



ADVANCING INTEGRATED HEALTHCARE

Welcome to Breakfast of Champions

Care Transformation Collaborative of Rhode Island

Pano Yeracaris, MD, MPH, Chief Clinical Strategist

CTC-RI Breakfast of Champions | September 10, 2021

Agenda

Topic and Presenter(s)	Time
Welcome & Introductions – Pano Yeracaris, MD MPH, CTC-RI Chief Clinical Strategist	5 mins
Improving Maternal Child Health: Addressing Health Disparities in Prenatal Care:	
<ul style="list-style-type: none"> <i>Moderator:</i> Patricia Flanagan, MD, Hasbro Children’s Hospital, Brown Univ. Pediatrics Professor, and Co-Chair of PCMH-Kids 	5 mins
Addressing Prenatal Health Disparities - State Updates:	
<ul style="list-style-type: none"> <i>RI Data:</i> Aidea Downie, MA, RIDOH Maternal Child Health Program Disparities Specialist 	10 mins
<ul style="list-style-type: none"> <i>Doula Services:</i> Quatia "Q" Osorio, BSBA CCHW, CLC, MCHS CPE MCHW, Doula , Founder of Our Journ3i , and past member of the Women’s Health Council Planning Committee 	15 mins
<ul style="list-style-type: none"> <i>RI MomsPRN:</i> Jim Beasley, MPA, RIDOH Program Manager, RI Maternal Psychiatry Resource Network Program 	10 mins
<ul style="list-style-type: none"> <i>Discussion</i> 	10 mins
(Cont.)	

Agenda (cont.)

Topic and Presenter(s)	Time
Addressing Prenatal Health Disparities - Health Plan Initiatives:	
<ul style="list-style-type: none"> • <i>Blue Cross & Blue Shield of Rhode Island:</i> Matthew Collins, MD, MBA, Executive Vice President, Clinical Affairs and Chief Medical Officer 	5 mins
<ul style="list-style-type: none"> • <i>Neighborhood Health Plan of Rhode Island:</i> Christopher Ottiano, MD, Interim Medical Director and Yvonne Heredia, PhD, MS, Senior Manager 	5 mins
<ul style="list-style-type: none"> • <i>Tufts Health Plan:</i> Claire Levesque, MD, Chief Medical Officer, Commercial Products and Michelle Wolfsberg, MPH, BSN, Director Clinical Strategic Initiatives 	5 mins
<ul style="list-style-type: none"> • <i>UnitedHealthcare:</i> Barry Fabius, MD, CMO and Sarah Coutu, BSN,RN, CCM, MNN, Health Services Director 	5 mins
<ul style="list-style-type: none"> • <i>Discussion</i> 	10 mins
Wrap-Up & Next Steps – Breakfast of Champions Survey and CME Credits Link	5 mins

CME Credits

CME Credits:

- Please request session credits when filling out the evaluation at the end of the meeting.

Evaluation/Credit Request Form:

- <https://forms.office.com/r/wzmaJhrPxV>

Today's Objectives

1. Understand data and efforts to reduce disparities in prenatal health and birth outcomes in RI.
2. Learn about the role of doulas and implications of Medicaid reimbursement for those services.
3. Learn about RI health plan initiatives to support improved prenatal care and birth outcomes.

Roadmap to High-Quality Comprehensive Primary Care



- Health Information Technology & Telehealth that serves patients, families and interprofessional care teams
- Best Practice Learning Collaborative Pediatric Learning Community
- Patient Centered Medical Home
- Affordability Standards Multi-payer Primary Care Investment

Improving Maternal Child Health

Moderator: Patricia Flanagan, MD, Hasbro Children's Hospital, Brown Univ. Pediatrics Professor, and Co-Chair of PCMH-Kids

Addressing Prenatal Health Disparities - State Updates

RI Data: Aidea Downie, MA, RIDOH Maternal Child Health Program Disparities Specialist



Perinatal Disparities Data Presentation

9/10/2021

CTC RI PCMH-Kids Breakfast of Champions

Aidea Downie, MA

MCH Disparities Specialist

Maternal Child Health



MCH Program

Refers to all work across RIDOH that touch womxn, children (including children with special healthcare needs), and their families.

