IPLARC Monthly Teams Webinar: Provider Education

November 19, 2018
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

Add to calendar by clicking either of these options

Call-in info
Call Overview

• Annual Conference Review
• Progress Towards Aims and Review of Data
• Provider Education
  – Overview of provider education
  – Lisa Hofler, MD, New Mexico Perinatal Collaborative
• Team Talk: Memorial Medical Center
• Key Players Meetings
PROGRESS TOWARD AIMS AND REVIEW OF DATA
IPLARC Initiative Goals

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
### 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

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"Go Live" date is March 2019 for Wave 1 teams!
This month’s topic: Provider Education

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

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

**Secondary Drivers**

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

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

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

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

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

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

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

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
Implementing Provider Education

- Resources are available in the IPLARC toolkit
  - Provider education on counseling
  - IUD insertion materials
  - Nursing education resources

Immediate Postpartum IUD Expulsion Fact Sheet

Background
ACOG supports immediate postpartum placement (within hospital discharge) as a best practice. Optimally, women should be counseled to consider counseling options that should include discussion of both short-term and long-term contraceptive options. Women who have recently given birth may not be pregnant. The hospital should provide information on family planning methods.

Research on Expulsion
The immediate postpartum placement of an IUD insertion. Women who have recently given birth may not be pregnant. The hospital should provide information on family planning methods.

LARC Video Series
The following video series on long-acting reversible contraception (LARC) was created by the ACOG LARC Program in collaboration with Innovating Education in Reproductive Health, a project of the Bixby Center for Global Reproductive Health at the University of California, San Francisco.

Two techniques of postplacental IUD insertion and proper location of IUD after insertion

1. IUD strings placed in palm of hand
2. Manual insertion at top of fundus
3. Use of ring forceps to insert IUD

Postpartum LARC (Long Acting Reversible Contraception)
Topics to consider for education

Prenatal/Delivery Providers
- Background info for LARC?
- Options (hormonal vs non-hormonal)
- Effectiveness
- Contraindications
- Warning Signs
- Expulsion rates
- Breastfeeding
- Reproductive justice/contraceptive counseling
- General MD workflow (counseling, documenting, ordering, insertion documentation, billing, discharge education, postpartum follow-up and etc)
- Techniques for insertion

L&D/Postpartum Nurses
- Background info for LARC?
- Options (hormonal vs non-hormonal)
- Effectiveness
- Contraindications
- Warning Signs
- Expulsion rates
- Breastfeeding
- Reproductive justice/informed consent
- General RN workflow (verifying order, obtaining device, supplies/kits, charting, charging patients, discharge education and etc)
Hospitals Providing IPLARC

Percent of Hospitals Providing Any IPLARC

Percent of Hospitals Providing IPLARC broken down by IUDs and Implants

5 hospitals submitted data for Oct-2018
IPLARC on Formulary

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

<table>
<thead>
<tr>
<th>Month</th>
<th>In Place</th>
<th>Working On It</th>
<th>Have Not Started</th>
<th>Goal</th>
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Percent of Hospitals with Inpatient **Implants** Available on Hospital Formulary

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5 hospitals submitted data for Oct-2018
IPLARC on L&D/Postpartum

Percent of Hospitals with LARC Devices on L&D or Postpartum Unit

5 hospitals submitted data for Oct-2018
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

5 hospitals submitted data for Oct-2018
IPLARC Billing Codes

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

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

5 hospitals submitted data for Oct-2018
IPLARC Standardized Patient Education at Prenatal Sites

Percent of Hospitals that have Provided Standardized Education Materials and Counseling Protocols to Affiliated Prenatal Care Sites

5 hospitals submitted data for Oct-2018
Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission

5 hospitals submitted data for Oct-2018
Provider IPLARC Education

Percent of 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

5 hospitals submitted data for Oct-2018
Staff IPLARC Education

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

5 hospitals submitted data for Oct-2018
PROVIDER/NURSE EDUCATION
Grand Rounds

• ILPQC can coordinate a Grand Rounds speaker for your hospital to talk about Immediate Postpartum LARC
• Please reach out to info@ilpqc.org to schedule a Grand Rounds presentation at your hospital
IUD Training

• Local experts from your hospital, academic med centers, ILPQC IPLARC expert group
• ACOG LARC program has resources
• Develop a plan for training your residents
• MamaU models are a low cost option from Laerdal for training providers at your institution
  - Illinois contact:
    Jill Williams
    Jill.williams@laerdal.com
    877-523-7325 ext 4472 | 254-404-7072 direct
Nexplanon Training

