



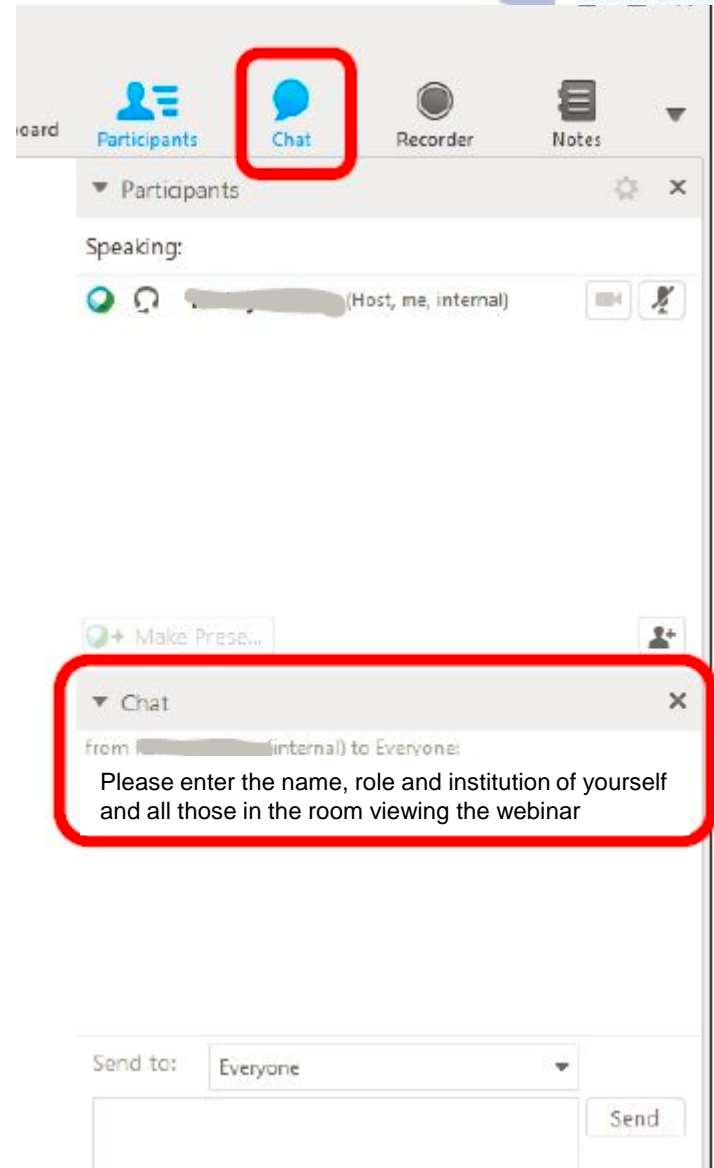
# IPLARC Monthly Teams Webinar: Wave 1 Sustainability

December 16, 2019

1:00 – 2:00 PM

# Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



# Tips for Accessing WebEx

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

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  
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\_ipclarc

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](tel:800846062)  
You can also dial 173.243.2.68 and enter your meeting number.

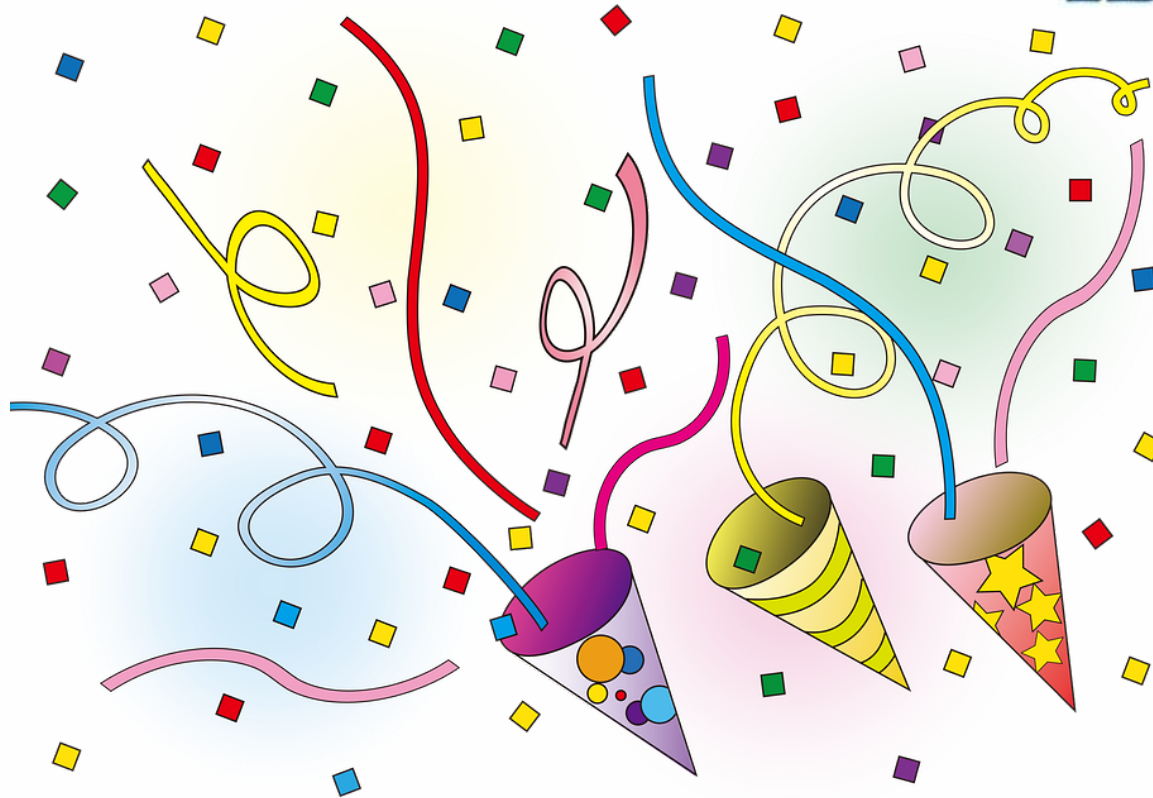
Join by phone  
**+1-415-655-0002** US Toll  
[Global call-in numbers](#)

