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.

Add to calendar by clicking either of these options.
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

<table>
<thead>
<tr>
<th>QI Recognition</th>
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<tbody>
<tr>
<td>Abraham Lincoln Memorial Hospital</td>
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<tr>
<td>Anderson Hospital</td>
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<tr>
<td>Barnes Jewish Hospital</td>
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<tr>
<td>Gibson Area Hospital</td>
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<td>Mt. Sinai Hospital</td>
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<tr>
<td>Northwestern Medicine Central DuPage Hospital</td>
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## Barriers/Strategies for Standardizing Comprehensive Contraceptive Counseling

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Strategy</th>
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</thead>
</table>
| Standardizing comprehensive contraceptive counseling/documentation across providers/ clinics | • Add counseling to problem list/H&P  
• Identify best practice documentation methods  
• Maximize your EHR!  
• Share counseling data and goals/benchmarks |
| LARC myths/misconceptions                                               | • Shared decision making  
• Take home education materials (bilingual)  
• Nursing talking points |
| Provider buy-in                                                        | • Receive approval/buy-in from administration, OB Chair, medical director  
• Share ACOG Committee Opinion, Grand Rounds |
| Limited time during prenatal visits/stat admissions                    | • Standardize at 26-28-week visit  
• Counsel after delivery can include Nexplanon  
• One key question |
| Communicating patient desire with providers                            | • 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

Share statewide IPLARC data

ACOG Committee Opinion

Share IPLARC Evidence

CEO Chair Buy-in

Provider Training

Key Players Meeting
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

- Increase access to IPLARC
- Educate Patients on contraceptive options
- Educate Providers on counseling and placement
- Systems Changes to OB Care Process Flow
- Implement IPLARC Protocol
- Simplify IPLARC Billing
- Stock LARC in Pharmacy
This month’s topic: Provider & Nurse IPLARC Education

**Aim**

- EMR/IT systems in place for IPLARC tracking
- Hospitals reimbursed for IPLARC insertion
- LARC devices available on site at the hospital for immediate postpartum insertion
- All OB/postpartum units equipped to provide IPLARC
- Patients aware of IPLARC as a contraceptive option
- Trained clinicians available to provide IPLARC

**Primary Drivers**

**Secondary Drivers**

- Create order set for IPLARC
- Develop billing mechanism in place for Medicaid and private insurance
- Add devices to formulary
- Assure devices/kits available on all OB/postpartum units in timely manner
- Revise policies/procedures to provide IPLARC
- Educate clinicians and staff on the evidence and clinical recommendations of IPLARC
- Educate clinicians and affiliated prenatal care sites on contraceptive choice
- Train clinicians on IPLARC insertion

**Recommended Key Practices**

1. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
2. Assure billings codes are in place and that staff in all necessary departments are educated on correct billing procedures.
3. Have protocols in place for billing in/out of network, public/private insurance
4. Establish communication channel and multidisciplinary support among appropriate departments.
5. Modify L&D, OB OR, postpartum and clinic workflow to include placement of LARC.
6. Store LARC devices on L&D and/or develop process for acquiring devices in a timely manner.
7. Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding.
8. Educate clinicians, community partners and nurses on informed consent and shared decision making.
9. Connect with providers and staff at prenatal care sites to ensure they are aware the hospital is providing IPLARC and that education materials are available.
10. Distribute patient education materials that are culturally sensitive and use shared decision making to counsel patients about IPLARC.
11. Participate in hands-on training of IPLARC insertion.

*Within 9 months of initiative launch, ≥75% of participating hospitals will be providing immediate postpartum LARCs.*
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

<table>
<thead>
<tr>
<th>Team</th>
<th>Date</th>
<th>Team</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abraham Lincoln</td>
<td>8/19/19</td>
<td>NM Central DuPage</td>
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<tr>
<td>Advocate Sherman</td>
<td></td>
<td>Passavant</td>
<td>8/26/19</td>
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<tr>
<td>Alton Memorial</td>
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<td>Roseland</td>
<td>9/19/19</td>
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<tr>
<td>Anderson Hospital</td>
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<td>Rush-Copley</td>
<td>12/4/19</td>
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<td>Barnes Jewish</td>
<td>1/15/19</td>
<td>Rush University</td>
<td>8/29/19</td>
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<td>FHN Memorial</td>
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<td>Silver Cross</td>
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<tr>
<td>Gibson Area Hospital</td>
<td>10/10/19</td>
<td>Touchette Regional Hospital</td>
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<tr>
<td>Mt. Sinai</td>
<td></td>
<td>West Suburban</td>
<td>11/14/19</td>
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DATA REVIEW
Don’t Forget to Submit Your Team’s Data!

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Teams Reporting</th>
</tr>
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<tbody>
<tr>
<td>April 2019</td>
<td>11</td>
</tr>
<tr>
<td>May 2019</td>
<td>11</td>
</tr>
<tr>
<td>June 2019</td>
<td>11</td>
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<td>July 2019</td>
<td>11</td>
</tr>
<tr>
<td>August 2019</td>
<td>11</td>
</tr>
<tr>
<td>September 2019</td>
<td>11</td>
</tr>
<tr>
<td>October 2019</td>
<td>3</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Yes</th>
<th>Goal</th>
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</thead>
<tbody>
<tr>
<td>Apr-19</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>May-19</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Jun-19</td>
<td>27%</td>
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<tr>
<td>Jul-19</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Aug-19</td>
<td>27%</td>
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</tr>
<tr>
<td>Sep-19</td>
<td>30%</td>
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</tbody>
</table>

Goal: 20
IPLARC on Inpatient Formulary

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

- **IUDs on Formulary Have not started**
- **IUDs on Formulary Working on it**
- **IUDs on Formulary In place**

