



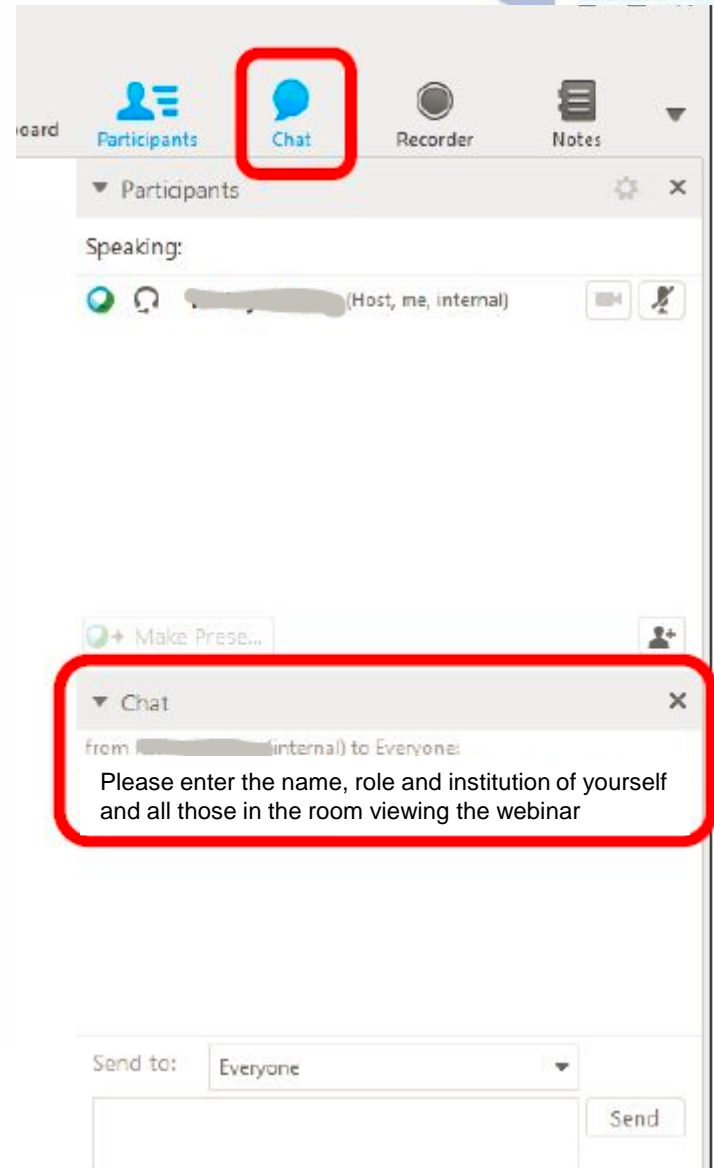
IPLARC Wave 2: Provider & Nurse IPLARC Education

November 18, 2019

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
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Call-in info

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Call Overview



- Annual Conference Review
- IPLARC Wave 2 Updates
- Provider & Nurse IPLARC Education
 - Lisa Hofler, MD, New Mexico Perinatal Collaborative
 - Overview of provider education resources from ILPQC
- Round Robin
- Upcoming events

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 2 QI RECOGNITION

AWARD WINNERS!



ILPQC IMMEDIATE POSTPARTUM LARC INITIATIVE WAVE 2

QI Recognition	
Abraham Lincoln Memorial Hospital	Passavant Area Hospital
Anderson Hospital	Rush Copley Medical Center
Barnes Jewish Hospital	Rush University Medical Center
Gibson Area Hospital	Silver Cross Hospital
Mt. Sinai Hospital	West Suburban Medical Center
Northwestern Medicine Central DuPage Hospital	

Barriers/Strategies for Standardizing

2019 OB Teams
Survey Results!

Comprehensive Contraceptive Counseling

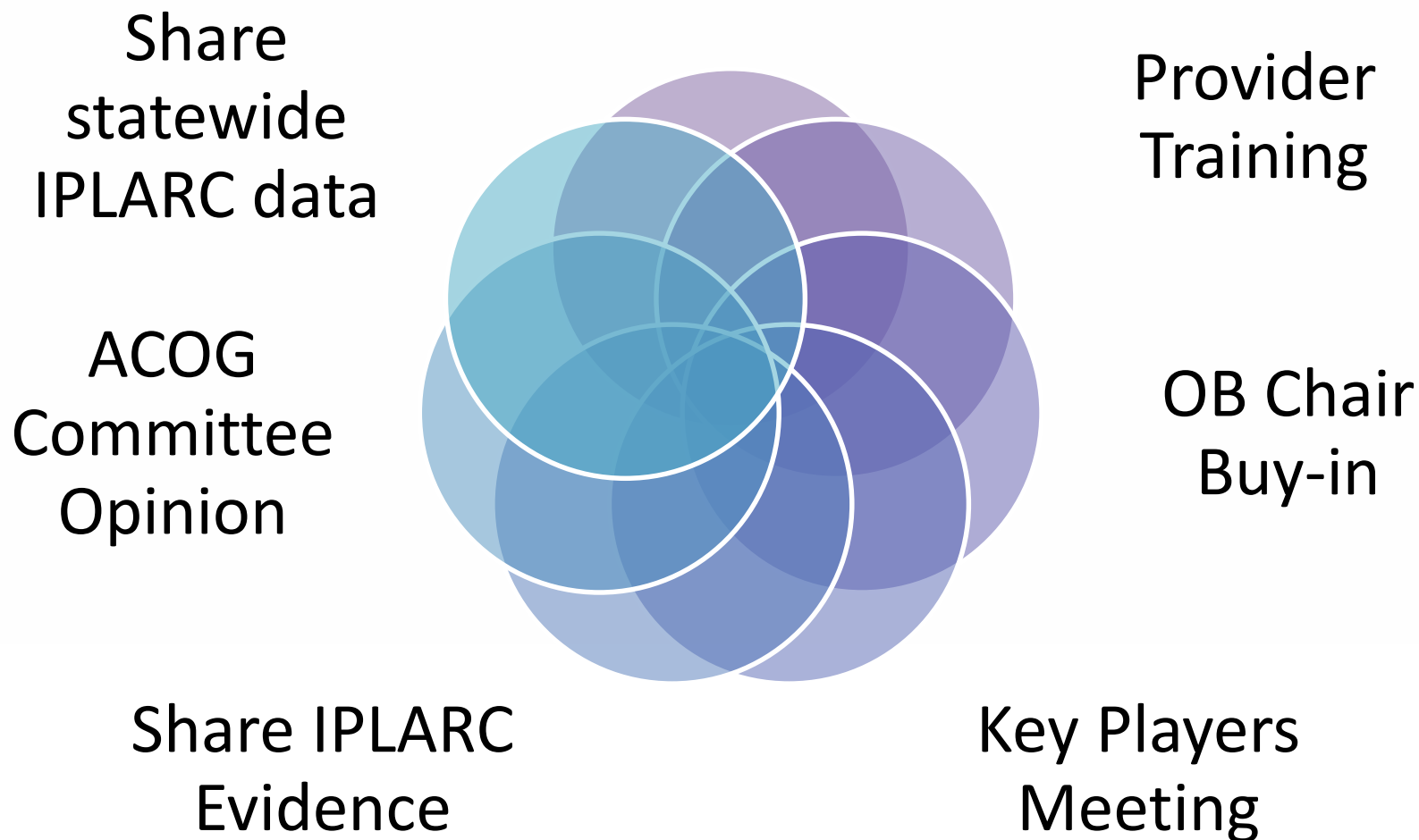
Barrier	Strategy
Standardizing comprehensive contraceptive counseling/ documentation across providers/ clinics	<ul style="list-style-type: none">• Add counseling to problem list/H&P• Identify best practice documentation methods• Maximize your EHR!• Share counseling data and goals/benchmarks
LARC myths/misconceptions	<ul style="list-style-type: none">• Shared decision making• Take home education materials (bilingual)• Nursing talking points
Provider buy-in	<ul style="list-style-type: none">• Receive approval/buy-in from administration, OB Chair, medical director• Share ACOG Committee Opinion, Grand Rounds
Limited time during prenatal visits/stat admissions	<ul style="list-style-type: none">• Standardize at 26-28-week visit• Counsel after delivery can include Nexplanon• One key question
Communicating patient desire with providers	<ul style="list-style-type: none">• Add patient plan to problem list, H&P, sticky note in chart. Assess plan on admission to L&D

Provider Buy-In Strategies

Key to IPLARC Success



Grand Rounds



Wave 2: Next Steps

Schedule Key Players Meeting

- Support with provider buy-in
- Dispel myths/misconceptions early
- Simplify and demystify IPLARC billing

