IPLARC Monthly Teams Webinar: IPLARC Sustainability for Wave 1 Teams

April 15, 2019
12:00 – 1:00 PM
Introductions

• Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  • Name
  • Role
  • Institution

• If you are only on the phone line, please be sure to let us know so we can note your attendance.
Tips for Accessing WebEx

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

- CONGRATULATIONS WAVE 1 TEAMS!
- Review of Data
- What’s next? IPLARC Sustainability
- Nikki Zite, MD, MPH - Tennessee Initiative for Perinatal Quality Care
- Team Talk – UIC
- 2019 Face-to-Face Meeting
- Next Steps
Congratulations Wave 1 Teams!

Wave 1 IPLARC Initiative Goal Achieved!
# Wave 1 Hospital GO LIVE Status

<table>
<thead>
<tr>
<th>Hospital</th>
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</thead>
<tbody>
<tr>
<td>Advocate Christ</td>
<td>GO LIVE on track – April 2019</td>
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<tr>
<td>Advocate Illinois Masonic</td>
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<tr>
<td>Advocate Lutheran General</td>
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<td>LIVE – 3/1/19</td>
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<td>LIVE – 12/17/18</td>
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<td>Rush Copley</td>
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<td>Stroger</td>
<td>LIVE</td>
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<td>Swedish Covenant Hospital</td>
<td>LIVE w/ IUDs (Feb) &amp; implants (Mar)</td>
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<tr>
<td>Vista Medical Center</td>
<td>Tentative LIVE – 1/5/19</td>
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<tr>
<td>University of Chicago</td>
<td>LIVE w/ implants. Live w/ IUDs 2/4/19</td>
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<td>UI Health</td>
<td>LIVE w/ IUDs. Live w/ implants 2/19/19</td>
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By March 2019, ≥75% of participating hospitals will be providing immediate postpartum LARCs.
REVIEW OF DATA
### Aims and Measures

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

*Go Live* date is March 2019 for Wave 1 teams!
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, with documentation of counseling.

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

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

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<th>Month</th>
<th># Teams Entering Data</th>
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<td>February 2019</td>
<td>14</td>
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<tr>
<td>March 2019</td>
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Please submit data through March 2019 by April 18.
Hospitals Providing IPLARC

Percent of Wave 1 Hospitals Live with Immediate Postpartum LARC

IPLARC on Formulary

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

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

Great work!
IPLARC on L&D/Postpartum

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

<table>
<thead>
<tr>
<th>Month</th>
<th>In Place</th>
<th>Working On It</th>
<th>Have Not Started</th>
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IPLARC Protocols in Place

Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for **IUDS**

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Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for **Implants**

<table>
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IPLARC Standardized Patient Education at Prenatal Sites

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

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<tr>
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IPLARC Inpatient Patient Education & Counseling Protocols

Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission
IT/EMR Revisions In Place

Percent of Hospitals with IT/EMR Revisions for Tracking and Documentation of **IUDs**

Percent of Hospitals with IT/EMR Revisions for Tracking and Documentation of **Implants**
**Provider IPLARC Education**

**Physician/Midwife Training on IPLARC Evidence, Protocols, Counseling & Placement**

- Physicians/midwives trained on IPLARC evidence, protocols, counseling
- Physicians/Midwives trained on immediate postpartum IUD placement
- Physicians/Midwives trained on immediate postpartum implant placement
Staff IPLARC Education

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

- Nurses Trained
- Lactation Consultants Trained
- Social Workers Trained
- Goal
Comprehensive Contraceptive Counseling

Percent of Charts with Contraceptive Counseling, including IPLARC
To be responsive to feedback from teams, we’ve added two questions to clarify your responses to outpatient comprehensive contraceptive counseling.
• We are presenting to the Pritzker Family Foundation Board of Governors on April 26 the work of the IPLARC Initiative
• Thank you so much for your hard work in helping with data cleaning over the last week!
• We’re very excited to present the success you’ve all worked to achieve to the Pritzker Foundation!
WHAT’S NEXT? IPLARC SUSTAINABILITY
We are 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
IPLARC Overview

Key Strategies
- IPLARC on formulary
- Billing/coding
- IT/EMR
- IPLARC protocol
- Provider/staff Education
- Comprehensive contraceptive counseling
- Communication with outpatient sites

Systems Change
- Institutional buy-in
- Test and implement key strategies
- Engage diverse group of stakeholders on IPLARC team
- GO LIVE with IPLARC provision

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

Key Players Meetings
We’re LIVE – What’s Next?