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

- **Implants on Formulary Have not started**
- **Implants on Formulary Working on it**
- **Implants on Formulary In place**
IPLARC Protocols in Place

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

- IUDs Protocol Have not started
- IUDs Protocol Working on it
- IUDs Protocol In place

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

- Implants Protocol Have not started
- Implants Protocol Working on it
- Implants Protocol In place
Percent of Hospitals with Billing Codes for
IUDs In Place, April 2019 - September 2019

Percent of Hospitals with Billing Codes for
Implants In Place, April 2019 - September 2019
IPLARC Standardized Patient Education at Prenatal Sites

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

- Patient education materials No
- Patient education materials Yes, one or more
- Patient education materials Yes, all
Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission, April 2019-September 2019

- Patient education materials No
- Patient education materials Developed but not yet implemented
- Patient education materials Developed and implemented
PROVIDER & NURSE IPLARC EDUCATION
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

Fellowship in Family Planning
Developing tomorrow’s leaders in reproductive health
Implementation stages

2 - 4 Years

Exploration
Implementation stages

2 - 4 Years

Exploration

Installation

nirn.fpg.unc.edu

Courtesy of Sandra Naoom
Provider Training | Patient-Provider Communication | Time

Supply Chain | Billing/Coding

Implementation stages

Exploration → Installation → Initial Implementation → Full Implementation

2 - 4 Years
# Roadmap for Implementation

<table>
<thead>
<tr>
<th>Clinical Champion(s): Physician, Nurse Manager</th>
<th>Pharmacy Champion</th>
<th>Finance, Billing Champion</th>
<th>IT &amp; EHR Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identify Project Champions</strong></td>
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</table>
# Roadmap for Implementation

<table>
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<td></td>
<td>Identify Project Champions</td>
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<tr>
<td></td>
<td>Provide Clinical Evidence</td>
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</table>

**Inpatient LARC Coding Guide**

New Mexico Medicaid allows billing for LARC devices and insertion fees outside of the DRG for childbirth according to the following guidelines:

- **Register as a medical supplier, provider (414).**
- **Bill under a hospital's professional component.**

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:

1. Date of service must be the same as the DRG date of service.
2. Procedure, Services, or Supplies code is 21 (inpatient hospital).
3. Enter correct CPT/HCPCS codes:
   - **CPT/Insertion of device codes**
     - 50339 = Insertion of IUD
     - 11198 = Insertion of implant
   - **HCPCS codes**
     - 33199 = Copper T IUD (Paragard)
     - 33299 = Copper IUD removal (Paragard)
     - 33399 = Copper IUD removal (Mirena)
     - 33499 = Copper IUD removal (Liletta)
     - 33599 = Copper IUD removal ( Nexplanon)

**Pharmacy Champions**

- Verify Insurance Participation
- Reimbursement Reassurance
- Verify Payment

**Exploration**
Roadmap for Implementation

<table>
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<th>Exploration</th>
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<tr>
<td>Clinical Champion(s): Physician, Nurse Manager</td>
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<td>Identify Project Champions</td>
</tr>
<tr>
<td>Provide Clinical Evidence</td>
</tr>
<tr>
<td>Verify Insurance Participation</td>
</tr>
<tr>
<td>Reimbursement Reassurance</td>
</tr>
<tr>
<td>Confirm Appropriate Administrative Awareness</td>
</tr>
<tr>
<td>Verify Payment</td>
</tr>
<tr>
<td>Assemble Immediate Postpartum LARC Team</td>
</tr>
<tr>
<td>Plan for ongoing communication or meeting</td>
</tr>
</tbody>
</table>
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

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<th>Finance, Billing Champion</th>
<th>IT &amp; EHR Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies Guidelines Protocols Supplies List</td>
<td>Insertion Training: IUD Nexplanon</td>
<td>Nexplanon Certificates</td>
<td>PCAI Postpartum Contraceptive Access Initiative</td>
</tr>
<tr>
<td>Consents</td>
<td></td>
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<tr>
<td>Installation</td>
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<tr>
<td>Patient Education</td>
<td>RN Training</td>
<td>Staff In-Service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacy Education</td>
<td></td>
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</tr>
</tbody>
</table>
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?
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

- 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>10.0%</td>
</tr>
<tr>
<td>Early</td>
<td>29.7%</td>
</tr>
<tr>
<td>Interval</td>
<td>1.9%</td>
</tr>
<tr>
<td>Vaginal</td>
<td>14.9%</td>
</tr>
<tr>
<td>Cesarean</td>
<td>3.6%</td>
</tr>
<tr>
<td>LNG IUS</td>
<td>15.5%</td>
</tr>
<tr>
<td>CuT380A</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

**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, post-1st trimester abortion, post-2nd trimester abortion, after cesarean delivery, and after vaginal delivery.

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

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

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
People

Patients
• Shared decision making tools

Providers
• Pharmacy
• Education
• Skills workshops
• Reminders
• Performance feedback

Billing Staff
• Education
• Auditing and 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

Courtesy of Michelle Moniz, MD
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
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 medical 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

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.

Plan to address provider/staff education needs.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
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<tbody>
<tr>
<td>December 16</td>
<td>IT/EMR &amp; Communication w/ outpatient providers</td>
</tr>
<tr>
<td>January 20</td>
<td>CANCELED due to MLK Holiday</td>
</tr>
<tr>
<td>February 17</td>
<td>Round Robin with Wave 2 Teams</td>
</tr>
<tr>
<td>March 16</td>
<td>Comprehensive Contraceptive Counseling</td>
</tr>
</tbody>
</table>
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!