Immediate Postpartum LARC (IPLARC)

Wave 1 Teams Launch Call

April 9, 2018
2:00 – 3:00 PM
Introductions

- Please enter 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
Overview Launch Call

• Why IPLARC?
• Welcome to the Illinois Perinatal Quality Collaborative (ILPQC)
• Initiative overview
• Wave I teams next steps
• How will ILPQC help your team succeed?
• Upcoming Events
WHY IPLARC?
Consequences of Unplanned Births & Short Interpregnancy Intervals

Of the 158,522 total births in IL in 2014:

- Intended: 58%
- Unintended: 42%

50% of IL births covered by Medicaid

Consequences of Unplanned Pregnancies
- Poor pregnancy outcomes
- Delayed initiation of prenatal care
- Lower breastfeeding rates
- Higher risk of maternal depression and potential future child maltreatment

Consequences of Short Interpregnancy Interval
- Higher risk of poor maternal and infant outcomes: Preterm birth, low birthweight, preeclampsia
LARC is the Most Effective of Contraceptive Options

**HOW WELL DOES BIRTH CONTROL WORK?**

- **Really, really well**
  - The Implant (Nexplanon)
  - IUD (Skylla)
  - IUD (Mirena)
  - IUD (ParaGard)
  - Sterilization, for men and women
  - Works, hassle-free, for up to...
  - 3 years
  - 3 years
  - 5 years
  - 12 years
  - Forever

- **Okay**
  - The Pill
  - The Patch
  - The Ring
  - The Shot (Depo-Provera)
  - For it to work best, use it...
  - Every, Single, Day.
  - Every week
  - Every month
  - Every 3 months

- **Not so well**
  - Withdrawal
  - Diaphragm
  - Fertility Awareness
  - Condoms, for men and women

**What is your chance of getting pregnant?**

- Less than 1 in 100 women
- 6-9 in 100 women, depending on method
- 12-24 in 100 women, depending on method

For each of these methods to work, you or your partner have to use it every single time you have sex.
Why LARC?

- LARC is safe and cost effective
- LARC can be removed any time with restored fertility
- Women choose LARC and report high satisfaction with LARC
- Reduces adverse maternal and infant outcomes associated with unplanned pregnancy

Support for LARC from ACOG, AAP, AAFP, AWHONN, CDC, CMS, ASTHO
Why Immediate Postpartum LARC for Unplanned Pregnancy?

- About 40 to 60% of women have unprotected intercourse prior to the 6 week postpartum visit.
- Fewer than half of women return to the doctor for their 6 week postpartum visit.
IHFS Allows Hospitals to Reimburse

A July 2015 IHFS provider notice allowed hospitals to reimburse for inpatient LARC separate from OB Bundle.

About a year after this notice, LARC utilization increased from <10/quarter to 35-57/quarter.

A statewide quality improvement collaborative can help hospitals facilitate increased access to IP LARC.
ILPQC STRUCTURE AND SUPPORTS
ILPQC Infrastructure

**Key Stakeholders**
- Illinois Department of Public Health
- Illinois Department of Healthcare and Family Services
- Illinois Department of Human Services
- Illinois Hospital Association
- Illinois Public Health Association
- March of Dimes
- EverThrive Illinois
- ACOG
- ACNM
- ICAAP
- AWHONN
- AAFP
- Midwest Business Group on Health
- Illinois Association of Medicaid Health Plans
- Private Payers

