



ADVANCING INTEGRATED HEALTHCARE

Welcome to PCMH Kids Stakeholder Meeting

Care Transformation Collaborative of Rhode Island / PCMH Kids

PCMH Kids Stakeholder | October 7, 2021

Agenda

Topic and Presenter(s)	Time
<p>Welcome</p> <p><i>Patricia Flanagan, MD, FAAP, Co-Chair PCMH Kids</i></p> <p><i>Beth Lange, MD, FAAP, Co-Chair PCMH Kids</i></p>	5 mins
<p>Doula Services</p> <p><i>Quatia "Q" Osorio, BSBA CCHW, CLC, MCHS CPE MCHW, Doula, Founder of Our Journ3i</i></p>	20 mins
<p>RI MomsPRN</p> <p><i>Margaret Howards, PhD, Women & Infants Hospital</i></p> <p><i>Eva Ray, LCSW, Women & Infants Hospital</i></p>	15 mins
<p>PediPRN</p> <p><i>Sarah Hagin, PhD, Rhode Island Hospital</i></p>	10 mins
<p>Open Discussion</p>	10 mins

Health Disparities

- According to the [Centers for Disease Control and Prevention](#), black women are three to four times more likely to die from pregnancy-related complications than white women.
- According to [Rhode Island's Kids Count](#), between 2015 and 2019, black women (23.5%) were more likely to receive delayed prenatal care than white women (13.1%).
- According to [Rhode Island's Kids Count](#), between 2015 and 2019, black infants (11.7%) had the highest rates of low birthweight compared to 6.6% of white infants.

Community Initiated Response - Douglas in Rhode Island

Quatia Osorio, BSBA , CCHW, CLC,
MCHS, MCCHW, Doula

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Quatia Osorio

Quatia Osorio CCHW, CLC, MCHS, CPE, MCCHW Doula is a Rhode Island native born and raised. Bryant University graduate, certified community health worker, certified lactation counselor, community birth and postpartum doula. She is currently attending Philadelphia University, now Thomas Jefferson University, for her second bachelors in Health Services Management. She is the Founder of Our Journ3i, a perinatal community-led, based wellness center focusing on eliminating health determinants of communities of color through maternal support, education, advocacy, and awareness. Her organization works to expand and increase the doula workforce through doula training, professional development and legislative policy for doula care and access.

⁵
The first facilitator of Chocolate Milk Cafe - RI. Chocolate Milk Cafe RI is an International Board of Lactation Consultant Examiners (IBLCE), approved breastfeeding peer support group to help encourage, support and educate Black/African American/Afro Caribbean families. It was established to eliminate health disparities in our community due to social determinants and promote health equity. Additionally, she oversees the other three Chocolate Milk Cafes in RI and MA.

Co-creator and Lead of the Umoja Nia Collective, a doula collective of independently owned Black doula businesses focused on advancing better maternal health outcomes and promoting educational awareness of community perinatal care services. Annually, hosting a collaborative forum of health education and professional development for community members and partners.

Our Journ3i, LLC - Perinatal Safe Spot

We seek to provide maternal health equity among communities of color, especially Black/African American families in Rhode Island.

Chocolate Milk Cafe - RI

The Chocolate Milk Café provides a sacred space where families that are part of the African Diaspora can be supported and empowered to breastfeed and provide human milk to their children.

Umoja Nia Doula Collective - Perinatal Safe Spot

Our vision is to create, engage and promote a collective of professionally and diversely trained doulas that identify in part or in whole as descending from the African diaspora.

Umoja Nia works collectively to promote and activate community-level maternal care to birthing families. We center members of our community that are most impacted by poor maternal outcomes including but not limited to, vulnerable populations, teen mothers, low resourced and low income families.

RI Perinatal Doula Agency

A premier doula agency for families with Medicaid insurance

Urban Perinatal Education Center & Easy Access Clinic (Maternal)

We are moving forward with the nonprofit, Urban Perinatal Education Center. Building a physical safe space for those in the perinatal life course.

RI Birthworkers Cooperative ** coming 2022

What I have been up to in Maternal Child Health for RI?

