# Postpartum Care Online Learning Community Series Central Oregon Perinatal Continuum of Care

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**HEALTH POLICY & ANALYTICS** 

**Transformation Center** 

## **A Central Oregon Partnership**





#### **Jefferson County**





# Background



#### First Year Funding for this project began OCT 2016

This included 3 Year COHC grant funding as well as public health funds (state grant and county general funds)



This project was based on a previous MCH Initiative Phase 2 Pilot (JUL 2014-2015) that embedded a health educator in St Charles OB clinic.



What we learned: The project was replicable and scalable; it was also extremely effective at connecting perinatal clients with needed services and resources.

# **Project Components**



Linkage to community resources provided by a team of Perinatal Care Coordinators (PCCs), embedded in Public Health Departments and OB provider clinics throughout the community



Regional coordination and tracking of pregnant and postpartum women in the tri-county area



**Expanded prenatal high-risk home visiting services** 

## What we are Tracking

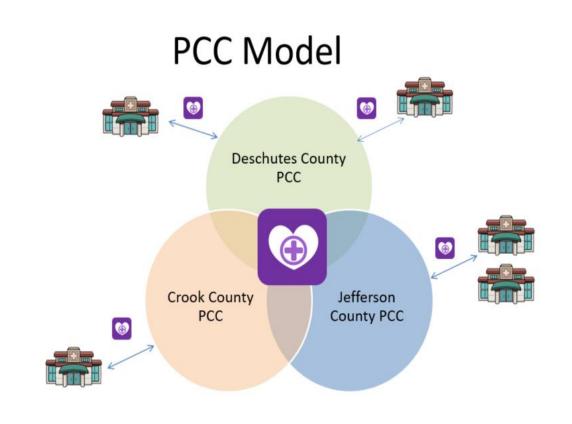
- Increase timeliness to prenatal care
- Reduction of low birth weight babies
- Increase timeliness to postpartum care
- Increase access and enrollment in all perinatal programs and services



# **PCC Essential Job Components**

- Certified OHP Assistor
- Certified WIC Nutrition Educator
- Ability to support clients in accessing essential health care (i.e. prenatal, postpartum and primary care, dental, mental health, breastfeeding support, and so much more)
- Having a understanding of how to help people navigate other community resources (home visiting programs, transportation, housing, SNAP benefits, etc.)
- Collaboration with community partners

# **Project Model**



#### **Perinatal Care Coordinators**

- ✓ 1 Regional Coordinator (0.75 FTE)
- ✓ 1 Crook County Coordinator (0.5 FTE)
- ✓ 2 Deschutes County Coordinators (2.0 FTE)
- √ 1 Jefferson County Coordinator (0.5 FTE)

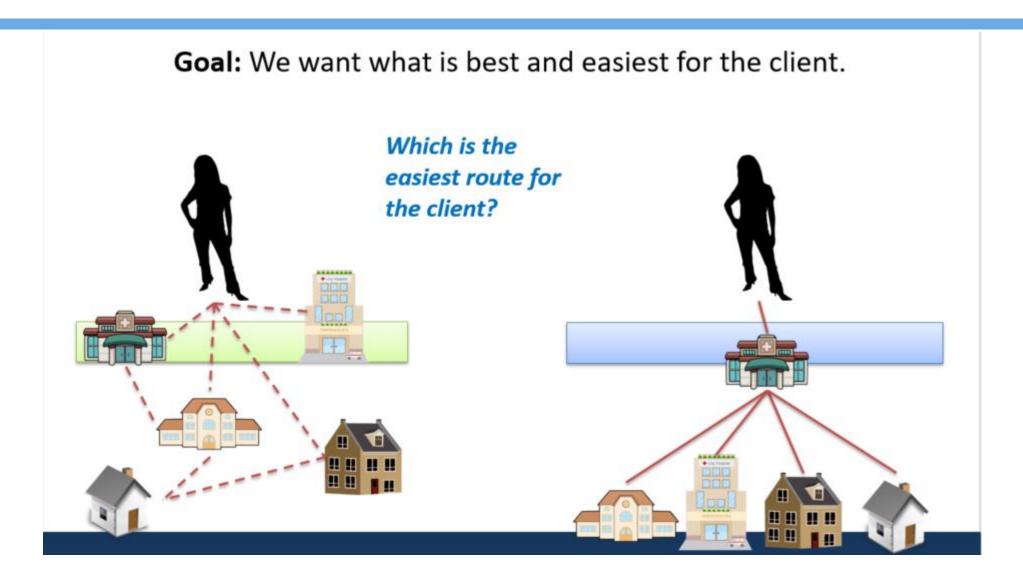
#### **Participating OB Clinics**

- 1. St. Charles Center for Women's Health
- 2. East Cascades Women's group
- 3. Madras Medical Group
- 4. Mosaic Medical

