



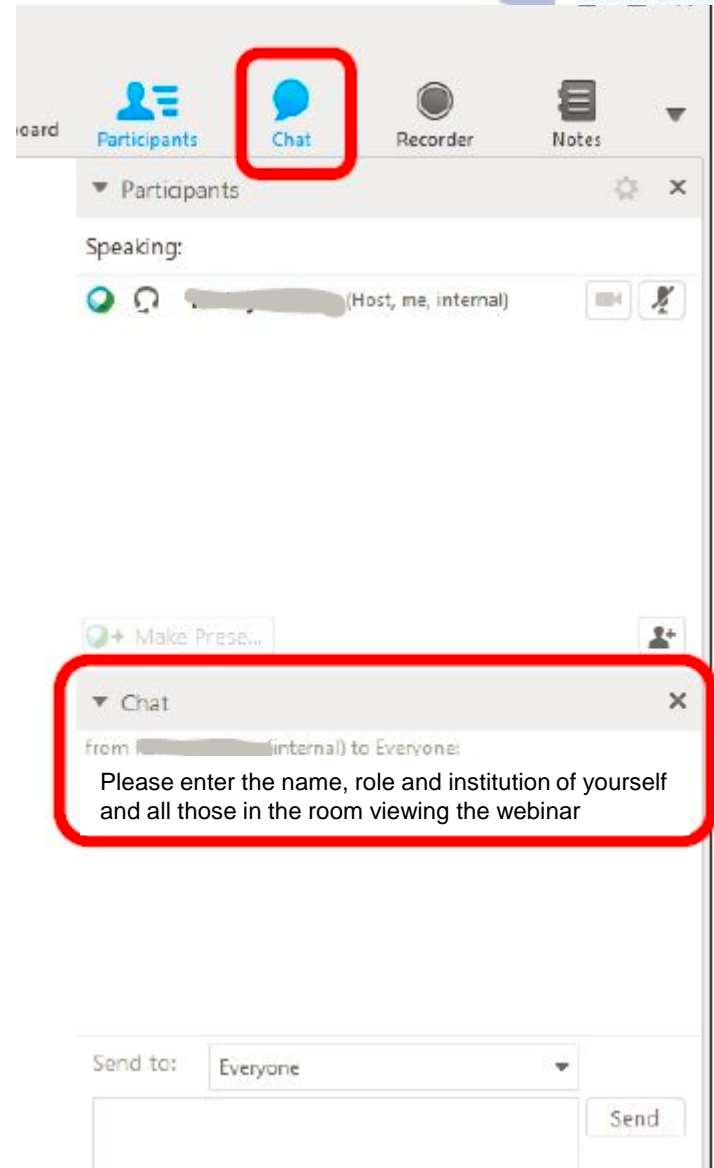
IPLARC Monthly Teams Webinar: Wave 1 Sustainability

November 18, 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



- Annual Conference Recap
- Review of Data/Upcoming Team Talks Schedule
- Sustainability Update with Tennessee
- Team Talk: Northwestern Memorial
- Team Talk: Norwegian American
- Round Robin
- Next Steps

7TH ANNUAL CONFERENCE RECAP

Annual Conference Recap



- 430 Attendees!
- 80 hospitals from across Illinois/Missouri attended
- 7 national & local invited speakers
- 54 Quality Improvement posters (Record number!)
- 50+ Quality Improvement Awards awarded



CONGRATULATIONS

IPLARC Wave 1 QI Champion, QI Leader, and QI Recognition!

