Advancing Preconception Wellness: Health System Learning Collaborative

Webinar #5
January 12, 2017 | 4PM EST

Dial in: 1-800-371-9219
Participant Code: 6080761
Agenda

• Welcome
• Learning Collaborative Goals
• Systems Presentations:
  • Providence Health Centers
  • Indian Health Service
  • The VA
  • Cook County Health & Hospitals System
• December 13-14 Catalyzing Change Meeting Review
• Group Discussion – Next Steps
• Thank you!
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 Dec 2016 in person meeting, draft results for publishing
PREGNANCY INTENTION & PRECONCEPTION WELLNESS

THE PROVIDENCE COMMUNITY HEALTH CENTERS

Providence, Rhode Island

JENNIFER HOSMER, MD, MPH

JANUARY 12, 2017
Providence Community Health Centers
Fast Facts 2016

- Non-profit founded 1968
- Only FQHC in Providence
  - 90% patients at or below 200% Federal Poverty Level
  - 20% uninsured
- ~ 50,000 patients (provides primary care to ~ 1 in 4 residents of Providence)
  - ~ 190,000 patient visits
- 11 sites
  - ~ 400 full-time/part-time employees
- Multi-specialty practice model
  - 76 providers
Providence Community Health Centers
Fast Facts 2016

Clinical Collaborations

- NCQA accredited as Patient Centered Medical Home Level III
- Participates in Medicare Accountable Care Organization (ACO) with Florida partner - HCN
- Certified as RI Medicaid Accountable Entity
- Participates in Federal Title X Family Planning Program
  - 11,800 visits in 2015 (represent ~ 75% RI Title X visits)
- Active member of National Association of Community Health Centers
Rhode Island Policy and Initiatives Preconception Health

- **Rhode Island Strategic Plan – Preconception Health 2013-2015**
  - Healthcare & Health Promotion Recommendation: “Promote and support the discussion of preconception health by healthcare providers and allied professionals for all individuals of reproductive age”. (“e.g., One Key Question”)

- **Issue Brief Rhode Island Department of Health (2015)- Unintended Pregnancy Among Women in Rhode Island 2009-2011**
  - Recommended Actions for Healthcare Providers: Begin reproductive health counseling with “One Key Question” (e.g. “Do you plan to become pregnant in the next year?”)

  - Intro to Before, Between and Beyond Pregnancy Toolkit [http://beforeandbeyond.org/toolkit/](http://beforeandbeyond.org/toolkit/)
Rhode Island Policy and Initiatives
Preconception Health

2016- RI Title X Program officially endorsed the use of the “One Key Question” in all Title X family planning encounters

- 2017 will require documentation of assessment of pregnancy intention on the Rhode Island Family Planning Encounter Record (FPER) and in the patient record (tied to funding)

Preparation for 2017 (RI Title X Program)

- Sponsored 3 webinars for Title X agencies with Oregon Foundation for Reproductive Health (One Key Question)
- Conference 11/16/2016: Pregnancy Intention and Preconception Care
GOAL

- Introduce Screening for Pregnancy Intention Utilizing the “One Key Question” in 2017
  - Resources from RI Title X Program collaboration with Oregon Foundation for Reproductive Health
  - PCHC to serve as pilot site (Capitol Hill Health Center)
  - Adopt the OKQ framework for implementation
Laying the Groundwork (2016)

- Participated in all RIDOH sponsored OKQ webinars and November conference
- Pregnancy Intention Screening (OKQ) introduced at annual presentation to the PCHC Board of Directors (May 2016)
- Task Force formed to review the OKQ initiative
  - Secured key administrative buy-in (COO) and Health Center Director(s)
  - Secured physician champions- Medical Directors/ OB/GYN department
- Current agency-wide Clinical Care Transformation Project (set for roll-out February 2017)
  - OKQ initiative in line with goals (enhancement of team based care)
Laying the Groundwork (2016)

- Engaged our IT department to custom build OKQ into our EHR (Sage Intergy)
- White Paper “Women’s Health at PCHC” in development - release first quarter 2017
  - Preconception Health/ Pregnancy Intention Screening a topic
- Contraception In-service November 2016 - *Contraception: Facts and Fiction*
  - Invited Family Medicine, Internal Medicine and Pediatric providers and nurses
  - CME provided to nurses/ paid for 3 hours/ lunch/written handout and resource packet for all attendees
  - Goal was to provide comprehensive education to all members of the health-care team in advance of OKQ – anticipate all referrals for contraception/ preconception wellness to be internal
Successes