The Community Initiated Health Care

“There is no question that this bill will save lives and be good for women of color in Rhode Island, but it also makes strong economic sense,” said bill sponsor Senator Quezada (D-Dist. 2, Providence). “Women who use doulas often require fewer expensive medical interventions during childbirth, which will save insurers money and make the childbirth process much easier for all involved.”

More information visit:
rifamiliesdeservedoulas.com

Over 10 years of established doula association and collective supports

Three years of community responsiveness to legislative support

Well over 1000 petition signatures

Hundreds of emails to legislative representatives.





How Community Works

Collective shared power and
collaborative communities

What does a doula do?

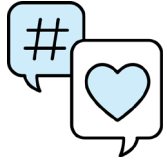
Over 90% of the work we do is NOT in the hospital. It is NOT in a clinical or medical setting. Its place is IN the community, in the trusted sphere of the client family, in the center of love and care.

We are NOT integrating into the healthcare system. We have been alongside the healthcare system since before its creation.

In RI we are celebrating over 10 years of the Doulas of Rhode Island Association, and we have attendants here who have been doulas as long as 20 years in RI. - Thank you Yvonne!

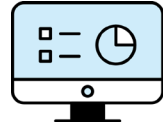


Community Doula Solutions



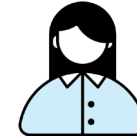
24/7 text and access

We are accessible and available for clients



Email/Virtual Support

Support groups, resources and initiating connections



Showing up in person to attend to the needs to families

Centered in relationship, resources, advocacy and support

RI Doula Reimbursement Act

Equitable Initiative

Disproportionate inaccessibility for BIPOC diverse populations due to financial hinderance, inability and/or disposable income availability; unaware of services

Addressing Systematic Racism¹⁰

Foundation of the bill is Black Maternal Health disparities, adverse poor outcomes, near misses, and/or mortality

Increasing Economics w/ Workforce Development

Elevating opportunities for low income, low resourced and Medicaid recipient families to afford services to equitable initiative compensate doulas for services.

What doula work is NOT

statements are a collective reflection of the Doulas of RI Association, Our Journ3i, LLC and Umoja Nia Doula Collective

VOLUNTARY/FREE

DISCRIMINATORY IN
CARE/SERVICES
PILOT OR RESEARCH

POLICING/SURVEILLANCE/INTRUSIVE
EXCLUSIVE IN CARE - SERVE ALL
BIRTHING BODIES, FAMILIES AND
MEMBERS

PARTNERED WITH HOSPITALS ,
GOVERNMENT/FEDERAL AGENCIES,
ETC.

EMPLOYEES OF HOSPITALS OR
GOVERNMENT/FEDERAL AGENCIES

Studies have shown that births have...