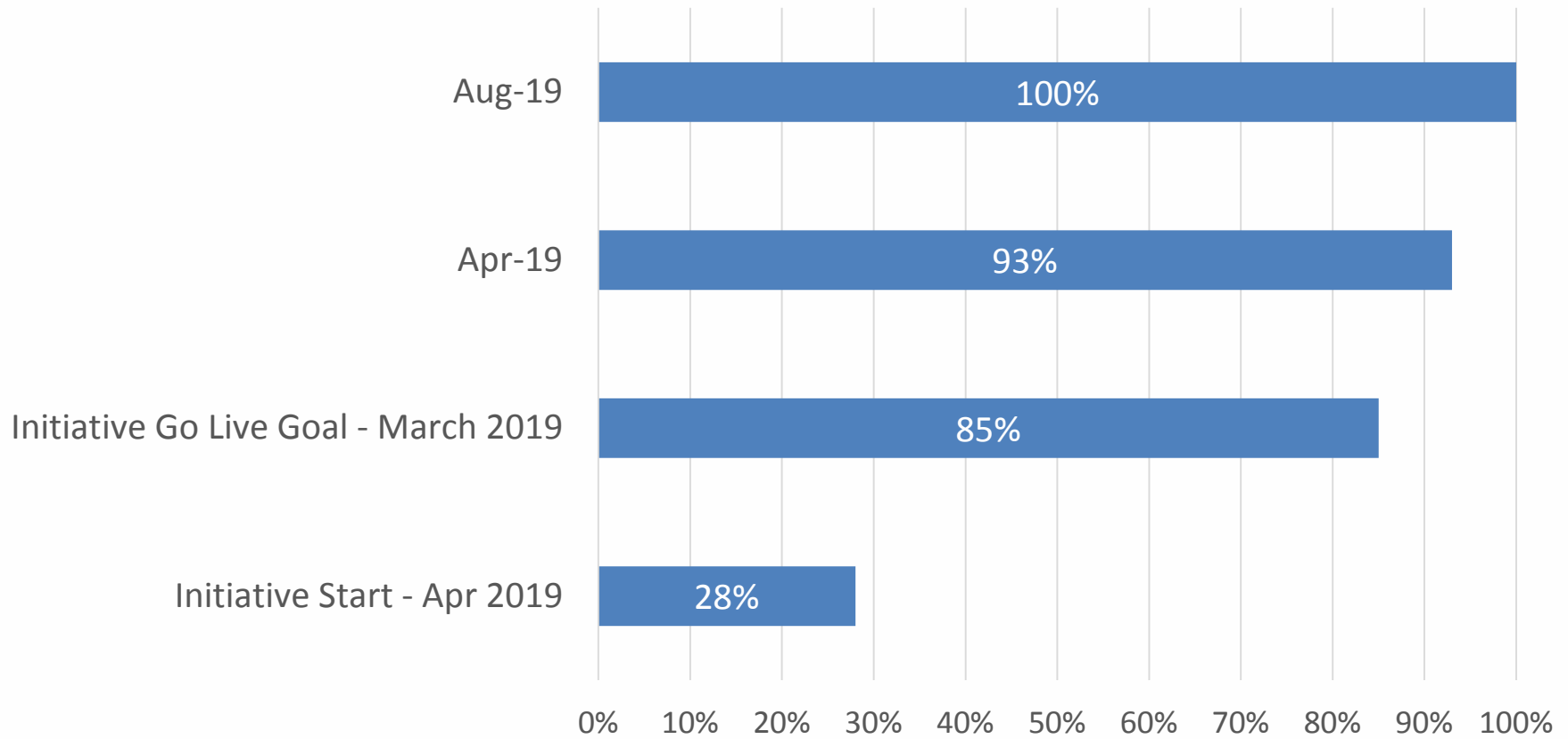
ILPQC IMMEDIATE POSTPARTUM LARC INITIATIVE WAVE 1



QI Champion	QI Leader
Advocate Illinois Masonic Medical Center	Advocate Lutheran General Hospital
Carle Foundation Hospital	Memorial Hospital of Carbondale
John H. Stroger Jr. Hospital of Cook County	
Memorial Medical Center	
John H. Stroger Jr. Hospital of Cook County	QI Recognition
Northwestern Memorial Hospital	NorthShore University HealthSystem Evanston Hospital
Norwegian American Hospital	Vista Medical Center East
The University of Chicago Medical Center	Advocate Christ Medical Center
University of Illinois Hospital and Health Sciences System	Swedish Covenant Hospital

