IPLARC Monthly Teams
Webinar: Wave 1
Ensuring Patients Receive Desired IPLARC

August 19, 2019
1:00 – 2:00 PM
Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance.
Tips for Accessing WebEx

• You must manually add the meeting to your calendar
• WebEx is currently unable to add the meeting to your calendar if you are accepting the meeting on a mobile device

Add to calendar by clicking either of these options

Call-in info
Call Overview

• Review of Data/Upcoming Team Talks Schedule
• Ensuring Patients Receive Desired IPLARC
• Team Talk: Advocate Christ Medical Center
• Team Talk: Carle Foundation Hospital
• QI Corner
• Round Robin – Ensuring Patients Receive Desired IPLARC
• Next Steps
REVIEW OF DATA/UPCOMING TEAM TALKS
## Aims and Measures

### Overall Initiative Aim

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

### Structure Measures

- IT/EMR systems that allow for documentation of IPLARC placement for tracking, and documentation
- Coding / billing strategies in place for reimbursement for IPLARC
- IPLARC devices stocked in the inpatient pharmacy
- IPLARC protocols in place for labor and delivery and postpartum units
- Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC
- Communicated launch of IPLARC availability during delivery admission with affiliated prenatal care site and provided sites with provider/staff and patient education materials for contraceptive options counseling, including IPLARC

### Process Measure

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

### Outcome Measure, among participating hospitals

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

By increasing access to IPLARC, increase in utilization of IPLARC

---

*Focus on monitoring achievement of outcome measures during sustainability
## IPLARC Data Entry Status

<table>
<thead>
<tr>
<th>Month</th>
<th># Teams Entering Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>April – December 2018</td>
<td>16</td>
</tr>
<tr>
<td>January 2019</td>
<td>15</td>
</tr>
<tr>
<td>February 2019</td>
<td>14</td>
</tr>
<tr>
<td>March 2019</td>
<td>14</td>
</tr>
<tr>
<td>April 2019</td>
<td>10</td>
</tr>
<tr>
<td>May 2019</td>
<td>9</td>
</tr>
<tr>
<td>June 2019</td>
<td>7</td>
</tr>
</tbody>
</table>

Please continue to submit data through December 2019 to monitor the success of your implementation efforts.
Comprehensive Contraceptive Counseling

Percent of Wave 1 Hospital Charts with Contraceptive Counseling, including IPLARC, April 2018-June 2019

Goal
Need a Comprehensive Contraceptive Counseling Booster?

- Schedule a Grand Rounds for prenatal/L&D providers to review the importance of comprehensive contraceptive counseling
- Laminate and post the provider flyer in prenatal clinics/L&D provider space
- Find an ally at the largest prenatal clinic and work together to develop dot phrases/provide counseling scripts/ facilitate provider & nurse education
- Work on improving comprehensive contr. counseling documentation one clinic at a time
- Place laminated patient education materials in all clinic rooms
Barriers to Comprehensive Contraceptive Counseling

• What are some barriers/hurdles you’re experiencing in implementing universal comprehensive contraceptive counseling?
  – On L&D
  – Prenatal clinics

• What are some strategies that work?
IPLARC Wave 1 QI Support

• Emails for QI support for all teams working to meet structure measures were sent on 8/1/19
  – Please connect with Danielle and Autumn to take advantage of one-on-one QI support!
• We will begin to phase out structure measures for teams who went to GREEN on all structure measures
• Goal is to help all teams get to GREEN on all structure measures
IPLARC Sustainability Data Form

- When structure and process measures are closed out, teams continue complete the brief sustainability data form till 12/2019
- We continue to monitor comprehensive contraceptive counseling!