Develop 30-60-90 Day Plan

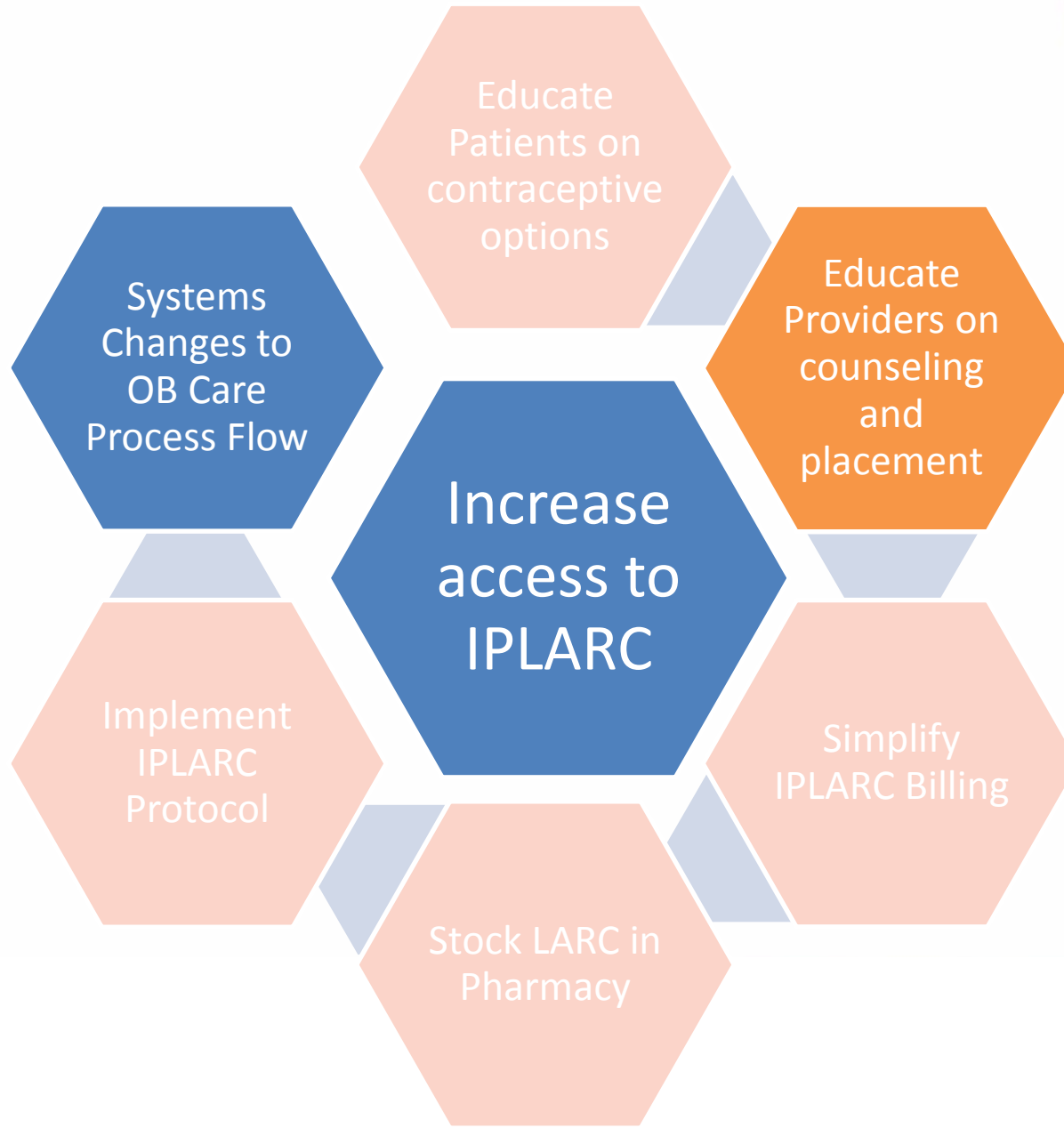
- Receive support in developing this during your Key Players Meeting

Provider Education

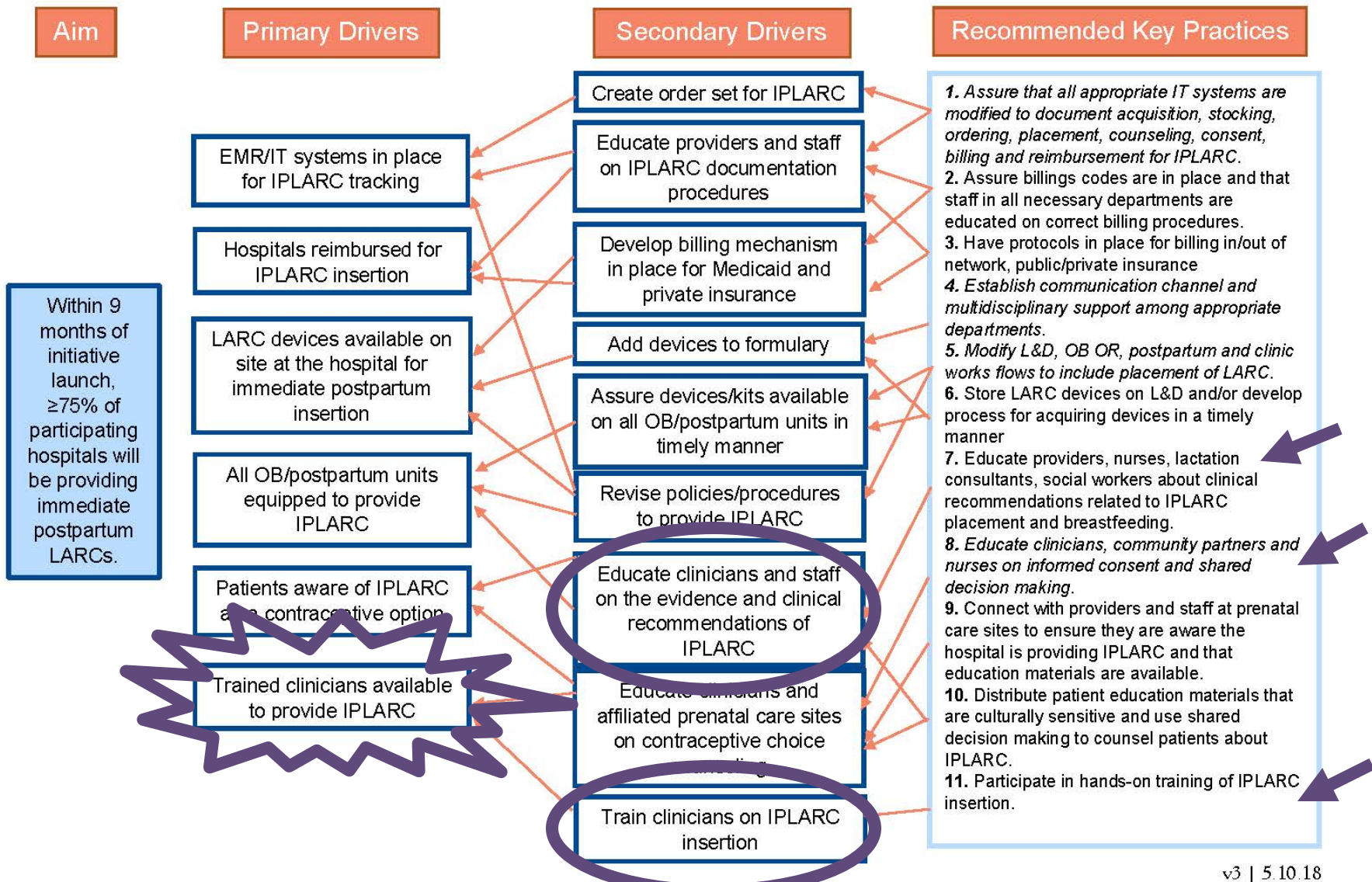
- Ensure providers are trained on immediate postpartum IUD insertion
- Ensure providers are certified to provide implants – training provided from Merck
- Ensure providers have training on Comprehensive Contraception Counseling and Documentation, aware of data collection and goal

WAVE 2 UPDATES

IPLARC Initiative Goals



This month's topic: Provider & Nurse IPLARC Education



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.
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.

Key Players Meeting



- **FREE CONSULTATION** with every team
 - We will come to your hospital
 - Goal is to schedule all KP meetings before 2020
 - Initial email invitations went out to teams on July 30!
 - We want to **help you succeed** by:
 - **Partnering with you** to arrange your Key Players meeting.
 - **Assist you** with who to invite at each hospital for most effective meeting with representative from ILPQC
 - **Provide you with a expert clinician** from the IPLARC speakers bureau to partner with you to problem solve, overcome barriers and move implementation forward.
 - **Hands-on nurse/provider training**

IPLARC Wave 2 Key Players Meetings



Team	Date	Team	Date
Abraham Lincoln	8/19/19	NM Central DuPage	
Advocate Sherman		Passavant	8/26/19
Alton Memorial		Roseland	9/19/19
Anderson Hospital		Rush-Copley	12/4/19
Barnes Jewish	1/15/19	Rush University	8/29/19
FHN Memorial		Silver Cross	
Gibson Area Hospital	10/10/19	Touchette Regional Hospital	
Mt. Sinai		West Suburban	11/14/19

DATA REVIEW

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

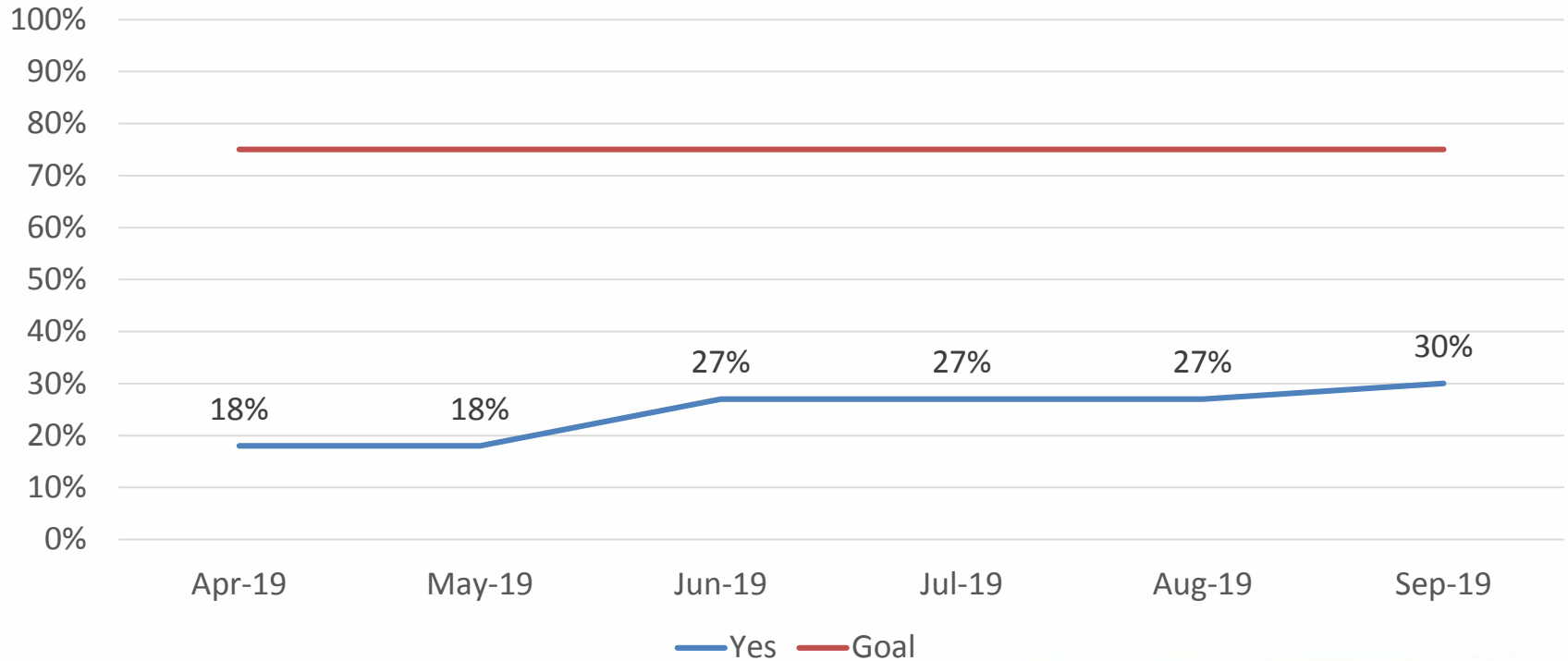
Month	Number of Teams Reporting
April 2019	11
May 2019	11
June 2019	11
July 2019	11
August 2019	11
September 2019	11
October 2019	3

Don't forget to submit October data!

