Immediate Postpartum
LARC (IPLARC)
Wave 1 Teams

June 18, 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.
IMPORTANT WEBINAR & PHONE LINE CHANGE

Using **NEW** webinar and conference phone lines for future ILPQC Meetings starting in June 2018:

**Team Calls (MNO OB/Neo, IPLARC, HTN, GH):**

- **WebEx** webinar and conference line software (starting 6/2018)

ILPQC will update all this information on the website and include in all future communications
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
Welcome to New ILPQC Staff and Summer Interns!

- Please join ILPQC in a warm welcome for our new Nursing Quality Manager, Autumn Perrault, RN summer interns, Maeve Dixon & Kristin Saroyan!
- Autumn worked as an L&D nurse for 10 years at NorthShore Evanston hospital with hospital policy experience before transitioning to this role.
- Maeve is a MPH candidate at UIC School of Public Health
- Kristin is an undergraduate at John Hopkins with the Northwestern Engage Chicago Program
Call Overview

• Initiative Overview/Recap
• Toolkit Overview
• Takeaways from Face-to-Face Meeting
  – Breakout sessions
  – ACOG training
• Overview of Timeline for Data System
• QI First Steps
• Upcoming Events
Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)

INITIATIVE OVERVIEW
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.
## IPLARC Timeline

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# Aims and Measures

<table>
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<th>Overall Initiative Aim</th>
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<td>Within 9 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARC.</td>
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## 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

- By increasing access to IPLARC, increase in utilization of IPLARC

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

• Expert Panel
  – Melissa Gilliam
  – Lee Hasselbacher
  – Sadia Haider
  – Shannon Lightner
  – Kai Tao
  – Amber Truehart
  – Stephen Locher
  – Shelly Tien

• Clinical leads:
  – Stephen Locher, MFM, Advocate Illinois Masonic Medical Center
  – Shelly Tien, MFM, NorthShore University HealthSystem Evanston Hospital
  – Kai Tao, CNM, Juno4me/AllianceChicago, Erie Family Health Center
Wave 1 Teams

- Advocate Lutheran General
- Carle Foundation Hospital
- Carle Richland Memorial Hospital
- Memorial Medical Center
- Rush Copley
- NorthShore Evanston Hospital
- St. Anthony Hospital
- Advocate Illinois Masonic Medical Center
- John H. Stroger Jr. Hospital
- Memorial Hospital Carbondale
- University of Illinois Hospital and Health Science System
- Northwestern Prentice Women’s Hospital
- Swedish Covenant Medical Center
- Mount Sinai*
- Vista Medical Center*
- Advocate Christ Medical Center
- University of Chicago Medical Center
Sub-Group for Immediate Post-Discharge LARC

- St. Anthony – confirmed!
- Interested Hospitals:
  - St. Bernard
  - Holy Cross
  - Franciscan Health
  - Presence St. Francis
Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)

IPLARC TOOLKIT OVERVIEW

ONLINE VERSION COMING IN JUNE
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
National Guidance: ACOG Committee Opinions

• Please print a copy of Committee Opinion #670 to include in your toolkit.
• Documentation and dot phrase examples for both IUD and Implant insertion

Example Dot Phrase/Procedure Note for Immediate Postpartum IUD Insertion

Post-placental IUD Insertion Procedure Note

Time of delivery of placenta. ***
Time of insertion of IUD. ***
IUD Type: (IUD Type: 26674)
Insertion Type: (Insertion Type: 2067)

Ring Forceps:
After delivery of the placenta, the IUD placement. Special care was taken to ensure that the patient was comfortable. The insertion was performed by the operator's hands. A second attempt was made with a second instrument than inserted past the ring. The ring was then placed to the fundus of the uterine cavity, cut to the level of the procedure wall.

Operator’s Hand:
After delivery of the placenta, the IUD placement. Special care was taken to ensure that the patient was comfortable. The insertion was performed by the operator's hands. The ring was then placed to the fundus of the uterine cavity, cut to the level of the procedure wall.

Example Dot Phrase/Procedure Note for Immediate Postpartum Nexplanon Insertion

Nexplanon Insertion Procedure Note, DKT Phrase

Procedure: Nexplanon Insertion

The risks, benefits, and alternatives of Nexplanon insertion were reviewed with the patient. All questions were answered to her satisfaction and consents were signed.