Call-in info

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# Call Overview

- CONGRATULATIONS
- Review of Data/Sustainability in 2020
- Team Talk: Vista Medical Center East
- Team Talk: Swedish Covenant
- Round Robin
- Next Steps



**CONGRATULATIONS ON ALL  
YOUR HARD WORK!**

# REVIEW OF DATA/ SUSTAINABILITY IN 2020

# Aims and Measures

## Overall Initiative Aim

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

## 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 provided sites with provider/staff and patient education materials for counseling including IPLARC

Focus on monitoring achievement of outcome measures during sustainability

## 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



# IPLARC Data Entry Status

Month	# Teams Entering Data
April – December 2018	16
January 2019	15
February 2019	14
March 2019	14
April 2019	14
May 2019	14
June 2019	12
July 2019	12
August 2019	12
September 2019	12
October 2019	8

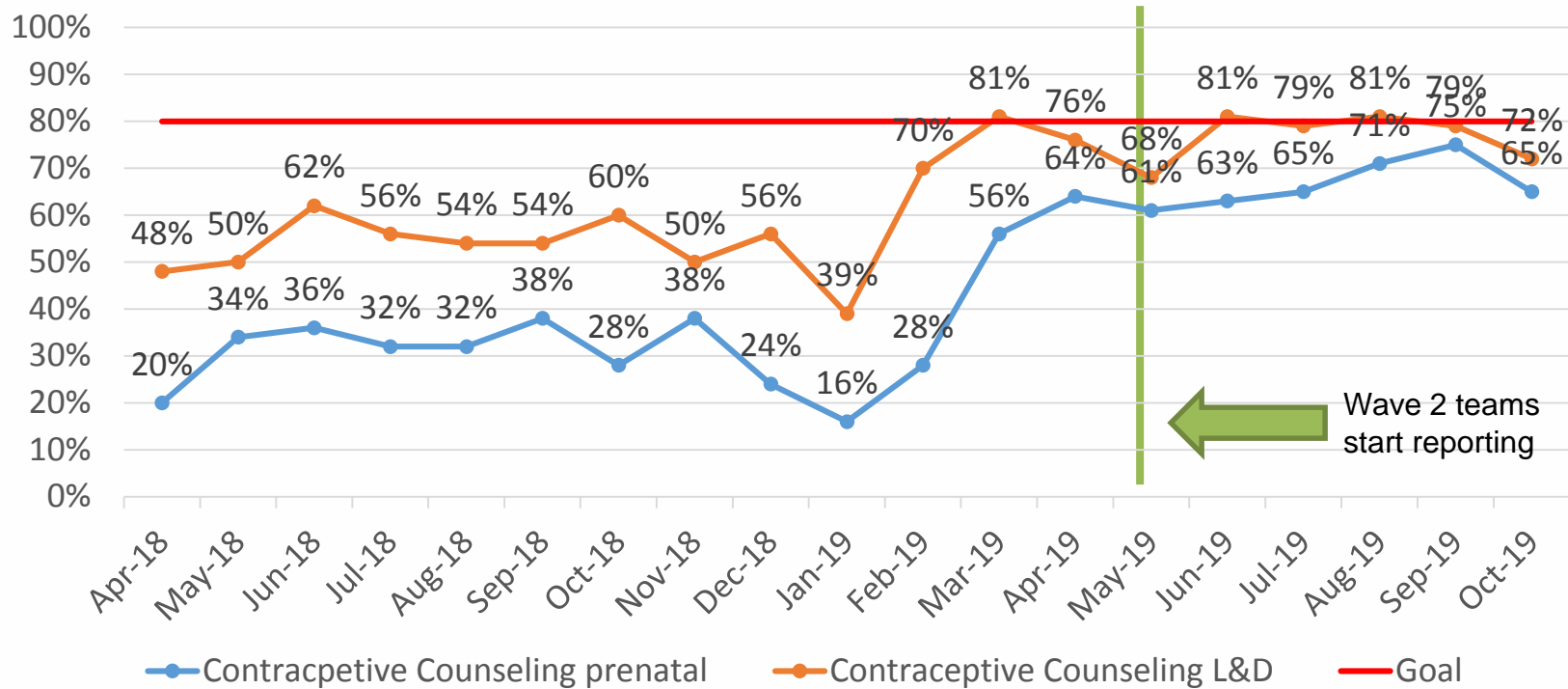
Please continue to submit data through December 2019 to monitor the success of your implementation/sustainability efforts