Teams Live with IPLARC (of 11 teams reporting)



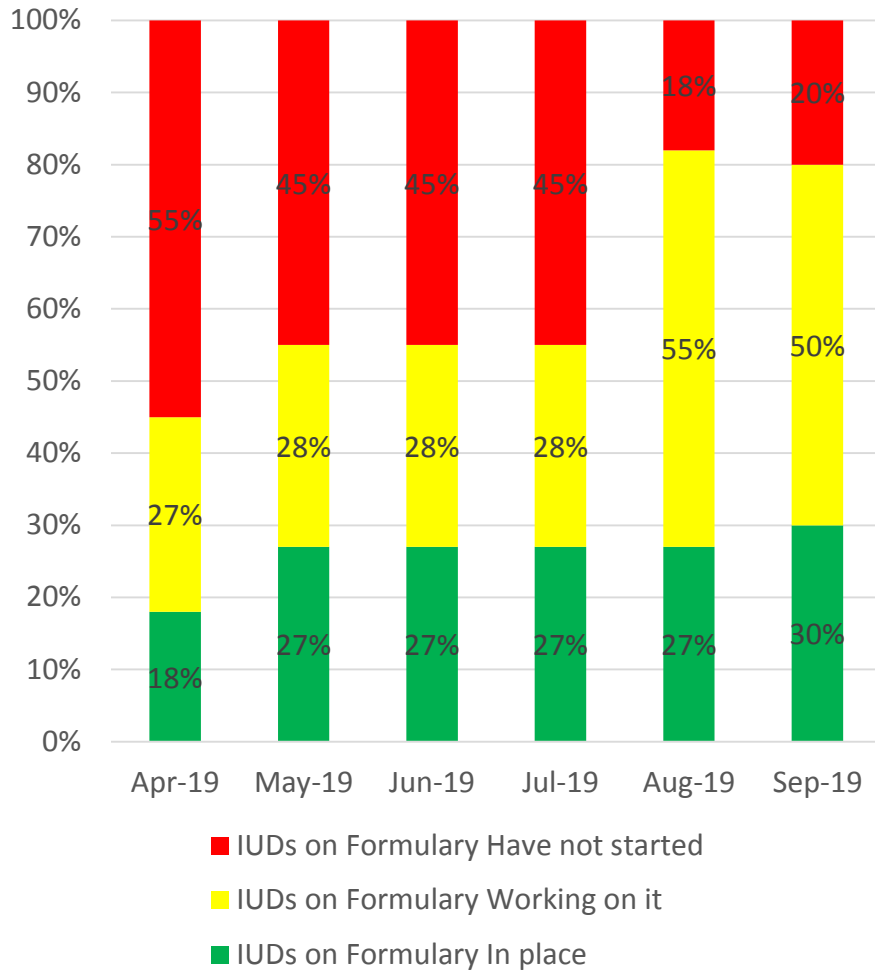
Proportion of Wave 2 Teams that are Routinely Counseling, Offering, and Providing Immediate Postpartum LARC (either IUD or Implant), April-September 2019



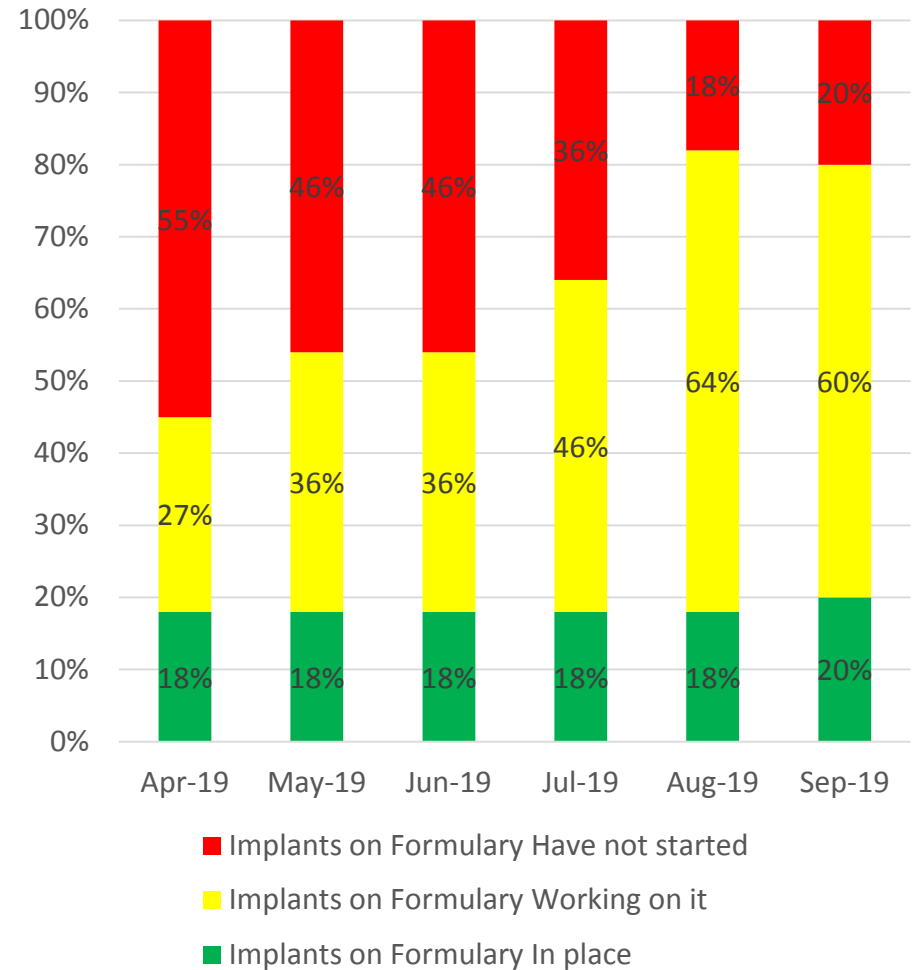
IPLARC on Inpatient Formulary



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

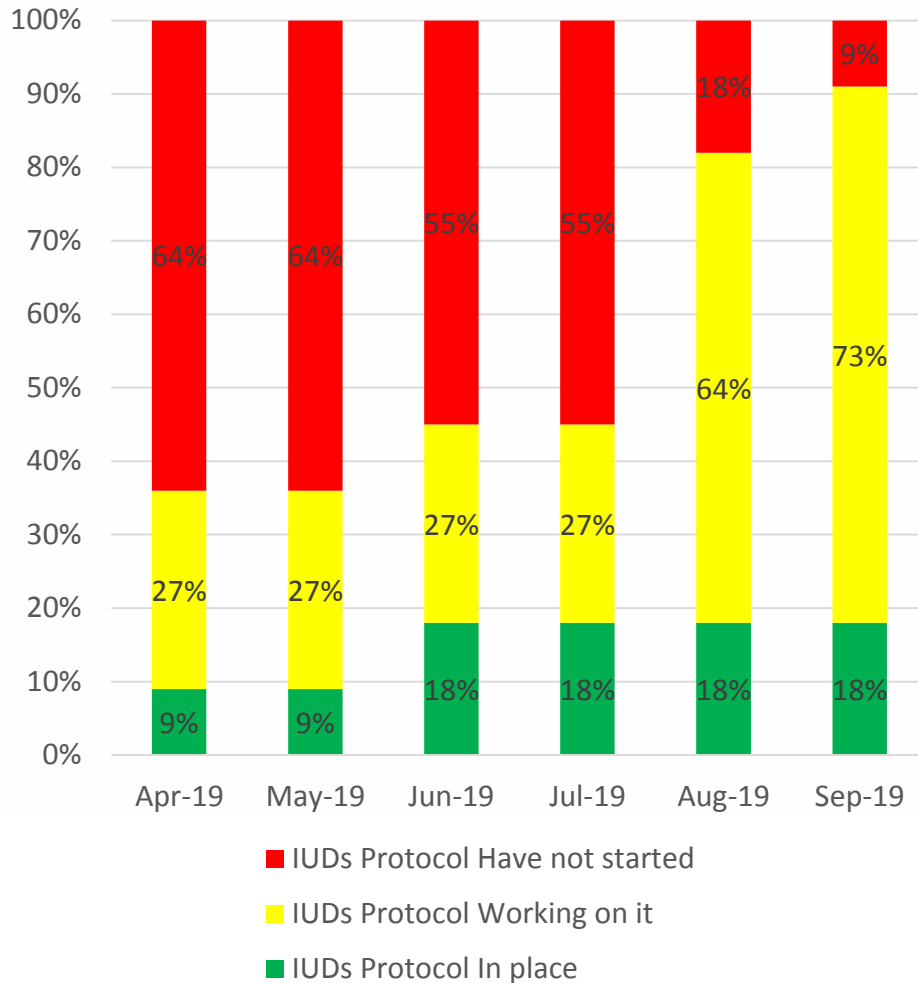


Percent of Wave 2 Hospitals with Implants on Inpatient Formulary, April 2019-September 2019

