



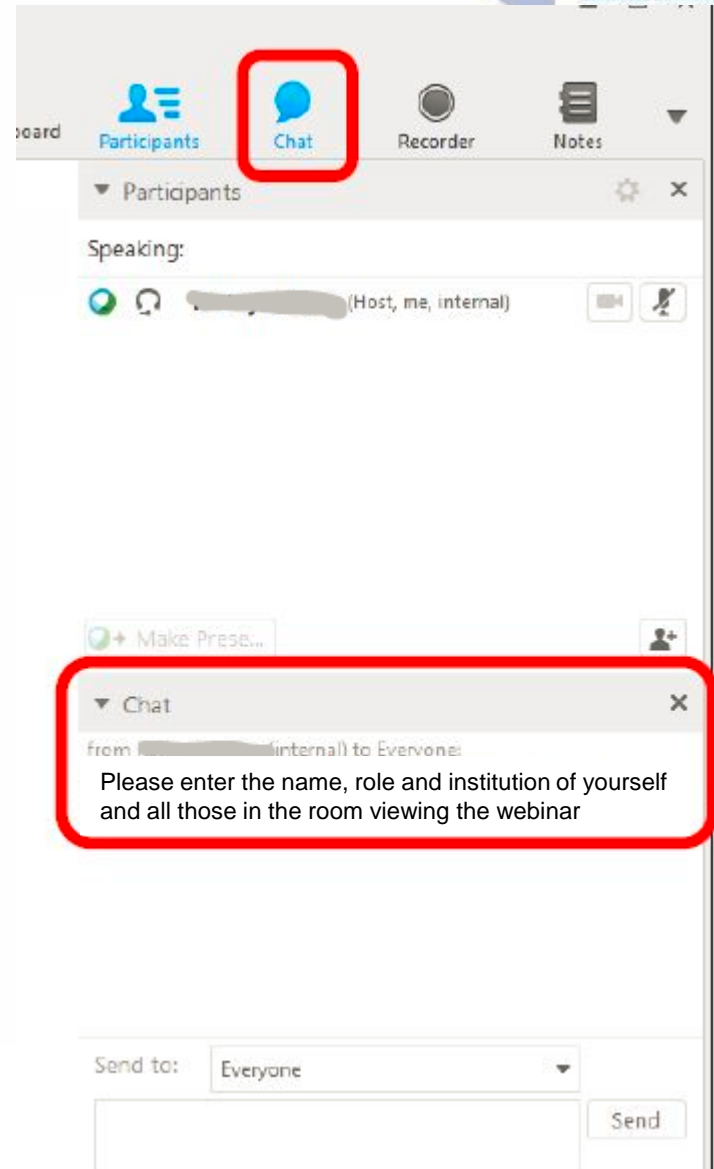
**IPLARC Monthly  
Teams Webinar:  
Standardizing Comprehensive  
Contraceptive Counseling  
(Prenatal & Delivery  
Admission)**

October 15, 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



# Tips for Accessing WebEx

- You must manually add the meeting to your calendar
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Thu 6/14/2018 10:32 AM  
Danielle Renae Young  
Fw: (Forward to others) WebEx meeting invitation: ILPQC Immediate Postpartum LARC Teams Call

To  
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Message **WebEx\_Meeting.ics (4 KB)**

Hello,  
Danielle Young invites you to join this WebEx meeting.

### ILPQC Immediate Postpartum LARC Teams Call

Monday, June 18, 2018  
12:00 pm | Central Daylight Time (Chicago, GMT-05:00)  
Meeting number (access code): 800 846 062  
Meeting password: ilpqc\_ipclarc

Add to calendar by clicking either of these options

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When it's time, [join the meeting](#).

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Dial [800846062@northwestern.webex.com](tel:800846062)

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**+1-415-655-0002 US Toll**  
[Global call-in numbers](#)

Call-in info

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# Call Overview



- Annual Conference Update
- Data Review
  - Reports are live!
  - Structure Measure Review
- Standardizing Comprehensive Contraceptive Counseling
  - Overview of counseling
  - Rachel Logan, MPH, CPH, Doctoral Candidate and Graduate Researcher, University of South Florida
- Team Talk: Northwestern Prentice Women’s Hospital
- Round Robin Discussion: Team updates on progress toward Go Live goals
- Key Players Meetings

# Getting Ready for the ILPQC 6<sup>th</sup> Annual Conference



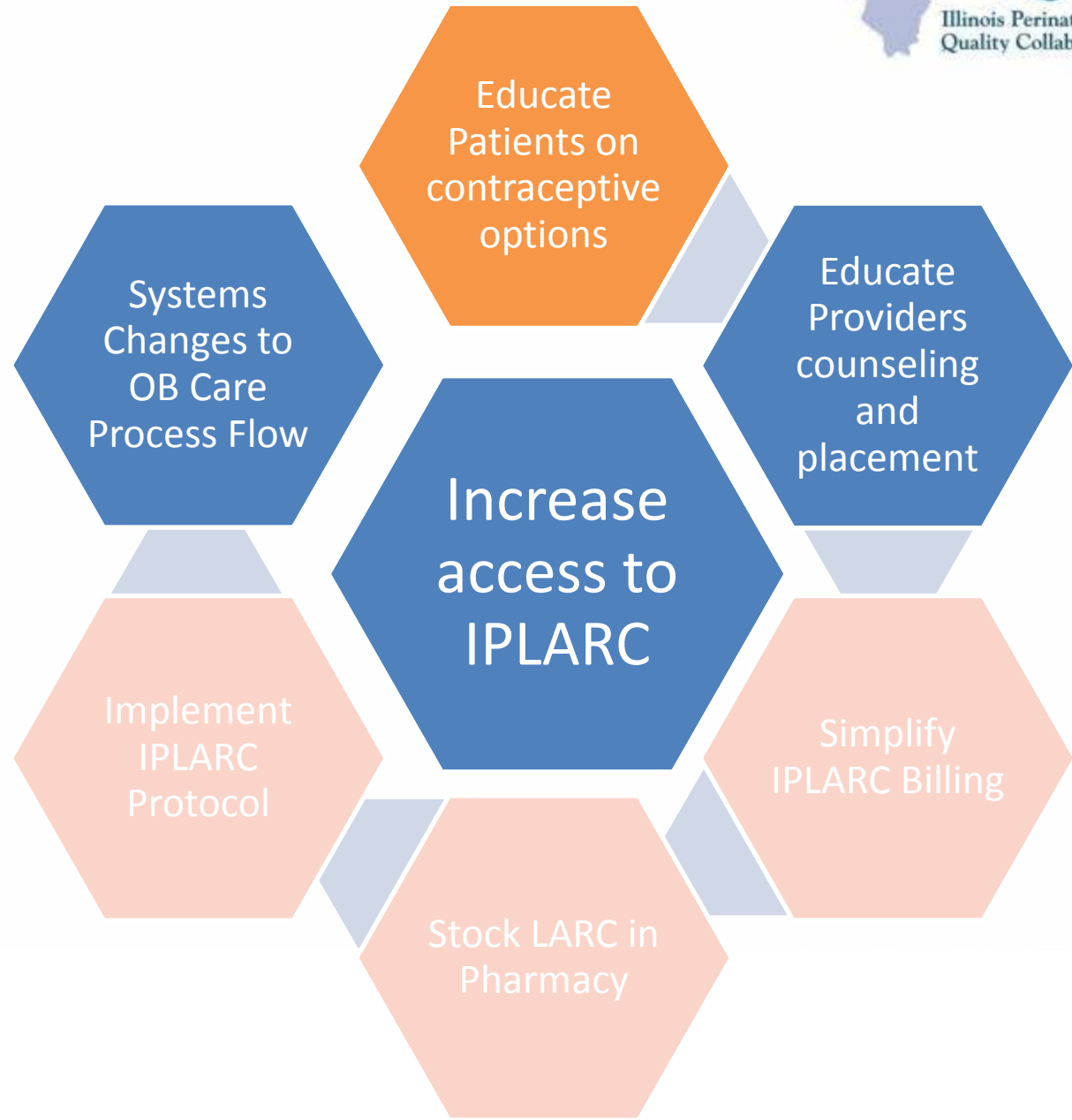
- **Register** for the ILPQC 6<sup>th</sup> Annual Conference [here](#) by **October 29, 2018**
  - Monday, November 5th, 2018 at the Westin Lombard Yorktown Center, Lombard, IL
  - 7-8am (Registration & Breakfast); 8am-5:15pm (Conference)
  - Reserve your room block [here](#).
- **Submit late-breaking poster session abstracts** [here](#) by **October 15<sup>th</sup>** (TODAY) to bring your poster to the conference
  - QI stories of successes, challenges, and plans for 2019 for MNO-OB, MNO-Neo, and IPLARC
  - Sustainability and maintaining gains in 2019 and beyond for HTN & GH
  - Family and patient engagement.
- **Check with your hospital/local health system if interested in sponsorship** opportunities for the ILPQC 6<sup>th</sup> Annual Conference no later than TODAY, **October 15**. Email [Danielle.young@northwestern.edu](mailto:Danielle.young@northwestern.edu) for more details.
- **All ILPQC Teams (MNO-OB, MNO-Neo, IPLARC, HTN, and GH):** ILPQC will be recognizing teams for their incredible QI work at the annual conference.
  - Submit all of your initiative-specific data by TODAY **October 15<sup>th</sup>** make sure your team is eligible.
    - **Awards for Data Completion (IPLARC):** Make sure your team has submitted **all** baseline (April – June), July 2018, August 2018, and September 2018 data to be considered.
- Have **one** representative from your hospital **complete the Annual Conference Pre-Survey** by **October 19**.
- There will be a **Patient-Family Advisor** breakout session at the Annual Conference. We encourage you to invite your patient advisors to attend the conference. ILPQC will provide **free registration** to any patients who attend the meeting.

