Immediate Postpartum LARC (IPLARC)

Wave 2 Teams Launch Call

April 29, 2019
12:00 – 2:00 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

• Why Immediate Postpartum LARC (IPLARC)?
• ILPQC Structure and Supports
• Initiative overview
• Advocate Illinois Masonic Team Talk
• IPLARC Wave 1 Success
• Getting Started with IPLARC
• Improving Postpartum Access to Care
• Upcoming Events & Next Steps
WHY IMMEDIATE POSTPARTUM LARC (IPLARC)?
Consequences of Unplanned Pregnancies & Short Interpregnancy Intervals

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

- **58%** Intended
- **42%** Unintended

50% of IL births covered by Medicaid

Consequences of Unplanned Pregnancies

- Poor pregnancy outcomes
- Delayed initiation of prenatal care
- Lower breastfeeding rates

Consequences of Short Interpregnancy Interval

Higher risk of poor maternal and infant outcomes: preterm birth, low birthweight, preeclampsia

42% of IL births are unintended.
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
LARC is the Most Effective of Contraceptive Options

**HOW WELL DOES BIRTH CONTROL WORK?**

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

**Okay**
- The Pill
  - For it to work best, use it every... Every Single Day.
- The Patch
  - For it to work best, use it every... Every Week
- The Ring
  - For it to work best, use it every... Every Month
- The Shot (Depo-Provera)
  - For it to work best, use it every... Every 3 Months

**Not so well**
- Withdrawal
  - For each of these methods to work, you or your partner have to... Live with any other method
- Diaphragm
  - For each of these methods to work, you or your partner have to... Live with any other method
- Fertility Awareness
  - For each of these methods to work, you or your partner have to... Live with any other method
- Condoms, for men and women
  - For each of these methods to work, you or your partner have to... Live with any other method

**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

*This work by the UCSF School of Medicine Birthing Center and Bedsider is licensed as a Creative Commons Attribution - NonCommercial - ND4.0 Unported License.*
Why immediately after delivery? Can’t it wait?

- High interest in LARC exists among postpartum women, particularly among women with a recent unintended pregnancy and women who do not desire pregnancy for at least two years. (Tang et al., 2013)

- Over half of unintended pregnancies among women in the US occur within two years following delivery. (In Potter et al., 2013)

- About 40 to 60% of women have unprotected intercourse prior to the 6-week postpartum visit

Fewer than half of women will return to their up at 6-week visit.
"The American College of Obstetricians and Gynecologists supports immediate postpartum LARC insertion as a best practice, recognizing its role in preventing rapid repeat and unintended pregnancy."
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
Illinois Perinatal Quality Collaborative (ILPQC)

- Multi-disciplinary, multi-stakeholder Perinatal Quality Collaborative with 119 Illinois hospitals participating in 1 or more initiative
- Support participating hospitals’ implementation of evidenced-based practices using quality improvement science, collaborative learning and rapid response data

>99% of IL births
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
- CAAP
- AWHONN
- AAFP
- Midwest Business Group on Health
- Illinois Association of Medicaid Health Plans
- Private Payers

Leadership Team
- Ann Borders, MD, MS, MPH
  NorthShore University HealthSystem
- Patricia Lee King, PhD, MSW
  Northwestern University, Illinois Perinatal Quality Collaborative
- Leslie Calcarelli, MD
  Preemie Women's Hospital – Northwestern Medicine
- Justin Josephsen, MD
  SSM Health Cardinal Glennon Children's Hospital – St. Louis University
- Terry Griffin, MS, APN, NNP-BC
  St. Alexius 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, MSN
  St. John's Perinatal Center
- Stephanie Pess
  Illinois Department of Human Services
- Arvind Goyal, MD
  Illinois Department of Health and Family Services
- Scott Matthews, MSW, MHA
  March of Dimes, Midwest Region
- Lance Kovacs, MBA, CFHQ
  Illinois Hospital Association
- Sessy Nyman, MS
  EverThrive Illinois

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
- Tracy Patton
- Stacey Porter
- Tamela Milan, MPPA

Legislative Advisory Workgroup

ILPQC Central
- Dan Weiss, MPH
  NorthShore University HealthSystem, Illinois Perinatal Quality Collaborative
- Danielle Young, MPH
  Northwestern University, Illinois Perinatal Quality Collaborative
- Autumn Perrault, RN, BSN, LCCE
  NorthShore University HealthSystem, Illinois Perinatal Quality Collaborative

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

Obstetric Advisory Workgroup
Obstetric Hospital Teams

Neonatal Advisory Workgroup
Neonatal Hospital Teams
ILPQC Central Team

Ann Borders
ILPQC Executive Director, OB Lead

Leslie Caldarelli & Justin Josephsen
Neonatal Leads

Patricia Lee King
State Project Director

Daniel Weiss & Danielle Young
Project Coordinators

Autumn Perrault
Nurse Quality Manager

info@ilpqc.org OR www.ilpqc.org
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?
ILPQC Provides Responsive QI Services to Hospital Teams

