IPLARC Wave 2: Stocking IPLARC

August 19, 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:
  • Name
  • Role
  • Institution
• If you are only on the phone line, please be sure to let us know so we can note your attendance
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
Call Overview

- Team survey results: stocking IPLARC
- Key Players Meetings
- Data Submission
- Overview of Stocking IPLARC
- Team Talk: Rush Copley
- Team Talk: NorthShore Evanston Hospital
- Process Flow: Stocking IPLARC
- ILPQC Data System – Submit April-July data by August 31; data use agreement template available
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
This month’s topic: Stocking IPLARC

**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**
- Within 9 months of initiative launch, ≥75% of participating hospitals will be providing immediate postpartum LARCUs.

**Secondary 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

**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.
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).
Where are teams at with stocking IPLARC?

*7 teams reporting as of May 2019

We will work together to get stocking IPLARC IN PLACE for all teams!

LARC on inpatient formulary

- Yes - IUD only: 14%
- Yes - implant only: 86%
- Yes - IUD & implant
- No
- Unsure
Key Players Meeting

• Key Players meetings are a **FREE CONSULTATION** held with every team
  – Goal is to schedule all KP meetings before 2020
  – Email invitations went out to teams on July 30!

• 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.
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Kudos to Abraham Lincoln Memorial Hospital, Passavant Area Hospital, Rush University Medical Center, & Gibson Area Hospital for scheduling!
ACOG IPLARC Training

- **Confirmed:** Friday, October 25, Mt. Vernon Visitors Center, Mt. Vernon, IL, 8:30am-10:30am and 11am-1pm
- Approx. 2-hour training for providers, followed by 2-hour training for nurses, lactation consultants
- Training will cover:
  - Capacity building
  - Contraceptive counseling
  - Insertion training
- If your team did not send a representative to the ILPQC/ACOG IPLARC training in May or July, please consider sending a rep to this training
IPLARC Training

• Need to train providers and nurses? Schedule an IPLARC training alongside your Key Players Meeting! We also offer Grand Rounds.
• Makes it easier on your providers not to travel
• Potential upcoming IPLARC trainings:
  – Fall 2019 – Silver Cross Hospital
  – Fall 2019 – St. Louis Area
IPLARC AIMs and Data

• ILPQC Data System provides immediate reports to help you use your hospital’s data to drive QI
  – Tracks your data month to month and compares across hospitals to show improvement
  – Share with your providers, administration
• Baseline data (April, May, June 2019) due August 31
• July 2019 is the first month of monthly data collection due August 31
• Data reports are LIVE!
What data are you collecting to drive QI?

• **Structure Measures:**
  – Hospital progress on initiative Aims:
    – Red/yellow/green (not started, started, completed)
      • IPLARC devices stocked
      • Protocols in place
      • Coding/billing
      • Documentation
      • Patient education
      • System-wide communication
What data are you collecting to drive QI?

• **Process Measures:**
  – % of Physician and midwife educated on IPLARC
  – % of Nurse, lactation consultant, and social worker educated on IPLARC

• **Outcome Measures (monitored from “GO LIVE” through sustainability):**
  – # of deliveries for the month
  – # of IUDs and # of implants placed for the month
  – Random sample of 10 deliveries report
    • # comprehensive contraceptive counseling documented prenatal
    • #counseling documented delivery admission
ILPQC Data System
### Outcome Measures

**30. Number of deliveries this month:**
- [ ] *must provide value*

**31. Is your hospital routinely counseling, offering, and providing immediate postpartum LARCs either IUD or implants (i.e., is your system live)?**
- [ ] Yes
- [ ] No
- [ ] *must provide value*

**31a. If yes, please specify:**
- [ ] IUDs
- [ ] Implants
- [ ] Both
- [ ] *must provide value*

**32. Total number of immediate postpartum IUDs placed this month:**
- [ ] *must provide value*

**33. Total number of immediate postpartum implants placed this month:**
- [ ] *must provide value*

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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 patients out of 10 reviewed had contraceptive counseling, including IPLARC, documented in the medical record during prenatal care?**
- [ ] *must provide value*

