Appendix 1. Immediate Postpartum Long-Acting Reversible Contraception (LARC) Program Implementation Guide: Exploration Stage

Implementation Guide Overview

Each stage of the implementation guide is organized by departmental task. Different hospitals will have different implementation team members working on these steps, who in turn may involve other individuals from their departments as needed.

Clinician steps may involve physicians, nurses, midwives, or clinicians with administrative roles. Some clinicians may hold formal roles in immediate postpartum LARC implementation teams. Others may be akin to cheerleaders, "champions" who maintain the momentum and clinical relevance of the project.

Pharmacy steps may often be performed by pharmacy directors, managers, or pharmacists dedicated to inpatient obstetrics.

Finance or billing steps may involve individuals from revenue cycle management, financial administration, billing, coding, or similar business departments.

Information technology (IT) or electronic health records (EHR) steps may involve individuals from EHR teams or IT personnel knowledgeable about the EHR and billing software used by their hospital.

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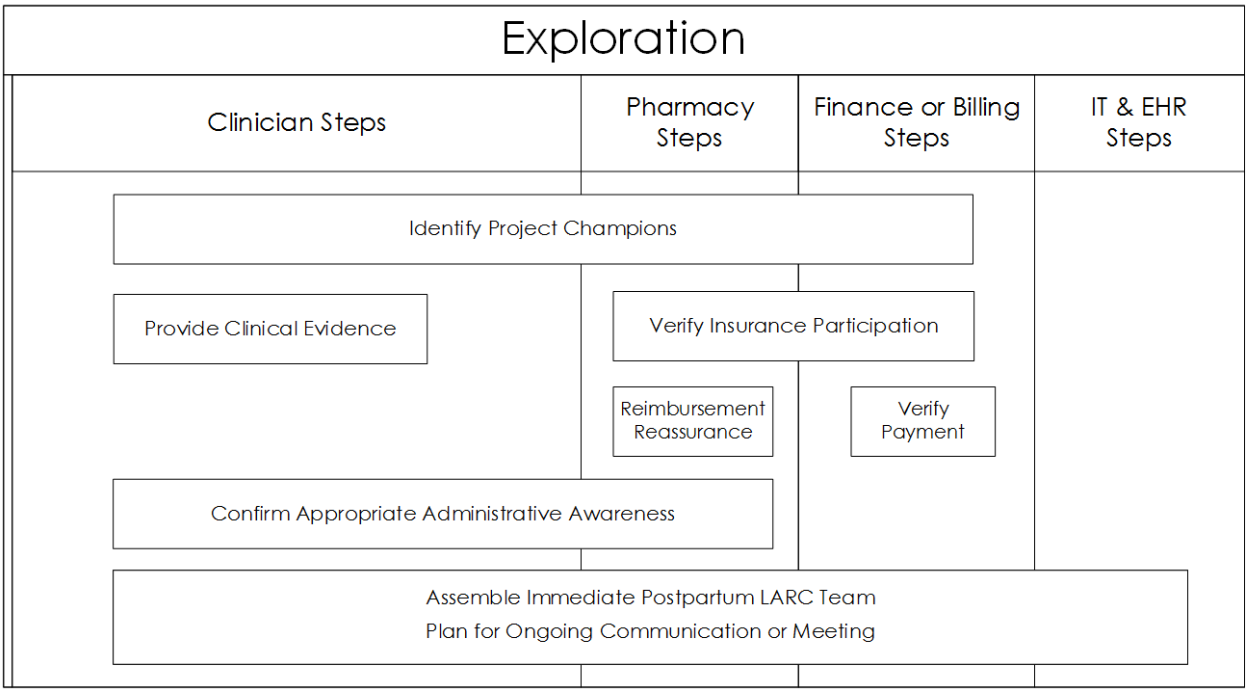
Exploration stage: Assessing the immediate postpartum LARC project



IT, Information Technology; EHR, Electronic Health Record; LARC, Long Acting Reversible Contraception

The steps in the Exploration stage are most important in establishing the foundation for successful immediate postpartum LARC program implementation.