Mission:

- 1) support & promote the health of all birthing parents, children & families
- 2) identify and reduce inequities
- 3) improve outcomes.

Achieved by Collaborating with: state agencies, Medicaid, public & private insurers, health care systems, clinical providers, community-based organizations,...

Note About the Data



Apparent Data Constraints & Shortcomings

Framework for Understanding Perinatal Disparities Data

SISTA Fire Collaboration

Racism within Healthcare



WOC Reporting Experiencing Racism in
Healthcare Setting:

8% Always

49% Sometimes

21% Rarely

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%).

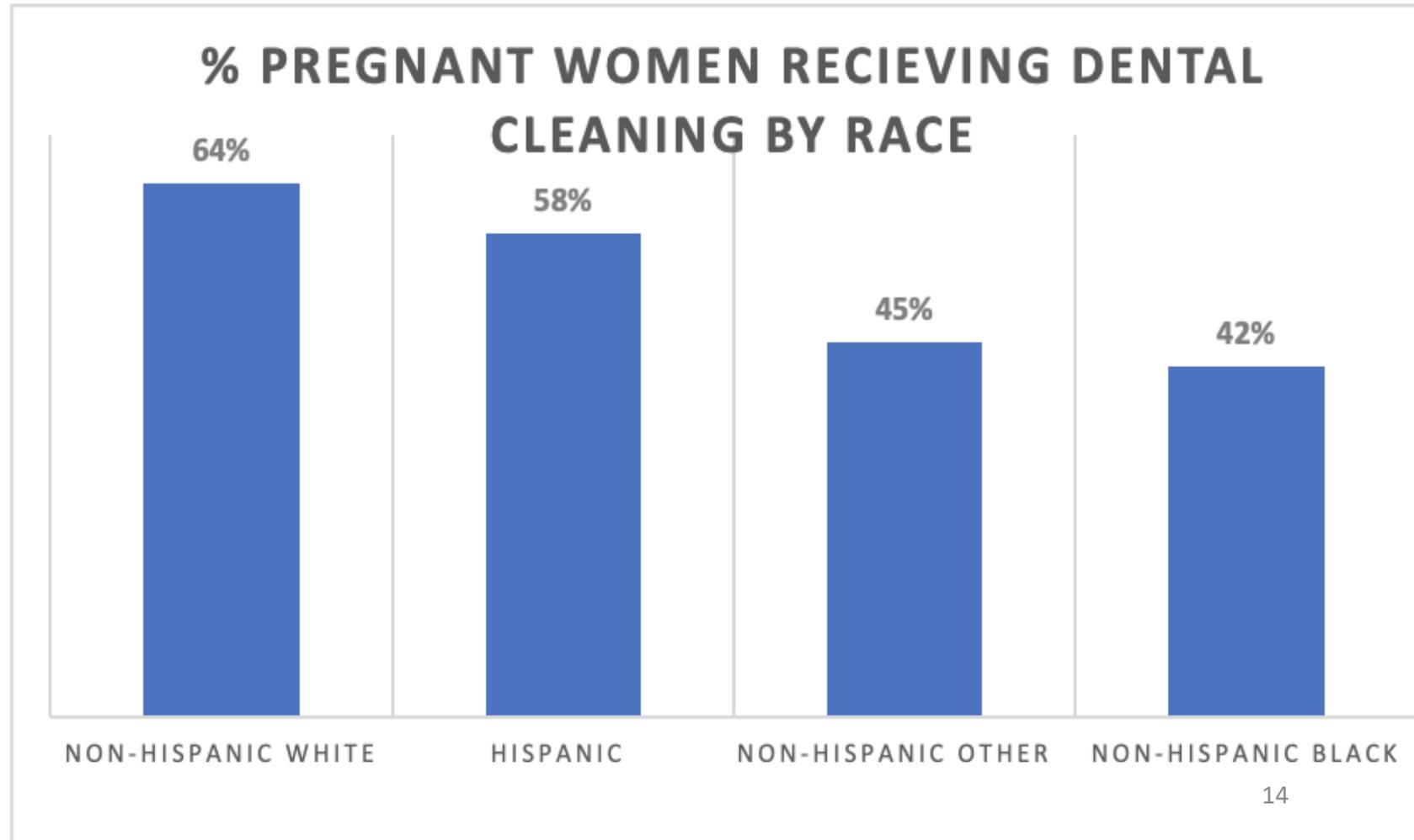
Oral Health



In 2018,

59%

Pregnant Women
received teeth cleaning



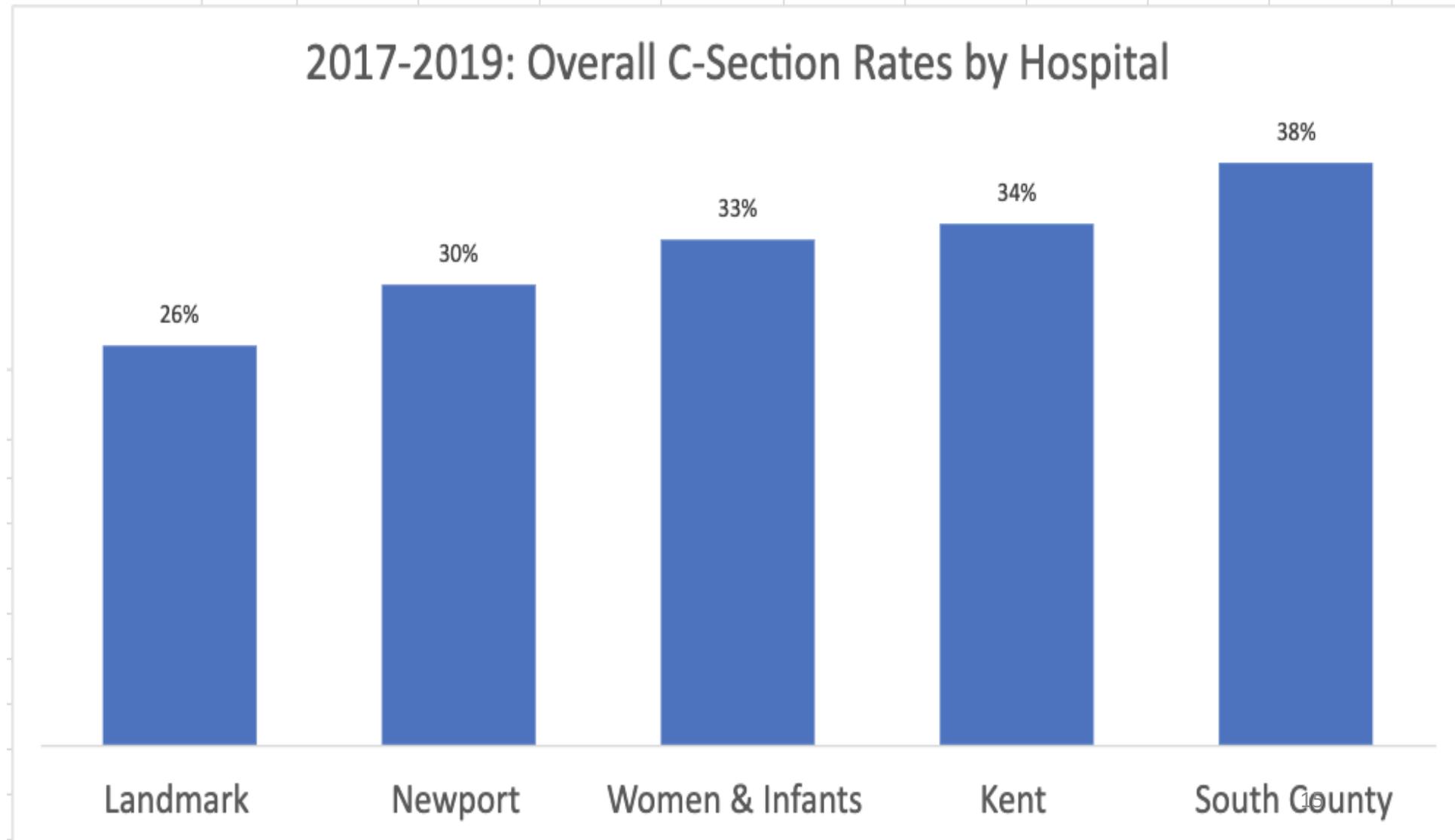
C-Section Rates



In 2020,

30%

Women received a c-section with a low-risk birth



Translation, Interpretation & Informed Consent



"My doctor was like, 'I hope when you go to the doctors, they say something so that we can go have a c-section. I'm ready to induce you now.' It was just so funny that when I went to go see the other two doctors, they were like, 'Go to the hospital, and go get induced.' So he was happy, because he would be delivering the baby before he went on vacation."