# PROGRESS TOWARD AIMS AND REVIEW OF DATA

# IPLARC Initiative Goals

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



# Aims and Measures

## Overall Initiative Aim

Within 9 months of initiative start,  $\geq 75\%$  of participating hospitals will be providing immediate postpartum LARCs.

“Go Live” date is March 2019  
for Wave 1 teams!

## 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

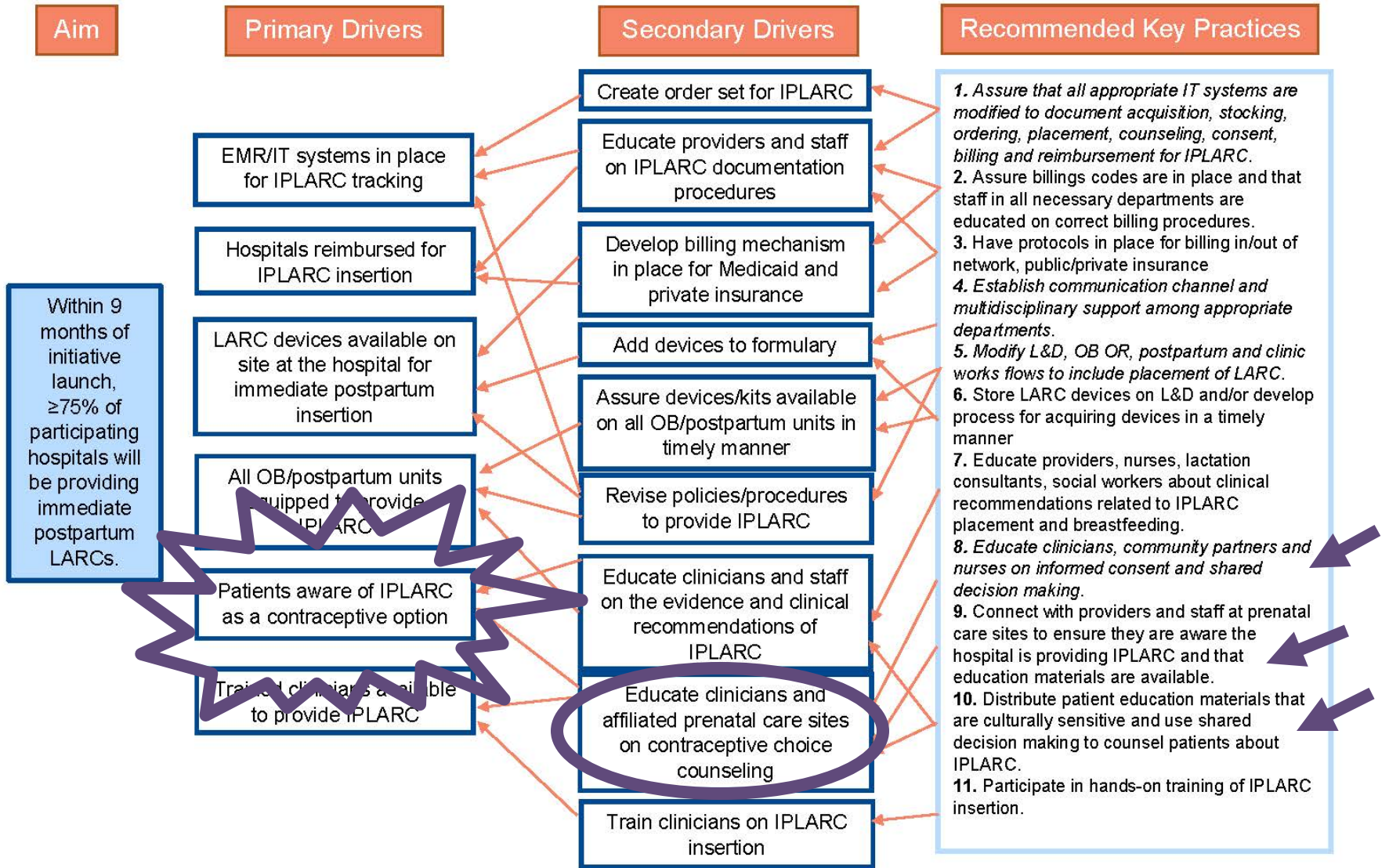
## Outcome Measure, among participating hospitals

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

By increasing access to IPLARC, increase in utilization of IPLARC



# This month's topic: Comprehensive Contraceptive Counseling



# Practice Changes for IPLARC Success – Pre-implementation



1. Assure early **multidisciplinary** support by educating and identifying **key champions in all pertinent departments for your IPLARC QI team.**
2. Establish **scheduled meetings for your team at least monthly**, assuring that all necessary departments are represented, **develop 30/60/90 day plan**, establish **timeline to accomplish key steps.**
3. **Establish and test billing codes** and processes to assure adequate and timely reimbursement (see toolkit).
4. **Expand pharmacy/ inpatient inventory capacity** and device distribution to assure timely placement on labor and delivery and postpartum units.
5. **Educate clinicians, nurses, pharmacy, and lactation consultants** about benefits and clinical recommendations related to IPLARCs (see toolkit for e-modules, slide decks, materials).
6. **Assure that all appropriate IT/EMR systems are modified** to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARCs (dot phrases to document counseling and placement, consent forms, order set, billing framework see toolkit examples).
7. **Modify L&D, OB OR, postpartum, and clinic work flows** (protocols/process flow/ checklists) to include counseling, consent, and placement of IPLARC (see toolkit for example).

# 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 / protocol / process flow** to assure all patients receive comprehensive contraception choice counseling including IPLARC in affiliated prenatal care sites and during delivery admission.
12. **Communicate launch date of hospital's IPLARC capability** to all providers, nurses and affiliated prenatal care sites: communicate protocols, documentation and billing strategies.
13. **Track and review IPLARC data, collected monthly through ILPQC REDcap data system with real-time data reports**, share data with providers and nurses and review standardized counseling for prenatal sites and labor and delivery and IPLARC uptake, to evaluate program success and sustainability.

# 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

# Implementing Comprehensive Contraceptive Counseling

- Resources are available in the IPLARC toolkit

- Provider education on counseling
- Patient education materials
- Example consents

**Consent for Immediate Postpartum Intrauterine Contraceptive Insertion**

**Why is birth control important after having a baby?**

The return to fertility after having a baby can be unpredictable. You may be able to get pregnant before your next period even begins. Using birth control to help plan for your future family is important. Waiting at least a **year and a half** before you get pregnant improves your health and the health of your next baby. For example, by waiting to get pregnant you can decrease the risk of health problems, such as having a baby too early (preterm birth), or having a baby who has

**CONTRACEPTIVE COUNSELING MODEL**  
A 5-Step *client-centered* Approach

<b>1</b>	<p><b>Identify</b> the client's pregnancy intentions</p> <ul style="list-style-type: none"> <li>• Do you want to be pregnant in the next 3 months or have a baby in the next year?</li> </ul>	KEY QUEST
<b>2</b>	<p><b>Explore</b> pregnancy intentions &amp; birth control experiences and preferences</p> <ul style="list-style-type: none"> <li>• What would be hard about having a baby now?</li> <li>• Why is now a good time for you to have a baby?</li> <li>• What experience have you had with birth control?</li> <li>• What is important to you in a birth control method?</li> <li>• What does your mom/boyfriend/friends think about you using birth control?</li> </ul>	
<b>3</b>	<p><b>Assist</b> with selection</p>	
<b>4</b>	<p><b>Review</b> method use</p>	
<b>5</b>	<p><b>Provide</b> birth control</p>	

is made of a T-shaped  
:  
to 10 years  
as a low dose of a  
which IUD is placed.  
ho use it, similar to  
can be removed at any

The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

FREQUENTLY ASKED QUESTIONS  
FAQ500  
CONTRACEPTION

## Using Long-Acting Reversible Contraception Right After Childbirth

- Why should I think about using birth control right after I have a baby?
- When should I talk with my doctor about using birth control after my baby is born?
- What are long-acting reversible contraception methods?
- Why are long-acting reversible contraception methods a good option for women to use right after having a baby?
- How effective are long-acting reversible contraception methods?
- What is the intrauterine device?

# What data are you collecting to drive QI?



- **Structure Measures:**

- Hospital progress on initiative Aims:
- Red/yellow/green (not started, started, completed)
  - IPLARC devices stocked
  - Protocols in place
  - Coding/billing
  - Documentation
  - Standardized patient education
  - System-wide communication

# What data are you collecting to drive QI?



- **Process Measures:**

- % of Physician and midwife educated on IPLARC
- % of Nurse, lactation consultant, and social worker educated on IPLARC

- **Outcome Measures:**

- # of deliveries for the month
- # of IUDs and # of implants placed for the month
- Random sample of 10 deliveries report
  - # comprehensive contraceptive counseling documented prenatal
  - # comprehensive contraceptive counseling documented delivery admission

# Data and Reports

- Teams submitting all baseline (April – June) and monthly data through September 2018 by October 15 will be recognized at the ILPQC 6<sup>th</sup> Annual Conference
- \*\*14 teams have submitted any data\*\*
- Ongoing data due the 15<sup>th</sup> of the following month of data collection (i.e., September 2018 data due October 15, 2018).

