IPLARC Monthly Teams Webinar: Wave 1
Monitor and Improve Comprehensive Contraceptive Counseling

June 17, 2019
1:00 – 2:00 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

Add to calendar by clicking either of these options

Call-in info

Can't join the meeting?
Call Overview

- 2019 Face-to-Face Meeting
- Review of Data
- Face-to-Face Recap
- Monitor and Improve Comprehensive Contraceptive Counseling
- QI Corner
- Round Robin – Comprehensive Contraceptive Counseling
- Next Steps
Congratulations Wave 1 Teams!

Wave 1 IPLARC Initiative Goal Achieved!
## 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>LIVE – 4/15/19</td>
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<tr>
<td>Advocate Illinois Masonic</td>
<td>LIVE</td>
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<tr>
<td>Advocate Lutheran General</td>
<td>LIVE – 4/1/19</td>
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<td>Carle Foundation Hospital</td>
<td>LIVE – 1/2/19</td>
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<td>Memorial Hospital Carbondale</td>
<td>LIVE – 3/1/19</td>
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<td>Memorial Medical Center</td>
<td>LIVE – 3/1/19</td>
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<tr>
<td>NorthShore University HealthSystem</td>
<td>LIVE – 11/26/18</td>
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<td>Northwestern Memorial Hospital</td>
<td>LIVE – 3/1/19</td>
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<td>Norwegian American Hospital</td>
<td>LIVE – 12/17/18</td>
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<td>Rush Copley</td>
<td>TBD</td>
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<td>Stroger</td>
<td>LIVE</td>
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<td>Swedish Covenant Hospital</td>
<td>LIVE w/ IUDs (Feb) &amp; implants (Mar)</td>
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<td>Vista Medical Center</td>
<td>Tentative LIVE – 1/5/19</td>
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<td>University of Chicago</td>
<td>LIVE w/ implants. Live w/ IUDs 2/4/19</td>
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<td>UI Health</td>
<td>LIVE w/ IUDs. Live w/ implants 2/19/19</td>
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By March 2019, ≥75% of participating hospitals will be providing immediate postpartum LARCs.
REVIEW OF DATA
## Aims and Measures

### Overall Initiative Aim

Within 9 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
- 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
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).
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 / 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.

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.
## IPLARC Data Entry Status

<table>
<thead>
<tr>
<th>Month</th>
<th># Teams Entering Data</th>
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<tbody>
<tr>
<td>April – December 2018</td>
<td>16</td>
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<td>January 2019</td>
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Please continue to submit data through December 2019
Percent of Wave 1 Hospitals with IUDs on Inpatient Formulary, April 2018-April 2019

In place: 100%
Working on it: 36%
Have not started: 0%

Percent of Wave 1 Hospitals with Implants on Inpatient Formulary, April 2018-April 2019

In place: 100%
Working on it: 36%
Have not started: 0%
IPLARC Protocols in Place

Percent of Hospitals with Immediate Postpartum Protocols and Process Flows in Place for IUDs, April 2018-April 2019

Percent of Hospitals with Immediate Postpartum Protocols and Process Flows in Place for Implants, April 2018-April 2019
IPLARC Billing Codes

Percent of Hospitals with Billing Codes for IUDs In Place, April 2018 - April 2019

Percent of Hospitals with Billing Codes for Implants In Place, April 2018 – April 2019
IT/EMR Revisions In Place

Percent of Hospitals with IT/EMR Revisions for Tracking and Documentation of IUDs, April 2018-April 2019

Percent of Hospitals with IT/EMR Revisions for Tracking and Documentation of Implants, April 2018-April 2019
## IPLARC Provider Education

