

# Advancing Preconception Wellness: Health System Learning Collaborative

Webinar #2

July 28, 2016 | 4PM EST

Dial in : 1-800-371-9219

Participant Code: 6080761

# Agenda

- Welcome and Introductions
- Learning Collaborative Goals & Format
- Presentation from New York State Department of Health
- Group Discussion
- Next Webinar



Preconception health Show Your Love supporters

# Learning Collaborative Goals

- Share ideas
- Develop and disseminate best practices and strategies
- Define barriers and challenges
- Develop solutions
- **Ultimate goals:**
  - Develop a series of recommendations for system level integration of preconception health
  - At February 2017 in person meeting, draft results for publishing

# Webinar Structure:

## System level preconception health

- Five 30-45 minute sessions
- 1-3 Individual Site Briefs
  - For Preconception Health, share ....
    1. Your organization's goals regarding preconception health– what are you trying to accomplish?
    3. What do you plan to measure?
    4. What concrete strategies are using to collect the data?
    5. What are the biggest challenges you face to move forward?
- Facilitated Discussion
  - All collaborative members participate in ideas or solutions
  - Results will be recorded and tabulated

# New York State Infant Mortality Collaborative Improvement & Innovation Network (NYS IM-CollIN) Update

Cindi ...

# Initiative AIM

Improve life course care for women related to pre and interconception care by:

- Improving birth intention, including use of most and moderately effective contraception, by 10% relative to state baseline among women seeking reproductive health services
- Improving the percentage of postpartum women in the state who are using LARC relative to state baseline
- Improving the integration of evidence-based preconception messages into routine preventive care services

# NYSDOH Leadership Team

Marilyn A. Kacica, MD, MPH: Medical Director

Michael Acosta, MPP: Assistant Director, Bureau of Women,  
Infant and Adolescent Health

Lusine Ghazaryan, MD, MPH: Data Lead

Brandi Wells, MPH: Initiative Manager

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**Federally qualified health center  
(fqhc) Pilot project  
(4 fqhcs)**



# Improve birth intention, including use of most and moderately effective contraception

- To assess the impact of asking women age 15 - 44 their intention of becoming pregnant within the next year on the increased use of effective contraception, particularly LARC.
- Goal - reduce the number of unintended pregnancies by increasing knowledge of and access to effective methods of contraception, especially LARC.

# Overview of Activities

The FQHCs ask women if they would like to become pregnant in the next year and document the responses

- The question is asked by the following types of service staff:
  - Nurse Practitioner
  - Nurse
  - Health Educator
  - Medical Assistant

# Overview of Activities (Cont.)

The pilot sites also document the contraceptive services provided to women by the pilot site service center including:

- # of patients who were given a prescription for contraception
- # of patients who received OC, injectable, patch, ring or diaphragm
- # of patients who received a LARC method
- # of patients who were referred to/made an appointment with the FQHC's family planning program for contraception

## Successes (October 2015 - June 2016)

- 100% of clients were asked about pregnancy intention
  - ↑ 33% from 75.2%
- Clients given a prescription, received or were referred for an effective or highly effective contraceptive method has fluctuated, but showed a high of 61.7% in March
  - ↑ 41% from 43.7% last October
- As a subset of the previous group, 5.9% clients received or were referred for a highly effective/LARC method in June
  - ↑ 84% from 3.2% last October

# Challenges

- Staff turnover/vacancies in organizations conducting the pilot project disrupts the collection and reporting of the data.

# **Maternal & infant community health collaborative (michc) PILOT projects**

# MICHCs

## Initiative AIM #1

Community Health Worker (CHW) Promotion of Effective Contraception & Promotion of the Importance of the Postpartum Visit

- Improve birth spacing/intention, including use of most and moderately effective contraception
  - Increase adherence to the postpartum visit
  - Increase selection and use of an effective contraceptive method

# Overview of Activities

Data collection began October 1, 2015. Each month the MICHC pilot projects report on the following activities:

- Offering information to prenatal and postpartum women on proper birth spacing, effective contraception, the importance of the postpartum visit and what to expect during the visit.
- Follow-up with clients to ensure a postpartum visit is scheduled to occur within 21 to 56 days after giving birth, provide assistance with scheduling the appointment if needed, and follow up to ensure the client attended the postpartum visit.
- Follow up with clients after delivery to assess selection and use of an effective contraceptive method up to 60 days postpartum.



