



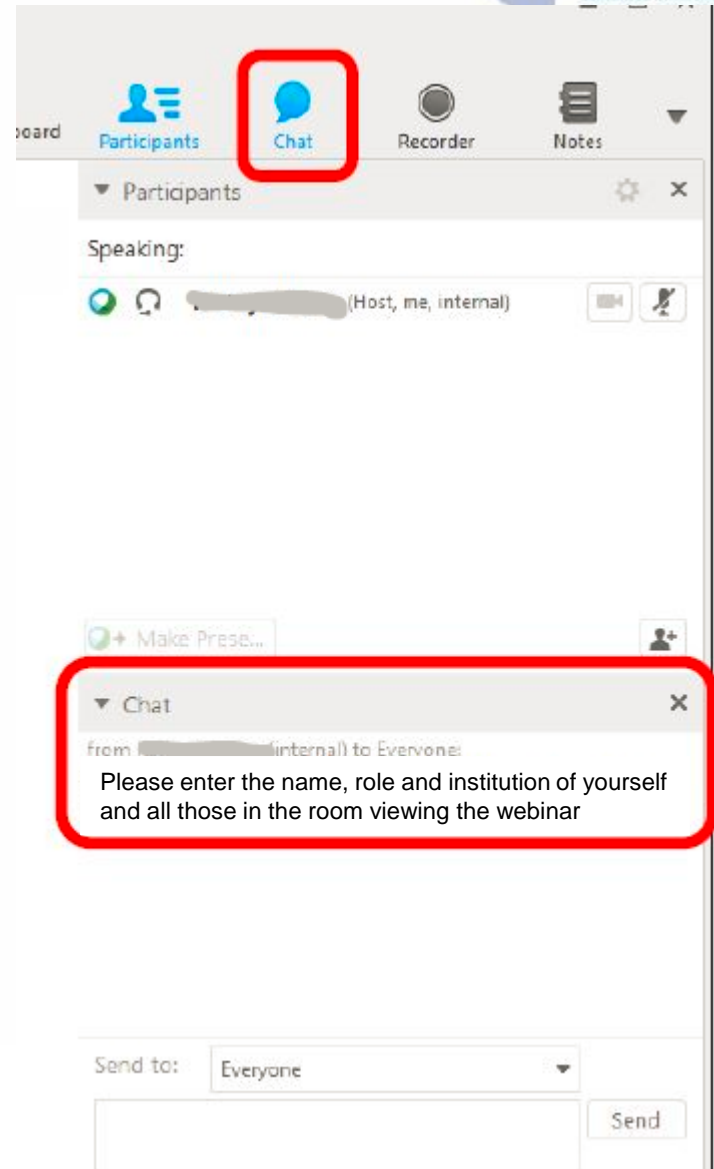
IPLARC Monthly Teams Webinar: Wave 2 Round Robin

February 17, 2020

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
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

[Can't join the meeting?](#)

Call Overview



- Progress Towards GO LIVE and Review of Data
- 2020 Face-to-Face Meeting
- Round Robin – Teams update on progress towards Go LIVE Goal
- Resources Highlight
- Making Systems Change Last
- Next Steps

2020 FACE-TO-FACE MEETING

SAVE THE DATE

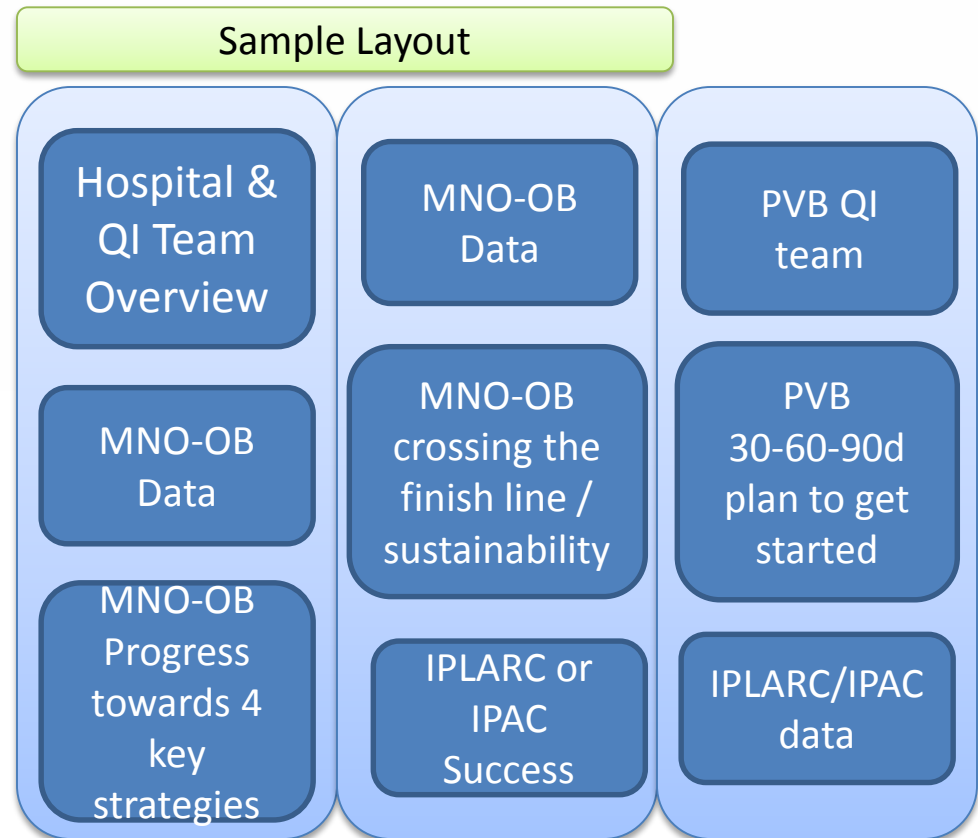
- **What:** ILPQC Spring 2020 OB & Neonatal Face to Face Meetings
- **When:** Wednesday, May 20th (OB) and Thursday, May 21st (Neo) 2020
- **Where:** Abraham Lincoln DoubleTree, Springfield, IL

Registration coming soon...



F2F Storyboard Session

- All teams will bring a storyboard to the Face to Face
- For MNO-OB, share your progress toward crossing the finish line to achieve aims. Include success/progress for 4 key strategies: Validated screening, MNO folders, Provider / Nurse Education, Missed opportunities review.
- For IPLARC/IPAC teams, share your data, Go Live success or next steps to get there and sustainability plans
- Launching PVB – just include team roster and 30-60-90 day plan of how you would like to start working on this initiative



Bring your MNO Folders to display alongside your storyboard!