**34a. Of patients who did not have contraceptive counseling documented, how many did not have prenatal care?**
- [ ] *must provide value*

**34b. Of patients who did not have contraceptive counseling documented, how many had prenatal care, but did not have a prenatal record?**
- [ ] *must provide value*

**35. How many patients out of 10 reviewed had contraceptive counseling, including IPLARC, documented in the medical record during delivery admission?**
- [ ] *must provide value*
Login and go to “My Projects” Tab

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<thead>
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<th>My Projects</th>
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<tr>
<td>ILPGC Early Elective Delivery Initiative</td>
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<td>ILPGC Birth Certificate Initiative</td>
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<tr>
<td>ILPGC Golden Hour</td>
<td>Low</td>
</tr>
<tr>
<td>ILPGC Severe Hypertension Data Form</td>
<td>Low</td>
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<td>ILPGC AIM Yearly Measures</td>
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<td>ILPGC AIM Quarterly Measures</td>
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<td>ILPGC AIM Severe HTN Implementation Checklist</td>
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<td>ILPGC Severe HTN Compliance Form</td>
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<td>ILPGC MNO OB/Nano Monthly Neonatal with OUD and Opioid Exposed Newborns Data Form</td>
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<td>ILPGC Golden Hour Sustainability</td>
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<tr>
<td>ILPGC MNO OB Quarterly Structure Measures</td>
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<tr>
<td>ILPGC MNO OB Quarterly Structure Measures</td>
<td>Low</td>
</tr>
<tr>
<td>ILPGC MNO OB Monthly Sample of Documentation of OUD Screening</td>
<td>Low</td>
</tr>
<tr>
<td>ILPGC MNO OB Monthly Sample of Opioid Prescribing &amp; ILPMP Lookup</td>
<td>Low</td>
</tr>
</tbody>
</table>
Tab 1: Dashboard

Please select the reporting month: Dec 2018

1. Establish and test billing codes and test process for timely reimbursement.

2. Add LARC devices to formulary, stock in pharmacy, and make available on L&D/postpartum.

3. Modify IT/EMR for documentation of acquisition, stocking, ordering, comprehensive contraceptive counseling including IPLARC, consent, IPLARC placement, and billing.

4. Implement IPLARC protocol on L&D/mother baby through protocols/process flow changes.

5. Educate all providers, nurses, staff on IPLARC benefits, clinical recommendations, and protocols as well as providers on counseling and placement of IPLARC.

6. Standardize patient education (on all contraceptive options including IPLARC) and process flow for providing education and documenting education/counseling for all patients at affiliated prenatal care sites and on L&D/mother baby units.

7. Communicate launch of IPLARC availability during delivery admission with affiliated prenatal care sites.
Next Steps for Data Collection

Review Data form
- Orient yourself to the form and determine workflow
- Ensure REDCap access to appropriate team members

Start Data Collection
- Data entry begins April 2019
- Review ILPQC slide on “How often to submit data”

Email info@ilpqc.org or Danielle.young@northwestern.edu with your questions.
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
Stocking & Supply

- Guidance from ACOG District II
  - Forecast the demand
  - Determine LARC method coverage
  - Consider establishing a min/max inventory control system

## Stocking and Supply:

<table>
<thead>
<tr>
<th>Action</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Forecast the demand for LARC devices within your office/hospital setting.</td>
<td>* 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.*</td>
</tr>
</tbody>
</table>
| 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. |
| 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. |
| 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. | |
Key Steps for Stocking Inpatient LARC

• **Engage pharmacy** team
  – Buy-in is important for success in stocking IPLARC