# Comprehensive Contraceptive Counseling

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

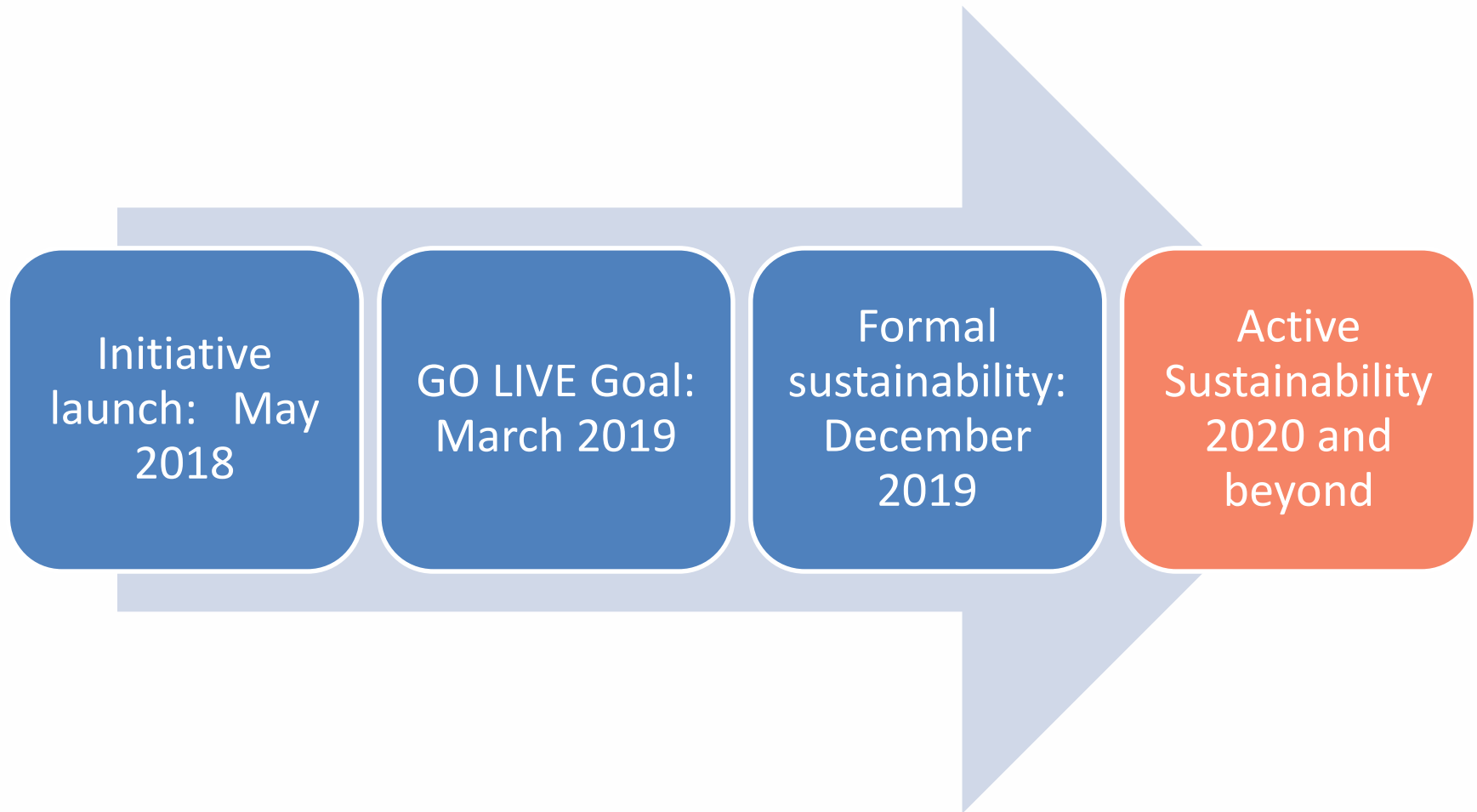


# Private Insurance Reimbursement



- Almost all commercial payers recognize IUDs and Implants as a covered service.
- **The important action is to amend the current contract to get a pass thru/carve out from the case rate/DRG/per diem of a delivery.** It's essential to ask for this revenue code+ J code to get paid outside of the negotiated delivery rate.
- Connect with your hospital's BCBS contracts executive for the BCBS account
- Ask for the contract to be amended either as an addendum or as a part of contract renegotiations (depending on when that is). Ask for this specific change to the contract:
  - *Treat intrauterine devices and contraceptive implants as a carve out for hospital inpatient payment modeled like they do for implants or devices.*