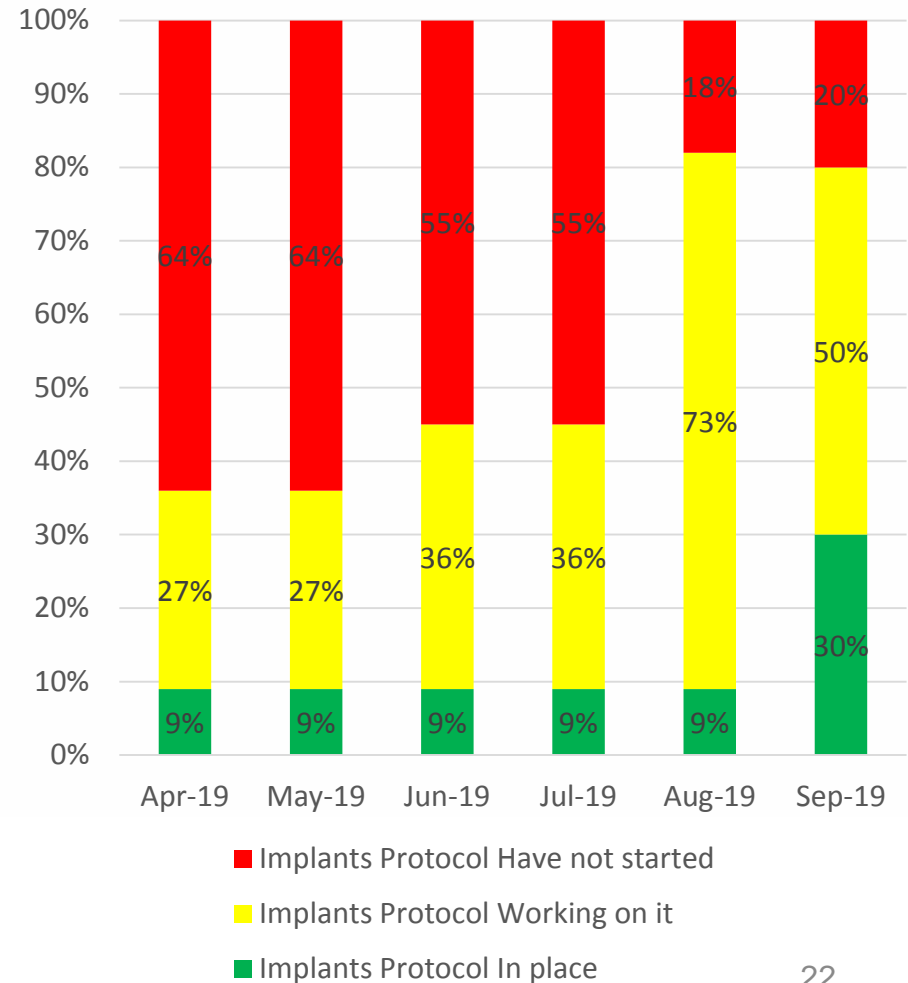


IPLARC Protocols in Place

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

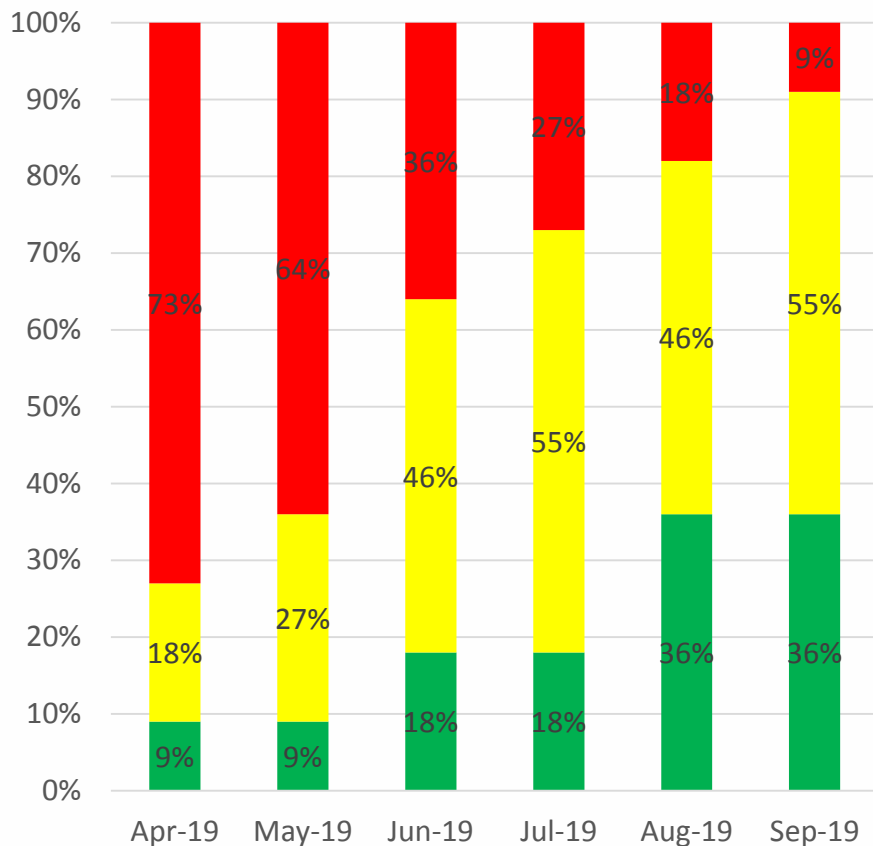


Percent of Wave 2 Hospitals with Immediate Postpartum Protocols and Process Flows in Place for Implants, April 2019-September 2019



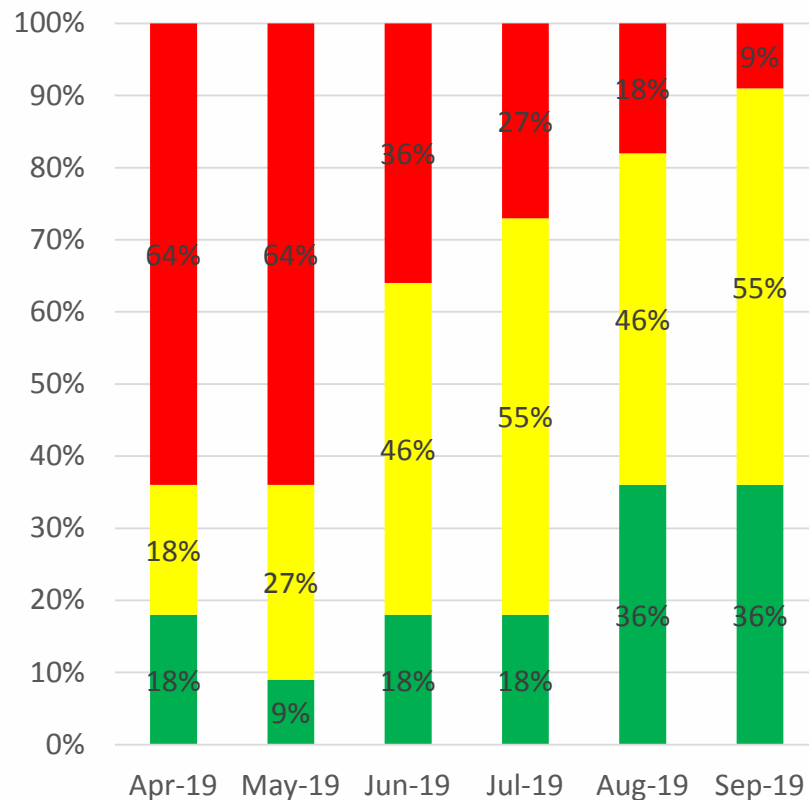
IPLARC Billing Codes

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



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

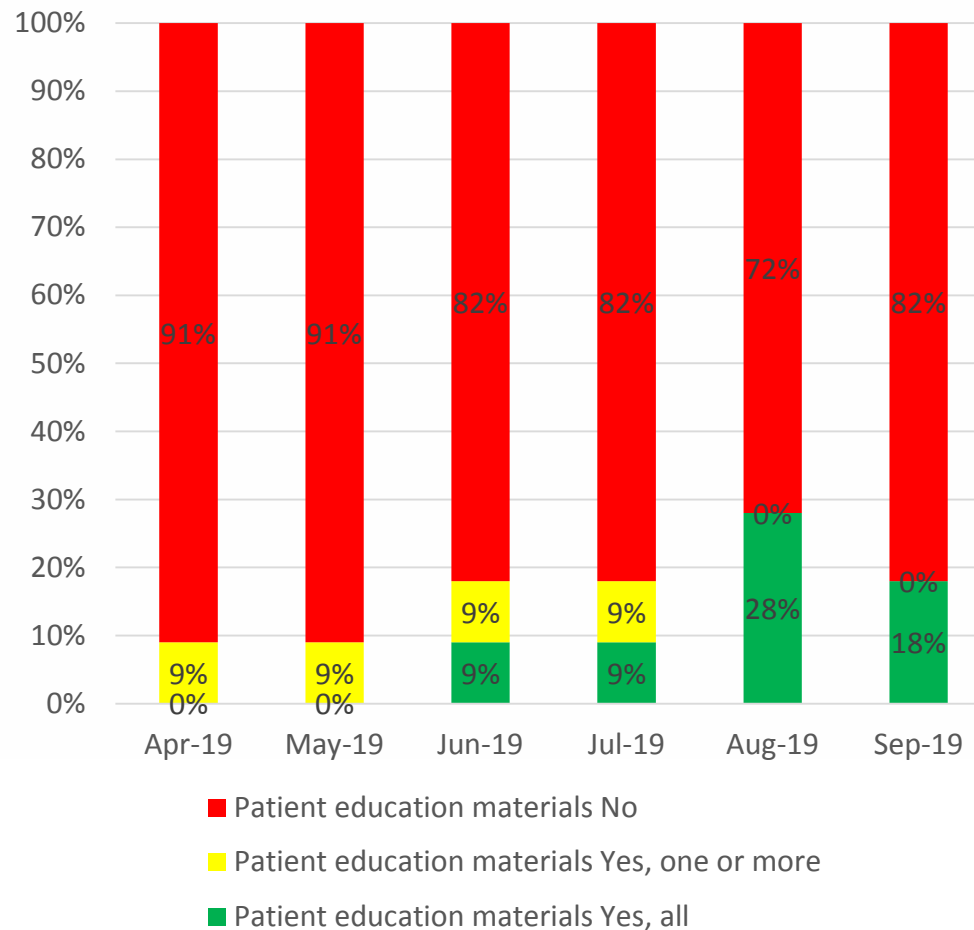
Percent of Hospitals with Billing Codes for Implants In Place, April 2019 - September 2019