Identify project champions: In every hospital we studied, a clinician brought the idea of immediate postpartum LARC to the rest of the hospital and recruited other important individuals. Examples of project champion roles include physicians, nursing, midwifery, lactation, pharmacy, hospital executives, hospital or departmental administration, finance, billing, coding, business coordinators, managers, medical records, and information systems. Clinical, pharmacy, and financial champions are the most important.

Provide clinical evidence: Clinicians educate other team members about immediate postpartum LARC, the clinical benefits, and the rationale for providing such a program. The

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American College of Obstetricians and Gynecologists' Immediate Postpartum LARC Resource Digest, available at https://www.acog.org/-/media/Departments/LARC/IPPLARCResourceDigestReplaceable.pdf, provides references with answers to common clinical questions.

Verify insurance participation: Individuals from the pharmacy and from finance or billing may require information about program eligibility or for verification that insurers would participate in immediate postpartum LARC reimbursement programs.

Reimbursement reassurance; Verify payment: For budgeting and planning purposes, some pharmacy and financial departments may request detailed information about expected device costs and reimbursement levels. Device cost information came from the manufacturers, while the state Medicaid program provided reimbursement information.

Confirm appropriate administrative awareness: This step is hospital-specific. Every hospital will have a different level of administrative involvement appropriate for its immediate postpartum LARC program. Education of non-clinical administrators about the importance immediate postpartum LARC can again play a role in this step.

Assemble immediate postpartum LARC team; Plan for ongoing communication or meeting: Once the hospital has decided to proceed with an immediate postpartum LARC program, establishing a project team and communication plan is the next key step for successful program implementation. Often some of the same primary champions identified previously, particularly those with clinical, pharmacy, and financial perspectives, are the same individuals that comprise the core of the immediate postpartum LARC team. Clear team member

responsibilities and a communication plan become important to prepare for immediate postpartum LARC amid competing priorities. For some teams this communication may occur within established contexts such as service-level meetings, or teams may create an immediate postpartum LARC workgroup with its own communication schedule.

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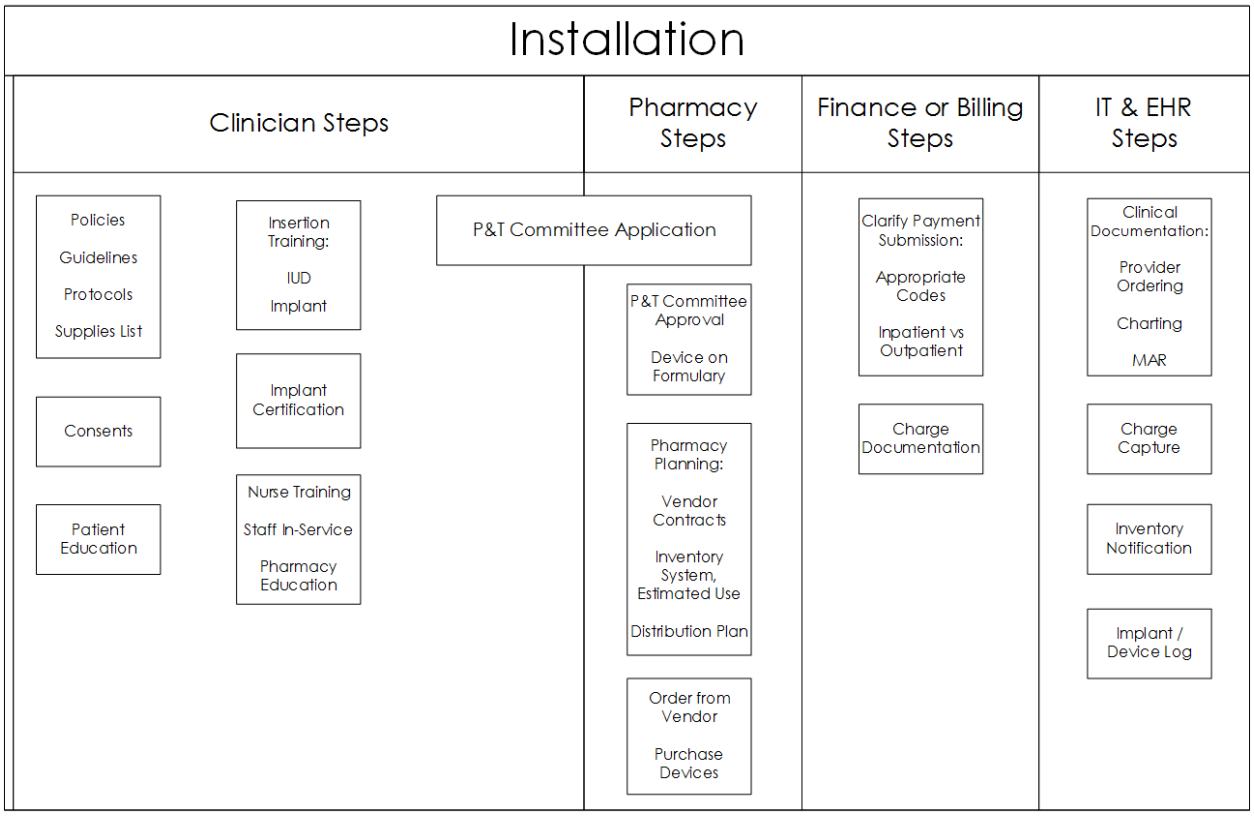
Appendix 2. Immediate Postpartum Long-Acting Reversible Contraception (LARC) Program Implementation Guide: Installation Stage