Wave 1 Hospitals Providing IPLARC

Percent of Wave 1 Hospitals Live with Immediate Postpartum LARC



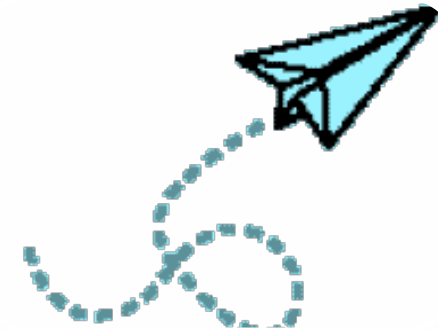
IPLARC Wave 1 Accomplishments



100% of teams
completed a Key Players
Meeting



100% of teams are LIVE
with IPLARC



100% of teams
submitted a
sustainability plan



Improved
comprehensive
contraceptive counseling



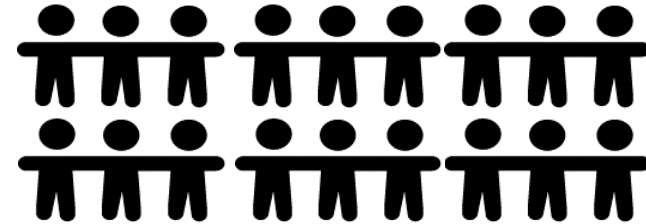
Clarified IPLARC billing
and coding

Impact of Increased Access



5%

of patients
chose a LARC
device



1907

patients
benefitted from
improved
access to LARC

LIVE IPLARC
Hospitals

(Apr 2018-Sept 2019)

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

REVIEW OF DATA/UPCOMING TEAM TALKS

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

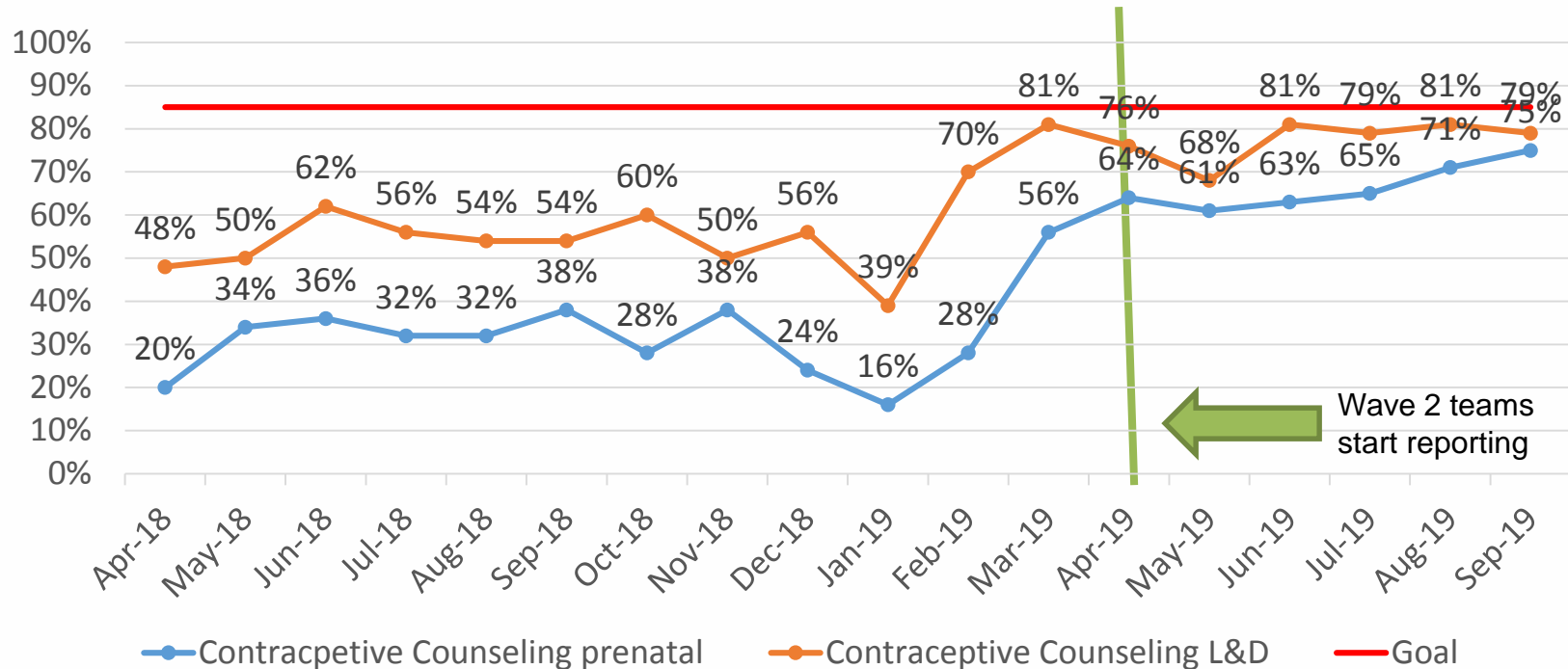
Month	# Teams Entering Data
April – December 2018	16
January 2019	15
February 2019	14
March 2019	14
April 2019	14
May 2019	14
June 2019	12
July 2019	12
August 2019	12
September 2019	12

