

***Immediate Postpartum LARC   
Driver Diagram, Survey, and Process Measures***



***Immediate Postpartum LARC   
Driver Diagram***

* Ensure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
* Store LARC devices on Labor & Delivery and/or develop process for acquiring devices in a timely manner.
* Modify L&D, OB OR, postpartum and clinic workflows to include placement of LARC.
* Expand pharmacy capacity and device distribution to ensure timely placement.

Providers and community partners are educated about contraceptive choices and informed consent

EHR systems in place for IPLARC tracking

Hospitals reimbursed for IPLARC insertion

LARCs are available for immediate postpartum insertion

Develop the supporting structure, processes, team roles, and skills to offer comprehensive contraceptive counseling, including IPLARC

Once the sites’ infrastructure to offer LARC is in place, the PA PQC IPLARC initiative will increase placement of IPLARC among eligible individuals desiring IPLARC

**Key Interventions**

**Drivers**

**Aims**

* Establish and test billing codes and processes.
* Assure billing codes are in place and that staff in all necessary departments are educated on correct billing procedures.
* Have protocols in place for billing in/out of network, public/private insurance.
* Establish clear regular communication channels and processes, assuring that all departments are represented, and multidisciplinary support among appropriate departments.
* Participate in hands-on training of IPLARC insertion.
* Establish consent processes for IPLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent.

Labor and delivery, OB OR, and postpartum units are trained and equipped to offer and perform IPLARC insertion

## IPLARC Metrics

Patients are educated and aware of IPLARC as a contraceptive option, including its benefits and effectiveness

* Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding.
* Educate clinicians, community partners and nurses on informed consent and shared decision making.
* 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.
* Distribute patient education materials that are culturally sensitive and use shared decision making to counsel patients about IPLARC.
* Assure patient receives comprehensive contraceptive counseling prenatally.
* Assure patient receives comprehensive contraceptive counseling prior to discharge.



***Immediate Postpartum LARC   
Survey***

Please work with your team to complete this birth site-level survey for the designated quarter.

1. What is your PA PQC Hospital or Affiliation? (dropdown box)
2. What is your name? (text box)

3. What is your title/role? (text box)

**Primary Structure Measure**

1. Is your hospital routinely counseling, offering, and providing IPLARCs (either IUDs or Implants) for postpartum women with OUD and for all postpartum women?

* Multiple choice
  + Yes (IUDs and Implants); Yes (IUDs only); Yes (Implants only); No
  + Please add any comments, additional details, or caveats here. (comment box)

**Stocking IPLARC Devices in Hospital Inpatient Inventory**

1. Are inpatient **IUDs** available on your hospital formulary?

* Multiple choice
  + Have not started; Working on it; In place (one or more IUDs are available)

1. If selected, *“In place (one or more IUDs are available)”* in **question 5**, check all that apply below:

* Checkbox (multi-select)
  + Mirena
  + Lilleta
  + Skyla
  + Kyleena
  + Paraguard
  + Other (please specify) – *text box*

1. Are inpatient **implants** available on your hospital formulary?

* Multiple choice
  + Have not started; Working on it; In place
* Please explain: (100-character limit) [comment box]

1. Are inpatient LARC devices (with needed supplies) available on labor and delivery and/or on the postpartum unit?

* Multiple choice
  + Have not started; Working on it; In place
* Please explain: (100-character limit) [comment box]

1. What inpatient LARC devices are available on labor and delivery or on the postpartum unit?

* Multiple choice
  + IUD; Implant; Both; None of the above
* Please explain: (100-character limit) [comment box]

**Establishing IPLARC Protocols in Place for Labor and Delivery and Postpartum Units**

1. Do you have immediate postpartum protocols in place for **IUDs?**

* Multiple choice
  + Have not started; Working on it; In place

1. Which departments have implemented a protocol to support immediate postpartum placement of **IUDs**? *(Check all that apply)*

*Note: (Check both “L&D” and “Postpartum unit” if hospital has a combined L&D/postpartum unit)*

* Checkbox (multi-select)
  + L&D
  + Postpartum unit
  + OB OR
  + Pharmacy
  + Billing
  + None of the above
  + Other (please specify) [comment box]

