MATERNAL HEALTH TASK FORCE OPQIC QUARTERLY MEETING

APRIL 19, 2022





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



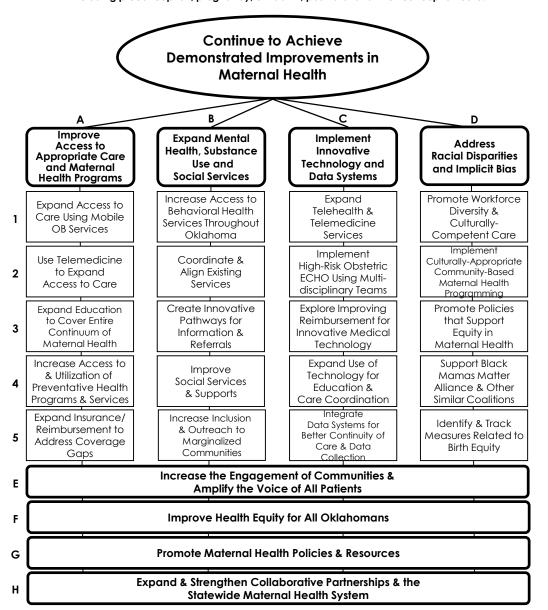
Rodney Edwards, MD, MS
Professor and Section Chief MFM
OB/GYN OUHSC



Oklahoma Maternal Health Task Force Strategic Map: 2020-2024

09/09/20

Maternal health encompasses all aspects of a woman's physical, mental, emotional and spiritual health and wellbeing. 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.



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











Cohort 2 Hospitals

Recruitment in process

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

https://opqic.org/teambirth/

Evidence on TeamBirth



The design of "TeamBirth": A care process to improve communication and teamwork during labor. Birth. July 9,2021 https://onlinelibrary.wiley.com/doi/10.1111/birt.12566

Implementation strategies within a complex environment: A qualitative study of a shared decision-making intervention during childbirth.

Birth. January 7, 2022 https://onlinelibrary.wiley.com/doi/full/10.1111/birt.12611

Improving communication and teamwork during labor: A feasibility, acceptability, and safety study. Birth. March 1, 2022 https://onlinelibrary.wiley.com/doi/10.1111/birt.12630







