

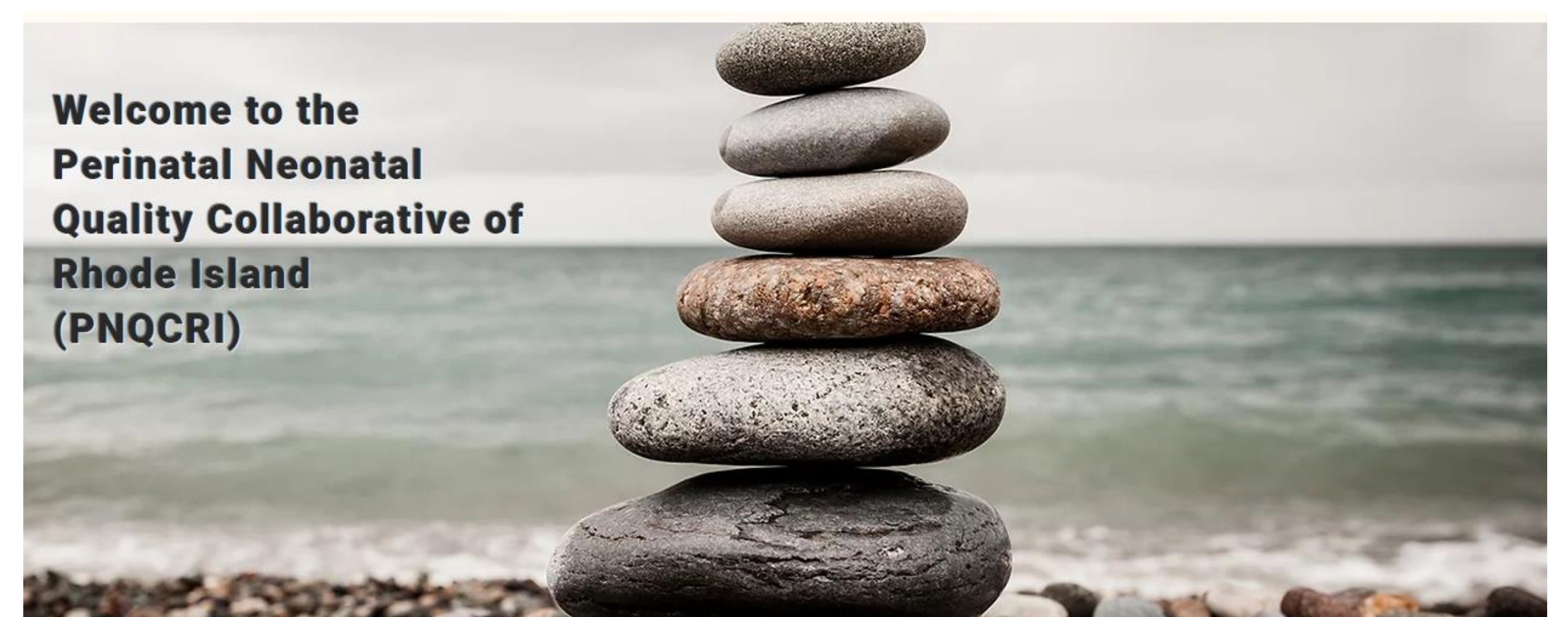


ADVANCING INTEGRATED HEALTHCARE

Perinatal Care in Rhode Island & RI MomsPRN

Clinical Strategy Committee | July 15, 2022

Care Transformation Collaborative of RI



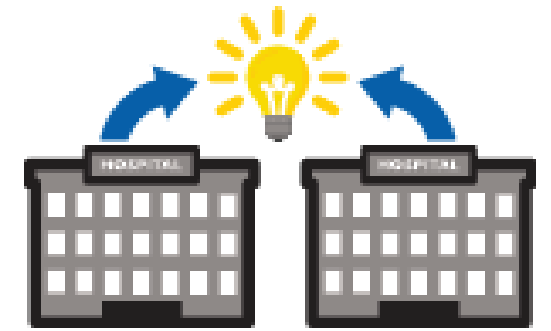
**Welcome to the
Perinatal Neonatal
Quality Collaborative of
Rhode Island
(PNQCRI)**

Dr. Jami Star, MD, Women and Infants Hospital of Rhode Island, Division of Maternal-Fetal Medicine
Medical Director, PNQCRI

Elizabeth Rochin, Ph.D. RN, NE-BC President/CEO, National Perinatal Information Center
Administrative Director, PNQCRI

What is the PNQCRI?