### ILPQC IPLARC Sustainability Data Collection Form

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers/Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For which month are you reporting? (month)</td>
<td>Month/year: ____________</td>
</tr>
<tr>
<td><strong>Structure Measures</strong></td>
<td></td>
</tr>
<tr>
<td>3. Have you received reimbursement for the devices that you placed? (check all that apply)</td>
<td>1. Yes, traditional Medicaid/Medicaid FFS 2. Yes, from MCO(s)  a. Yes, from at least 1 Medicaid MCO  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 6. Waiting on reimbursement – claim neither approved or denied</td>
</tr>
<tr>
<td><strong>Outcome Measures</strong></td>
<td></td>
</tr>
<tr>
<td>4. Number of deliveries this month</td>
<td>Number: ____________</td>
</tr>
<tr>
<td>5. Is your hospital routinely counseling, offering, and providing immediate postpartum LARCs either IUDs or Implants? (i.e., Is your system live?)</td>
<td>1. Yes 2. No</td>
</tr>
<tr>
<td>6. Number of immediate postpartum IUDs placed this month</td>
<td>Number: ____________</td>
</tr>
<tr>
<td>7. Number of immediate postpartum implants placed this month</td>
<td>Number: ____________</td>
</tr>
</tbody>
</table>

8. 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 n<sup>th</sup> 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 10<sup>th</sup> 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 2<sup>nd</sup> birth for that month. Review this random sample of charts and record the number of charts (0-10) with the information documented:

9. Does your team have a completed sustainability plan shared with ILPQC (Info@ilpqc.org)? 1. Yes 2. Not yet
## IPLARC Wave 1 Team Talk Schedule - CONFIRMED

<table>
<thead>
<tr>
<th>Month</th>
<th>Team 1</th>
<th>Team 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 15</td>
<td>NorthShore Evanston Hospital</td>
<td>Memorial Hospital of Carbondale</td>
</tr>
<tr>
<td>August 19</td>
<td>Advocate Christ Medical Center</td>
<td>Carle Foundation Hospital</td>
</tr>
<tr>
<td>September 16</td>
<td>UIC</td>
<td>Stroger</td>
</tr>
<tr>
<td>October 21</td>
<td>Advocate Lutheran General</td>
<td>University of Chicago</td>
</tr>
<tr>
<td>November 18</td>
<td>Northwestern Memorial Hospital</td>
<td>Norwegian American</td>
</tr>
<tr>
<td>December 16</td>
<td>Vista Medical Center</td>
<td>Swedish Covenant Hospital</td>
</tr>
</tbody>
</table>
Make the most of sustainability!

• IPLARC sustainability is bigger than GO LIVE
  – Monitor billing/reimbursement – don’t let this fall behind! ILPQC is here to help!
  – Comprehensive contraceptive counseling – continue to be that broken record in your unit and encourage all providers (prenatal and on L&D) to provide comprehensive contraceptive counseling including IPLARC to every patient every time! All patients deserve to make an informed decision on all contraceptive options, including IPLARC!
  – Monitor systems to ensure patients receive desired contraception; adjust if needed.
  – New hire and ongoing staff/provider education – develop a system to train and maintain skills for all staff and providers!

• In sustainability we want to hear from you during teams calls – send a team member to all sustainability calls for a quick report out during the round robin session! Report outs will benefit all teams with tips and strategies for success.
IPLARC Sustainability Plan

• Complete the brief sustainability plan and submit to Danielle Young
• Please reach out to Danielle or ILPQC with any questions
• Available on ilpqc.org/IPLARC

ILPQC Immediate Postpartum LARC Initiative: Sustainability Plan

Compliance Monitoring
1. Comprehensive contraceptive counseling including IPLARC – prenatal (80% goal)
2. Comprehensive contraceptive counseling including IPLARC – delivery admission (80%)
3. Ensure patients who desire IPLARC receive it

How will measures be collected? ________________________________

Will you continue to track additional data internally? Yes No

Team member(s) in charge of reporting in REDCap: ________________________________

How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance benchmarks on measures are not achieved? Weekly Monthly Quarterly Other

New Hire Education for all new hires
What education tool[s] will you use for new hires?