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

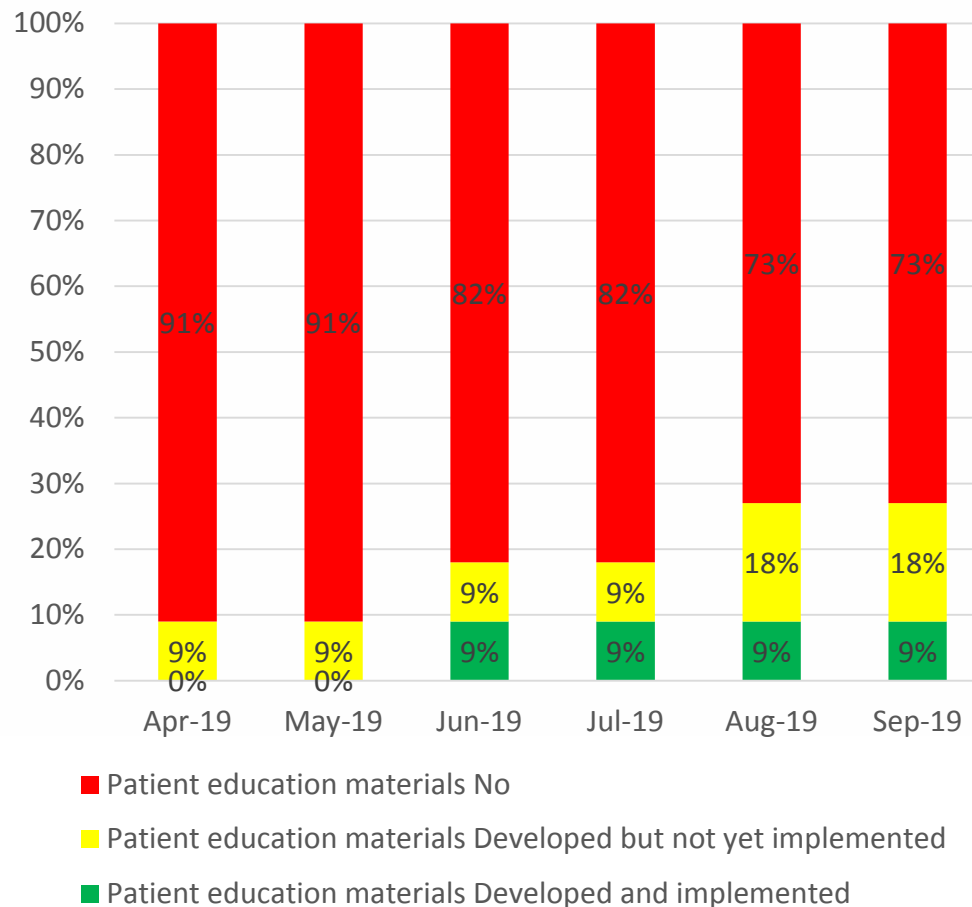
IPLARC Standardized Patient Education at Prenatal Sites

Percent of Hospitals that have Provided Standardized Education Materials and Counseling Protocols to Affiliated Prenatal Care Sites



IPLARC Inpatient Patient Education & Counseling Protocols

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



PROVIDER & NURSE IPLARC EDUCATION

Implementing Immediate Postpartum LARC

LISA HOFLER, MD, MPH, MBA



Disclosures

I have no financial relationships to disclose.

Takeaways

- Immediate postpartum LARC implementation requires a clinician champion and a team approach
- Communication is key to success

ABOUT ME



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

Fellowship in
Family Planning

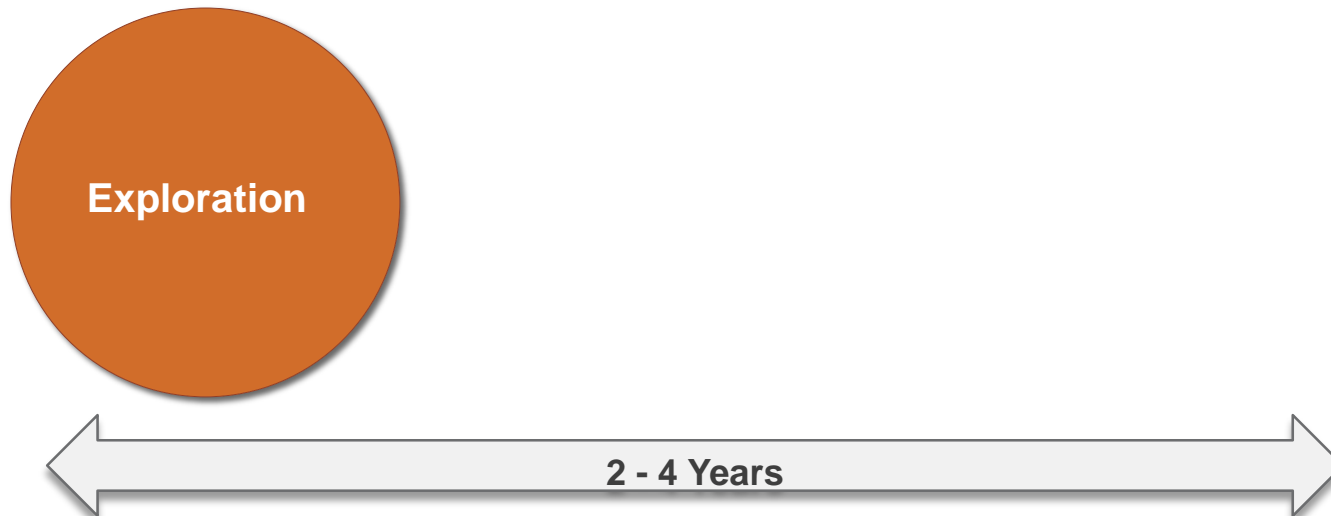
Developing tomorrow's leaders in reproductive health



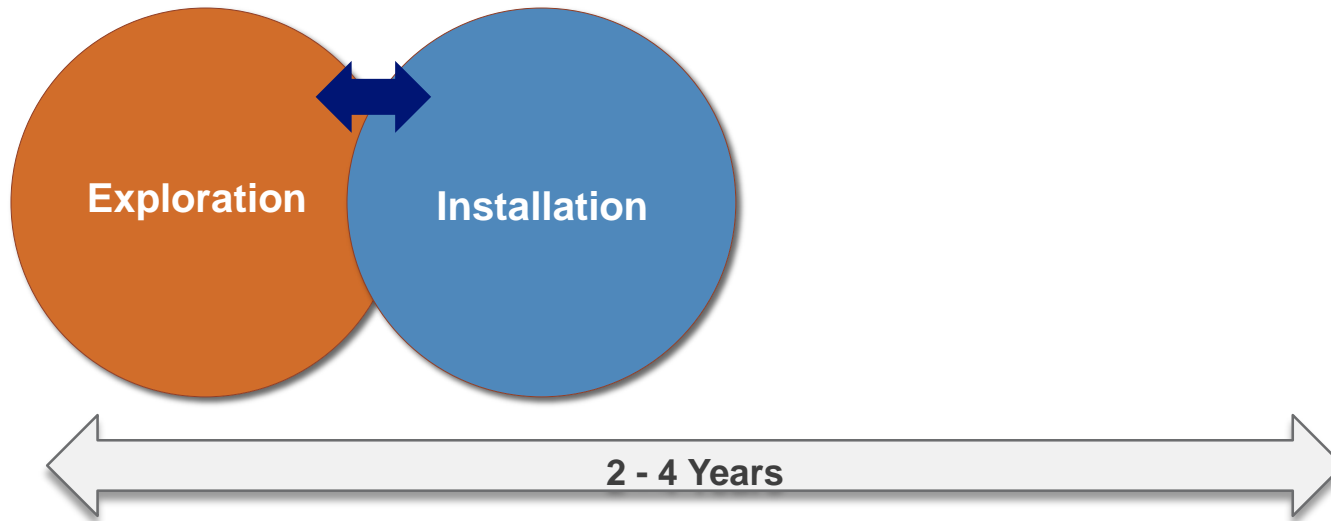
EMORY

GOIZUETA
BUSINESS
SCHOOL

Implementation stages



Implementation stages





Provider Training



Patient-Provider Communication



Time



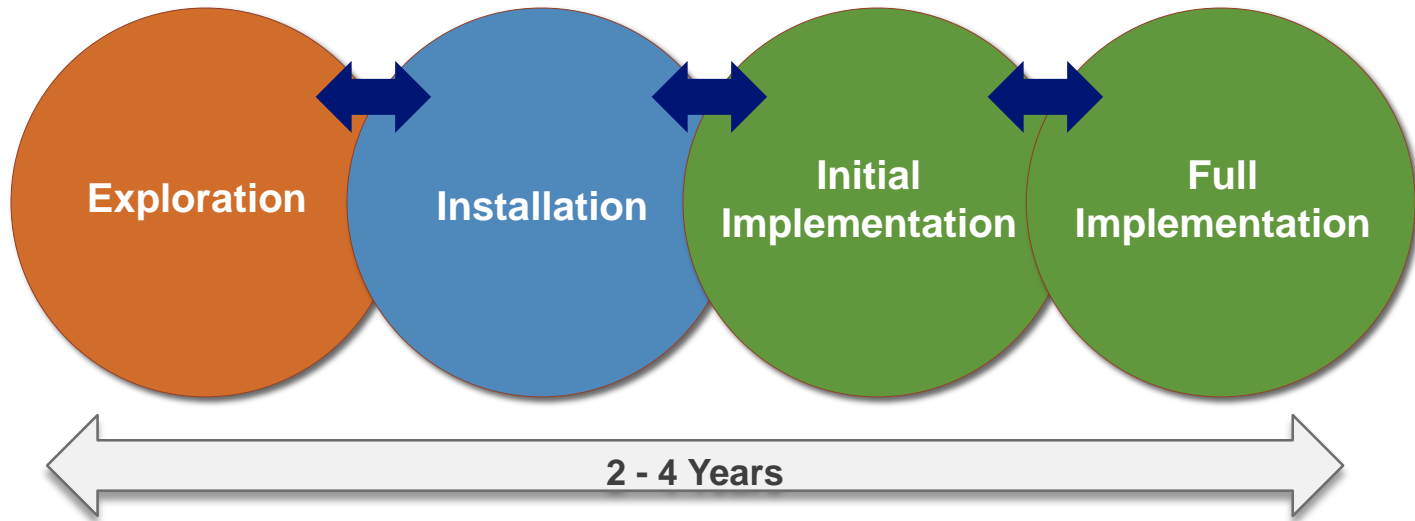
Supply Chain



Billing/Coding

Sources | Moniz MH, *Women's Health Issues*, 2016; Hofler L, *Obstet Gynecol*, 2017 | Moniz MH, et al, *J Midwifery Women's Health*, 2017; Moniz MH et al., *Family Med*, 2017