- WOC Testimonial

Severe Maternal Morbidity

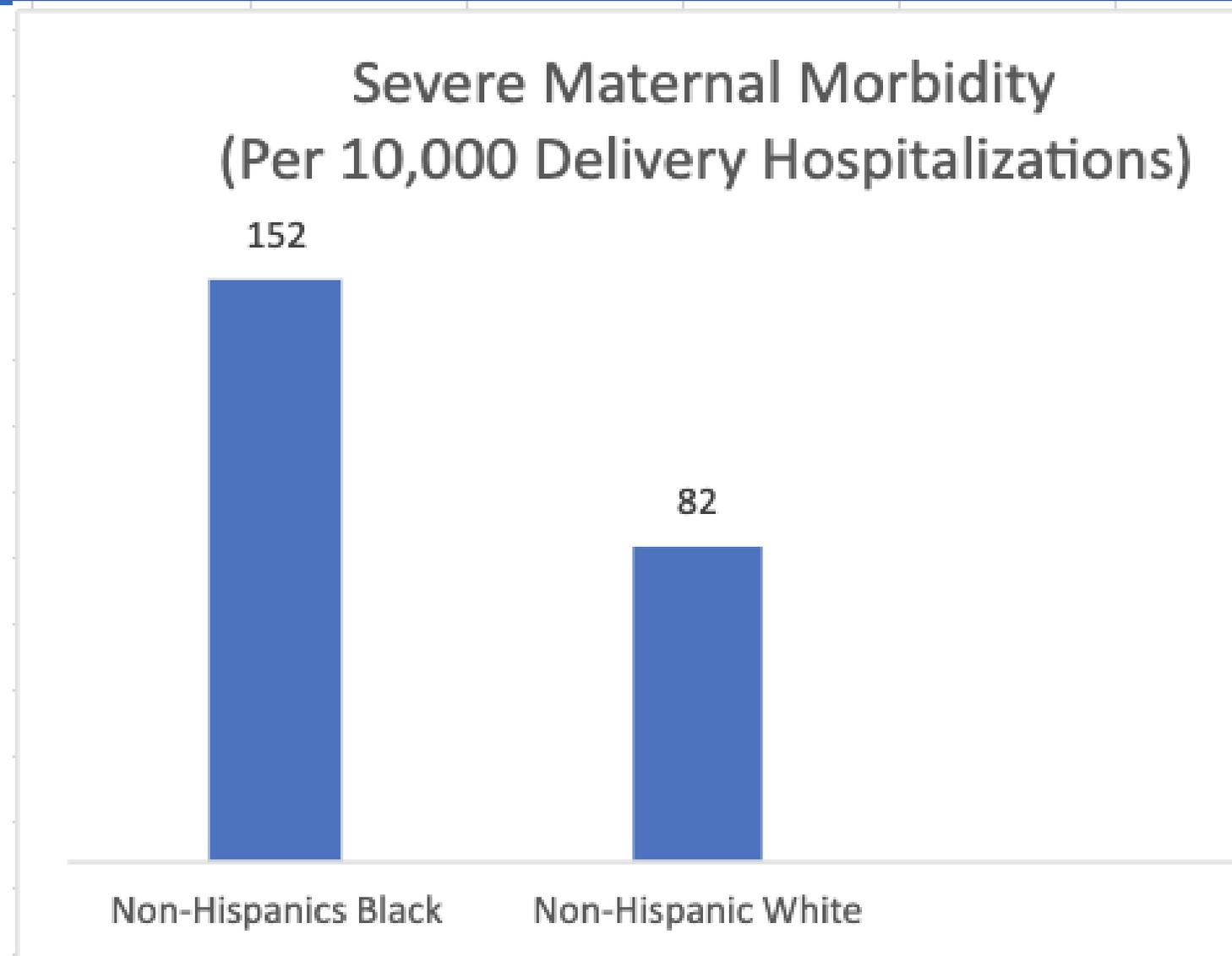
*Excluding blood transfusions



In 2020,

85

Severe Maternal Morbidities per
10000 delivery hospitalizations

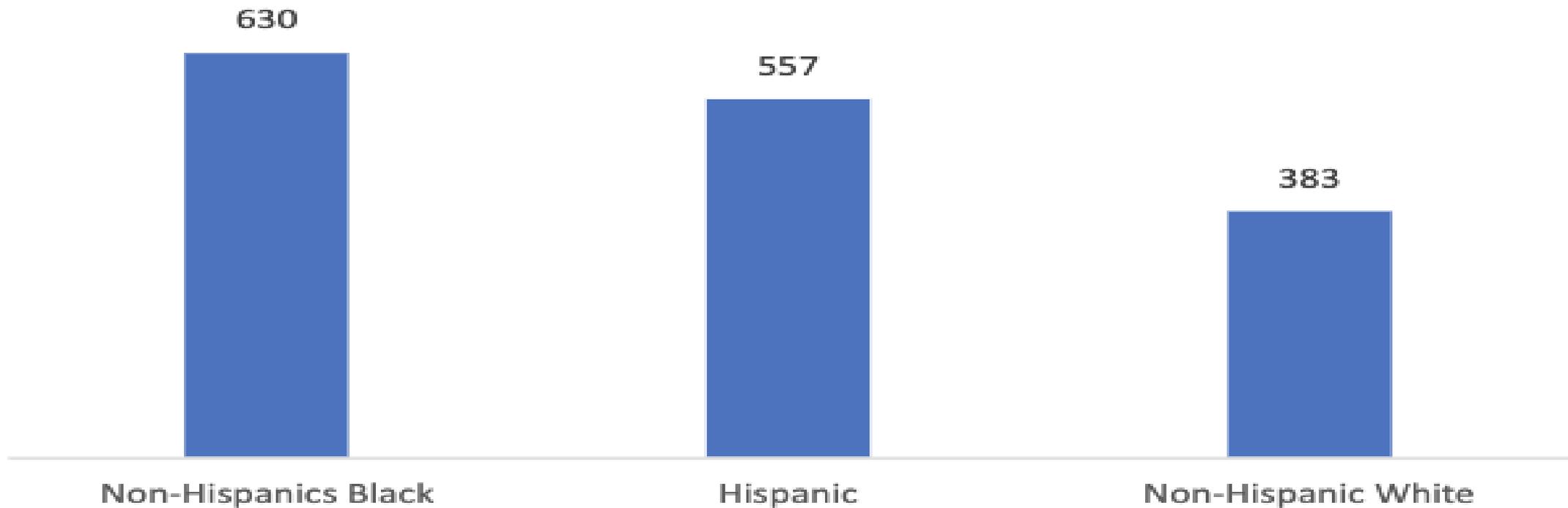


Postpartum Complications



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

Severe Hypertension
(Per 10,000 Delivery Hospitalizations)



Preterm Births & Low Birthweight



In 2019,

9.1%

Births were Preterm

769

Low Birthweight
Infants

Non-Hispanic Black Infants have higher instances of low birthweights and preterm births than Non-Hispanic White Infants

Trauma Informed Care



“This was my first pregnancy, so I didn't really know.... I’m asking the nurses, and they are like ‘Yeah, she’s fine, it is kind of weird that her eyes are open, but she’s good.’.... Then the doctors start asking me questions, ‘Oh do you have any kind of infection or disease that we don't know about?’ ...They kind of made it seem like I was hiding something, and this is why my daughter is not showing the typical behavior for a newborn. So I felt like they were blaming me.”