☐ Training (train-the-trainer model) ☐ ILPQC Grand Rounds Slide Set ☐ ILPQC IPLARC Toolkit Binder
☐ Other: ________________________________

How will you incorporate Immediate Postpartum LARC education including comprehensive contraception counseling that includes IPLARC and IPLARC placement for providers and IPLARC counseling, protocols and process flow for all nurses into new hire training/onboarding? ________________________________

Ongoing Education for all providers and nurses
What education tool[s] will you use for ongoing education for providers and nurses?

☐ Protocols ☐ Grand Rounds ☐ ACOG District II online modules ☐ Mama-U postpartum uterus model
☐ Other: ________________________________

How will you incorporate IPLARC education into ongoing provider/staff education including comprehensive contraception counseling that includes IPLARC, IPLARC placement for providers, and IPLARC counseling, protocols and process flow for all nurses? ________________________________

Monitoring Billing/Reimbursement
What is your system for monitoring payment of IPLARC claims? ________________________________

If you do have an issue with a Medicaid/MCO claim, how will you troubleshoot the issue?

☐ Report the issue though the Medicaid portal ☐ Reach out to ILPQC ☐ ILPQC Billing/Coding Checklist

What is your timeline to amend private payer contracts to include inpatient LARC reimbursement? ________________________________

Nursing Champion(s): ________________________________ Provider Champion(s): ________________________________
Drafted Date: ___________ Quarterly Review Dates: ___________ ___________ ___________ ___________ ___________ ___________ ___________
Hospital Name: ________________________________
Sustainability Plans Received

- Don’t forget! Please submit your sustainability plan to Danielle Young and your PNA by **August 31, 2019!**

<table>
<thead>
<tr>
<th>Team</th>
<th>Sustainability Plan Received</th>
<th>Team</th>
<th>Sustainability Plan Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate Christ Medical Center</td>
<td></td>
<td>Northwestern Memorial Hospital</td>
<td></td>
</tr>
<tr>
<td>Advocate Illinois Masonic Medical Center</td>
<td></td>
<td>Norwegian American</td>
<td></td>
</tr>
<tr>
<td>Advocate Lutheran General</td>
<td></td>
<td>Stroger Hospital</td>
<td></td>
</tr>
<tr>
<td>Carle Foundation Hospital</td>
<td></td>
<td>Swedish Covenant</td>
<td></td>
</tr>
<tr>
<td>Memorial Hospital of Carbondale</td>
<td></td>
<td>UI Health</td>
<td></td>
</tr>
<tr>
<td>Memorial Medical Center</td>
<td></td>
<td>University of Chicago</td>
<td></td>
</tr>
<tr>
<td>NorthShore University HealthSystem</td>
<td></td>
<td>Vista Medical Center East</td>
<td></td>
</tr>
</tbody>
</table>
ENSURING ALL PATIENTS RECEIVE DESIRED IPLARC
We’re LIVE what’s next?
IPLARC Sustainability Plan

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

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

3. Monitor IPLARC billing and reimbursement

4. Implement new hire and ongoing IPLARC education for providers / staff
Compliance Monitoring:
Ensure patients who desire IPLARC receive it

Compliance Monitoring
1. Comprehensive contraceptive counseling including IPLARC – prenatal (80% goal)
2. Comprehensive contraceptive counseling including IPLARC – delivery admission (80%)
3. Ensure patients who desire IPLARC receive it

How will measures be collected?