• Required training organized by the device manufacturer, Merck
• To schedule a training, contact your Merck representative (email danielle.young@northwestern.edu for contact information for your representative)
• Trainings currently take about 5 weeks to schedule
• The manufacturer provides all the kits, materials, and trainer (no cost for the training)
• Trainings can be organized for 4-60 people
**Implementing Standardized Provider & Nursing Education**

- Ensure that education is standardized for all providers and staff (physicians, midwives, nurses, lactation consultants, social workers).
- Provide training for inpatient and outpatient providers and staff.
- Designate outpatient champions and work with them to ensure outpatient providers and staff are up-to-date with IPLARC availability.
- Differences between inpatient and outpatient nursing education.
- Comprehensive contraceptive counseling training for providers and staff.
Plan to address RN education needs.

Identify RN LARC experts on each floor and shift.

Education committee meets with LARC expects to discuss plan for RN education.

Create/edit a “Education process map”.

Determine if educational materials needs to be created

Determine if in-service education needs to be adjusted

Yes

Perform PDSA with 1 RN, 1 LARC expert on each shift

No

Create unit based education materials

Yes

Determine if in-service education needs to be adjusted

No

Implement in-service “Education process map” to all staff

Be sure to include education for all new-hires
Plan to address out-patient provider education needs

Out-patient champion identifies LARC experts from each practice

Create a provider education committee (includes LARC experts previously identified, provider/nurse champion along with out-patient champion)

Identify education/training needs for out-patient providers

Determine if in-service trainings needs to be scheduled

Contact ILPQC for help to schedule trainings

Create provider education process map on how each practice/provider will be trained

Equip each out-patient site with patient education materials

ILPQC has many resources available & ready to use!

Determine if educational materials needs to be created for providers and/or patients

Yes

No

Create provider education materials and patient materials as determined by committee

Implement in-service “Education process map” to all out-patient providers

No
Implementing Immediate Postpartum LARC: Provider Education

LISA HOFLER, MD, MPH, MBA
Disclosures

I have no financial relationships to disclose.
Takeaways

- Immediate postpartum LARC implementation requires a clinician champion and a team approach

- Communication is key to success
ABOUT ME

Fellowship in Family Planning
Developing tomorrow's leaders in reproductive health
Implementation stages
Provider Training

Patient-Provider Communication

Time

Supply Chain

Billing/Coding

# Roadmap for Implementation

<table>
<thead>
<tr>
<th>Exploration</th>
<th>Clinical Champion(s): Physician, Nurse Manager</th>
<th>Pharmacy Champion</th>
<th>Finance, Billing Champion</th>
<th>IT &amp; EHR Stakeholders</th>
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<tbody>
<tr>
<td>Identify Project Champions</td>
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[Image of three individuals standing together, possibly as project champions.]
Roadmap for Implementation

Clinical Champion(s):
Physician, Nurse Manager

Pharmacy Champion

Finance, Billing Champion

IT & EHR Stakeholders

Identify Project Champions

Provide Clinical Evidence

LARC program
Long-Acting Reversible Contraception
**Roadmap for Implementation**

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**Inpatient LARC Coding Guide**

New Mexico Medicaid allows billing for LARC devices and insertion fees outside of the DRG for childbirth according to the following guidelines:

- There are 2 ways hospitals may bill for devices:
  - Register as a medical supplier, provider # 414.
  - Bill under a hospital professional component.

Either way, the hospital must submit a professional claim (837P electronic claim or CMS-1500 form) that includes the following information in the Physician or Supplier Information section. Complete all other items on the form per usual practice:

- Item 21 A: Enter ICD-10 Diagnosis code
- Item 22 A: Encounter for surveillance of contraceptive implant
- Item 23 A: Date of service must be the same as the DRG date of service.
- Item 24 A: Place of service (POS) code is 21 (inpatient hospital).
- Item 24 D: Procedures, Services, or Supplies
  - Enter correct CPT/HCPCS codes:

  **CPT/Insertion of device codes**
  - 15338 = Insertion of IUD
  - 11198 = Insertion of implant

  **HCPCS codes**
  - J3948 = Copper T IUD (Paragard)
  - J3949 = sling levonorgestrel-releasing IUD (Mirena)
  - J3977 = 5mg levonorgestrel-releasing IUD (Lotra)
  - J7787 = progesterone-releasing implant (Neorello)