Implementation stages





Roadmap for Implementation

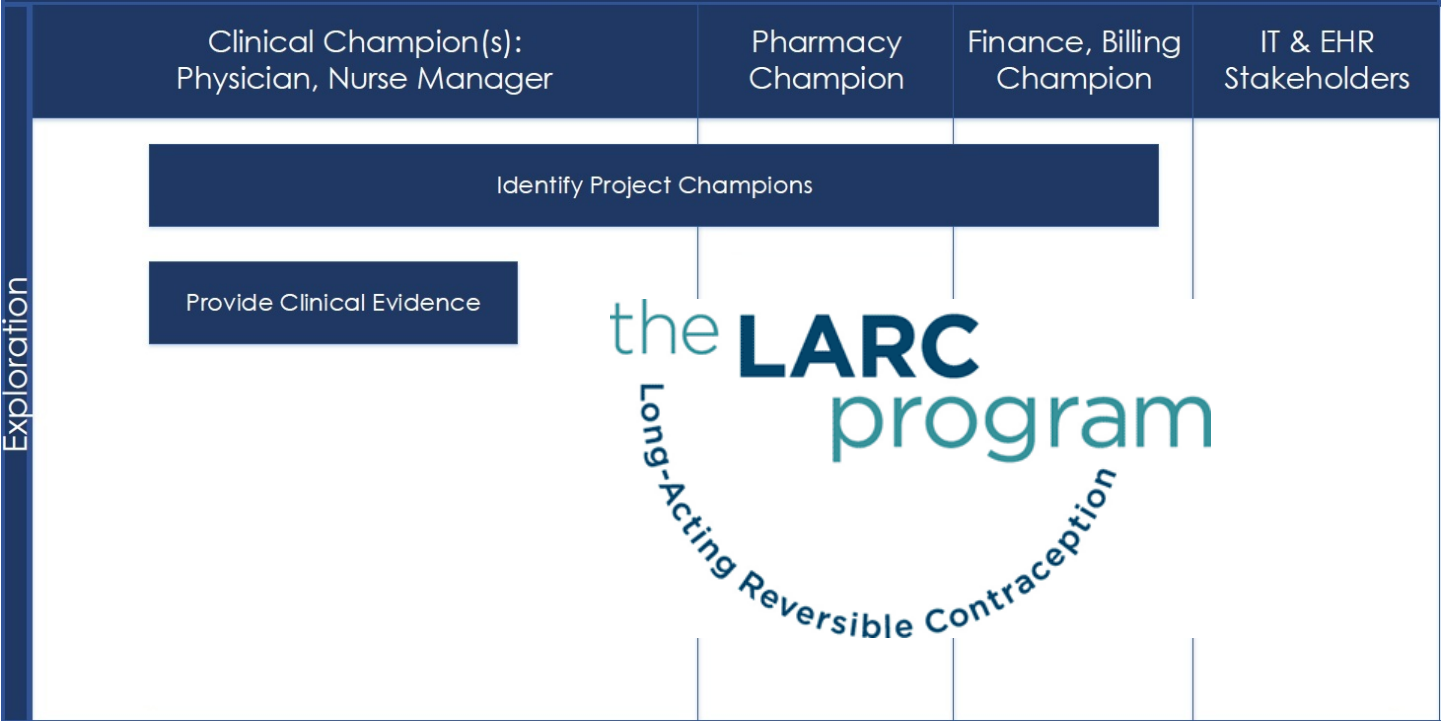
Clinical Champion(s): Physician, Nurse Manager	Pharmacy Champion	Finance, Billing Champion	IT & EHR Stakeholders
Identify Project Champions			
			

Exploration






Roadmap for Implementation





Roadmap for Implementation

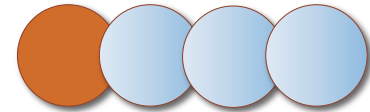
Clinical Champion(s): Physician, Nurse Manager	Pharmacy Champion	Finance, Billing Champion	IT & EHR Stakeholders
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Exploration</p> <div data-bbox="388 491 904 1061">  <h3>Inpatient LARC Coding Guide</h3> <p>New Mexico Medicaid allows billing for LARC devices and insertion fees outside of the DRG for childbirth according to the following guidelines:</p> <div data-bbox="469 634 842 758"> <p>There are 2 ways hospitals may bill for devices.</p> <p>Register as a medical supplier, provider type 414. OR Bill under a hospital professional component.</p> </div> <p>Either way, the hospital must submit a professional claim (837P electronic claim or CMS-1500 form) that includes the following information in the Physician or Supplier Information section. (Complete all other items on the form per usual practice.):</p> <ul style="list-style-type: none"> Item 21. A-I: Enter ICD-10 Diagnosis code <ul style="list-style-type: none"> • 730.46: Encounter for surveillance of contraceptive implant • 730.430: Encounter for insertion of IUD Item 24. A: Date of service must be the same as the DRG date of service. Item 24. B: Place of service (POS) code is 21 (inpatient hospital). Item 24. D: Procedures, Services or Supplies <ul style="list-style-type: none"> • Enter correct CPT/HCPCS codes: <div data-bbox="469 958 842 1061"> <p>CPT/Insertion of device codes</p> <ul style="list-style-type: none"> • 58300 = Insertion of IUD • 11981 = Insertion of implant <p>HCPCS codes</p> <ul style="list-style-type: none"> • J7300 = Copper T IUD (ParaGard) • J7298 = 52mg Levonorgestrel-releasing IUS (Mirena) • J7297 = 52mg Levonorgestrel-releasing IUS (Liletta) • J7307 = Etonogestrel-releasing implant (Nexplanon) </div> </div>	<p>Champions</p>	<div data-bbox="940 572 1435 825" style="border: 2px solid red; padding: 10px;"> <p>Verify Insurance Participation</p> <p>Reimbursement Reassurance</p> <p>Verify Payment</p> </div>	



Roadmap for Implementation

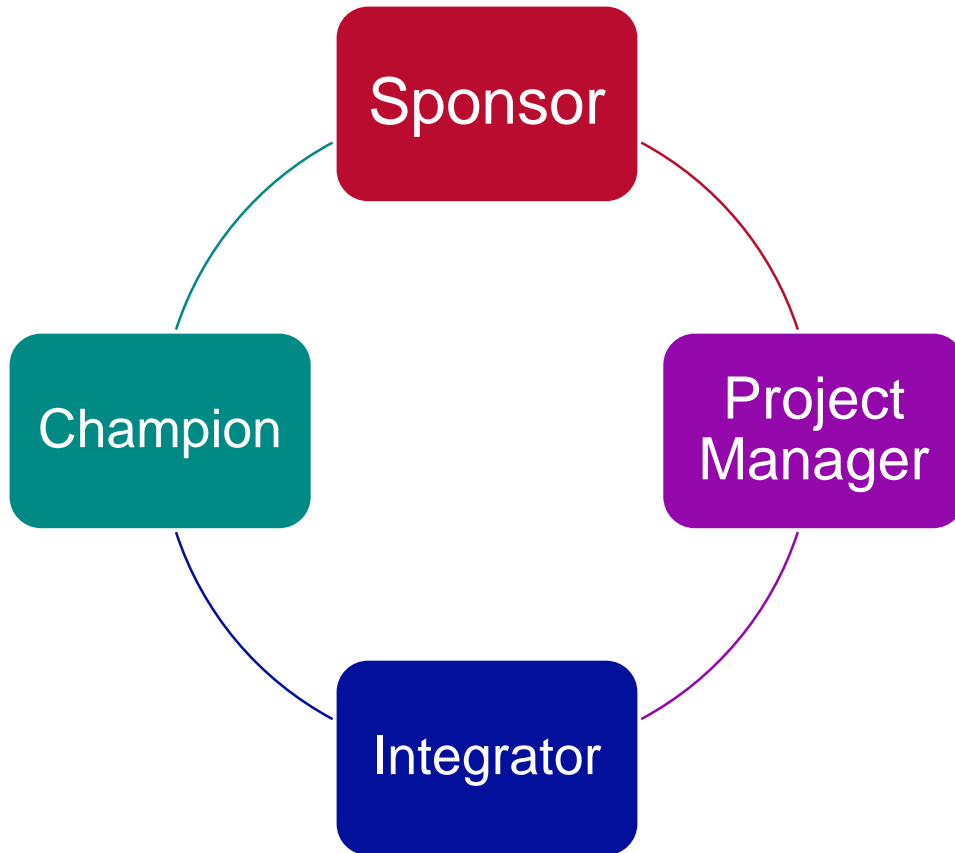
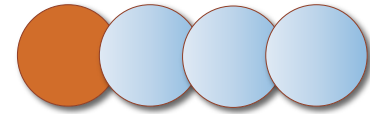
	Clinical Champion(s): Physician, Nurse Manager	Pharmacy Champion	Finance, Billing Champion	IT & EHR Stakeholders
Exploration	Identify Project Champions			
	Provide Clinical Evidence	Verify Insurance Participation		
		Reimbursement Reassurance	Verify Payment	
	Confirm Appropriate Administrative Awareness			
	Assemble Immediate Postpartum LARC Team Plan for ongoing communication or meeting			

Exploration stage: Key steps

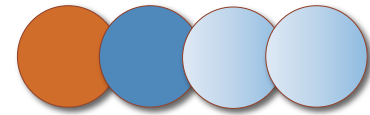


- Must have your stakeholder team
 - Physician champion
 - Nursing champion
 - Pharmacy champion
 - Financial team champion
 - Information Technology support
- They will be the communicators to their groups
 - Impossible to over-communicate!

Change Leaders



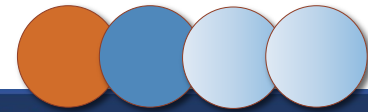
- Who is your...?
 - Sponsor: provides backing and resources
 - Champion: CHEERLEADER
 - Project manager: manages administrative details
 - Integrator: manages conflicting priorities – could be sponsor



Installation stage

Preparing to offer immediate postpartum LARC





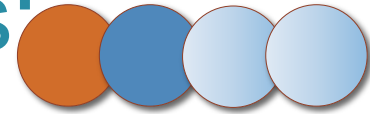
Roadmap for Implementation

		Clinical Champion(s): Physician, Nurse Manager	Pharmacy Champion	Finance, Billing Champion	IT & EHR Stakeholders
Installation	<ul style="list-style-type: none"> Policies Guidelines Protocols Supplies List 	<ul style="list-style-type: none"> Insertion Training: IUD Nexplanon 			
	<ul style="list-style-type: none"> Consents 	<ul style="list-style-type: none"> Nexplanon Certificates 			
	<ul style="list-style-type: none"> Patient Education 	<ul style="list-style-type: none"> RN Training Staff In-Service Pharmacy Education 			

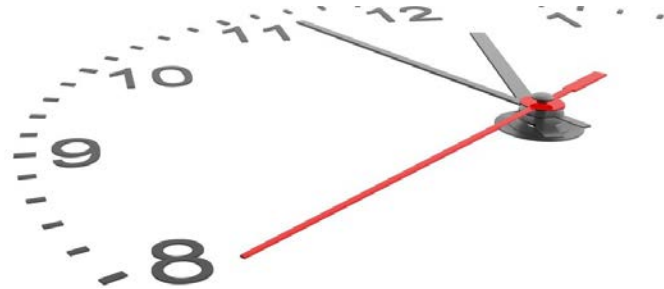
Installation stage decisions: Start with implants, IUDs, both?



