

Statewide CCO Learning Collaborative: 17 CCO Incentive Measures

Quality and Health Outcomes Committee Meeting
 500 Summer Street NE, Salem, OR 97301, Room 137 A-D
 October 14, 2013
 11:00 a.m. – noon

Meeting Minutes: Prenatal Care

Session Objectives

1. Participants will be able to discuss best practices, tools and resources for improving early access to prenatal care.

Topic	Notes	Action
Introductions and reflection (Emilee Coulter-Thompson, Learning Collaboratives Manager, OHA Transformation Center)	<ul style="list-style-type: none"> • Emilee shared a reflection on the importance of the prenatal care measure. She highlighted data from a recent presentation by Dr. Helen Bellanca: half of all pregnancies are unintended and more than half of births in Oregon are paid by the Oregon Health Plan. She shared stories to illustrate that unplanned pregnancy creates additional vulnerability in women’s lives, which increases the barriers to early entry into prenatal care. • Emilee then introduced the two guest speakers – Helen Bellanca and Dawnelle Marshall. <u>Please note:</u> Bio’s for Helen and Dawnelle were included in the Prenatal Care session agenda. 	
Presentations : Experiences in clinical practice and community (Helen Bellanca, MD,	<ul style="list-style-type: none"> • Helen gave an overview of her background working with One Community Health in their health promotion program • Helen then gave an overview of the diagram titled “Why women with Medicaid are delayed in getting prenatal care”. She explained that the diagram was developed after talking to other care providers. • She discussed several barriers that women face throughout this process, including: <ul style="list-style-type: none"> ▪ Finding a suitable provider (i.e., one that will see women in their first trimester) 	

<p>MPH, Maternal Child Family Program Manager, Health Share of Oregon & Dawnelle Marshall, RN, BSN, Public Health Division Director, Douglas County Health and Social Services)</p>	<ul style="list-style-type: none"> ▪ Scheduling an appointment on time ▪ Obtaining their OHP card • She also suggested several proactive steps that could be taken to improve this process, including: <ul style="list-style-type: none"> ▪ Making welcome calls to women who are newly enrolled ▪ Conducting outreach to make sure local physicians endorse prenatal care in the first trimester <ul style="list-style-type: none"> ○ Helen noted that a surprising number of physicians will not see women for prenatal care in the first trimester due to the high rate of miscarriage in early pregnancy. ▪ Conducting outreach to clinic staff to make sure they are aware of the importance of these visits ▪ Fast tracking prenatal care visits and rescheduling no shows in a timely manner to make sure the initial prenatal care appointment takes place in the first trimester ▪ Sending clear community messages about the importance of early prenatal care to women pre-pregnancy • After Helen completed her presentation, Dawnelle Marshall introduced herself and provided information to the group about her experiences working on prenatal care at Douglas County • Dawnelle described the operation of Douglas Countys’ prenatal clinic, which was started in the late 1980’s and is now a collaboration between Umpqua Health Alliance, the hospital and Douglas County Public Health. <ul style="list-style-type: none"> ▪ The clinic sees women for prenatal appointments regardless of payment sources, and helps women get on the OHP ▪ Local public health provides pregnancy testing and documentation needed for OHP enrollment and will see anyone regardless of ability to pay ▪ Other types of screening (e.g., dental) also take place at the clinic ▪ She also described that the clinic partners with other agencies to provide wraparound services for mental health and intimate partner violence, for example. 	
<p>Small group exercise and</p>	<ul style="list-style-type: none"> • Ron instructed learning collaborative participants to meet with their CCO staff to discuss the following question: <i>What kind of aim could you accomplish over the next</i> 	

<p>report out: Writing a CCO level aim statement (Ron Stock, MD, OHA Transformation Center)</p>	<p><i>year, starting now, to address this measure and to improve prenatal care?</i></p> <ul style="list-style-type: none"> • He then instructed participants to utilize the worksheet handout to develop an Aim statement • Participants reported out by CCO with examples of Aim statements: <ul style="list-style-type: none"> ▪ “75% of women who are on the plan [OHP] should receive a welcome call” ▪ “90% of women will get prenatal care in the first trimester” ▪ “We will make a 100% attempt at initiating contact (with multiple methodologies) to new members who are pregnant patients” 	
<p>Reflection on the report out (Helen Ballanca, MD, MPH)</p>	<ul style="list-style-type: none"> • Helen shared the following closing remarks on the prenatal learning collaborative session: <ul style="list-style-type: none"> ▪ We need to make sure every provider endorses the idea of prenatal care ▪ Offering free pregnancy tests is key; particularly as a proof of pregnancy needs to be signed by a health care practitioner to provide services • Dawnelle also shared that most public health departments have contraceptive care programs that provide services at low or no cost to women and men <ul style="list-style-type: none"> ○ In addition to providers, it is important to talk to women on the plans about prenatal care 	
<p>Next steps (Ron Stock, MD and Emilee Coulter- Thompson, MSW)</p>	<ul style="list-style-type: none"> • The next two learning collaborative sessions will be 11:00 a.m. to noon: <ul style="list-style-type: none"> ▪ November 18: SBIRT revisited (Note 3rd Monday due to Veteran’s Day holiday) ▪ December 9: Colorectal cancer screening • Emilee mentioned that part of the next learning collaborative session will be used to demo the new online collaboration tool, Groupsite. The Transformation Center’s Groupsite page is an online tool that will allow CCO Medical Directors and Quality Improvement Coordinators to collaborate, network and share best practices. The Transformation Center is looking for Groupsite pilot testers. Please contact Emilee if you are interested in participating. <ul style="list-style-type: none"> ○ Follow-up note: The Groupsite pilot meeting is scheduled for Friday, November 8 from 1:00 – 1:30 p.m. • Ron mentioned that on November 5, the Transformation Center will be hosting a Complex Care Collaborative meeting in Eugene. Colleagues are meeting to discuss 	<p>Please contact Emilee Coulter-Thompson at emilee.i.coulter-thompson@state.or.us with any suggestions for potential speakers, resources, or content for these sessions.</p>

current work to improve the care for high utilizers, or patients who require complex care, and how we will be moving forward as a group to address this issue. **Please contact Emilee for more information.**

Please visit <http://www.TransformationCenter.org> for learning collaborative meeting materials and prenatal care resources, including the newly released Timeliness of Prenatal Care Guidance Document, at <http://www.oregon.gov/oha/CCODData/Prenatal%20Care%20Guidance%20Document%20--%20October%202013.pdf>.