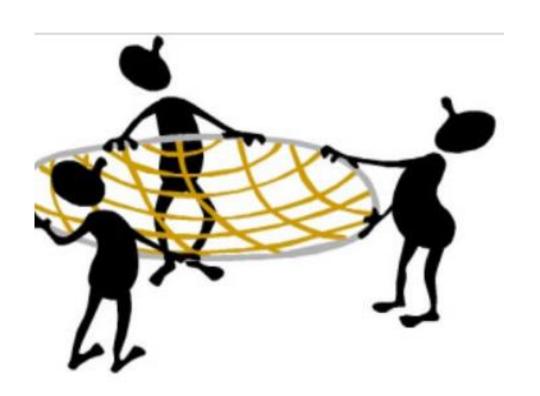
## **Ideal State**

Perinatal Care staff are the first point of contact for **all** pregnant and newly postpartum women.





# **PCC Provides a Perinatal Safety Net**



- Front door to program access and enrollment.
- No wrong door.
- No eligibility requirements

#### How does postpartum follow-up support this model?



Anticipatory guidance is offered during the prenatal period about what to expect in the postpartum period



Coordination with hospitals and OB-GYN clinics to support women as they navigate resources.



Key partnerships support other program (Babies First, Healthy Families, Nurse Extender, and one day Family Connects)

# **Basics of Family Connects**

Family Connects was designed to start families on a positive path to health at a vulnerable time in a new mom's life.

- Scheduling offered to all families at birthing hospitals before mom is discharged.
- Voluntary visit scheduled for 3 weeks post partum
- Offered to ALL families with newborns
- Follow-up contact with families 4 weeks post visit to confirm successful linkages and follow-up



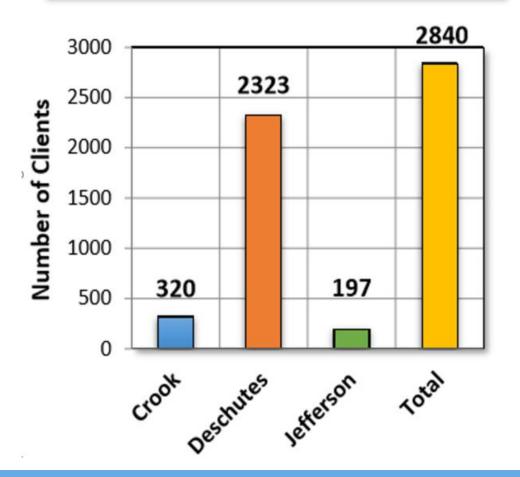
offered program that provides an extra bucket of support in the community for <u>all</u> pregnant and postpartum women and families during the perinatal continuum of care.

# Questions about the PCC model?

# PCC Data: Year 1 and 2

## From OCT 2016 to SEP 2018

#### Total client counts by county



**53%** of pregnant women in Central Oregon were seen by a PCC care coordinator

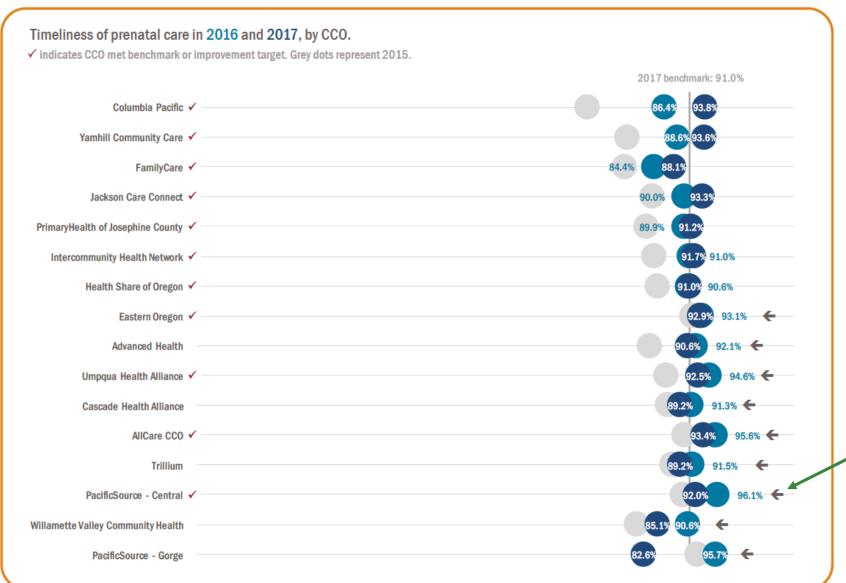
**84%** of women who hadn't received prenatal care were scheduled for a prenatal appointment by a Perinatal Care Coordinator