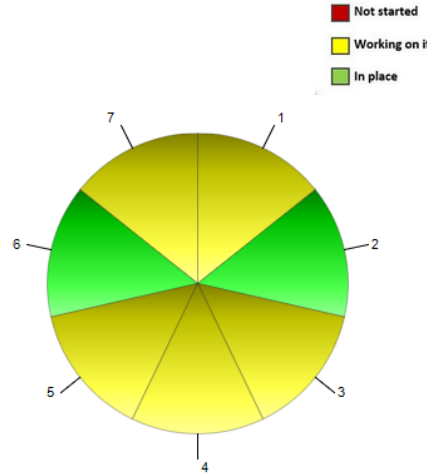


**REPORTS  
ARE LIVE!**

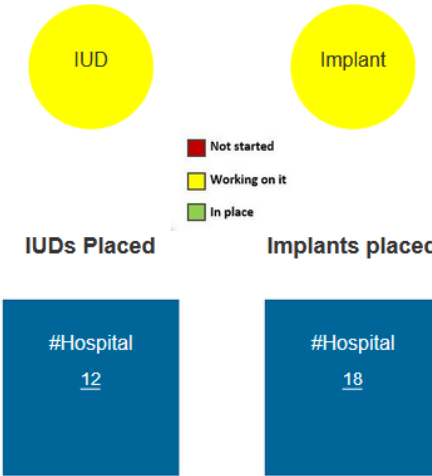


1. Establish and test billing codes and test process for timely reimbursement.
2. Add LARC devices to formulary, stock in pharmacy, and make available on L&D/postpartum.
3. Modify IT/EMR for documentation of: acquisition, stocking, ordering, comprehensive contraceptive counseling including IPLARC, consent, IPLARC placement, and billing.
4. Implement IPLARC protocol on L&D/mother baby through protocols/process flow changes.
5. Educate all providers, nurses, staff on IPLARC benefits, clinical recommendations, and protocols as well as providers on counseling and placement of IPLARC.
6. Standardize patient education (on all contraceptive options including IPLARC) and process flow for providing education and documenting education/counseling for all patients at affiliated prenatal care sites and on L&D/mother baby units.
7. Communicate launch of IPLARC availability during delivery admission with affiliated prenatal care sites.

Key Opportunities for IPLARC Improvement and Implementaiton



Hospital is actively providing IPLARC



Departments with an IPLARC protocol in place

Department	IUD	# teams initiative wide (total)	Implant	# teams initiative wide (total)
L&D	✓	2 (17)		1 (17)
Postpartum unit		1 (17)	✓	3 (17)
OB OR	✓	2 (17)		1 (17)
Pharmacy		1 (17)		1 (17)
Billing		1 (17)		1 (17)
Other		0 (17)		0 (17)

EMR Revisions in Place for Tracking & Documentation

EMR Revision	IUD	# teams initiative wide (total)	Implant	# teams initiative wide (total)
EMR for consent	✓	2 (17)		1 (17)
EMR for contraceptive choice counseling, including IPLARC		1 (17)		1 (17)
Order sets		0 (17)		0 (17)
Pharmacy system (acquisition and stocking)		0 (17)		1 (17)
Billing system	✓	2 (17)		1 (17)
Tracking tools	✓	2 (17)		1 (17)
Other		1 (17)		0 (17)

Use this dashboard to drive your team's QI work!

# Structure Measure Reports

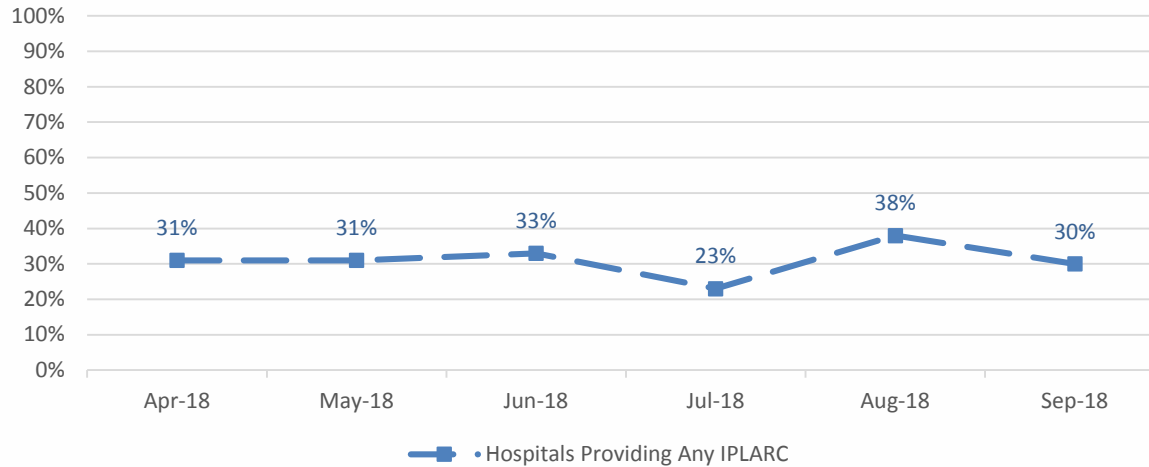


Hexagons are colored to indicate team progress on the structure measure from month-to-month

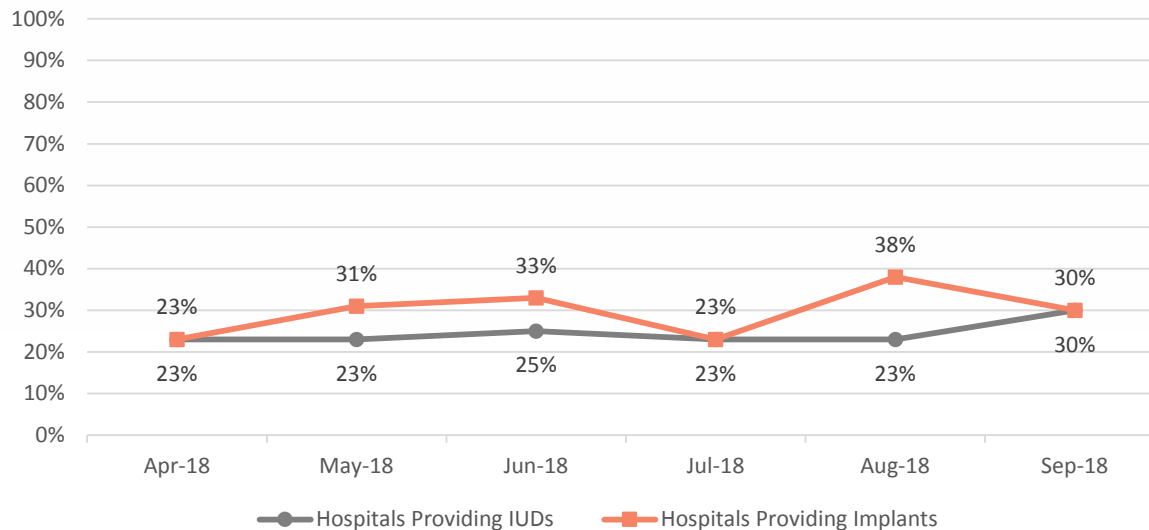
■ In Place    
 ■ Working On It    
 ■ Have Not Started    
 — Goal