**Coding and Billing Strategies in Place for Reimbursement for IPLARC**

1. Have you implemented billing codes for **IUDs**?

* Multiple choice
  + Haven’t started; Working on it; In place

1. Have you implemented billing codes for **implants**?

* Multiple choice
  + Haven’t started; Working on it; In place

1. *If billing codes are implemented for IUD, implant, or both,* with which payers do you have billing strategies in place? (Check all that apply)

* Checkbox (multi-select)
  + Traditional Medicaid/Medicaid FFS
  + Medicaid MCOs (please specify in question 15)
  + Private insurers (please specify in question 16)

1. If selected *“Medicaid MCOs” (please check all that apply)*

* Checkbox (multi-select)
  + Aetna Better Health
  + AmeriHealth Caritas PA
  + Highmark Wholecare (Gateway Health)
  + Geisinger Health Plan
  + Health Partners Plan
  + Keystone First PA
  + United Healthcare
  + UPMC For You
  + Other (please specify) – *text box*

1. If selected *“Private insurers” (please check all that apply)*

* Checkbox (multi-select)
  + UPMC Health Plan
  + Highmark, Inc.
  + Independence Blue Cross
  + Aetna
  + Capital Blue Cross
  + Geisinger Health Plan
  + Other (please specify) – *text box*

1. Has your hospital billed for the devices you placed?

* Multiple choice
  + Yes; No; Not yet placed any devices

1. Have you received reimbursement for the devices that you placed? *(check all that apply)*

* Checkbox (multi-select)
  + Yes, from traditional Medicaid/Medicaid FFS
  + Yes, from MCO(s)
  + Yes, from private payer(s)
  + No
  + Not yet placed any devices

1. If you answered *“Yes, from MCO(s)”* in **question 18**, select the following that apply.

* Multiple choice
  + Yes, from at least 1 Medicaid MCO
  + Yes, from all Medicaid MCOs with whom the hospital contracts
  + Yes, from all Medicaid MCOs, even those with whom the hospital does not contract

1. If you selected *“Yes, from private payer(s)”* in **question 18**, select the following that apply.

* Multiple choice
  + Yes, from at least 1 private payers
  + Yes, from all private payers with whom the hospital contracts
  + None of the above

**Documenting IPLARC Placement in IT/EMR Systems**

1. Does your hospital have IT/EMR revisions implemented for tracking and documentation of immediate postpartum placement of **IUDs**?

* Multiple choice
  + Have not started; Working on it; In place

1. If you selected, *“In place,”* in **question 21**, where does **IUD** documentation occur? *(check all that apply)*

* Checkbox (multi-select)
  + Delivery template – Providers
  + Delivery template – Nurses
  + Separate EMR form – Providers
  + Separate EMR form – Nurses
  + Other (please specify)- *text box*

1. If you selected, *“In place,”* in **question 21**, which IT/EMR revisions have been completed to assure adequate tracking and documentation for **IUDs**? *(check all that apply)*

* Checkbox (multi-select)
  + EHR for consent
  + EHR for contraceptive choice counseling
  + Order sets
  + Pharmacy system
  + Billing system
  + Tracking tools
  + Other (please specify) – *text box*

1. Does your hospital have IT/EMR revisions implemented for tracking and documentation of immediate postpartum placement of **implants**?

* Multiple choice
  + Have not started; Working on it; In place

1. If you selected, *“In place,”* in **question 24**, where does **implant** documentation occur? *(check all that apply)*

* Checkbox (multi-select)
  + Delivery template – Providers
  + Delivery template – Nurses
  + Separate EMR form – Providers
  + Separate EMR form – Nurses
  + Other (please specify) – *text box*

1. If you selected, *“In place,”* in **question 24**, which IT/EMR revisions have been completed to assure adequate tracking and documentation for **implants**? *(check all that apply)*

* Checkbox (multi-select)
  + EHR for consent
  + EHR for contraceptive choice counseling
  + Order sets
  + Pharmacy system
  + Billing system
  + Tracking tools
  + Other (please specify) – *text box*

**Providing Education Materials for Affiliated Prenatal Care Sites and to Patients during Delivery Admission**

1. Number of affiliated prenatal care sites: *(please answer in whole numbers)* [text box]
2. Have you provided patient education materials and counseling protocols for affiliated prenatal care sites regarding IPLARC, including all contraception options?