• Ensure IUD is on inpatient formulary & in pharmacy ordering system
  – **Discover your approval system** for adding to hospital formulary.
    • EX: Approval by Pharmacy and Therapeutics Committee (or equivalent)

• Determine appropriate **number of LARC devices to stock**
  – Cost of the device is covered by Medicaid & will be reimbursed
  – Determining the demand may be challenging and administration may be hesitant to purchase these devices in advance. A Key Players Meeting may help your team overcome this challenge.
  – Consider establishing a min/max inventory control system

**REMEMBER**
Patients want access to immediate postpartum LARC
Key Steps for Stocking Inpatient LARC

- Ensure devices are easily ordered in MAR in order to Appropriately bill for it.
  - Think of devices as a medication delivery device, rather than a medical device.
  - Consider adding to an existing order set for easy tracking.
- Develop protocols specific to immediate postpartum LARCs insertion.
- Stock the devices (especially IUDs) on L&D and/or Pyxis.
  - If this is not possible, develop a plan for ordering and receiving IUDs on L&D prior to delivery.
    - They must be inserted within 10 minutes of delivery of the placenta.
    - Treat these devices like any other medication stocked on the floor.
- Develop an IPLARC Kit with necessary supplies for inserting the device so equipment is readily available.
Nuances for Implant Stocking

• Training for Implant insertion is provided by the manufacturer (Nexplanon is manufactured by Merck).
  – To request an in-person training, please visit the manufacturer’s website.
  – ILPQC will help facilitate a training for multiple hospitals, if that is desired. Please email info@ilpqc.org

• After successful completion of the training, the provider receives certification and an identification number that will be used by the pharmacy to order the device.
### IPLARC Codes

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description of what you did</th>
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<tbody>
<tr>
<td>58300</td>
<td>Insertion of IUD</td>
</tr>
<tr>
<td>11981</td>
<td>Insertion of non-biodegradable drug delivery implant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS – J Code</th>
<th>Brand Name</th>
<th>Description</th>
<th>NDC Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7296</td>
<td>Kyleena</td>
<td>Levonorestrrel-releasing intrauterine contraceptive, 19.5 mg</td>
<td>5041942401</td>
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<tr>
<td>J7297</td>
<td>Lilleta</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 52mg, 3yr</td>
<td>00023585801</td>
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<tr>
<td>J7298</td>
<td>Mirena</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 52mg, 5yr</td>
<td>50419042101, 50419402301</td>
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<tr>
<td>J7300</td>
<td>Paragard</td>
<td>Intrauterine copper contraceptive</td>
<td>51285020401, 51285020402</td>
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<tr>
<td>J7301</td>
<td>Skyla</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 13.5 mg</td>
<td>50419042201</td>
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<tr>
<td>J7307</td>
<td>Nexplanon</td>
<td>Etonogestrel implant system, including implant and supplies</td>
<td>00052433001, 00052027401</td>
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<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description of why you did the insertion</th>
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<tbody>
<tr>
<td>Z30.018</td>
<td>Encounter for initial prescription of intrauterine contraceptive device (IUD)</td>
</tr>
<tr>
<td>Z30.014</td>
<td>Encounter for insertion of intrauterine contraceptive device (IUD)</td>
</tr>
<tr>
<td>Z30.430</td>
<td>Encounter for initial prescription of other contraceptives (IMPLANT)</td>
</tr>
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</table>

Ensure the appropriate NDC number was used! Check with your pharmacist!
Reimbursement Rates

• Check the current Medicaid practitioner fee schedule for up-to-date reimbursement info for IPLARC devices.
• Look up the specific device by the J-Code (see previous slide)
• At this time, teams cannot use 340b pricing for purchasing inpatient LARC.
Thinking outside of the box

- Remember challenges are expected
- YOU ARE NOT ALONE
- Let’s help one another think creatively
- Example:
  - Depending on who your hospital’s wholesale pharmacy vendor is, it can determine your access and ability to order/stock IPLARCs
    - Devices vs. Drugs
  - Start somewhere and ask for help
IPLARC STOCKING AND ORDERING: SHELLY TIEN, MD, NORTHSHORE UNIVERSITY HEALTHSYSTEM
IPLARC
Stocking and ordering