# Wave 1 Timeline



# Wave 1: Sustainable Change

## Compliance Monitoring

Monitor comprehensive contraceptive counseling

Monitor placement for patients who desire IPLARC

## Monitor Reimbursement

Identify potential issues early

Inform ILPQC for help with troubleshooting

## New Hire & Ongoing Education

Plan for training residents, new providers

Plan for training new nursing hires

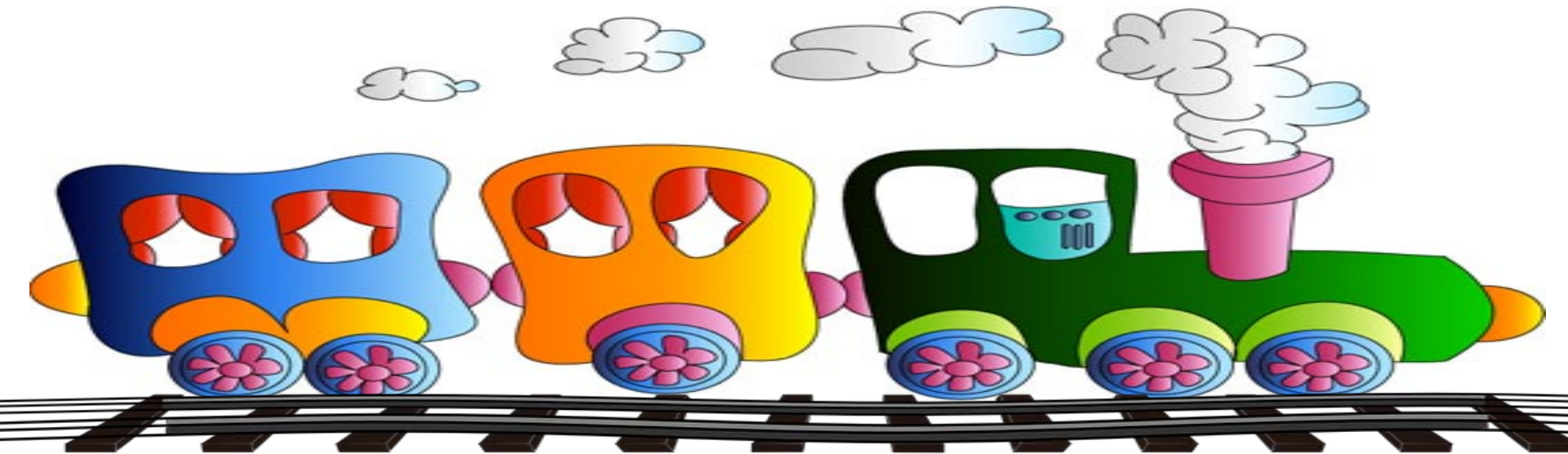
# TEAM TALK: VISTA MEDICAL CENTER EAST

# Immediate Postpartum LARC:

## A Journey of the Little Engine that Could!!

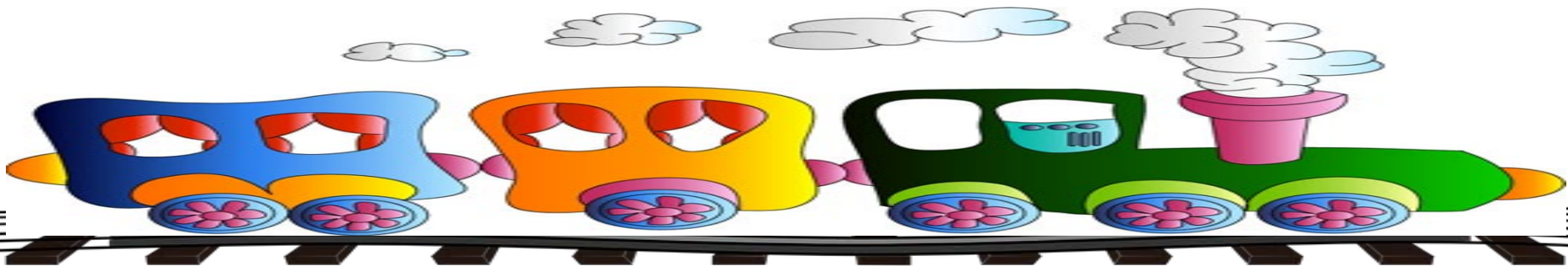
Vista Medical Center East

New Family Center: Teresa St Luce, RN-MS, Denise Gomez, RN, BSN,  
Michelle Reif MSN,RNC-NIC



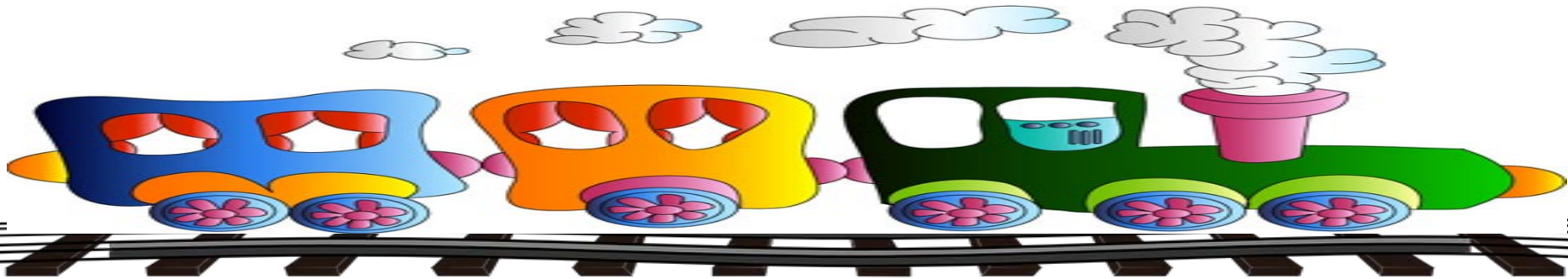
# Who is Vista?

- Manage healthcare needs of underserved population
  - Per 2018 Census, the Hispanic race accounts for >55% of the population,
  - Median age of child bearing females are age 30
  - Average annual income is approximately \$48,500 & 17.8% are living at or below the poverty level
  - *Vista Medical Center delivers approximately 1400 infants a year, with 3 other hospital options present*
- Lack of resources equals large impacts on health:
  - Pregnancies often complicated by pre-existing comorbidities exacerbated by demands of pregnancy (HTN, Diabetes, Anemia, etc.)
  - Many are short interval (less than 2 years apart) and unplanned with scant number of prenatal visits
- These circumstance lead this community to be ideal candidates for IPLARC (Immediate Postpartum Long Acting Reproductive Contraception)



# Project Implementation Timeline

1. Process started in April 27, 2018
2. Quorum entered into a group purchasing agreement w/ Anda Meds (a subsidiary of Allergan) for purchase of the Liletta device





# Project Implementation Timeline Continued

3. ILPOC invited to Vista for Grand Rounds to discuss IPLARC:
  - Bringing to the forefront concern and importance of family planning counseling during *prenatal period* because
    - Exposing the fact that 10-40% of all women do not attend their routine six-week postpartum visit.
    - More importantly, 55% of women on Medicaid miss their six-week visit.
    - Exposing 40-57% of women report having intercourse before this visit occurs, in a notably fertile time.
    - Providers able to voice concerns on expulsion rates and other problems with devices and receive peer feedback.
4. Mama-U purchased for training purpose
5. Administration and Finance brought to table ....



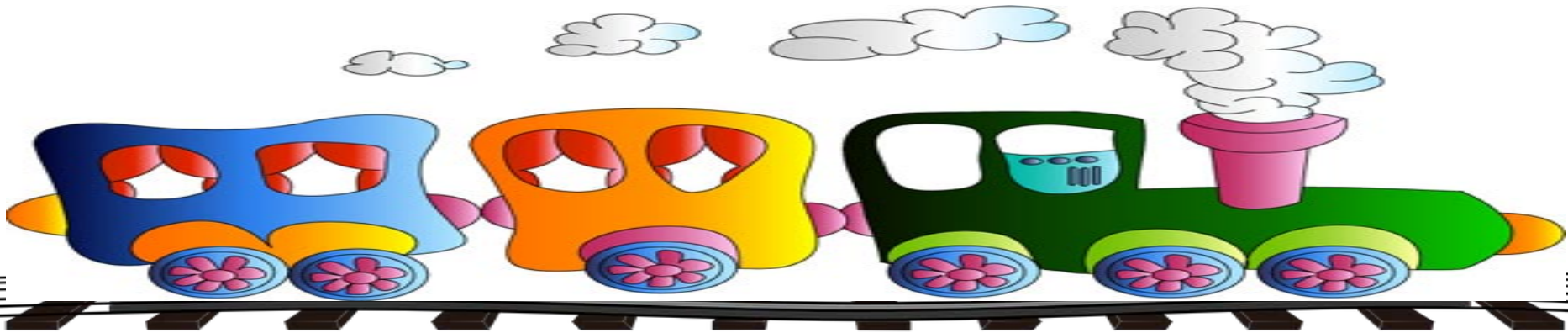
# Project Implementation Timeline Continued