The patient was placed in the dorsal supine position with her non-dominant arm flexed at the elbow and externally rotated. The area for insertion was marked approximately 8 cm from the medial epicondyle of the humerus over the triceps muscles. The area of planned insertion was prepped with Betadine Chlorhexidine 24937. 5cc of 1% lidocaine was injected subdermally along the planned insertion tunnel. The Nexplanon applicator was grasped, the protection cap was removed from the applicator and the white Nexplanon device was visualized within the applicator. The applicator needle was inserted subdermally in the standard fashion, and the device was deployed. The implant was palpated to verify correct subdermal location by myself and the patient. The site was dressed with a Band-Aid and a pressure bandage. User card was completed after insertion and given to patient.

Assessment/Plan:
Nexplanon Insertion in (left/right: 311354) arm without complication
Removal Date: ***/20***
100% condom use encouraged for sexually transmitted infection prevention
Wound care instructions reviewed, call if any problems
NSAIDS and ice packs for insertion site pain
Coding/Billing Strategies

- HFS Guidance and ACOG Guidance for Coding/Billing
Stocking & Supply

- Guidance from ACOG District II

Stocking and Supply:

- Forecast the demand for LARC devices within your office/hospital setting.
  - It may be challenging to estimate patient demand of an IUD or implant. The Reproductive Health Supplies Coalition recommends forecasting demand for new contraceptive products based on a combination of patient, provider, and financial factors.

- Determine if you are eligible for drugs and devices at a reduced cost through the 340B program.
  - Federal law requires that 340B pricing be at least 23% lower for a name brand product and 14% lower for a generic product, using the average manufacturer retail price as the basis. Manufacturers may, however, set the price at a lower level of their choosing.
  - The 340B Drug Pricing Program is a federal program that requires drug manufacturers to provide outpatient drugs and devices to eligible health care organizations or covered entities at significantly reduced prices.

- Determine LARC method coverage options:
  - When a LARC method is covered as a medical benefit, also known as “buy and bill,” a provider:
    1. Buys the LARC method directly from the manufacturer, designated pharmacy or specialty distributor.
    2. Bills the patient’s insurance for the LARC method and insertion procedure.
  - When a LARC method is covered as a pharmacy benefit, also known as “white bagging”:
    1. A pharmacy or specialty distributor bills the patient’s insurance directly for the LARC method and sends the device to the provider’s office.
    2. A provider bills the patient’s insurance for related procedures and services.
  - IUDs may need to be purchased directly from the manufacturer or through a distributor depending on the type of device. When purchasing LARC methods, providers may be able to realize benefits from volume discounts, 90-day net terms, and other payment options.

- If your office or hospital uses a fixed ordering system (meaning devices are ordered on a predetermined schedule), consider establishing a minimum/maximum inventory control system.
IPLARC Policies & Guidelines

• We’ve provided numerous examples of clinical guidelines & policies – please adapt these for your hospital!
IPLARC Checklists, Order Sets, and Patient Instructions

• National and local resources are provided – please use these as a guide for developing your unit specific checklists, order sets, patient instructions
• Don’t forget to schedule a follow-up appointment after IUD insertion!
Example Consents

- Example consents are provided for both Implant and IUD insertion. Please use these as examples to modify your hospital’s materials.
Referral Strategies for Immediate Post-Discharge LARC

- Strategies for improving referral processes
- We will work together over the course of the initiative to add to these resources

This is an excerpt from the full AHRQ Health Literacy Universal Precautions Toolkit, Second Edition, available at http://www.ahrq.gov/literacy

Make Referrals Easy Tool 21

Overview
Primary care practices refer patients to specialists, ancillary health care clinicians, labs and screening facilities, and elsewhere. Making the referral process easy for patients increases the chances that they will follow through, and that both you and the referral destination get all the information you need.

Actions
Refer patients to clinicians who coordinate care with you.
- Identifying, developing, and maintaining relationships with clinicians to whom you refer patients can make the referral process run smoothly.
- Try to establish formal referral agreements with key specialist groups and other clinicians.
- Don’t continue to refer patients to clinicians who do not send information back to you, don’t provide timely appointments for your patients, or otherwise fail to coordinate care.