25% shorter labour

60% reduction in epidural requests

50% reduction in the caesarean rate

40% reduction in oxytocin use

40% reduction in forceps delivery

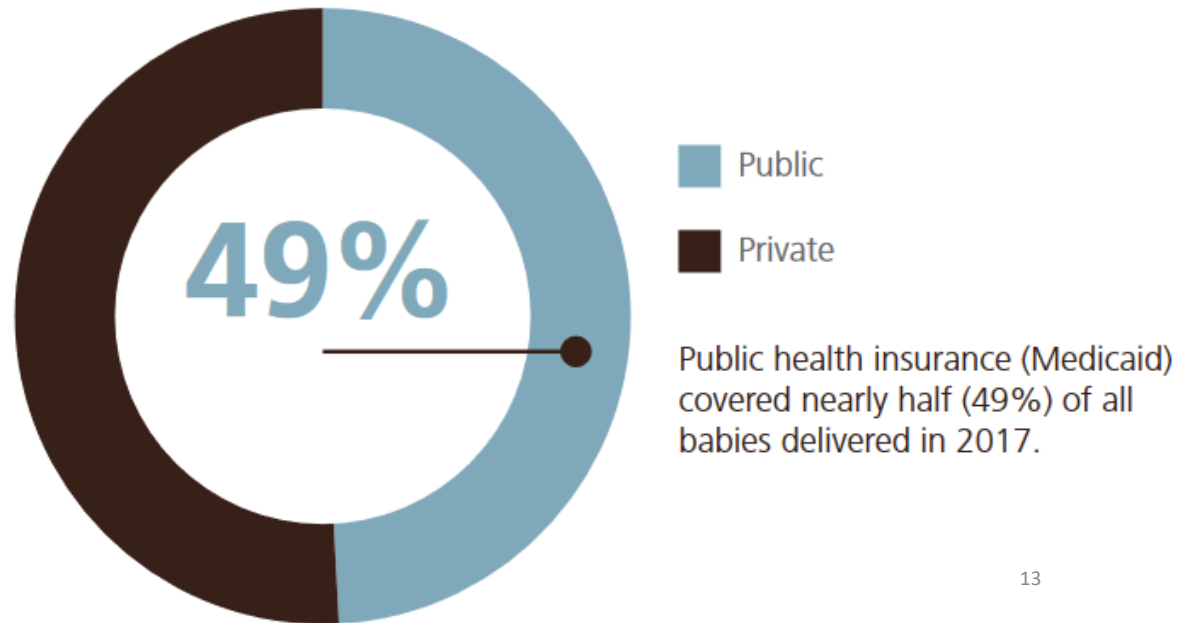
30% reduction in analgesia use

...with a Doula in attendance



BENEFITS ADAPTED FROM THE COCHRANE REVIEW ON THE DOULA SUPPORT

Figure 2
Maternal Insurance Type at Delivery, Among Live Resident Births
in Rhode Island (2017)



Source: Vital Records, Rhode Island Department of Health

Figure 4

MATERNAL HEALTH IS EQUALLY
DIVIDED AMONG PAYERS IN RHODE
ISLAND

ONLY ONE PAYER PLAN CURRENTLY
SUPPORTS EQUITABLE DOULA CARE
SERVICES IN THE STATE OF RI.

IF CO-INSURANCE/PAY BECOMES AN
OBSTACLE MEMBERS MAY RESORT
BACK TO OUT OF POCKET PAY FOR
CARE/OR USE HSA/FSA PAYMENTS

Addressing Adverse Maternal Health Outcomes

Leapfrog RI stats were updated in July 2021:

WIH: CS 28.4%, Episiotomy: 4.4%

Kent: CS 32.2%, Episiotomy: 8.9%

Landmark: CS 32.4%, Episiotomy: 1.3%

Newport: CS 35.8%, Episiotomy: 4.2%

SCH: CS 38.6%, Episiotomy: 13.3% **Annual Report of 631 in 2020

Cesarean delivery rates, by hospital, ranged from
about **24%** to nearly **40%**¹

NATIONAL AVERAGE 31.7% *cdc


INHERENTLY ENCOURAGE ADVERSE CARE
WHEN WE INCENTIVIZE UNNECESSARY
INTERVENTIONS THROUGH POOR PAY OUT FOR
NORMAL PHYSIOLOGICAL BIRTHS.

The prevalence of maternal mortality and maternal morbidity is higher after CS than after vaginal birth. CS is associated with an increased risk of uterine rupture, abnormal placentation, ectopic pregnancy, stillbirth, and preterm birth, and these risks increase in a dose-response manner. There is emerging evidence that babies born by CS have different hormonal, physical, bacterial, and medical exposures, and that these exposures can subtly alter neonatal physiology. Short-term risks of CS include altered immune development, an increased likelihood of allergy, atopy, and asthma, and reduced intestinal gut microbiome diversity. The persistence of these risks into later life is less well investigated, although an association between CS use and greater incidence of late childhood obesity and asthma are frequently reported.