# Hospitals Providing IPLARC

### Percent of Hospitals Providing Any IPLARC

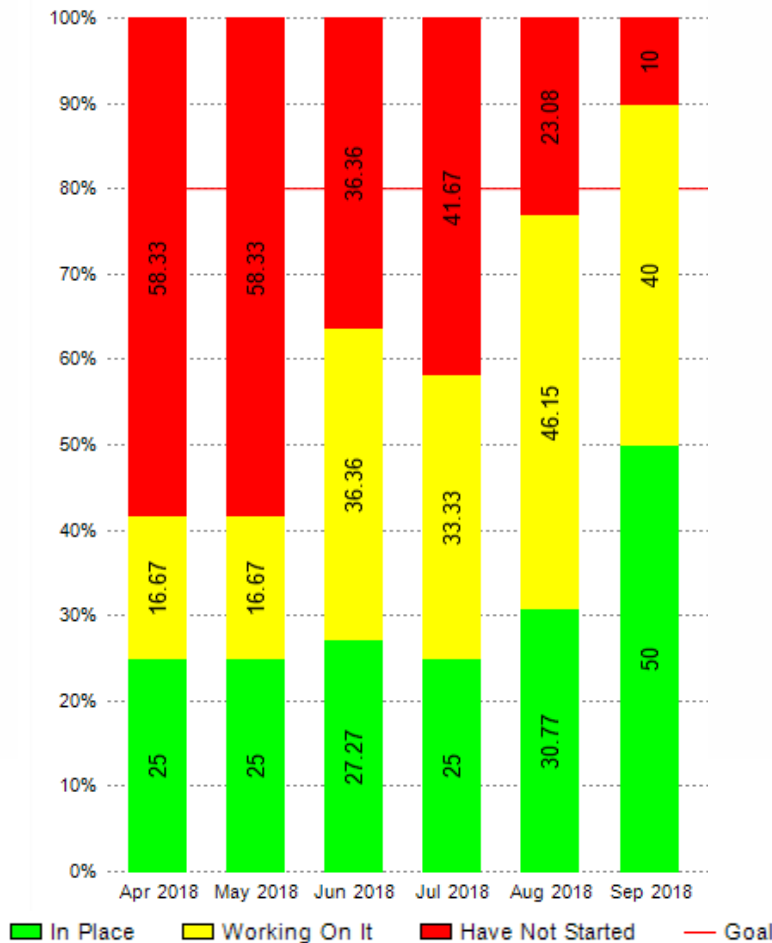


### Percent of Hospitals Providing IUDs/Implants



# IPLARC on Formulary

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

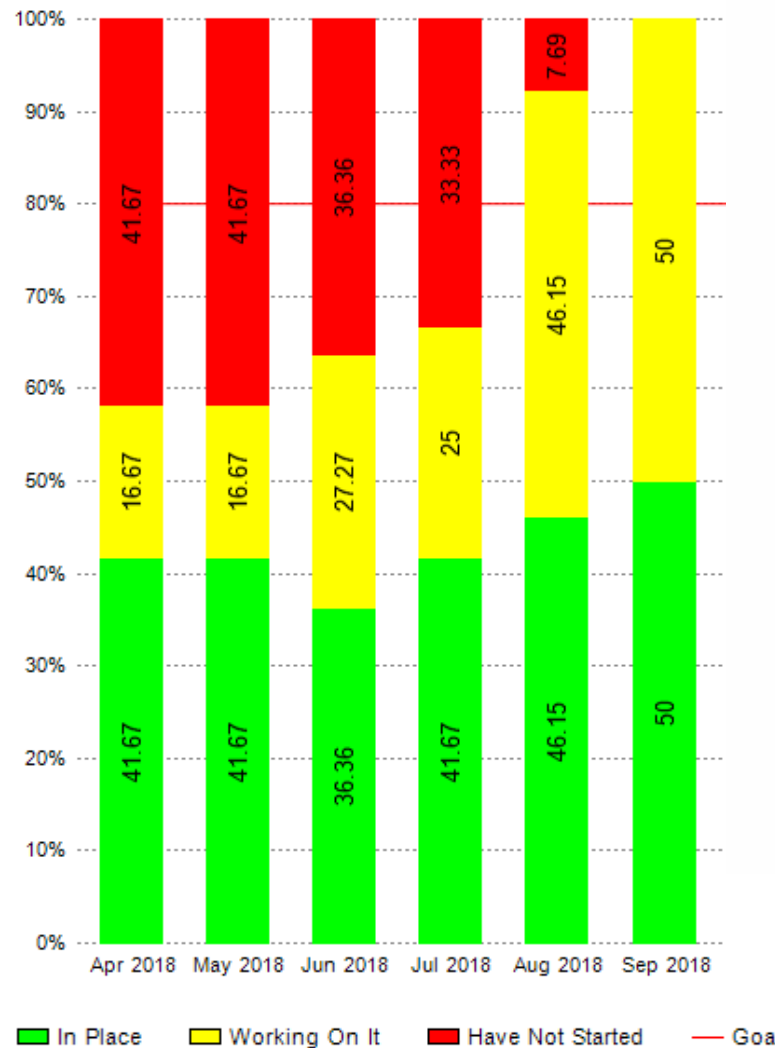


Percent of Hospitals with Inpatient **Implants** Available on Hospital Formulary



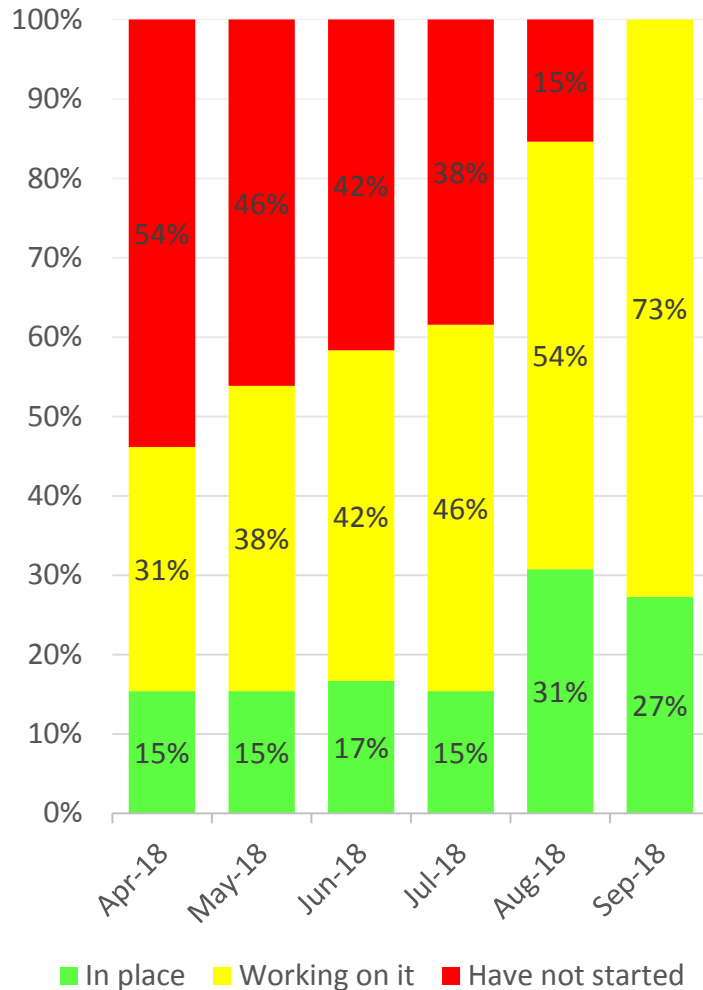
# IPLARC on L&D/Postpartum

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

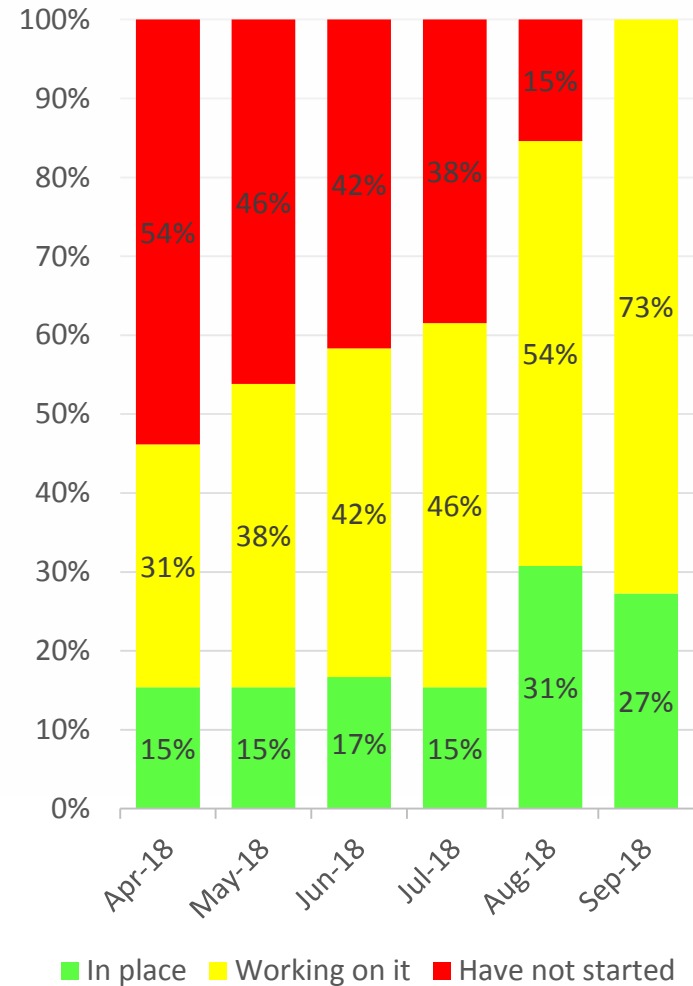


# IPLARC Protocols in Place

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



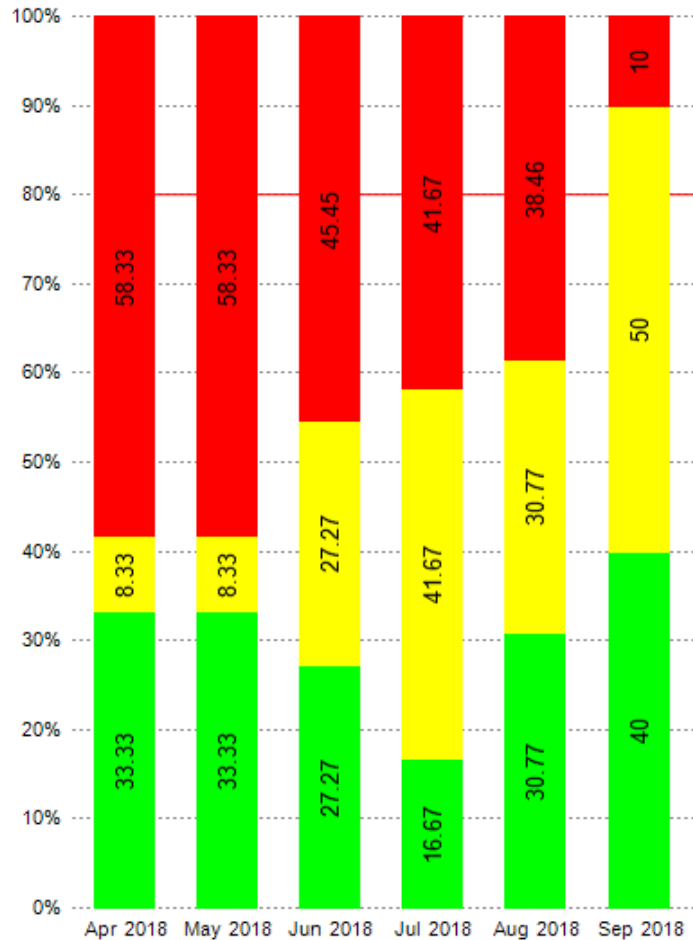
Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for Implants