Referral Agreements
Referral agreements spell out mutual expectations and responsibilities, such as:
- Which patients are appropriate to refer
- What information is needed before and after a referral
- Roles for both parties after the referral
- Setting aside appointments for urgent care

Don’t rely on patients to relay information.
- Share important information directly with the other office, such as the reason for the referral, pertinent medical history, and test results.
- Explore making electronic referrals. Check whether your EHR has the capability to make referrals directly to other clinicians. If not, self-standing referral management systems are commercially available for purchase.
- Provide a detailed referral to the other clinician that contains all the information needed. The Improving Chronic Illness Site has a guide on Reducing Care Fragmentation, which includes a checklist of information to provide to specialists for each referral.
- Get information sent directly back to you. Make sure you get a full report back before your patient’s next visit.
Provider and Nurse Education: Comprehensive Contraceptive Counseling

• Comprehensive contraceptive counseling is essential for this initiative!
• Contraception is not one-size fits all
General IPLARC Education

- Take advantage of ACOG resources for immediate postpartum LARC education
Nursing Education

- Slide deck from Advocate Illinois Masonic Medical Center
- Nursing Education article

Postpartum LARC (Long Acting Reversible Contraception)

What is LARC

- Long-acting reversible contraception (LARC) methods include the intrauterine device (IUD) and the birth control implant. Both methods are highly effective for at least several years, and are easy to use. Forms are not needed if you want to stop using them, you can have them.
- The IUD and implant are the most effective forms of reversible contraception available today. Both types of IUDs work mainly by preventing fertilization of the egg.
- The implants work primarily by suppressing ovulation. One of the benefits is it can be inserted immediately after childbirth, breastfeeding.

Gratefully reproduced with permission from Advocate Illinois Masonic Medical Center.

What Nurses Need to Know About Immediate Postpartum Initiation of Long-Acting Reversible Contraception

Postpartum contraception is not a new concept, but recently there have been significant efforts to increase the use of long-acting reversible contraception (LARC) during the immediate postpartum period (Cohen, Shesky, A Range, Deuz, 2016; Pinter-Zobei, 2013; Goldstein & Shale, 2014; Lepci, Grep, H. L., & Chen, 2015). Immediate postpartum initiation of LARC is described as post-placental placement of an intrauterine device (IUD) or intrauterine system (IUS) within 30 minutes of placental expulsion or insertion of a contraceptive implant 24 to 48 hours after birth and the discharge of the patient (American College of Obstetricians and Gynecologists [ACOG], 2014). This approach allows health care providers to address concerns related to contraception, improve breastfeeding, and reduce the risk associated with pregnancy, improve contraceptive method effectiveness, adverse effects, and timing of informed decision-making during immediate postpartum initiation of LARC as an important issue.


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Provider Education

- Provider Education Videos available from ACOG and ACOG District II
- Printed education materials also available in toolkit
Comprehensive Patient Education

- Bedsider material also available in Spanish
Patient Education that Includes IPLARC

- Numerous state and national resources that specifically address IPLARC are provided
- Be cautious when distributing materials that discuss only one type of contraception
TAKEAWAYS FROM FACE-TO-FACE MEETING & ACOG TRAINING
ILPQC OB Face-to-Face Meeting Stats

- 327 physicians, nurses, and public health professionals attended OB Meeting
- 231 attended the neonatal meeting on 5/31 with over 100 attendees present at both
Key Takeaways & Barriers from IPLARC Breakout Session

**Barriers**
- Billing and reimbursement (documentation to support billing, coding)
- Stocking in pharmacy, communicating with pharmacy
- Administration support
- Educating private providers
- Standardized prenatal and L&D patient education
- Provider buy-in
- Religious affiliation
- Inpatient/outpatient

**Wish List**
- Call with billing / coding folks
- Nurse education slide set / e-module
- Call with pharmacy for stocking
- Business case for IPLARC
- Offering to everyone (public and private insurance)
- Coordinating with Federally Qualified Health Centers (FQHCs)
- CEO packet to sent to hospital administration to gain buy-in and support
We want to hear from you!