Addressing Adverse Maternal Health Outcomes

WE MAINTAIN ADVERSE OUTCOMES IN SYSTEMS THAT ARE INHERENTLY BIAS, DISCRIMINATORY OR RACIST IN CARE AND TREATMENT. HOTLINING, RED-FLAGS OR THREATS ARE NOT QUALITY CARE BEHAVIORS OR UNSUBSTANTIAL METRICS W/NO VALIDITY FOR RELEVANCE

EXAMPLE: TRACKING DELAYED PRENATAL CARE OR LACK OF FOLLOW UP POSTPARTUM APPOINTMENTS, GIVING PROVIDERS MORE METRICS TO TRACK AND RECORD, BUT NOT MORE SUPPORT OR TIME IN CLINIC SETTINGS

- 
- Non-Hispanic Black women are almost **2x** as likely to experience *serious pregnancy-related complications* compared to Non-Hispanic White women.¹²

-
- 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 20*¹⁷



Certified Perinatal Doula

Birth and Postpartum Doulas
Bereavement/Loss Doula

Doulas are trained perinatal care professionals who work directly for pregnant, birthing, and postpartum people and their families.

Doulas provide informational, physical, emotional and advocacy support for pregnant people and their families. Doulas are non-medical support people who are experienced in navigating the twists and turns of this complex time, helping to provide resources and support. Evidence strongly suggests that the presence of a doula significantly improves birth and postpartum outcomes and mitigates the racial disparities in parental and fetal morbidity and mortality. *

*www.ridoulabill.com

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01

No designation of all Doulas

Only those doulas seeking insurance reimbursement will certify with RICB to become certified perinatal doulas

02

Voluntary Participation

No one is required to become a certified perinatal doula

03

Autonomy & Representation

Our work is episodic and aligned in the autonomy to represent the needs of the client. This enhances the trust of the relationship between the client and their doula



The RI Certifying Board is the authorizing and disciplinary agency for RI Certified Perinatal Doulas ****Not the RI Dept of Health ****

Step 1	Step 2	Step 3	Step 4
Go to RI Certfying Board Website (ricertboard.org)	Go to Certifications	Verify ¹⁷ Certification	Enter Certified Perinatal Doula Name & Confirm

THE RI CERTIFYING BOARD REVIEWS ALL TRAINING ORGANIZATIONS TO ALIGN WITH CREDENTIALLING - NOT SOMETHING DONE BY PAYERS, AGENCIES OR INSTITUTIONS

What's Next for the Doulas?

Maintaining local workforce development
and sustainability through expansion

- ✓ Expansion and establishment of doula led and ran workers shared skill cooperative

- ✓ Increase of doula owned/led agencies and provider groups

- ✓ Continued advocacy and collaboration with families, organizations, and community

- ✓ Technology enhancements for compliance virtual doula supports

- ✓ Expansion of BIPOC doula led community groups, trainings and professional development

- ✓ 200% increase in doula support, services and systems

What doulas are waiting on

Building out the workforce

Contact: Quatia Osorio
(q@ribirthworkercoop.com)
or
Susie Finnerty
(susie@ribirthworkercoop.com)

- ✓ Collaborative calls and planning with payers on how to engage with doula providers around rates, codes and regulations

- ✓ Collaborative calls from institutions and agencies who want to engage with doula providers in an intentional and meaningful way

- ✓ Continued advocacy and collaboration with family government agencies and departments

- ✓ Financial assistance, sponsorships, and funding towards building out the local workforce

Resources and Reading Recommendations:

Short-term and long-term effects of caesarean section on the health of women and children:

- <https://pubmed.ncbi.nlm.nih.gov/30322585/>
- <https://ratings.leapfroggroup.org/>
- https://www.cochrane.org/CD003766/PREG_continuous-support-women-during-childbirth
- <https://health.ri.gov/publications/issuebriefs/2020PerinatalAndInfantHealth.pdf>
- <https://www.ricertboard.org>
- [Rethinking Bias to Achieve Maternal Health Equity: Changing Organizations, Not Just Individuals](#)
- [The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States](#)
- [Health care experiences of pregnant, birthing and postnatal women of color at risk for preterm birth](#)
- [Information and power: Women of color's experiences interacting with health care providers in pregnancy and birth](#)
- [Social and Structural Determinants of Health Inequities in Maternal Health](#)
- [The Ethics of Perinatal Care for Black Women](#)
- [Dismantling the Structural Racism in “Mother Blame” Narratives](#)
- [Listening to Women: Recommendations from Women of Color to Improve Experiences in Pregnancy and Birth Care](#)



RI MomsPRN

Maternal Psychiatry Resource Network

PCMH KIDS STAKEHOLDER MEETING

OCTOBER 7, 2022

RI MomsPRN

401-430-2800

A FREE PSYCHIATRIC TELECONSULTATION SERVICE FOR HEALTHCARE WORKERS

- ▶ **Providers** are welcome to consult with a perinatal psychiatrist or resource referral specialist via telephone, secure email, or EHR engagement. We welcome all providers, including physicians, NPs, social workers, midwives, and more.