**Webinars/Calls**
- Monthly collaborative learning calls
- Quarterly QI support calls to individual teams
- Small group QI topic calls as needed

**Face to Face**
- Spring Face-to-Face Meeting breakouts
- Annual Conference breakouts
- Key Player site visits
- Grand Rounds presentations

**ILPQC Resources**
- Paper/online QI toolkits
- Patient-education materials
- Monthly e-newsletters
- Webinar recordings

**ILPQC Data**
- Rapid response data system
- Real-time reports for teams to compare data across time & hospitals
- Data system training calls

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Quality Improvement Support Services
Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)

INITIATIVE OVERVIEW
Immediate Postpartum LARC (IPLARC)

- 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 IPAC (Improving Postpartum Access to Care) to standardize 2 week postpartum visit
- Opportunities for ACOG LARC Initiative training
- Funded by grant from Pritzker Family Foundation with support of other funders including IDPH, DHS, CDC
**Aim:** Within 9 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARCs

To 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

**Key Goals:**

1) Increase % of women with prenatal comprehensive contraceptive counseling and documentation

2) Increase % of providers/ nurses trained to provide IPLARC

3) Increase % of hospitals who have completed key steps needed to provide IPLARC

4) Achieve GO LIVE goal to provide IPLARC for 15 participating Wave 1 hospitals by March 2019
Timeline for IPLARC

Wave 1 Launch: 4/9/18
GO LIVE Goal for Wave 1 teams: March 2019
Wave 2 team rosters due: 4/15/19
Wave 2 Kick-off Webinar: 4/29/19
Wave 2 Launch Face-to-Face Meeting: 5/29/19
IPLARC Wave 1 Sustainability; IPLARC Wave 2 Active Support w/ lessons from Wave 1: 2019-2020
ILPQC 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
### Aims and Measures

#### Overall Initiative Aim

Within 11 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
- 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
- Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC

#### Process Measure

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

#### Outcome Measure, among participating hospitals

Provide and document comprehensive contraceptive counseling, including IPLARC, during prenatal care and delivery admission

By increasing access to IPLARC, increase in utilization of IPLARC

*“Go Live” date is May 2020 for Wave 2 teams!*
**IPLARC Key Driver Diagram**

**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 counseling
- Train clinicians on IPLARC insertion

**Recommended Key Practices:**
1. Ensure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
2. Ensure billing 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 channels and multidisciplinary support among appropriate departments.
5. Modify L&D, OB OR, postpartum and clinic workflows 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 that 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.

**IL&PPQC**
Illinois Perinatal Quality Collaborative

**v3 | 5 10 18**
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

Key Players Meetings

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
- Go LIVE
- Provide and document contraceptive counseling, including IPLARC, during prenatal care and delivery admission
- By increasing access to IPLARC, improve options, increase utilization of IPLARC

Meetings

IL & PQC Illinois Perinatal Quality Collaborative
Achieving expanded access to IPLARC in Illinois

- 15 hospitals participating in IPLARC Wave 1; 12 (80%) were live by March 2019
- Facilitated Key Players Meetings with 100% if IPLARC Wave 1 teams
- Developing strategies to engage private payers regarding reimbursement
- Rolling out IPLARC Wave 2 2019/2020
Expert Advisors help guide work

• 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
Wave 2 Teams to date...

- Abraham Lincoln Memorial Hospital
- Alton Memorial Hospital
- Anderson Hospital
- Barnes-Jewish Hospital
- FHN Memorial Hospital
- Gibson Area Hospital
- NM Central DuPage Hospital
- Roseland Community Hospital
- Rush University Medical Center
- Rush-Copley Medical Center
- Silver Cross Hospital
- Touchette Regional Hospital
- West Suburban Medical Center
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 counseling component and outpatient follow up post-delivery.
IPLARC Wave 2 Teams

• 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
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
Wave 2 Hospitals: Current Status in Providing IPLARC

Hospitals that are providing LARC have placed only a few devices so far, ranging from 1-10/month.
Wave 2 teams working together for success

• Wave 2 teams:
  – Participate in monthly team calls
  – Team Talks: Share progress, successes and challenges and learn from other Wave 1 & Wave 2 Teams
  – Determine needs and challenges at your institution, where is your team in the process?
  – Wave 2 teams work together to assist all teams achieving full implementation of key IPLARC initiative AIMS
  – Monthly data collection, brief but will be essential to drive quality improvement / implementation progress
  – Schedule a Key Players meeting at your hospital fall/winter 2019 will get a consultation from ILPQC and IPLARC expert to review progress and help solve issues, provide support with billing strategies
Key Players Meeting

• Invitations for this **FREE CONSULTATION** will go out in early Fall 2019

• 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

“Thanks again for our [Key Players] Meeting last week. We all feel so much better about what's left to be done, it was better than we could have hoped for!”