The Perinatal Neonatal Quality Collaborative of Rhode Island is a partner with hospitals, providers, nurses, patients, public health, community members, and other stakeholders to provide opportunities for **collaborative learning**, **rapid response data**, and **quality improvement science support** to achieve systems-level change



**Collaborative
Learning**



**Rapid Response
Data**



**Quality Improvement
Science Support**

The Functional Groups of the PNQCRI

Rhode Island AIM
Hospital teams

Rhode Island Postpartum
Death Review Committee
(PPDRC)

Community and Patient
Advocates



PNQCRI

What kind of outcomes have other PQC's had on improving maternal health?

Improving Maternal Outcomes

PQCs have contributed to important changes in healthcare and led to significant improvements in maternal and infant outcomes. For example:

The Illinois Perinatal Quality Collaborative improved timely treatment for women with severe high blood pressure, increasing the percentage of patients treated within 60 minutes from 41% at baseline to 79% in the first year of the project.



The Northern New England Perinatal Quality Improvement Network improved care for women with opioid use disorder, increasing access to the lifesaving medication naloxone (11% to 36%) and breastfeeding counseling (51% to 72%) over a 13-month time period.



The California Maternal Quality Care Collaborative reduced serious pregnancy complications among women with severe bleeding during pregnancy or delivery, decreasing rates by 22.7% at baseline to 18.0% in the last half of the 14-month project.