• Face to Face Breakout Session
  – Takeaways from facilitators:
    • Kai Tao
    • Shelly Tien
  – Thoughts from attendees?
• Feedback on ACOG IPLARC Training?
DATA TIMELINE OVERVIEW
Timeline for Data System Launch and Data Entry

Data Form Testing by ILPQC: June/July 2018

Data Form Launch: Week of July 16

Data Entry Complete for April – August 2018
August 31, 2018

Upcoming REDCap Data Entry Training Calls:
• Thursday, July 19 from 12-1PM
• Wednesday, July 25 from 12-1PM
ILPQC Data System

Real-time web based dashboard and reports in development for launch this summer to look at your progress over time and in comparison to other hospitals.
• Please register team members who will need access to REDCap through the sign up form
• The form can be accessed here: https://goo.gl/forms/BlgEFyLdwpalVWkpq2
QI FIRST STEPS
Support Tools in Development

• At the Face-to-Face we heard many concerns from teams about billing/coding/reimbursement.
• To address these ILPQC will develop:
  – Key Players Meetings – ILPQC will develop content for meetings with key stakeholders and will be able to conduct meetings in-person with your team, hospital leaders, all key departments needed for IPLARC implementation. **Keep an eye out for sign-up in this week’s IPLARC newsletter!**
  – CEO/Administrator Packet for Buy-In – ILPQC will create a packet for teams to share with hospital CEOs/Administrators to help with IPLARC buy-in.
  – Billing/Coding Call – ILPQC will host a webinar for billers/coders that addresses steps for IPLARC billing.
13 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** (process flow document) to include counseling, consent, and placement of IPLARC (see toolkit for example).
13 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 / 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.
Getting started with IPLARC

• Form your QI team and find a monthly meeting time
• Submit team roster and REDCap Access form 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)
• Work on pre-implementation steps first: Billing / stocking
• Draft a process flow diagram for patients arriving on L&D (steps to counsel and provide IPLARC) – use to identify barriers and strategies
• Plan first PDSA cycle to address 30-60-90 day plan
DRAFT 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

Secondary Drivers
- 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. 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.

Within 9 months of initiative launch, ≥75% of participating hospitals will be providing immediate postpartum LARCs.
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 map?

AKA, Flowcharts, Flow maps, Flow diagrams, Algorithms

- Tool in your toolbox
- Easy-to-understand visual model of a process
- Sequence of steps to get from “A” → “B”
Why use a process flow map?

- Clarify current state
  - Basis for discussion
  - Standardize a process
  - Identify key stakeholders
  - Depict roles & responsibilities

- Communicate a process
  - Clarify process for team & others

- Analyze a process
  - Opportunities, inefficiencies, bottlenecks
Analyzing your process map

Look for potential areas for improvement

- Bottlenecks & delays
- Rework due to errors
- Role ambiguity
- Duplicated efforts
- Unnecessary steps
- Sources of waste
- Variation
- Hand-offs

The value of QI methods in Access LARC: PDSAs & Process mapping

Maya Balakrishnan, MD, CSSBB
Rachel Rapkin, MD, MPH
FDOH Access LARC webinar 6/13/18
Useful tips

- All key stakeholders should be represented
- There is no “one right type” of process flow map
- Keep it simple & readable
  - Provide just enough level of detail
  - Complex process $\rightarrow$ break into sub-processes
- Sketch your map 1st
  - Use sticky notes or butcher paper if working in a large group
  - “Walk” or observe the process

Map “current” (AS IS) state $\rightarrow$ “desired” state
Process map symbols

- Start/End
- Step
- Decision
- Delay
- Direction

START

Check the Weather Channel

Rain Predicted?

Play Golf

Stay Home

Do this

Comment

The Weather Channel is on Cable Channel 61

Is this true?

If yes, follow this flow

If no, follow this flow

STOP

The value of QI methods in Access LARC: PDSAs & Process mapping

Maya Balakrishnan, MD, CSBBB
Rachel Repkin, MD, MPH
FPQC Access LARC webinar 6/13/18
Key questions to discuss with your team before getting started:

- What is the process for contraceptive counseling for prenatal patients and counseling during delivery admission – how do you standardize so consistent for all patients?
- What is the process for communication with affiliated prenatal care sites regarding IPLARC availability?
- What is the process for ensuring LARC devices are available on L&D / postpartum?
- What is the process for documentation / coding for billing?
- What is the process for implementing an IPLARC protocol?
Use process map symbols
Consider using color to visually help users
Access LARC - Placement of Implant

V1. 5/2018

LARC implant desired and imminent delivery

Provider places orders using LARC order set in EPIC

Patient delivers

LARC implant consent confirmed?