Will you continue to track additional data internally?  Yes  No

Team member(s) in charge of reporting in REDCap:

How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance benchmarks on measures are not achieved?:  Weekly  Monthly  Quarterly  Other

- What is your process for documenting patient desire for IPLARC?
- How do you make sure IUDs are inserted within 10 mins of delivery – flyer in patient room? Flag outside? Who puts the materials together on the table?
- Postpartum implants – how to make sure insertion is completed before discharge?
Strategies for Ensuring Desired Postpartum IUD is Received

- Post a flyer in eye sight of the clinical team in the patient’s L&D room or OR for cesarean
- Ensure the IUD insertion kit is ready to go in the patient’s room
- Ask the patient her postpartum contraception plan during H&P
Strategies for Ensuring Desired Postpartum Implant is Received

• Develop an Implant toolbox for your unit
• Place a flyer in the patient’s room indicating desire for postpartum Implant
• Dedicated provider for insertions – avoid ambiguity about who is responsible for Implant insertion
• Ask the patient her postpartum contraception plan during H&P
Share strategies

• How does standardized team communication happen regarding IPLARC in delivery rooms and in the operating room?
Reimbursement from Private Payers

• Connect with your hospital’s contracts executive to carve out addendums with private payers (for patients with HMO/PPO coverage)

• Ask for the contract to be amended either as an addendum or as a part of contract renegotiations (depending on when that is). Ask for this specific change to the contract: *Treat intrauterine devices and contraceptive implants as a carve out for hospital inpatient payment modeled like they do for implants or devices.*
Medicaid Managed Care Resources

• Has your team experienced an IPLARC claim denial? Submit your experience via Medicaid Manage Care Claims Issues Survey conducted by Illinois Collaboration on Youth.

• Remember – Medicaid MCOs are required to reimburse for IPLARC – all MCOs have confirmed they are compliant.
TEAM TALK: ADVOCATE
CHRIST MEDICAL CENTER
About Advocate Christ Medical Center

Advocate Christ Medical Center is part of AdvocateAuroraHealth, one of the nation’s leading healthcare networks. A not-for-profit, 749-bed premier teaching institution with more than 1,500 physicians, Advocate Christ is one of the major referral hospitals in the Midwest for a number of specialties, including cancer care, cardiovascular services, heart, kidney and lung transplantation, neurosciences, orthopedics, and women’s health. The hospital provides emergency care for more than 100,000 patient visits annually and has one of the busiest Level I trauma centers in Illinois.
Overview

- 788 Beds
- 1,500+ Physicians
- 2,300+ Nurses
- 6,000 Associates
- Trained 549 Residents, 788 Medical Students & 1,168 Nursing Students

4,194 Deliveries
Level III Perinatal Center

44,279 Inpatient Admissions
365,004 Outpatient Visits
26,299 Surgeries

109,133 Emergency Visits
Level I Trauma Center

- all statistics based on 2017 figures
IPLARC Team

Kim Kocur, RNC-OB, MSN, APN
Project Lead
Perinatal Outreach Coordinator

Alexandra Golobof, MD
Physician Lead
Obstetrics/Gynecology

Melissa Sheeran, RNC-MNN, MSN
Nurse Lead
Clinical Practice Specialist

Patricia A. Creehan, RNC, MSN
Manager, Labor & Delivery

Lorian Williams Willis, MSN, RNC, APN
Manager 6 East/2 West Postpartum

Tina Davis-Larkin, APN, MSN, RNC-OB
Clinical Practice Specialist

Tracy Lovell, Clinical Pharmacist
Pharmacy-Drugs
IPLARC

Goal:
To ensure women have access to all forms of contraception including immediate postpartum long-acting reversible contraception (IPLARC) before hospital discharge.

Keys to Implementation:
• Arrange Key Players meeting
• Establish billing codes and ordering/stocking procedures
• Modify EMR for documentation
• Develop process flows for L&D and postpartum units
• Educate all healthcare providers on IPLARC
• Standardize patient education
Sustainability

• Education
  – Educational modules for RNs/new hires
    • Job aid created with process/flow provided to all RN’s in L&D and in orientee folders covering nurses role and documentation guide
  – MD training:
    • PP IUD and Nexplanon training for attending physicians completed→ consider another sessions for those not captured
    • Nexplanon training for all incoming residents (general IUD training)
Implementation

• Counseling--standardized part of prenatal care
• AMG standardized prenatal documentation—part of prenatal records
  – Confirmed at time of admission
• What can we do better?
  – There is no additional counseling if patients opt to not obtain postplacental/inpatient LARC at time of admission
  – We do not currently counsel/offer PP LARC to patients with prenatal care outside AMG-working on expanding to other private practices
Pharmacy Partnership

• Product Security
• Purchasing and Par Stock
• Reports
  • Verify Charges
• Recall/Patient Issues
How do we ensure patients get it?