“It was so wonderful to meet with you today and come up with a game plan to really get things moving along here. It was probably one of the best meetings I have had lately and I felt so productive after and feel like the tasks we outlined are easily doable.”
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
    • Standardized 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:**
  - # 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
## Outcome Measures

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Number of deliveries this month: * must provide value</td>
<td></td>
</tr>
<tr>
<td>31. Is your hospital routinely counseling, offering, and providing immediate postpartum LARCs either IUD or Implants (i.e., is your system live)?</td>
<td>Yes</td>
</tr>
<tr>
<td>31a. If yes, please specify: * must provide value</td>
<td>IUDs</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>34. How many patients out of 10 reviewed had contraceptive counseling, including IPLARC, documented in the medical record during prenatal care?</td>
<td></td>
</tr>
<tr>
<td>34a. Of patients who did not have contraceptive counseling documented, how many did not have prenatal care?</td>
<td></td>
</tr>
<tr>
<td>34b. Of patients who did not have contraceptive counseling documented, how many had prenatal care, but did not have a prenatal record?</td>
<td></td>
</tr>
<tr>
<td>35. How many patients out of 10 reviewed had contraceptive counseling, including IPLARC, documented in the medical record during delivery admission?</td>
<td></td>
</tr>
<tr>
<td>* must provide value</td>
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## Short Monthly Data Form

### ILPOC IPLARC Data Collection Form

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers/Format</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structure Measures</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 2. What stakeholders do you have on your hospital QI team to date? (check all that apply) | 1. Administration  
2. MCO Liaison  
3. Pharmacy  
4. Billing  
5. Nursing  
6. Legation consultant  
7. OR provider champion  
8. EMR/IT  
9. Ambulatory prenatal care site liaison  
10. Social Work  
11. Other: |
| **Hospital has IPLARC devices stocked in the inpatient inventory**        |                |
| 3. Are inpatient IUDs available on your hospital formulary?              | 1. Have not started  
2. Working on it  
3. In place (one or more IUDs are available) (check all that apply)  
   a. Mirena  
   b. Uliptra  
   c. Skyla  
   d. Kyleena  
   e. Prevenza  
   f. Other: |
| **Hospital has IPLARC devices stocked in the inpatient inventory**        |                |
| 3a. What inpatient LARC devices are available on labor and delivery and/or on the postpartum unit? | 1. IUD  
2. Implant  
3. Both |
| **Hospital has IPLARC devices stocked in the inpatient inventory**        |                |
| 4. Are inpatient implants available on your hospital formulary?          | 1. Have not started  
2. Working on it  
3. In place |
| **Hospital has IPLARC devices stocked in the inpatient inventory**        |                |
| 5. Are inpatient LARC devices (with needed supplies) available on labor and delivery and/or on the postpartum unit? | 1. Have not started  
2. Working on it  
3. In place |
| **Hospital has IPLARC protocols in place for labor and delivery and postpartum units** |                |
| 6. Do you have immediate postpartum protocols and process flows in place for IUDs? | 1. Have not started  
2. Working on it  
3. In place |
| **Hospital has IPLARC protocols in place for labor and delivery and postpartum units** |                |
| 7. Which departments have implemented a protocol to support immediate postpartum placement of IUDs? (check all that apply) (Check both "L&D" and "Postpartum unit" if hospital has combined L&D/postpartum unit.) | 1. L&D  
2. Postpartum unit  
3. OR  
4. Pharmacy  
5. Billing  
6. Other: |
| **Hospital has IPLARC protocols in place for labor and delivery and postpartum units** |                |
| 8. Do you have immediate postpartum protocols and process flows in place for implants? | 1. Have not started  
2. Working on it  
3. In place |
| **Hospital has IPLARC protocols in place for labor and delivery and postpartum units** |                |
| 9. Which departments have implemented a protocol to support immediate postpartum placement of implants? (check all that apply) (Check both "L&D" and "Postpartum unit" if hospital has combined L&D/postpartum unit.) | 1. L&D  
2. Postpartum unit  
3. OR  
4. Pharmacy  
5. Billing  
6. Other: |

