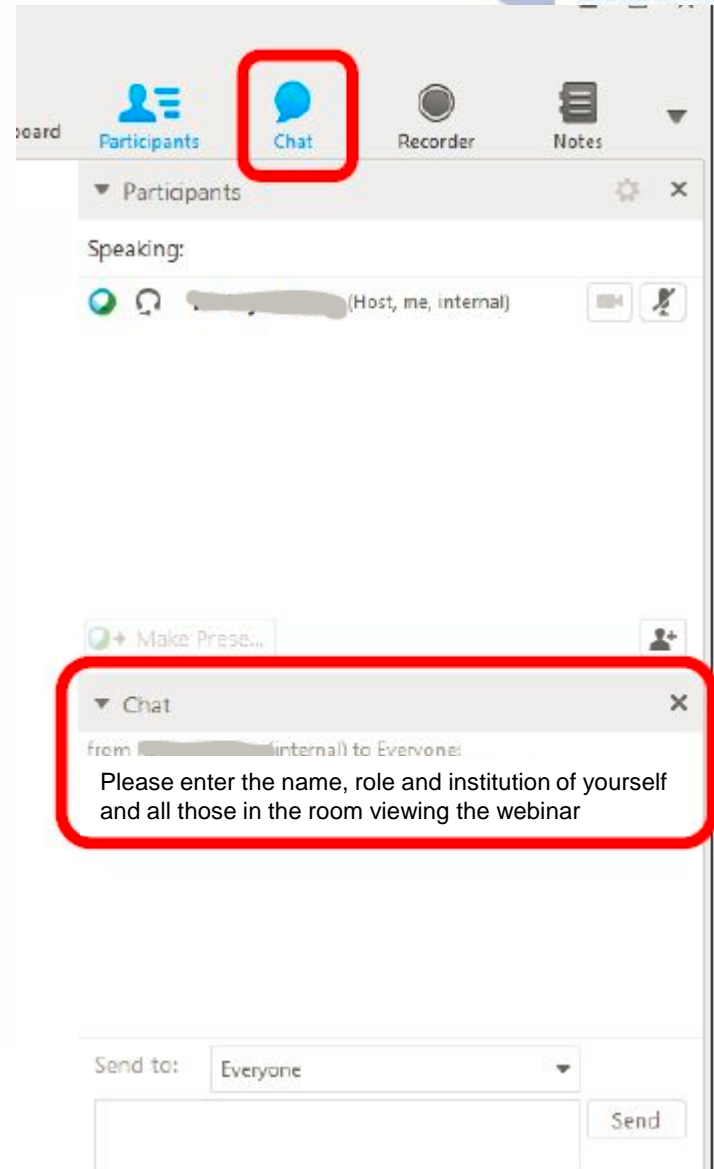# Stocking IPLARC

August 20, 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

- WebEx is currently unable to add the meeting to your calendar if you are accepting the meeting on a mobile device

Reply | Reply All | Forward | IM

Thu 6/14/2018 10:32 AM

Danielle Renae Young

Fw: (Forward to others) WebEx meeting invitation: ILPQC Immediate Postpartum LARC Teams Call

To

ℹ️ If there are problems with how this message is displayed, click here to view it in a web browser.

✉️ 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_iplarc

Add to calendar by clicking either of these options

Add to Calendar   When it's time, join the meeting.

