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
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

- Increase access to IPLARC
- Implement IPLARC Protocol
- Stock LARC in Pharmacy
- Educate Providers counseling and placement
- Simplify IPLARC Billing
- Educate Patients on contraceptive options
- Systems Changes to OB Care Process Flow

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

<table>
<thead>
<tr>
<th>Overall Initiative Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 9 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARCs.</td>
</tr>
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<table>
<thead>
<tr>
<th>Structure Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT/EMR systems that allow for documentation of IPLARC placement for tracking, and documentation</td>
</tr>
<tr>
<td>Coding / billing strategies in place for reimbursement of IPLARC</td>
</tr>
<tr>
<td>IPLARC devices stocked in the inpatient pharmacy</td>
</tr>
<tr>
<td>IPLARC protocols in place for labor and delivery and postpartum units</td>
</tr>
<tr>
<td>Communicated launch of IPLARC availability during delivery admission with affiliated prenatal care site and provided sites with provider/staff and patient education materials for contraceptive options counseling, including IPLARC</td>
</tr>
<tr>
<td>Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educated all participating providers/nurses on benefits of IPLARC, protocols, counseling &amp; IPLARC placement</td>
</tr>
</tbody>
</table>

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

Aim

Primary Drivers

Secondary Drivers

Recommended Key Practices

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

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

EMR/IT systems in place for IPLARC tracking

Hospitals reimbursed for IPLARC in action

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

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
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?

*15 teams reporting as of May

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LARC on inpatient formulary

- Yes - IUD only: 13%
- Yes - implant only: 0%
- Yes - IUD & implant: 25%
- No: 53%
- Unsure: 7%
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
<table>
<thead>
<tr>
<th>Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Number of deliveries this month:</td>
</tr>
<tr>
<td>* must provide value</td>
</tr>
<tr>
<td>31. Is your hospital routinely counseling, offering, and providing immediate postpartum LARC's either IUD or Implants (i.e., is your system live)?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>* must provide value</td>
</tr>
<tr>
<td>31a. If yes, please specify:</td>
</tr>
<tr>
<td>* must provide value</td>
</tr>
<tr>
<td>32. Total number of immediate postpartum IUDs placed this month:</td>
</tr>
<tr>
<td>* must provide value</td>
</tr>
<tr>
<td>33. Total number of immediate postpartum implants placed this month:</td>
</tr>
<tr>
<td>* must provide value</td>
</tr>
</tbody>
</table>

If your hospital is routinely counseling, offering, and providing immediate postpartum LARC's, 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 IPI/LARC, documented/10 during prenatal care? |
| * must provide value |
| 35. How many charts with contraceptive counseling, including IPI/LARC, documented/10 during delivery admission? |
| * must provide value |
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.
Login and go to “My Projects” Tab
REDCap Access

• Please register team members who will need access to REDCap through the **sign up form**
• Paper data form can be accessed on [ilpqc.org/IPLARC](http://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 15\textsuperscript{th} 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 \textit{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

- Not started
- In progress
- In place

August 2018

Hospital is actively providing IPLARC

IUD

Implant

IUDs Placed

# hospital

Implants placed

# hospital

Departments with an IPLARC protocol in place

<table>
<thead>
<tr>
<th>Department</th>
<th>IUD # teams initiative wide (total)</th>
<th>Implant # teams initiative wide (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L&amp;D</td>
<td>✓ 2 (17)</td>
<td>2 (17)</td>
</tr>
<tr>
<td>Postpartum</td>
<td>6 (17)</td>
<td>6 (17)</td>
</tr>
<tr>
<td>OB OR</td>
<td>10 (17)</td>
<td>✓ 10 (17)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>17 (17)</td>
<td>17 (17)</td>
</tr>
<tr>
<td>Billing</td>
<td>✓ 16 (17)</td>
<td>16 (17)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EHR Revisions in Place for Tracking & Documentation

<table>
<thead>
<tr>
<th>EHR Revisions</th>
<th>IUD # teams initiative wide (total)</th>
<th>Implant # teams initiative wide (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR for consent</td>
<td>✓ 2 (17)</td>
<td>2 (17)</td>
</tr>
<tr>
<td>EHR for contraceptive choice counseling</td>
<td>6 (17)</td>
<td>6 (17)</td>
</tr>
<tr>
<td>Order sets</td>
<td>10 (17)</td>
<td>✓ 10 (17)</td>
</tr>
<tr>
<td>Pharmacy system</td>
<td>17 (17)</td>
<td>17 (17)</td>
</tr>
<tr>
<td>Billing system</td>
<td>✓ 16 (17)</td>
<td>16 (17)</td>
</tr>
<tr>
<td>Tracking tools</td>
<td>8 (17)</td>
<td>✓ 8 (17)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

- 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!