* Multiple choice
  + Yes, one or more; Yes, all; No

1. If you selected, *“yes, one or more,”* in **question 28**, please specify the number of affiliated prenatal care centers to whom you’ve provided materials: *(please answer in whole numbers)* [text box]

**Education and Training of Providers**

1. What is the cumulative percent of Physicians and Midwives trained on IPLARC evidence, protocols, and counseling at your hospital?

* Dropdown list
  + 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

1. What is the cumulative percent of Physicians and Midwives trained on immediate postpartum placement of **IUDs**?

* Dropdown list
  + 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

1. What is the cumulative percent of Physicians and Midwives trained on immediate postpartum placement of **implants**?

* Dropdown list
  + 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

1. What is the cumulative percent of Nurses trained on immediate postpartum placement evidence and protocols?

* Dropdown list
  + 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

1. What is the cumulative percent of Lactation Consultants trained on immediate postpartum placement evidence and protocols?

* Dropdown list
  + 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

1. What is the cumulative percent of Social Workers trained on immediate postpartum placement evidence and protocols?

* Dropdown list
  + 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%



***Immediate Postpartum LARC   
Process Measures and Specifications***

| **Metric** | **Numerator (among the denominator)** | **Denominator** | **Data Source** | **Guidance and FAQs** |
| --- | --- | --- | --- | --- |
| **Percentage of eligible individuals who received IPLARC** | Number of LARC devices placed prior to discharge | Number of postpartum individuals (aged 15-44 years who had a live birth) who desired IPLARC placement | EHR | **Report on a quarterly basis**  **Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category.  In LifeQI, please enter the quarterly data in the last month of the quarter.  You may also track LARC receipt through the medication administration record (MAR).  You may need to add new forms of documentation to EHR to determine patients’ *desire* for IPLARC. For example, you may add the question, “What, if any, type of contraception do you desire immediately postpartum?” to prenatal care and admission to L&D forms. Please click [here](https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:4262211c-821b-457f-92c9-342d8f876dce) for examples of Contraceptive Counseling SmartForm and Postpartum Contraceptive Order Sets from Michigan.  While waiting for these types of EHR changes to take place, the PA PQC suggests to track and report the number of LARC devices being placed over time (i.e., just enter the numerator among postpartum individuals aged 15-44 years who had a live birth). |
| **Percentage of eligible individuals with OUD who received IPLARC** | Number of LARC devices placed prior to discharge | Number of postpartum individuals (aged 15-44 years who had a live birth) with OUD who desired IPLARC placement | EHR | **Report on a quarterly basis**  **Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category.  In LifeQI, please enter the quarterly data in the last month of the quarter.  You may also track LARC receipt through the medication administration record (MAR).  You may need to add new forms of documentation to EHR to determine patients’ *desire* for IPLARC. For example, you may add the question, “What, if any, type of contraception do you desire immediately postpartum?” to prenatal care and admission to L&D forms. Please click [here](https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:4262211c-821b-457f-92c9-342d8f876dce) for examples of Contraceptive Counseling SmartForm and Postpartum Contraceptive Order Sets from Michigan.  While waiting for these types of EHR changes to take place, the PA PQC suggests to track and report the number of LARC devices being placed over time (i.e., just enter the numerator among postpartum individuals aged 15-44 years who had a live birth with OUD).  *“with OUD” defined as:*   * Clinical Criteria:   + positive self-report screen or positive opioid toxicology test during pregnancy and assessed to have OUD, or   + Patient endorses or reports misuse of opioids / opioid use disorder, or   + using non-prescribed opioids during pregnancy, or   + using prescribed opioids chronically for longer than a month in the third trimester (i.e., week 28 of pregnancy until birth), or   + newborn has an unanticipated positive neonatal cord, urine, or meconium test for opioids or if newborn has symptoms associated with opioid exposure including NAS * ICD-10 codes for OUD:   + F11 diagnosis codes   (The OUD diagnosis should be counted if it is active between the pregnancy start date and the end of the data reporting quarter.) |