-WOC Testimonial

Get Involved



RIDOH MCH Program 2020-2024 Priorities:

Reduce Prenatal Disparities

Reduce Maternal Morbidity/Mortality

Program Contact:

Aidea Downie

Email: aidea.downie.ctr@health.ri.gov

Addressing Prenatal Health Disparities - State Updates

Doula Services: Quatia "Q" Osorio, BSBA CCHW, CLC, MCHS CPE MCHW, Doula , Founder of Our Journ3i , and past member of the Women's Health Council Planning Committee

Community Initiated Response - Doulas 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.

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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

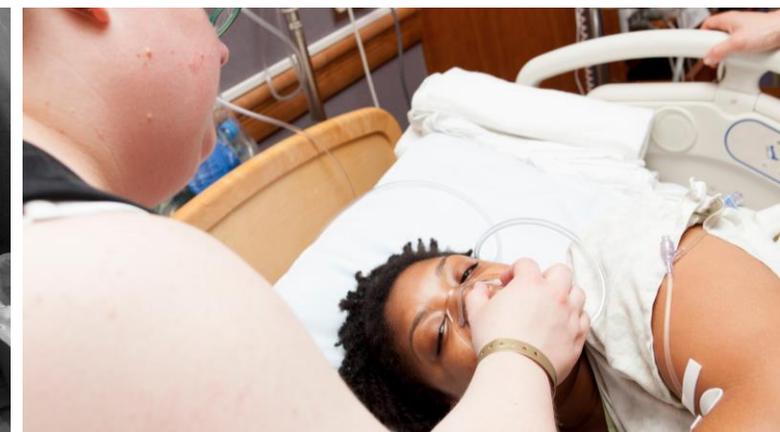
Collective shared power and
collaborative communities

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!

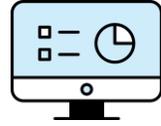


Community Doula Solutions



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 Racism³⁹

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

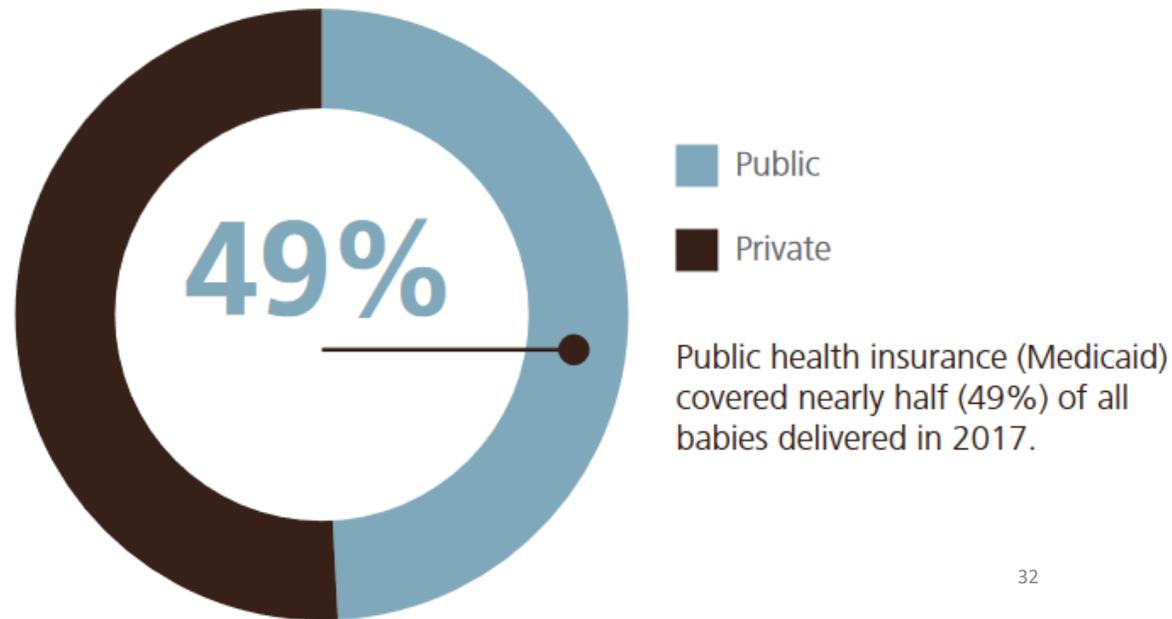
30% reduction in analgesia use

...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

- 2x**
- 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:
 - ³⁴Members of low-income families
 - Non-Hispanic Black
 - Younger than age 20¹⁷



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 ³⁶ 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 Douglas?