Shelly Tien, MD
August 19, 2019
• Evanston Hospital, Evanston IL
• #1 key thing: A pharmacist champion!
• Identified and involved our lead pharmacist early on in our plans
• Specific to our pharmacy:
  – Mirena and Skyla can be ordered through the pharmacy because they are considered “medications”
  – Our first focus was to have IUDs available
At our institution, additions can be made to a pharmacy formulary via the following steps:

– Physician fills out an application and submits to pharmacy team

– The application includes: drug/medication of interest, its indications, uses, side effects, cost effectiveness, and the applicant must cite pertinent clinical studies

– Physician attends monthly Pharmacy and Therapeutics meeting to present his/her case
• Assuming approval is granted to have addition of the medication of interest to the inpatient pharmacy, the pharmacy can then order medication/drug of choice
• Work directly with pharmacy to decide how many IUDs to be ordered at a time, etc.
• Approval granted for Mirena and Skyla IUDs to be available in the inpatient pharmacy (since August 2018)
Stocking IUDs

- Discussion with nurse manager and pharmacy
- Decision to keep them on Labor and Delivery

  » Our actual inpatient pharmacy has limited space
  » More easily accessible for immediate post-placental placement if on L and D
  » L and D has an additional Pyxus
• Stocking IUDs
  – Keep them in clean storage room
    » Has a locked door with a code
    » Extra Pyxus in this room with ~10 IUDs stocked
Billing and documentation at Evanston Hospital is all done through Epic

Physicians currently bill through Epic

– Eg. After cerclage placement, D and E, vaginal delivery, etc. physicians bill through Epic and these are listed as part of the obstetric navigator in Epic

– There are also options to modify a bill, for example, if a cerclage placement was exceptionally difficult, there can be a modifier 22 added to the bill
Main criteria for HFS Illinois Immediate Postpartum LARC to receive reimbursement:

- Device should be ordered from the hospital
- Insertion must be documented in medical record
- Hospital must use its fee-for-service NPI to bill the device and identify the NDC for the device
- Include appropriate family planning ICD-10 diagnosis code
- The Place of Service code should be designated as “Inpatient”
• We use Epic EMR

• Mirena and Skyla were added as medications in the “Labor and Delivery Admission Order set” (for both vaginal deliveries and C sections)

• Can be ordered at the time of patient admission

• Then pulled from Pyxus on L and D for placement after delivery
• Physician bills in Epic with correct association diagnosis code
• Smartphrases and smart texts have been built for ease of physician documentation
  – Built in sections for expiration date, device number, etc.
  – A pre-worded procedure note with consent for both after vaginal delivery and C section
• Since late November 2018
  – 31 IUDs have been placed
• Awaiting to see how reimbursement is coming along
• IPLARC is now integrated into new resident orientation and education – every June
• Next steps: apply to have Nexplanon added to pharmacy
TEAM TALK: BARNES JEWISH HOSPITAL
Implementation and Sustainment of IPLARC

Emily Cooke, PharmD, BCPS, Clinical Pharmacy Specialist, Maternal-Fetal Medicine
Lori Stevenson, MSN, RNC-OB, CNML, CPPS, ASQ-SSBB, Senior Performance Improvement Consultant, Women and Infants
August 12, 2019
About Barnes Jewish Hospital

- Barnes-Jewish Hospital at Washington University Medical Center is the largest hospital in Missouri and the largest private employer in the St. Louis region. An affiliated teaching hospital of Washington University School of Medicine, Barnes-Jewish Hospital has a 1,800 member medical staff with many who are recognized as "Best Doctors in America." They are supported by residents, interns and fellows, in addition to nurses, technicians and other healthcare professionals.