• **Monitor comprehensive contraceptive counseling**
  – How do we work with outpatient sites to ensure all patients receive comprehensive contraceptive counseling, including IPLARC?
    • **Review REDCap Data** for contraceptive counseling to monitor progress
    • **Share OB provider / outpatient packet** with all OB providers
    • **Identify gaps in prenatal / L&D counseling**, follow up with providers, opportunity for PDSA cycle
  – How do you integrate comprehensive counseling onto L&D for all patients?
    • Item in the **inpatient / delivery admit checklist**
    • **Log of patients** with IPLARC desired / IPLARC placed
    • **Develop and review process flow for LD admission** that includes IPLARC with all nurses and providers
Comprehensive Contraceptive Counseling

Percent of Charts with Contraceptive Counseling, including IPLARC

- Contraceptive Counseling prenatal
- Contraceptive Counseling L&D
IPLARC OB Provider / Outpatient Packet

What it contains:

1. **IPLARC OB provider/prenatal letter**
   from ILPQC that can be personalized and signed by your hospital team leads

2. **IPLARC Fact Sheet**
   created by ILPQC

3. **FYI LARC Flyer**
   with key information on the importance of this initiative that can be personalized

4. **ACOG “FAQ”**
   helpful resource to provide patients with accurate evidence based information on LARCS

5. **Patient education resources**
   to provide to patients

6. **ADD your team’s LD Hospital Admission Contraception Process Flow**
   to help providers systemize documentation of patient’s contraception plan

Utilizing this tool:

- **Assists with buy-in**
  - from your OB providers/outpatient prenatal sites by providing key information about the initiative

- **Contains a tools your OB providers/prenatal sites will need**
  - to provide comprehensive contraception

- **Shares key resources:**
  - Billing and coding information
  - Documentation and counseling information for private insurers
  - Education resources including handouts to provide to patients regarding frequently asked questions
We’re LIVE – What’s Next?

• How do we ensure that all patients who desire and are eligible for IPLARC receive it?
  – What is your process for identifying women who want tubal ligations? How can this be modified for IPLARC?
  – Consider tracking log of desired vs received IPLARC
  – Consider a PDSA to improve L&D counseling / documentation
We’re LIVE – What’s Next?

• Monitor IPLARC billing and reimbursement
  – If questions/issues arise, please reach out to ILPQC for help troubleshooting
  – Review updated billing/coding tip sheet. [Click here](#) to download the tip sheet.
  – Report any issues with IPLARC reimbursement to the Medicaid portal – [click here](#)
  – Share private insurance tip sheet with providers and reports any issues with private insurance reimbursement to info@ilpqc.org
We’re LIVE – What’s Next?

- Implement new hire and ongoing IPLARC education for providers / staff
  - Need ongoing training on comprehensive contraceptive counseling including IPLARC and IPLARC placement
  - MAMA-U trainers $219 - can order on-line
  - ACOG has a LARC training video series includes IPLARC
  - SPIRES video on making a postpartum IUD training model
  - ACOG District II – Immediate Post-Placental LARC Insertion video
  - Contraceptive Counseling Model from CAP – print out available here
  - Nursing education slide set
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!