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](#)

Addressing Prenatal Health Disparities - State Updates

RI MomsPRN: Jim Beasley, MPA, RIDOH Program Manager, RI Maternal Psychiatry Resource Network Program



RI MomsPRN

Maternal Psychiatry Resource Network

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- Statewide initiative funded through a RIDOH grant award that helps providers screen and manage the depression, anxiety, and/or substance use of their pregnant or postpartum patients through:
 1. **Behavioral health teleconsultation line staffed by WIH clinicians**
 2. **Prenatal care practice learning collaboratives offered by CTC-RI**



Women & Infants



Provider Teleconsultation Services



What can I use the Psychiatry Resource Networks for?

When you call one of the PRNs, you can speak with specialized behavioral health experts from Women & Infants Hospital and Bradley Hospital for guidance on:

- Diagnosis
- Treatment Planning
- Medication Safety
- Resource and Referral Support
- Provider Trainings

NOTE: These networks do not provide direct treatment or prescribe medication; they are not crisis or a patient-facing phone lines.

Rhode Island's
**PSYCHIATRY
 RESOURCE
 NETWORKS**
 for Providers

Are you a Rhode Island healthcare provider treating pregnant, postpartum, or pediatric patients?

Do you ever need to consult with a psychiatrist about your patients' mental health and/or substance use?

Rhode Island offers statewide real-time clinical teleconsultation and referral services for you.

 **RI MomsPRN**
 Maternal Psychiatry Resource Network

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

Women & Infants

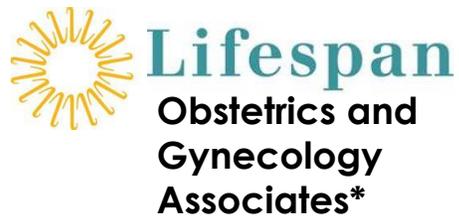
PediPRN
 Pediatric Psychiatry Resource Network

Serving providers treating children and adolescents in partnership with Bradley Hospital

Call: 401-432-1543
 Monday-Friday 8:30 am – 5:00 pm

 **Bradley Hospital**
Lifespan. Delivering health with care.®

- **The Care Transformation Collaborative of RI (CTC-RI)** along with RIDOH and Women & Infants staff collaborate with select practices over a 15-month period to help optimize behavioral health screening, treatment, and referral protocols for perinatal patients.



*Does not include Lifespan's Newport Women's Health locations. ^Practice completed first practice cohort, so collaboration is not ongoing.



RI MomsPRN

Maternal Psychiatry Resource Network

Women & Infants



Clinical Contact Information

Providers treating pregnant and/or postpartum patients are welcome to call the RI MomsPRN teleconsultation for same-day clinical consultation and resource/referral support.

Call: 401-430-2800 Monday-Friday 8:00 am – 4:00 pm
or send a secure email to request a teleconsultation
call-back: RIMomsPRN@CareNE.org

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



RIDOH Contact Information

Jim Beasley, MPA

RI MomsPRN Program Manager

Division of Community Health and Equity

RI Department of Health

Jim.Beasley@health.ri.gov



Addressing Prenatal Health Disparities - State Updates

- *Discussion*

Addressing Prenatal Health Disparities - Health Plan Initiatives

Blue Cross & Blue Shield of Rhode Island: Matthew Collins, MD, MBA,
Executive Vice President, Clinical Affairs and Chief Medical Officer



CTC-RI

Breakfast of Champions

**Improving Maternal Child Care:
Addressing Health Disparities in Prenatal Care**

MATTHEW J. COLLINS, M.D.
Executive Vice President and Chief Medical Officer

RACIAL DISPARITIES IN MATERNAL HEALTH



RATE OF RISK FACTORS⁵ FOR SMM VARY BY RACE/ETHNICITY

Certain factors, such as hypertension and anemia, raise a woman's risk for SMM events. Major racial/ethnic disparities exist for these factors, as well. To quantify the risk, we calculated a risk ratio, meaning a measure of how much more likely an

SMM indicator occurs among those with a particular risk factor versus those without. For example, women with preexisting diabetes are three times as likely to have an SMM indicator as women without.

