IPLARC Monthly Teams
Webinar: Wave 1
Appropriate Patient Follow-up

October 21, 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

Join by phone
+1-415-655-0002 US Toll
Global call-in numbers
Call Overview

- Annual Conference
- Review of Data/Upcoming Team Talks Schedule
- Appropriate Patient Follow-up
- Team Talk: Advocate Lutheran General Hospital
- Team Talk: University of Chicago
- Round Robin
- Next Steps
Registration Open!

Register TODAY for the ILPQC 7th Annual Conference
Registration closes Oct. 25

www.ilpqc.eventbrite.com
Annual Conference
OB Speakers

• “Improving Care Improves Outcomes for Pregnant and Postpartum Women with Opioid Use Disorder” Dr. Mishka Terplan (VCU/AIM)

• “Lessons Learned from CMQCC: Promoting Vaginal Birth and Birth Equity Initiatives” Dr. Elliott Main (CMQCC)

• “And Then She Was Gone” Charles Johnson (4Kira4Moms)

• “Incorporating and Tracking Health Care Inequities in Quality Improvement” Dr. Allison Bryant (Massachusetts General)
Materials for IPLARC Teams at Annual Conference

- Printed materials below will be available to IPLARC teams:
  - Bedsider tear pads
  - CAPS counseling tool
Sponsorship Opportunity for Health Systems

• For the second year, we are offering a $1000 sponsorship opportunity for local health systems:
  
  – PROMOTION OPPORTUNITIES
    • Company logo and hyperlink on brochure, signage, and communications
  
  – EVENT DAY BENEFITS
    • Free registration for up to 2 attendees
    • Exclusive opportunity to host a booth or display area to promote your hospital in the lobby near conference registration

Is this something your hospital system would be interested in taking advantage of?
Reach out to danielle.young@ilpqc.org
TO BE AWARDED AT THE 7TH ILPQC ANNUAL CONFERENCE

QUALITY IMPROVEMENT RECOGNITION AWARDS

ILPQC IMMEDIATE POSTPARTUM LARC WAVE 1 & WAVE 2

**IPLARC WAVE 1**

- **QI CHAMPION**
  - ✓ All Data Submitted*
    +
  - ✓ Sustainability Plan Submitted
    +
  - ✓ Green on 7 Key Opportunities**
    +
  - ✓ 80% on comprehensive contraceptive counseling***

**IPLARC WAVE 1**

- **QI LEADER**
  - ✓ All Data Submitted*
    +
  - ✓ Sustainability Plan Submitted
    +
  - ✓ Green on 7 Key Opportunities**

**IPLARC WAVE 2**

- **QI RECOGNITION**
  - ✓ All Data Submitted*

We look forward to presenting awards to teams who met the award criteria by October 15!

*All Data Submitted through September 2019 by October 15
**By September 2019
***At least one month in Q3 2019
REVIEW OF DATA/UPCOMING TEAM TALKS
## Aims and Measures

<table>
<thead>
<tr>
<th>Overall Initiative Aim</th>
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<tbody>
<tr>
<td>Within 9 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARC.</td>
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<table>
<thead>
<tr>
<th>Structure Measures</th>
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<tbody>
<tr>
<td>IT/EMR systems that allow for documentation of IPLARC placement for tracking, and documentation</td>
</tr>
<tr>
<td>Coding / billing strategies in place for reimbursement for IPLARC</td>
</tr>
<tr>
<td>IPLARC devices stocked in the inpatient pharmacy</td>
</tr>
<tr>
<td>IPLARC protocols in place for labor and delivery and postpartum units</td>
</tr>
<tr>
<td>Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC</td>
</tr>
<tr>
<td>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</td>
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<table>
<thead>
<tr>
<th>Process Measure</th>
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<tbody>
<tr>
<td>Educated all participating providers/nurses on benefits of IPLARC, protocols, counseling &amp; IPLARC placement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome Measure, among participating hospitals</th>
</tr>
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<tbody>
<tr>
<td>Provide and document comprehensive contraceptive counseling, including IPLARC, during prenatal care and delivery admission</td>
</tr>
<tr>
<td>By increasing access to IPLARC, increase in utilization of IPLARC</td>
</tr>
</tbody>
</table>