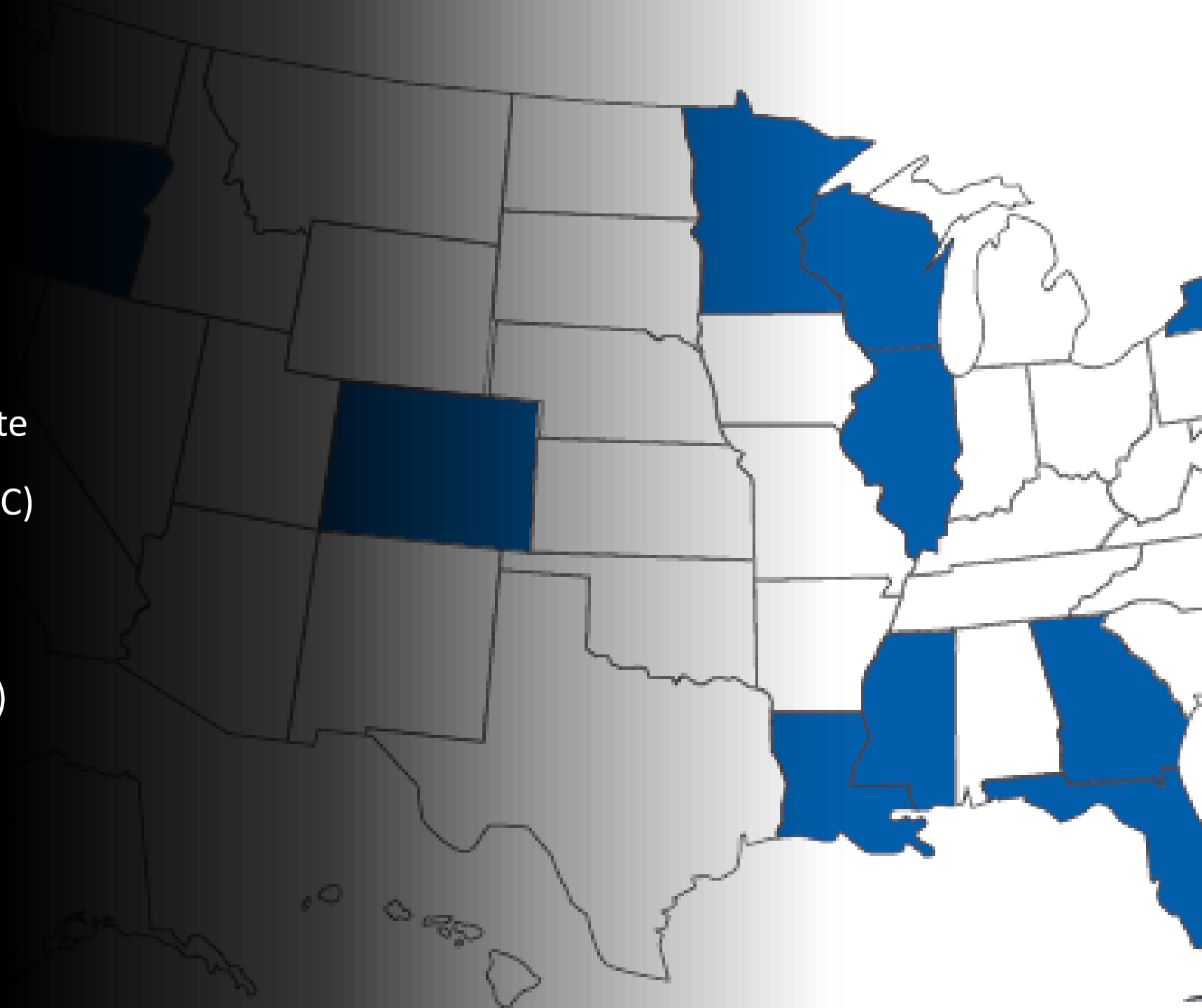


CDC Funding for PQC's

There are currently ten (10) state PQC's that are funded by the Centers for Disease Control (CDC)

An additional twenty-two (22) states will be funded beginning September 30, 2022, for five (5) years

Rhode Island has submitted an application for funding



What is Rhode Island's Focus for the PQC?



Maternal mental health

Access to quality postpartum care

Better assessment of unmet social needs/social determinants of health (SDOH)

Doula and community health workers support

High-quality hospital care for laboring and delivered patients

Logistics of PNQCRI

Administrative Team

- Operations/Day-to-Day logistics

Steering Committee

- Strategy decisions

Advisory Members

- Provide feedback and counsel to group

Questions?





Perinatal Spot Light

Deborah Garneau, MA, Maternal and Child Health Director, RIDOH

Aide Downie, MA, MCH Disparities Specialist, RIDOH

Jim Beasley, MPA, RI MomsPRN Program Manager, RIDOH

Eva Ray, LCSW, RI MomsPRN Resource & Referral Specialist, WIH

CTC-RI Clinical Strategy Meeting | July 15, 2022

RI's Maternal & Child Health Program



- **Mission:** Support and promote the health of all birthing parents, children, and families to reduce racial, environmental, and socioeconomic inequities and improve outcomes
- **Focus:** Coordinate and align work across RIDOH that impacts womxn, children (including those with special healthcare needs), and their families with a focus on integrating health equity priorities and strategies
- **Programs/Initiatives:**
 - Title V Maternal and Child Health (MCH) Block Grant
 - Pregnancy and Postpartum Death Review Committee
 - The Rhode Island Maternal Psychiatry Resource Network Program
 - Community Health Worker Workforce Grant

WOC Reporting Experiencing Racism in Healthcare Setting:

8% Always

49% Sometimes

21% Rarely



RI's Perinatal Health Disparities Prenatal Care



In 2020,

84%

Women Received Prenatal Care
in the first trimester

Non-Hispanic **Black Women** less likely to have prenatal care in the first trimester (78.3%) than Non-Hispanic White Women (86.9%).