### Hospital has coding/billing strategies in place for reimbursement for IPLARC

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers/Format</th>
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</thead>
</table>
| 10. If your hospital carries LARC devices, does your hospital use 340B purchasing for LARC devices? | 1. Hospital is not eligible for/doesn't participate in 340B  
2. Eligible, but not participating  
3. Eligible, participating  
4. Do not know |
| 11. Have you implemented billing codes for IUDs?                         | 1. Have not started  
2. Working on it  
3. In place |
| **Hospital has coding/billing strategies in place for reimbursement for IPLARC** |                |
| 12. Have you implemented billing codes for implants?                     | 1. Have not started  
2. Working on it  
3. In place |
| **Hospital has coding/billing strategies in place for reimbursement for IPLARC** |                |
| 13. If billing codes are implemented for IUD, implant, or both, with which payers do you have billing strategies in place? | 1. Traditional Medicaid/Medicaid FFS  
2. Medicaid MCOS  
3. Private insurers (please specify, check all that apply) a. Aetna  
   b. Ambetter  
   c. Assurant Health  
   d. BCBS of IL  
   e. Covenor  
   f. Harken Health  
   g. Humana  
   h. United Health Care  
   i. Other: |
| **Hospital has coding/billing strategies in place for reimbursement for IPLARC** |                |
| 14. Has your hospital billed the devices you placed? (check all that apply) | 1. Yes  
2. No  
3. Not yet placed any devices |
| **Hospital has coding/billing strategies in place for reimbursement for IPLARC** |                |
| 15. Have you received reimbursement for the devices that you placed? (check all that apply) | 1. Yes, traditional Medicaid/Medicaid FFS  
2. Yes, from MCOS(s) a. Yes, from at least 1 Medicaid MC  
   b. Yes, from all Medicaid MCOS with whom the hospital contracts  
   c. Yes, from all Medicaid MCOS, even those with whom the hospital does not contract  
3. Yes, from private payer(s) a. Yes, from at least 1 private payer  
   b. Yes, from all private payers with whom the hospital contracts  
4. No  
5. Not yet placed any devices |

### Hospital can document IPLARC placement in IT/EMR systems

<table>
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<tr>
<th>Question</th>
<th>Answers/Format</th>
</tr>
</thead>
</table>
| 16. Does your hospital have IT/EMR revisions implemented for tracking and documentation of immediate postpartum placement of IUDs? | 1. Have not started  
2. Working on it  
3. In place |
| **Hospital can document IPLARC placement in IT/EMR systems**             |                |
| 17. If "in place," where does IUD documentation occur? (check all that apply) | 1. Delivery template – Providers  
2. Delivery template – nurses  
3. Separate EMR form – providers  
4. Separate EMR form – nurses  
5. Other: |
| **Hospital can document IPLARC placement in IT/EMR systems**             |                |
| 18. If "in place," which IT/EMR revisions have been completed to assure adequate tracking and documentation for IUDs (check all that apply) | 1. EMR for consent  
2. EMR for contraceptive choice counseling, including IPLARC  
3. Order sets  
4. Pharmacy system (acquisition and stocking)  
5. Billing system  
6. Tracking tools  
7. Other: |
ILPQC Data System

ILPQC IPLARC

IPLARC Process Measures: Cumulative Percent of Nurses, Lactation Consultants, and Social Workers Trained on IPLARC Evidence and Protocols

ILPQC IPLARC Initiative: Cumulative Percent of Nurses Trained on IPLARC Evidence and Protocols, 2018-2019
IPLARC STRUCTURE MEASURES - REPORTING TOOL

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.

Key Opportunities for IPLARC Improvement and Implementation

- Not started
- Working on it
- In place

Department with an IPLARC protocol in place

<table>
<thead>
<tr>
<th>Department</th>
<th>IUD</th>
<th># teams initiative wide (total)</th>
<th>Implant</th>
<th># teams initiative wide (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L&amp;D</td>
<td>✓</td>
<td>2 (17)</td>
<td></td>
<td>1 (17)</td>
</tr>
<tr>
<td>Postpartum unit</td>
<td></td>
<td>1 (17)</td>
<td>✓</td>
<td>3 (17)</td>
</tr>
<tr>
<td>OB OR</td>
<td>✓</td>
<td>2 (17)</td>
<td></td>
<td>1 (17)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td>1 (17)</td>
<td></td>
<td>1 (17)</td>
</tr>
<tr>
<td>Billing</td>
<td></td>
<td>1 (17)</td>
<td></td>
<td>1 (17)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0 (17)</td>
<td></td>
<td>0 (17)</td>
</tr>
</tbody>
</table>

FREE rapid response dashboard to drive your team’s QI work!

Hospital is actively providing IPLARC

- IUD
- Implant

IUDs placed

- Hospital 12

Implants placed

- Hospital 18

EMR Revisions in Place for Tracking & Documentation

- EMR for consent
- EMR for contraceptive choice counseling, including IPLARC
- Order sets
- Pharmacy system (acquisition and stocking)
- Billing system
- Tracking tools
- Other
Hexagons are colored to indicate team progress on the structure measure from month-to-month.
Team baseline evaluation

- Wave 2 teams range from ready to get started to already providing some 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 and work plan
- Each team will create a 30, 60 and 90 day plan for success to be shared in a team story board at May 29 Face-to-Face Meeting in Springfield
How will ILPQC help?