**Focus on monitoring achievement of outcome measures during sustainability**
<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>
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<td>April 2019</td>
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<td>May 2019</td>
<td>14</td>
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<td>June 2019</td>
<td>12</td>
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<tr>
<td>July 2019</td>
<td>12</td>
</tr>
<tr>
<td>August 2019</td>
<td>12</td>
</tr>
<tr>
<td>September 2019</td>
<td>12</td>
</tr>
</tbody>
</table>

Please continue to submit data through December 2019 to monitor the success of your implementation/sustainability efforts.
# Sustainability Plans Received

<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>Northwestern Memorial Hospital</td>
<td>Advocate Illinois Masonic Medical Center</td>
<td>Norwegian American</td>
</tr>
<tr>
<td>Advocate Lutheran General</td>
<td>Stroger Hospital</td>
<td>Carle Foundation Hospital</td>
<td>Swedish Covenant</td>
</tr>
<tr>
<td>Memorial Hospital of Carbondale</td>
<td>UI Health</td>
<td>Memorial Medical Center</td>
<td>University of Chicago</td>
</tr>
<tr>
<td>NorthShore University HealthSystem</td>
<td>Vista Medical Center East</td>
<td></td>
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</tr>
</tbody>
</table>
Comprehensive Contraceptive Counseling

Percent of Wave 1 & Wave 2 Hospital Charts with Contraceptive Counseling, including IPLARC, April 2018-August 2019

Wave 2 teams start reporting
IPLARC Sustainability Data Form

• If your team is **GREEN** for all Key Opportunities for Improvement, you can use the shortened data form!

• Continue to monitor comprehensive contraceptive counseling!

• Available now in the ILPQC Data System

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**IPLQC 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>
</tbody>
</table>

**Structure Measures**

2. Has your hospital billed for the devices you placed?
   1. Yes
   2. No
   3. Not yet placed any devices

3. Have you received reimbursement for the devices that you placed? (check all that apply)
   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

**Outcome Measures**

4. Number of deliveries this month: Number: ________

5. Is your hospital routinely counseling, offering, and providing immediate postpartum LARCs either IUDs or Implants? (i.e., is your system live?)
   1. Yes
   2. No

31a. If yes, please specify:
   1. IUDs
   2. Implants
   3. Both

6. Number of immediate postpartum IUDs placed this month: Number: ________

7. Number of immediate postpartum implants placed this month: Number: ________

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# How many patients out of 10 reviewed had contraceptive counseling, including IPLARC, documented in the medical record during prenatal care?

# Of patients who did not have contraceptive counseling documented, how many did not have prenatal care?

# Of patients who did not have contraceptive counseling documented, how many had prenatal care, but did not have a prenatal record?

# How many patients out of 10 reviewed had contraceptive counseling, including IPLARC, documented in the medical record during delivery admission?

9. Does your team have a completed sustainability plan shared with ILPQC (Info@ilpqc.org)?
   1. Yes
   2. Not yet
Sustainability Data Form in REDCap

Click here when all your team’s 7 Key Opportunities for Improvement are IN PLACE!
### 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</td>
<td>Norwegian American</td>
</tr>
<tr>
<td>December 16</td>
<td>Vista Medical Center</td>
<td>Swedish Covenant Hospital</td>
</tr>
</tbody>
</table>
APPROPRIATE PATIENT FOLLOW-UP
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
Considerations for IPLARC Follow-Up

• IUD string check is routine – consider scheduling this at 2-weeks and complete a universal early postpartum visit/maternal health safety check
  – Medicaid will reimburse for a reinserted LARC device due to expulsion – using the UD modifier
  – Expulsion may occur – the benefits of IPLARC outweigh the risk of expulsion

• Patients should be informed of how to contact their prenatal care provider for follow-up questions

• Patients without a prenatal care provider should be referred to an available provider for follow-up
Considerations for IPLARC Follow-Up

• Patients are empowered to have a LARC device removed at any time
  • Removal is reimbursed by Medicaid
• Prophylactic antibiotics are **NOT** needed for IUD removal
• Discuss with the patient:
  – When fertility could return
  – Other contraceptive options if pregnancy is not desired
  – Mild uterine cramping and a small amount of bleeding is expected (IUD only)
IUD Codes

• Diagnosis Codes
  – **Z30.431** Encounter for routine checking of intrauterine contraceptive device
  – **Z30.432** Encounter for removal of intrauterine contraceptive device
  – **Z30.433** Encounter for removal and reinsertion of intrauterine contraceptive device

• CPT Codes
  – **58301** Removal of IUD
Implant Codes

• Diagnosis codes
  – **Z30.46** Encounter for surveillance of implantable subdermal contraceptive. This code is reported for checking, reinsertion, or removal of the implant.