Resource and Referral (Social worker)

- Triage and responds to calls, emails and EMR outreach
- Make connections to treatment and support services
- Schedule provider teleconsultation with perinatal behavioral health experts

Clinical Consultation (Psychiatrist and Psychologist)

- Same-day, provider-to-provider psychiatric teleconsultation services
- Diagnostic support
- Treatment planning
- Medication and dosage recommendations



401-430-2800



RIMomsPRN@CareNE.org

RI MomsPRN

401-430-2800

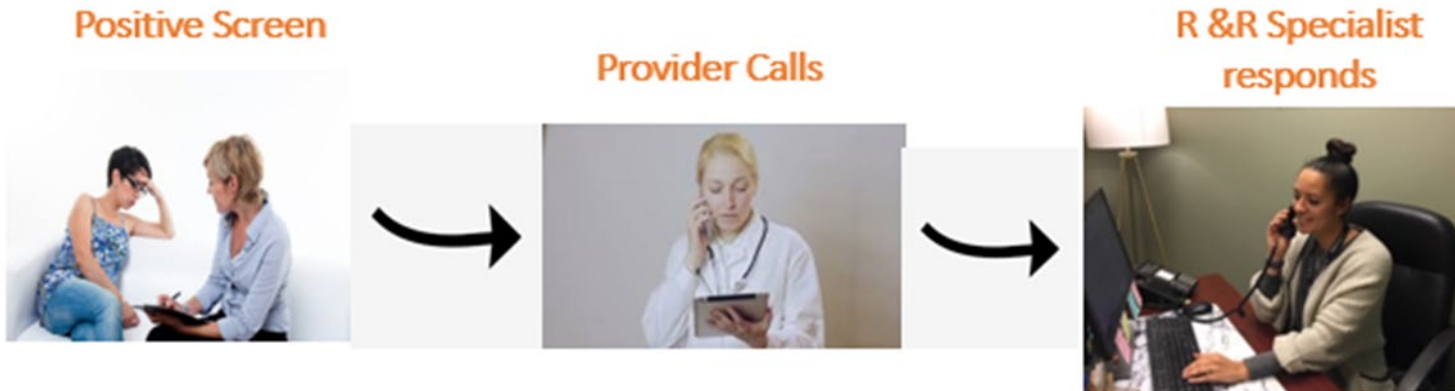
A FREE PSYCHIATRIC TELECONSULTATION SERVICE FOR HEALTHCARE WORKERS

- ▶ RI MomsPRN is your one-stop shop if you need to connect a perinatal woman to MH services
- ▶ Streamlines process of referring to Women's Behavioral Health

 **401-430-2800**



RIMomsPRN@CareNE.org



 **RI MomsPRN**
Maternal Psychiatry Resource Network

Teleconsultation Case Example

Problem

Dad brought Pt in for 2wk Well Baby visit and completed EPDS, scoring 14. Mom is on bedrest recovering from traumatic birth and both partners are interested in MH supports.

Action

Pediatrician calls MomsPRN 401-430-2800 requesting outreach to the parents of her infant patient.

Eva takes info and contact info for Dad.

Result

Eva reaches out to Dad to provide info for individual therapists for both him and Mom

Eva provides info for new dads' support groups & "Healing From Traumatic Birth" therapy group for mom

Pediatrician Engagement

- ▶ **Currently Pediatric providers make up only 4% of our Teleconsultation utilizers – we want to increase this!**
- ▶ **Do you have ideas for spreading the word to pediatricians?**
 - ▶ Existing meetings or trainings?
 - ▶ Email listservs / digital engagement?
 - ▶ Large practices to target?