- IPLARC Toolkit available online today and each team will receive a binder at Face-to-Face meeting on 5/29
- 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
- Key Players Meeting at your hospital for individual support and consultation to help you GO LIVE
- QI support coaching calls to teams to problem solve
- Face-to-Face Launch Meeting, May 29, Springfield
- ACOG IPLARC Train-the-Trainer Trainings
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
TEAM TALKS
Immediate Postpartum Long Acting Reversible Contraception:

Our Experience at Advocate Illinois Masonic Medical Center

Presentation/Materials developed by:
Credits:

Marie A. Cabiya, M.D.
Immediate PP LARC Physician Co-Champion (along with Dr. Rachel Baskin)/
Medical Director IMMC Ob/Gyne Resident Clinic

Stefanie House, MHA, BSN, RNC
Immediate LARC Nurse Champion/
Clinical Director of Women and Children’s Services
Building Our Team

- Nursing and physician champions
- Residents
- Pharmacy and supply chain
- EMR
- Billing and coding
- Outside institutions/Resources
Process

- Literature and protocol review
- Partnering with pharmacy and supply chain to obtain products
- Drafting and approval of clinical guideline
- Outreach to billing and coding
- Creation of standardized procedure notes in the EMR
- Creation of physical log
- Nurse training
- Grand rounds and dissemination of toolkit (clinical guideline/cheat sheet/practice bulleted)
- Surveillance
Education and patient information

- A pamphlet was created to give information to your patient before the insertion of the device that can answer questions regarding breast feeding and side effects.
- A “Cheat Sheet” was developed
Immediate LARC “Cheat Sheet”

**Nexplanon Insertion**
- MD discuss options, risks and benefits with patient, obtain signed consent
- Have nurse obtain the Nexplanon from supply room and document in log
- Order lidocaine
- Gather supply packet (Anna Dominiak, RN will be point person on MBU)
- Time Out
- MD: Write procedure note
- Bill for insertion only on Alert MD (CPT 11981 Dx code Z30.8)
- Nursing document device in Care Connection
- Secretary bill for Nexplanon

**IUD Insertion**
- MD discuss options, risks and benefits with patient, obtain Signed consent
- Have nurse obtain the desired UID from supply room document in log
- Time Out
- Write procedure note (for vaginal delivery) or use phrase (for cesarean)
- Bill for insertion only on Alert MD (CPT 58300 Dx code Z30.430)
- Nursing document device in Care connection or Surginet
- Nursing add IUD to charge sheet
Key Counseling Points

• **Higher risk of expulsion**—up to 10-27% after a vaginal delivery and 8% after cesarean placement
  – Higher risk with Mirena than Paragard
• Higher chance of non-visualization at postpartum visit or need for **strings** to be shortened
• Appears to have **no effect on lactogenesis** and inability to breastfeed
Immediate IUD Insertion

• Counseling in outpatient setting, consent signed upon admission
• Universal protocol **TIME OUT** completed and documentation
• Insertion will happen **within 10 minutes** of placental expulsion
Nursing Documentation

• Nurse will document vaginal insertion of LARC procedure in the “Miscellaneous Procedure” ad hoc form.
  • This includes the Universal Protocol Time Out, the procedure name, dressing and patient response
  • Document the device lot number and expiration date and person inserting device (in narrative note)

• Nurse will document in devise section of Surginet if placed during a C-section
How did we initially charge?

- In labor and delivery (IUD): paper charge form was used

- Charge was entered by secretary if in Mother/Baby (Nexplanons)
Follow-Up

- All insertions documented in a log containing patient and device information
- Follow up in 2 weeks for string check and possible trimming
- If loss of insurance is expected discuss sites for removal, if desired
Questions?

Happy to help and share our experience!

Marie A. Cabiya, M.D.
Immediate PP LARC Physician Co-Champion (along with Dr. Rachel Baskin)/
Medical Director IMMC Ob/Gyne Resident Clinic
Marie.cabiya@advocatehealth.com

Stefanie House, R.N.
Immediate LARC Nurse Champion/
Clinical Director of Women and Children’s Services
Stefanie.house@advocatehealth.com
IPLARC WAVE 1 SUCCESS
Hospitals Providing IPLARC

Percent of Wave 1 Hospitals Live with Immediate Postpartum LARC

IPLARC Devices Placed

Total # of IPLARC Devices Placed, April 2018-March 2019

- Implant: 336
- IUD: 265
IPLARC on Inpatient Formulary

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

- In place
- Working on it
- Have not started

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

- In Place
- Working on it
- Have not started
IPLARC Protocols in Place

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

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

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

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

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

Percent of Hospitals with IT/EMR Revisions for Tracking and Documentation of Implants, April 2018-February 2019
Physician/Midwife Training on IPLARC Evidence, Protocols, Counseling & Placement, April 2018-February 2019

