Agenda

- OSDH Updates
- OMHTF Work Groups
- OHCA Updates
- OPQIC Updates
  - TeamBirth
  - CMS Birthing Friendly Designation
- OMNO/OK SAFER IDTA
  - Family Care Plan
  - Tough as a Mother Campaign
- Other Business
UPDATES FROM THE OKLAHOMA STATE DEPARTMENT OF HEALTH

Joyce Marshall, MPH
Director, Maternal Child Health Service
OMHTF Work Groups

Joyce Marshall, MPH
Director of Maternal and Child Health Service, OSDH

John Stanley, MD
Maternal Fetal Medicine
The Perinatal Center

Rodney Edwards, MD, MS
Professor and Section Chief MFM OB/GYN OUHSC
Maternal health encompasses all aspects of a woman’s physical, mental, emotional and spiritual health and well-being. It is optimized by comprehensive health care, both preventative and reactive, for women of childbearing age – including preconception, pregnancy, childbirth, postnatal and inter-conception care.

Continue to Achieve Demonstrated Improvements in Maternal Health

- Improve Access to Appropriate Care and Maternal Health Programs
  1. Expand Access to Care Using Mobile OB Services
  2. Use Telemedicine to Expand Access to Care
  3. Expand Education to Cover Entire Continuum of Maternal Health
  4. Increase Access to & Utilization of Preventative Health Programs & Services
  5. Expand Insurance/Reimbursement to Address Coverage Gaps

- Expand Mental Health, Substance Use and Social Services
  1. Increase Access to Behavioral Health Services Throughout Oklahoma
  2. Coordinate & Align Existing Services
  3. Create Innovative Pathways for Information & Referrals
  4. Improve Social Services & Supports
  5. Increase Inclusion & Outreach to Marginalized Communities

- Implement Innovative Technology and Data Systems
  1. Expand Telehealth & Telemedicine Services
  2. Implement High-Risk Obstetric ECHO Using Multi-disciplinary Teams
  3. Explore Improving Reimbursement for Innovative Medical Technology
  4. Expand Use of Technology for Education & Care Coordination
  5. Integrate Data Systems for Better Continuity of Care & Data Collection

- Address Racial Disparities and Implicit Bias
  1. Promote Workforce Diversity & Culturally-Competent Care
  2. Culturally-Appropriate Community-Based Maternal Health Programming
  3. Promote Policies that Support Equity in Maternal Health
  4. Support Black Mamas Matter Alliance & Other Similar Coalitions
  5. Identify & Track Measures Related to Birth Equity

- Increase the Engagement of Communities & Amplify the Voice of All Patients
  1. Improve Health Equity for All Oklahomans
  2. Promote Maternal Health Policies & Resources
  3. Expand & Strengthen Collaborative Partnerships & the Statewide Maternal Health System

Oklahoma Maternal Health Task Force
Strategic Map: 2020-2024
UPDATES FROM THE OKLAHOMA HEALTH CARE AUTHORITY

Traylor Rains
State Medicaid Director
OPQIC Updates

• OK Breast Feeding Resource Center updates
• TeamBirth
• CMS “Birthing Friendly” designation
TeamBirth: Process Innovation for Clinical Safety, Effective Communication, and Dignity in Childbirth

Oklahoma is First Statewide Initiative

This project is Supported by the State Maternal Health Innovation Program Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.
Cohort 1 Hospitals – Launch in March and April

- Ascension St. John, Tulsa
- Bailey Medical Center, Owasso
- Hillcrest Hospital Claremore
- Hillcrest Hospital South, Tulsa
- Mercy Hospital, OKC
- Saint Francis Hospital, Tulsa
- Saint Francis Hospital Muskogee
- Saint Francis Hospital South, Tulsa
- St. Mary’s Regional Medical Center, Enid
Oklahoma Impact:
Cohort 1 Launch Events - March