Thank you!



401-430-2800

**MONDAY – FRIDAY, 8AM –
4PM**

ERAY@WIHRI.ORG

RIMOMSPRN@CARENE.ORG

MHOWARD@WIHRI.ORG

PediPRN



Bradley Hospital

Lifespan. Delivering health with care.®

Empowering pediatricians to support children's mental health.

RI's Pediatric Psychiatry Resource Network



What is PediPRN?

- Designed to help pediatric primary care providers (PPCPs) meet the mental health care needs of their patients.
- PediPRN mental health consultation services are available to all PPCPs in RI at no charge.
- Located at Bradley Hospital
- Funding support:
 - Health Resources and Services Administration (Pediatric Mental Health Care Access) grant awarded in partnership with RIDOH
 - BCBS-RI
 - Bradley Hospital



PediPRN GOALS

- Increasing PPCPs knowledge, skill, and confidence with addressing their patients' mild to moderate mental health conditions.
- Promote utilization of scarce specialty services (psychiatrists) for more severe and high-risk patients
- Support the integration of mental health care and pediatric primary care



PediPRN Services

- Calls/consultation - 830am to 5pm weekdays
- Face-to-face assessments
- Website
- Office hours
- E-blasts/newsletters
- PIP (PediPRN Intensive Program)
- PIP Grad
- Resources/care coordination



Common Consultation Questions

- **Diagnostic clarification**
- **Treatment planning**
- **Unable to access mental health resources**
- **Second opinion**
- **Screening support**
- **Medication Management – side effect, selection, dosage, etc.**
- **Psychotherapy – selection, linkage, monitoring**



Why we provide resource services

- Primary care providers need access to resources and mental treatment services to recommend to their patients
- Addressing any barriers from the beginning can help with follow-through
 - Not having contact information can be the biggest barrier to patients and families engaging in treatment
- Resources are always changing
 - Community BH connections and co-located providers have limited time/resources to maintain resource lists
- Clinicians can help triage/tailor referrals and resource recommendations based on clinical judgement and expertise in efficacious treatments
- Integrated BH providers cannot be experts of all mental health conditions
 - Community connections and co-located providers cannot take everyone



How does PediPRN fit into RI's mental health care continuum

Symptoms/functioning	Response
Mild/Mild-Moderate	Outpatient referrals and monitoring, ?med? -accessing your resources or PediPRN
Moderate in tx, not responding/stagnant, not crisis	PediPRN (or KidsLink)
CRISIS, in tx or new to tx, acute (but not imminent) need for tx/tx change due to safety concerns and/or poor functioning	KidsLink -triages to Access, Crisis clinic, PACE Clinic, Gateway, PHPs, etc -Unite Us
Severe/High Risk/SI with plan	Emergency Evaluation



How does PediPRN fit into integrated care practices

- See previous slide regarding resources
- MH Demand/Treatment Supply
- Specialized treatment
- Recent examples of consult calls from integrated care clinics:
 - patient c/o of "shaky hands" on current meds.
 - Patient with Autism, ADHD, tic disorder – not responding to meds?
 - Questioning bipolar disorder diagnosis



Engagement and preliminary outcomes

- PediPRN currently has 349 PPCPs and 66 practices enrolled in PediPRN.
 - Approximately 58% of those enrolled participate in active engagement with PediPRN services.
- High engagers (10+consult calls and/or participation in PIP)
 - Higher rates of psychiatric prescriptions per year
 - Higher rates of mental health focused visits
 - Fewer psychiatric hospitalizations per year
- Education/training outcomes (PIP)

Comfort <u>using rating scales to diagnosis and treatment monitor</u> a variety of mental health conditions in their patients (ADHD, depression, anxiety, substance use disorders).	60% of responses reflected comfort with using rating scales to diagnosis & treatment monitor.	91% of responses reflected comfort with using rating scales to diagnosis & treatment monitor.
Comfort assessing safety in their patients	53% were comfortable	100% were comfortable
Comfort evaluating and managing non-suicidal self-injury in their patients	35% were comfortable	82% were comfortable
Comfort Prescribing second generation antipsychotic medications	6 % were comfortable	55% were comfortable
Knowledge about different level of mental health care available to their patients	65% reported feeling knowledgeable	100% reported feeling knowledgeable
Knowledge about different therapeutic interventions and how to choose them depending on the disorder of their patient.	41% reported feeling knowledgeable	91% reported feeling knowledgeable