Billing guidance and one-on-one QI support provided

BRIEF monthly data collection, brief and essential to drive quality improvement/implementation progress

If women want to receive LARC at their postpartum visit instead, can they get same day LARC at the postpartum visit? Can they get scheduled for an early postpartum visit before they leave the hospital?
Improving Postpartum Access to Care (IPAC)

• A perfect compliment to IPLARC sustainability
• Attend Face-to-Face to learn more from other teams
• Join us on **Monday, May 20, 2019, 12:00 pm – 1pm**
• +1-312-535-8110 | Access code: 807 719 991 | [Access the webinar here](#)
• Held on the **3rd Monday of the month from 11am-12pm**
• Learn from national and state experts and other teams on monthly team calls
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 after birth**
Wave 2 Team Calls - Sustainability

• Post Face-to-Face Meeting, starting in June
• Moving to different format for Wave 2 calls more discussion less presentation
  – Review of data: focus on counseling / # IPLARC
  – Team Talk on component of sustainability (please sign up)
  – Round robin discussion on teams sustainability progress
• 3rd Monday of the month
  – IPAC 11-12
  – Wave 2 IPLARC 12-1
  – Wave 1 IPLARC 1-2 * note time change
IPLARC Wave 2 and IPAC

- Rosters due today! At the latest before kick-off webinar on April 29
- IPAC rosters due May 15 with kick-off webinar on May 20
- Please reach out to provider/nursing leaders in your network to encourage hospital participation and offer support!
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>April 15</td>
<td>IPLARC Sustainability for Wave 1 teams; Wave 2 Rosters Due</td>
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<tr>
<td>April 29, 12-2:00pm</td>
<td>Wave 2 launch call</td>
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<td>May 20, 12-1:00pm</td>
<td>IPAC Launch Call</td>
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<td>May 29</td>
<td>OB Face-to-Face Meeting, Springfield, IL Breakout session for IPLARC WAVE I teams sustainability</td>
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<td>May 30</td>
<td>ACOG/ILPQC IPLARC Training, Springfield, IL</td>
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<td>IPLARC Wave 2: Toolkit overview &amp; first steps for QI work/IPAC</td>
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<td>June 17, 1-2:00pm</td>
<td>IPLARC Wave 1: Monitor &amp; improve comprehensive contraceptive counseling</td>
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<td>IPLARC Wave 2: Stocking &amp; pharmacy</td>
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<tr>
<td>Aug 19, 1-2:00pm</td>
<td>IPLARC Wave 1: Ensuring patients receive desired IPLARC</td>
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<tr>
<td>Sept 16, 11a-12pm</td>
<td>IPAC</td>
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<tr>
<td>Sept 16, 12-1:00pm</td>
<td>IPLARC Wave 2: Protocols and checklists</td>
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<tr>
<td>Sept 16, 1-2:00pm</td>
<td>IPLARC Wave 1: Implementing Ongoing Provider/Staff &amp; New Hire Education</td>
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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

IL\&PQC
Illinois Perinatal Quality Collaborative

All providers and staff not yet trained are invited!
NIKKI ZITE – TENNESSEE INITIATIVE FOR PERINATAL QUALITY CARE
TIPQC: Tennessee Initiative for Perinatal Quality Care

Nikki Zite, MD, MPH
Megan Lacy, MPH
Personal Background

Medical School: Northwestern University in 1998.

OB/GYN Residency: The University of Tennessee Health Science Center in Memphis 1998-2002

Family Planning Fellowship/MPH: University of Illinois School at Chicago

Back to Tennessee in 2004, joined the faculty at The University of Tennessee Graduate School of Medicine in Knoxville.

Currently: Program Director and Professor in the OB/GYN department and the Maternal Medical Director, TIPQC

My research focuses on contraceptive counseling, access and barriers to female sterilization and long acting reversible contraception.

My mission: To improve the health of women and infants in Tennessee.
Current State in TN

- 56% pregnancies are unintended
- 22.3% pregnancies are short-interval
- 43% of women not trying to get pregnant, use birth control
- LARC use is low
- Maternal substance use is increasing, rapidly
**Project Aim:** To improve the health of infants as well as eligible, desiring mothers in Tennessee by increasing access to contraception through systematically promoting and supporting immediate postpartum LARC in the birth setting in Tennessee, thus reducing unplanned pregnancies, improving pregnancy spacing, and potentially reducing NAS births.

