KPQC General Meeting

May 11th, 2021  12:00-4:00pm
Goal: Decrease Maternal Morbidity & Mortality
Today’s Agenda

12:00pm-12:10pm Welcome
  • Introductions
  • Enrollment Celebration

12:15pm-12:30pm Keynote Speaker
  • Dr. Norman, KDHE

12:30pm-1:15pm Fourth Trimester Initiative Rollout
  • Maternal Warning Signs Toolkit & Maternal Mental Health Toolkit
  • Summer Training Series Plan
  • Enrollment Data Reveal

1:15pm-1:30pm Kansas Birth Equity
  Sapphire Garcia-Lies

1:30-2:00pm - Breakout Session I
  County Data

2:00-2:15pm Break

2:15-2:45pm - Breakout Session II
  Postpartum Care Teams

2:45pm-3:00pm Submit Data
  • Follow up from breakout sessions
  • Questions

3:00pm-4:00pm
  • Business Meeting
Welcome: Dr Maulik

Chair, KS Perinatal Quality Collaborative
Enrolled Facilities/Centers

Birth Facilities:
- AdventHealth Ottawa
- AdventHealth Shawnee Mission
- Ascension Via Christi St Joseph
- Atchison Hosp Assoc Amberwell Atchison
- Citizens Medical Center (Colby)
- Community Healthcare System (Onaga)
- Geary Community Hospital
- Hays Medical Center
- Hiawatha Community Hospital
- Hutchison Regional Medical Center

Birth Centers:
- New Birth Company
- Sunflower Birth & Family Wellness
Fourth Trimester Rollout

Postpartum Care, Reinvented
Enrollment Goal: 33 Birth Settings

18 Birth Facilities Enrolled
2 Birth Centers Enrolled
FTI Enrollment

As of May 1st
✓ Sent 50 Enrollment packets (Facilities/Centers)
✓ Birth Facilities: 20
  • Largest: 5271 births per year
  • Smallest: 39 births per year
  • 3 more “yes” without packets
✓ Free-standing Birth Centers: 2

KS Midwives Alliance: upcoming
Fourth Trimester Initiative

Not JUST a QI project, but includes the QI project
Enrollment 411

Fourth Trimester Initiative Driver Diagram 1

- Preconception & Interconception Health
- Pregnancy Health
- Birth Care
- Maternal Physical & Mental Health
- PP Care Plan "Mom Plan"
- Integrated Postpartum Visit

- Improve Maternal Health
- Postpartum Transition: Fourth Trimester Initiative

Fourth Trimester Initiative Driver Diagram 2

- Optimal Maternal Physical & Mental Health
- Postpartum Care Plan "Mom Plan"
- Integrated Postpartum Visits

Performance Measures

1. Enroll Birth Facilities in P31
2. Obtain Birth Facility birth numbers, including race demographics
3. Track rate of Postpartum Patients with Visits scheduled prior to discharge (<12 weeks PP)
4. Track Birth Center Postpartum Care Team formation
5. Identify county-level maternal health risk

Secondary

- Birth Facility
  - Quality Maternal Care:
    1. Immediate PP Care Best Practice Model
    2. PPH Improvement
    3. Breastfeeding
    4. Infection Prevention
    5. Behavioral Health/LSD
  - Identify outpatient maternal mental health prior to discharge
    - Social Determinants
    - Identify barriers to F2F visits prior to discharge
  - Obstetrician

- Quality Medical Care:
  - Postpartum Care: 24/7 F2F coverage
    - 90% of women will receive labor/delivery care within 3 weeks of delivery
    - 80% of women will receive discharge planning in PP Care Team & Patient
    - "Mom Plan"
    - Family Planning
    - Obstetric Disease (GDM, Gestational Diabetes, Preeclampsia, etc.)
    - Anxiety/Depression
    - Infant Care

- Performance Measures
  
  1. Enroll Birth Facilities in P31
  2. Obtain Birth Facility birth numbers, including race demographics
  3. Track rate of Postpartum Patients with Visits scheduled prior to discharge (<12 weeks PP)
  4. Track Birth Center Postpartum Care Team formation
  5. Identify county-level maternal health risk