NO

LARC still desired?

NO

Determine if alternative contraceptive method desired

YES

Nurse gets LARC implant and insertion kit from pyxis and brings it to patient

Obtain consent

Provider places LARC implant

Provider documents LARC implant placement using EPIC LARC procedure note

Postpartum follow-up instructions given

The value of QI methods in Access LARC: PDSAs & Process mapping

Maya Balakrishnan, MD, CSMBB
Rachel Ripkin, MD, MPH
FPQC Access LARC webinar 6/13/18
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.
Keep in mind

- Scale down scope of tests
- Pick willing volunteers
- Choose changes that don’t require long process for approval initially
- Don’t reinvent the wheel
Keep in mind

- Pick easy changes with good yield
- Avoid technical slow downs
- Reflect on results of EVERY change – even failures
- End the test if there is no improvement
UPCOMING EVENTS
**NEW DATE/TIME** 3rd Monday of the month from 12-1PM

<table>
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<th>Proposed IPLARC Monthly Webinar Topics</th>
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<td><strong>April 9</strong></td>
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<td>Launch call</td>
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<td><strong>May 14</strong></td>
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<tr>
<td>Data Form Review, Team Baseline Evaluations and Setting Team Goals (30, 60, 90 day QI plans)</td>
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<td><strong>June 18</strong></td>
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<td>Recap of Face-to-Face meeting and intro to QI</td>
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<td><strong>July 16</strong></td>
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<td>IPLARC Billing</td>
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<td><strong>August 20</strong></td>
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<td>Stocking LARC on L&amp;D</td>
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<td><strong>September 17</strong></td>
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<td>Engaging ambulatory clinics</td>
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<td><strong>October 15</strong></td>
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<td>Contraceptive counseling and reproductive justice</td>
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<tr>
<td><strong>November or December</strong></td>
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<td>TBD</td>
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ACOG IPLARC Training

- Registration open!
- July 30, Northwestern, Chicago, IL
- Approx. 4-hour training for nurses, providers, lactation consultants
- Training will cover:
  - Capacity building
  - Contraceptive counseling
  - Insertion training (train the trainer)
- Each team should have at least one representative(s) attend one of the two trainings (ideally a nurse and provider from each team)
Upcoming Education Opportunity

• Continuing education credits available for physicians

• Register here: https://www.acog.org/LARCwebinars

Immediate Postpartum LARC Implementation: Systems and Sustainability

Presented by
Lisa Hofler, MD, MPH, MBA

Thursday July 12th 2018 | 3-4pm ET

Register at www.acog.org/LARCwebinars

According to ACOG guidance, “Obstetrician-gynecologists, other obstetric care providers, and institutions should develop the resources, processes, and infrastructure, including stocking LARC devices in the labor and delivery unit and coding and reimbursement strategies, to support immediate LARC placement after vaginal and cesarean births.” However, the development of such systems and infrastructure can often present numerous challenges which ultimately limit access to IUDs and contraceptive implants in the immediate postpartum period.

This webinar will explain the stages of implementation for immediate postpartum long-acting reversible contraception programs, from exploration through installation, initial implementation, and full implementation. Clinician training, patient-provider communication, installation timing, supply chain aspects, and billing and coding approaches of successful immediate postpartum LARC programs will all be addressed.

Upon completion of the webinar, participants will be able to:
• Identify clinical knowledge and technical skills gaps for immediate postpartum LARC provision and know approaches and resources for overcoming those gaps
• Describe and troubleshoot billing, coding, and payment barriers to receiving reimbursement for immediate postpartum LARC
• Identify clinical, administrative, payment, and other stakeholders whose involvement is fundamental to the success of immediate postpartum LARC programs

Lisa Hofler, MD, MPH, MBA serves as Assistant Professor in the Department of Obstetrics and Gynecology, Division of Family Planning, at the University of New Mexico.

The American College of Obstetricians and Gynecologists
Women’s Health Care Physicians
SAVE THE DATE
ILPQC 6th Annual Conference
Monday, November 5, 2018
Westin Lombard
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