Sample Layouts



With 4 portrait oriented sheets in the middle panel



With 3 landscape oriented sheets in the middle panel

QUALITY IMPROVEMENT RECOGNITION AWARDS

ILPQC IMMEDIATE POSTPARTUM LARC WAVE 1 & WAVE 2

IPLARC QI

CHAMPION[▫]

- ✓ All Data Submitted*
+
- ✓ Sustainability Plan Submitted & LIVE
+
- ✓ Green on 7 Key Opportunities**
+
- ✓ 80% on comprehensive contraceptive counseling***

IPLARC QI

LEADER[▫]

- ✓ All Data Submitted*
+
- ✓ LIVE or Piloting IPLARC**
+
- ✓ Sustainability Plan Submitted
+
- ✓ Green on 7 Key Opportunities**

IPLARC WAVE 2

QI RECOGNITION

- ✓ All Data Submitted*
+
- ✓ LIVE or Piloting IPLARC**
- ✓ Sustainability Plan Submitted

IPLARC WAVE 2

DATA RECOGNITION

- ✓ All Data Submitted*
- ✓ Sustainability Plan Submitted

**ALL DATA SUBMITTED THROUGH MARCH 2020 BY APRIL 15 **BY MARCH 2020*

****AT LEAST ONE MONTH IN Q1 2020*

▫WAVE 1 TEAMS ARE ELIGIBLE IF THEY DID NOT RECEIVE QI CHAMPION AWARD AT THE ANNUAL CONFERENCE

IPLARC Sustainability Plan

- Complete the sustainability plan and submit to Danielle Young
- Please reach out to Danielle or ILPQC with any questions

ILPQC Immediate Postpartum LARC Initiative: Sustainability Plan

Compliance Monitoring

1. Comprehensive contraceptive counseling including IPLARC – prenatal (80% goal)
2. Comprehensive contraceptive counseling including IPLARC – delivery admission (80%)
3. Ensure patients who desire IPLARC receive it

How will measures be collected? _____

Will you continue to track additional data internally? Yes No

Team member(s) in charge of reporting in REDCap: _____

How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance benchmarks on measures are not achieved?: Weekly Monthly Quarterly Other

New Hire Education for all new hires

What education tool(s) will you use for new hires?

Training (train-the-trainer model) ILPQC Grand Rounds Slide Set ILPQC IPLARC Toolkit Binder

Other: _____

How will you incorporate Immediate Postpartum LARC education including comprehensive contraception counseling that includes IPLARC and IPLARC placement for providers and IPLARC counseling, protocols and process flow for all nurses into new hire training/onboarding? _____

Ongoing Education for all providers and nurses

What education tool(s) will you use for ongoing education for providers and nurses?

Protocols Grand Rounds ACOG District II online modules Mama-U postpartum uterus model

Other: _____

How will you incorporate IPLARC education into ongoing provider/staff education including comprehensive contraception counseling that includes IPLARC, IPLARC placement for providers, and IPLARC counseling, protocols and process flow for all nurses? _____

Monitoring Billing/Reimbursement

What is your system for monitoring payment of IPLARC claims? _____

If you do have an issue with a Medicaid/MCO claim, how will you troubleshoot the issue?

Report the issue though the [Medicaid portal](#) Reach out to ILPQC [ILPQC Billing/Coding Checklist](#)

What is your timeline to amend private payer contracts to include inpatient LARC reimbursement? _____

Nursing Champion(s): _____ Provider Champion(s): _____

Drafted Date: _____ Quarterly Review Dates: _____

Hospital Name: _____

ROUND ROBIN – TEAMS UPDATE ON PROGRESS TOWARDS GO LIVE GOAL

Round Robin Guidelines

- We want to hear from you how it's going with IPLARC implementation!
- Please share a brief update on your team's progress:
 - a success
 - a challenge
 - next steps to reach GO LIVE goal
 - *How will you improve / sustain counseling and documentation**
 - *What are you most proud of with IPLARC implementation so far**

Hospital Teams

Abraham Lincoln Memorial Hospital

Barnes-Jewish Hospital

FHN Memorial Hospital

Gibson Area Hospital

NM Central DuPage Hospital

Passavant Area Hospital

Roseland Community Hospital

Rush-Copley Medical Center

Rush University Medical Center

Silver Cross Hospital

West Suburban Hospital

PROGRESS TOWARD GO LIVE AND REVIEW OF DATA

Aims and Measures

Overall Initiative Aim

Within 11 months of initiative start, $\geq 75\%$ of participating hospitals will be providing immediate postpartum LARCs.

“Go Live” date is May 2020 for Wave 2 teams!

Structure Measures

IT/EMR systems that allow for documentation of IPLARC placement for tracking, and documentation

Coding / billing strategies in place for reimbursement for IPLARC

IPLARC devices stocked in the inpatient pharmacy

IPLARC protocols in place for labor and delivery and postpartum units

Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC

Communicated launch of IPLARC availability during delivery admission with affiliated prenatal care site and provided sites with provider/staff and patient education materials for contraceptive options counseling, including IPLARC

Process Measure

Educated all participating providers/nurses on benefits of IPLARC, protocols, counseling & IPLARC placement

Outcome Measure, among participating hospitals

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

By increasing access to IPLARC, increase in utilization of IPLARC

Practice Changes for IPLARC Success – Pre-implementation



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

Practice Changes for IPLARC Success – Implementation



8. **Establish consent processes for IPLARC** that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent (see toolkit for examples).
9. Develop **educational materials and shared decision making counseling practices to educate patients about the availability of IPLARC as a contraception option** (outpatient prenatal care locations, L&D, postpartum) (see toolkit for examples).
10. **Educate clinicians, and nurses on informed consent and shared decision making related to IPLARC as well as IPLARC placement and documentation** (see toolkit for ILPQC/ACOG training, e-modules, slide decks, education materials).
11. **Standardize system / protocol / process flow** to assure all patients receive comprehensive contraception choice counseling including IPLARC in affiliated prenatal care sites and during delivery admission, with documentation of counseling.
12. **Communicate launch date of hospital's IPLARC capability** to all providers, nurses and affiliated prenatal care sites: communicate protocols, documentation and billing strategies.
13. **Track and review IPLARC data, collected monthly through ILPQC REDcap data system with real-time data reports**, share data with providers and nurses and review standardized counseling for prenatal sites and labor and delivery and IPLARC uptake, to evaluate program success and sustainability.