St. Mary’s Regional Medical Center - Enid, OK

Hillcrest South - Tulsa, OK

Bailey Medical Center - Owasso, OK

Hillcrest Claremore - Claremore, OK
Cohort 2 Hospitals

• Recruitment in process

• Kick-Off Webinars for Cohort 2 May 3rd and May 6th

• https://opqic.org/teambirth/
Evidence on TeamBirth


CMS proposes a “Birthing-Friendly” designation

• The designation would recognize hospitals that have demonstrated a commitment to maternal health through participation in state PQC activities and implementation of patient safety bundles for pregnant and postpartum parents

• More details on requirements will be released soon

• Hospitals will submit their report on Maternal Morbidity Structure Measures for the first time in May 2022 (for 10/21 – 12/21). Publicly reported in fall of 2023

• 4 states are offering Medicaid and CHIP coverage for 12 months after pregnancy. Another 11 states are working with CMS to provide the same 12 month coverage

• “Birthing Friendly” designation will be publicly available and can assist consumers in choosing a hospital for their birth experience
CMS proposes a “Birthing-Friendly” designation

FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long Term Care Hospitals (LTCH PPS) Proposed Rule - CMS-1771-P (Maternal Health) Fact Sheet

“Additional measures that would comprise the designation are expected to evolve over time. In future notice-and-comment rulemaking, CMS intends to propose a more robust scoring methodology for the designation that may include other maternal health-related measures finalized for the Hospital IQR Program measure set. Other potential measures could include the two electronic clinical quality measures (eCQMs) being proposed in this rule, if finalized – the Cesarean Birth eCQM and Severe Obstetric Complications eCQM – measures that are equity-focused, and/or measures that capture patient-reported outcomes or experiences of care.

Ultimately, CMS’ goal is not simply to grant hospitals a maternal health “gold star,” but to do so in a way that is meaningful for patients and families in search of facilities with a demonstrated commitment to the delivery of high-quality, safe, and equitable maternity care.”

OMNO Oklahoma Mothers and Newborns Affected by Opioids

Q4 2021 Data Report
OMNO Data – Q4 2021 (Oct – Dec.)

- Total Records: 91
- Total women included: 88
- Women with OUD: 79
  - 9 women reported to NOT have OUD
- Total Live Newborns: 92
- Opioid-exposed newborns ≥ 35 weeks (OEN): 78
  - 14 < 35 weeks
- Hospitals reporting cases: 10
- Hospital reporting no cases: 4

To review full report, [click here](#)
OK SAFER  Safely Advocating for Those Engaged in Recovery

- Family Care Plan
- Tough as a Mother Campaign
Safely Advocating for Families Engaged In Recovery (SAFER)/IDTA Initiative

April 19, 2022
OPQIC Meeting
Agenda

FAMILY CARE PLANS: NEXT STEPS

IMPLEMENTATION FRAMEWORK AND TIMELINE

DATA & EVALUATION PROGRESS

TOUGH AS A MOTHER REPLICATION
Family Care Plans:

Next Steps
Context

Key information that informed design choices
Substance exposed infant vs a substance affected infant

- **Substance exposed**: infant tested positive for alcohol or controlled dangerous substance
- **Substance affected**: infant diagnosed with withdrawal, FASD or NAS
- **Both substance exposed and substance affected infants are required reports to DHS**
- **Plan of Safe Care are only required by statute for substance affected infants**
New Data: Infants with Prenatal Substance Exposure (IPSE)

- Total IPSE: 2247
  - Screened in IPSE: 2218
  - Screened out: 29
  - Screened in IPSE with Referral to Services: 1382 or 62.3%
  - Total POSC: 71 or 3.2%

Source: Child Maltreatment 2020, NCCANDS
What if?

Instead of 3.2% of infants with prenatal substance exposure and their families receiving a POSC/Family Care Plan, partner agencies step forward to offer a Family Care Plan and care coordination during pregnancy and postpartum for all infants with prenatal substance exposure and their families.
What: The Path Forward

- Do have all referrals come to the DHS hotline

- Do enhance access to and engagement strategies for treatment for parents with a substance exposed or a substance affected infant (CHESS APP)

- Do create multiple pathways for DHS to refer families to SUD treatment providers for a Family Care Plan and care coordination.
PROPOSED: OKLAHOMA SUBSTANCE AFFECTED INFANT PATHWAY

- Gathers information and makes referral to child welfare hotline/intake.