6. June 2018 – Healthcare Advisory Consultant at Crowe LLP was contacted to introduce the quality initiative and seek assistance with billing/coding.
  - *Initially only 1 code available in the corporate CDM to charge for the IUD device itself*
  - *. There was no charge code available for the insertion/removal/reinsertion of the IUD/Nexplanon in the corporate CDM.*
  - *The CFO established the necessary CDM codes*
7. October 2018 – All necessary CDM codes were built
8. December 2018 - The Illinois Perinatal Quality Counsel on-sight at Vista for Grand Rounds/Key Players meeting at our OB committee.



## Project Implementation Timeline Continued

9. January 5, 2019 – IPLARC went live & Liletta placed by MD Champion (E. Finseth, MD)
10. January 2019 – Initiative on pause due to billing issue. Toolkit given to CFO.
  - January - Kai Tao reached out to the Vista team offering consultation as a billing expert.
11. March 2019 – several conference calls/emails w/Kai along with CFO

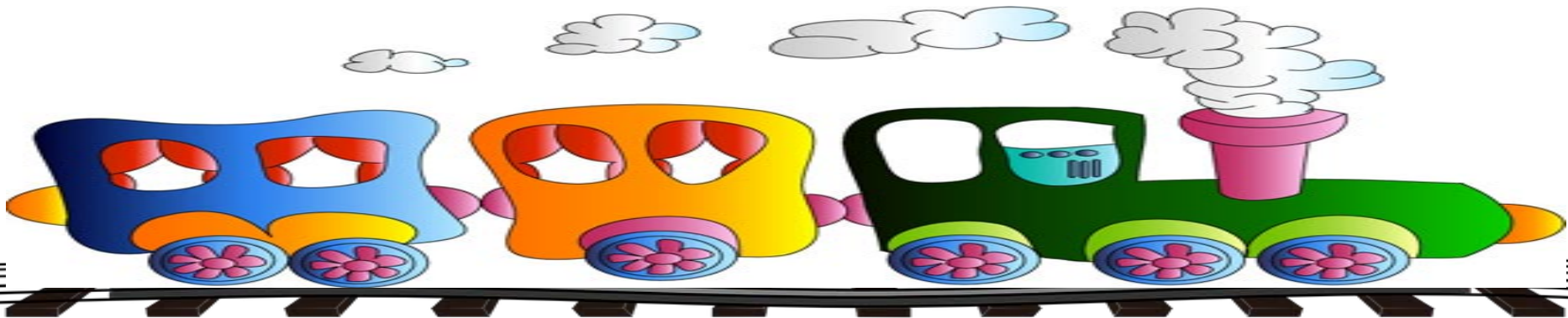


# Project Implementation Timeline Continued

12. May 2019 – Informed corporate that both traditional Medicaid and Medicaid MCOs are all required to follow the guidelines set out for traditional Medicaid.

- If any issues with the MCOs a claim can be submitted to the following portal:  
<https://www.illinois.gov/hfs/medicalproviders/cc/pages/managedcarecomplaints.aspx>
- These inpatient services will have to drop on the 2360/1500/837P instead of an institutional claim (UB-04/8371).

13. Director, Billing & Reimbursement – team to be notified of IPLARC devices placed to handle billing



# Project Implementation Timeline Continued

## 14. Notified VP, Patient Financial Services

- CFO & SVP, Managed Care and Business Development – forward the detailed billing checklist to ensure billing goes smoothly with Medicaid clients.
- The CPT codes are carved out with upcoming commercial insurance contracts
- Reminded that for Medicaid clients, the IUD/implant must be billed as a separate transaction from the delivery DRG

## 15. CFO – hopes this will be “revenue enhancer for a needed procedure”

- Initial IPLARC device wasn't billed separately



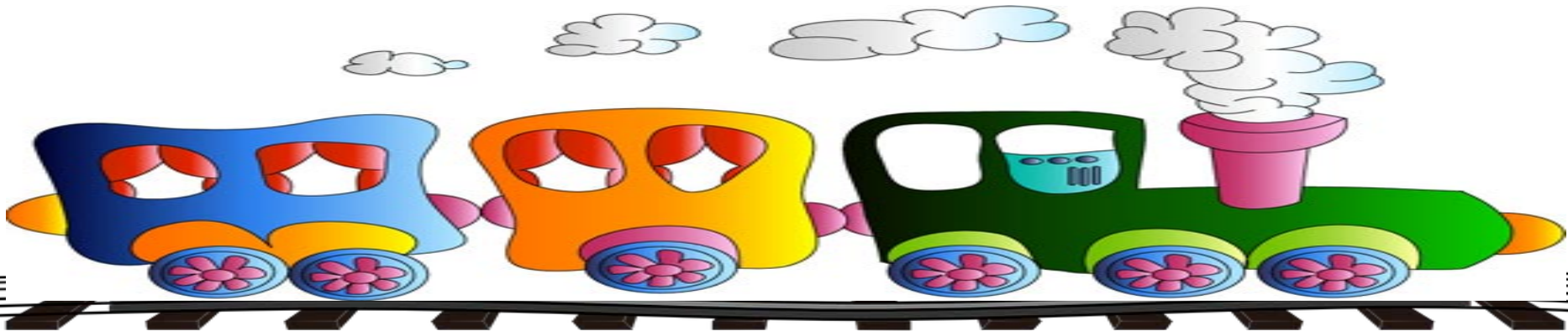
# Project Implementation Timeline Continued

16. August 2019 – Director, Billing & Reimbursement

- Medicaid IPLARC billing presentation was sent but stated confirmation was needed from HFS that these codes are open for a hospital billing on the 2360 with POS = inpatient

17. August 2019 – Director, Billing & Reimbursement

- **We have the green light.....**



# Project Implementation Timeline Continued

- Notify Billing & Reimbursement Department when there is an account in which a LARC device has been placed. These accounts require a manual billing process.