- Committed core group (although small) at PCHC
- State climate supportive of Pregnancy Intention Screening
  - Rhode Island Department of Health priority
  - RI Title X priority (funding tied to this initiative)
Challenges

- Competing Priorities
- Limited resources
  - Time
  - Money
- Physician buy-in (physician champions Internal Medicine and Family Medicine)
- Completion of official OKQ pre-implementation materials/contract
  - Continue task force meeting/planning group
- Data collection (pre and post implementation of OKQ)
  - What to collect and how to do it
- Uncertain healthcare climate in 2017
Hyperglycemia In Pregnancy Program (HIPP)
- 600 deliveries/year
- 20% diabetes in pregnancy

2015 Diabetes in Pregnancy Outcomes
- LGA rate: 7%

Areas for improvement
- 95% Pre-conception BMI >25
- 73% Pre-conception HgA1c > 7-10%; 3% > 11%
- Pre-conception counseling rate 1.5%
Goals

- Include Preconception Care in Basic Diabetes Standards of Care
- Develop a multi-disciplinary approach to address issues that impact a pregnancy

Measures

- Preconception A1c
- Preconception BMI
- Preconception Counseling Rate
Strategies & Challenges

Challenges:
- Moms are lost to follow up immediate post delivery
- No means to extract preconception counseling data from the EHR
- Lack of national Best Practice Preconception Care strategies
- Socioeconomic deficits, cultural norms/beliefs and access to care

Strategies:
- Collaborate with I.H.S. national IT team to create preconception data extraction capability
- Increase patient awareness of the need for preconception wellness
- Build a preconception counseling culture across departmental “silos”
  - Partner with multidisciplinary specialties to reach target population
VA Preconception Care Initiatives

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Director, Reproductive Health
VA Women’s Health Services

Lisa S. Callegari MD, MPH, FACOG
VA Puget Sound HSR&D Core Investigator
National Preconception Work Group
OVERVIEW - WOMEN VETERANS
Women Veterans
History and Demographics

1945
WWII ends:
Women = 2.3% of Active Duty

1967
Women’s Armed Services Integration Act modified
- 2% restriction lifted
- Senior ranks opened to women

1973
All-Volunteer Force begins
- Military recruits more women

1980
Women = 8% of Active Duty

1991
Gulf War I:
Women = 11% of Active Duty

September 11, 2001

TODAY
Women = nearly
18% of Active Duty;
18% of Guard/Reserves

Age distribution of women Veteran patients fiscal years (FY) 2000, 2014
Women Veterans General Health

- Women Veterans make up ~2% of the US population
- Women Veterans have more frequent poor physical and mental health than their non-Veteran and active duty counterparts

Results adjusted for demographic variables
*p<0.01; **p<0.001

Organizational Goals regarding Preconception Health

- Facilitate and improve delivery of preconception care services
- Leverage technology to address gaps in preconception care, including use of EMR prompts
- Improve awareness/knowledge of preconception health among women Veterans
- Capture preconception care outcomes in EMR to facilitate measurement and performance evaluation
Ongoing Programs

• Preconception Resources for Providers
  – Preconception Care Mobile Application
  – Preconception Care CPRS Template
  – Dissemination of CDC Preconception Toolkit

• Preconception Resources for Women Veterans
  – Outreach campaigns (Healthy You Healthy Pregnancy)
  – Development of patient-facing education/decisions support tools (Callegari CDA)
Ongoing Programs and Future

• Preconception Care for women with medical and mental health conditions
  – Hypercoaguable conditions (women taking blood thinners)
    • Anticoagulation clinic provider information sheet
    • Patient education/pamphlet
  – Future conditions to address include:
    • Asthma, Hypertension, Seizure disorders
    • Diabetes and Preconception Health Initiative
      – Diabetic nurse educator resources
      – Patient resources
Safe Prescribing Initiatives – Enhance preconception health

- CPRS Notification of Teratogenic Drugs (TDRUGS)
- VA-wide access to REPROTOX
- LactMed
  - Educating providers about this publically available resource
- Safe Prescribing Mobile Application – in development
  - Track women Veterans on medications with high reproductive risk
  - Readily access REPROTOX and Lactmed
  - Read summary information about common conditions that impact pregnancy outcomes and the risks of indicated medications.
Safe Prescribing Initiatives – Pregnancy Intention Screening in EMR