- The Women and Infants Center welcomes an average of 3500 babies per year as a high risk delivery center. Our service area includes Missouri, Southern Illinois and surrounding states.

- Parkview Tower, the new home of the Women and Infants Center, opened in February, 2018
How our IPLARC journey started

- In May, 2016, our pharmacy received notification that Missouri Medicaid announced that hospitals can receive separate payment when IPLARC is placed during the post partum. This information spurred us into action.

- This information led to the formation of a multidisciplinary team focused on creating a process for stocking and billing for IPLARC devices.

- In October, 2016, the devices were available for patient use in the Pyxis machines in Labor and Delivery.

- IUDs were not stocked in the Mother/Baby units due to the risk of IUD expulsion if inserted more than a few hours after delivery.

- Note that both Illinois and Missouri Medicaid now reimburse for IPLARC and as part of the Illinois Perinatal Network, we care for patients from Illinois as well as Missouri.
Formulary IPLARCs

- IUDs - Mirena and Liletta
- Nexplanon
Stocking

- We keep IPLARCs in the Pyxis machine so that they are easily accessible for immediate postpartum placement
  - 5 Nexplanons in the Pyxis on labor and delivery
  - 5 Nexplanons in the Pyxis on mother baby
  - We keep ~10 IUDs on the floor at all times with more in the pharmacy

- Barnes Jewish Hospital has multiple pharmacies on campus. The majority of IUDs are stocked in the satellite pharmacy, in Parkview Tower, which supplies Women and Infants. A limited number of IUDs are maintained in the main pharmacy on campus in the event one is needed in the Operating Rooms on the South Campus.
Ordering/Cost

- IPLARCs are ordered through the pharmacy via Epic
- One of the IUDs is purchased at a much lower cost by Barnes. In an effort for more cost transparency, we have asked providers to use the less expensive IUD unless the patient specifically requests the more expensive one or they have insurance pre-approval
- Billing is completed through EPIC
Patient Selection

- Patients are given contraceptive counseling at admission by the provider.
- Patients are provided with a wide variety of options and encouraged to select the method most beneficial for their individual situation (which may also be no birth control).
- If a patient elects for IPLARC, the laborist attempts to obtain pre-approval from the patient’s insurance carrier prior to delivery.
- Patients are not refused IPLARC if pre-approval is not given or not obtained prior to delivery.
Next Steps

- We are currently evaluating our reimbursement of the IPLARCs.

- IPLARCs were approved as formulary medications by the P&T committee in late 2017 with the intention that the multidisciplinary IPLARC team would conduct a reimbursement analysis several months post implementation and periodically thereafter.

- Goals are to validate whether or not insurance companies are paying for these devices or is the hospital absorbing the cost? We are currently initiating the reevaluation process for 2019.

- In 2018 our analysis showed that one IUD is a much cheaper option than the second IUD in our formulary. The providers received communication asking them to use the least expensive option whenever possible.
Lessons Learned

- Streamlining the ordering/billing process is ideal. It creates no additional work for providers and allows for tracking.
- Ordering/billing through the EMR also helps maintain par levels in Pyxis as the number used is auto transmitted to pharmacy for restocking.
- Providers need to be engaged in the process from the beginning.
- If IPLARC is offered, many patients want it!
- Validate who will own the process of retrieving the IPLARC device at time of delivery. Our nursing staff retrieves when obtaining other meds for delivery.
- Identify who will train providers to insert IPLARC and who will track this information.
- Have an action plan for periodically reviewing IPLARC utilization and insertion.
Contact us:
Emily.Cooke@bjc.org
Lori.Stevenson@bjc.org
TEAM TALK: WEST SUBURBAN MEDICAL CENTER
Hospital Overview

Level II community hospital

Serves the Oak Park, River Forest, and west side of Chicago neighborhoods such as Austin and Belmont Cragin

• Family Birth Place annual averages:
  – 1500+ deliveries
  – 370 Cesarean deliveries
  – 3320 Triage visits, including non-stress tests

• Average Daily Census:
  • 5 – Labor and Delivery
  • 12 – Postpartum
  • 4 - Nursery
Stocking IPLARC: Where We Are and Where We Need to Go
Stocking Status

• Inpatient Pharmacy:
  • We have Liletta and Mirena in the inpatient pharmacy
  • Still working on a vendor contract with Paragard for inpatient stocking

• Outpatient Pharmacy:
  • Currently have Nexplanon in the outpatient pharmacy
So Far...

