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

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

• CONGRATULATIONS
• 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, ≥75% of participating hospitals will be providing immediate postpartum LARC.

### 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

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*Focus on monitoring achievement of outcome measures during sustainability*
IPLARC Data Entry Status

<table>
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<tr>
<th>Month</th>
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<tr>
<td>April – December 2018</td>
<td>16</td>
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<td>January 2019</td>
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<td>12</td>
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<td>August 2019</td>
<td>12</td>
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<tr>
<td>September 2019</td>
<td>12</td>
</tr>
<tr>
<td>October 2019</td>
<td>8</td>
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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

Wave 2 teams start reporting
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

- Initiative launch: May 2018
- GO LIVE Goal: March 2019
- Formal sustainability: December 2019
- Active Sustainability 2020 and beyond
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. ILPQC invited to Vista for Grand Rounds to discuss IPLARC:
   - Bringing to the forefront concern and importance of family planning counseling during \textit{prenatal period} because
     - Exposing the fact that 10-40\% of all women do not attend their routing 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 ....
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
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
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.

<table>
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<tr>
<th>HCPCS – J Code</th>
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<td>Nexplanon</td>
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</table>

- 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

Eva Peroulas, MSN, RNC-OB, EFM-C
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 3rd 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.
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
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
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.

Toolkit to Support Vaginal Birth and Reduce Primary Cesareans

Partnering to Improve Health Care Quality for Mothers and Babies

Wave 1 Starting Feb 2020
Initiative Launch May 2020
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!

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.

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.
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**

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