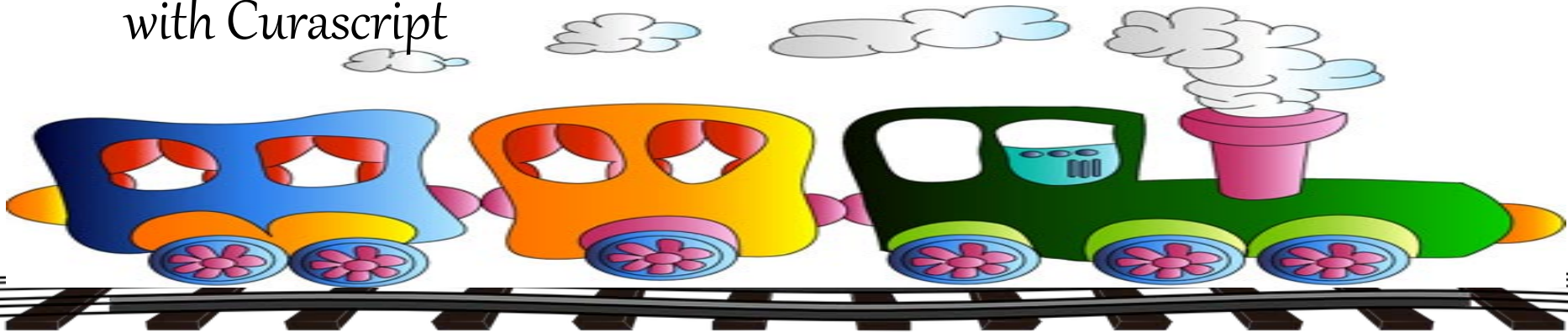
HCPCS – J Code	Brand Name	Description	NDC Number
J7296	Kyleena	Levonorelrel-releasing intrauterine contraceptive, 19.5 mg	5041942401
J7297	Lilleta	Levonorgestrel-releasing intrauterine contraceptv, 52mg, 3yr	00023585801
J7298	Mirena	Levonorgestrel-releasing intrauterine contraceptv, 52mg, 5yr	50419042101 ** 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

- The insertion codes are correct. Only the practitioner can bill the insertion codes. The hospitals bill the device as inpatient POS on a Professional claim.



# Project Implementation Timeline Continued

- August 24, 2019 – received CFO approval to proceed with initiative
- October 22, 2019 – IUD placed >>>10/30 inpatient claim billed>>>11/1 professional claim billed>>>11/11 notified the claim was paid \$749.40
- November 11, 2019 – Request made to CFO to move forward with the ordering of Nexplanon
- November 12, 2019 – Ordering approval received by CFO for Nexplanon and Director of Materials Management placed order with Curascript

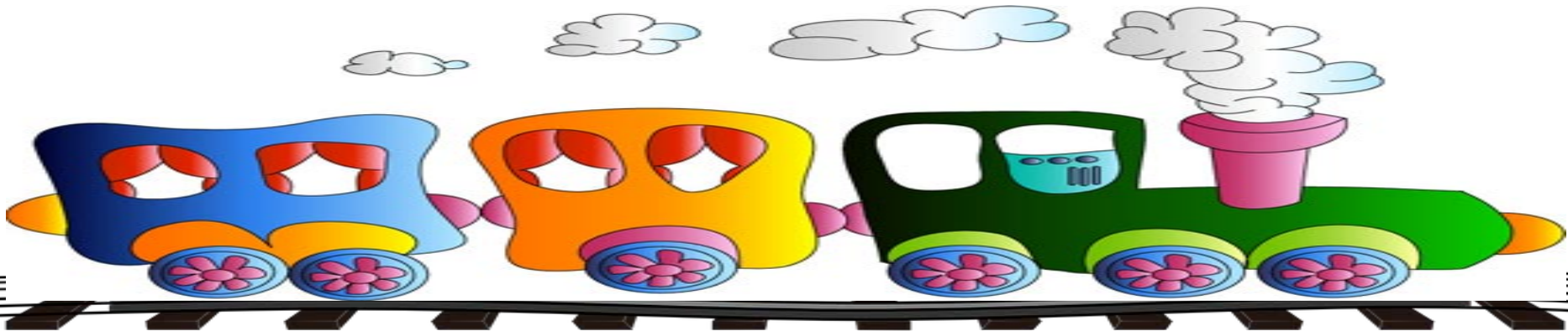




# Project Implementation Timeline Continued

## Status at present day...

- November 14, 2019 - hospital license submitted to Curascript and resubmitted on 11/26 along with a copy of the certification of one of our physicians trained on Nexplanon
- December 6 , 2019 – Director of Materials Management reached out to Curascript to inquire about the status of the order



# Where Do We Go from Here?

- Audits-patient EMR and reimbursement follow-ups
- New practitioner training
- Continue to encourage family planning counseling in clinic during perinatal period

**No Journey is unattainable for the Little Engine that Could-  
Vista Medical Center East!!**



# TEAM TALK: SWEDISH COVENANT HOSPITAL

# Swedish Covenant Hospital Chicago Illinois

## IPLARC

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Eva Peroulas, MSN, RNC-OB, EFM-C