- SUCCESSFUL
  - Stocking IUD inpatient
    - About 10 successful placements since middle of May
  - Work around of Nexplanon for the outpatient stocking
    - At least 10 successful placements
So Far...

- UNSUCCESSFUL
  - Limitations related to outpatient stocking of Nexplanon
- Patients need insurance
- Some Medicaid managed care plans need prior authorization and we cannot obtain in the 48-96 hours that patients are admitted
- Currently, only County Care is allowing outpatient pharmacy to dispense the device
- Cannot get device on weekends

- Need a new vendor contract for Paragard before we can stock it
- Delayed due to our new hospital owners and has been in process since April 2019
NEXT STEPS
One.

• Troubleshoot Paragard contract barrier

Two.

• Move Nexplanon to inpatient pharmacy

Three.

• Try to get IUDs stocked on the unit rather than relying on pharmacy to send them up
Questions

• What do other institutions do when a patient comes in as “self pay” but you know they will most likely qualify for Medicaid?

• Do other institutions have advice related to Paragard vendor contracts?

• Does anyone have suggestions on how to stock Nexplanon in the inpatient pharmacy?
Thank you!
QUALITY IMPROVEMENT TOOLS
Gather IPLARC team including pharmacist to begin investigation.

Determine which devices are appropriate for your institution.

Obtain and fill out “Physician Application” for adding medication to the formulary.

Present at the hospital’s Pharmacy & Therapeutics Committee Meeting.

Administration approval granted?

Yes

Initiate IPLARC insertion Protocol.

No

Address any barriers noted during investigation.

Begin investigation on why approval was not granted.
UPCOMING EVENTS
### IPLARC Calls

- **THIRD MONDAY OF THE MONTH**

**IPLARC Wave 2 Teams 12-1pm**

<table>
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<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td><strong>September 16</strong></td>
<td>Protocols and checklists</td>
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<tr>
<td><strong>October 21</strong></td>
<td>Standardizing comprehensive contraceptive counseling (prenatal &amp; delivery admission)</td>
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<tr>
<td><strong>November 18</strong></td>
<td>Provider/Nurse Education</td>
</tr>
<tr>
<td><strong>December 16</strong></td>
<td>IT/EMR &amp; Communication w/ outpatient providers</td>
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<tr>
<td><strong>January 20</strong></td>
<td>CANCELED due to MLK Holiday</td>
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<tr>
<td><strong>February 17</strong></td>
<td>Round Robin with Wave 2 Teams</td>
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<tr>
<td><strong>March 16</strong></td>
<td>Comprehensive Contraceptive Counseling</td>
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ACOG IPLARC Training

• **Confirmed:** Friday, October 25, Mt. Vernon Visitors Center, Mt. Vernon, IL, 8:30am-10:30am and 11am-1pm

• Approx. 2-hour training for providers, followed by 2-hour training for nurses, lactation consultants

• Training will cover:
  – Capacity building
  – Contraceptive counseling
  – Insertion training

• If your team did not sent a representative to the ILPQC/ACOG IPLARC training in May or July, please consider sending a rep to this training
Next Steps

• Complete baseline and July data and submit by August, 31. Please email info@ilpqc.org or danielle.young@northwestern.edu with questions.

• Sign-up for a key players meeting! Email Danielle today to schedule your meeting!
Contact

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