### Physician/Midwife Training on IPLARC Evidence, Protocols, Counseling & Placement
**April 2019-April 2019**

<table>
<thead>
<tr>
<th>Month</th>
<th>Physicians/Midwives trained on IPLARC evidence, protocols, counseling</th>
<th>Physicians/Midwives trained on immediate postpartum IUD placement</th>
<th>Physicians/Midwives trained on immediate postpartum implant placement</th>
<th>Goal</th>
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- **Physicians/midwives trained on IPLARC evidence, protocols, counseling**
- **Physicians/Midwives trained on immediate postpartum IUD placement**
- **Physicians/Midwives trained on immediate postpartum implant placement**
- **Goal**
Comprehensive Contraceptive Counseling

Percent of Charts with Contraceptive Counseling, including IPLARC, April 2018-March 2019

- Contraceptive Counseling prenatal
- Contraceptive Counseling L&D
- Goal
Wave 1 Lessons Learned

Biggest Accomplishment - Billing

Overcoming the billing/coding challenges was the most difficult but the popularity among our patients is what makes it feel like such a success. We've had many patients express great relief that they can leave the hospital with a long term, reliable birth control method already in place.

Billing Tips

- Having standing meetings with key players in billing and coding - manager level and above

Engaging OB Providers

- Ongoing education
  - Grand Rounds
  - In-person training
- Explaining the WHY behind the initiative
  - Hands-on training
- Consistent follow-up and persistence by the committee toward the billing/coding department, especially regarding task deadlines.
Wave 1 Lessons Learned

Most helpful ILPQC Supports

- Key Players Meetings
- One-on-one QI Support
- Team talks on webinars

What teams wish they knew when they started

Start exploring strategies/methods early for providers & staff to document comprehensive contraception both prenatally and during admission in order for you to track data more easily.

That it all starts with billing. You need to get that figured out first.

Toolkit was very helpful, please keep it updated and make sure Wave 2 teams know to use it.
TAKEAWAYS FROM FACE-TO-FACE MEETING
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

• Patient education materials distributed:
  • 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

**Barriers**

- **Billing**
  - Make sure to bill the LARC device/procedure separately from the delivery
  - Amend your hospital contract with BCBS to include reimbursement for LARC devices
  - Charting to assist with billing – use the EMR to simplify the process
  - Add a coder to your billing team

- **Provider Misconceptions on IPLARC**

- **Patient buy-in**
  - Add contraception to conversations with patients during rounds

- **Outpatient provider documentation**

- **Time for counseling**

**Sustainability**

- **New Hire Education**
  - RN orientation checklist
  - Resident orientation

- **ROI investigation**
  - Track the reimbursement of devices to ensure there are no pitfalls

- **Revamp screening tool for tubal ligations** “What are your plans for postpartum family planning?”

- **What happens to patients who deliver at a hospital that does not provide IPLARC? How do we reconnect with them after delivery for contraception?”**
2019 Face-to-Face Meeting Feedback

• We want to hear from you!
• What was most useful from the meeting?
• What could we improve on for next year?
• Other thoughts/comments?
MONITOR AND IMPROVE COMPREHENSIVE CONTRACEPTIVE COUNSELING
IPLARC Overview

Strategies for System Change
- IPLARC on formulary
- Billing/coding
- IT/EMR
- IPLARC protocol
- Provider/staff Education
- Comprehensive contraceptive counseling
- Communication with outpatient sites

Sustainability
Strategies for Culture Change
- Ensure contraceptive counseling including IPLARC is documented with all patients
- Ensure all patients who desire IPLARC receive it
- Monitor billing
- New hire / ongoing provider/staff education

Improve Access to IPLARC
Achieve AIMS
- Go LIVE
- Provide and document contraceptive counseling, including IPLARC, during prenatal care and delivery admission
- Improve access to postpartum contraception, increase utilization IPLARC

Key Players Meetings
We’re LIVE what’s next?