- Integrated Postpartum Visits
**Fourth Trimester Initiative Plan**

**GOAL:** Decrease maternal morbidity and mortality in Kansas

- Provide guideline-driven, best practice health care
- Conduct standardized screening of all childbearing-aged women
- Provide mechanisms to assure timely referral and follow up
- Identify each mother’s Postpartum Care Team
- Ensure a personalized Patient Plan of Care (“Mom Plan”)
- Provide reproductive health planning
- Establish ongoing insurance coverage
- Address social determinants of health and health equity
Postpartum Care: Reinvented

“New Model” of care:
Public Health + Birth Setting + Outpatient Clinics + ER

Everyone must be in:
Patient
Provider
Community

(Business, Healthcare, Schools, Church, etc)
Stakeholders at the table
Next Steps

Birth Facilities:
➢ Add more facilities!
  • Goal: 25 by May 30
  • Need: Large & Small
  • THANK YOU, Karen!

All Enrollees & KPQC Partners:
• General Meeting attendance
• Learning Forums continue
• KPCCs “enrollment”?

Enrollees only:
• FTI Training Series

FTI Training Series: Part I
• June 16th (9-1) & 22nd (12-4)

• Topics:
  • Maternal Warning Signs rollout
    • AWHONN Postbirth @ each facility
  • Maternal Mental Health Toolkit rollout
    • TA surrounding Toolkit integration @ each facility
  • Maternal Hypertensive Disorders
  • Facility/Center Collaboration time

• Guest Speakers
How does FTI Work?

Maternal Side

Maternal Warning Signs Toolkit
- Maternal Mental Health/SUD
- AWHONN Warning S/S
- Hypertensive Disorders
- Breastfeeding
- Hear Her Campaign
- Support Person(s)/Community Education

Focus on:
1. Chronic Disease
2. Mental Health/SUD
3. Family Planning
   - Comprehensive Well Woman Exam Toolkit
4. Breastfeeding
5. Health Equity
6. Access to Care (THE PP VISIT!)
How does FTI Work?

Provider Side

Maternal Warning Signs Toolkit: Same language, same goal
• Maternal Hypertensive Disorders
• Mental Health
• AWHONN Post-birth warning signs training (3 per facility/center)
• Patient & Partner Education

NEXT STEPS
Standardized at Discharge
• Screenings
• PP Visit Appointment & Referrals
• Communication/Documentation

Standardized post-DC
• Postpartum Visit Schedule
• Screening & Referrals
• Communication/Documentation
Immediate Postpartum

MWS
Mental Health/HTN/AWHONN
Breastfeeding
Mom Plan
Support System
PP Care Team/Plan

MWS Screens & Referral
Family Planning
Breastfeeding
Medical Home, Chronic Disease
Navigation
Peds Support

Maternal Warning Signs Screens & Referrals
Navigation
Mom Plan
Breastfeeding, Family Planning
Support System
PP Care Team/Plan

Comprehensive Well Woman Exam
(12 weeks to 1 year)

Immediate Postpartum to 1 year

Post-Discharge PP
PP Visits: 1 day to 12 weeks
Immediate Postpartum

OB Provider
Navigator
Peds, ER, Urgent Care
KPCCs
Home Visiting
Breastfeeding Clinic

Primary Care
Peds
Navigator
KPCCs
ER
Urgent Care

Comprehensive PP Visit
Well Woman Exam
(12 weeks to 1 year)

PP Visit(s)
72 hours
2 weeks
4 weeks
6 weeks...

Birth Facility
Birth Center
PP Care Team

Who does the work?
Throughout FTI

- County & Facility-specific outcomes
- Social Determinants identified and addressed
- Racism in care is addressed
- Birth equity is learned
- TA around Referral Networks: KPCCs
- Involve entire community of care
  - Medical and non-Medical
- Reimbursement addressed throughout
"Mom Plan" + The Postpartum Care Plan = Healthy Moms
The “Mom Plan”

Support Person
Money
COVID
Warning Signs

Racism
Insurance
Day Care
Breastfeeding
Mental health
Innovative ideas

Believe Her
Peer Support Platform for Black Birthing People

Believe Her is an anonymous peer support app with the mission to increase awareness of the Black maternal health crisis and develop and promote evidence-based strategies that improve health outcomes for Black birthing people and families. This is a safe place for Black mothers to be open, be heard and, most importantly, be believed!
How does this FTI really work?