Join from a video system or application

Dial 800846062@northwestern.webex.com

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-415-655-0002 US Toll

Global call-in numbers

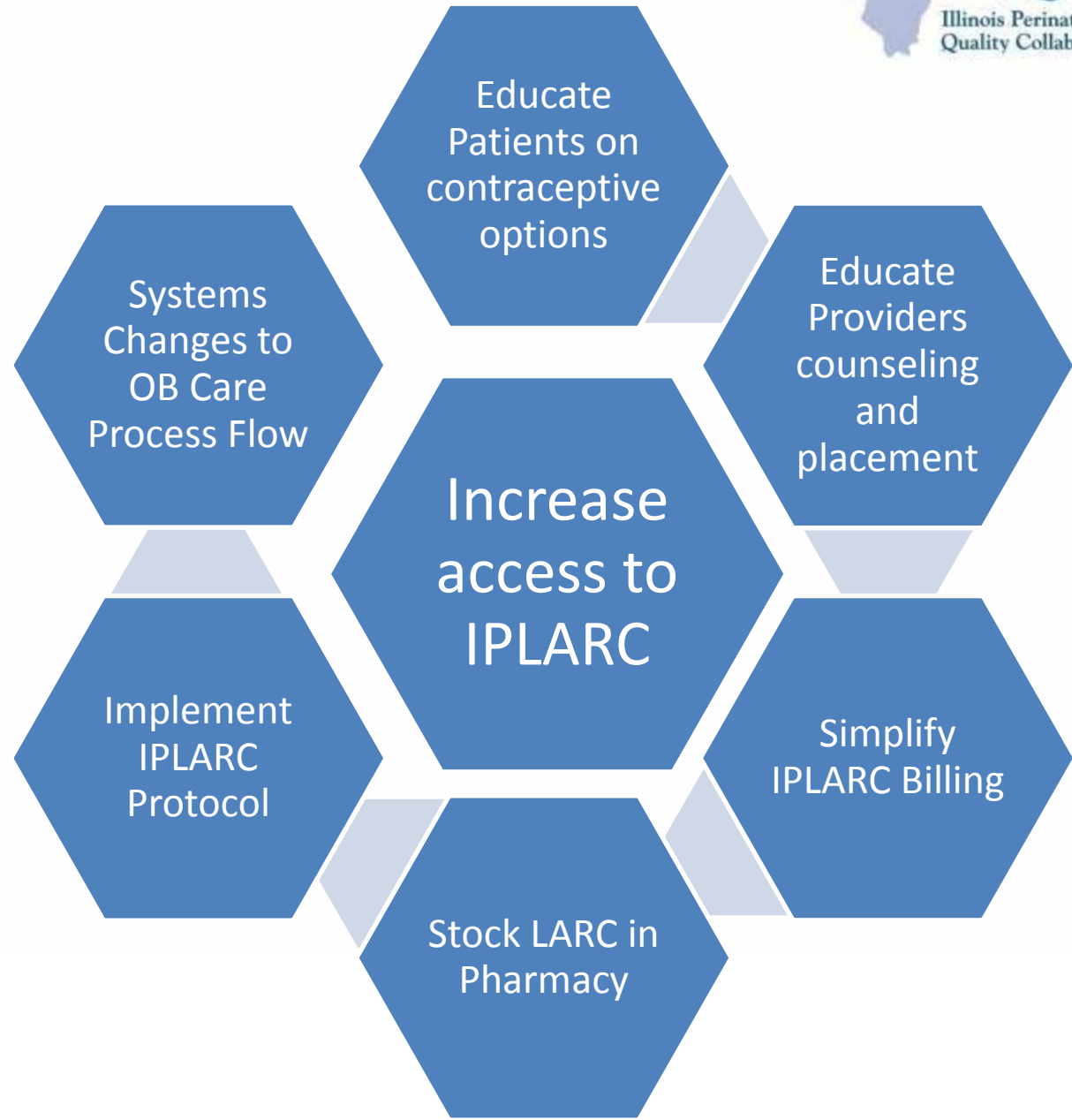Call-in info

Can't join the meeting?

Call Overview

- Team survey results: stocking IPLARC
- Key Players Meetings
- Data Submission
- Overview of Stocking IPLARC
- Team Talk: Rush Copley
- Team Talk: NorthShore Evanston Hospital
- Process Flow: Stocking IPLARC
- ILPQC Data System – Submit April-July data by August 31; data use agreement template available

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

Educate Patients on contraceptive options

Educate Providers counseling and placement

Systems Changes to OB Care Process Flow

Increase access to IPLARC

Implement IPLARC Protocol

Simplify IPLARC Billing

Stock LARC in Pharmacy

IL PQC
Illinois Perinatal Quality Collaborative

Aims and Measures

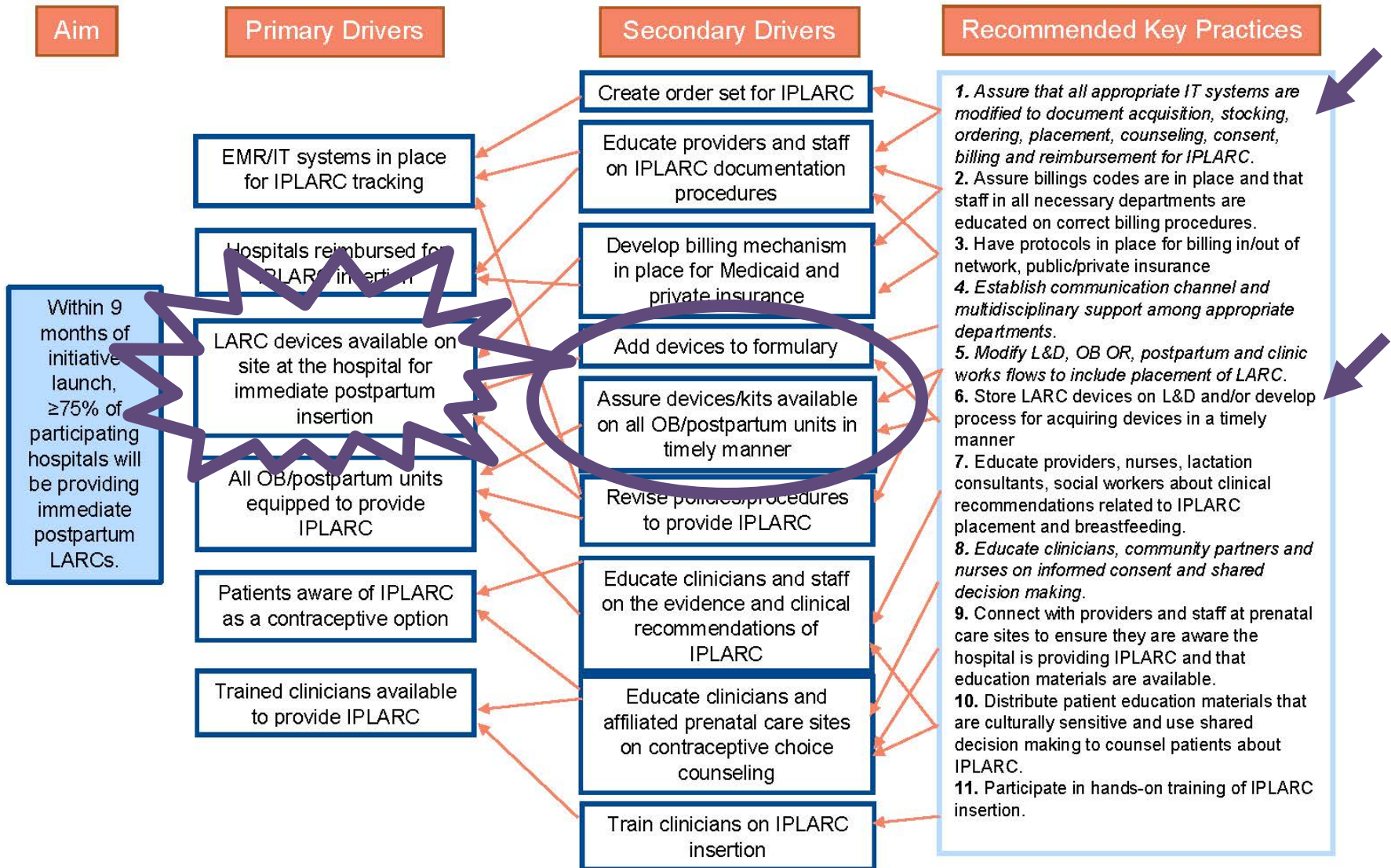|	
Overall Initiative Aim	
Within 9 months of initiative start, >75% of participating hospitals will be providing immediate postpartum LARCs.	
Structure Measures	
IT/EMR systems that allow for documentation ... tracking, and documentation	
Coding / billing strategies in place for reimb...	
IPLARC devices stocked in the inpatient pharmacy	
IPLARC protocols in place for labor and delivery and postpartum units	
Communicated launch of IPLARC availability during delivery admission with affiliated prenatal care site and provided sites with provider/staff and patient education materials for contraceptive options counseling, including IPLARC	
Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC	
Process Measure	
Educated all participating providers/nurses on benefits of IPLARC, protocols, counseling & IPLARC placement	
Outcome Measure, among participating hospitals	
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!