Installation stage: Preparing to offer immediate postpartum LARC



IT, Information Technology; EHR, Electronic Health Record; IUD, Intrauterine Device; P&T, Pharmacy and Therapeutics; MAR, Medication Administration Record

Because the steps in the Installation stage of implementing an immediate postpartum LARC program are interconnected across departments, regular communication about barriers encountered and steps completed is essential. A communication plan is particularly important in the case of team member turnover, a frequent occurrence in some hospitals and a common setback for immediate postpartum LARC implementation teams. Steps may not progress linearly

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in the order presented, nor is each step required for successful program implementation. However, an overview of the process may help reduce difficulties caused by unanticipated steps.

Clinician document-related steps

Policies, guidelines, protocols, or supply lists: The responsibility for assembling documents related to immediate postpartum LARC often falls to clinicians. Relevant hospital documents may include policies, eligibility guidelines, placement guidelines, or clinical protocols for implant and intrauterine device (IUD) placement after vaginal or cesarean delivery. This step should be tailored to each hospital's processes for new protocols. The American College of Obstetricians and Gynecologists' Immediate Postpartum LARC Resource Digest, available at https://www.acog.org/-/media/Departments/LARC/IPPLARCResourceDigestReplaceable.pdf, contains links to helpful educational materials that include evidence and best practices for immediate postpartum LARC provision.

Consents: Each hospital should align the consent process with their institutional standards. Conversations about immediate postpartum LARC should begin during prenatal visits, similar to the timing of postpartum sterilization discussions. Unlike for sterilization in some cases, there is no mandatory waiting period before LARC placement.

Patient education materials may include prenatal contraceptive options materials, handouts specific to LARC methods focusing on placement timing, nursing education for after LARC placement, or post-discharge information.

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Clinician education-related steps

Insertion training: Postplacental IUD placement is different from IUD placement in the office setting. Clinicians planning to offer immediate postpartum IUDs may benefit from additional training. Clinicians wishing to offer the etonogestrel implant must undergo a Food and Drug Administration-approved training provided by the manufacturer.

Implant certification: The manufacturer of the contraceptive implants requires that only trained clinicians place contraceptive implants. Having documentation of training certification available can facilitate the hospital pharmacy ordering process.

Nurse training, Staff in-service, Pharmacy education: Every care provider participating in immediate postpartum LARC insertions should adequately understand the program and their role in it. Nurse training may include background education about immediate postpartum LARC as well as information about appropriate consent verification, medication administration record documentation, and patient education. Similarly, mother-baby unit staff such as patient care technicians or operating room personnel may require a brief introduction to the immediate postpartum LARC program and the tasks they may perform. Clinicians may be asked to provide information about LARC to pharmacists, or a pharmacy team member may educate the pharmacy department about the program.