- **Verify Insurance Participation**
- **Reimbursement Reassurance**
- **Verify Payment**
### Roadmap for Implementation

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<td>Provide Clinical Evidence</td>
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<td>Confirm Appropriate Administrative Awareness</td>
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<td></td>
<td>Assemble Immediate Postpartum LARC Team</td>
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<td></td>
<td>Plan for ongoing communication or meeting</td>
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Exploration stage: Key steps

• Must have your stakeholder team
  • Physician champion
  • Nursing champion
  • Pharmacy champion
  • Financial team champion
  • Information Technology support

• They will be the communicators to their groups
  • Impossible to over-communicate!
Change Leaders

- Who is your…?
  - **Sponsor**: provides backing and resources
  - **Champion**: CHEERLEADER
  - **Project manager**: manages administrative details
  - **Integrator**: manages conflicting priorities – could be sponsor

- **Sponsor**
- **Champion**
- **Project Manager**
- **Integrator**
Installation stage

Preparing to offer immediate postpartum LARC
# Roadmap for Implementation

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- **Policies**
- **Guidelines**
- **Protocols**
- **Supplies List**
- **Insertion Training:**
  - IUD
  - Nexplanon
- **Consents**
- **Nexplanon Certificates**
- **Patient Education**
- **RN Training**
- **Staff In-Service**
- **Pharmacy Education**

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*Hofler 2017*
Installation stage decisions: Start with implants, IUDs, both?
Installation stage decisions: Provider and staff training

- When? Who?
  - Clinical training
  - Process training

- Implants
  - Manufacturer training

- IUDs
  - ACOG PCAI
  - Regional experts
  - ILPQC
Installation stage decisions: Nursing role

- **Counseling**
  - Does the nurse provide counseling about postpartum contraception?

- **Documentation**
  - What is the process for ensuring consent, insurance coverage, procedure?

- **Assessment**
  - Any contraindications?

- **Assisting with placement**
  - Getting necessary supplies; storage location for easy access?
Installation stage decisions: Ongoing education and new hires

• How often? What venue?
  • Grand Rounds
  • Resident education
  • Provider meetings
  • Staff meetings

• Pharmacy?
• Lactation?
Change Leaders

- Who has everyone’s ear?
- Who “owns” training?
- Who runs meetings?
Installation stage:
Key facilitators

• Technical project champions
• Clear roles and responsibilities
• Steps and tools supporting installation and implementation
• External training and project support
Clinical Resources

- ACOG webinars, clinical seminars, guidance

JHPIEGO reference manual (international with USAID)

CARDEA immediate postpartum LARC Insertion eLearning Course
Discussion and Troubleshooting
Thank you!

lhofler@salud.unm.edu
IUD expulsion rate varies by uterine size

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Immediate</td>
<td>10.0%</td>
</tr>
<tr>
<td>Early</td>
<td>29.7%</td>
</tr>
<tr>
<td>Interval</td>
<td>1.9%</td>
</tr>
<tr>
<td>Vaginal</td>
<td>14.9%</td>
</tr>
<tr>
<td>Cesarean</td>
<td>3.6%</td>
</tr>
<tr>
<td>LNG IUS</td>
<td>15.5%</td>
</tr>
<tr>
<td>CuT380A</td>
<td>6.7%</td>
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*Continuum of IUD Expulsion*

IUD expulsion

• Women generally recognize an expulsion
• IUD can be reinserted before 48 hours or after 4 weeks if there is an expulsion
• Counsel women about breastfeeding as contraception, and provide condoms / emergency contraception as backup
No breastfeeding differences regardless of IUD timing

Immediate n=132

4-8 weeks n=127

Time to lactogenesis: immediate postpartum non-inferior to office insertion

Any breastfeeding at 8 weeks
- 79% with immediate placement
- 84% with delayed placement

Turok, AJOG 2017
No breastfeeding differences regardless of implant timing

Time to lactogenesis: early insertion non-inferior to standard insertion

No difference:
- Supplementation
- Milk composition at 6 weeks
1. Clinical Protocol
2. Provider Training Sessions
3. Order Set
4. Reminder Card
5. Procedure Note
Domains of Work

**People**

- **Patients**
  - Shared decision making tools

- **Providers**
  - Pharmacy
  - Education
  - Skills workshops
  - Reminders
  - Performance feedback