This month's topic: Stocking IPLARC

Aim

Primary Drivers

Secondary Drivers

Recommended Key Practices

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

Primary Drivers:
- EMR/IT systems in place for IPLARC tracking
- Hospitals reimbursed for IPLARC insertion
- LARC devices available on site at the hospital for immediate postpartum insertion
- All OB/postpartum units equipped to provide IPLARC
- Patients aware of IPLARC as a contraceptive option
- Trained clinicians available to provide IPLARC

Secondary Drivers:
- Create order set for IPLARC
- Educate providers and staff on IPLARC documentation procedures
- Develop billing mechanism in place for Medicaid and private insurance
- Add devices to formulary
- Assure devices/kits available on all OB/postpartum units in timely manner
- Revise policies/procedures to provide IPLARC
- Educate clinicians and staff on the evidence and clinical recommendations of IPLARC
- Educate clinicians and affiliated prenatal care sites on contraceptive choice counseling
- Train clinicians on IPLARC insertion

Recommended Key Practices:

1. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
2. Assure billings codes are in place and that staff in all necessary departments are educated on correct billing procedures.
3. Have protocols in place for billing in/out of network, public/private insurance
4. Establish communication channel and multidisciplinary support among appropriate departments.
5. Modify L&D, OB OR, postpartum and clinic works flows to include placement of LARC.
6. Store LARC devices on L&D and/or develop process for acquiring devices in a timely manner
7. Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding.
8. Educate clinicians, community partners and nurses on informed consent and shared decision making.
9. Connect with providers and staff at prenatal care sites to ensure they are aware the hospital is providing IPLARC and that education materials are available.
10. Distribute patient education materials that are culturally sensitive and use shared decision making to counsel patients about IPLARC.
11. Participate in hands-on training of IPLARC insertion.

v3 | 5.10.18

Practice Changes for IPLARC Success – Pre-implementation

1. Assure early **multidisciplinary** support by educating and identifying **key champions in all pertinent departments for your IPLARC QI team**.

2. Establish **scheduled meetings for your team at least monthly**, assuring that all necessary departments are represented, **develop 30/60/90 day plan**, establish **timeline to accomplish key steps**.

3. **Establish and test billing codes** and processes to assure adequate and timely reimbursement (see toolkit).

4. **Expand pharmacy/ inpatient inventory capacity** and device distribution to assure timely placement on labor and delivery and postpartum units.

5. **Educate clinicians, nurses, pharmacy, and lactation consultants** about benefits and clinical recommendations related to IPLARCs (see toolkit for e-modules, slide decks, materials).

6. **Assure that all appropriate IT/EMR systems are modified** to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARCs (dot phrases to document counseling and placement, consent forms, order set, billing framework see toolkit examples).

7. **Modify L&D, OB OR, postpartum, and clinic work flows** (process flow document) to include counseling, consent, and placement of IPLARC (see toolkit for example).

Where are teams at with stocking IPLARC?

LARC on inpatient formulary
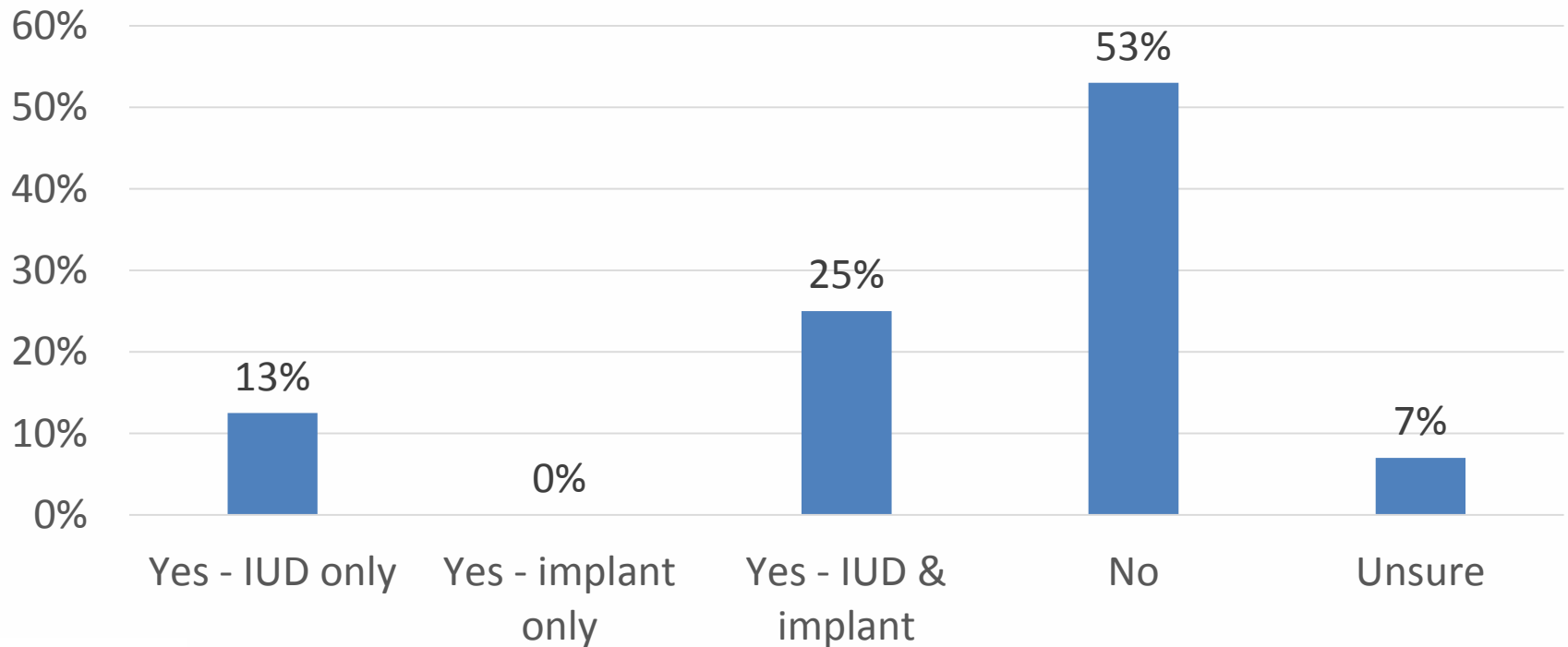
*15 teams reporting as of May

ILPQC Team Support – Key Players Meeting

- ILPQC team (ILPQC Central rep and a provider with IPLARC expertise) will attend an In-person meetings at your hospital with your team, administration, all key departments needed for IPLARC implementation

- Discussion of progress and key barriers remaining to GO LIVE with IPLARC to help problem solve and provide support for your team.