- 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
Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)

GETTING STARTED
Getting started with IPLARC

• Form your QI team and find a monthly meeting time
• Submit team roster for team members if not completed
• Review IPLARC key driver diagram
• Complete baseline survey and identify team goals
• Create a draft 30-60-90 day plan (QI plan for first 3 months)
• Draft a process flow diagram for patients arriving on L&D (steps to identify women interested IPLARC, counsel options and provide IPLARC)
• Plan first PDSA cycle to address 30-60-90 day plan
• Incorporate this work into Team Storyboard for Face-to-Face meeting on May 29 (goal share your team story and plan)
• Register team for Face-to-Face Meeting and IPLARC training in Springfield on May 29 / 30.
IPLARC Readiness Survey
Due Friday, May 17

• Please work together as a team to complete this brief survey to help your team understand current barriers and opportunities for getting started/progressing with IPLARC implementation
• There are no right answers! It’s ok to start with lots of opportunities for improvement!
• Access the survey here: https://redcap.healthlnk.org/surveys/?s=MCJHMRLC3A
30-60-90 Day Plans or “Where should we start” Plan

- What are your goals?
- Where do you want to start?
- What would you like to accomplish in first 3 months of this initiative?
- Include plan for first small test of change (PDSA cycle)
What is a Process Flow Diagram?

• Illustrates all of the activities involved - what really happens – in the OB process flow to provide IPLARC to women who want it immediately after delivery
  • Who is doing each activity, Where, Why, How?
  • The baseline process flow is a starting point for this work in progress document
• Involve everyone in the process to help your team understand
  • What steps are missing?
  • Where repetition is occurring?
  • Are the right people performing the right tasks?
  • What additional information / resources are needed?
Key questions to discuss with your team before getting started:

• What is the process for contraceptive counseling for prenatal patients? For patients on L&D?
• What is the process for communication from outpatient prenatal care sites patient desire for IPLARC and follow up after IPLARC placement?
• What is the process for ensuring LARC devices are available on L&D?
• What is the process for providing IPLARC on L&D vs the postpartum unit?
Process Flow Diagram Symbols

- Start or End of the process
- Task in the process
- Decision point in the process
Sample Process Flow: Contraceptive Counselling

- Comprehensive counselling on contraceptive options documented in the prenatal record

  - Yes → Does patient want IPLARC?
  - No → Document and perform comprehensive contraceptive counseling on all options, including IPLARC

- Yes → Document in EMR and active ILPARC OB Process Flow

  - Yes → Proceed to IPLARC OB Process Flow
  - No → Provide support for selected contraceptive options as needed
Plan-Do-Study-Act (PDSA) Cycle: Building Hospital-Level QI Capacity

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

Your hospital QI team identifies an opportunity to improve reimbursement. Your hospital has recently begun to stock LARCs on L&D and implemented inpatient LARC device billing codes, but you haven’t received payment for your first IPLARC.

For your first test of change, you decide to survey the departments involved in billing and submitting claims in your hospital.
Sample PDSA: Reimbursement

- **Plan:**
  - Objective: Receive payment for IPLARC placement
  - Prediction: We think that if we survey the departments involved in billing and claims in our hospital we will identify a list or next steps to improve the reimbursement process
  - 5Ws: Jessie will document the steps used currently for reimbursement in each department involved and identify opportunities for improvement
Sample PDSA: Reimbursement

- **Do:** Jessie schedules brief meetings with a staff in each department to understand how they’ve implemented the new billing process.
- **Study:** Jessie identified that one department did not have education on the new billing process which resulted in incorrect information is on the claim form.
- **Act:** Jessie and her QI team’s billing liaison create a “quick start” guide on the billing process and completing the claims form correctly.
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.

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.
# Potential Tool for your Use

## Example of Access LARC Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Progress/Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit champions for multidisciplinary team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct scheduled monthly team meetings</td>
<td></td>
<td></td>
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<tr>
<td>Establish/test billing mechanism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create pharmacy capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educate providers/staff on clinical evidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop/revise policies and protocols</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modify IT systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educate providers on insertion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish consent process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop contraceptive choice counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educate staff on policies, procedures, counseling</td>
<td></td>
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</tr>
</tbody>
</table>
IMPROVING POSTPARTUM ACCESS TO CARE (IPAC)
Redefining Postpartum Care

ACOG Committee Opinion #736:

• To **optimize** the health of women and infants, postpartum care should **become an ongoing process**, rather than a single encounter

• **All women** should ideally have contact with maternal care provider **within the first 3 weeks postpartum**
  - Blood pressure checks
  - Breastfeeding support
  - Mental health well-being
  - Contraception

• Initial assessment should be followed up with **ongoing care as needed**

• Conclude with a **comprehensive postpartum visit** **NO LATER than 12 weeks after birth**
• **Improving Postpartum Access to Care (IPAC).** This initiative will assist with implementing the new ACOG recommendation for universal early postpartum visits by two weeks postpartum, in addition to the standard six week postpartum visit, to improve maternal health and safety checks and link women to needed care and services earlier in the postpartum period.