**Leadership Team**
- Ann Borders, MD, MSc, MPH  
  Northshore University Health System
- Patricia Lee King, PhD, MSW  
  Northwestern University, Illinois Perinatal Quality Collaborative
- Leslie Caldarelli, MD  
  Franciscan Health
- Justin Josephsen, MD  
 8491 Health Center, Shannon Children's Hospital – St. Louis University
- Terry Griffin, MS, APN, NNP-BC  
  St. Alphonsus Medical Center
- Shannon Lightner, MSW, MPA  
  Illinois Department of Public Health
- Andrea Palmer, MPA, MBA  
  Illinois Department of Public Health
- Amanda Bennett, PhD  
  Illinois Department of Public Health
- Cindy Mitchell, RN, BSN, MS, MSHL  
  St. John's Perinatal Center
- Stephanie Bess  
  Illinois Department of Human Services
- Arvind Goyal, MD  
  Illinois Department of Health and Family Services
- Scott Matthews, MSW, MBA  
  March of Dimes, Midwest Region
- Lance Kovacs, MBA, CPHQ  
  Illinois Hospital Association
- Sessy Nyman, MS  
  EverThrive Illinois
- Deborah Rosenberg, PhD, MPH  
  University of Illinois at Chicago School of Public Health
- William Scharf, MD  
  CSF Healthcare

**Key Advisors**
- IDPH Office of Women's Health & Family Services Title V MCH Programs
  - Regionalized Perinatal Program
  - Perinatal Advisory Committee
  - State Quality Council
  - MCH Epidemiology Programs, School of Public Health, UIC

**Patient/Family Advisors**
- Jennifer Heiniger
- Valerie Krasnoff, J.D.
- Tracy Patton
- Stacey Porter
- Tamela Milan, MPPA

**Legislative Advisory Workgroup**

**ILPQC Central**
- Dan Weiss, MPH  
  Northshore University Health System, Illinois Perinatal Quality Collaborative
- Danielle Young, MPH  
  Northwestern University, Illinois Perinatal Quality Collaborative

**ILPQC Data Team**
- Satyender Goel, PhD  
  Northwestern University Feinberg School of Medicine
- Zahra Hossainian, MA  
  Northwestern University Feinberg School of Medicine

**Obstetric Advisory Workgroup**

**Neonatal Advisory Workgroup**

**Obstetric Hospital Teams**

**Neonatal Hospital Teams**
ILPQC: Three Pillars Support Quality Improvement Success
What is Quality Improvement?

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

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**The Model for Improvement**

<table>
<thead>
<tr>
<th>AIM</th>
<th>What are we trying to accomplish?</th>
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</thead>
<tbody>
<tr>
<td>MEASURES</td>
<td>How will we know that a change is an improvement?</td>
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<tr>
<td>CHANGES</td>
<td>What changes can we make that will result in improvement?</td>
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</tbody>
</table>

© 2012 Associates in Process Improvement
ILPQC Quality Improvement Strategy

• Multidisciplinary hospital-based QI teams
• Collaborative learning
• Rapid-response data system
• Regular communication
• QI support
Illinois Perinatal Quality Collaborative (ILPQC)

- Multi-disciplinary, multi-stakeholder Perinatal Quality Collaborative with over 100 Illinois hospitals
- Support participating hospitals’ implementation of evidenced-based practices using quality improvement science, collaborative learning and rapid response data

>95% of IL births
Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)

INITIATIVE OVERVIEW
Immediate Postpartum LARC (IPLARC)

- Grant from Pritzker Family Foundation
- Empower women with information and services to optimize the timing and spacing of their pregnancies to reduce unintended pregnancies linked with adverse MCH outcomes
- Support birthing hospitals that provide contraception at the hospital level to implement best practice protocols
- Hospitals that do not provide contraception can participate with post-delivery outpatient alternative strategies
- Opportunities for ACOG LARC Initiative training
Aims: Empower women with information and improved access to effective contraception before discharge home after delivery to reduce short interval and unintended pregnancies linked with adverse MCH outcomes.