# IPLARC Billing Codes

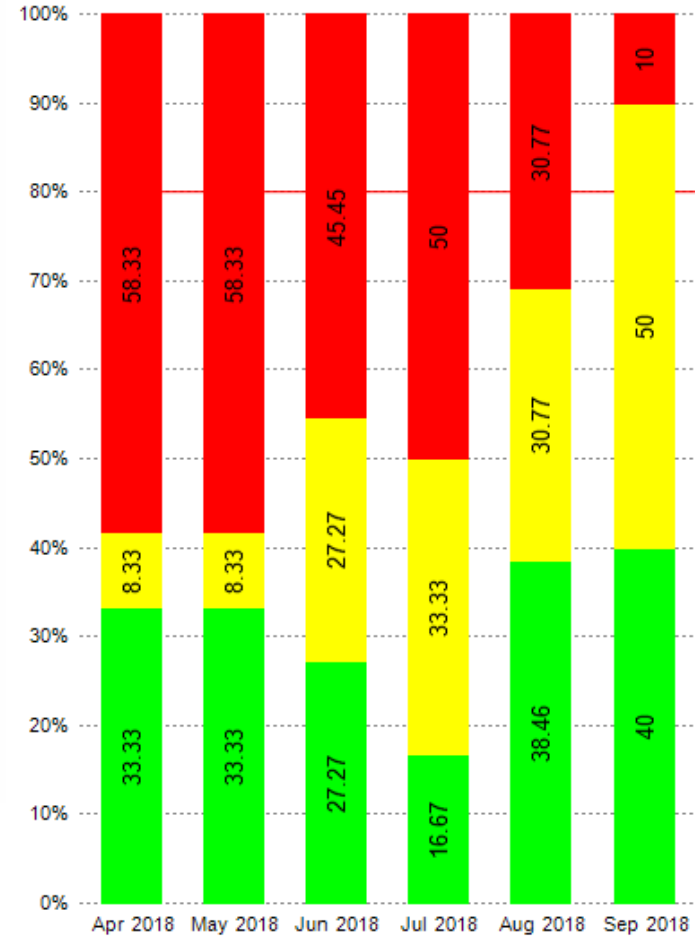


Percent of Hospitals with Billing Codes Implemented for IUDs



■ In Place   
 ■ Working On It   
 ■ Have Not Started   
 — Goal

Percent of Hospitals with Billing Codes Implemented for Implants



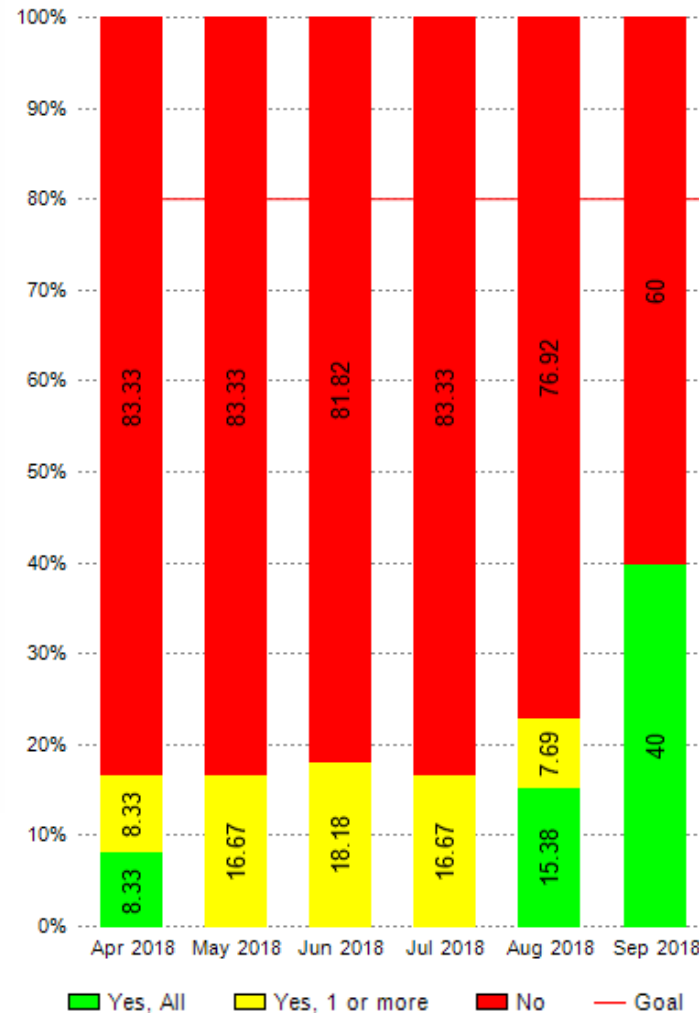
■ In Place   
 ■ Working On It   
 ■ Have Not Started   
 — Goal

# STANDARDIZING COMPREHENSIVE CONTRACEPTIVE COUNSELING



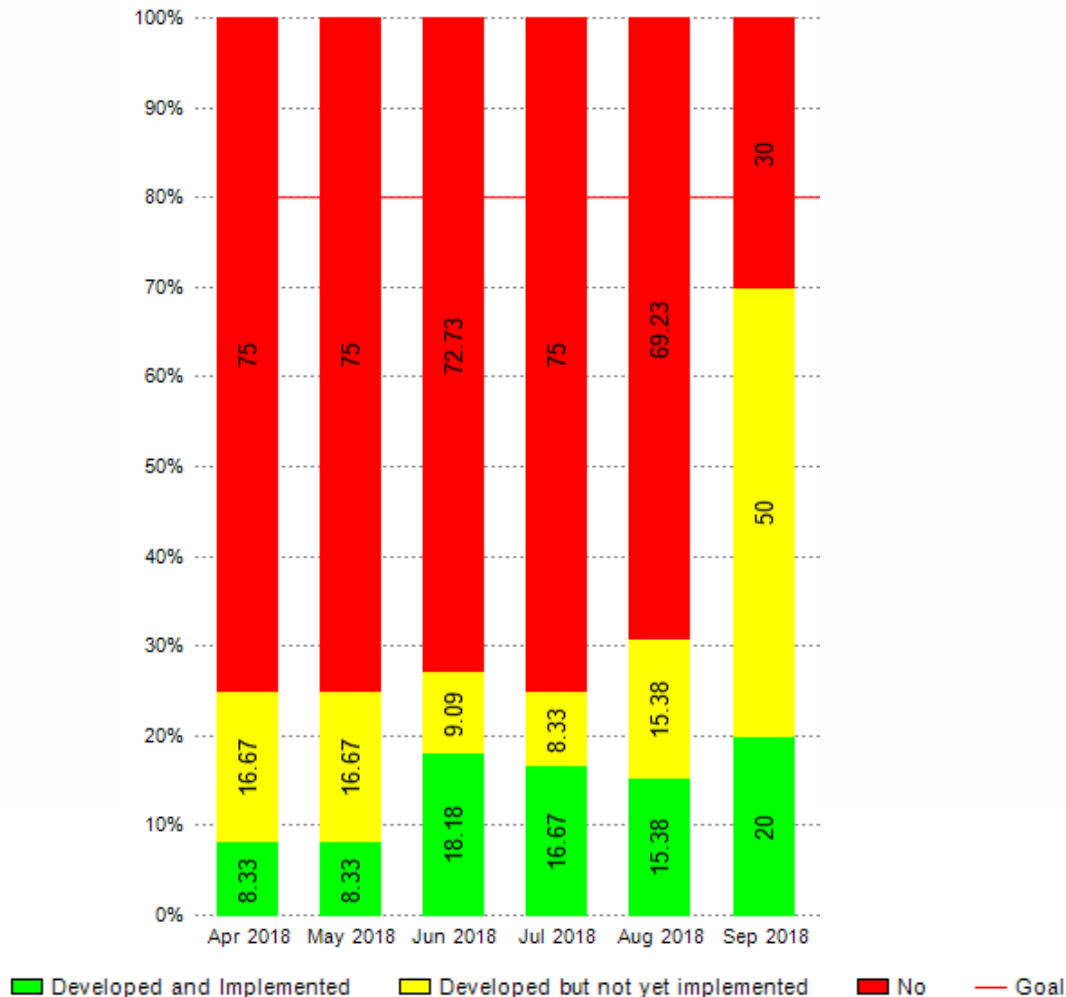
# IPLARC Standardized Patient Education at Prenatal Sites

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



# IPLARC Inpatient Patient Education & Counseling Protocols

Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission



# Implementing Comprehensive Contraceptive Counseling



- Work with outpatient affiliated prenatal sites to standardize comprehensive contraceptive counseling including IPLARC and patient education materials
- Work with L&D/Prenatal Care Sites to document contraceptive counseling and postpartum BC plan in the medical record (facilitate dot phrase) – *this will really help with counseling data*
- Standardize approach for comprehensive contraceptive counseling, including IPLARC, during delivery admission if counseling/plan not documented prenatally
- Identify patients desiring IPLARC on arrival to L&D and utilize checklist so that consent, IPLARC packet, device are obtained prior to delivery and appropriate billing/documentation occurs.
- Standardize post-procedure follow-up /counseling