- All teams are strongly encouraged to sign up for an ILPQC Key Players Meeting. **Sign-up form available here.** ILPQC will call you to schedule and answer questions.

- Teams complete a Pre-Key Players Meeting Survey in advance to tailor the conversation to your individual needs.

ILPQC Team Support – CEO/Administrator Buy-in Packet

- ILPQC is creating a packet for teams to share with hospital CEOs/Administrators to help with IPLARC buy-in

- Packet will include ILPQC fact sheet, HFS Provider Notice, ACOG IPLARC Committee Opinion and other resources to facilitate **key hospital players understanding the importance of supporting the IPLARC Team in completing the steps to GO LIVE with IPLARC at your hospital and supporting the efforts needed to sustain providing IPLARC successfully**

IPLARC AIMs and data

- Using data to drive your QI
- Data reports will go live in September
  - Track your data month to month and compare across hospitals to show improvement
- Baseline data due August 31
  - April, May, June 2018
- Start monthly data collection due August 31
  - July 2018

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
    - 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
    - #counseling documented delivery admission

Outcome Measures

30. Number of deliveries this month:
* must provide value

31. Is your hospital routinely counseling, offering, and providing immediate postpartum LARCs either IUD or Implants (i.e., is your system live)?
* must provide value
- ● Yes
- ○ No

31a. If yes, please specify:
* must provide value
- ○ IUDs
- ○ Implants
- ● Both

32. Total number of immediate postpartum IUDs placed this month:
* must provide value

33. Total number of immediate postpartum implants placed this month:
* must provide value

If your hospital is routinely counseling, offering, and providing immediate postpartum LARCs, either IUD, implants, or both, please review a random sample of 10 charts for this month.

Begin by systematically selecting 10 records.

First, divide the total number of live births occurring at your facility in a given month by 10 and then select every nth chart where n is the result of that division.

Example 1: If your hospital has 102 births in a month, then divide 102 by 10=10.2 and you will select every 10th birth for that month.

Example 2: If your hospital has 28 births in a month, then 28 divided by 10 is 2.8 and you will select every 2nd birth for that month.

Review this random sample of charts and record the number of charts (0-10) with the following information documented:

34. How many charts with contraceptive counseling, including IPLARC, documented/10 during prenatal care?
* must provide value

35. How many charts with contraceptive counseling, including IPLARC, documented/10 during delivery admission?
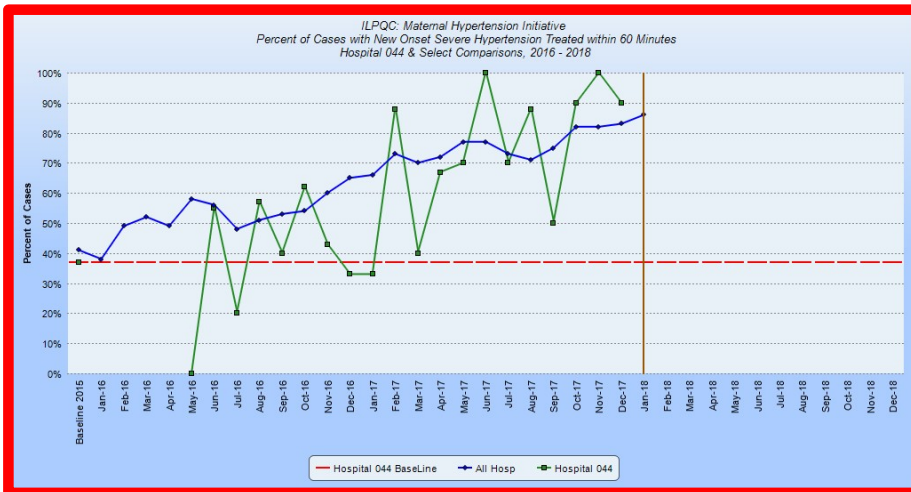* must provide value

Data form for Sample of 10 charts per month to track % counseling documented prenatal and delivery admission

15

ILPQC Data System

Real-time web based dashboard and reports in development for launch this summer to look at your IPLARC progress over time and in comparison to other hospitals

REDCap Data Form

Login and go to "My Projects" Tab

REDCap™

🏠 Home   📋 My Projects   ⊕ Request New Project   🎬 Training Resources   ❓ Help & FAQ   ✉

Listed below are the REDCap projects to which you currently have access. Click the project title to open the project.
Development status 📝 as you begin to build and design them. When you are ready to begin entering real data in
Production status ✅ to designate the project as officially collecting data. When you are finished collecting data or
may be set to **Inactive status** ⊖, although it may be brought back to Production status at any time when you are re
listed is the project type, which designates if the project is in **classic** 📋 or **longitudinal** 📋 data collection format.

💬 You last accessed the User Access Dashboard 324 days ago. It is recommended that you access the
User Access Dashboard at least once a month to review which users still have access to your projects.

My Projects   📁 Organize

Project Title	Reco
ILPQC Early Elective Delivery Initiative	Load
ILPQC Birth Certificate Initiative	Load
ILPQC Golden Hour	Load
ILPQC Severe Hypertension Data Form	Load
ILPQC AIM Yearly Measures	Load
ILPQC AIM Quarterly Measures	Load
ILPQC Severe HTN Implementation Checklist	Load
ILPQC Severe Maternal HTN Compliance Form	Load
ILPQC MNO OB/Neo Monthly Mothers with OUD and Opioid-Exposed Newborns Data Form	Load
ILPQC Golden Hour Sustainability	Load
ILPQC MNO OB Quarterly Structure Measures	Load
ILPQC IPLARC	Load
ILPQC MNO Neo Quarterly Structure Measures	Load
ILPQC MNO OB Monthly Sample of Documentation of OUD Screening	Load
ILPQC MNO OB Monthly Sample of Opioid Prescribing & ILPMP Lookup	Load

---

📄 **IPLARC**

Assign record to a Data Access Group?   [University of Chicago Medical Center ▾]

⊕ Adding new Record ID 3

Record ID	3

Hospital ID (H) 💬 [   ]
* must provide value

1. Which month are you reporting for? (H) 💬 [▾]
* must provide value

2. What stakeholders do you have on your hospital QI team to date?

Check all that apply. (H) 💬
* must provide value

- ☐ Administration
- ☐ MCO Liaison
- ☐ Pharmacy
- ☐ Billing
- ☐ Nursing
- ☐ Lactation consultant
- ☐ OB provider champion
- ☐ EMR/IT
- ☐ Ambulatory prenatal care site liaison
- ☐ Other