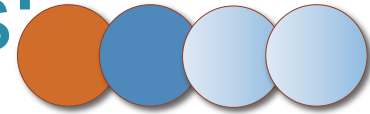
Installation stage decisions: Provider and staff training



- When? Who?
 - Clinical training
 - Process training
- Implants
 - Manufacturer training
- IUDs
 - ACOG PCAI
 - Regional experts
 - ILPQC



Installation stage decisions: Nursing role



- Counseling
 - Does the nurse provide counseling about postpartum contraception?
- Documentation
 - What is the process for ensuring consent, insurance coverage, procedure?
- Assessment
 - Any contraindications?
- Assisting with placement
 - Getting necessary supplies; storage location for easy access?

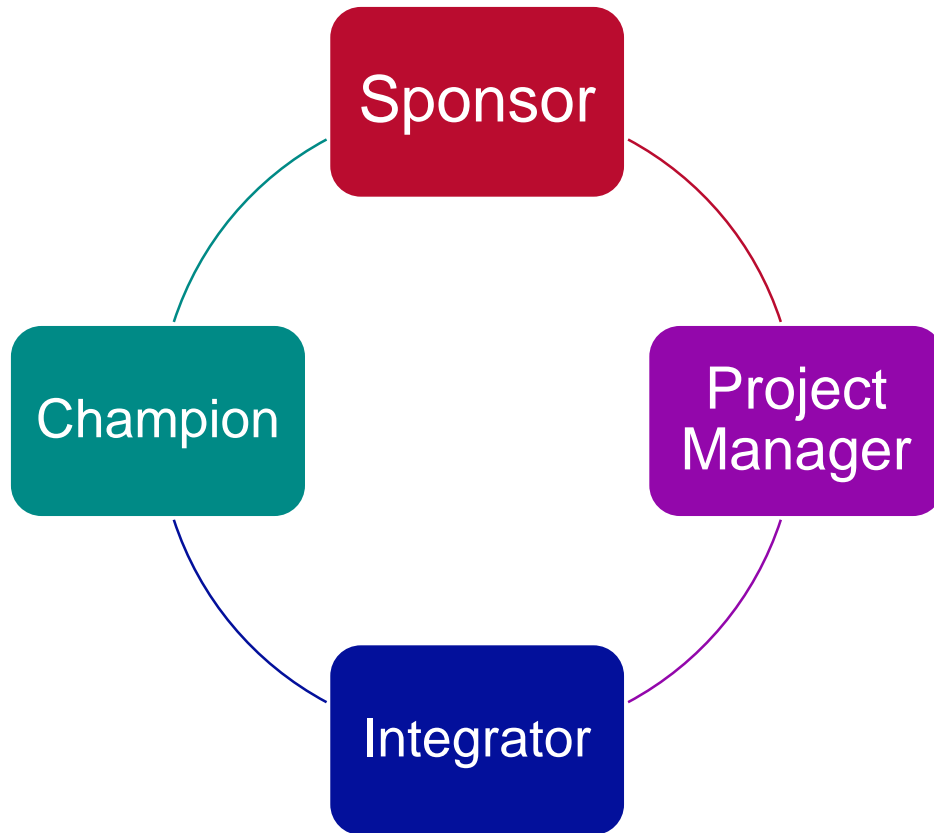
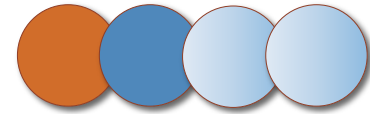
Installation stage decisions: Ongoing education and new hires



- How often? What venue?
 - Grand Rounds
 - Provider meetings
 - Staff meetings
 - Resident education?

- Pharmacy?
- Lactation?

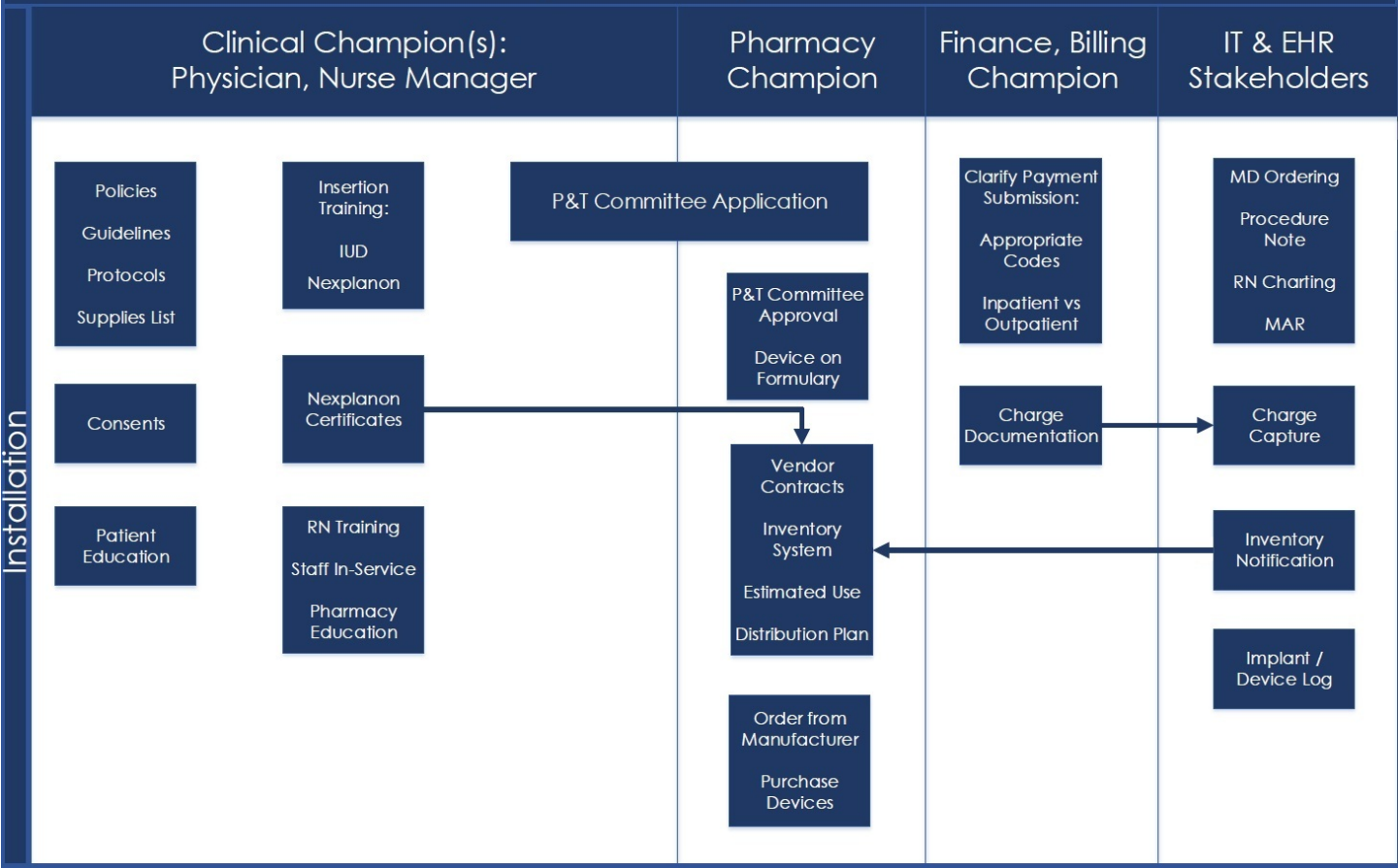
Change Leaders



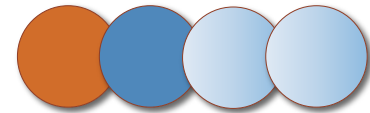
- Who has everyone's ear?
- Who "owns" training?
- Who runs meetings?



Roadmap for Implementation



Installation stage: Key facilitators



- Technical project champions
- Clear roles and responsibilities
- Steps and tools supporting installation and implementation
- External training and project support



Clinical Resources

- ACOG webinars, clinical seminars, guidance



**Immediate Postpartum
LARC Resource Digest***



Clinical Guidance and Implementation

- JHPIEGO reference manual (international with USAID)
- CARDEA immediate postpartum LARC Insertion eLearning Course

Discussion and Troubleshooting

Counseling

REPRODUCTIVE JUSTICE

SHARED DECISION MAKING

Goal of Contraception



Finer NEJM, 2016

Ohio RCRC

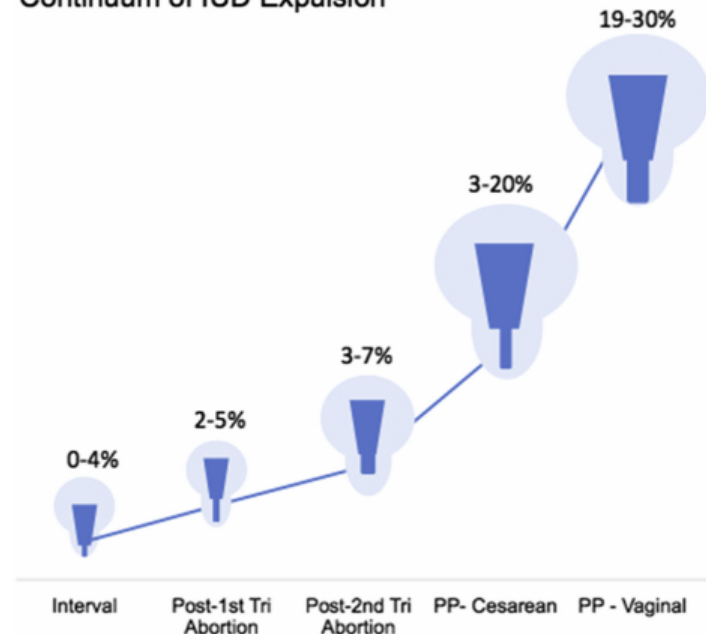
Thank you!

lhofler@salud.unm.edu

IUD expulsion rate varies by uterine size

Immediate	10.0%
Early	29.7%
Interval	1.9%
Vaginal	14.9%
Cesarean	3.6%
LNG IUS	15.5%
CuT380A	6.7%

Continuum of IUD Expulsion



Continuum of expulsion rates for intrauterine devices placed at various time points related to uterine size and cervical dilation that included interval timing,²⁴⁻²⁷ after first-trimester abortion,^{28,29} after second-trimester abortion,²⁹⁻³¹ after cesarean delivery,^{24,25,32-34} and after vaginal delivery.^{20,26,27,35}

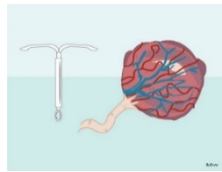
IUD, intrauterine device; PP, postpartum; Tri, trimester.

Goldthwaite. Postpartum IUD use and services. *Am J Obstet Gynecol* 2018.