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





OKSAFER 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

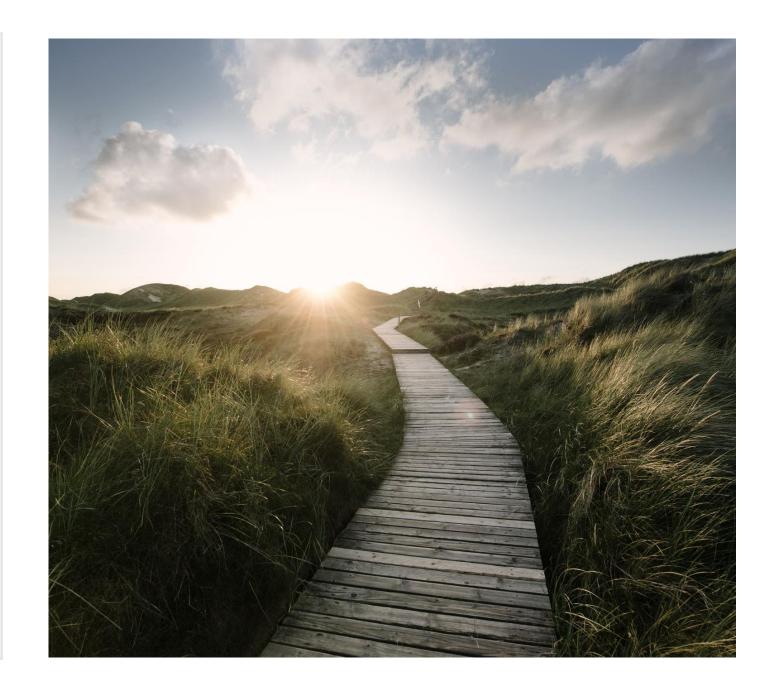
IMPLEMENTATION FRAMEWORK AND TIMELINE

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



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%



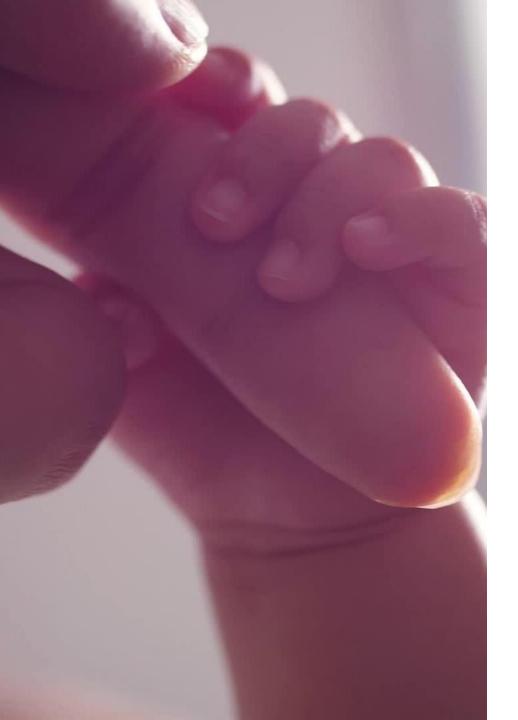
71 or 3.2%

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 <u>all</u> 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

- DHS screens in the referral, investigates C/AN report and refers family to a SUD provider for a FCP
- 0
- DHS screens out referral and notifies an SUD provider via CHESS app for a Family Care Plan and care coordination for the family

Family Care Plan

Multiple Referral Pathways to Family Care Plans

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

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

Key Points of Referral Pathways

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

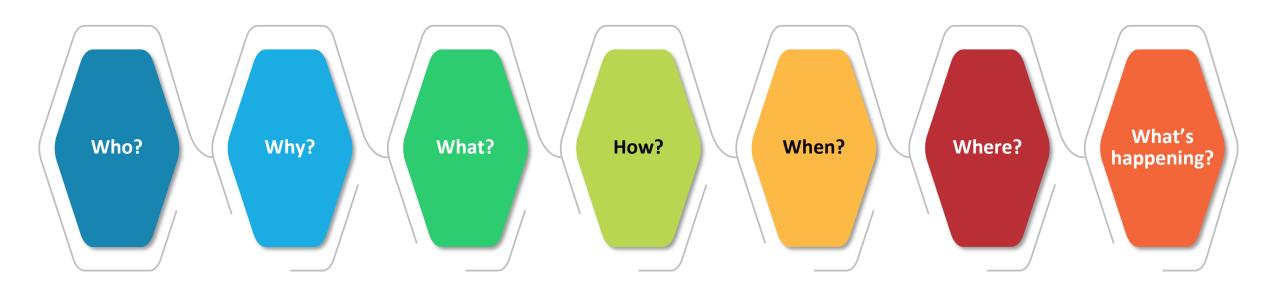


Establish PDSA cycles (Plan, Do, Study, Act)