Hospital has IPLARC devices stocked in the inpatient inventory

3. Are inpatient IUDs available on your hospital formulary? (H) 💬
* must provide value
- ○ Have not started
- ○ Working on it
- ○ In place (one or more IUDs are available)
  reset

4. Are inpatient implants available on your hospital formulary? (H) 💬
* must provide value
- ○ Have not started
- ○ Working on it
- ○ In place
  reset

5. Are inpatient LARC devices (with needed supplies) available on Labor and Delivery and/or on the postpartum unit? (H) 💬
* must provide value
- ○ Have not started
- ○ Working on it
- ○ In place
  reset

Hospital has IPLARC protocols in place for labor and delivery and postpartum units

6. Do you have immediate postpartum protocols in place for IUDs? (H) 💬

* must provide value
- ○ Have not started
- ○ Working on it
- ○ In place
  reset

8. Do you have immediate postpartum protocols in place for implants? (H) 💬

* must provide value
- ○ Have not started
- ○ Working on it
- ○ In place
  reset

Hospital has coding/billing strategies in place for reimbursement for IPLARC

10. If your hospital carries LARC devices, does your hospital (H)
- ○ Hospital is not eligible for/doesn't participate in 340B

REDCap Access

- Please register team members who will need access to REDCap through the [sign up form](#)

- Paper data form can be accesses on ilpqc.org/IPLARC

- Registration for access to the IPLARC form is required even if team member has participated in past ILPQC QI Initiatives

- *NOTE: Hospital IDs will remain the same from HTN and MNO initiatives. You should have received an email confirming your Hospital ID*
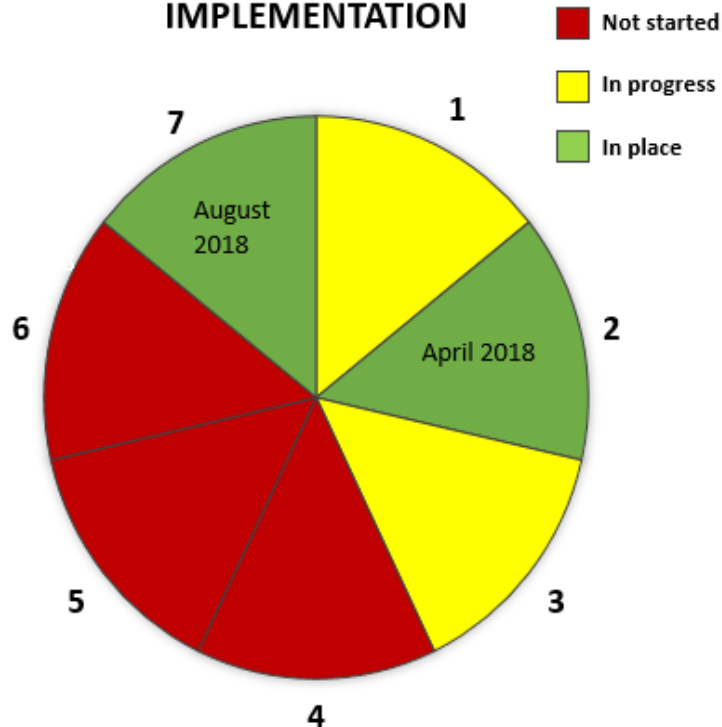
Data and Reports

- Please enter baseline data April-June 2018, start monthly data for July continuing to enter monthly data throughout the initiative

- Please submit baseline and July data by **August 31, 2018**

- Ongoing data due the 15th of the following month of data collection (i.e., September 2018 data due October 15, 2018).

- Reports are scheduled to go live late August/ early September *with exciting new "dashboard" and structure measure reports*

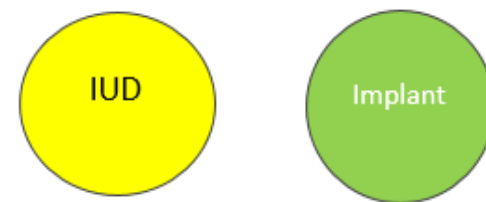# Hospital ____, Dashboard of Immediate Postpartum LARC Implementation Activities

Tab 1

1. Establish and test billing codes and test process for timely reimbursement.
2. Add LARC devices to formulary, stock in pharmacy and 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 and well as providers on counseling and placement of IPLARC.
6. Standardize patient education on all contraceptive options including IPLARC 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.
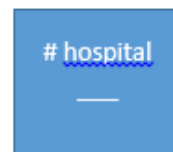
COMPONENTS OF IPLARC IMPLEMENTATION

Legend:
- Not started (red)
- In progress (yellow)
- In place (green)

August 2018
April 2018

Pie chart segments labeled 1–7.

Hospital is actively providing IPLARC

IUD (yellow) — Implant (green)

- Not started (red)
- In progress (yellow)
- In place (green)

IUDs Placed
hospital ___

Implants placed
hospital ___

Departments with an IPLARC protocol in place

	IUD	# teams initiative wide (total)	Implant	# teams initiative wide (total)
L&D	✓	2 (17)		2 (17)
Postpartum		6 (17)		6 (17)
OB OR		10 (17)	✓	10 (17)
Pharmacy		17 (17)		17 (17)
Billing	✓	16 (17)		16 (17)
Other		_____		_____

EHR Revisions in Place for Tracking & Documentation

	IUD	# teams initiative wide (total)	Implant	# teams initiative wide (total)
EHR for consent	✓	2 (17)		2 (17)
EHR for contraceptive choice counseling		6 (17)		6 (17)
Order sets		10 (17)	✓	10 (17)
Pharmacy system		17 (17)		17 (17)
Billing system	✓	16 (17)		16 (17)
Tracking tools		8 (17)	✓	8 (17)
Other		_____		_____

Data Use Agreements

- Data use agreements are not required by ILPQC.

- If your hospital requires a DUA, please email danielle.young@northwestern.edu for the template

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

Stocking & Supply

- **Guidance from ACOG District II**

❑ Forecast the demand
❑ Determine LARC method coverage
❑ Consider establishing a min/max inventory control system

---

* Stocking and Supply:

☑ Forecast the demand for LARC devices within your office/hospital setting.