• CPT Codes
  – **11982** Removal, non-biodegradable drug delivery implant
  – **11983** Removal with reinsertion, non-biodegradable drug delivery implant
In your toolkit

Modify this resource to ensure your patients know who to contact after discharge!

Postpartum Care

After the IUD is placed, your postpartum care will be the same as if you had not had the IUD. Your IUD may come out during your routing postpartum care, this is ok, but remember that you now need to use another form of birth control (for example: condoms, pills, or depo-provera shot). It is our recommendation that you abstain from intercourse until your six week visit when the IUD strings have been trimmed and we can confirm the IUD is in your uterus. Without confirmation that the IUD is in the correct place, you can get pregnant. In addition, intercourse may be painful for your partner if the strings are in the vagina and this could also increase your risk of the IUD coming out. If you do have intercourse prior to your postpartum follow up visit, it is recommended that you use an alternative form of contraception. We are happy to provide this to you at discharge.

Who do I call if I have questions or problems?

If you have questions call the clinic at (303) _____________. You can also call the Denver Health NurseLine at (303) 739-1211 any time day or night.

Special instructions:
Components of the 2 week Early Postpartum Visit

Maternal Health Safety Check

- Blood pressure / preeclampsia symptoms check
- Wound/ perineum check
- Assess appropriate postpartum bleeding
- Mood check/depression screening
- Breastfeeding support
- Family planning/contraception options
- Linkage to health / community services (ie. WIC, breastfeeding support, home visits)
- Assess medical / pregnancy complications, including SUD/OUD risks and link to needed follow up care
- Review risk reduction strategies for future pregnancies
Share strategies

- How does your team schedule universal early postpartum visits/string checks for IPLARC patients?
TEAM TALK: ADVOCATE LUTHERAN GENERAL
IPLARC Project

Advocate Lutheran General Team Talk

October 21, 2019 | Cindy Hartwig RN, BSN, MS, LCS
ALGH IPLARC TEAM

- Dalia Davood MD  Physician Lead
- Catherine Bennett APN  Mother Baby Education
- Joyce Quigley RN, MSN  Mother Baby Leader
- Debbie Schy APN  Data
- Thomas Iannucci MD OB/GYNE Department Chair
- Cindy Hartwig RN, MSN  Nursing Lead
- Robyn Magnuson, RN, BSN  Labor and Delivery Leader
- Amanda Maine, RN, MSN Labor and Delivery Education
- Debby Bryniarski, Pharmacy Director
IMPLEMENTATION PLAN

• Developed process for device procurement and stocking
• Developed system process for billing Medicaid
• Physician education / validation including documentation and dot phrases
• Nursing education
• Chart audits
Mother Baby Nurse Role in IPLARC Insertion

Gather supplies:
• Nexplanon located in the Pyxis on 3 West and 11 Tower "B" med room.
• Lidocaine-resident to order
• Iodine prep, sterile gloves, 4 x 4 gauze, steri strips, 25 G needle, bandage and tape

Prepare for insertion:
• Signed general (surgical) consent (same consent as used for circs)
• Universal protocol **TIME OUT** completed and documented.
• Do not open device until ready to use.
L & D Nurse Role in IPLARC Insertion

Gather supplies:
- IUD (Mirena or Paragard) located in the Pyxis in L&D
- Iodine, ring forceps and ultrasound

• Prepare for insertion:
  - Signed general (surgical) consent
  - Universal protocol: **TIME OUT** completed and documentation
• Insertion will happen **within 10 minutes** of placental expulsion
• Do not open device until ready to use
  - Must be opened in sterile fashion
• Pain management may be needed if patient does not have a working epidural
• Fundal massage can be performed as per usual protocol
Nursing Documentation