# Project Data Reported (Oct. 2015 - Jun. 2016)

## For Prenatal MICHC Clients:

- Communicating the importance of the postpartum visit (PPV) to clients still needs improvement: overall ↓ from 76.2% to 66.7%
- Providing information about effective contraception methods: ↑ from 76.2% to 90.5%
- Clients indicating selection of an effective contraception method and communicating this to their provider ↑ from 33.3% to 71.4%

## For Postpartum MICHC Clients:

- Both PPV adherence and use of an effective contraception (EC) method in the PP period improved:
  - PP period ↑ from 45% to 76.9%
  - EC use ↑ from 31.8% to 92.3%
- Delivering information about EC in the PP period still needs improvement: overall ↓ from 88.6% to 76.9%

# Challenges

- Small number of clients
- IT challenges
- Increase in the # of women presenting late in the prenatal period
- Difficulty accessing birth control (esp. LARC)

# MICHC

## Initiative AIM #2

### Promotion of Integration of Pre/Interconception Messages into Routine Preventive Care Services

- Improve the integration of evidence-based preconception messages into routine preventive care services
  - Increase # of PCPs educated on the use of the Preconception Care Clinical Toolkit from the Before, Between and Beyond Pregnancy website ([beforeandbeyond.org/toolkit](http://beforeandbeyond.org/toolkit))
  - Increase # of providers who have integrated a question regarding pregnancy intention during the next year into delivery of primary care services

# Progress to Date/Successes

- Presentations by pilot sites on use of the BBB Toolkit
- Several providers incorporating a pregnancy intention question into their daily workflow
- Technical assistance calls with experts

# Challenges

- Progress is slow - no formal data collected to date
- How to measure the provision of services?
- The BBB Toolkit is meant as a foundational element to get buy-in from providers - missing is a tool to implement it

# Contact

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# Facilitated Group Discussion



Preconception  
Health+Health Care Initiative

A National Public-Private Partnership

Before, Between  
& Beyond Pregnancy

# PCW Consensus recommendations (2016)

- PCW1 = pregnancy intention (contraceptive access and PCC surrogate)
- PCW2= 1<sup>st</sup> prenatal visit within 1<sup>st</sup> trimester (access to care)
- PCW3= preconception folate use
- PCW4= tobacco use
- PCW5= depression management
- PCW6= weight
- PCW7= STI
- PCW8= optimal A1C in patient with pregestational diabetes
- PCW9= teratogenic medication use



# For the Group

- Thinking about advancing preconception wellness on a statewide level:
  - What needs to be measured?
  - What actually can be measured, or is being measured already?
  - Where is the data?
  - What is it going to take to get the data?
  - What is it going to take to report the data to effect change?
- What programs do you need to implement change?
- Who are the stakeholders that need to be at the table?
- Are there any incentives?
- What are the barriers – specifically...

# Collaborative Timeline:

## Suggested site groupings and dates for future webinars

- **July 28, 2016 at 4PM EST: State Organizations**
  - *Ohio State Hospital Association and Ohio Perinatal Quality Collaborative*
  - *Washington State Hospital Association*
  - *Alabama State Department of Health, Title V*
  - *NY State Department of Health*
- **September 15, 2016 at 4PM EST: ACOs and CCOs**
  - *Alabama State Department of Health, Title V*
    - *Samaritan Health Services (CCO)*
    - *Health Share of Oregon (CCO)*
    - *Mission Health Partners (ACO)*

# Collaborative Timeline:

## Suggested site groupings and dates for future webinars

- **November 10, 2016 at 4PM EST: MCO and Insurers**
  - *County Care Health + Cook County Health System*
  
- **January 12, 2017 at 4PM EST: FQHCs, VA, and IHS**
  - *The Providence Community Health Centers*
  - *The VA Health System*
  - *Shiprock Service Unit (Navajo)*

# Wrap up

- Questions?
- Comments?
- Feedback?