* It may be challenging to estimate patient demand of an IUD or implant. The Reproductive Health Supplies Coalition recommends forecasting demand for new contraceptive products based on a combination of patient, provider, and financial factors.[2]

☑ Determine if you are eligible for drugs and devices at a reduced cost through the 340B program.

– Federal law requires that 340B pricing be at least 23% lower for a name brand product and 14% lower for a generic product, using the average manufacturer retail price as the basis. Manufacturers may, however, set the price at a lower level of their choosing.

* The 340B Drug Pricing Program is a federal program that requires drug manufacturers to provide outpatient drugs and devices to eligible health care organizations or covered entities at significantly reduced prices.

☑ Determine LARC method coverage options:

– When a LARC method is covered as a medical benefit, also known as "buy and bill", a provider:

1. Buys the LARC method directly from the manufacturer, designated pharmacy or specialty distributor.

2. Bills the patient's insurance for the LARC method and insertion procedure.

– When a LARC method is covered as a pharmacy benefit, also known as "white bagging":

1. A pharmacy or specialty distributor bills the patient's insurance directly for the LARC method and sends the device to the provider's office.

2. A provider bills the patient's insurance for related procedures and services.

– IUDs may need to be purchased directly from the manufacturer or through a distributor depending on the type of device. When purchasing LARC methods, providers may be able to realize benefits from volume discounts, 90-day net terms, and other payment options.

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

Toolkits are live on ilpqc.org!

http://ilpqc.org/IPLARC

IPLARC Toolkit

1. Initiative Resources

a. 10 Steps to Getting Started with the ILPQC Immediate Postpartum LARC Initiative
b. IPLARC 6 Key Opportunities for Improvement
c. 13 Practice Changes for IPLARC Success
d. Immediate Postpartum LARC Aims and Measures
e. Immediate Postpartum LARC Data Form
f. Immediate Postpartum LARC Key Drivers Diagram
g. Immediate Postpartum LARC Wave 1 Teams Survey
h. Plan-Do-Study-Act Worksheet
i. Example Process Flow Diagram (page 7)

2. National Guidance: ACOG Committee Opinions

3. Documentation of IPLARC placement in IT/EMR systems

4. Coding/billing strategies for reimbursement of IPLARC

5. IPLARC devices stocked in inpatient inventory

6. Example protocols for IPLARC placement for labor and delivery and postpartum units

7. Referral strategies for providing Immediate Post-Discharge LARC (interval LARC)

8. Provider & nurse education on IPLARC evidence, protocols, and counseling

9. Patient education materials for affiliated prenatal care sites & during delivery admission

10. Other IPLARC Toolkits/Resources

The resources provided in this toolkit are examples, for informational purposes only and not meant to be prescriptive. The exclusion of a resource, program or website does not reflect the quality of that resource, program or website. Note: website and URLs are subject to change.

Sign Up for ILPQC Email Updates

Subscribe with your email address to stay up to date with ILPQC happenings

E-mail...

STOCKING IPLARC OVERVIEW

Key Steps for Stocking Inpatient LARC

- <u>Engage pharmacy</u> team
  - Buy-in is important for success in stocking IPLARC
- Ensure IUD is on inpatient formulary & in pharmacy ordering system
  - <u>Discover your approval system</u> for adding to hospital formulary.
    - EX: Approval by Pharmacy and Therapeutics Committee (or equivalent)
- Determine appropriate <u>number of LARC devices to stock</u>
  - Cost of the device is covered by Medicaid & will be reimbursed
  - Determining the demand may be challenging and administration may be hesitant to purchase these devices in advance. A Key Players Meeting may help your team overcome this challenge.
  - Consider establishing a min/max inventory control system

> **REMEMBER**
> Patients want access to immediate postpartum LARC

Key Steps for Stocking Inpatient LARC

- Ensure devices are easily ordered in MAR in order to appropriately bill for it.
  - Think of devices as a [medication delivery device](#), rather than a medical device.
  - Consider adding to an existing <u>order set</u> for easy tracking
- Develop protocols specific immediate postpartum LARCs insertion.
- Stock the devices (especially IUDs) on L&D and/or Pyxis
  - If this is not possible, develop a plan for ordering and receiving IUDs on L&D prior to delivery.
    - They must be inserted within 10 minutes of delivery of the placenta
  - Treat these devices like any other medication stocked on the floor.
- Develop a IPLARC Kit with necessary supplies for inserting the device so equipment is readily available

Nuances for Implant Stocking

- Training for Implant insertion is provided by the manufacturer (Nexplanon is manufactured by Merck).
  - To request an in-person training, please visit the [manufacturer's website](#).
  - ILPQC will help facilitate a training for multiple hospitals, if that is desired. Please email info@ilpqc.org
- After successful completion of the training, the provider receives certification and an identification number that will be used by the pharmacy to order the device.

IPLARC Codes

CPT Code	Description of what you did
58300	Insertion of IUD
11981	Insertion of non-biodegradable drug delivery implant

HCPCS – J Code	Brand Name	Description	NDC Number
J7296	Kyleena	Levonorestrel-releasing intrauterine contraceptive, 19.5 mg	5041942401
J7297	Lilleta	Levonorgestrel-releasing intrauterine contraceptv, 52mg, 3yr	00023585801
J7298	Mirena	Levonorgestrel-releasing intrauterine contraceptv, 52mg, 5yr	50419042101 50419402301
J7300	Paragard	Intrauterine copper contraceptive	51285020401 51285020402
J7301	Skyla	Levonorgestrel-releasing intrauterine contraceptive, 13.5 mg	50419042201
J7307	Nexplanon	Etonogestrel implant system, including implant and supplies	00052433001 00052027401

ICD-10 Code	Description of why you did the insertion
Z30.018	Encounter for initial prescription of intrauterine contraceptive device (IUD)
Z30.014	Encounter for insertion of intrauterine contraceptive device (IUD)
Z30.430	Encounter for initial prescription of other contraceptives (IMPLANT)

Ensure the appropriate NDC number was used! Check with your pharmacist!

Reimbursement Rates

- Check the current [Medicaid practitioner fee schedule](#) for up-to-date reimbursement info for IPLARC devices.

- Look up the specific device by the J-Code (see previous slide)

- For devices not purchased through the 340B program, reimbursements are the lower of the provider's charges or the rate on the Department's practitioner fee schedule, whichever is applicable.