- Document using the Ad Hoc Miscellaneous Procedure form.
- Complete all fields.
- Document the device lot number and expiration date and person inserting device (in the narrative note).
- Nurse will document in device section if placed during a c-section.
Current State

• First insertion March 29, 2019
• Inserted 11 through August 30
• 5 Nexplanon, 3 Mirena, 3 Paragard
• Nursing education provided at hire
• Yearly Physician education at time of new residents
Next steps

• Continue new hire (nursing) and yearly physician education
• Counseling education for new residents on a yearly basis (with documentation)
• Will continue with Medicaid only
• No longer collecting office data
TEAM TALK: UNIVERSITY OF CHICAGO
University of Chicago Sustainability Plan

Illinois Perinatal Quality Collaborative
*Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)*

Fall 2019
Purpose & Approach

Purpose

• The goal of the IPLARC Initiative is to support birthing hospitals that provide contraception at the hospital level to implement best practice protocols.
• The goals of this project were to increase UChicago Medicine patients’ knowledge on LARC options and accessibility during the immediate postpartum period.

Approach

• Establish an interdisciplinary team to operationalize IPLARC Initiative within the Family Birth Center and Mother Baby Unit.
• Initiative led by Physician and Nurses Leaders
• Implemented both Implants and IUDs by February 2019
Sustainability Plan
Sustainability Across the UChicago System

1. Compliance Monitoring – Counseling, Insertion, Follow up, & Reporting

2. New Hire Education – Physician & Nurse Staff

3. Ongoing Education – Physician & Nurse Staff

4. Billing / Reimbursement – Monitoring of payments and Claims

5. Operations – Sustainment of Daily Operations in Family Birth Center and Mother Baby Unit

How do we remain sustainable?
Compliance Monitoring

• Development of the Nexplanon kits and educational handouts (Prenatal & postpartum) as well as the new ILPQC EPIC flowsheet to monitor compliance.

• Continued to use ILPQC system to track data. Data is tracked and monitored by nursing staff member.

Challenges
For unregistered patients, if records are not scanned, then contraceptive counseling cannot be confirmed.

Improvements
There is room for improvement for nurses to document that education was provided in ILPQC flowsheet.
LARC Education

**New Hire Education**

*Provider*
- Primary physician provider reviews counseling and other materials with providers as they join the team.

*Nurses*
- New hires receive education in nursing orientation

**On Going Education**

*Provider*
- Education provided through grand rounds.
- A quality improvement presentation has been created that includes IPLARC materials that are presented quarterly to give updates on the program.

*Nurses*
- Ongoing education add to orientation book.
- Staff received in-services on Nexplanon/IUD and the new workflow process.
Sustainability Plan

- Continued monitoring with billing team to confirm captured payments from all payors.
- Team will work with financial and revenue cycle teams to amend contracts.
- Partner will be a member of the billing team to monitor IPLARC payments.

Challenges

- Institution Contract Negotiations
- IUD monitoring
Operations: Patient Follow Up

- UChicago does not mandate string checks (not necessary) or early postpartum visits JUST because of postpartum IUD placement.
- Aftercare sheets are provided with information about the possible need for a string trim and reasons to call your provider.
- Patients can return to their provider or be seen at UChicago Ryan Center for string trims/exams/removals if desired.
Thank You

UChicago Medicine Team
ROUND ROBIN – TEAMS
UPDATE ON PROGRESS
TOWARDS SUSTAINABILITY
Round Robin Guidelines

• How does your team incorporate string checks/2-week follow-up visits for IPLARC patients
  – How does your team do this for all patients?
• How does your team incorporate comprehensive contraceptive counseling follow-up instructions into patient education?
• Have you taken advantage of one-on-one QI support?
• Success stories from your IPLARC journey – what are you proud of?
NEXT STEPS
Next Steps

• **Register for the Annual Conference** by deadline 10/25
• Tune in for the November webinar to hear from National experts on IPLARC!
• Continue to submit data through December 2019
• Continue to work on improving comprehensive contraceptive counseling in prenatal and on L&D
• Reach out to ILPQC – we are always here to help!
Contact

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