Health Care provider

DHS

- DHS determines whether to screen in or screen out the referral
- and
- determines which of three pathways to link parents to SUD provider

Family Care Plan

DHS

- DHS screens in the referral, investigates C/AN report and refers family to a SUD provider for a FCP
- or
- DHS screens out referral and notifies an SUD provider via CHESS app for a Family Care Plan and care coordination for the family
Although statute only requires a POSC for substance affected infants, we concur that a Family Care Plan will also be created for substance exposed infants via one of three family centered pathways:

1. Referral to hotline *doesn’t meet criteria for investigation*
   - The family is referred to a treatment provider via CHESS app for a Family Care Plan
   - # approx. 30-100

2. Referral to hotline *does meet criteria for investigation but does not need ongoing child welfare services*
   - Case is closed after investigation by DHS and family is referred to a treatment provider via CHESS app for a Family Care Plan
   - # approx. 1500

3. Referral to hotline *does meet criteria for investigation, and is in need of ongoing child welfare services, for both substance exposed infants and substance affected infants*
   - DHS refers to a treatment provider via CHESS app for a Family Care Plan.
   - The Family Care Plan is collaboratively monitored by DHS and the treatment provider. (and/or courts)
   - # approx. 600
All families with an infant with prenatal substance exposure will be offered a Family Care Plan.

SUD treatment providers contracted with ODMHSAS will be the primary initiator of Family Care Plans after receiving a referral from DHS.

When appropriate, the Family Care Plan will be monitored jointly by the SUD treatment provider and DHS staff.
How:
The three-legged stool of Family Care Plan Implementation

- E learning Modules (available now)
- Implementation Toolkit (underway)
- Interactive training/consultation
1: FCP Foundations

- The need for Family Care Plans (FCP)
- Values and Beliefs that drive the FCP

2: Initial Walkthrough

- Initial form walkthrough
- How the form facilitates initial discussion

3: Practical Application

- Witness an in-person initial session
- Learn how to facilitate sessions

4: Organizational Integration

- How to infuse FCP values throughout your organization
- Hear lessons learned from FCP champions

Family Care Plan Modules

Equipping providers & empowering families
Implementation Toolkit Content

- Scripts
- Readiness Checklist
- Implementation Guide
- Standardized Forms
Pilot and learn next steps

Choose pilot providers/sites

Explore incentives and supports

Establish PDSA cycles (Plan, Do, Study, Act)

Create implementation framework and timeline
Creating an Implementation Framework

ODMHSAS Supports for Family Care Plan Rollout

**Evaluation**
- Contract with Dr Bard and Dr Lloyd-Sieger
- Pilot, process, outcomes, cost analysis

**CHESS Health App**
- Referral management
- OK I’m Ready
- Recovery supports

**Anti Stigma Work**
- Replicate Tough as a Mother campaign
- Targeted training based on CVI

**Training**
- E learning Modules
- Toolkits
- Pilots

**FCP Liaisons**
- Embedded at SUD providers
- Supports for collaborative partners
- Contracts by July 1

**Coaching**
- Learning communities
- Consultation
- PDSA’s
**Draft Family Care Plan Rollout Timeline**

### Refine Referral Processes
- **Prenatal**
  - To prenatal care
  - To treatment
  - To support services
- **At Birth**
  - Hospital to DSS
  - DSS to SUD agencies
- **Postpartum**
  - SUD agencies to community resources
  - DSS to community resources
  - PCAP?

(April-Aug 2022)

### Create a Toolkit
- **Create**
  - Clarify timeline
  - Contract with experts
- **Review**
  - Content workgroups
  - Create timeline
- **Test**
  - Solicit volunteers
  - Feedback
  - Revise

(May-July 2022)

### Provide Training
- **Chess Health App**
  - DSS training
  - Additional providers
- **E-Learning Modules**
  - Determine pace
  - Supervision guides
  - Cohorts
- **Consultation/Coaching**
  - Contracts
  - Timing
  - Sequencing

(June- Dec 2022)

### Pilot and Learn
- **Prepare**
  - Determine incentives
  - Ideal timing
  - Length of pilot?
- **Select sites**
  - Criteria
  - Health care lead
  - Identify partner agencies
- **Conduct pilot**
  - Formalize PDSA cycle
  - Create feedback loop
  - Revise guidance

(July-Nov 2022)

### Communicate
- **Core Partners**
  - Get alignment
  - Individualize
- **Frontline staff**
  - Close to launch
  - With all resources
  - Clarify supports
- **Anti-Stigma**
  - Tough as a Mother
  - Provider Story Vines
  - Additional training?