*Implementing Comprehensive Choice  
Counseling for Access LARC  
Florida Perinatal Quality Collaborative*

Rachel G. Logan, MPH, CPH  
University of South Florida

Partnering to Improve Health Care Quality  
for Mothers and Babies

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# Objectives

- 👶 Describe FPQC recommendations for implementing communication procedures of the Access LARC initiative in various settings
- 👶 Discuss how hospitals can develop and standardize procedures for various settings
- 👶 Strategize ways to implement comprehensive choice counseling for the ILPQC immediate postpartum LARC initiative



Partnering to Improve Health Care Quality  
for Mothers and Babies

# ACCESS LARC INITIATIVE

# Purpose of Access LARC

- 👤 To **increase access** to immediate postpartum long-acting reversible contraception
  - Not currently an option in the vast majority of FL hospitals and clinics
  
- 👤 It is **not** to coerce women into choosing LARC



# FPQC Supportive Activities

- 👤 **Provider Training**
  - 👤 Technical Insertion Training
  - 👤 Comprehensive Choice Counseling
- 👤 **Developing and Testing Patient Resources**
  - 👤 Patient resources providers and partners can use
- 👤 **Assisting with Implementation and Evaluation**
  - 👤 Technical assistance with implementing initiative
  - 👤 Monitoring and evaluating hospital data







# Recommended Key Practices - Communication

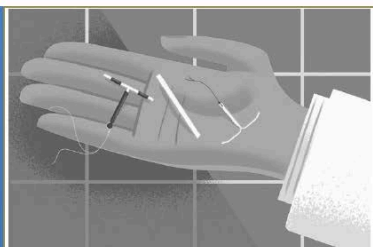
## **Pre-Implementation**

-  Assure that all appropriate IT systems can document counseling and consent for IPP LARC
-  Modify L&D, OB OR, postpartum and clinic work flows to include IPP LARC placement

## **Implementation**

-  Establish consent processes
-  Provide patients with culturally appropriate and tailored information
-  Educate clinicians and community partners about comprehensive choice counseling
-  Ensure patients receive comprehensive choice counseling prior to discharge

# Access LARC Toolkit



## Access LARC

A Quality Improvement  
Toolkit

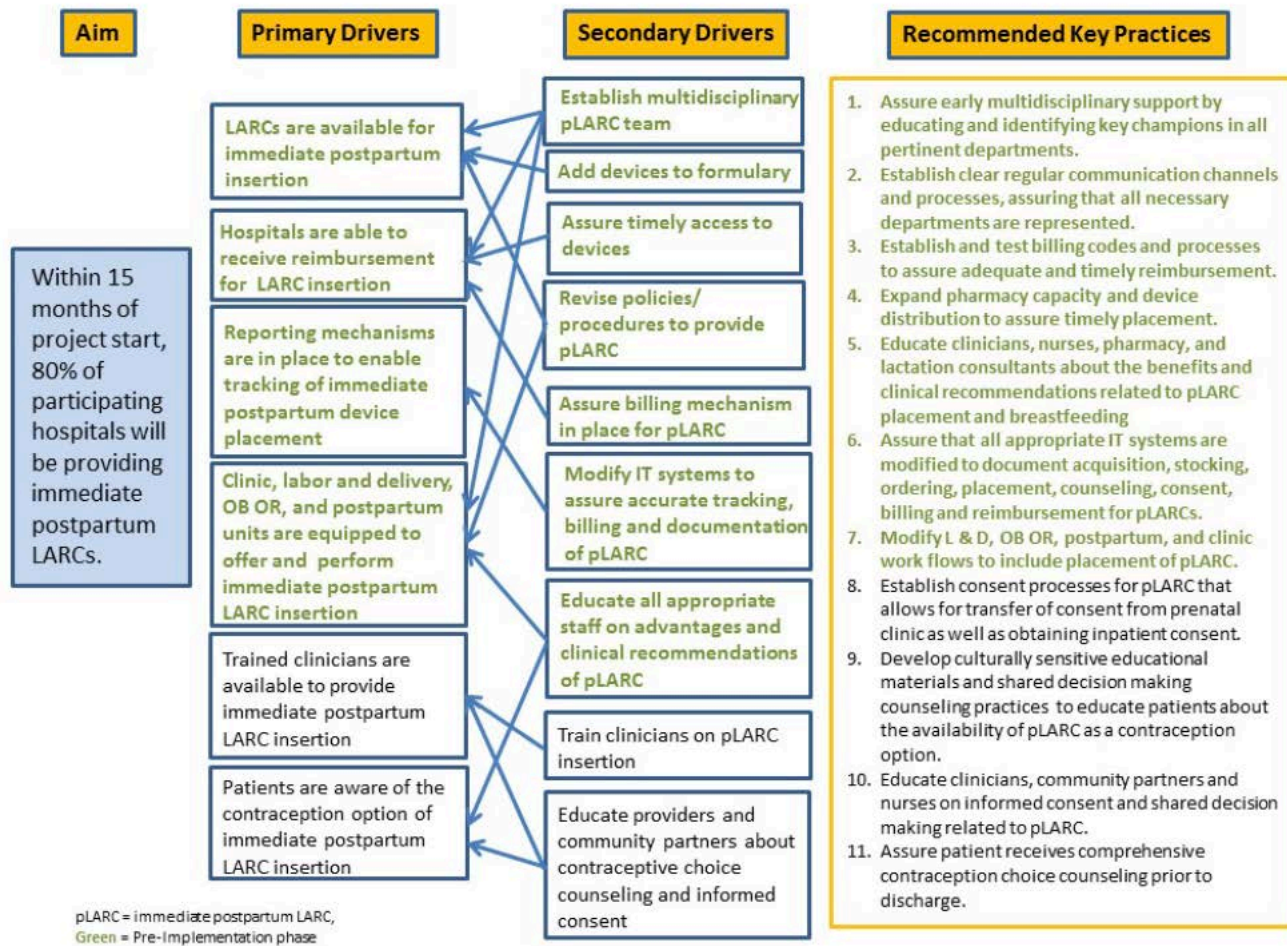


Increasing Access to Immediate  
Postpartum Long-Acting  
Reversible Contraception

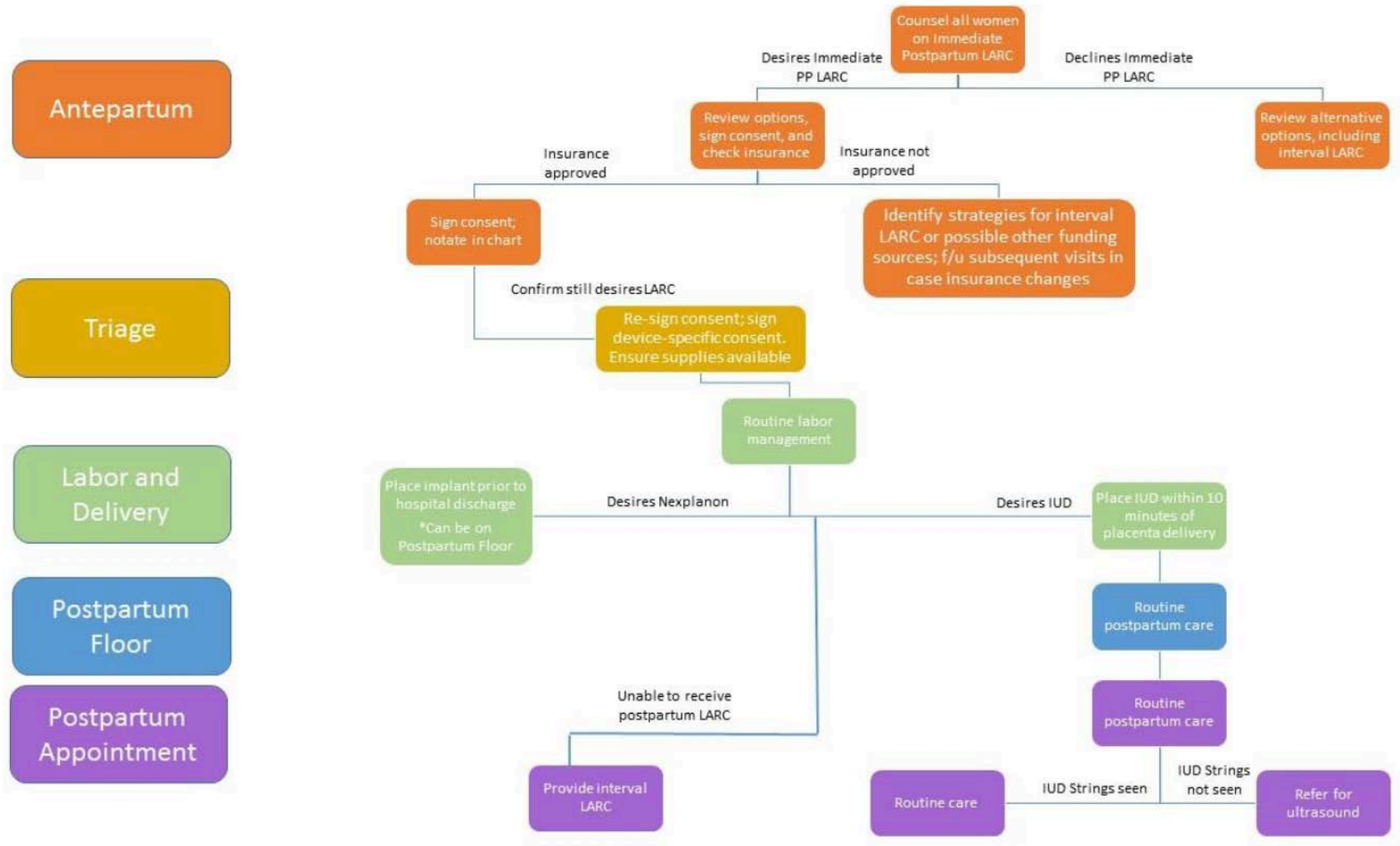
- 🌀 Appendix A: Key Drivers Diagram
- 🌀 Chapter 4: Policies and Procedures
- 🌀 Chapter 6: Patient Education and Counseling