✓ Full resources of KPQC & KDHE
  1. Asking every site to STRETCH their “what we’ve always done”
  2. Inpatient Education, Screening & Referral Standardized
  3. Outpatient follows up & refers on
  4. Encourages “warm hand off”

✓ Maternal Warning Signs - collection of all state resources, their authors, and statewide experts AT YOUR SERVICE

✓ Mom Plan - captain of the ship

✓ Data collection:
  1. Birth Facilities/Centers education, process improvement
  2. Patient outcomes

✓ Outcomes review as we go

✓ Reimbursement strategies: Medicaid expansion
The Other “Secret” Problem: KanCare

13 Pregnancy Visits
Vaginal Delivery
Entire Postpartum Care

$1326.89

Nexplanon
PG test
Provider Insertion

$1027.89
FTI Rollout: Case study #1

Karla
G2P2, 44 y/o Hispanic female
Dx: Gestational Hypertension at 32 weeks
Delivered at 39 weeks, Medical IOL

Immediate PP:
✓ First Breastfeeding attempt
✓ Hypertension management
✓ Mental Health- hx of Depression, stable

Post-Discharge PP:
✓ LARC requested
✓ COVID immunization requested
✓ Gestational HTN follow up
✓ Mental Health check in
Immediate Postpartum

MWS
Mental Health/HTN/AWHONN
Breastfeeding
Mom Plan
Support System
PP Care Team/Plan

Immediate Postpartum to 1 year

Comprehensive Well Woman Exam
(12 weeks to 1 year)

Maternal Warning Signs
Screens & Referrals
Navigation
Breastfeeding
Family Planning
Support System
PP Care Team/Plan

Post-Discharge PP
PP Visits: 1 day to 12 weeks

MWS
Screens & Referral
Family Planning
Breastfeeding
Medical Home, Chronic Disease
Navigation
Peds Support
FTI Action Plan:
Across Enrolled Birth Facilities/Centers

**Immediate PP**
- Discharge Summary
- Care Plan + Mom Plan
  **Maternal Warning Signs**
  AWHONN + Hear Her+Support+Mental Health Toolkit+Breastfeeding
- Racial equity, Social Determinants, Navigation

**Post-discharge PP**
- Discharge Summary
- Care Plan + Mom Plan
- MWS follow up and re-evaluation

**Beyond 12 Weeks**
Comprehensive Well Woman Exam
FTI Rollout: Case Study #2

Maphosa: 26 y/o Black female
- SAB at 17 weeks (s/s x3 days, presented to ER, “no Prenatal Care”)
- SAB= Postpartum Mom
- Medium hospital, near two other small hospitals
- Phone call at night to Primary OB-Birth Facility Unit
- Phone call in morning: Provider to Provider
- SBIRT at bedside, referral made, treatment started within 24 hours
  - Noted Screening & Intervention on ACOG
  - Concerned about early DC & follow up
  - “Next steps” outlined between treatment & referral providers
  - OB Navigator notified, referral and contact initiated (social determinants ID’d)
  - Appt made for OB Provider f/u, support system identified
  - Psychotherapy initiated within 72 hours
  - MWS info to patient
  - F/U info to primary OB provider
- KDHE Mental Health Toolkit utilized
- Note! ER was initial access
Immediate Postpartum

MWS
- Mental Health/HTN/AWHONN
- Breastfeeding
- Mom Plan
- Support System
- PP Care Team/Plan

Comprehensive Well Woman Exam
(12 weeks to 1 year)

Maternal Warning Signs
- Screens & Referrals
- Navigation
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Immediate Postpartum to 1 year

Post-Discharge PP
- PP Visits: 1 day to 12 weeks

MWS
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Immediate Postpartum

Birth Facility
Birth Center
PP Care Team

OB Provider
Navigator
Peds, ER, Urgent Care
KPCCs
Home Visiting
Breastfeeding Clinic

PP Visit(s)
72 hours
2 weeks
4 weeks
6 weeks...