IPLARC Wave 2 GO LIVE

Status



| Team | Date | Team | Date |
|----------------------|-------------------------------|-----------------|------------|
| Abraham Lincoln | LIVE – piloted week of Jan 27 | Passavant | May 2020 |
| Barnes Jewish | LIVE | Roseland | |
| FHN Memorial | May-2020 | Rush-Copley | April-2020 |
| Gibson Area Hospital | April-2020 | Rush University | LIVE |
| Mt. Sinai | | Silver Cross | May 2020 |
| NM Central DuPage | May-2020 | West Suburban | LIVE |

IPLARC Wave 2 Key Players Meetings



| Team | Date | Team | Date |
|----------------------|----------|-----------------|----------|
| Abraham Lincoln | 8/19/19 | Passavant | 8/26/19 |
| Barnes Jewish | 2/3/20 | Roseland | 9/19/19 |
| FHN Memorial | 12/18/19 | Rush-Copley | 12/4/19 |
| Gibson Area Hospital | 10/10/19 | Rush University | 8/29/19 |
| Mt. Sinai | | Silver Cross | |
| NM Central DuPage | 3/4/20 | West Suburban | 11/14/19 |

Don't Forget to Submit Your Team's Data!



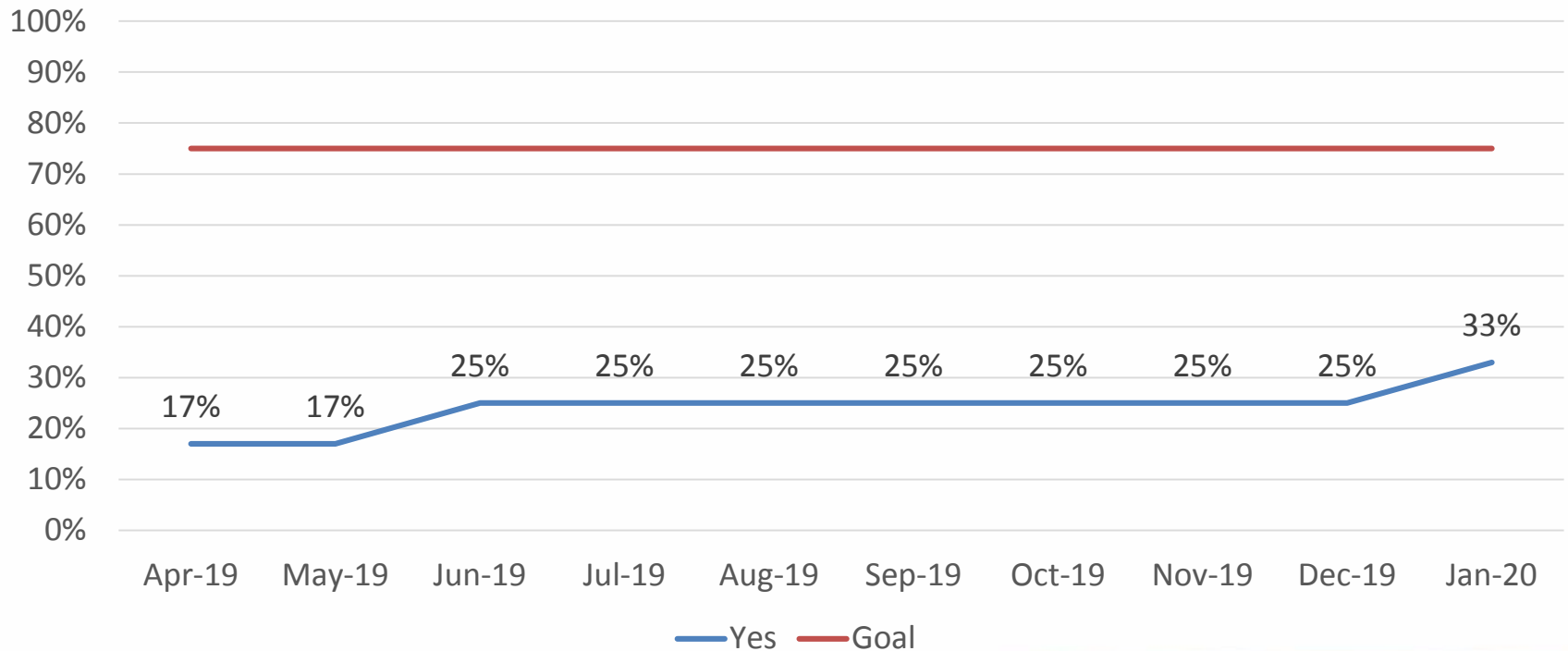
| Month | Number of Teams Reporting |
|----------------------|---------------------------|
| April-September 2019 | 11 |
| October 2019 | 6 |
| November 2019 | 5 |
| December 2019 | 4 |
| January 2020 | 1 |

Don't forget to submit October-January data!



Teams Live with IPLARC

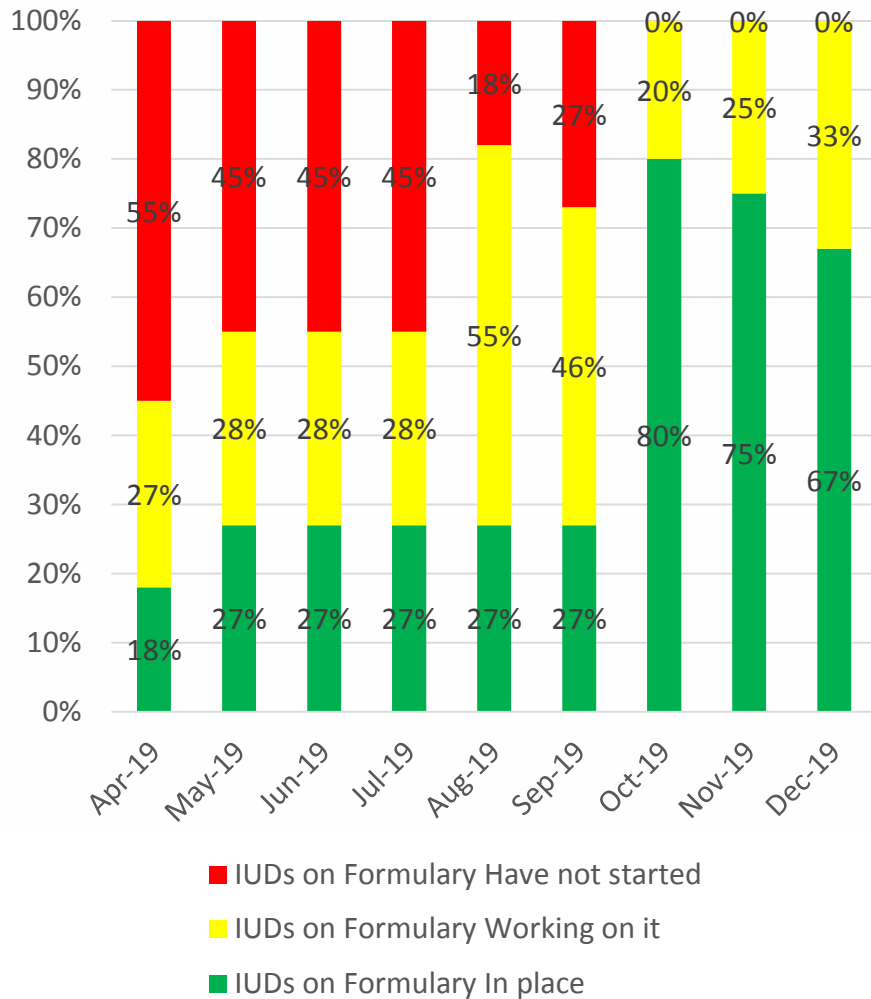
Proportion of Wave 2 Teams that are Routinely Counseling, Offering, and Providing Immediate Postpartum LARC (either IUD or Implant), April-October 2019