- **Billing Staff**
  - Education
  - Auditing and feedback

**Workflow Re-design**

- Clinicians for immediate postpartum LARC insertion
- Documentation templates

**Supply Chain**

- Algorithm for predicting LARC demand
- Automated device re-ordering

**Monitoring & Evaluation**

- Monthly reports on LARC insertion payments

**Domains of Work**

Covering the following areas:

- **Billing Staff**
  - Education
  - Auditing
  - Performance feedback

- **Workflow Re-design**
  - Clinicians for immediate postpartum LARC insertion
  - Documentation templates

- **Supply Chain**
  - Algorithm for predicting LARC demand
  - Automated device re-ordering

- **Monitoring & Evaluation**
  - Monthly reports on LARC insertion payments
TEAM TALKS
ILPQC IPLARC

Provider Education Strategies
Collaborating Groups

• Memorial Medical Center Family Maternity Suites
• SIU OB/GYN
  • 9 delivering providers, residency program
• SIU Family Medicine
  • 6 delivering providers, residency program
• Women’s Healthcare (Memorial Physician Services)
  • 7 delivering providers
• Springfield Clinic Center for Women’s Health
  • 18 delivering providers divided between 2 call groups
Provider Introduction to IPLARC

- Perinatal Committee meeting is held monthly- led by OB Department Chair
- All groups have representative members in addition to representatives from administration, information services, clinical informatics, medical informatics, evidence based orders RN, & nursing outcomes improvement facilitator
- IPLARC 1st wave participation was announced at perinatal meeting
- Consensus was reached by explanation of program objectives to decrease short interval pregnancy and associated risks
Physician Buy-In

• Training invitation from ILPQC was distributed by email to all OB/GYN office managers and all delivering providers
• Invitation was accompanied by a brief description of program objectives
• Physician champion was recruited through perinatal committee from the largest provider group
• SIU OB residency program developed a request for a resident project to follow those patients receiving IPLARC
• SIU FM group identified target population less likely to return for follow up after hospital discharge
Education Plan

- ILPQC training in Springfield, IL was attended by 1 SIU OB provider, 1 Springfield Clinic provider, and 2 SIU FM CNMs
- All delivering providers were contacted by email regarding ACOG online module training for IPLARC
- SIU OB announced project and requested access to follow up on all IPLARC placement, success rate, and removal rate over the next several years at quarterly OB/GYN department meeting
- MMC Family Maternity Suite nursing staff were given evidence based articles to review regarding risks of short interval pregnancies
- Documentation of training for all providers will be tracked by roster with date of completion and reports will be run on insertions to assure maintained competency or the need for refresher training.
ILPLARC Education Plan

Awareness

Perinatal Committee → Message relayed to all provider groups → E-mail Contact → Provided rationale and training opportunity → OB/GYN Quarterly Meeting Announcement → Showed interest & asked for participation

Buy-In

What about the project is important to the provider? → Personal discussions with providers when they were on the unit → Ability to bill for insertion outside of global fee → Patient return rate to the office for PP contraception → Number of Patients that were unable to obtain contraception if they did return → Patient convenience and satisfaction → Resident participation and learning opportunities

Training

ILPOC Training Opportunity → Combination of ACOG resources and train the trainer model → Obtain Mamma-U Models & schedule trainings → Contact all providers with training availability and ACOG resource tools → Host training sessions and competency validations → Maintain logs of competency & insertion dates for all providers → Reports of performing providers available from nursing EMR documentation
Current State

• Working to obtain Mamma-U models for physician training sessions by those familiar with insertion within 10 minutes of placental delivery
• Physicians have volunteered to conduct sessions that other providers can attend
• Electronic Medical Record nurse charting of the procedure developed and live from which reports can be run
• One device currently available on the unit (Mirena)
• Awaiting contract approval on alternative IUD and Nexplanon
EMR Documentation

- Selection of the device automatically drops the charge for the device to the billing system
- Report can be pulled from the data fields by lot and expiration date in case of recall
- All other fields are designed to guide nursing staff through making sure all process steps are complete prior to insertion of the device
- Investigating provider ability to pull this information into formatted note of the provider
Next Steps

- Nurse education regarding all contraception options
- Obtaining alternative devices on L&D
- All patients have postpartum contraception discussions documented in prenatal records however we wish to provide written information and verbal discussion regarding options and patient interest at admission
- Obtaining models for training
- Finalizing dates and locations for provider training and review
- Having “packs” with needed supplies readily available
KEY PLAYERS MEETINGS
Key Players Meeting