Comprehensive PP Visit
Well Woman Exam
(12 weeks to 1 year)

Who does the work?

Primary Care
Peds Navigator
KPCCs
ER
Urgent Care
FTI Action Plan:
Across Enrolled Birth Facilities/Centers

**Immediate PP**
- Discharge Summary
- Care Plan + Mom Plan
**Maternal Warning Signs**
AWHONN + Hear Her+Support+Mental Health Toolkit+Breastfeeding

- Racial equity, Social Determinants, Navigation

**Post-discharge PP**
- Discharge Summary
- Care Plan + Mom Plan
- MWS follow up and re-evaluation

**Beyond 12 Weeks**
Comprehensive Well Woman Exam
Sapphire Garcia-Lies
President, Wichita Birth Justice Society
Patient Representative, FTI
Collaboration Time!

Breakout Session #1
Birth Statistics

Birth KIC allows you to create statistics for birth outcomes, by year, age-group, sex, race, and county.

http://kic.kdheks.gov/birth.php
In your county, what rate of birthing persons have Gestational Hypertension?
PP Care Team

ID Postpartum Team members:
• Patient
• Primary Maternal Care Provider
  • Subsequently PCP
• Birth Center nursing staff
• Infant Provider
• Care coordinator (inpatient to outpatient)
  • Social Worker, Maternal Navigator
• Lactation Support
• Home Visitor
• Specialty provider, if needed
  • MFM, Behavioral Health, Internal Med
Breakout session #2: PP Care Teams

• Facilitator: Below is a list of the ACOG recommended PP Care Team elements/members.

• Facilitator Question: Who are you missing at your Birth Facility? If you are not a Birth Facility or Center, how are you (could you be) tied in as a member of your facility’s PP Care Team?

• How do you see the PP Care Team work, or not work in your setting or community.

• What resources are needed for the inclusion of a PP Care Team as recommended by ACOG at your facility.
Immediate Postpartum

MWS
Mental Health/HTN/AWHONN
Breastfeeding
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Support System
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Post-Discharge PP
PP Visits: 1 day to 12 weeks

Comprehensive Well Woman Exam
(12 weeks to 1 year)

Maternal Warning Signs
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Immediate Postpartum to 1 year
KPQC General Business Meeting

Devika Maulik, MD
Kourtney Bettinger, MD
Kasey Sorell, BSN, RN
KPQC Bylaw Update

• Bylaws of the KPQC may be amended by a two-thirds majority vote of the KPQC general membership during an announced meeting.
KPQC Bylaw Update

Amendment 1

Article I Section I, 1.1 Vision (inclusive language)

• Kansas is the best place to be born and to be a mother
• Kansas is the best place to birth, be born, and to raise a family
Amendment 2

Article IV Section II, 2.6 (Adding Dr. Morgan officially)

2.6 The leadership of the Kansas Maternal Mortality Review Committee will appoint a member of their choosing to serve on the Executive Committee of the KPQC. This individual has voting rights and is exempt from Executive Committee member term limits. Any change in KMMRC representative shall be in writing and given to the KPQC Chairperson.
Fourth Trimester Logo Options

1

2
KPQC Mission Statement:

KPQC Mission

To improve Kansas’ maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes.
Upcoming Events

• **First Trimester Initiative Trainings-Part 1**
  Required training for enrolled facilities/centers
  o June 16 (9-1pm)
  o June 22 (12-4pm)

• **KPQC Learning Forums**
  Monthly learning opportunities will resume in July, watch for a sign up coming to your email.
“It is not uncommon for mamas to be treated differently during her pregnancy than when she is postpartum...The attention shifts. Immediately.”

“Moms deserve more, especially in the fourth trimester. It’s a transformative, exhausting, overwhelming, beautiful and sometimes ugly time...she needs support, love, understanding, healing, grace, attention, a listening ear and more.”

Taken from thebabychick @ Instagram