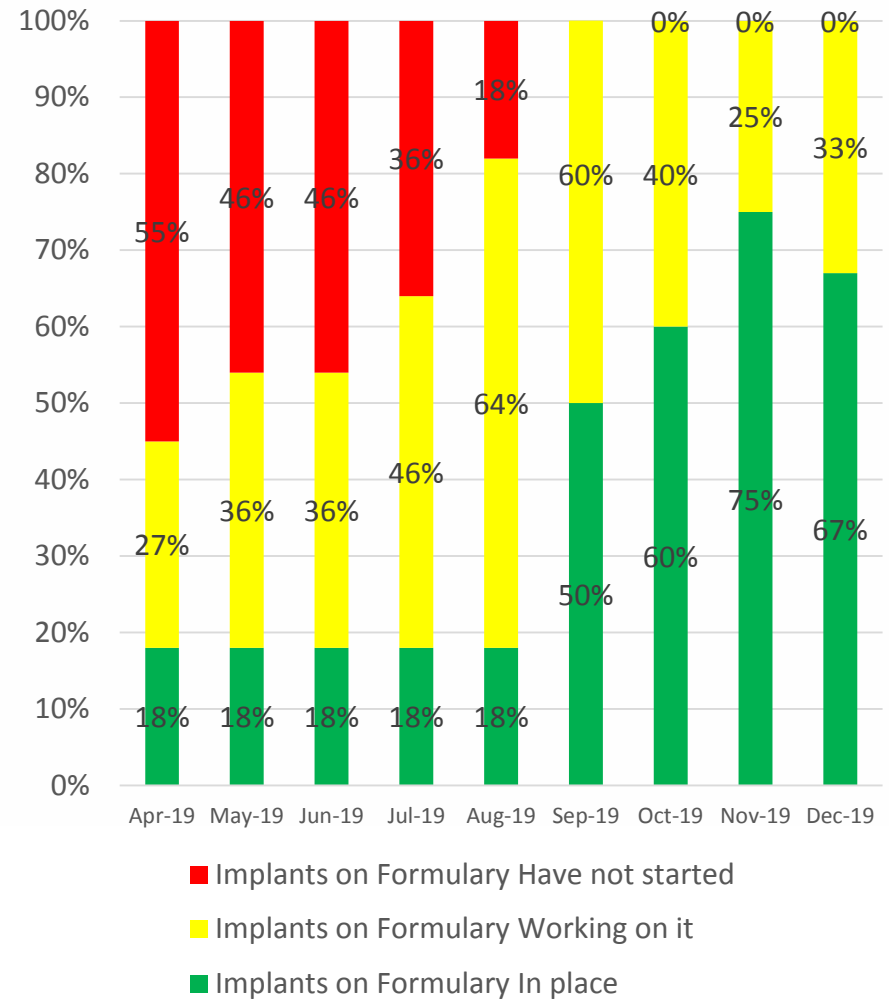
IPLARC on Inpatient Formulary



Percent of Wave 2 Hospitals with IUDs on Inpatient Formulary, April 2019-December 2019

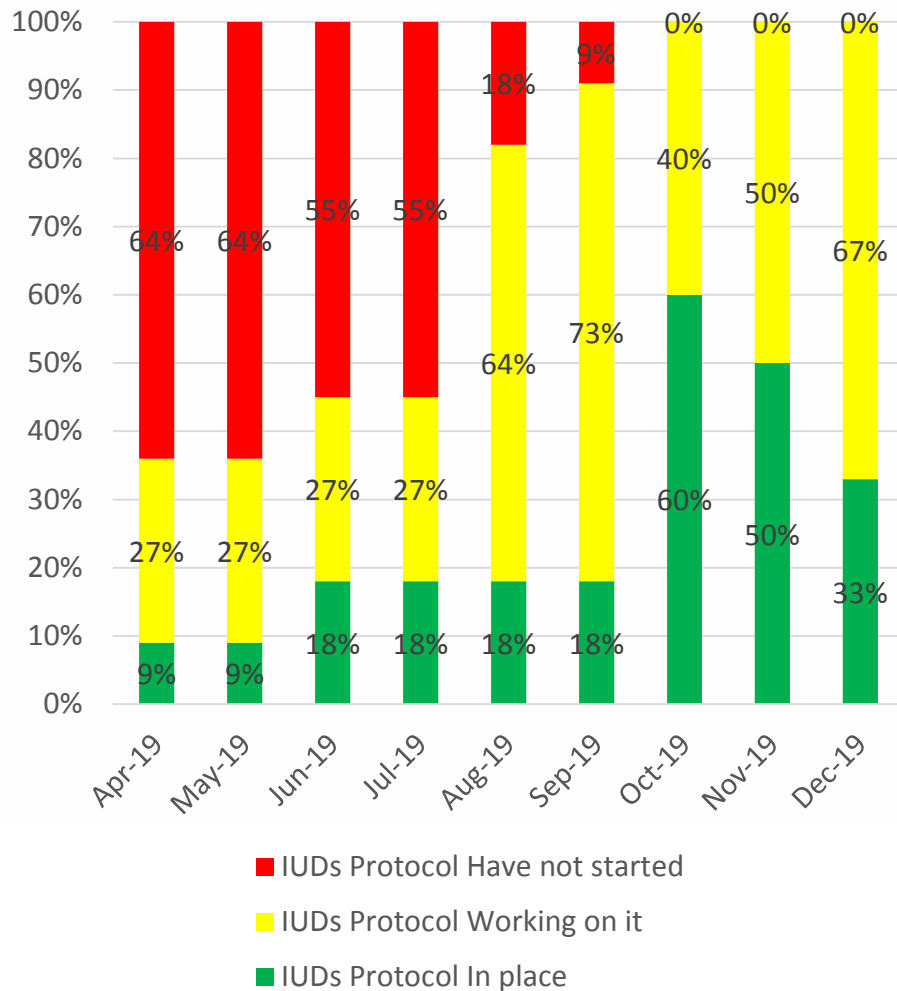


Percent of Wave 2 Hospitals with Implants on Inpatient Formulary, April 2019-December 2019