IPLARC Sustainability Plan

1. Monitor and achieve goal >80% for comprehensive contraceptive counseling documentation, including IPLARC
   - All prenatal patients
   - L&D (for patient w/out documented counseling/plan)

2. Ensure patients who desire and are eligible for IPLARC receive it and get early postpartum f/u visit

3. Monitor IPLARC billing and reimbursement

4. Implement new hire and ongoing IPLARC education for providers / staff
IPLARC Sustainability Plan

- Complete the sustainability plan and submit to Danielle Young
- Please reach out to Danielle or ILPQC with any questions
Comprehensive Contraceptive Counseling Sustainability

• How do we ensure that all patients receive comprehensive contraceptive counseling that includes IPLARC?
  – Hard stop in outpatient EMR for discussing contraception options during prenatal visits?
  – What is your process for identifying women who want tubal ligations? How can this be modified for IPLARC?
  – Provider education on the value of prenatal comprehensive contraceptive counseling – use the ILPQC IPLARC Grand Rounds Slide Deck!
  – Add a question to the L&D Admission H&P to see if patients were counseled prenatally and what their postpartum contraceptive plan is
Compliance Monitoring
Includes Comprehensive Contraceptive Counseling

Does your team have a system for collecting measures related to comprehensive contraceptive counseling?

How often will your team meet to review comprehensive contraceptive counseling data to address any potential slippage in compliance?
What strategies help achieve active clinical culture change?

Data review & Share Data with OB providers / staff

Missed opportunities review

Provide an easy to use system to help clinical team provide comprehensive counseling including IPLARC during prenatal care and the delivery admission

Grand rounds, & provider / staff education
New Patient Education Materials

We recommend women wait at least 18 months before becoming pregnant again. Do you know if and when you would like to have another baby?

I'm ready.
You want another baby soon. Being "ready" for pregnancy means that you are healthy now and will remain healthy through your pregnancy. Your provider may suggest that you wait 18 months before having another baby so you are healthy as possible.

Not sure?
You could get pregnant again soon after delivery but you may not know if that's what you want right now. Tell your provider that they can help you learn about your options including using birth control or preparing for pregnancy.

Now is not good.
You may know that you are not ready to have another child right away. There are different ways to prevent pregnancy (see image) so you should talk to your provider about the option that is right for you.

Deciding What Birth Control is Right for You

There are many birth control options for you to choose!

If you think birth control is right for you, talk to your provider. The most effective and safe option for women who do not want any more children right now is long-acting reversible contraception (LARC). It prevents pregnancy for years and can be removed when you like. You can become pregnant soon after its removed.

- Intrauterine devices (IUD)—hormonal and non-hormonal
- Intrauterine implant
- Tubal ligation and vasectomy
- Natural family planning methods

Other options are available:
- The shot, patch, ring, pill
- Male and female condoms (*prevent sexually transmitted diseases)
- Diaphragms
- Vaginal sponges

You can always change your mind and your provider is there to help.

*Cost of birth control may depend on where you live and what kind of insurance you have.

Adapted from Content for Women’s Health Collaborative
http://health.iu.edu/publichealth/institutes/healthybirthsites/
New Patient Education Materials

PREVENTING pregnancy with a LARC after delivery

Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options for your next one, including long-acting reversible contraceptives (LARC), which include the intrauterine device (IUD). You may be able to choose an IUD during your next pregnancy.

The implant

The implant is a small, plastic rod that is placed under the skin. Some care providers can insert it at your next care visit and some do not. Your health care provider can insert it for you.

Why get LARC right after delivery?

- You can get pregnant right after giving birth
- You have time to heal before getting pregnant again
- It’s convenient and you don’t have to schedule a separate appointment
- Works for years after being inserted
- Works better than all other birth control methods

Where can I get additional information?

- Talk to your health care provider
- Baby/Birth spacing: http://www.healthyflorida.org/pcd/babybirthspacing.html
- Birth control options and information: www.betterbirth.org

*Cost of birth control may depend on when you get the method and your health insurance.

Birth Control

What is right for you?

You’ve just welcomed a baby – are you ready for another? Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options to help prevent pregnancy and plan for your next one.