Approach: Establish expert panel, identify teams, support birthing hospitals implementation of IPLARC using best practice protocols, QI strategies, data and collaboration.
## IPLARC Tentative Timeline

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<td>Recruit Wave 1</td>
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<td>Implements LARC</td>
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<td>Recruit Wave 2</td>
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<td>Mentorship Model</td>
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**IPLARC Wave 1 Timeline**

<table>
<thead>
<tr>
<th>Feb 2018</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June/July</th>
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<tbody>
<tr>
<td>Recruit Wave 1 IPLARC teams</td>
<td>Recruit Wave 1 IPLARC teams</td>
<td><strong>Wave 1 launch webinar</strong></td>
<td>Last day to submit Wave 1 roster – 5/15</td>
<td>Monthly QI calls continue 2nd Monday of the month, 2-3PM</td>
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<td>Face-to-Face Meeting OB: 5/30, Springfield</td>
<td>ACOG IPLARC training, 7/30, Chicago</td>
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<td></td>
<td>ACOG IPLARC training 5/31, Springfield</td>
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**Letter of support from IDPH distributed to perinatal networks and hospital teams**
ILPQC IPLARC Initiative

Goals

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

### Overall Initiative Aim

Within 9 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARC.

### Structure Measures, ≥75% participating hospitals have:

- 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
- Provided patient education materials for affiliated prenatal care sites 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, ≥75% participating hospitals have:

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

### Outcome Measure, among participating hospitals:

- By increasing access to IPLARC, increase in utilization of IPLARC by 75%

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*Protocols include the obstetric care process flow of counseling patients, accessing LARC, inserting LARC, and billing for LARC
Expert Advisors

• 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
Welcome Wave 1 Teams!

- **Roster submitted:**
  - Advocate Lutheran General
  - Carle Richland Memorial Hospital
  - Memorial Medical Center
  - Rush Copley
  - NorthShore Evanston Hospital
  - St. Anthony Hospital
  - Advocate Illinois Masonic Medical Center
  - John H. Stroger Jr. Hospital
  - Memorial Hospital Carbondale
  - University of Illinois Hospital and Health Science System

- **Hospitals who have expressed interest in Wave 1:**
  - Advocate Christ Medical Center
  - Rush University Medical Center
  - University of Chicago Medical Center
  - Northwestern Memorial

We are still recruiting teams for Wave 1!
Creating your IPLARC Team

• **Required**
  - OB provider champion
  - OB nurse champion
  - Team Lead (can be OB or Nurse champion)

• **Recommended**
  - Outpatient representative*
  - Patient/family member
  - Billing/collections
  - Contracts/MCO liaison
  - IT/EMR
  - Pharmacy
  - Lactation consultant
  - QI professional

*Highly recommended given need to plan IPLARC prenatal education component and outpatient follow up post-delivery.
Wave 1 Hospitals: Current Status in Providing IPLARC

Hospitals that are providing LARC have placed only a few devices so far, ranging from 1-7/month.
If you have not submitted a team roster yet, please do so as soon as possible.

Contact info@ilpqc.com if you need assistance developing your team or submitting your roster.
WAVE 1 NEXT STEPS
Wave 1 teams working together for success

• Wave 1 teams:
  – Provide feedback on data form/process, will finalize end of May
  – Participate in monthly team calls
  – Team Talks: Share progress, successes and challenges and learn from other Wave 1 Teams
  – Determine needs and challenges at your institution, where is your team in the process?
  – Wave 1 teams will work together to assist all teams achieving full implementation of key IPLARC initiative AIMS
  – Monthly / quarterly data collection, brief but will be essential to drive quality improvement / implementation progress
  – Provide feedback and mentorship to Wave 2 teams in 2019
Data Form

• The Draft IPLARC Data form is available for download now
# ILPQC IPLARC Data Collection Form

