Zoom Housekeeping

- Type your name, title/role, and organization in the Chat
- This Learning Session is being recorded
- Your virtual packet is here: https://www.whamglobal.org/d ecember-16th-2020-learningcollaborative
- This is a collaborative, "all teach, all learn" – please share your experience and questions





PA PQC Learning Session December 16, 2020

Looking Back & Forward

Robert Ferguson, MPH, Chief Policy Officer Jewish Healthcare Foundation

This is How PA Got Here with You

- Premie Network and AAP
- West Chester University Pilot Study with the Vermont Oxford Network (VON)
- PA PQC Task Force
 - Facilitated by March of Dimes
- PA PQC Advisory and 8 Work Groups (140+ people)





Northeastern Pennsylvania Perinatal Quality Collaborative

Thank You!





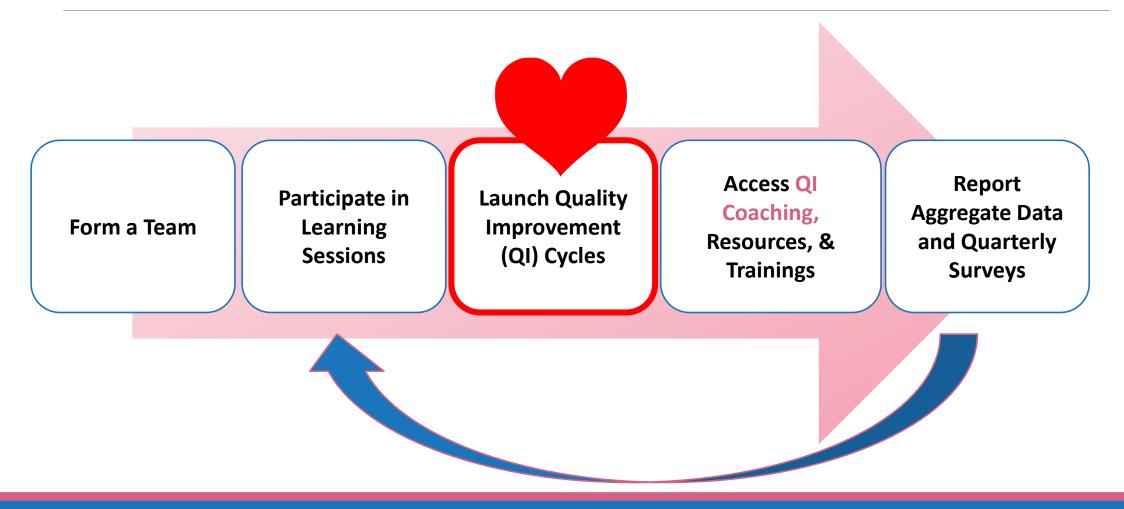
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This is who we are

60 birth sites and NICUs 86% of live births in PA Welcome Excela!

14 health plans

This is what we do



Looking Back

Our Collective Aims Since April 2019

- Reduce maternal mortality and morbidity
- Improve Identification of and Care for Pregnant and Postpartum Women with Opioid Use Disorders (OUD)
- Improve Identification of and Care for Opioid-Exposed Newborns (OEN)

YOU Led 107 QI Projects!

38 around NAS

22 around maternal OUD + 9 around immediate postpartum LARC

38 around other maternal mortality-related topics (hypertension or hemorrhage)

YOU Impacted Structure Measures! Baseline compared to July-September 2020

OUD	Standardized education materials for OUD/NAS 44% vs. 88% Used a validated, self-report screening tool for substance use in pregnancy 41% vs. 75% Clinical order sets for maternal OUD 31% vs. 60%
NAS	Used standardized non-pharmacologic protocols for NAS 70% (OctDec. 2019) vs. 84% Used standardized pharmacologic protocols for NAS 76% (OctDec. 2019) vs. 89%
MM	Respond with unit-standard, stage-based, OB hemorrhage emergency management plan with checklists 67% vs. 95% Implement QI projects that target disparities in access, treatment, and outcomes? 42% vs. 55%

YOU Impacted Key Process Measures!

OUD SUD Screening Percentage

Percent of pregn. 60.00% [•]60.43% 48.16% 51.08% 55.36% 48.79% 47.52% 39.59% 55.09% 52.11% 40.00% 31.80% 47.16% 45.89% 45.09% 41.09% 38.50% 38.05% 31.93% 20.00% 0.00% 0.00% 0.00% 0.00% 0.00% 201.. 201.. 201.. 201.. 202.. 201.. 201.. 202.. 202.. 202.. 202.. 202.. 202.. 202.. 201. 201. 201 201 202 201 201

PA PQC Coaches & Awards Supported Your QI Work

21 PA PQC Teams Received OUD/NAS QI Awards

9 PA PQC Teams Started the Immediate Postpartum LARC Work

YOU did this during a <u>pandemic</u> & even worked with us to launch new priorities: immediate postpartum LARC

THANK YOU!