• Invitations for this **FREE CONSULTATION** went out on August 30
  – If you did not receive this email, please notify Danielle Young
  – Goal is to schedule all KP meetings before 2019, email Danielle to schedule

• Key Players Meeting at your hospital - we will come to you!
  – 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.
    • **Learn your experiences**, for problem solving solutions to share with other teams

• **Key Players Assessment Survey**
  – All teams fill out key players assessment survey
  – Goal is provide helpful information for personalized consultation and tailored Key Players meeting to help your team meet the GO LIVE March 2019 goal
  – If unable to host a Key Players meeting in person, ILPQC will schedule a **FREE CONSULTATION CALL** to review survey data, progress and problem solve.
## Key Players Meetings Status

<table>
<thead>
<tr>
<th>Key Players Meeting Completed</th>
<th>Key Players Meeting Scheduled</th>
<th>Working on it...still to be scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Norwegian American Hospital</strong></td>
<td>Northwestern Memorial</td>
<td>Memorial Medical Center</td>
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<tr>
<td><strong>Carle Foundation Hospital</strong></td>
<td>University of Chicago</td>
<td>Rush Copley</td>
</tr>
<tr>
<td><strong>Swedish Covenant Hospital</strong></td>
<td>Vista Medical Center</td>
<td>NorthShore University HealthSystem Evanston Hospital</td>
</tr>
<tr>
<td><strong>Memorial Hospital of Carbondale</strong></td>
<td>Advocate Christ Medical Center</td>
<td>Advocate Lutheran General</td>
</tr>
<tr>
<td>** Advocate Illinois Masonic Medical Center**</td>
<td>Advocate Lutheran General</td>
<td>UI Health</td>
</tr>
</tbody>
</table>

### Key Players Meetings aim to:

1. Support your hospital team in overcoming challenges
2. Create a space for ILPQC to learn from teams to provide needed support
ANNUAL CONFERENCE REVIEW
Slides Available Online

- All annual conference slides are available at [www.ilpqc.org/conf2018](http://www.ilpqc.org/conf2018)
CONGRATULATIONS
IPLARC DATA COMPLETION AWARD WINNERS AND EARLY ADOPTERS!
ILPQC IMMEDIATE POSTPARTUM LARC INITIATIVE

<table>
<thead>
<tr>
<th>Data Completion Award and Early Adopters</th>
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<tbody>
<tr>
<td>Advocate Christ Medical Center</td>
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<tr>
<td>John H. Stroger Jr. Hospital of Cook County</td>
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<td>NorthShore University HealthSystem - Evanston Hospital</td>
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<tr>
<th>Early Adopter</th>
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<td>Swedish Covenant Hospital</td>
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</table>
Timeline for IPLARC

- Wave 1 Launch: April 9, 2018
- GO LIVE Goal for Wave 1 teams: March 2019
- Recruiting Wave 2: Winter 2019
- Wave 2 Launch Face to Face Meeting: May 29, 2019
- Support Wave 2 teams with lessons learned from Wave 1: 2019-2020
Teams on track to complete steps for their IPLARC GO LIVE goal

5 teams are live!
5 teams have a GO LIVE date set!

Wave 1 teams GO LIVE by March 2019!
Discussion: Strategies for Success

Any tips to share from your IPLARC team working on these steps to make change happen at your hospital?

- Key Players Meetings
- Stocking
- Billing
- Patient education
- Provider education
- Implementing IPLARC protocols
- Use of EMR to standardize approach
- Communicating with outpatient sites
NEXT STEPS
Upcoming IPLARC Teams Calls & Training Opportunities

• December 17 – Using IT/EMR to implement IPLARC and engaging outpatient prenatal providers
• January 21, 2019 – Canceled due to MLK Holiday
• February 2019 – All IPLARC Wave 1 Round Robin with Go Live updates and troubleshooting remaining challenges
• Stay tuned for another ACOG/ILPQC IPLARC Hands-On training opportunity in early 2019!
Next Steps

• Develop 30-60-90 Day plan for Go Live Goal (March 2019)
• Complete REDCap data submission for October
• Continue monthly interviews and review data reports with your team!
• If you haven’t already, email Danielle to set up a Key Players Meeting for us to visit your hospital we bring experts and treats!
Contact

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