**IPLARC Toolkit**

1. Initiative Resources
   - [10 Steps to Getting Started with the ILPQC Immediate Postpartum LARC Initiative](http://ilpqc.org/IPLARC)
   - [IPLARC 6 Key Opportunities for Improvement](http://ilpqc.org/IPLARC)
   - [13 Practice Changes for IPLARC Success](http://ilpqc.org/IPLARC)
   - Immediate Postpartum LARC Aims and Measures
   - Immediate Postpartum LARC Data Form
   - Immediate Postpartum LARC Key Drivers Diagram
   - Immediate Postpartum LARC Wave 1 Teams Survey
   - Plan-Do-Study-Act Worksheet
   - 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.*

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STOCKING IPLARC OVERVIEW
Key Steps for Stocking Inpatient LARC

- **Engage pharmacy** team
  - Buy-in is important for success in stocking IPLARC
- Ensure IUD is on inpatient formulary & in pharmacy ordering system
  - **Discover your approval system** for adding to hospital formulary.
    - EX: Approval by Pharmacy and Therapeutics Committee (or equivalent)
- Determine appropriate **number of LARC devices to stock**
  - 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 order set 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
• 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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description of what you did</th>
</tr>
</thead>
<tbody>
<tr>
<td>58300</td>
<td>Insertion of IUD</td>
</tr>
<tr>
<td>11981</td>
<td>Insertion of non-biodegradable drug delivery implant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS – J Code</th>
<th>Brand Name</th>
<th>Description of what you did</th>
<th>NDC Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7296</td>
<td>Kyleena</td>
<td>Levonorestre-releasing intrauterine contraceptive, 19.5 mg</td>
<td>5041942401</td>
</tr>
<tr>
<td>J7297</td>
<td>Lilleta</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 52mg, 3yr</td>
<td>00023585801</td>
</tr>
<tr>
<td>J7298</td>
<td>Mirena</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 52mg, 5yr</td>
<td>50419042101</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>50419402301</td>
</tr>
<tr>
<td>J7300</td>
<td>Paragard</td>
<td>Intrauterine copper contraceptive</td>
<td>51285020401</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>51285020402</td>
</tr>
<tr>
<td>J7301</td>
<td>Skyla</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 13.5 mg</td>
<td>50419042201</td>
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<tr>
<td>J7307</td>
<td>Nexplanon</td>
<td>Etonogestrel implant system, including implant and supplies</td>
<td>000524333001</td>
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<tr>
<td></td>
<td></td>
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<td>00052027401</td>
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<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description of why you did the insertion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z30.018</td>
<td>Encounter for initial prescription of intrauterine contraceptive device (IUD)</td>
</tr>
<tr>
<td>Z30.014</td>
<td>Encounter for insertion of intrauterine contraceptive device (IUD)</td>
</tr>
<tr>
<td>Z30.430</td>
<td>Encounter for initial prescription of other contraceptives (IMPLANT)</td>
</tr>
</tbody>
</table>
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.
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
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
• 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 22\textsuperscript{nd}
  – If denied, will investigate specifically why approval was not granted
• 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
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?

Yes

Initiate IPLARC insertion Protocol.

No

Address any barriers noted during investigation.

Begin investigation on why approval was not granted.

Sample Process Flow Map for Adding LARC to Hospital Formulary
UPCOMING EVENTS
IPLARC Monthly Webinars

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

<table>
<thead>
<tr>
<th>Proposed IPLARC Monthly Webinar Topics</th>
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<tr>
<td><strong>April 9</strong></td>
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<td><strong>October 15</strong></td>
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<td><strong>November or December</strong></td>
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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

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

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)
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
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