Preconception CoIIN

Measurement to Support Successful Implementation and Improved Outcomes

Facilitators: Katherine Bryant, MA, MSPH; Dan Frayne, MD; Erin McClain, MA, MPH; Milton Kotelchuck, PhD

Data metrics and CoIIN – Why is this important?

- Data helps identify opportunities for improvement

- Data is a key component of quality improvement cycles
  - Informs progress that is made
  - Helps to identify points in the process where change may be helpful

- Uniform metrics across multiple sites allow for comparison

Preconception
Health+Health Care Initiative
A National Public-Private Partnership

How will we know that we have met our goal/aim?

This Preconception CoIIN will develop, implement, and disseminate a woman-centered, clinician-engaged, community-involved approach to the well woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.

By September 2020, four states, in collaboration with the core CoIIN team and clinic partners, will develop an adaptable model to effectively integrate preconception care (PCC) into the well woman visit by:

1) working with clinics to implement validated screening tool(s) and response strategies,

2) enhancing state-level capacity to support effective implementation,

3) disseminating the model statewide and nationally.

Preconception
Health+Health Care Initiative
A National Public-Private Partnership

Measures at Multiple Levels

- State
  - CoIIN-specific measures
  - State-team process

- Clinic/Organization
  - Process measures
  - Outcome measures

- Others?

What measures can we collect uniformly across all sites in each state?

State-Level Measures

Initiative-wide measures (overall & by disparities):
- Infant mortality rate
- Neonatal mortality rate
- Post-neonatal mortality rate
- Preterm-related mortality rate
- Sudden Unexpected Infant Death (SUID) mortality rate
- Preterm birth rate

Sample State-Level Data Sources

PRAMS:

- Did not want to be pregnant then or in the future
- They or their husband/partner currently use a more effective contraceptive method to keep from getting pregnant
- Had 8 or more drinks in an average week during the 3 months prior to pregnancy
- Took a multivitamin, prenatal vitamin, or folic acid supplement prior to pregnancy

BRFSS:

- Currently smoke everyday or some days
- Are normal weight (BMI 18.5-24.9 kg/m2)
- Meet the recommended levels of physical activity
- Have ever been told that they have a depressive disorder
- Have ever been told that they have diabetes
- Have ever been told that they have hypertension

Preconception
Health+Health Care Initiative
A National Public-Private Partnership

Demographics & Time Period for Data Collection

- Reproductive Age Women

- Payer sources

- Establishing baseline and implementation time periods

- Collecting baseline data
  - Survey at each clinic location?

Preconception
Health+Health Care Initiative
A National Public-Private Partnership

Clinic Process/Implementation Measures

- Patients screened

- Consistency of screening

- Documentation of screening results and follow up

Examples:

1) Did the screening occur?

2) Were the results of the screening documented?

3) What percentage of the total number of screenings identified concerns?

4) What was the average number of concerns per screening?

5) Did provider/clinic respond to the identified risk(s)?

Clinic-Level Outcome Measures

Focused on specific outcomes related to preconception health

Examples:
- Provision of tobacco cessation counseling; Rx for pharmacotherapy
- Provision of desired contraceptive method

Preconception
Health+Health Care Initiative
A National Public-Private Partnership

About This Project

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF3MC31239-Providing Support For The Collaborative Improvement and Innovation Network (CoIIN) To Reduce Infant Mortality. The grant amount totals $1,494,993. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Thank you!

#ShowYourLoveToday & connect with us