(Sept- Dec 2022)

### State wide Launch
- **Readiness Assessments**
  - Each entity
  - ODMHSAS supports
- **Implementation Guidelines**
  - Created and reviewed
  - Each entity
- **Go Live**
  - All at once? By region?
  - Rapid response team
  - Revise and communicate
  - Collect data

( Jan-March 2023)
Data and Evaluation

Progress! We have a Plan
Initiated discussions with and Dr Richard Bard (OU) and Dr Margaret Lloyd Sieger (U Conn) to determine best path forward

Contracting with both to create a scope of work that includes:

- Planning
- Pilots
- Process and outcomes evaluation
- Cost Analysis
**DRAFT: OK Family Care Plan Evaluation Timeline**

- **2022**
  - FCP Training Cohort 1 (May)
  - Process Study Plan (July)
- **2023**
  - Development Phase Start (May)
  - Pilot Evaluation Plan (June)
  - Outcome Study Plan (Aug)
  - Pilot Study Start (Sept)
  - Cost Study Plan (Sept)
  - Pilot Study Data Collection Ends (Dec)
  - Phase 2 Data Collection Ends (March)
- **2024**
  - Statewide Implement Study Starts (April)
  - FCP Training Cohort 3 (July)
  - FCP Training Cohort 4 (Oct)
  - FCP Training Cohort 2 (May)
  - Final Evaluation Plan (April)
- **2025**
  - Training Cohort 5 (Jan)
  - Evaluation data collection ends (April)
  - Final Evaluation Report (July)
Feedback: How can we improve our FCP implementation plan?
Discussion:

Stigma and Public/Provider Understanding
Stigma Impacts

- People seeking help
- Numbers of families receiving treatment
- Quality of treatment
- Likelihood of staying in active recovery
- Resources allocated to prevention and treatment

One Jurisdiction’s Approach: Tough as a Mother

WHAT IS TOUGH AS A MOTHER?

Tough as a Mother is a new public awareness campaign, launched in May 2020, to help connect Colorado mothers with dependent children to substance use treatment providers in their communities.
OK Replication of Tough as a Mother (TAAM)

Met with leaders of the Colorado campaign including the state behavioral health, local treatment entity and communications firm

TAAM Colorado leaders are interested in supporting OK to replicate the campaign

In Colorado, there has been concurrent advocacy to shift state laws to promote access and reduce barriers to treatment
Tough as a Mother:

OK Next Steps

- Determine core elements
- Which are state specific options?
- Determine funding and partnership agreements
- Create timeline and action plan
- Identify champions
An Opportunity for Providers

In addition to Mothers telling their stories....

Colorado is using an app, Story Vine, that can also be used by providers to engage constituents in accessing care

Highly effective: https://www.toughasamother.org/providers-share-your-story/

https://www.toughasamother.org/community-resources/
Feedback: What aspects of Tough as a mother resonate?
QUESTIONS/OTHER BUSINESS?

- You may unmute to ask any questions or address any other business items
- If joining on a phone, press *6 to unmute
Quarterly Meetings

Register now to be added to all upcoming OPQIC Quarterly Meetings.

You will be added to a recurring Outlook invite.

Go to https://opqic.org/register

Future Meeting Dates:

July 19, 2022
October 18, 2022

5:00pm – 7:00pm
https://opqic.org/speakup/
Upcoming Events
To Register, visit https://opqic.org/opqic-upcoming-events/

• April 27: OSDH: Eliminating Health Inequalities Lecture ft. Dr. Ansell – virtual

• April 28: IMA Annual virtual Summit 2022 – virtual

• September 30: OPQIC SUMMIT Save the Date