1. Does this patient have a medical reason that permanently makes her unable to become pregnant?

Please ask the patient the following:

2. Are you pregnant? Yes, No, Don’t know

3. Do you want to become pregnant in the next year?

4. What are you doing to prevent pregnancy?
Preconception Care CPRS Template

• Features
  – Comprehensive, Modular, Flexible
    • data fields optional; text box contents unlimited in size.
  – Versatile clinical note template for use during primary care visits, preconception care visits, and/or gynecology visits

• Uses
  – Comprehensive template – new patient visit (primary care/gyn)
  – Complete select modules as needed for given encounter
  – Import select modules into an existing VA specialty or primary care provider template
Preconception Care Counseling Template

This template is designed to improve the process and documentation of preconception care to enhance the provision of high quality care to reproductive age women Veterans who desire or are considering pregnancy. It is anticipated that it will be used during primary care visits, preconception care visits, and gynecology visits, allowing a clinician and woman Veteran to work together, using shared decision-making to work collaboratively to identify and implement strategies to address her risks and optimize her pregnancy health.

I. REPRODUCTIVE LIFE PLAN
II. OBSTETRICAL HISTORY
III. GYNECOLOGICAL HISTORY
IV. MEDICAL HISTORY
V. MENTAL HEALTH HISTORY
VI. SURGICAL HISTORY
VII. MEDICATION
VIII. VACCINATIONS
IX. FAMILY AND GENETIC HISTORY
X. EXPOSURE HISTORY
XI. SOCIAL HISTORY AND HOME ENVIRONMENT

PRECONCEPTION CARE ASSESSMENT AND PLAN

This Preconception Care Assessment and Plan are based on information entered through the Preconception Care Template.

Assessment:

Preconception Plan:
Measurement of Preconception Care Wellness

- FY17
  - Assessment of VA provider and facility adherence to established health system preconception wellness measures utilizing Examining Contraceptive Use and Unmet Need or ECUUN Study

- Evaluation of the effect of a national intervention to alert providers of the high risk of unsafe medication prescribing among women Veterans of childbearing age.
Challenges

- Pace of changing VA national Electronic medical record
- Limited workforce in VA with knowledge/experience in preconception care
- Veterans receive reproductive health care in VA and in the Community
- Advancing reproductive health and women’s health priorities
CountyCare Preconception Wellness Program - OTCs

➢ How can CountyCare make OTC drugs for preconception wellness more accessible to members?
  ▪ Currently a prescription is required for:
    ▪ Prenatal vitamins
    ▪ Multivitamins with 400mcg folic acid
    ▪ Male condoms
  ▪ Barriers include awareness, access, and dependence on prescribers

➢ Instead, make these items available to members without a prescription
  ▪ Establish a behind-the-scenes system to cut out the step of member interacting with prescriber
  ▪ Target and outreach to members who are women of reproductive age and men

➢ Pilot Program – In partnership with a network pharmacy
  ▪ Goal: Increase accessibility ▪ increase utilization ▪ increase preconception wellness ▪ decrease birth defects, STIs, complications
  ▪ Pharmacy accepts a standing order for the prescription of these items to any eligible CountyCare member
  ▪ CountyCare member goes to the pharmacy window to request and pick up the eligible OTC items
  ▪ A claim is generated allowing payment in addition to data collection/analysis to evaluate the program
CountyCare Preconception Wellness Program – STIs

- CountyCare is governed by the Cook County Health and Hospitals System
- CountyCare is a sister department to Cook County Department of Public Health
- Cook County shares intergovernmental collaboration opportunities with Illinois Department of Public Health
- Cook County has 3rd highest rate of chlamydia in country
- Population Health/Public Health STI initiatives benefit all, including preconception wellness
  - Short-term:
    - CCHHS and IDPH co-authored an awareness-raising article on chlamydia
    - CountyCare provides a HEDIS dashboard for all primary care providers with the CHL HEDIS measure data for their members, refreshed monthly
  - Longer-term:
    - IDPH partnering with network providers on PI projects
    - Leverage public health data and services to bridge initiatives across populations, CCHHS patients, CountyCare members, and the uninsured
Next Steps?
THANK YOU!