**IMMEDIATE AIM:** To increase access to immediate postpartum LARC to 50% of participating institutions by March 2019. Once an institution’s supporting structure is complete, to increase placement in eligible women desiring immediate postpartum LARC to 70% by March 2019.
In November 2017, TennCare unbundled the cost of LARC devices and insertion fee from global fee of pregnancy.

- The 3 MCOs under TennCare (UnitedHealth, Amerigroup, BlueCare) agreed upon uniformed billing guidance.

Updated EMR to collect IPP LARC data

- **Admission:** (1) "Has your provider discussed contraception with you during prenatal care?" (2) "What is your contraceptive plan after delivery?"
- **Discharge:** RN documents the contraceptive plan/method patient obtained

Started Staff Education (nurses, surgical technicians, and providers).

- Our big focus: *comprehensive* contraceptive counseling (no one "needs" LARC).
- We noticed an immediate increase in charting!
Gained the "TN LARC Champion" - Megan Lacy

Started with 2 pilot teams and had 4 other teams join. All 6 teams are placing devices (the last one started 3/19)

We have placed 1,558 total devices as of December 2018

Created health literate patient education materials

Patients who had prenatal counseling obtained their desired contraception more than those that do not (77.7% vs 5.7)

The same was true when looking at IPP LARC as the plan (77.3% vs 7.1%)
Contraceptive counseling should occur during prenatal care: early and often

**Persistence:** we try to make LARC apart of every conversation

Gaps in documented counseling, are addressed with the corresponding providers

**Staff Education Part 2:** We need to continue discussing IPP LARC with new staff and existing staff to keep IPP LARC a standard of care for eligible women
Successes

- Much of our success is due to persistence.
- We are getting paid.
- LARC is being used as a back-up for BTLS that cannot be performed due to system barriers.
- UTMCK met TIPQC aim of providing IPP LARCs to 87% of eligible, desiring women (goal was 70%).
- BCBS State employees gained access to IPP LARC during project year 2.
Barriers

Exact amounts of reimbursement for devices are hard to distinguish - the billing department just knows the total amount (including delivery) that we were reimbursed.

Billing: Identified the various billing “triggers” that tell individuals coders to look for device LOT # to submit a claim.
TEAM TALK
Northwestern Prentice Women’s Hospital

Leanne McCloskey, MD, MPH
Northwestern University, Feinberg School of Medicine
Department of Obstetrics and Gynecology, Assistant Professor
Section Family Planning and Contraception, Ryan Program Director
legriffi@nm.org

ILPQC-IPLARC Webinar
April 15, 2019
# Team Roster

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE</th>
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<tbody>
<tr>
<td>Jessica Kiley, MD MPH</td>
<td>OB Provider Champion</td>
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<tr>
<td>Leanne McCloskey, MD MPH</td>
<td>OB Provider Champion</td>
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<tr>
<td>Jessika Ralph, MD</td>
<td>OB Senior Family Planning Fellow</td>
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<tr>
<td>Janelle Bolden, MD</td>
<td>MFM</td>
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<tr>
<td>Alissa Carlson, MD</td>
<td>Erie Family Health Center</td>
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<tr>
<td>Kylie Smith</td>
<td>OB Nurse Champion</td>
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<tr>
<td>Mary Clare Vanecko</td>
<td>OB Nurse Champion</td>
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<tr>
<td>Katie Jefferson</td>
<td>Mother-Baby Nurse Champion</td>
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<tr>
<td>Michelle Sullivan</td>
<td>Billing/Collections</td>
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<tr>
<td>Brady Luby</td>
<td>Contracts/MCO liaison</td>
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<tr>
<td>Sheila O'Brien</td>
<td>IT/EMR</td>
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<tr>
<td>Elise Wozniak</td>
<td>Pharmacy</td>
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<tr>
<td>Martha Meyers</td>
<td>Lactation Consultant/BFC</td>
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<tr>
<td>Deb Miller</td>
<td>QI Professional</td>
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<tr>
<td>Terry Long</td>
<td>Project Leader</td>
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<tr>
<td>Amanda Roman</td>
<td>APN, Mother-Baby</td>
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<tr>
<td>Heidi Vyhmeister</td>
<td>Erie Family Health Center</td>
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<tr>
<td>Beth Meinhold</td>
<td>Manager, Mother-Baby Prentice 12</td>
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<tr>
<td>Caroline Fisher</td>
<td>L&amp;D RN</td>
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<tr>
<td>Katie Rowlands</td>
<td>L&amp;D RN</td>
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<tr>
<td>Liz Zaragoza</td>
<td>Social Work</td>
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<tr>
<td>Lauren Ratliff</td>
<td>Social Work</td>
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IPLARC at Northwestern Prentice Women’s Hospital