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers/Format</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>REDCAP Study Identifiers</strong></td>
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<tr>
<td>1. Hospital ID Number</td>
<td>3-digit number provided by ILPQC (same across initiatives)</td>
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<tr>
<td>2. Which month are you reporting for?</td>
<td>Drop down of month/year</td>
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<tr>
<td><strong>Structure Measures</strong></td>
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</tbody>
</table>
| 3. What stakeholders do you have on your hospital QI team to date (check all that apply)? | • Administration  
• MCO Liaison  
• Pharmacy  
• Billing  
• Nursing  
• Lactation consultant  
• Antenatal provider champion  
• EMR/IT  
• Ambulatory prenatal care site liaison  
• Other: | |
| **Hospital has IPLARC devices stocked in the inpatient inventory** | | |
| 4. Which inpatient LARCs are on your hospital formulary? | • IUD  
  o Mirena  
  o Lilletta  
  o Skyla  
  o Kyleena  
  o Paraguard  
  o Other:  
  • Implant  
  • Both  
  • None | |
| 5. Which inpatient LARC devices (with needed supplies) are available on labor and delivery and/or on the postpartum unit? | • IUD  
• Implant  
• Both  
• None | |
| **Hospital has IPLARC protocols in place for labor and delivery and postpartum units** | | |
| 6. Do you have immediate postpartum protocols in place for: | • IUD  
  o L&D  
  o Postpartum  
• Implant  
  o L&D  
  o Postpartum  
• Both  
  o L&D  
  o Postpartum | |
Strategies for Providing Data Form Feedback

• Review the data form with your team and fill in comments
• If you are already providing IPLARC try retrospective data collection for a month or try prospective data collection strategies to trial data form
• Provide comments on wording, unclear questions, unclear answer options, definitions, any data that is challenging to acquire
• We will revise data form as needed to meet the data needs of Wave 1 Teams
• Final IPLARC data form will be launched after Face to Face kick off meeting and will go live in ILPQC REDCap data system
  – Teams can then start entering monthly data and have immediate access to data reports to support QI process and sustainability
Building your QI team

• Your team will be essential to success, plan to meet at least monthly
• Make sure to communicate this initiative with the family planning providers at your hospital/outpatient clinics – they will be interested in participating
• Consider adding to your team:
  – Outpatient representative - Patient/family member
  – Billing/collections - Contracts/MCO liaison
  – IT/EMR, Pharmacy
  – Lactation consultant
  – QI professional
Team baseline evaluation

• Wave 1 teams range from ready to get started to already providing IPLARC
• All teams have opportunities for quality improvement to achieve IPLARC AIMS regardless of where you are in implementation process
• Baseline evaluation of needs, successes, challenges and where your team is in the process will help establish your team goals
• Each team will work on 30, 60 and 90 day plans for success to be shared at May 30 Face-to-Face
How will ILPQC help?

- IPLARC Toolkit in development will be provided to each team in binder & e-version at Face to Face launch meeting 5/30
- Monthly team webinars with education, data review and Team Talks
- ILPQC Data System each team will have secure access to the REDCap portal and live reports that can be shared at your hospital to support your teams efforts
- QI support coaching calls to teams to problem solve
- Face to Face Launch Meeting, May 30, Springfield
- ACOG IPLARC Train the Trainer Trainings
Toolkit will be launched at Face to Face Meeting 5/30

- Proposed sections:
  - General resources and national guidance
  - Capacity building
  - Contraceptive counseling
  - Provider and nursing education
  - Billing
  - Patient Education
  - Protocols/Consent

- Toolkit outline draft and link available for download
- Volunteers to review materials?
Monthly Webinars

- 2\textsuperscript{nd} Monday of the month from 2-3PM

<table>
<thead>
<tr>
<th>Proposed Webinar Topics</th>
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<tbody>
<tr>
<td>April 9</td>
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<tr>
<td>May 14</td>
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<td>June 11</td>
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<td>July 9</td>
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<td>August 13</td>
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<td>September 10</td>
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<td>October 8</td>
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<td>November or December</td>
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UPCOMING EVENTS
Save the Date!

2018 OB & Neonatal Face-to-Face Meetings

Nurses, Providers, & Staff join us for an interactive day of collaborative learning for current ILPQC initiatives!