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



Comprehensive Contraceptive Counseling

Percent of Patients at Participating Hospitals Receiving Comprehensive
Contraception Counseling, Including IPLARC*
April 2018-September 2019



*Based on a random sample of patients

IPLARC Wave 1 Team Talk Schedule - CONFIRMED



Month	Team 1	Team 2
July 15	NorthShore Evanston Hospital	Memorial Hospital of Carbondale
August 19	Advocate Christ Medical Center	Carle Foundation Hospital
September 16	UIC	Stroger
October 21	Advocate Lutheran General	University of Chicago
November 18	Northwestern Memorial	Norwegian American
December 16	Vista Medical Center	Swedish Covenant Hospital

TENNESSEE SUSTAINABILITY FOLLOW-UP



TIPQC: Immediate PostPartum LARC Sustainment

Nikki Zite, MD, MPH

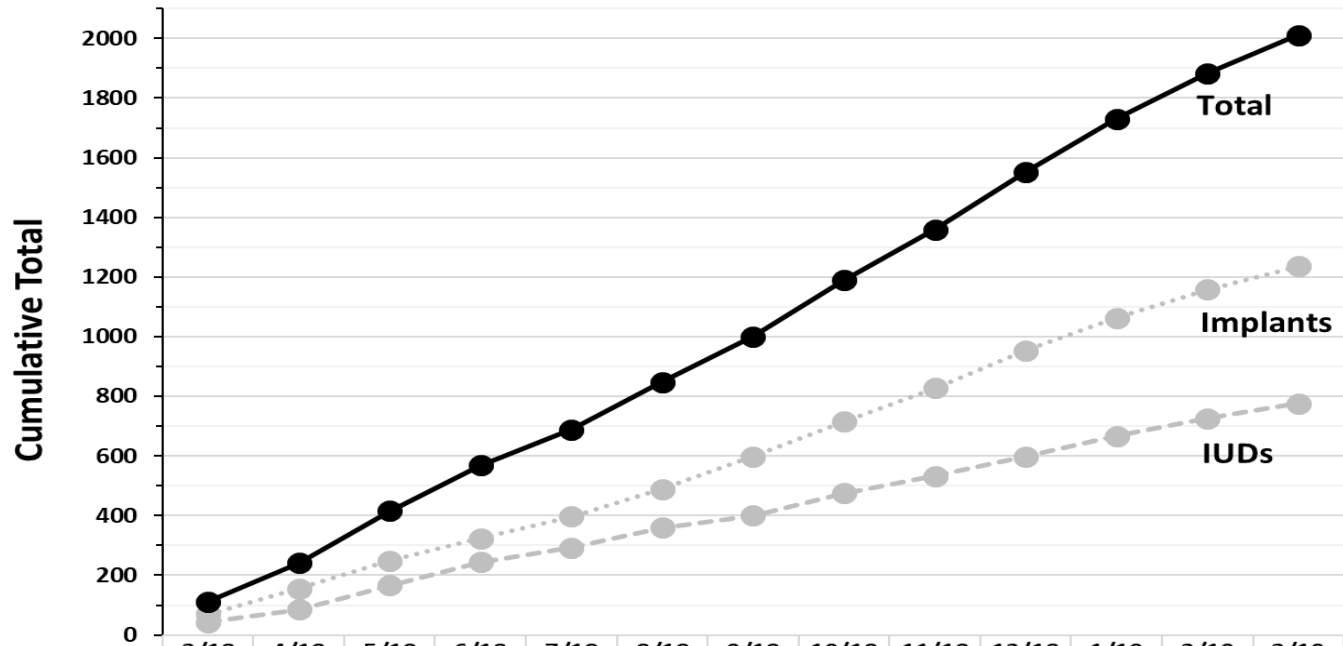
TIPQC

Project Aim: To improve the health of infants as well as eligible, desiring mothers in Tennessee by increasing access to contraception through systematically promoting and supporting immediate postpartum LARC in the birth setting in Tennessee, thus reducing unplanned pregnancies, improving pregnancy spacing, and potentially reducing NAS births.

IMMEDIATE AIM: To increase access to immediate postpartum LARC to 50 % of participating institutions by March 2019. Once an institution's supporting structure is complete, to increase placement in eligible women desiring immediate postpartum LARC to 70% by March 2019.

TIPQC IPP LARC SUMMATIVE DATA

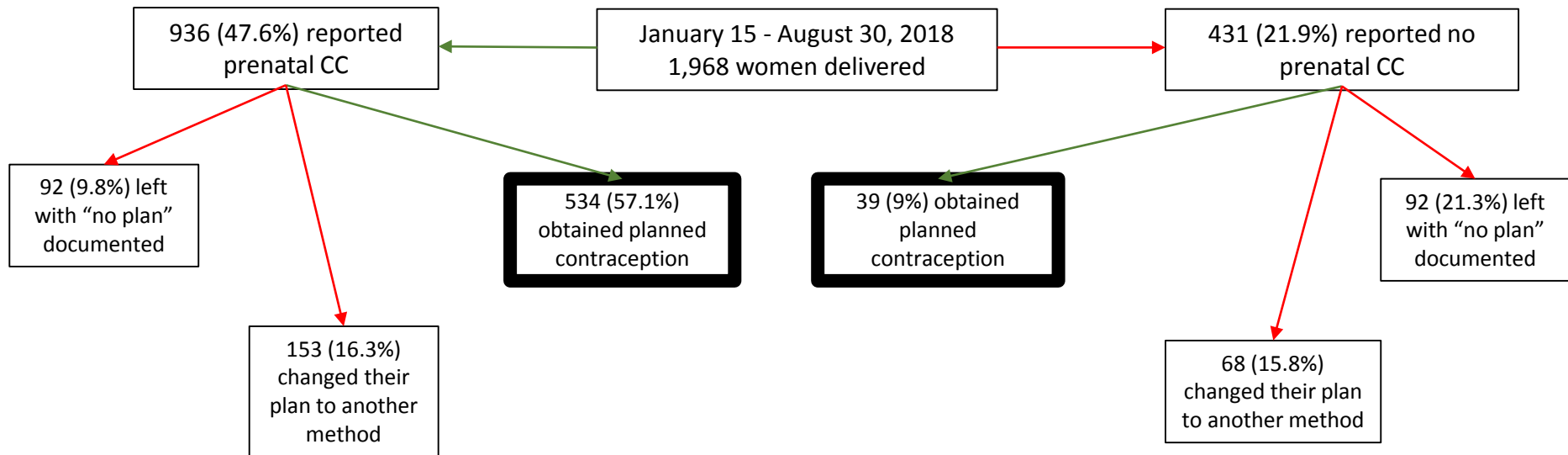
Number of LARCs placed (IUDs, Implants, & Total)