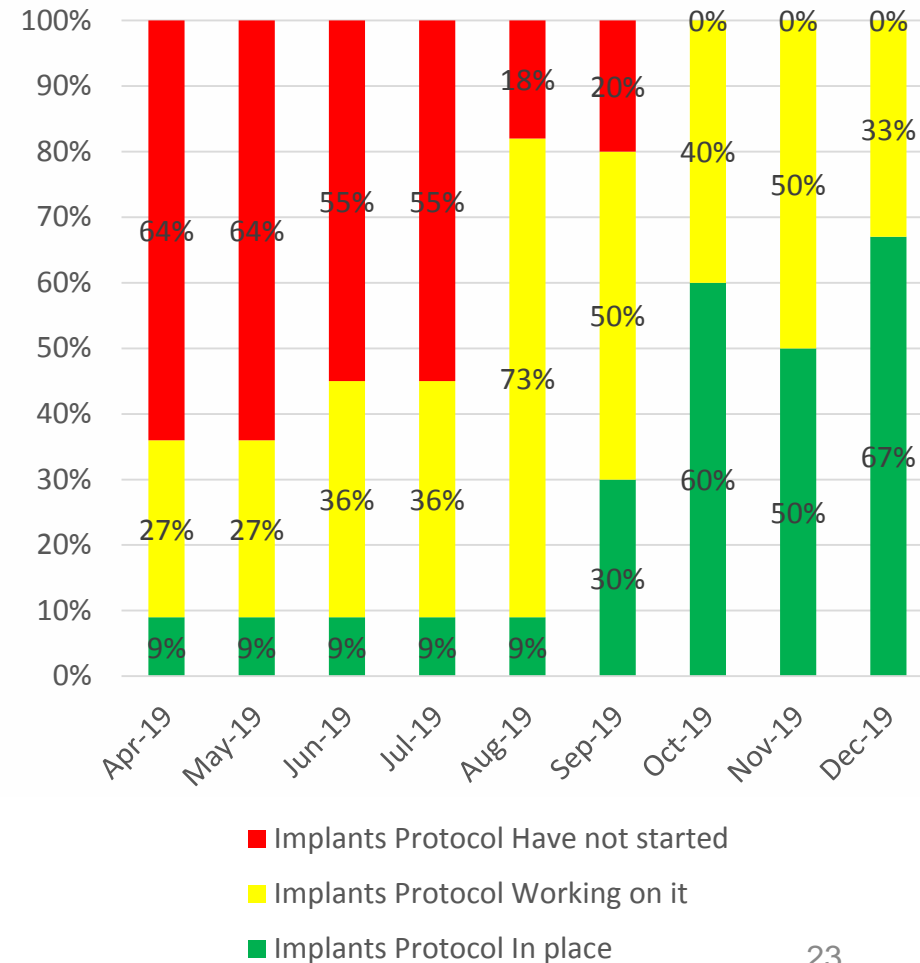


IPLARC Protocols in Place

Percent of Wave 2 Hospitals with Immediate Postpartum Protocols and Process Flows in Place for IUDs, April 2019-December 2019

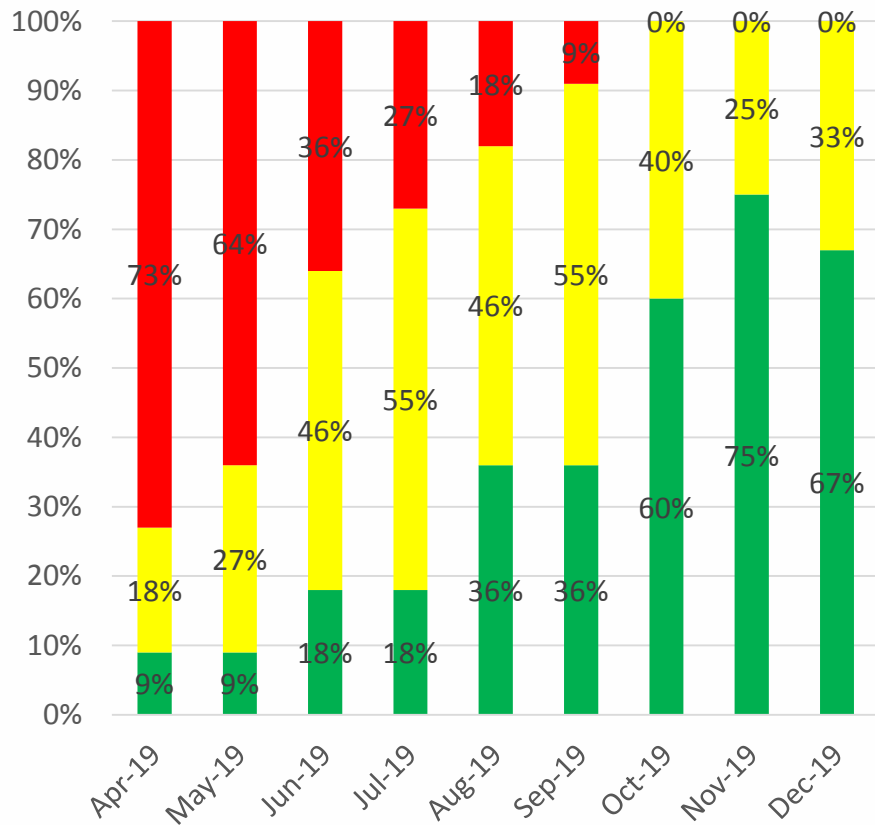


Percent of Wave 2 Hospitals with Immediate Postpartum Protocols and Process Flows in Place for Implants, April 2019-December 2019