Swedish Covenant Hospital



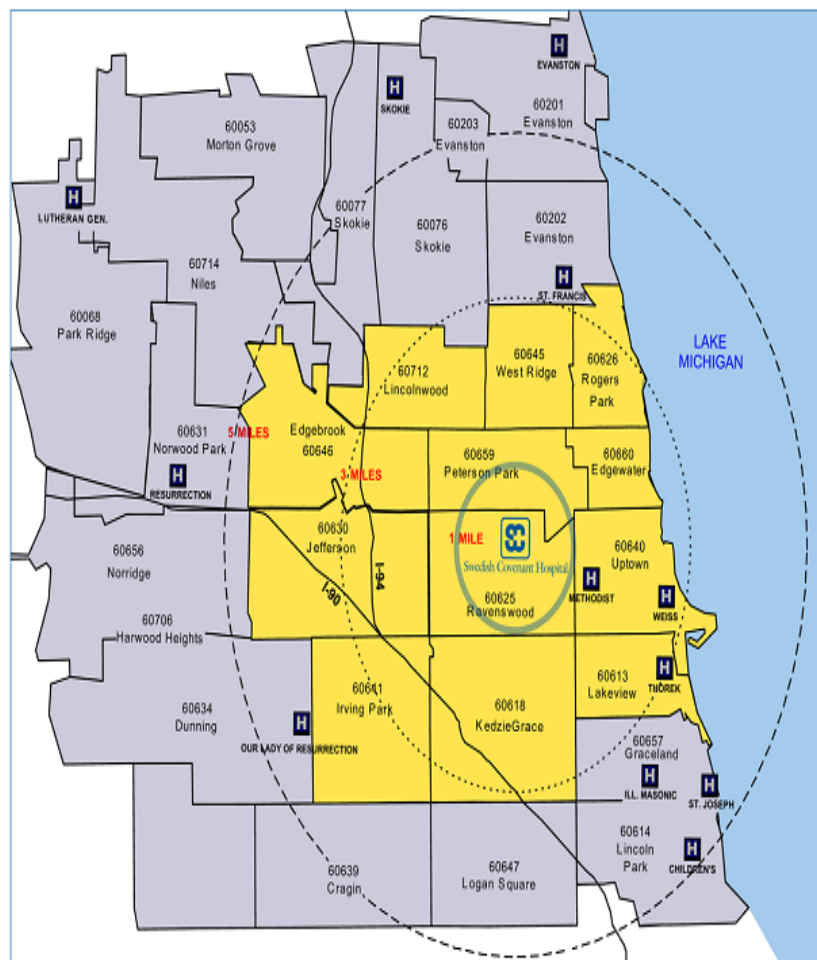
# Who Are We?

- 312 Licensed beds
- 2,200 Employees
- 600+ Physicians
- 250 Volunteers
- 2,300 Births per year
- Affiliated with 2 HHC (340B program)
- NorthShore University HealthSystem: January 2020





# Demographics / Multiculturalism



- Primary service area of 1.5 miles = 124,854 population
- Most diverse hospital in Chicago and 3<sup>rd</sup> in the world
- Our patients speak more than 50 languages and dialects
- Hospital staff represents over 50 nationalities

# SCH IPLARC Team

- Shameem Abbasy MD, OB Chairperson
  - Felicia Lane MD, OB Director
  - Stacy Brown MD, OB Physician Champion
  - Michaela Crotty RN, QI Team Member
  - Joan Oliva RN, Nurse Team Member
  - Rita Connelly RPh, Pharmacy Member
  - Jenny Olickal, IT Team Member
  - Eileen Wright, IT Team Member
  - Zehra Omerbasic, Billing Collection Team Member
  - Lawrence Peterson, MSO Liaison
  - Eva Peroulas RN, Project Coordinator
- 



Swedish Covenant Hospital



# Implementation Phases

## EASY

- Create process for documentation: IT Team Member
- Ordering supplies
- 100% Staff Education (Providers, RNs OB techs)

## MODERATE

- Outpatient contraceptive counselling
- Inpatient Admission counselling

## MODERATE

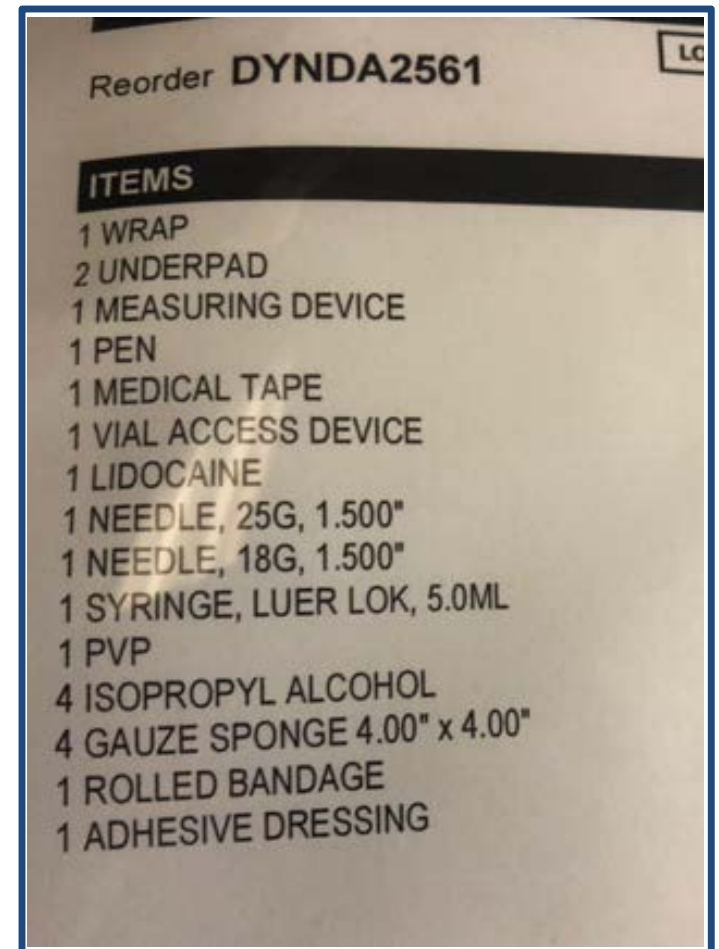
- Billing
- Reimbursement Rates





# Lessons to be Learned

- Start with pharmacy, IT and billing implementation first. Once providers are on board, they want to start NOW.
- Administration buy in and support is IMPORTANT for success of the program.
- Have Prepackaged Kits ready.