- Prenatal care counseling
- PP LARC becomes part of plan of care, MD/RN sign-out
- Consent on admission
- Patient education brochures given to patients on PP unit
Placement and Billing

Devices placed since 4/23/2019

• Nexplanon 10
• Paragon 3
• Mirena 8

Charging/finance
Postpartum Implant
Barriers

- Availability of devices
- Physician “comfort”
- Capturing patients delivering at ACMC with care elsewhere
  - MFM patients!
TEAM TALK: CARLE FOUNDATION HOSPITAL
COMPLIANCE MONITORING FOR COMPREHENSIVE CONTRACEPTIVE COUNSELING

- ILPQC Monthly data entry
  - 10 charts selected from each month’s total deliveries
  - # of charts with comprehensive contraceptive counseling including IPLARC in the prenatal setting
  - # charts with comprehensive contraceptive counseling including IPLARC during delivery admission
- Team members meet quarterly to discuss progress, findings from data, and create action plans if needed
COMPREHENSIVE CONTRACEPTIVE COUNSELING

- RN or CMA discusses postpartum contraception at 28 week teach appointment and provides comprehensive contraception handout in addition to IPLARC handout

- Next provider appointment the provider discusses postpartum contraception and documents the patient’s preference in the EMR

- Patient arrives to L&D and RN will verify patient’s preference for postpartum contraception. Will notify provider if patient desires IPLARC but has not had counseling or have a consent
NEW HIRE & ONGOING EDUCATION

- Nursing & Support Staff
  - IPLARC added to orientee’s Skills Checklist
  - Education Tools: Preceptor hands-on training, slide set during classroom hours
  - Surgical technician education: instrument needs, preparation of IUDs in the operating room
  - Staff Meetings for updates, changes to protocol
- Providers
  - Mama-U uterus model
  - Provider preceptor
  - OB Provider Meetings for additional engagement/buy in
MONITORING BILLING/REIMBURSEMENT

- System for monitoring payment
  - Monthly IPLARC report is sent to team member from billing
  - Team member tracks claims and notifies team lead with any issues
- Currently pending information back from BCBS representative on contract query
- We are expecting all Medicaid and MCO’s to reimburse separately from the DRG
CURRENT STATISTICS AT CARLE

- 56 immediate postpartum LARC devices placed as of January 1st, 2019
  - 11 Nexplanon Devices (20%)
  - 11 Paragard IUDs (20%)
  - 34 Mirena IUDs (60%)
- Zero cases of spontaneous expulsion in the immediate postpartum period
  - One case of a postpartum patient visiting the ED for abdominal pain—IUD was malpositioned by US findings. Patient had the IUD replaced in the office.

Current work:
- Protocol creation
- Creating a culture of providing comprehensive contraceptive counseling
- Additional provider buy-in
ROUND ROBIN – TEAMS
UPDATE ON PROGRESS
TOWARDS SUSTAINABILITY
Round Robin Guidelines

• How does your team ensure patients receive desired IPLARC, share strategies for team communication?
• What are your team’s successes/barriers in implementing comprehensive contraceptive counseling documentation prenatal and during delivery admit?
• What are your team’s next steps in amending contracts to ensure IPLARC reimbursement for privately insured patients?
• How far along is your team in completing your sustainability plan?
QI CORNER
The importance of buy-in

- Obtaining buy-in from OB providers, nurses and upper level administration is extremely important to the success of IPAC.
  - **Start with a strong “pitch”** - your communication can make or break reactions to your change initiative
  - **Obtain buy-in from the top down** - important to gain support on all levels
  - **Be transparent** - be clear on what is working and what is not working.
  - **Ask for input** along the way - be open to hearing feedback as it will help people feel involved and own the work you are trying to accomplish
The importance of buy-in