340B purchasing

- At this time, teams cannot use 340b pricing for purchasing inpatient LARC.

Overcoming Barriers

Thinking outside of the box

- We know teams are facing many challenges

- YOU ARE NOT ALONE

- Let's help one another think creatively

- Example:

  - Depending on who your hospital's wholesale pharmacy vendor is can determine your access and ability to order/stock IPLARCs

    - Devices vs. Drugs

  - Start somewhere and ask for help

BOOK YOUR KEYPLAYER MEETING TODAY!

TEAM TALKS

Immediate Postpartum LARC: Stocking

Jessica Poulsen, BSN, RNC-OB, C-EFM
Rush Copley Medical Center
August 20th, 2018

Who Am I?

- Graduate of the University of Iowa College of Nursing in 2010

- Registered Nurse at the Family Birth Center at Rush Copley Medical Center for 5 years

- Student Midwife at University of Illinois Chicago

- Doctoral project: Development of a framework for establishing an immediate postpartum LARC program

How Do I Get Others Onboard?

- Education on the importance of providing reliable and effective contraception in the immediate postpartum period

  - 10-40 percent of women do not attend their routine six-week postpartum visit

  - 40-57 percent of women who do attend this visit report having unprotected intercourse before the visit occurs

  - 55 percent of women using Medicaid miss their six-week postpartum visit

How Do I Get Others Onboard?

- Highlight the benefits of postpartum LARC
  - Placement of postpartum LARC before hospital discharge increases adherence rate of contraceptive use by six weeks postpartum

  - Removes many of the barriers women face to obtaining contraception in this time period

  - Removal of potential of human error associated with other time based methods such as oral contraceptives and barrier methods

Pharmacy

- Key stakeholder !
  - Play a large role in
    - Development of institutional procedures for immediate postpartum LARCs
    - Ordering of LARC devices
    - Stocking of LARC devices for use

- May be
  - Pharmacy directors
  - Pharmacy managers
  - Pharmacists

Role of Pharmacy

- Collaboration with clinicians to determine what LARCs are added to hospital formulary

- Include LARC devices into ordering systems

- Determine initial inventory levels

- Decide where devices will be stored to avoid potential delays

- Determine if order must be placed to access LARC devices or if they can be removed via override

Issue #1: Accessing Devices

- Require provider to have certification to place device before they can be added to hospital formulary
  - This applies to Nexplanon use

- Provider putting in formulary request for Nexplanon should hold certification from manufacturer
  - Submit proof of certification to pharmacy

Issue #2: Reimbursement

- Confusion about Medicaid reimbursement

- Medicaid has recently worked towards optimizing immediate postpartum LARC access and its use by providing reimbursement

- As of October 2017, 35 states (including Illinois) have published guidelines regarding immediate postpartum LARC coverage

Issue #3: Cost

- Confusion as to how billing will code for inpatient LARC devices

- Pharmacy and Billing should routinely communicate with one another

- ICD-10, CPT, and NDC Number codes are accessible
  - Directly through the Illinois Department of Healthcare and Family Services website
  - ILPQC Illinois Immediate Postpartum LARC Toolkit

Drive Home Message

- Prioritization of clear communication and interdisciplinary teamwork is KEY!

- Presenting evidence based practice and verifying insurance payment and financial feasibility will help in attaining commitment from key team members

IPLARC
Stocking and ordering

Shelly Tien, MD

August 20, 2018

- Evanston Hospital, Evanston IL
- #1 key thing: A pharmacist champion!
- Identified and involved our lead pharmacist early on in our plans
- Specific to our pharmacy:
  - Mirena and Skyla can be ordered through the pharmacy because they are considered "medications"
  - Nexplanons are ordered through a separate process at our institution
  - Our first focus was to have IUDs available

- At our institution, additions can be made to a pharmacy formulary via the following steps:
  - Physician fills out an application and submits to pharmacy team
  - The application includes: drug/medication of interest, it's indications, uses, side effects, cost effectiveness, and the applicant must cite pertinent clinical studies
  - Physician attends monthly Pharmacy and Therapeutics meeting to present his/her case

- Assuming approval is granted to have addition of the medication of interest to the inpatient pharmacy, the pharmacy can then order medication/drug of choice
  - Turnaround time a few weeks??
- Work directly with pharmacy to decide how many IUDs to be ordered at a time, etc.
- I am anticipating approval at our upcoming meeting August 22nd
  - If denied, will investigate specifically why approval was not granted

NorthShore
University HealthSystem

- Stocking IUDs
  – Discussion with nurse manager and pharmacy
  – Decision to keep them on Labor and Delivery
    » Our actual inpatient pharmacy has limited space
    » More easily accessible for immediate post-placental placement if on L and D