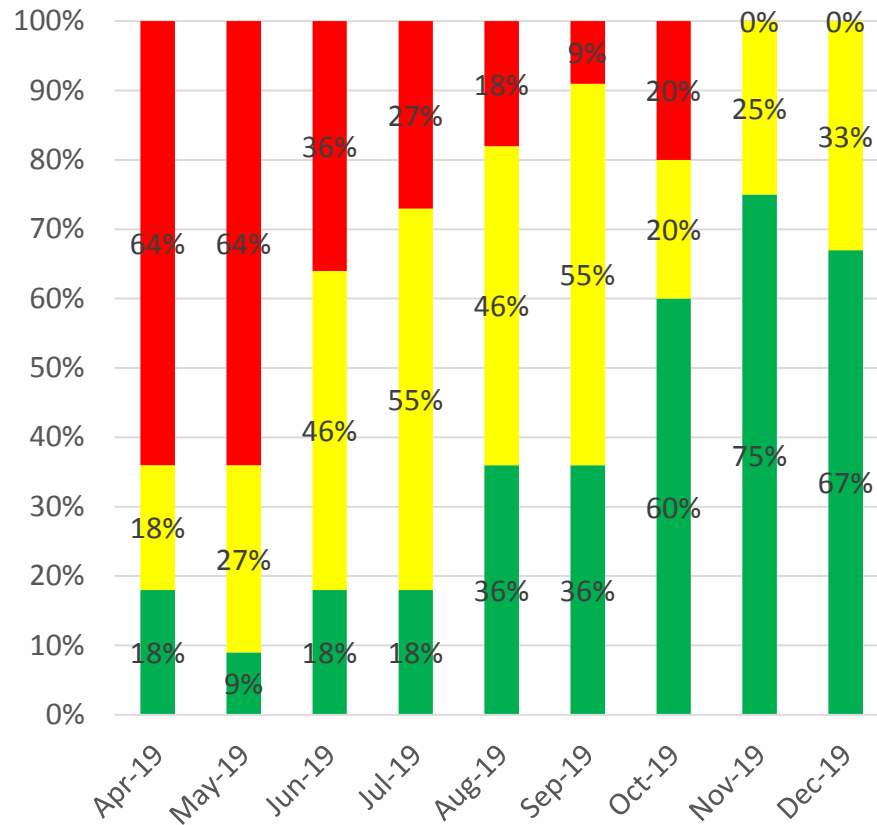
IPLARC Billing Codes

Percent of Hospitals with Billing Codes for IUDs In Place, April 2019 - December 2019



- IUD Billing Codes Have not started
- IUD Billing Codes Working on it
- IUD Billing Codes In place

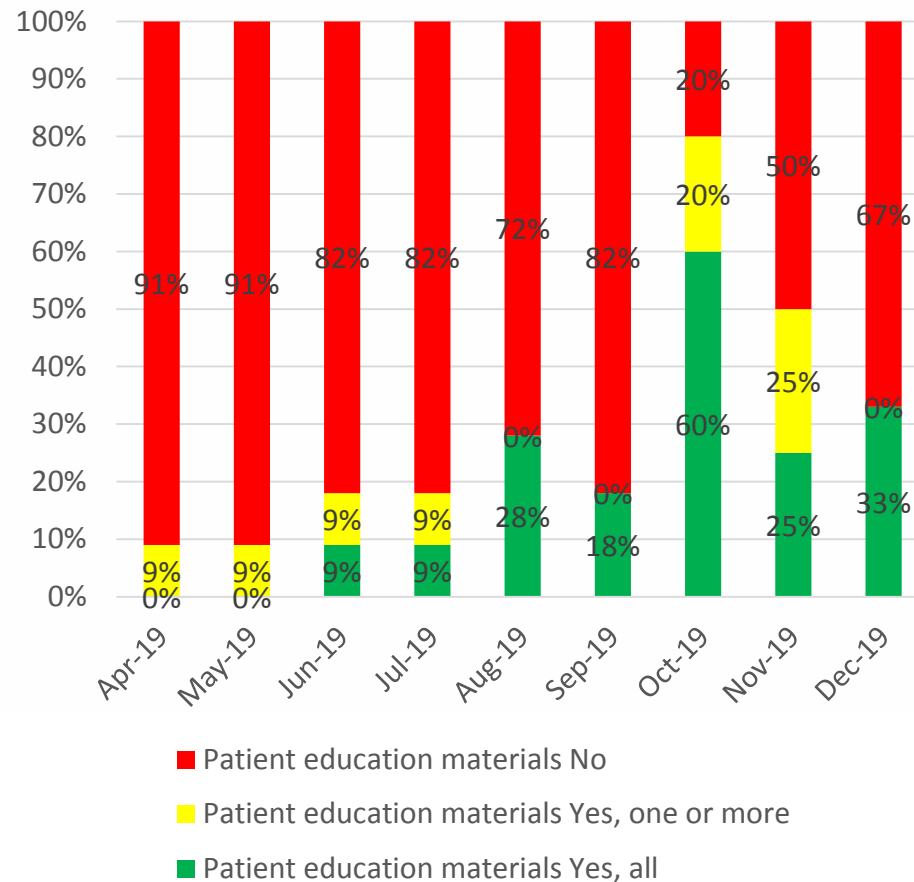
Percent of Hospitals with Billing Codes for Implants In Place, April 2019 - December 2019



- Implant Billing Codes Have not started
- Implant Billing Codes Working on it
- Implant Billing Codes In place

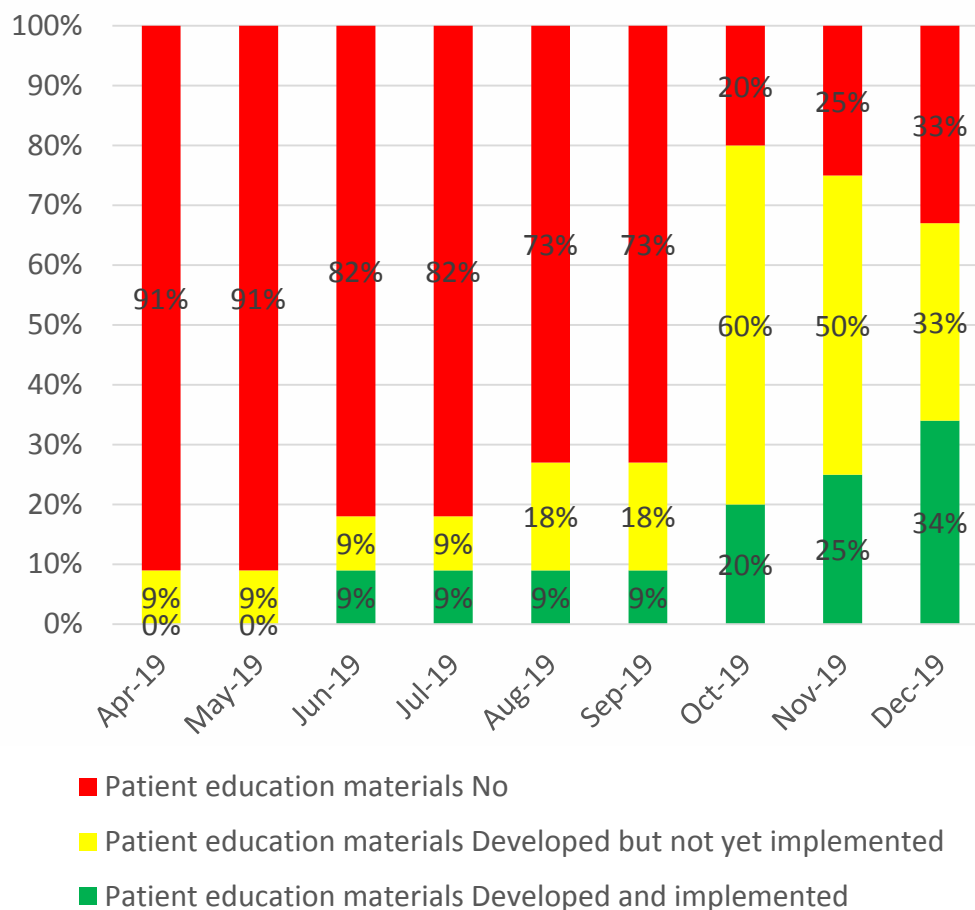
IPLARC Standardized Patient Education at Prenatal Sites