Looking Forward

PA PQC Aims 2021

There is no quality without equity

- Improve identification of and care for pregnant and postpartum women with OUD and Opioid-Exposed Newborns
- ✓ Increase access to immediate postpartum LARC
- Improve prenatal and postpartum depression screening and follow-up
- ✓ Improve treatment for **severe hypertension** in pregnancy

The PA PQC Grew Arms in 2020 to Structure Work Around the 2021 Aims

Pennsylvania Perinatal Quality Collaborative

EPUC

Action Arm of the Maternal Mortality Review Committee A <u>Primary</u> Focus: Maternal OUD, NAS, and Immediate Postpartum LARC

A Complementary Focus: Moving on Maternal Depression (MOMD)

A Complementary Focus: Severe Hypertension (AIM)

Expanded Focus on NAS/OUD

In 2021, Let's Build on and Finish what YOU Started:

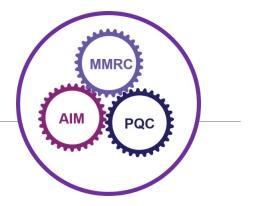
- Screen all pregnant women for SUD/OUD using validated screening tools
- Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD, and engage them in MAT treatment during pregnancy and postpartum
- Increase access to immediate postpartum contraceptive options, including LARC
- Standardize non-pharmacologic and pharmacologic care for NAS

In 2021, Let's Take the Next Step and Ensure the Dyad is Connected to Wrap-Around Support:

- Provide home visitation post-discharge for mothers and infants exposed to opioids in partnership with health plans and counties
- Create a safe environment for the infant by connecting the mom and baby dyad to wrap around supports prior to discharge
- > Care for the mom and baby dyad for 15 months through well-child visits

The PA AIM Initiative

AIM Severe Hypertension in Pregnancy Bundle + AIM Racial/Ethnic Disparities Bundle





Express Interest by February 2021

Read the PA AIM Brief for the Details!

PA PQC Maternal Mortality Survey will be replaced with the PA PQC AIM Hypertension and Disparities Survey

The "Time to Severe Hypertension Measure" in the PA PQC Data Portal will be required

Hospital-reported Severe Maternal Morbidity will become optional, and DOH will analyze and report PHC4 Hospital Discharge Data

Ready for Moving on Maternal Depression (MOMD)?

View the Change Package and Complete the Survey to Express Interest https://www.whamglobal.org/focusareas/papqcmaternaldepression

Its moving to implementation in early 2021!

Updates &

Announcements

MATERNAL HEALTH AWARENESS DAY

1.23.21 • #123ForMoms



District III

January 26 7:15 a.m. to 9:00 a.m. Zoom or WHAMglobal Facebook Live

Maternal Mental Health During the Pandemic:

Innovations to Address the Rising Needs of Pennsylvania's Mothers and Their Care Teams

Keynote by Priya Gopalan, MD Remarks by Secretary Miller Panel

https://www.whamglobal.org/membercontent/additional-trainings

Take Action through MOMD!

Updated ONAF Went Live on Nov. 13

The OB Needs Assessment Form (ONAF) / OB Care

- Notifies PA Medicaid of pregnancy, initiating enrollment in the Maternity Program
- Allows PA Medicaid to risk-strategy members and refer to care management programs

Resources: Trainings, User Guides, Key Contacts, FAQs, & MCO Information

https://www.whamglobal.org/resources#OB-Needs-Assessment-Form

Tips for OB Care

- > In prenatal section, depression screening fields appear if "depression present" is "yes" so for negative screens, document in "Additional Notes"
- > In prenatal section, if you are using a validated SUD screen that does produce a score, enter "0" as the score and note this in "Additional Notes"
 - In the future, Optum will be adding a test string that says, "When using a screening tool without a numerical score, enter a "1" for a "Positive" result or a "0" for a "Negative" result.
- In the postpartum section, in rare cases where "PP depression present" is "yes" but a validated screen was not administered, select "Other" from the screening list and explain this in the "Other Depression Tool Used" text field that appears
- Issues, problems, or questions go to IRD_client_support@optum.com

Tips for MA FFS and the PDF/Paper ONAF

For those covered by MA Fee-For-Service, the Fax # is 717-265-8288

And Now Today!

12/16 Learning Objectives

- Describe the findings from the analysis of the 2013-2018 Pregnancy-Associated Deaths in Pennsylvania and the connections to the PA PQC's priorities for 2021
- Discuss the OB/GYN-related findings from the PA Prescription Drug Monitoring Program's data and its implications
- Describe how to adopt the Eat, Sleep, Console approach to NAS care and problem-solve common barriers related to implementing this approach
- Describe lessons learned and tactics for breaking through barriers related to implementing the AIM Severe Hypertension in Pregnancy Bundle
- Describe WIC services and how to improve collaboration with and referrals to WIC

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. 4.00 hours are approved for this course.

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards'** (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **4.00 continuing education credits**.

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity have relevant financial relationships with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

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