OB Teams: May 30, 2018
Check-in 8:45a-9:45a
Meeting: 9:45a-3:30p
Mothers and Newborns affected by Opioids (MNO)
Immediate Postpartum LARC (IPLARC)
Severe Maternal Hypertension

Neonatal Teams: May 31, 2018
Check-in: 8:45a-9:45a
Meeting: 9:45a-3:00p
Mothers and Newborns affected by Opioids (MNO)
Golden Hour

More information available soon at ilpqc.org

Abraham Lincoln DoubleTree Hotel, Springfield, IL
### Proposed 2018 OB F2F Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:45 – 9:45</td>
<td>Registration, Storyboard Set Up, &amp; Continental Breakfast</td>
</tr>
<tr>
<td>9:45 – 10:15</td>
<td>Sustaining the Severe Maternal Hypertension Initiative and Launching 2018 Initiatives: Mothers and Newborns affected by Opioids and Immediate Postpartum LARC</td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>MNO Plenary – Daisy Goodman – <strong>CONFIRMED</strong></td>
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<tr>
<td>10:45 – 11:15</td>
<td>IPLARC Plenary – Kai Tao – <strong>CONFIRMED</strong></td>
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<tr>
<td>11:15 – 12:00</td>
<td>Team Storyboard Session</td>
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<tr>
<td>12:00 – 12:15</td>
<td>Pick up boxed lunch</td>
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<tr>
<td>12:15 – 1:00</td>
<td>MNO Initiative Overview: Aims, Measures, Data Form and Toolkit</td>
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<tr>
<td>1:00 – 1:45</td>
<td>Breakout session group 1</td>
</tr>
<tr>
<td>1:45 – 2:00</td>
<td>Break</td>
</tr>
<tr>
<td>2:00 – 2:45</td>
<td>Breakout session group 2</td>
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<tr>
<td>2:45 – 3:15</td>
<td>MNO Key Topics Panel – prevention, screening &amp; linkage to care, optimizing care for moms &amp; babies, and prescribing buprenorphine (Mike Marcotte, Daisy Goodman, Jaye Shyken, Barb Parilla - <strong>CONFIRMED</strong>)</td>
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<tr>
<td>3:15 – 3:30</td>
<td>Summary and Evaluation</td>
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## Proposed Breakout Sessions

### Topics

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<th>Hypertension</th>
<th>MNO</th>
<th>IPLARC</th>
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<tr>
<td>• Finishing Strong: Meeting the Time to Treatment Goal</td>
<td>• Prevention</td>
<td>• IPLARC Initiative Overview: Aims, Measures, Data Form and Toolkit</td>
</tr>
<tr>
<td>• Sustainability</td>
<td>• Screening &amp; Linkage to Care</td>
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<td></td>
<td>• Optimizing Care for Moms and Babies</td>
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</table>

- Recruiting provider/nurse facilitators from each perinatal network
- **Contact us if you are interested in facilitating a breakout**
- Number of sections of topic based on demand at registration
- Local content experts to participate in each breakout and support facilitators
ACOG IPLARC Training

- **Confirmed**: May 31, Abraham Lincoln DoubleTree Hotel, Springfield, IL
- **Confirmed**: July 30, Northwestern, Chicago, IL
- Approx. 4-hour training for nurses, providers, lactation consultants
- Training will cover:
  - Capacity building
  - Contraceptive counseling
  - Insertion training
- Train the Trainer Model would like each team to have a representative(s) attend
Next Steps

• Review data form with team, pilot data collection and provide feedback to IPLARC coordinator, Danielle Young at danielle.young@northwestern.edu

• Finalize your IPLARC Team and establish a time for at least monthly IPLARC meetings

• Team baseline evaluation: review needs, successes, challenges and where your team is in the process will help establish your team goals
  – ILPQC will provide survey to guide your teams discussion

• Each team will work on 30, 60 and 90 day plans for success to be shared at May 30 Face-to-Face
Q&A

- Ways to ask questions:
  - Raise your hand on Adobe Connect to ask your question by phone
  - Post a question in the Adobe Connect chat box
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org
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- IHA Illinois Hospital Association
- CDC
- IDPH