	3/18	4/18	5/18	6/18	7/18	8/18	9/18	10/18	11/18	12/18	1/19	2/19	3/19
No. teams providing LARCs	3	3	3	3	3	3	4	4	4	4	5	5	5
No. IUDs placed	43	85	167	244	292	359	401	475	533	599	667	726	776
No. Implants placed	69	156	249	324	397	489	599	715	827	954	1063	1158	1236
Total No. Devices Placed	112	241	416	568	689	848	1000	1190	1360	1553	1730	1884	2012

MONTH

Project Finding: The Importance of Contraceptive Counseling



When IPP LARC was the intended plan, women with prenatal CC had more success obtaining IPP LARC than women without prenatal CC (55.1% vs 5.1%).

IPP LARC
Timeline:
Year 3
*Execution &
Sustainment*

Contraceptive counseling should occur during prenatal care: early and often

Persistence: we try to make LARC apart of every conversation

Gaps in documented counseling, are addressed with the corresponding providers

Staff Education Part 2: We need to continue discussing IPP LARC with new staff and existing staff to keep IPP LARC a standard of care for eligible women

Successes



MUCH OF OUR
SUCCESS IS DUE TO
PERSISTENCE



WE ARE GETTING
PAID



LARC IS BEING USED
AS A BACK-UP FOR
BTLs THAT CANNOT
BE PERFORMED DUE
TO SYSTEM BARRIERS



UTMCK MET TIPQC
AIM OF PROVIDING
IPP LARCS TO 87% OF
ELIGIBLE, DESIRING
WOMEN (GOAL WAS
70%).



BCBS STATE
EMPLOYEES GAINED
ACCESS TO IPP LARC
DURING PROJECT
YEAR 2

Barriers



Exact amounts of reimbursement for devices are hard to distinguish -the billing department just knows the total amount (including delivery) that we were reimbursed



Billing: Identified the various billing “triggers” that tell individuals coders to look for device LOT # to submit a claim.

Strategies to continue to succeed

- Engage state champions to provide hospital level reimbursement data
- Continue to offer assistance to teams in sustainment
- Engage MCO Champions
- Incorporate contraceptive counseling and IPP LARC into future projects
 - OUD
 - 4th Trimester
- Offer resources to new hospitals interested in implementing an IPP LARC Program

TEAM TALK: NORTHWESTERN MEMORIAL HOSPITAL



Northwestern Prentice Women's Hospital

Leanne McCloskey, MD, MPH

Northwestern University, Feinberg School of Medicine

Department of Obstetrics and Gynecology, Assistant Professor

Section Family Planning and Contraception, Ryan Program Director

legriffi@nm.org

ILPQC-IPLARC Webinar

November 18, 2019

Team Roster

NAME	ROLE
Jessica Kiley, MD MPH	OB Provider Champion
Leanne McCloskey, MD MPH	OB Provider Champion
Jessika Ralph, MD	OB Senior Family Planning Fellow
Janelle Bolden, MD	MFM
Alissa Carlson, MD	Erie Family Health Center
Kylie Smith	OB Nurse Champion
Mary Clare Vanecko	OB Nurse Champion
Katie Jefferson	Mother-Baby Nurse Champion
Michelle Sullivan	Billing/Collections
Brady Luby	Contracts/MCO liaison
Sheila O'Brien	IT/EMR
Elise Wozniak	Pharmacy
Martha Meyers	Lactation Consultant/BFC
Deb Miller	QI Professional
Terry Long	Project Leader
Amanda Roman	APN, Mother-Baby
Heidi Vyhmeister	Erie Family Health Center
Beth Meinhold	Manager, Mother-Baby Prentice 12
Caroline Fisher	L&D RN
Katie Rowlands	L&D RN
Liz Zaragoza	Social Work
Lauren Ratliff	Social Work