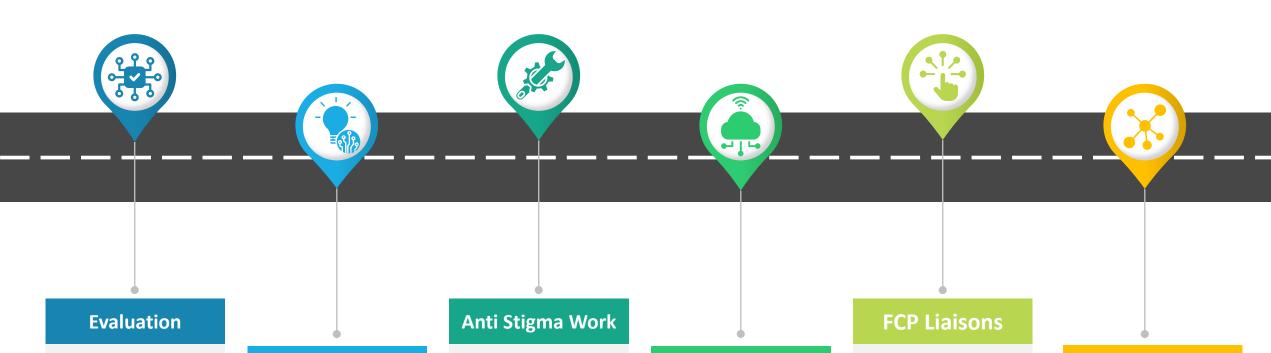


Create implementation framework and timeline

Creating an Implementation Framework



ODMHSAS Supports for Family Care Plan Rollout



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

CHESS Health App

- Referral management
- OK I'm Ready
- Recovery supports

- Replicate Tough as a Mother campaign
- Targeted training based on CVI

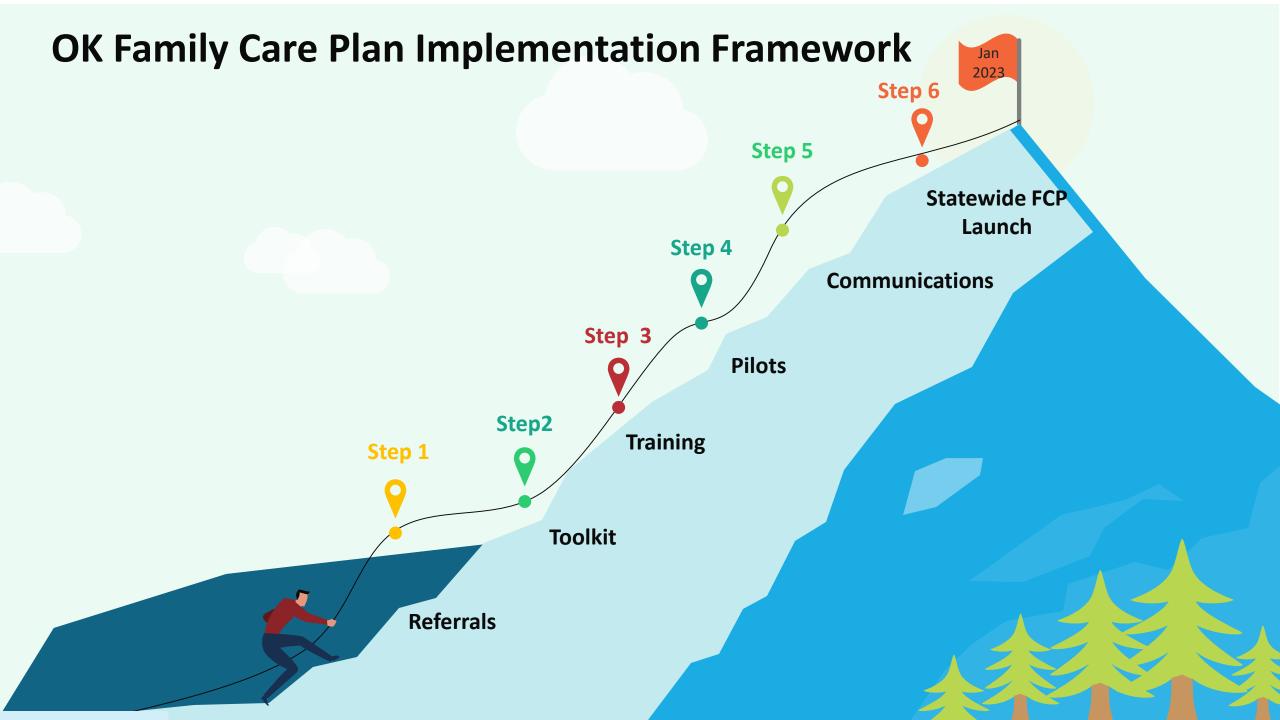
Training

- E learning Modules
- Toolkits
- Pilots

- 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

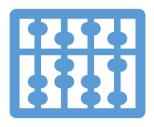
- All at once? By region?
- Rapid response team
- Revise and communicate
- Collect data

(Jan-March 2023)

Data and Evaluation

Progress! We have a Plan

Evaluation Update



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:

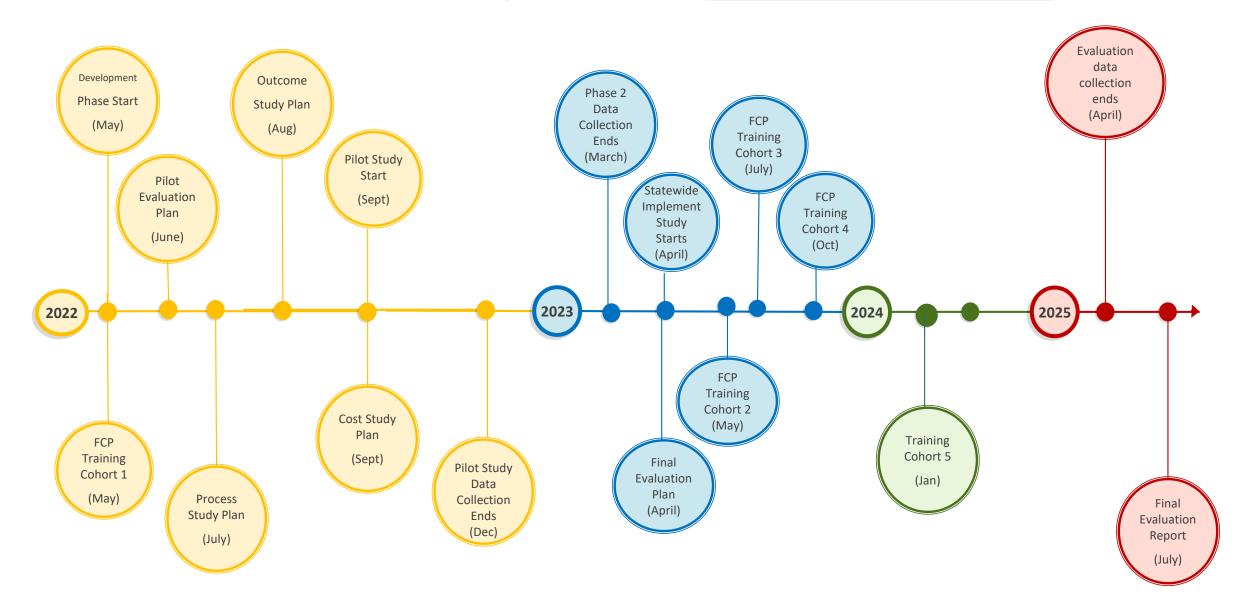
Planning

Pilots

Process and outcomes evaluation

Cost Analysis

DRAFT: OK Family Care Plan Evaluation Timeline

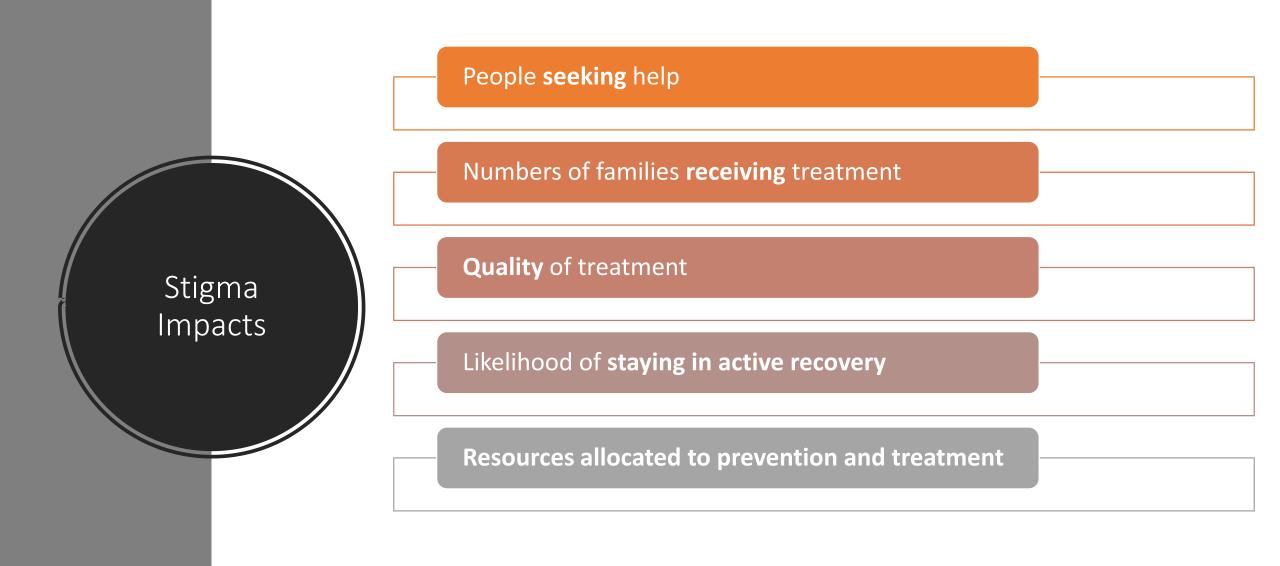


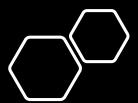


Feedback: How can we improve our FCP implementation plan?