- Stocking IUDs
  - Keep them in clean storage room
    - Has a locked door with a code
    - Plenty of shelving and space
  - Plan to link the IUDs to our Pixus system – so when one is removed, it is tracked by our pharmacy
  - Initial plan to keep ~10 IUDs stocked in this room
    - I anticipate the demand will increase as patients become more aware of this option
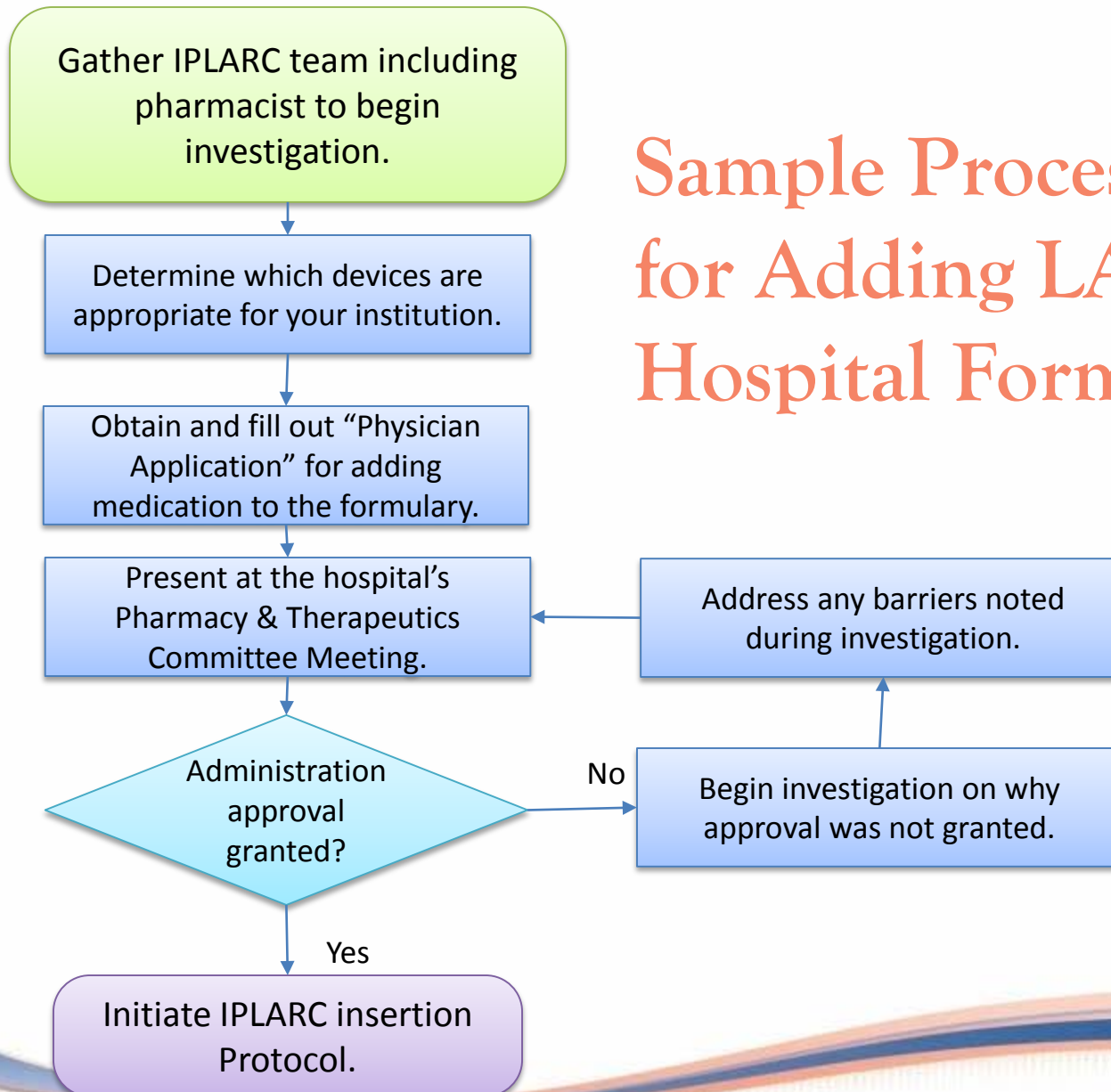
- Billing and documentation at Evanston Hospital is all done through Epic
- Physicians currently bill through Epic
  - Eg. After cerclage placement, D and E, vaginal delivery, etc. physicians bill through Epic and these are listed as part of the obstetric navigator in Epic
  - There are also options to modify a bill, for example, if a cerclage placement was exceptionally difficult, there can be a modifier 22 added to the bill

- Main criteria for HFS Illinois Immediate Postpartum LARC to receive reimbursement:
  - Device should be ordered from the hospital
  - Insertion much be documented in medical record
  - Hospital must use its fee-for-service NPI to bill the device and identify the NDC for the device
  - Include appropriate family planning ICD-10 diagnosis code
  - The Place of Service code should be designated as "Inpatient"

- Next steps:
  - Work with Epic IT personnel to add these necessary components to an existing order set
  - Potentially will be added to the "Labor and Delivery Admission Order set."
  - It will be a drop down option in the order set, with the necessary diagnosis codes, etc. already built in for ease of use

QUALITY IMPROVEMENT TOOLS

Sample Process Flow Map for Adding LARC to Hospital Formulary

Gather IPLARC team including pharmacist to begin investigation.

↓

Determine which devices are appropriate for your institution.

↓

Obtain and fill out "Physician Application" for adding medication to the formulary.

↓

Present at the hospital's Pharmacy & Therapeutics Committee Meeting.

↓

Administration approval granted?

— No → **Begin investigation on why approval was not granted.** ↑ **Address any barriers noted during investigation.** → (back to Present at the hospital's Pharmacy & Therapeutics Committee Meeting)

— Yes ↓

Initiate IPLARC insertion Protocol.

UPCOMING EVENTS

IPLARC Monthly Webinars

NEW DATE/TIME 3rd Monday of the month from 12-1PM

Proposed IPLARC Monthly Webinar Topics	
~~April 9~~	~~Launch call~~
~~May 14~~	~~Data Form Review, Team Baseline Evaluations and Setting Team Goals (30, 60, 90 day QI plans)~~
~~June 18~~	~~Recap of Face-to-Face meeting and intro to QI~~
~~July 16~~	~~IPLARC Billing~~
August 20	Stocking LARC on L&D
September 17	Protocols, process flow, and progress check
October 15	Provider Education/Patient Counseling
November or December	Annual Conference, November 5

Calling all physicians, nurse midwives, APNs, NPs, RNs, quality leaders, administrators, payers, public health professionals, and all others interested in perinatal health!

You're invited!

November 5, 2018
Check-in: 7-8am
Program: 8am-5:15pm

IL PQC
Illinois Perinatal Quality Collaborative

Westin Lombard
Yorktown Center,
Lombard, IL

6th Annual Conference

Join us to learn from state and national Perinatal Quality Collaborative leaders, leverage quality improvement success, and work together to improve outcomes for mothers and newborns.

Learn strategies for improving care for **Mothers & Newborns affected by Opioids,** increasing access to **Immediate Postpartum LARC** and sustaining gains in **Severe Maternal Hypertension** and **Golden Hour**.

Visit ilpqc.org for more information

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor, Chicago, IL 60611

Next Steps

- Complete baseline and July data and submit by August, 31. Please email info@ilpqc.org or danielle.young@northwestern.edu with questions.

- Sign-up for a key players meeting – we will contact you with a key players assessment once your key players meeting is scheduled

Contact

- Email info@ilpqc.org

- Visit us at www.ilpqc.org

THANKS TO OUR SPONSORS

IDPH — ILLINOIS DEPARTMENT OF PUBLIC HEALTH

CDC — CENTERS FOR DISEASE CONTROL AND PREVENTION

DHS — Illinois Department of Human Services

JB & MK PRITZKER Family Foundation

IL PQC — Illinois Perinatal Quality Collaborative