IPLARC at Northwestern Prentice Women's Hospital

Status:

- IPLARC Go-Live: March 1, 2019
- From March to August 2019, a total of 100 IUDs and 91 implants were placed (Liletta, Paragard, Nexplanon)
- Success from:
 - Multidisciplinary team of experts and executive level support
 - Implementation of standardized guidelines, educational materials for providers, staff, and patients, and enhancements to EMR documentation and billing/coding strategies

IPLARC Sustainability



TEAM TALK: NORWEGIAN AMERICAN HOSPITAL

Norwegian American Hospital

Compliance Monitoring for Counseling

- Prenatal and admission counseling data collected and submitted REDCap by RN team member using:
 - Chart audits
 - IPLARC device log-book
 - Automated EMAR report (in process, to eventually replace log-book)
- OB team member notified of cases from NAH clinic without prenatal counseling documentation
- Family practice resident on OB rotation notified of FP clinic cases without prenatal counseling documentation
- Nurses notified directly of missing counseling documentation on their admissions. Records kept to monitor for trends.

Compliance Monitoring for Counseling

- QI Team Meetings:
 - Communication primarily done via email or through RN team member for new issues as they arise
 - Check-ins scheduled quarterly with OB team member, Department Director, and RN team member to discuss any new issues or ideas, but these are typically addressed as they occur

New Hire Education

- New Providers:

- Receive ILPQC Grand Rounds slide set and ACOG District II modules assigned to their online learning assignments
- OB team member discusses program with new hires and assesses for further educational needs

- New nurses:

- IPLARC program added to orientation checklist; all to receive program overview from RN team member
 - IPLARC reference bulletin board, supply checklists, and documentation checklists utilized
- NAH IPLARC educational powerpoint and videos assigned to online learning assignments

Ongoing Education

- Providers:

- ACOG District II online modules to be assigned to yearly online education

- Nurses:

- IPLARC education station will be taught by the RN team member at the yearly OB nurses skills fair, post-test included
- IPLARC quick reference bulletin board including printout of the NAH IPLARC powerpoint, process checklists, and supply checklists

Monitoring Billing/Reimbursement

- Chargemaster coordinator tracks IPLARC claims with Quadax and a person spreadsheet
- If an issue arises, we first reference the billing/coding checklist in the toolkit, then reach out to ILPQC if needed
- We plan to amend private payer contracts in 2020

Ensuring Patients Receive Desired IPLARC

- Original change made: Section for postpartum birth control choice added to patient admission documentation
- Added soon after Go Live date:
 - Section on unofficial SBAR report sheet that is kept in patient's chart for shift handoffs.
 - Patient's PP birth control choice included in 8AM and 8PM physician/RN huddle

ROUND ROBIN – TEAMS UPDATE ON PROGRESS TOWARDS SUSTAINABILITY

Round Robin Guidelines

- What are some lessons learned throughout IPLARC Wave 1 sustainability?
- How will your team maintain IPLARC sustainability in 2020 and beyond?
- Would you like an ILPQC Wave 1 IPLARC sustainability call in 2020?
- Success stories from your IPLARC journey – what are you proud of?
- What is some advice you would give to Wave 2 teams?

NEXT STEPS

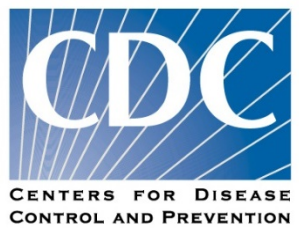
Next Steps



- Tune in for December 2019 webinar to hear from Vista and Swedish Covenant!
- 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!



THANKS TO OUR
FUNDERS



JB & MK PRITZKER

Family Foundation

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