IUD expulsion

- Women generally recognize an expulsion
- IUD can be reinserted before 48 hours or after 4 weeks if there is an expulsion
- Counsel women about breastfeeding as contraception, and provide condoms / emergency contraception as backup

No breastfeeding differences regardless of IUD timing



Immediate n=132



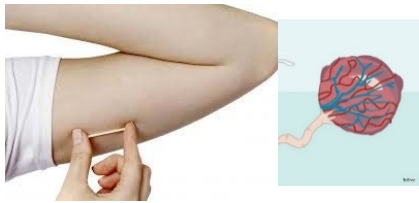
4-8 weeks n=127

Time to lactogenesis: immediate postpartum non-inferior to office insertion

Any breastfeeding at 8 weeks

- 79% with immediate placement
- 84% with delayed placement

No breastfeeding differences regardless of implant timing



Before discharge

n=35



Standard n=34

Time to lactogenesis: early insertion non-inferior to standard insertion

No difference:

- Supplementation
- Milk composition at 6 weeks



1. Clinical Protocol
2. Provider Training Sessions
3. Order Set
4. Reminder Card
5. Procedure Note

Procedure: Nexplan-Insert

Date/Time: 2/15/18 1232 Now

REQUIRED - Attending Presence (If you are the Attending Provider performing this procedure, SKIP this section)

Presence for this procedure: Entire Procedure Key Portions Not Present

Universal Protocol

Verbal consent obtained? Yes No Written consent obtained? Yes No Emergent situation

Risks and benefits Risks, benefits and alternatives were discussed

Consent given by patient parent guardian spouse power of attorney

Time out Immediately prior to the procedure a time out was called

A time out verifies correct patient, procedure, equipment, support staff and site/site marked as required

Preparation

Preparation Patient was prepped and draped in usual sterile fashion

Anesthesia

Local anesthesia used? Yes No

Sedation

Patient sedated Yes No

Post-procedure

Patient tolerance Patient tolerated the procedure well with no immediate complications

People

Patients

- Shared decision making tools



Billing Staff

- Education
- Auditing and feedback



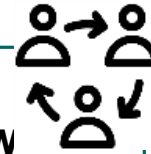
Providers

- Pharmacy
- Education
- Skills workshops
- Reminders
- Performance feedback



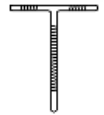
Workflow Re-design

- Clinicians for immediate postpartum LARC insertion
- Documentation templates



Supply Chain

- Algorithm for predicting LARC demand
- Automated device re-ordering



Monitoring & Evaluation

- Monthly reports on LARC insertion and payments



Domains of Work

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. Provider & Nurse IPLARC Education**
 8. Patient Education
 9. Other IPLARC Toolkits

Implementing Provider Education

- Resources are available in the IPLARC toolkit

- Provider education on counseling
- IUD insertion materials
- Nursing education resources

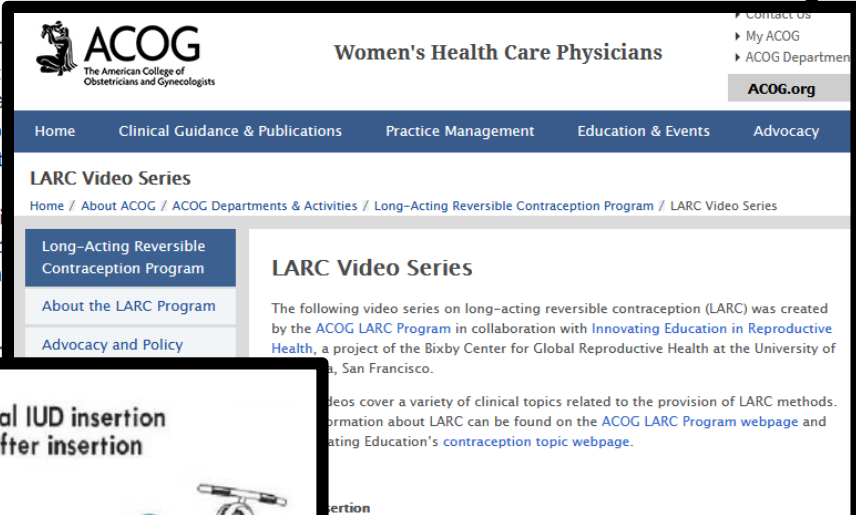
Immediate Postpartum IUD Expulsion Fact Sheet

Background

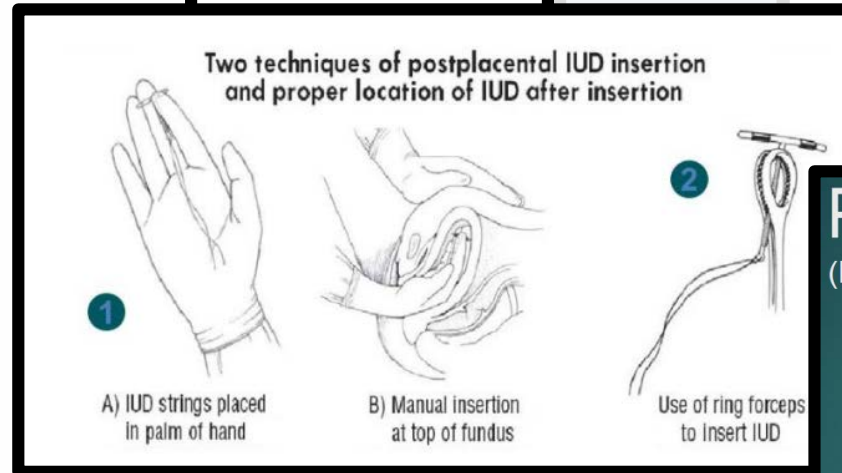
ACOG supports immediate postpartum IUD insertion (at the time of hospital discharge) as a best practice. Optimal counseling (before hospital discharge) should include discussion of both immediate and delayed insertion.

The immediate postpartum performance of IUD insertion. Women who have received an IUD should not be pregnant. The hospital should have the IUD inserted.

Research on Expulsion



The screenshot shows the ACOG website for Women's Health Care Physicians. The page is titled "LARC Video Series" and includes a navigation menu with options like Home, Clinical Guidance & Publications, Practice Management, Education & Events, and Advocacy. The main content area features a "LARC Video Series" section with a description of the video series and a list of topics including "Long-Acting Reversible Contraception Program", "About the LARC Program", and "Advocacy and Policy".



Postpartum LARC

(Long Acting Reversible Contraception)



NURSING EDUCATION

Topics to consider for education

Prenatal/Delivery Providers

- Background info for LARC?
- Options (hormonal vs non-hormonal)
- Effectiveness
- Contraindications
- Warning Signs
- Expulsion rates
- Breastfeeding
- Reproductive justice/contraceptive counseling
- General MD workflow (counseling, documenting, ordering, insertion documentation, billing, discharge education, postpartum follow-up and etc)
- Techniques for insertion

L&D/Postpartum Nurses

- Background info for LARC?
- Options (hormonal vs non-hormonal)
- Effectiveness
- Contraindications
- Warning Signs
- Expulsion rates
- Breastfeeding
- Reproductive justice/informed consent
- General RN workflow (verifying order, obtaining device, supplies/kits, charting, charging patients, discharge education and etc)

Grand Rounds

- ILPQC can coordinate a Grand Rounds speaker for your hospital to talk about Immediate Postpartum LARC
- Please reach out to info@ilpqc.org to schedule a Grand Rounds presentation at your hospital

IUD Training

- Local experts from your hospital, academic med centers, ILPQC IPLARC expert group
- ACOG LARC program has resources
- Develop a plan for training your residents
- MamaU models are a low cost option from Laerdal for training providers at your institution
 - Illinois contact:
Jill Williams
Jill.williams@laerdal.com
877-523-7325 ext 4472 | 254-404-7072 direct

Nexplanon Training

- Required training organized by the device manufacturer, Merck
- To schedule a training, contact your Merck representative (email danielle.young@northwestern.edu for contact information for your representative)
- Trainings currently take about 5 weeks to schedule
- The manufacturer provides all the kits, materials, and trainer (no cost for the training)
- Trainings can be organized for 4-60 people

Implementing Standardized Provider & Nursing Education



- Ensure that education is standardized for all providers and staff (physicians, midwives, nurses, lactation consultants, social workers).
- Provide training for inpatient and outpatient providers and staff.
- Designate outpatient champions and work with them to ensure outpatient providers and staff are up-to-date with IPLARC availability
- Differences between inpatient and outpatient nursing education
- Comprehensive contraceptive counseling training for providers and staff

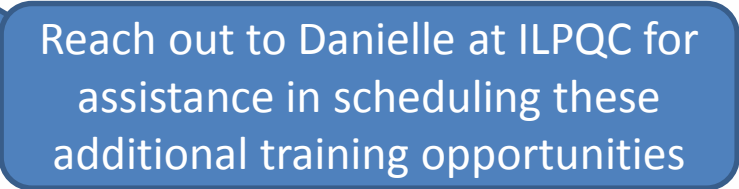
IPLARC Education Components

Plan to address provider/staff education needs.

1. Determine education materials on comprehensive contraceptive counseling including IPLARC. Consider using the CAP tool
2. Ensure provider knowledge of IPLARC protocols including consent
3. Educate providers on placement and appropriate follow-up
4. Provide education on billing/documentation including processes specific to your team
5. Include all materials and process in your new hire education



Discuss prenatal documentation vs. L&D/pp



Reach out to Danielle at ILPQC for assistance in scheduling these additional training opportunities

ROUND ROBIN - TEAMS UPDATE ON PROGRESS TOWARDS GO LIVE GOAL

IPLARC Wave 2



Discussion Questions

- ✓ Has your team scheduled a Key Players Meeting?
- ✓ Has your team submitted April – October data?
- ✓ How does your team engage OB providers in this initiative?
- ✓ Has your team developed an approach for provider/nurse education?
- ✓ What have been successful strategies for education for previous initiatives?

UPCOMING EVENTS

Stay tuned!

**Stay on the line for the IPLARC Wave 1
Call to hear from experts from
Tennessee on the value of
comprehensive contraceptive
counseling early and often!**

IPLARC Calls

- **THIRD MONDAY OF THE MONTH**

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

Date	Topic
December 16	IT/EMR & Communication w/ outpatient providers
January 20	CANCELED due to MLK Holiday
February 17	Round Robin with Wave 2 Teams
March 16	Comprehensive Contraceptive Counseling

Next Steps



- Submit April-October 2019 data if you have not done so already!
- Develop a plan for educating nurses, providers on IPLARC – reach out to ILPQC for help with this!
- If you haven't already, email Danielle to set up a Key Players Meeting for us to visit your hospital we bring experts and treats!
- 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