Percent of Hospitals that have Provided Standardized Education Materials and Counseling Protocols to Affiliated Prenatal Care Sites, April - December 2019



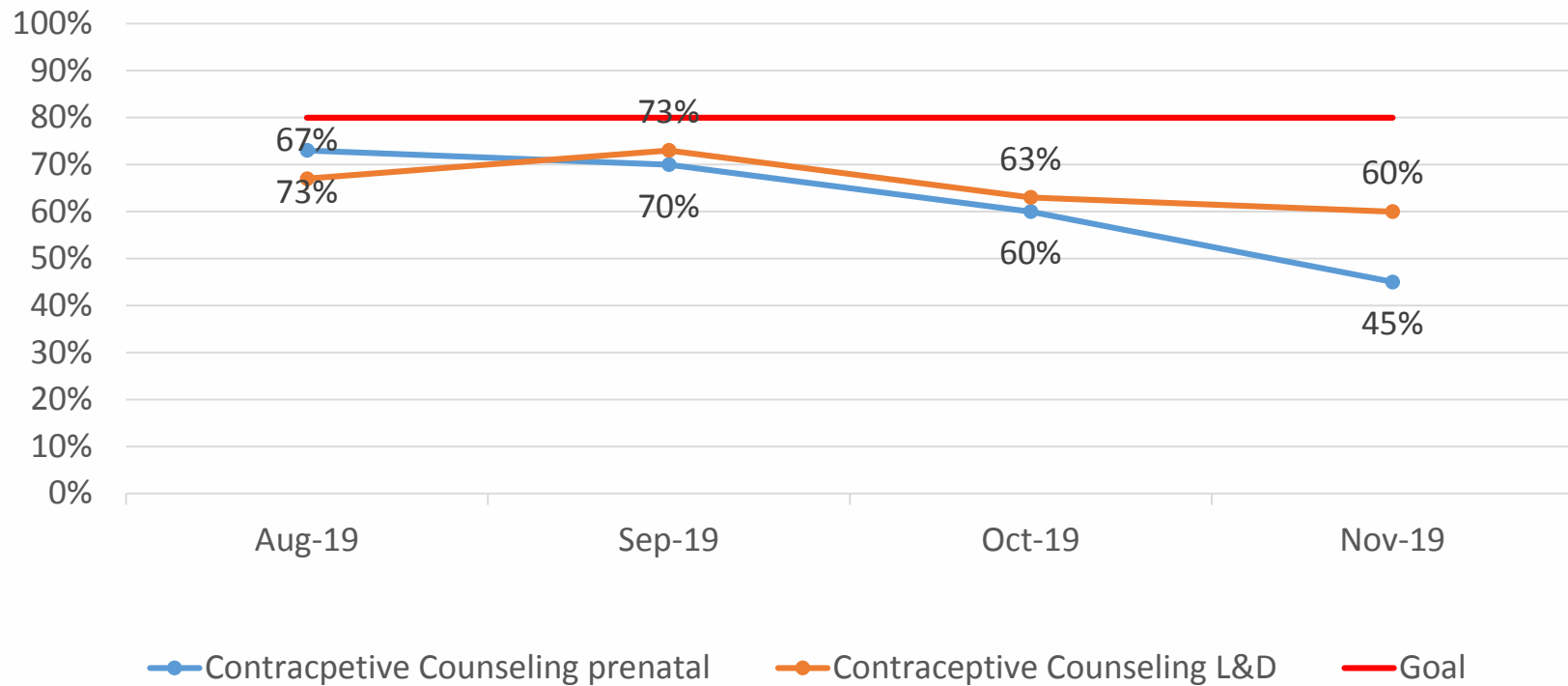
IPLARC Inpatient Patient Education & Counseling Protocols

Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission, April 2019-December 2019



Comprehensive Contraceptive Counseling

Percent of Wave 2 Hospital Charts with Contraceptive Counseling,
including IPLARC, August 2019-November 2019



Don't Forget!

**November – January Data Due by the
end of February!**

**We want all teams to be able to use
their reports to track their progress
toward their GO LIVE goal in May**

RESOURCES FOR GO LIVE

IPLARC Additional Supports Available



- We are able to provide more one-on-one and tailored support for IPLARC teams
- Some supports that we can provide:
 - Individualized billing support
 - Troubleshooting specific billing issues
 - Provider meetings
 - Nursing education
 - IPLARC hands-on training with experts

IPLARC Prenatal Provider/ prenatal clinic Packet



- Prenatal provider letter/ GO LIVE announcement
- IPLARC Fact Sheet
- IPLARC ACOG FAQ500
- Comprehensive counselling tool/materials
- Dot phrase/billing for outpatient and inpatient providers
- Strategies for private insurance coverage

IMMEDIATE POSTPARTUM LARC IS NOW LIVE!

WHAT
Nexplanon
Mirena / Paraguard IUD

WHEN
Monday
March 4th, 2019

HOW
• Mirena - order through • **Admission order set**<Insert your process here>
• Nexplanon - order through • **Post-partum order set**<Insert your process here>

- Once ordered, devices are now available on L&D and the postpartum unit.
- Insertion kits with all needed supplies are available (insert location here).
- Insertion checklist, consent and patient post-procedure information are available in the EMR.
- Dot phrase for documentation, billing codes are also available.

AVAILABLE OPTION FOR PATIENTS

COUNSELING

Prenatally provide patient-centered comprehensive contraceptive counseling including IPLARC as an option. See attached counseling materials for patient resources. Document counseling and the postpartum birth control plan for all patients. See attached dot phrase for counseling.

DATA COLLECTION

We will track contraceptive counseling documentation with a monthly random sample of delivery records to review if patients received comprehensive counseling with a postpartum plan documented. For all pregnant patients, please provide appropriate contraceptive options counseling and document. If the patient desires IPLARC please include in the problem list.

BILLING & REIMBURSEMENT

IARCs are now unbundled from the global delivery fee and can be billed through hospital billing/coding system similar to other services provided

QUESTIONS?