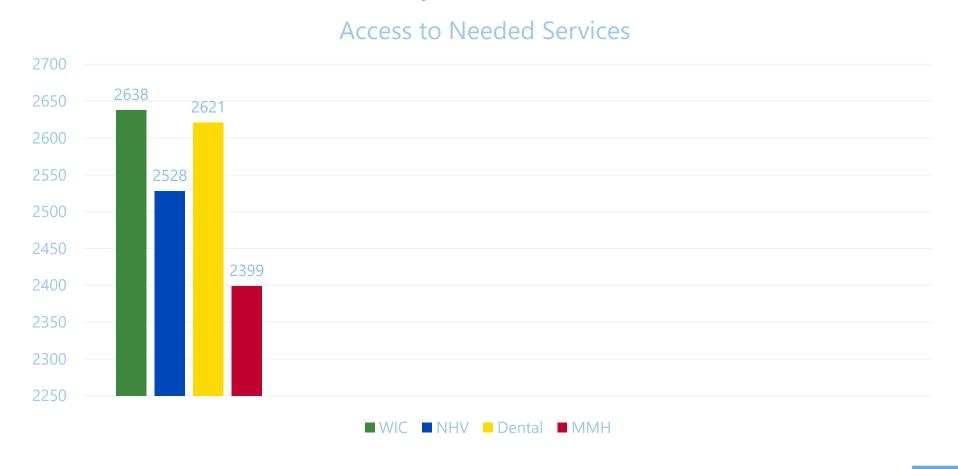
#### PRENATAL AND POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE



**Central Oregon now** consistently exceeds the CCO QIM

## Referrals to Resources & Education

Of the **2840** women served by PCC from OCT 2016 - SEP 2018:



## What we have accomplished so far



- Established clinical and community partnerships
- Developed Regional Prenatal Needs Screening tool
- Established tracking and data collection methods
- Created community-wide process mapping
- Formed a Regional Perinatal Resource Collaborative
- Hosted a Community-Wide Baby Shower
- Implemented the Nurse Extender Model

## Considerations for implementation

- If you are a CCO, think about how you could collaborate with local public health departments to implement a pilot project.
- If not, start a conversation with your CCO about supporting your efforts to help with incentive measures.
- Do you have existing staff you could train to be perinatal care coordinators? For example, could you train a WIC certifier, OMC worker, or OHP assister and expand their role?
- Coordinate with your hospital system, provider offices, home visiting programs, clinics who do pregnancy tests, and other social service agencies.

# **Sustainability Plan**



#### **Central Oregon Health Council (COHC) grant funding**

This critical support has allowed the project to continue through Year 4; Additional funding will allow this work to continue for at least three more years.



#### **Public Health braided funding**

Other sources of project funding: County General Funds, Oregon MothersCare grant, Medicaid Admin Claiming and Targeted Case Management Medicaid reimbursement programs



#### **Global Budget funding**

Ideally, this service will become an integrated part of the **perinatal health care benefit** 

## **Partner Feedback**

"Earlier access to services to promote more stability, decrease stress, improve health outcomes."

"Excellent wrap around, better continuity of care."

"Collaboration between agencies has been positive for clients having to attend fewer appointments to get the same services."

"The coordinator connects our clients to needed services that other providers fail to connect them to."

"I love this program it is so needed, especially in rural counties where care can be hard to access and priorities are hard to define sometimes for these women. PCC workers provide the help and guidance necessary to achieve the care they need in the order they need it."

## **Client Feedback**

- "So informational and personable."
- "Getting help applying for OHP, I could not have done it without [staff person]."
- "I think it is great that we can get all this taken care of in one office at one time."
- "Getting info on dental care and getting my correct mailing address changed with OHP."
- "Being informed about my health care benefits and explanation of what WIC offers."
- "It was very helpful, she gave me so much information, and helped me feel less stressed about this very unexpected pregnancy."
- "I really appreciate this program, it's set my mind at ease during this turbulent time."

# **Client Story**



# Thank you



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## **Postpartum Care Online Learning Community Series**

Noon – 1 p.m., 1<sup>st</sup> & 3<sup>rd</sup> Thursdays

- May 16: Postpartum Care Online Learning Community Series: Jackson Care Connect's Starting Strong - an incentive-based program for engaging women in perinatal care and resource navigation. Details and registration: <a href="https://attendee.gotowebinar.com/register/7417392698911608579">https://attendee.gotowebinar.com/register/7417392698911608579</a>
- June 6: Postpartum Care Online Learning Community Series: First Steps and Start Smart - innovative programs from Columbia Pacific CCO and Trillium Community Health Plan for perinatal care coordination and case management. Details and registration:
  - https://attendee.gotowebinar.com/register/5939070728064462083



#### Resources

 Timeliness of Postpartum Care Technical Assistance: <a href="https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Timeliness-Postpartum-Care.aspx">https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Timeliness-Postpartum-Care.aspx</a>

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