# IPLARC Results Sustainability & Goals

**Results:** Since our GO LIVE for our IPLARC Initiative 2018:  
178 IUDS & 53 Nexplanons

**Sustainability:** Quarterly SCH IPLARC Team meetings and yearly competencies

**2020 Goals:** Public Awareness Campaign

# QUESTIONS

Eva Peroulas 773-878-8200 x2125

[eperoulas@schosp.org](mailto:eperoulas@schosp.org)



# ROUND ROBIN – TEAMS UPDATE ON PROGRESS TOWARDS SUSTAINABILITY

# Round Robin Questions

- What lessons have you learned from IPLARC that would inform strategies for Wave 2 teams?
- What is your plan for IPLARC sustainability in 2020 and beyond?
  - How will you continue to monitor compliance with contraceptive counselling?
  - How will you ensure new hire and continue education?
- Success stories from your IPLARC journey – what are you proud of?
- What is some advice you would give to Wave 2 teams?
- How will you continue to track placement for women who desire IPLARC?

# Keep the momentum going!

- Continue to track comprehensive contraceptive counseling both prenatally and on L&D
- Continue to monitor billing and reach out to ILPQC with ANY issues – no matter how small!
- We will continue to share updates to private payer billing

NEVER EVER  
EVER  
GIVE UP!



# NEXT STEPS

# Promoting Vaginal Birth



## SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

### READINESS

*Every Patient, Provider and Facility*

- Build a provider and maternity unit culture that values, promotes, and supports spontaneous onset and progress of labor and vaginal birth and understands the risks for current and future pregnancies of cesarean birth without medical indication.
- Optimize patient and family engagement in education, informed consent, and shared decision making about normal healthy labor and birth throughout the maternity care cycle.
- Adopt provider education and training techniques that develop knowledge and skills on approaches which maximize the likelihood of vaginal birth, including assessment of labor, methods to promote labor progress, labor support, pain management (both pharmacologic and non-pharmacologic), and shared decision making.

### RECOGNITION AND PREVENTION

*Every patient*

- Implement standardized admission criteria, triage management, education, and support for women presenting in spontaneous labor.
- Offer standardized techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor.
- Use standardized methods in the assessment of the fetal heart rate status, including interpretation, documentation using NICHD terminology, and encourage methods that promote freedom of movement.
- Adopt protocols for timely identification of specific problems, such as herpes and breech presentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth.

## PATIENT SAFETY BUNDLE

## Safe Reduction of Primary Cesarean Births

Wave 1 Starting  
Feb 2020  
Initiative Launch  
May 2020

CMQCC  
California Maternal  
Quality Care Collaborative

Toolkit to Support Vaginal Birth and Reduce  
Primary Cesareans



Partnering to Improve Health Care Quality  
for Mothers and Babies



# Promoting Vaginal Birth

## Wave 1



- Wave 1 will start with a webinar in February 2020.
- If you are interested in participating as a Wave 1 team, please reach out to your perinatal network administrator.
- All hospitals will join the initiative in June 2020.

# Promoting Vaginal Birth

## QI Team Members

### Required

- Team lead
- OB lead
- Nurse lead

### Suggested

- Outpatient rep
- QI Professional
- Patient/family member
- Doula/midwife rep
- Administrative leader champion
- Other team member



# Birth Equity – coming in 2021!



## READINESS

*Every health system*

- Establish systems to accurately document self-identified race, ethnicity, and primary language.
  - Provide system-wide staff education and training on how to ask demographic intake questions.
  - Ensure that patients understand why race, ethnicity, and language data are being collected.
  - Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
  - Evaluate non-English language proficiency (e.g. Spanish proficiency) for providers who communicate with patients in languages other than English.
  - Educate all staff (e.g. inpatient, outpatient, community-based) on interpreter services available within the healthcare system.
- Provide staff-wide education on:
  - Peripartum racial and ethnic disparities and their root causes.
  - Best practices for shared decision making.
- Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.

## RECOGNITION

*Every patient, family, and staff member*

- Provide staff-wide education on implicit bias.
- Provide convenient access to health records without delay (paper or electronic), at minimal to no fee to the maternal patient, in a clear and simple format that summarizes information most pertinent to perinatal care and wellness.
- Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect.

PATIENT  
SAFETY  
BUNDLE

Reduction of Peripartum  
Racial/Ethnic Disparities

Starting  
2021

CMQCC  
California Maternal  
Quality Care Collaborative

Birth Equity

# Next Steps



- Need a sustainability refresher? Tune into any IPLARC Wave 2 call in 2020 – call schedule on next slide
- Continue to submit data through December 2019
- Continue to work on improving comprehensive contraceptive counseling in prenatal and on L&D
- Reach out to ILPQC – we are always here to help!
- Need an IPLARC tune up? Let us know – we are happy to help you coordinate a training/continuing education

# IPLARC Wave 2 Calls 2020

- **THIRD MONDAY OF THE MONTH**

**IPLARC Wave 2 Teams  
12-1pm**

<b>Date</b>	<b>Topic</b>
<b>January 20</b>	CANCELED due to MLK Holiday
<b>February 17</b>	Round Robin with Wave 2 Teams
<b>March 16</b>	Comprehensive Contraceptive Counseling
<b>April 20</b>	Preparing to GO LIVE
<b>May 20</b>	ILPQC Face-to-Face Meeting, Springfield, IL
<b>June 22</b>	Wave 2 Sustainability (Wave 1 teams welcome)
<b>August 17</b>	Wave 2 Sustainability (Wave 1 teams welcome)



**THANKS TO OUR  
FUNDERS**



**JB & MK PRITZKER**  

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**Family Foundation**

Online: [www.ilpqc.org](http://www.ilpqc.org)  
Email: [info@ilpqc.org](mailto:info@ilpqc.org)