Please feel free to reach out with any questions.

<INSERT@YOUREMAIL.COM>

Outpatient Contraception Counseling & Documentation

- Sustainability depends on comprehensive contraceptive counseling with contraception plan documented for all patients regardless of prenatal care site
- IPLARC should be included as an option for all patients
- Contraception counseling / plan documentation should be documented for all patients in both prenatal care and delivery admission records

Important Measure to Drive your QI as prepare to GO LIVE



- Random sample of 10 delivery records
 - # with comprehensive contraceptive counseling including option of IPLARC documented in the prenatal record
 - # with comprehensive contraceptive counseling including option of IPLARC documented in the delivery admission

Work with your outpatient sites to develop a mechanism to document prenatal comprehensive contraceptive counseling for every patient in the prenatal record

Possible approaches:

1. Build contraception counseling / plan documented into EMR for prenatal care and delivery admission
2. Use of dot-phrase for contraceptive counseling documented
3. Make sure providers know data is being tracked for QI and provide feedback to outpatient sites regarding % documentation

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)?



Yes

No

* must provide value

31a. If yes, please specify:



IUDs

Implants

Both

* must provide value

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 % contraceptive counseling documented prenatal and delivery admission

Toolkit Updates

- Example Epic Dot Phrases (IT/EMR systems changes)
- IPLARC Billing/Coding Tip Sheet (coding/billing strategies in place)
- Supply kit for Nexplanon (stocking IPLARC)
- IPLARC Grand Rounds slide deck (provider education/communication of IPLARC launch)

| Abbrev | Expansion |
|------------------------|---|
| ☆ PPLARCIIMPLANTINSERT | Implant: Implant Lot # *** and Expiration *** Risk: |
| ☆ PPLARCIUDIINSERT | IUD: IUD ***, Lot # ***, Expiration *** Risks, ben... |


IUD:
 IUD ***, Lot # ***, Expiration ***
 Risks, benefits, and alternatives were discussed with patient at length. Written consent was obtained for the procedure and scanned into patient's medical records.
 Post placement placement of the IUD was requested by the patient. Uncomplicated *** delivery of both neonate and placenta. Fundus firm, minimal bleeding noted. The *** IUD was then placed via *** method. Fundal placement was confirmed with ***palpation***ultrasound. ***If placed at time of cesarean: The hysterotomy was then closed as dictated in operative report, ensuring the IUD strings were not incorporated into closure. Vaginal exam confirmed lack of visualization of the IUD, retained fundal placement. The IUD strings were shortened to the level of the external os.

Implant:
 Implant Lot # *** and Expiration ***
 Risks, benefits, and alternatives were discussed with the patient at length. Written consent was obtained for the procedure and scanned into patient's medical records.
 Patient requested placement in *** arm. *** arm was examined. A 4cm linear area approximately ***cm from *** medial epicondyle was marked. This area was prepped with betadine solution. A subcutaneous injection of 2cc of 1% lidocaine was inserted for local anesthetic. The Nexplanon device was used for implant insertion. Implant visible within device prior to insertion. Insertion without difficulty. Implant was then palpated by both phys well. All questions ans

SUPPLY KIT FOR NEXPLANON

Device and 1% lidocaine must be ordered in EMR and postpartum nurse will obtain in Omnnicel


- Gather insertion packet which should include:
 - Iodine prep
 - 2 cc 1% lidocaine
 - sterile gloves
 - 4 x 4gauze
 - steristrips
 - 25G 1.5 in needle
 - bandage
 - tape



Billing/Coding Checklist

Before checking to see if your hospital was reimbursed, check to see if the following steps were followed. Please see the Detailed Billing Guidance section, below, for additional information on these steps.

| Step | Yes, completed | No, not completed |
|---|----------------|-------------------|
| Hospital documentation before claim: | | |
| Identify the patient's Medicaid/MCO plan and record below: | | |
| Device ordered and documented in medical record | | |
| Device scanned into MAR and documented by nursing | | |
| Device inserted and documented in medical record | | |
| If practitioner not salaried by hospital, then | | |
| <ul style="list-style-type: none"> • Appropriate CPT code billed for insertion in addition to delivery charge • Practitioner's individual National Provider Identification (NPI) used | | |
| Documentation on claim: | | |
| Completed the appropriate form: | | |
| a) Electronic claim form: 837P | | |
| b) Paper claim form: | | |
| i. Traditional Medicaid/Medicaid fee-for-service -HFS 2360. | | |
| ii. MCO - HCFA 1500 | | |
| Used hospital's fee-for-service/facility NPI | | |
| Identified the appropriate National Drug Code (NDC) | | |
| Billed appropriate device J-code | | |
| Included appropriate ICD-10 diagnosis code | | |
| Designated place of service (POS) as "in-patient hospital," POS 21. | | |



IPLARC
 Illinois Personal Quality Collaborative

Immediate Postpartum LARC (IPLARC) Grand Rounds

Presented by:

MAKING SYSTEMS CHANGE

LAST : SUSTAINABILITY AND COMPREHENSIVE
CONTRACEPTION COUNSELING

Sustainability Matters!



- Look for an IPLARC Sustainability Plan template all teams submit filled in plan by May 2020 (before Face to Face).
- Sustainability plan includes:
 - Focus on improving comprehensive contraception counseling including IPLARC documented rates for affiliated prenatal sites and during delivery admission
 - Women requesting IPLARC receive it during delivery admission and have appropriate follow up
 - Ongoing training for providers and nurses
 - New hire education for providers and nurses

NEXT STEPS

Next Steps

- Review 30-60-90 Day plan for GO LIVE Goal
- Complete REDCap data submission for January (and November and December if you haven't yet) by the end of the month.
- Continue monthly team meetings and review data reports with your team!
- Contact us if you need help troubleshooting a challenge to achieving your GO LIVE date! **Let us know when you achieve your GO LIVE goal!**
- **Go LIVE isn't the end.** In the second half of 2020 we'll work on IPLARC sustainability and improving comprehensive contraceptive counseling

IPLARC Calls

- **THIRD MONDAY OF THE MONTH**

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

| Date | Topic |
|------------------|--|
| March 16 | Comprehensive Contraceptive Counseling |
| April 20 | Preparing to GO LIVE |
| May 20 | ILPQC Face-to-Face Meeting, Springfield, IL |
| June 22 | Wave 2 Sustainability (Wave 1 teams welcome) |
| August 17 | Wave 2 Sustainability (Wave 1 teams welcome) |

Contact

- Email info@ilpqc.org
- Visit us at www.ilpqc.org



**THANKS TO OUR
FUNDERS**



JB & MK PRITZKER

Family Foundation

**Online: www.ilpqc.org
Email: info@ilpqc.org**