RI's Perinatal Health Disparities Severe Maternal Morbidity

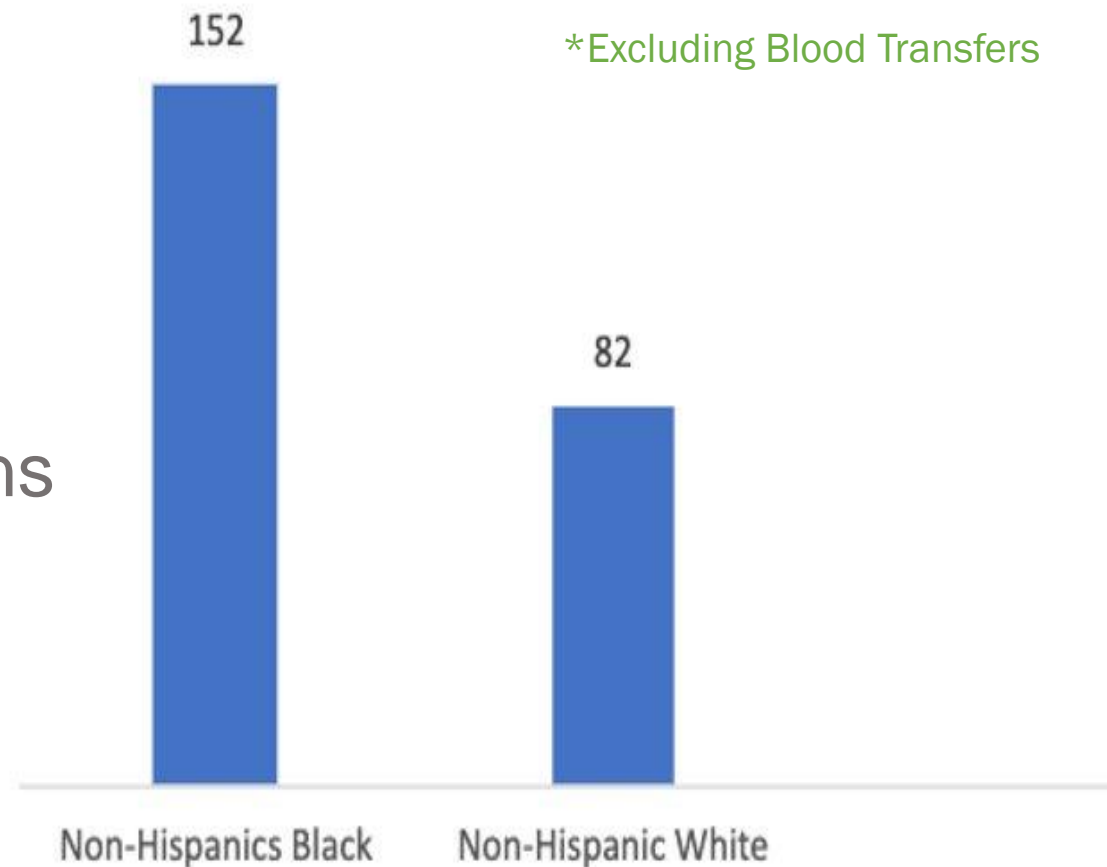


In 2020,

85

Severe Maternal
Morbidity per 10000
delivery hospitalizations

Severe Maternal Morbidity
(Per 10,000 Delivery Hospitalizations)