- What does the prenatal conversation look like for contraceptive counseling?
- How is patient preference communicated systematically to the L&D team?
- How is the conversation around immediate postpartum placement revisited in L&D?
QI CORNER
**Ex: IPLARC QI Opportunities**

**Quality Collaborative Hospital**
- Reviewed RedCap data during monthly IPLARC QI meetings for areas of improvement
  - *Asked*: What does our data show for patients having comprehensive counseling prenatally and on L&D?
  - *Goal*: To improve comprehensive counseling prenatally to 85%
  - *Decision*:
    - Focus on one group of OB providers
    - Utilize the ILPQC OB Provider/Outpatient packet
    - Provide an office meeting, provide counseling materials, dot phrase for documentation, and use the ILPARC Grand Rounds to facilitate buy-in and inform providers about IPLARC initiative

**Follow-up:** To ensure contraceptive counseling was being done and documented the team did the following:
1. 10 random charts check in the group
2. Identified common themes (i.e., providers, patients with late transfers of care)
3. Shared data with the OB provider group
4. Discussed opportunities for PDSA with group

*Discovered that having a documented plan prenatally, greatly impacted the patients likelihood of obtaining desired IPLARC*
2019 FACE-TO-FACE MEETING
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

Abraham Lincoln DoubleTree Hotel,
Springfield, IL

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)

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611
Thank You to IPLARC Face-to-Face Panel Presenters!

• IPLARC and IPAC Panel Wave 1 Sharing Strategies for Success
  – Max Izbicki, DO - Norwegian American Hospital
  – Valerie Jennings, MD - Carle Foundation Hospital
  – Michele Bucciero, MD - Saint Anthony Hospital
FACE-TO-FACE
REGISTRATION OPEN!

Visit www.ilpqc.eventbrite.com to register today!
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. Large post-it sheets and tape will be provided at the meeting.

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

• **IPLARC/IPAC:**
  - Wave 1: Include information about comprehensive contraceptive counselling & documentation (prenatally and on L&D), process flow, and GO LIVE date.
  - WAVE 2/IPAC: 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

- **Hospital Name**
- **Hospital Demographics**
- **OB HTN QI Team Composition**
- **OB MNO QI Team Composition**

**MNO-OB**
- Identified MNO-OB Team goals and successes
- 30-60-90 Day plan
- Hospital OUD process flow
- Identified barriers & strategies to address

**IPLARC/IPAC**
- Comprehensive contraceptive counseling documentation
- Process flow
- 30-60-90 Day plan
- Identified barriers & strategies to address
Sample Layouts

With 4 portrait oriented sheets in the middle panel

With 3 landscape oriented sheets in the middle panel
Next Steps

• Submit outstanding data for Feb & March – review data for any data cleaning
• Register team members for the May 29 Face-to-Face Meeting (physician and nurse champions and others)
• Begin working on storyboards for Face-to-Face
• **Review your data on contraceptive counseling outpatient and inpatient, develop PDSA to improve % IPLARC counseling documented**
• Consider review of patients who desire IPLARC vs. patients who received IPLARC and develop small PDSA cycle to improve process
• Continue monthly team meetings and review data reports with your team
• Review billing/reimbursement for IPLARC and reach out for assistance
• Consider plan for new hire and ongoing provider / staff IPLARC education
• **In 2019 we work on IPLARC sustainability and improving outpatient / postpartum access to care**
Contact

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