• **Opportunity to work to implement this new ACOG standard of practice with support from ILPQC!**

• Learn from national and state experts and other teams on monthly teams calls on the **3rd Monday of the month, 11-12pm**

• **Billing guidance** and one-on-one QI support provided

• **Monthly data collection, brief and essential to drive quality improvement/implementation progress**

• The IPAC launch call will be held on Monday, May 20, 2019, 12:00 pm – 1pm

+1-312-535-8110 | Access code: 807 719 991 | [Access the webinar here](#)
Creating your IPAC Team

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

- **Recommended**
  - Outpatient representative*
  - Patient/family member
  - Billing/collections
  - IT/EMR
  - QI professional

*Highly recommended given need to schedule postpartum visits prior to discharge.
UPCOMING EVENTS
You’re Invited!

2019 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 29, 2019
Check-in: 8:00a-9:00a
Meeting: 9:00a-3:30p
Mothers and Newborns affected by Opioids - OB (MNO-OB)
Immediate Postpartum LARC (IPLARC)
Improving Postpartum Access to Care (IPAC)

Neonatal Teams: May 30, 2019
Check-in: 8:00a-9:00a
Meeting: 9:00a-3:30p
Mothers and Newborns affected by Opioids - Neonatal (MNO-Neonatal)

Register now! https://ilpqc.eventbrite.com

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. (OBN-001-91)

Abraham Lincoln DoubleTree Hotel, Springfield, IL

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611
FACE-TO-FACE
REGISTRATION OPEN!

Visit [www.ilpqc.eventbrite.com](http://www.ilpqc.eventbrite.com) to register today!
Breakout Sessions for IPLARC and IPAC Teams

<table>
<thead>
<tr>
<th>IPLARC</th>
<th>IPAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPLARC Wave 1</td>
<td>IPAC - Getting started with improving access to postpartum care</td>
</tr>
<tr>
<td>improving systems &amp; sustainability</td>
<td></td>
</tr>
<tr>
<td>IPLARC WAVE 2</td>
<td></td>
</tr>
<tr>
<td>leveraging the toolkit and getting started</td>
<td></td>
</tr>
</tbody>
</table>

Make sure to bring team members to Face-to-Face Meeting to attend break out sessions!
Storyboard Template for 2019 Illinois Teams

Every hospital team brings a storyboard describing ongoing ILPQC QI work to Face to Face
Storyboard Instructions

- **Storyboards must fit into a space approximately 28 x 40 inches.** It may be created from a collection of letter-sized sheets (print outs of your power point slides or word documents) that are convenient for carrying while traveling. About six 8x10 inch sheets can fit in the available space.

- **Share your story:** about your hospital, about your team, describe your goals for this initiative, include process flow diagram draft, can include any barriers you have identified and opportunities for improvement, describe next steps or action items for your team

- **Keep it simple:** the Storyboard is not meant to be an extremely time-consuming project.

Display Tips

- Be creative- there is no wrong way!
- Use fewer words and more pictures and graphics
- Include photos, collages, and illustrations (including a photo of your team)
- Use the largest font size as possible for readability
- Use color to highlight key messages (If you don’t have a color printer, use bright highlighters)
- Clear titles and labels if you use graphs (X and Y axes, dates, brief explanation of what it shows)
Storyboard Instructions: Participating in Multiple Initiatives?

- Your hospitals may be participating in multiple OB & Neonatal initiatives at in 2019. We encourage teams to bring one OB and one NEO storyboard addressing the active initiatives they are participating in:

  - **OB Teams:**
    - MNO- OB
    - IPLARC Wave 1 or 2
    - IPAC

  - **Neonatal Teams:**
    - MNO- Neonatal
OB & Neonatal Teams
Shared Content

• Describe your hospital and demographics
• List team members and their roles (add a team photo if available)
• **List identified barriers and strategies for addressing them across initiative**
• Describe any PDSA cycles and their results
• Describe 30/60/90 day plan for ongoing QI work in 2019
Initiative Specific Content

- **MNO-OB teams:**
  - Process flow for OUD protocol
  - Progress on structure measures and key process measures including MAT at delivery and OUD clinical care checklist in chart

- **MNO-Neo teams:**
  - Process flow for OEN protocol
  - Progress on structure measures and key process measures including breastfeeding, pharmacologic treatment, and safe discharge