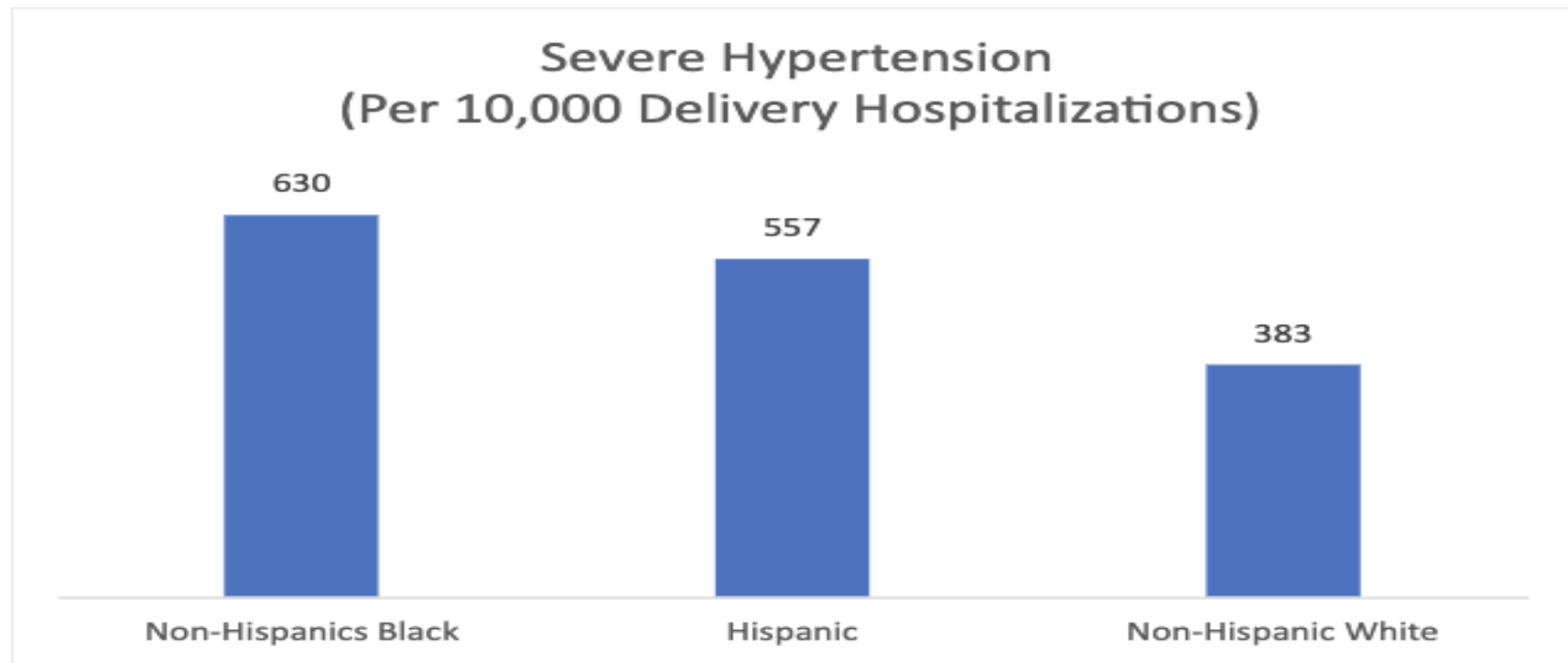


RI's Perinatal Health Disparities

Postpartum Complications



Hispanics & Non-Hispanic Blacks have higher rates Postpartum Hemorrhages & Hypertension than Non-Hispanic Whites



Based on 2016-2020 Delivery Hospitalization Rates

RI's Perinatal Health Disparities

Perinatal Depression



- Depression during and/or after pregnancy was more likely to be reported by women who were:
 - *Members of low-income families*
 - *Non-Hispanic Black*
 - *Younger than age 20¹⁷*



RIDOH Maternal and Child Health Focus Areas and Priorities



➤ **Preconception, Pregnancy and Postpartum**

- Priority 1: Improve prenatal health by reducing perinatal health disparities
- Priority 2: Reduce maternal mortality and morbidity

➤ **Perinatal/Infant Health**

- Priority 3: Strengthen caregiver's behavioral health and relationship with child

➤ **Child Health**

- Priority 4: Support school readiness

➤ **Adolescent Health**

- Priority 5: Support behavioral health

➤ **Children and Youth with Special Healthcare Needs (CYSHCN)**

- Priority 6: Ensure effective care coordination

➤ **Cross-Cutting/Community Health**

- Priority 7: Adopt social determinants of health in MCH planning and practice

Learn More: <https://health.ri.gov/publications/reports/2021MCH-Legislature.pdf>

RIDOH Maternal and Child Health Strategies to Reduce Perinatal Health Disparities



Implement Programs to Reduce Perinatal Health Disparities:

- ✓ RIDOH prenatal health programs (family home visiting, WIC, breastfeeding, oral health, MomsPRN, PediPRN, Family Planning, school health, adolescent behavioral health, Substance Exposed Newborns, Violence & Injury Prevention Program, and lead poisoning prevention program)
- ✓ MCH Initiatives in 15 Health Equity Zones

Implement Policies to Reduce Perinatal Health Disparities:

- ✓ Revise birth center regulations
- ✓ Support the growth of the doula workforce, especially BIPOC doulas
- ✓ Expand Medicaid eligibility to 12 months postpartum
- ✓ Increase the number of International Board-Certified Lactation Consultants (IBCLCs) and Certified Lactation Counselors (CLCs) of color

Support Statewide Advisory Committees to Reduce Perinatal Health Disparities:

- ✓ Rhode Island Task Force to Support Pregnant and Parenting Families with Substance-Exposed Newborns
- ✓ Rhode Island Pregnancy and Postpartum Death Review Committee
- ✓ Perinatal Neonatal Quality Collaborative of RI

RI Pregnancy and Postpartum Death Review Committee (PPDRC)



The RI PPDRC is a multi-disciplinary review board of medical professionals, insurance representative, breastfeeding specialists, doulas, and representatives of populations often underserved and underrepresented in medicine, first convened in 2021

- **Goal:** Save pregnant and postpartum individuals
- **Vision:** Eliminate preventable perinatal deaths, reduce perinatal morbidities, and improve population health for people in the perinatal period
- **Mission:** To identify pregnancy-associated deaths, review those caused by pregnancy complications and other associated causes, identify the factors contributing to these deaths, and recommend public health and clinical interventions that may reduce these deaths and improve systems of care

RI Pregnancy and Postpartum Death Review Committee Recommendations



Recommendation Categories

Substance Use Disorder

Emergency Care

Postpartum Care

Family Visiting Services

Stable Housing

Diversity, Equity, & Inclusion

Additional Patient Care

Next Steps

- Disseminate 2021 recommendations
- Support further refinement by ensuring recommendations are policy-focused
- Include recommendations in relevant state reports, grants, and plans
- Applied for a CDC federal grant

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RI MomsPRN

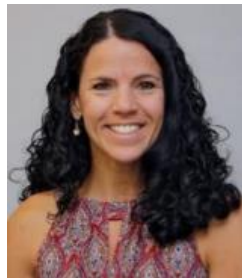
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A FREE PSYCHIATRIC TELECONSULTATION SERVICE FOR HEALTHCARE WORKERS

