatal care?
* must provide value

35. How many charts with contraceptive counseling, including IPLARC, documented/10 during delivery admission?
* must provide value

Data form for sample of 10 charts per month to track % contraceptive counseling documented prenatal and delivery admission
Comprehensive Contraceptive Counseling

Percent of Charts with Contraceptive Counseling, including IPLARC

- Contraceptive Counseling prenatal
- Contraceptive Counseling L&D
Toolkit Updates

- Example Epic Dot Phrases (IT/EMR systems changes)
- IPLARC Billing/Coding Tip Sheet (coding/billing strategies in place)
- Supply kit for Nexplanon (stocking IPLARC)
- IPLARC Grand Rounds slide deck (provider education/communication of IPLARC launch)
MAKING SYSTEMS CHANGE LAST
Sustainable Change

• GO LIVE isn’t the end!
• During Wave 2 we will continue to work together to ensure sustainable change is made and that we continue to provide comprehensive contraceptive counseling in the prenatal period and L&D admission
• Share your lessons learned with the Wave 2 teams on joint Wave 1/Wave 2/IPAC calls starting in June
## Upcoming IPLARC Teams Calls & Training Opportunities

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
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<tbody>
<tr>
<td>March 4</td>
<td><strong>ACOG/ILPQC IPLARC Training at Advocate Christ Medical Center</strong></td>
</tr>
<tr>
<td>March 18</td>
<td>Communicating launch of IPLARC, strategies to roll out GO LIVE dates with affiliated prenatal clinics</td>
</tr>
<tr>
<td>April 15</td>
<td>IPLARC Sustainability for Wave 1 teams/ Expanding IPLARC across Medicaid and private insurance</td>
</tr>
<tr>
<td>April 29</td>
<td>Wave 2 Launch Call</td>
</tr>
<tr>
<td>May 29</td>
<td>OB Face-to-Face Meeting, Springfield, IL</td>
</tr>
<tr>
<td>May 30</td>
<td><strong>ACOG/ILPQC IPLARC Training, Springfield, IL</strong></td>
</tr>
<tr>
<td>June 17</td>
<td>Joint Wave 1/Wave 2 and IPAC monthly calls begin</td>
</tr>
<tr>
<td>July 29</td>
<td><strong>ACOG/ILPQC IPLARC Training, Chicago, IL</strong></td>
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# IPLARC Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Location</th>
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<tbody>
<tr>
<td>Letter of Support from ILQPC/IDPH</td>
<td>1/17/19 February 2019</td>
</tr>
<tr>
<td>Wave 2 recruitment begins</td>
<td>3/4/19 Oak Lawn, IL</td>
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<tr>
<td>ACOG/ILPQC IPLARC Training</td>
<td>March 2019</td>
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<tr>
<td>Wave 1 GO LIVE (≥75% teams)</td>
<td>4/15/19</td>
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<tr>
<td>Wave 2 Team Roster Due</td>
<td>4/29/19</td>
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<tr>
<td>Wave 2 Kick-Off Webinar</td>
<td>4/29/19</td>
</tr>
<tr>
<td>Wave 2 Face-to-Face Kick Off</td>
<td>5/29/19 Springfield, IL</td>
</tr>
<tr>
<td>ACOG/ILPQC IPLARC Training</td>
<td>5/30/19 Springfield, IL</td>
</tr>
<tr>
<td>Joint Wave 1/ Wave 2 &amp; IPAC teams calls begin</td>
<td>6/17/19, continuing monthly</td>
</tr>
<tr>
<td>ACOG/ILPQC IPLARC Training</td>
<td>7/29/19 Chicago, IL</td>
</tr>
<tr>
<td>Wave 2 GO LIVE target</td>
<td>Tentative (March – May 2020)</td>
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Improving Postpartum Access to Care (IPAC)

• **Goal:** Improving availability and accessibility of universal early postpartum visits (within 2 weeks postpartum) as an additional maternal health and safety check in the early postpartum period

• Joint Wave 1/Wave 2 IPLARC calls will be 1½ hours, with final ½ hour focusing on outpatient strategies (IPAC)
  
  – Outpatient strategies: implementing universal early postpartum visit, improving pt navigation to postpartum care, reimbursement for early postpartum visits, optimizing pt centered comprehensive contraceptive counseling documented prenatal care and improve access to LARC at postpartum visits (same day)
ROUND ROBIN – TEAMS
UPDATE ON PROGRESS
TOWARDS GO LIVE GOAL
Round Robin Guidelines

• We want to hear from you how it’s going with IPLARC implementation!
• Please share a brief update on your team’s progress:
  – a success
  – a challenge
  – next steps to reach GO LIVE goal
  – *How will you improve / sustain counseling and documentation*
  – *What are you most proud of with IPLARC implementation so far*
### Hospital Teams

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<thead>
<tr>
<th>Hospital</th>
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<tbody>
<tr>
<td>University of Chicago</td>
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<td>Memorial Carbondale</td>
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<td>St. Anthony Hospital</td>
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<td>Swedish Covenant Hospital</td>
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<tr>
<td>Advocate Lutheran General</td>
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<td>Advocate Christ Medical Center</td>
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Upcoming IPLARC Training

Immediate Postpartum LARC Training Workshop

Interested in learning next steps for providing immediate postpartum LARC at your hospital? Want to gain hands on experience with immediate postpartum IUD insertion?

Become part of the Illinois community working to increase access to highly effective contraception!

**Monday, March 4, 2019**

Advocate Christ Medical Center, 4440 95th St., Oak Lawn, IL 60453

*UPDATED SCHEDULE*

8:00am-10:00am - Provider training
10:00am-11:30am - Nursing training (1st offering)*
11:30am-1:00pm - Nursing training (2nd offering)*

*nurses should attend one of the two offerings

$25 registration fee | Refreshments will be provided

Upon completion of the training, participants will be able to:
- Understand the impact of unintended pregnancy in the postpartum period
- Summarize existing data on the efficacy and safety of IPLARC
- Understand and practice immediate postpartum IUD insertion techniques
- Understand the importance of shared decision-making for contraceptive counseling

This activity has been approved for AMA PRA Category 1 Credit™

Registration now open!
https://ilpqc.eventbrite.com

CME credits available!
Next Steps

• Review 30-60-90 Day plan for GO LIVE Goal
• Invite your hospital’s providers and nurses to register for the March 4 IPLARC training at Advocate Christ Medical Center
• Complete REDCap data submission for January (and November and December if you haven’t yet) by the end of the month.
• Continue monthly team meetings and review data reports with your team!
• Contact us if you need help troubleshooting a challenge to achieving your GO LIVE date! Let us know when you achieve your GO LIVE goal!
• 2019 we work on IPLARC sustainability and improving outpatient / postpartum access to care
Contact

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