Pharmacy steps

Pharmacy and Therapeutics committee application: Pharmacists and clinicians often work together on their hospital's process to bring LARC onto the inpatient hospital formulary. For many hospitals, the first steps may include pharmacy and therapeutics committee

applications for each device. Clinicians may need to educate pharmacy and therapeutics committee members about current practices in office LARC provision in addition to providing information about immediate postpartum provision. References supporting immediate postpartum LARC, including those found the in Immediate Postpartum LARC Resource Digest referenced above, can be helpful.

Pharmacy and Therapeutics committee approval; Device on formulary: Pharmacists or clinicians may resolve pharmacy and therapeutics committee requests as agreed upon by the team; at this step, clarity of responsibilities is important. Final committee approval, and IUD and implant placement on the hospital inpatient formulary, should be communicated to postpartum LARC implementation team members.

Pharmacy planning: Vendor contracts: Hospitals may obtain most of their inpatient medications from a limited number of bulk suppliers who often do not carry IUDs or contraceptive implants. Hospital pharmacies may need to establish or negotiate new contracts with device manufacturers.

Pharmacy planning: Inventory system; Estimated use: Pharmacies may work with information technology staff to adapt existing inventory systems to immediate postpartum LARC. Clinicians and the pharmacy may work together to estimate LARC use for appropriate order volume.

Pharmacy planning: Distribution plan: Because devices are costly and immediate postpartum IUD placement is time-sensitive, a LARC distribution and storage plan is critical to

LARC program success. It is convenient for IUDs to be stored in protected electronic medication dispensing systems within the labor and delivery unit for timely access.

Order from vendor; Purchase devices: The final pharmacy-related step in preparing to offer immediate postpartum LARC is to obtain the devices.

Finance or billing steps

Clarify payment submission: Finance or billing team members may require communication from insurers regarding appropriate charge codes for LARC devices, placement, and any modifiers or additional information about the charge submission process to ensure timely payments. Financial personnel should ensure that coding teams and clinicians are aware of their roles in immediate postpartum LARC charge submission. Clinicians may not appreciate the distinction between LARC placement in inpatient and outpatient units.

Charge documentation: Finance or billing team members may work with information technology personnel to update their hospital's software for charge documentation and charge submission.

Information technology and electronic health record steps

Information technology personnel are involved in preparing the electronic health record and related computer systems for documenting, tracking, and charging for LARC placement.

Clinical documentation: Computer systems modifications for immediate postpartum LARC clinical documentation may not be extensive. Often, hospital processes for documenting consent, medication orders, procedural time-outs, medication administration, and clinical procedures can be readily adapted to immediate postpartum LARC. Clinicians and the

information technology department may build procedural templates for IUD or implant placements. Hospitals may consider creating electronic order sets with standard medications and supplies for IUD or implant placement.

Charge capture: This step is tailored to each hospital's existing charge capture processes and software. Information technology team members can assist in integrating electronic health records and finance systems to adequately capture charges for devices and their placement. Simulation and close communication between financial and information technology team members are particularly important to this segment of the revenue cycle.

Inventory notification: Information technology team members can help adapt existing pharmacy inventory management systems to immediate postpartum LARC. These adaptations may include tracking LARC usage, updating numbers of devices in electronic medication dispensing systems, and alerting the pharmacy department about levels of devices in stock.

Implant or device log: Hospitals may consider whether they need to create a log of individual devices that are placed. If so, information technology personnel may be able to streamline this process by capturing lot numbers from medication administration documentation.