<https://health.usf.edu/publichealth/chiles/fpqc/larc/toolbox>

# Appendix A: Key Drivers Diagram

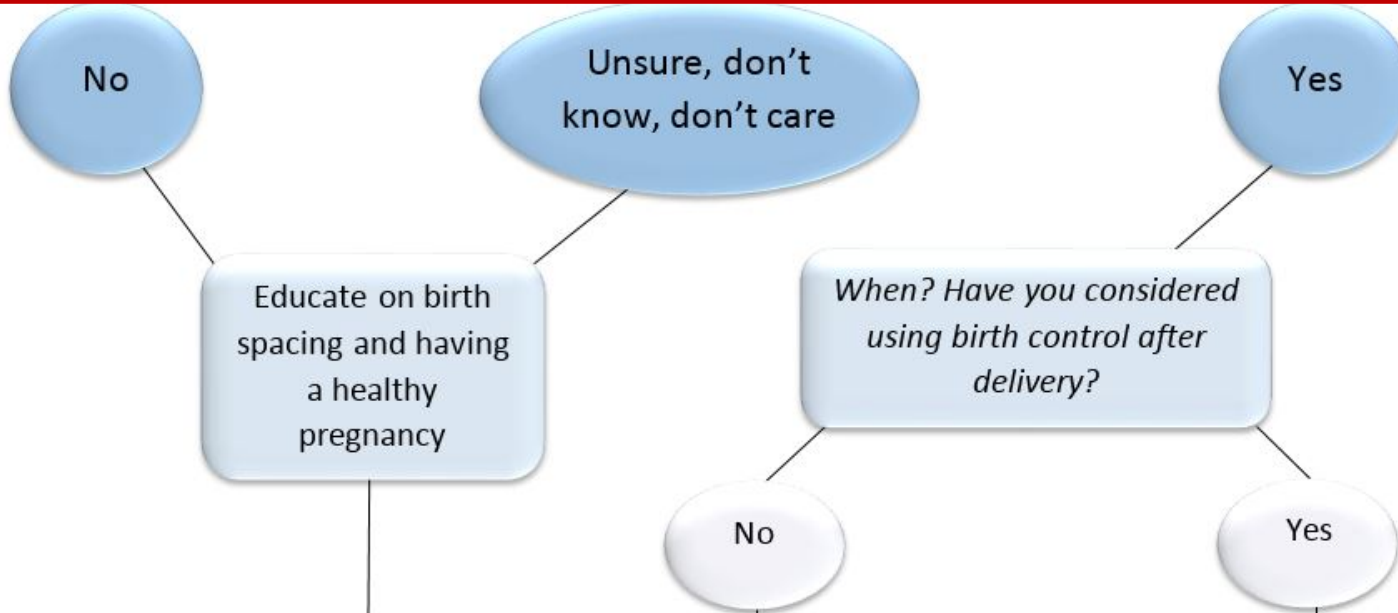


# Chapter 4: Work Flow Diagram



**SAY:** We recommend moms wait at least 18 months before getting pregnant again after delivery. This is best for the healthiest mom and baby.

**ASK:** *Have you thought about if and when you would like to have another child?*



- 1) Build rapport with women (and families/partners)
- 2) Assess women's intentions and educate women (and families/partners)
- 3) Document women's preferences and reinforce education throughout care
- 4) Ensure informed consent and ongoing support

# Informed Consent Process

## Consent for Immediate Postpartum Implant (Nexplanon®) Contraceptive Insertion

### Why is birth control important after having a baby?

The return to fertility after having a baby can be unpredictable before your next period begins. Using birth control to help plan for your future family is important. Waiting at least **a year and a half** before you get pregnant improves your health and the health of your next baby. For example, by waiting to get pregnant you can decrease the risk of health problems, such as having a baby too early (preterm birth), or having a baby who has health issues (growth defects).

### What is a contraceptive implant?

A contraceptive implant is a very effective birth control that is inserted into your arm containing a hormone (progestin). The brand name of the implant in the United States is Nexplanon®. Nexplanon® works for up to 3 years. Once the implant is placed, it prevents pregnancy in over 99% of women. The implant can be removed at any time, and you can get pregnant right after it is removed.

### What is immediate postpartum implant?

Immediate postpartum implant is a convenient, safe, and effective way of starting birth control right after having your baby. Immediate postpartum means that the implant is inserted after vaginal or cesarean delivery, but before you leave the hospital.

### How does immediate postpartum implant compare to implant placement in the clinic?

There is no difference in how the implant is inserted whether it is placed immediately postpartum or at a time unrelated to delivery.

## Consent for Immediate Postpartum Intrauterine Contraceptive Insertion

### Why is birth control important after having a baby?

The return to fertility after having a baby can be unpredictable. You may be able to get pregnant before your next period even begins. Using birth control to help plan for your future family is important. Waiting at least **a year and a half** before you get pregnant improves your health and the health of your next baby. For example, by waiting to get pregnant you can decrease the risk of health problems, such as having a baby too early (preterm birth), or having a baby who has health issues (growth and development; birth defects).

### What is an intrauterine device (IUD)?

An intrauterine device (IUD) is a very effective birth control method that is made of a T-shaped plastic rod that stays in your uterus. There are 2 types of IUDs available:

- Copper IUD (**Paragard®**): Contains no hormones, works for up to 10 years
- Hormonal IUD (**Mirena®, Liletta®, Skyla®, Kyleena®**): Provides a low dose of a hormone (progestin), works for up to 3- 7 years, depending on which IUD is placed.

Once the IUD is placed, it prevents pregnancy in over 99% of women who use it, similar to getting your tubes tied. However, unlike getting your tubes tied, the IUD can be removed at any time, and you can get pregnant right after it is removed.

### What is immediate postpartum IUD?

Immediate postpartum IUD is a convenient, safe, and effective way of starting birth control right after having your baby. Immediate postpartum means that the IUD is inserted after delivery of your placenta (within 10 minutes) while you are in your labor and delivery room. This can be done after a vaginal or cesarean delivery. All types of IUDs can be inserted immediately postpartum.

### How does immediate postpartum IUD compare to IUD placement in the clinic?

Immediate postpartum IUDs may be more comfortable to place, depending on the type of pain control medication used for your labor and delivery. IUDs placed immediately postpartum may have a higher chance of falling out. This is called an IUD expulsion. An expulsion of an IUD means that the IUD partially or completely comes out of your uterus. An IUD expulsion is not dangerous and will not damage your cervix, your uterus, or future fertility; however, it may be uncomfortable for you and the IUD may not work correctly for birth control. The chance of having an IUD expulsion is 8% if you have an IUD placed at cesarean section, 20-30% if you have an IUD placed at vaginal delivery.

# Electronic Health Record (EHR) Documentation

Is the patient done childbearing?

- Yes
- No

How many more children does the patient desire?

How long does the patient want to wait prior to next pregnancy?

What family planning method is patient interested in using?

- IUD
- Implant
- Pills
- Patch
- Ring
- Injection
- Tubal ligation
- Vasectomy
- Tubal occlusion/essure
- NFP/rhythm
- Condoms

Patient sure that she can use this method reliably and without difficulty?

- Yes
- No

Interested in immediate postpartum IUD insertion (if currently pregnant)?

- Yes
- No





Patient counseled on protection against STI with barrier methods?