• How can you be successful in conveying your message and overcome challenges?
  – What key ingredients need to be included in the conversation to facilitate support and buy-in on all levels?
  – Need to build an “elevator pitch”
    • Short- summarize quickly and define the idea or process and its value proposition
    • Should spark interest, be memorable and be brief (hence the name)
Communication and Obtaining Buy-in

*Adapted from IHI: “How to Speak so Leaders will Listen”*

**Things to consider:**
- What do you want to communicate?
- Who are your key stakeholders/target audience?
- Needs to be short, but informative
- Keep it positive and upbeat
- Practice and get feedback from your QI team

*REMEMBER*
You are a conduit for information and your communication strategies are key
Contains 4 components:

1. We are working towards ........................................................................................................

2. It is important because ........................................................................................................

3. We will know we are successful when .............................................................................

4. What we need from <INSERT AUDIENCE> is .............................................................

Adapted from IHI: “How to Speak so Leaders will Listen”
Communication and Obtaining buy-in

**Things to consider:**

• What do you want to communicate?
  ➢ *The importance of upper level administration support on this initiative*

• Who are your key stakeholders?
  ➢ *OB Chairman and hospital administration*

• Practice and get feedback from your QI team
  ➢ *Write it out and practice – feedback is a GREAT tool and growing opportunity!*
Developing your pitch for OB Chairs and hospital administration

Example 4 components:

1. **We are working towards** ... the implementation of offering pp LARC during a patient’s hospital admission which are an important pp contraception option recommended by ACOG.

2. **It is important because** ... we need to address the rising epidemic of maternal morbidity and mortality rates. In Illinois, a large proportion of these events occur in the pp period and we need to help prevent unintended short term interval pregnancies which are associated with adverse outcomes. LARC methods help prevent this and a high patient satisfaction rate.

3. **We will know we are successful when** ... our hospital is able to successfully facilitate offering this option for all pp patients.

4. **What we need from** you as our OB Chair and the hospital administration is ... your support on this work. What are your thoughts sending out a letter of support from you to our providers with key information/materials on contraceptive counseling?
UPCOMING EVENTS AND NEXT STEPS
IPLARC Sustainability

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

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

Monitor IPLARC billing and reimbursement

Implement new hire and ongoing IPLARC education for providers / staff

Don’t forget to email your team’s completed Sustainability Plan to info@ilpqc.org!
ACOG IPLARC Training

- **Confirmed:** Friday, October 25, Mt. Vernon Visitors Center, Mt. Vernon, IL, 8:30am-10:30am and 11am-1pm
- Approx. 2-hour training for providers, followed by 2-hour training for nurses, lactation consultants
- Training will cover:
  - Capacity building
  - Contraceptive counseling
  - Insertion training
- If your team did not send a representative to the ILPQC/ACOG IPLARC training in May or July, please consider sending a rep to this training
SAVE THE DATE
ILPQC 7th Annual Conference
Monday, November 4, 2019
Westin Lombard
Next Steps

• Submit outstanding data for April, May, June & July
• Take steps to move all structure measures to GREEN
• Complete an IPLARC sustainability plan for your team and share with Danielle or info@ilpqc.org
• Connect with Danielle and Autumn to take advantage of QI support!
• Continue to encourage providers to document discussion of comprehensive contraceptive counseling, including IPLARC, with patients both prenatal and during delivery admission
• Review % women plan IPLARC who receive IPLARC and review standardized communication plan for L&D/postpartum staff
• Use ILPQC resources (provider letters, elevator pitch) to ensure providers are aware of IPLARC
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org
THANKS TO OUR SPONSORS

IDPH
Centers for Disease Control and Prevention
Illinois Department of Human Services
JB & MK PRITZKER
Family Foundation