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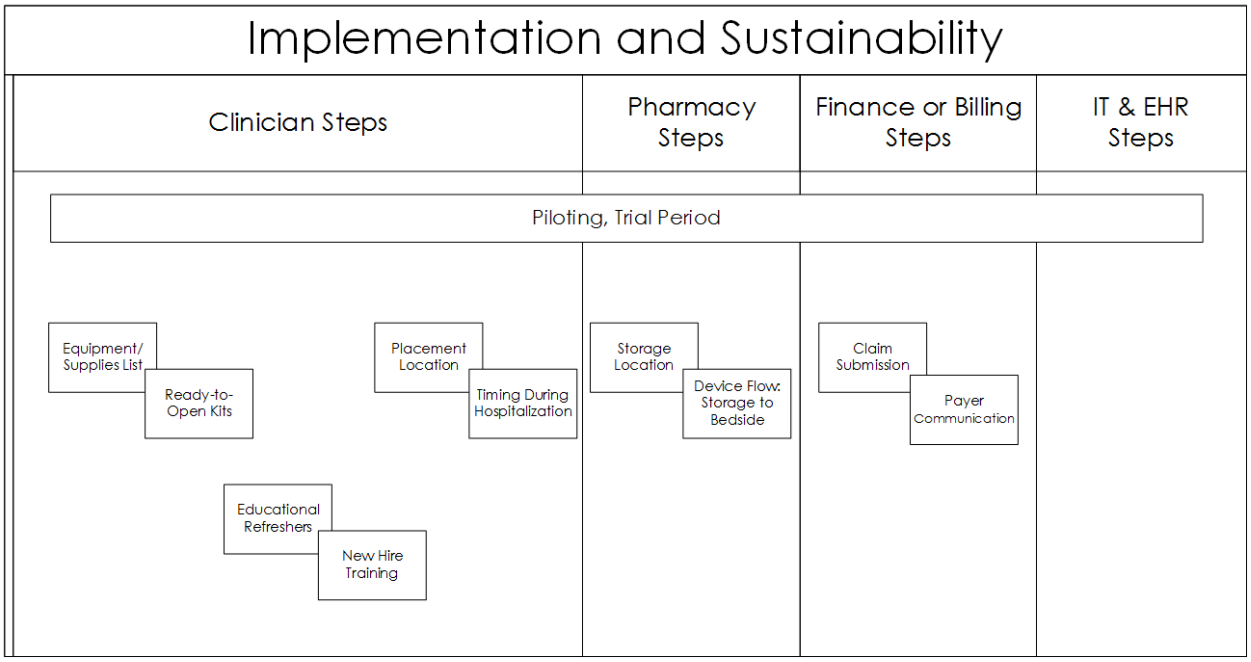
Appendix 3. Immediate Postpartum Long-Acting Reversible Contraception (LARC) Program Implementation Guide: Implementation and Sustainability Stage

Implementation and Sustainability Stage: Placing devices and adapting the immediate postpartum LARC program



IT, Information Technology; EHR, Electronic Health Record

Even with simulation during the Installation stage of immediate postpartum LARC program implementation, a successful program requires piloting and adaptation to be fully implemented and sustained. Each hospital will need to adjust its immediate postpartum LARC program to local circumstances. Some hospitals may consider establishing immediate postpartum LARC programs offering only one type of device, with plans for expansion to other devices, as a way to pilot the process. Others may consider a low-volume trial period for troubleshooting the process.

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Frequent communication among implementation team members is essential to responding to challenges and improving immediate postpartum LARC programs.

Clinician documents: Equipment / supplies list; Ready-to-open kits: Similar to the office setting, clinicians may approach device placement by having a list of equipment and supplies to gather, or by creating ready-to-open kits. Communication among clinical team members including technicians who may gather supplies, information technology personnel for creating electronic order sets, and pharmacists can be helpful in deciding which approach to try first and whether to test other approaches.

Clinician education: Educational refreshers; New hire training: Once hospitals begin offering immediate postpartum LARC, clinicians may need updates about process changes, procedural reminders, or additional practice. Additionally, new staff require education about the immediate postpartum LARC program and their role in it. The new hire training process may prompt educational updates, and clinician refreshers may inform training for new staff members. This step applies to pharmacy and financial departments as well.

Device storage, placement, and timing: Intrauterine device (IUD) placement should occur soon after placental delivery. After a few placements, the flow of devices through the hospital should be evaluated. Slow transport from IUD storage location to the delivery room may trigger a change in IUD storage location. Contraceptive implant placement is less time-sensitive and may occur in any location. Patient delays related to implant placement may require re-evaluation of placement timing, which could impact placement and storage locations. The physical layout of

obstetrical care units, staffing capabilities, and clinician and pharmacist input can all inform the best placement and storage plan for each hospital.

Claim submission; Payer communication: Financial processes may also require adjustment, and tracking early LARC orders, coding, charges, and payment claims with troubleshooting as needed is key to program sustainability. After submitting the first LARC charges, finance or billing team members should follow up to ensure correct payment. Team members may need to communicate with insurers to identify whether they must change or resubmit claims. As with any new program, this submission and communication process may require refinement.

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