Increasing/Maintaining Engagement

- Solicit feedback regularly
 - Practice needs change, especially with the increase in mental health conditions in children and the development of integrated care and telehealth impacting practice workflows
 - Practice based office hours
 - Ease of utilization
 - Support with the emotional burden practitioners carrying when treating pts with mental health conditions
 - “I LOVE having Dr. Song support us once/month and we all feel better after we meet with her.”
 - “Even though not your intention these calls can be somewhat therapeutic for me.”
 - New website
 - increase utility as a resource
 - Web-based consultation scheduling
 - expand education tools/resources
 - [Tele behavioral health tips and treatment](#)

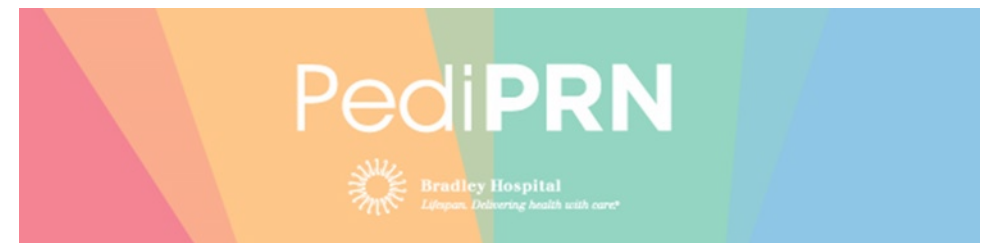


Increasing/Maintaining Engagement

- Regular contact about new/updated/actively recruiting treatment programs and services.
 - [pediprn-newsletter-mental-health-treatment-programs](#)
 - Most practices do not have mental health supports that can keep up with all the new programming/services available
 - Practitioners often get in a routine of going to the same handful of mental health resources for their patients and benefit from regular reminders of additional resources available
- Connection with partners and stakeholders

How to Contact PediPRN

- **Call PediPRN at (401) 432-1KID (432-1543)**
- **Email: PediPRN@lifespan.org**
- **Visit website www.pediprn.org**
 - Resources
 - Registration
 - Upcoming Educational Events
 - Educational Resources





ADVANCING INTEGRATED HEALTHCARE

OPEN DISCUSSION



New COVID-19 Provider Funding Application Portal Open through October 26

- As of September 29, healthcare providers can apply for [\\$25.5 billion in provider relief funds](#). The package includes:
 - \$8.5 billion in American Rescue Plan (ARP) resources for those who serve rural patients covered by Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP).
 - \$17 billion for Provider Relief Fund (PRF) Phase 4 for a broad range of providers experiencing changes in operating revenues and expenses.
 - Qualified providers of health care, services, and support may receive Provider Relief Fund payments for healthcare-related expenses or lost revenues due to coronavirus.
 - Providers may apply for both programs with a single application, and applications must be completed and submitted by October 26 at 11:59 p.m. ET. Health Resources and Services Administration (HRSA) will host four technical assistance webinars for applicants starting on Thursday, Sept 30.
- **For a link to technical assistance webinars and more information, visit:** [Future Payments | Official web site of the U.S. Health Resources & Services Administration \(hrsa.gov\)](#).

Care Coordination Survey Now Open: Share Your Feedback with State Leaders

Share your experience with the Rhode Island Department of Health to help improve systems of care for children and youth with special health care needs.

[Complete the Survey \(English\) \[nam11.safelinks.protection.outlook.com\]](https://nam11.safelinks.protection.outlook.com)

[Responde la encuesta \(español\) \[nam11.safelinks.protection.outlook.com\]](https://nam11.safelinks.protection.outlook.com)



ADVANCING INTEGRATED HEALTHCARE

Stay healthy and safe