- ▶ **Goal is to empower healthcare providers** who treat pregnant/postpartum women to universally screen and respond to the behavioral health/substance use needs of their patients
- ▶ **Free statewide teleconsultation service** offering clinical consultation and guidance on diagnosis, treatment planning, and/or referrals to community-based treatment and support services



Margaret Howard, PhD



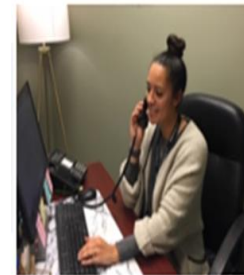
Zobeida "Zee" Diaz, MD



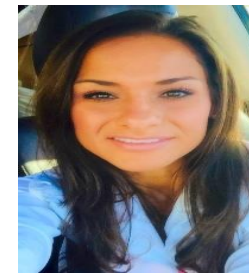
Anupriya Gogne, MD



Cynthia Battle, PhD



Eva Ray, LCSW



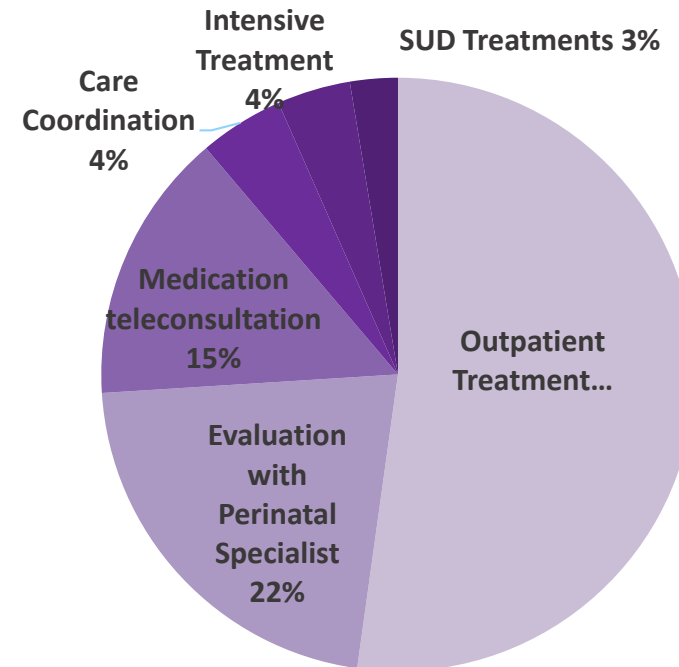
Erica Oliveira, BA

Learn More: www.womenandinfants.org/ri-momsprn



Source: RI MomsPRN Program as of May 2022 since September 20019 launch

Referrals/Services Requested by Calling Providers



- ▶ **Streamlined referral(s) to outpatient and partial hospitalization services** at the Center for Women’s Behavioral Health at Women & Infants Hospital among other perinatal patient services
- ▶ **Directory of community-based resources** that detail provider expertise, accepted insurance, language, location, telehealth availability, and other factors

Providers Call **401-430-2800**

Learn More: www.womenandinfants.org/ri-momsprn



Behavioral Health Patient Services



- ▶ **Day Hospital Program (In Person – hybrid coming soon!)**
 - More intensive mental health care for pregnant and postpartum mothers (Mon – Fri 9a-2p) where infants accompany their mother to each treatment day
 - A supportive environment led by a multidisciplinary team of perinatal specialists incl. psychiatrists, clinical psychologists, clinical social workers, case managers and specialized nursery staff

- ▶ **Outpatient Perinatal Psychiatry (In Person)**
 - Medication management by psychiatrists and psychiatric NPs with specialized training in preconception, pregnancy and lactation

- ▶ **New! Perinatal OCD Intensive Outpatient Program (Virtual)**
 - 3 days/wk x 3 hrs./day ; Mon, Wed, Thur 9:30a – 12:30p

- ▶ **Moms MATTER (Medication Assisted Treatment to Enhance Recovery) Clinic (In Person)**
 - Buprenorphine medication assisted treatment (MAT) program that provides compassionate, non-judgmental MAT treatment for pregnant and breastfeeding patients

Providers Call 401-430-2800

Learn More: www.womenandinfants.org/services/behavioral-health

Contact Information



Serving providers treating pregnant and postpartum patients in partnership with Women & Infants Hospital

Call: 401-430-2800

Monday-Friday 8:00 am – 4:00 pm

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