- Tubal ligation/vasectomy
- Condoms and other natural methods
- Shot, patch, pill, ring
- Implant, intrauterine device (IUD)

What’s most effective?

- Implant 99.5%
- IUD 99.2%
- Pill 91%
- Condom 82%

Content source: Centers for Disease Control and Prevention’s Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion

The most safe and effective reversible option for women is also known as long-acting reversible contraception (LARC). LARC includes the implant and the IUD.

LARC can prevent pregnancy for years and can be removed at any time. You can become pregnant soon after it’s removed. Talk to your health care provider about your options.

*Cost of birth control may depend on when you get the method and your health insurance.
SAY: We recommend moms wait at least 18 months before getting pregnant again after delivery. This is best for the healthiest mom and baby.

ASK: Have you thought about if and when you would like to have another child?

No

Unsure, don’t know, don’t care

Educate on birth spacing and having a healthy pregnancy

Yes

When? Have you considered using birth control after delivery?

No

Yes

1) Build rapport with women (and families/partners)
2) Assess women’s intentions and educate women (and families/partners)
3) Document women’s preferences and reinforce education throughout care
4) Ensure informed consent and ongoing support
QI CORNER
IPLARC QI Opportunity

- Hospital went **LIVE** with IUDs and Nexplanon January 2019 and things are going well
- Team met in May for monthly IPLARC QI Meeting and to create sustainability plan
- Reviewed RedCap data together for areas of improvement
- To ensure the provider education on comprehensive counselling was effective, team wanted to know: How often is the provider consistently (80%) documenting contraceptive counseling to their patients?
- Team decided to facilitate a review of their provider champion charts at her office to answer this question
IPLARC QI Opportunity

Lessons learned from review:

- A patient was more likely counseling from the IPLARC provider champion

Opportunities:

- Prenatal Contraception Counseling and documentation important!
- Provider documentation
  - Review current documentation system
  - Process for communicating IPLARC plan to delivery team!
  - Create a system in EMR to serve as a reminder
  - Create a system in EMR to document reason/issue if IPLARC not placed
  - Provider/Staff re-education
ROUND ROBIN – TEAMS
UPDATE ON PROGRESS
TOWARDS GO LIVE GOAL
Round Robin Guidelines

• We want to hear from teams about comprehensive contraceptive counseling!
• How do you operationalize counseling?
  – Prenatal
  – L&D
• What strategies for communication with OB providers was most successful?
• How does the patient’s contraceptive plan get communicated to L&D?
UPCOMING EVENTS AND NEXT STEPS
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)*
Wave 1 Team Talks Sign Up / Opportunities to mentor Wave 2 teams

• Sign up for a month to share your team’s sustainability progress using the google doc sent out on June 12
• Let us know if willing to provide some form of mentoring for Wave 2 teams. Opportunities include:
  – Individual one-on-one support with a matched team
  – Allow Wave 2 teams to contact you for input
  – Present a team talk on Wave 2 team calls (third Monday of the month from 12-1pm)
  – Wave 2 QI topic calls
IPLARC Sustainability

Sustainability Plan

Monitor & Achieve Goal >80% for Comprehensive Contraception Counseling Documentation

Ensure patients who desire & eligible for IPLARC receive it and get early postpartum follow up visit

Monitor IPLARC billing and reimbursement

Implement new hire and ongoing IPLARC education for providers / staff
Next Steps

• Submit outstanding data for April & May

• **Review your data on contraceptive counseling outpatient & inpatient, develop PDSA to improve % IPLARC counseling documented**

• Consider review of patients who desire IPLARC vs. patients who received IPLARC and develop small PDSA cycle to improve process

• Continue monthly team meetings & review data reports with your team

• Review billing/reimbursement for IPLARC & reach out for assistance

• Consider plan for new hire & ongoing provider / staff IPLARC education

• **In 2019 we work on IPLARC sustainability & improving outpatient / postpartum access to care**
Contact

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