- **IPLARC and IPAC teams:**
  - Wave 1: Include information about comprehensive contraceptive counselling & documentation (prenatally and on L&D), process flow, and GO LIVE date.
  - WAVE 2 and IPAC teams: Include team goals, next steps, draft process flow, 30-60-90 day plan- where are you starting, what do you want to accomplish next?
Example: Team participating in 2 initiatives

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>MNO-OB</th>
<th>IPLARC and/or IPAC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identified MNO-OB Team goals and successes</td>
<td>Comprehensive contraceptive counseling documentation</td>
</tr>
<tr>
<td>Hospital Demographics</td>
<td>30-60-90 Day plan</td>
<td>Process flow</td>
</tr>
<tr>
<td>OB MNO QI Team Composition</td>
<td>Hospital OUD process flow</td>
<td>30-60-90 Day plan</td>
</tr>
<tr>
<td>IPLARC and/or IPAC QI Team Composition</td>
<td>Identified barriers &amp; strategies to address</td>
<td>Identified barriers &amp; strategies to address</td>
</tr>
</tbody>
</table>
Sample Layouts

With 4 portrait oriented sheets in the middle panel

With 3 landscape oriented sheets in the middle panel
Immediate Postpartum LARC Training Workshop

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

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

Thursday, May 30, 2019
(Following the OB Face-to-Face Meeting)
Abraham Lincoln DoubleTree Hotel, Springfield, IL

Monday, July 29, 2019
Prentice Women’s Hospital, Northwestern University, Chicago, IL

8:00am-10:00am - Provider training
10:00am-10:30am - Implementation and Resources (ILPQC IPLARC Toolkit)
10:30am-12:00pm - Nursing training

$25 registration fee | Refreshments will be provided

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

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

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

Training presented by the ACOG Postpartum Contraceptive Access Initiative
## IPLARC & IPAC Teams Calls & Training

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 20, 12-1pm</td>
<td>IPAC Launch Call</td>
</tr>
</tbody>
</table>
| May 29     | OB Face-to-Face Meeting, Springfield, IL
Breakout session for IPLARC WAVE I teams sustainability |
| May 30     | ACOG/ILPQC IPLARC Training, Springfield, IL                          |
| June 17, 11a-12pm | IPAC
IPLARC Wave 2: Toolkit overview & first steps for QI work/IPAC
IPLARC Wave 1: Monitor & improve comprehensive contraceptive counseling |
| June 17, 12-1pm | IPAC
IPLARC Wave 2: Toolkit overview & first steps for QI work/IPAC
IPLARC Wave 1: Monitor & improve comprehensive contraceptive counseling |
| June 17, 1-2m  | IPAC
IPLARC Wave 2: Toolkit overview & first steps for QI work/IPAC
IPLARC Wave 1: Monitor & improve comprehensive contraceptive counseling |
| July 15, 11a-12pm | IPAC
IPLARC Wave 2: Billing & coding
IPLARC Wave 1: Monitor IPLARC billing & coding |
| July 15, 12-1pm | IPAC
IPLARC Wave 2: Billing & coding
IPLARC Wave 1: Monitor IPLARC billing & coding |
| July 15, 1-2pm  | IPAC
IPLARC Wave 2: Billing & coding
IPLARC Wave 1: Monitor IPLARC billing & coding |
| July 29     | ACOG/ILPQC IPLARC Training, Prentice Women’s Hospital, Chicago, IL |
| Aug 19, 11a-12pm | IPAC
IPLARC Wave 2: Stocking & pharmacy
IPLARC Wave 1: Ensuring patients receive desired IPLARC |
| Aug 19, 12-1m  | IPAC
IPLARC Wave 2: Stocking & pharmacy
IPLARC Wave 1: Ensuring patients receive desired IPLARC |
| Aug 19, 1-2pm  | IPAC
IPLARC Wave 2: Stocking & pharmacy
IPLARC Wave 1: Ensuring patients receive desired IPLARC |
| Sept 16, 11a-12pm | IPAC
IPLARC Wave 2: Protocols and checklists
IPLARC Wave 1: Implement Ongoing Provider/Staff & New Hire Education |
| Sept 16, 12-1pm | IPAC
IPLARC Wave 2: Protocols and checklists
IPLARC Wave 1: Implement Ongoing Provider/Staff & New Hire Education |
| Sept 16, 1-2pm  | IPAC
IPLARC Wave 2: Protocols and checklists
IPLARC Wave 1: Implement Ongoing Provider/Staff & New Hire Education |
Next Steps

• 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 create a 30, 60 and 90 day work plan for success to be shared at May 29 Face-to-Face
• Review data form, strategize plan for data collection
• Plan to have team members join monthly IPLARC webinars starting in June
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
THANKS TO OUR SPONSORS