- Yes
- No

# Post Procedure Follow-up

## Anticipatory Guidance

### Suggestion:

-  For IUD insertions, inform patients of how to check strings and what to do if their IUD is expelled
-  For general concerns or LARC removal, direct patients to OB provider
-  Share places where a patient could get LARC removed if necessary
-  Have community partners serve as resources for women who do not return for postpartum visit (e.g., home visitation programs)









Partnering to Improve Health Care Quality  
for Mothers and Babies

# POTENTIAL SCENARIOS

# Scenario 1

## Contraceptive Counseling and Education for Women Who Enter the Hospital System at Time of Delivery

### Suggestion:

-  Assess where the patient is in the labor process
-  Modify education based on the patient's ability to engage in a productive conversation
-  Education should **always** be comprehensive
-  If a decision is not reached, assure patient that they can access contraception at another time

# Scenario 2

**Contraceptive counseling for a patient that will deliver/delivers at a hospital with restrictions or a different hospital than planned**

- 👉 If a patient choose IPP LARC prenatally but is unable to get their preferred method, immediately link them to a facility/site prior to discharge where they can get the method before their postpartum visit



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for Mothers and Babies

# FPQC EXAMPLES

# Hospital A

## **Outpatient participant from start**

- 👶 Hospital is residency-based and has an outpatient clinic
- 👶 Continuity of care remains intact
- 👶 *What about hospitals who do not have this option?*

# Hospital B

## One option only

- 👉 Hospital decided to only offer one type of LARC method: either IUD or implant
- 👉 A local federally qualified health center or Title X clinic could offer women the other option in the outpatient setting



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Group Discussion

**HOW MIGHT THIS LOOK IN IL?**

# Project Resources Website

health.usf.edu/publichealth/chiles/fpqc/larc  
OR  
FPQC.org → Current Projects → Access LARC

health.usf.edu/publichealth/chiles/fpqc/larc

News Education Research Patient Care

USF Health USF Search

USF HEALTH Florida Perinatal Quality Collaborative LARC

Florida Perinatal Quality Collaborative

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Who We Are

Governance & Structure

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Projects >

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Staff & Information

Located at:

Chiles Center Women, Children & Families

## Immediate Postpartum Long-Acting Reversible Contraception (LARC)

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Access LARC

Increasing Access to Immediate Postpartum Long-Acting Reversible Contraception

Project Goal:

### Access LARC News & Announcements

Access LARC Initiative Launches November 3 2017

Access LARC Initiative Resources

### Online Tool Box for Participating Access LARC Hospitals

This Tool Box contains tool kit documents, example policies and educational materials, and more. This resource is updated regularly throughout the project.

Archived Webinars

Participating Hospitals





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# PATIENT RESOURCES



# Birth Control

What is right for you?

You've just welcomed a baby – are you ready for another? Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options to help you prevent or plan your next pregnancy.

- Tubal ligation/vasectomy
- Shot, patch, pill, ring
- Condoms and other natural methods
- Implant, Intrauterine device (IUD)

## What's most effective?



Implant  
**99.5%**



IUD  
**99.2%**



Pill  
**91%**



Condom  
**82%**

Content source: Centers for Disease Control and Prevention's Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion

The most safe and effective reversible option for women is also known as long-acting reversible contraception (LARC). LARC includes the implant and the IUD.

LARC can prevent pregnancy for years and can be removed at any time. You can become pregnant soon after it's removed. Talk to your health care provider about your options.

*\*Cost of birth control may depend on when you get the method and your health insurance.*



**THANK YOU!**



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**@TheFPQC**



**Join our mailing list at [FPQC.org](http://FPQC.org)**



**E-mail: [FPQC@health.usf.edu](mailto:FPQC@health.usf.edu)**

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# TEAM TALKS



# Northwestern Prentice Women's Hospital

Jessica Kiley, MD, MPH  
Associate Professor and Chief  
Division of General Obstetrics & Gynecology  
Medical Director, Postpartum, Prentice Women's Hospital  
Associate Fellowship Director, Family Planning & Contraception  
Northwestern University Department of Obstetrics & Gynecology  
[jessica.kiley@nm.org](mailto:jessica.kiley@nm.org)

ILPQC-IPLARC Webinar  
October 15, 2018

# Prentice Women's Hospital

## Hospital Overview

The Women's Health Program integrates expertise from multiple clinical programs to provide comprehensive medical care to meet the unique needs of women.

From conception to pregnancy care and gynecologic care from childhood to menopause, we are dedicated to the health and happiness of women in all the stages of their lives.

Delivery volume: ~12,000/yr

## Women's Health Specialties

Our providers at Prentice Women's Hospital are committed to providing a range of treatment options for women through a range of multidisciplinary programs, including:

### Pregnancy and Newborn Care

- Clinical Genetics
- General Obstetrics
- Family Planning and Contraception
- Fertility and Reproductive Medicine
- Maternal-Fetal Medicine
- Neonatal Intensive Care Unit (NICU)
- Perinatal loss and education
- Reproductive Genetics
- Reproductive Ultrasound

### Gynecologic Services

- Breast Health
- Gynecology Oncology
- Family Planning and Contraception
- Integrated Pelvic Health Program
- Menopause
- Minimally Invasive Gynecologic Surgery
- Routine Gynecology Screenings
- Sexual Transmitted Infections (UTI)
- Uterine Fibroids and Endometriosis

### Women's Health Specialty Services

- Bone Health
- Fertility Preservation
- Depression and Mood Disorders
- Integrative Medicine and Wellness
- Smoking Cessation
- Primary Care
- Program for Women's Cardiovascular Health
- Women's Skin Health Program
- Women's Neurology Center
- Women's Health Research Institute

# Prentice Ambulatory Care (PAC) Clinic

- **NMH provides care to a diverse, underserved population of women at the Prentice Ambulatory Care (PAC) Clinic:**
  - Gynecological, prenatal and postpartum care
  - Blood work
  - Fetal testing
  - Patient education
  - Counseling services
- **The PAC Clinic is modeled after a standard obstetrics/gynecology physician practice and emphasizes continuity of care:**
  - Resident clinic, staffed by academic faculty
  - Comprehensive prenatal and postpartum care
  - Well-woman care and broad-spectrum gynecology, including surgery
  - On-site specialty care for women with high-risk pregnancy or diabetes
  - Specialized care and counseling for HIV patients through the comprehensive women's and perinatal HIV program, which provides multidisciplinary care at every stage to women with HIV
  - The PAC Clinic provides more than 6,000 patient visits annually

# Near North Health Service Corporation

## Winfield Moody Health Center (FQHC)



- **Women's Health (Obstetrics & Gynecology) provides:**
  - Prenatal care
  - Family planning
  - STD diagnosis and treatment
  - Comprehensive evaluation and diagnosis of gynecologic conditions
  - Hormone replacement therapy
  - Evaluation and management of abnormal pap smears
- **Maternal Child Health & Family Support Services:**
  - Case management and support to high-risk pregnant women and mothers, infants, and children
  - Programs: Chicago Family Case Management, Better Birth Outcomes, and Healthy Families Illinois
    - Case coordination
    - Prenatal support and follow-up
    - Newborn follow-up
    - Home visitation to participants
    - Interconceptional care
    - Family planning education
    - Health education
    - Maternal depression screening and treatment
    - Parenting classes



# Erie Family Health Center

FQHC



- **Comprehensive health care services including:**

- Basic infertility treatment
- Breast and cervical cancer screenings
- Cervical cancer screenings (pap smears)
- Chronic gynecological issues
- Diagnostic testing (colposcopies and LEEPS)
- Family planning
- Contraceptive decision making support
- Low cost contraception
- Free pregnancy testing
- Mammogram referrals
- Menopause management
- Physical exams
- STI testing and treatment

- **Free wellness and support programs:**

- Breast and cervical health
- Centering pregnancy
- Maternal/child case management
- Women’s health education
- Women, Infants, and Children (WIC)

# RESOURCES FOR TEAMS

# Key Players Meeting



- Invitations for this **FREE CONSULTATION** went out on August 30
  - If you did not receive this email, please notify Danielle Young
  - Goal is to schedule all KP meetings before 2019, email Danielle to schedule
- Key Players Meeting at your hospital - we will come to you!
  - We want to **help you succeed** by:
    - **Partnering with you** to arrange your Key Players meeting.
    - **Assist you** with who to invite at each hospital for most effective meeting with representative from ILPQC
    - **Provide you with a expert clinician** from the IPLARC speakers bureau to partner with you to problem solve, overcome barriers and move implementation forward.
- Key Players Assessment Survey
  - All teams fill out key players assessment survey
  - Goal is provide helpful information for personalized consultation and tailored Key Players meeting to help your team meet the GO LIVE March 2019 goal
  - If unable to host a Key Players meeting in person, ILPQC will schedule a **FREE CONSULTATION CALL** to review survey data, progress and problem solve.

# Key Players Meetings

- First Key Players Meeting with Norwegian American was held on October 4
- Three Key Players Meetings scheduled
- Working on confirming dates with 6 other teams

# ROUND ROBIN – TEAMS UPDATE ON PROGRESS TOWARDS GO LIVE GOAL

# Round Robin Guidelines

- We want to hear from you how it's going with IPLARC implementation!
- Please share a brief update on your team's progress:
  - a success
  - a challenge
  - next steps to reach GO LIVE goal

# NEXT STEPS

# IPLARC Monthly Webinars



## Proposed IPLARC Monthly Webinar Topics

<del>April 9</del>	<del>Launch call</del>
<del>May 14</del>	<del>Data Form Review, Team Baseline Evaluations and Setting Team Goals (30, 60, 90 day QI plans)</del>
<del>June 18</del>	<del>Recap of Face-to-Face meeting and intro to QI</del>
<del>July 16</del>	<del>IPLARC Billing</del>
<del>August 20</del>	<del>Stocking LARC on L&amp;D</del>
<del>September 17</del>	<del>Protocols, checklists, and progress check</del>
October 15	Standardizing Comprehensive Contraceptive Counseling
November	Annual Conference, November 5
November 19	Provider Education
December 17	IT/EMR or Review of Progress



# Next Steps

- Submit a late breaking poster session abstract
- Complete REDCap Data Submission for April-Sept to qualify for award at ILPQC Annual Conference
- Designate one person at your hospital to complete and submit the Pre-Annual Conference OB Survey
- Register team for the Annual Conference
- Review data reports with your team!
- If you haven't already, email Danielle to set up a Key Players Meeting for us to visit your hospital we bring experts and treats!

# Contact

- Email [info@ilpqc.org](mailto:info@ilpqc.org)
- Visit us at [www.ilpqc.org](http://www.ilpqc.org)

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