Discussion:

Stigma and Public/ Provider Understanding





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)

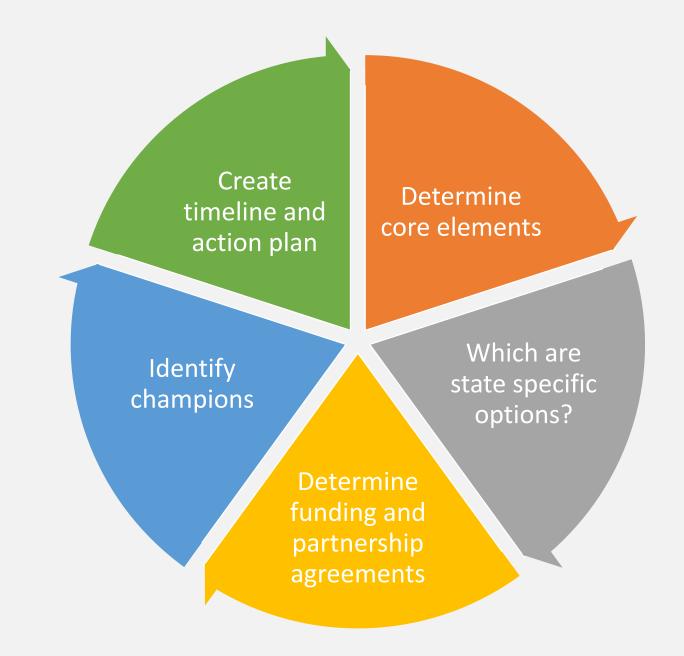
Met with leaders of the Colorado campaign including the state behavioral health, local treatment entity and communications firm

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





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 OPOIC WHAT'S THE LATEST? INITIATIVES COURSES CALENDAR FOR PROFESSIONALS FOR PATIENTS ABOUT US YOU ARE HERE: Home > Event Registration SEARCH THIS WEBSITE Q **EVENT REGISTRATION** RECENT POSTS A Call for Research Study Participants: After completion of this registration form, the participant will receive the Zoom meeting information in an Pregnant Women and Social Media email. ACOG releases COVID-19 Vaccine PSA and Please select the meeting you want to register for AWHONN is offering a Brand New Obstetric April 19, 2022; 5 PM - 7 PM and Neonatal Quality and Safety Review Program - Now Available! April 19, 2022: 5 PM - 7 PM Sign up to be added to all upcoming quarterly meetings (recurring Outlook meeting invite will be sent) JAMA: Association of SARS-CoV-2 Infection With Serious Maternal Morbidity and Mortality From Obstetric Complications First Last JOGNN: Secondary Qualitative Analysis of Participant Email * Moral Injury in Obstetric and Neonatal Nurses We will send your registration confirmation and event correspondence to this e-mail address. Please enter an e-mail address that you check often. **ARCHIVES** Select Month Enter Email Confirm Email







https://opqic.org/speakup/

These 30-45 minute web-based programs, developed by the Institute for Perinatal Quality Improvement (PQI), provide interactive education designed for healthcare workers who care for people who are or may become pregnant.

THE SPEAK UP PROGRAM INCLUDES THREE MODULES

Module 1

Why Everyone Must SPEAK UP

Trends and Racial Disparities in Maternal Mortality and Morbidity

Module 2

Pledging to SPEAK UP

Recognizing Bias Inequities, and Racism In Perinatal Care

Module 3

How to SPEAK UP

Against Racism In Perinatal Care

CNE/CME credit available. (.75 credit for each module)
 All learners will receive a certificate of completion at the conclusion of the training.

This nursing continuing professional development activity was approved for 0.75 CNE credits each by Northeast Multistate Civision, on accredited approver by the American Nurses Credenfialing Center's Commission on Accreditation, Released on May 1, 2020.

Boston University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians, Boston University School of Medicine designates this live activity for a maximum of 0.50 AMA PRA Category 1 Creditis) TM each. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To access the training, please register at opqic.org/speakup/







For more information visit: www.perinatolqi.org

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