Exhibit 4: Common Factors with the Highest Risk Ratios for SMM for Women Overall⁶

Cardiac Disease	14.4x	Chronic Hypertension	3.1x
Bleeding Disorders	9.7x	Preexisting Diabetes	3.0x
Preeclampsia with Severe Features	7.7x	Anemia	2.7x
Current Birth Preterm	5.9x	Delivery BMI >= 40	2.0x
Placental Abruption	5.0x	Age >35 at Delivery	1.7x
Asthma	4.1x	Preeclampsia without Severe Features or Gestational Hypertension	1.6x
Gastrointestinal Disease	3.3x	Prior Cesarean Birth	1.5x
Multiple Pregnancy	3.2x		

KEY TAKEAWAYS FROM THE SURVEY:

Compared with white mothers, mothers of color say they were not always able to complete the recommended series of prenatal visits, mainly because of a lack of transportation or scheduling conflicts. COVID-19 has also played a role in reducing prenatal visits.

Mothers who completed all recommended prenatal visits:



Compared to white and Hispanic mothers, Black mothers report feeling their provider did not spend enough time with them and have lower confidence they will receive the care they need. They also feel like they cannot openly speak to their provider about their pregnancy.

Mothers who felt their provider spent enough time with them:



Mothers who are confident they received/will receive the care they needed:



Mothers who feel they can speak openly about pregnancy with their provider:



AREAS OF FOCUS & KEY DELIVERABLES

- **Area of focus**
 - Reduction of maternal-child health disparities
 - Reduction of SMM (eclampsia focus)
- **Population of Focus**
 - Women of color
 - Women at risk for poor birth outcomes
- **Methods**
 - Proactive identification of high-risk pregnant women
 - Obtain referrals from pre-natal providers & fertility management vendor
 - Engagement in high risk maternal-child health CM
 - Referral to self-service wellness app (Virgin Pulse)
 - Referral to doula service provider
 - Collaborate with obstetrical provider community



EXPECTED RESULTS & OUTCOMES

- Engagement rate greater than 50%
- 90% members in CM satisfied or highly satisfied
- Doula engagement rate > 20% for high-risk women
- >50% of women engaged with doula have complete pre, intra, and post partum exposure
- Successfully collect data on pre, intrapartum and post partum metrics



NEXT STEPS

- Create marketing plan
- Determine payment model
- Contract doulas and doula service provider
- Operationalize benefits, claims, etc
- Finalize data & analytics

Addressing Prenatal Health Disparities - Health Plan Initiatives

Neighborhood Health Plan of Rhode Island: Christopher Ottiano, MD, Interim Medical Director and Yvonne Heredia, PhD, MS, Senior Manager



Bright Start Program

Dr. Yvonne Heredia

Senior Manager Care Management



**Neighborhood
Health Plan**
OF RHODE ISLAND™

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Overview

Neighborhood's Bright Start Program

Improving birth outcomes during the prenatal and postnatal period

- Identifying prenatal risks (1st trimester/2nd trimester)
- Coordination of care with external partnerships
- Ongoing collaboration with OB and others who are part of the care team

Identification of Members for Bright Start Program

- Prenatal Risk Assessment
- High Risk Reports
- Pharmacy
- Health Risk Assessment



Instructions: Please complete this form and fax back to Neighborhood at FAX: (401) 709-7035. Please update the form and resend with any new information or risks associated with this pregnancy. The following information is required by EOHHS and necessary to obtain a reference number:

OB-GYN Name: _____ 1st date of service: _____
 OB site: _____ Fax: _____
 Member ID: _____ Name: _____ DOB: _____
 Member address: _____ Phone: _____
 LMP (if known): _____ EDD (if known): _____ Gravida: _____ Para: _____ AB: _____ Living: _____

Consent Signatures confirm the Provider has discussed the referral with the patient and the patient has consented to telephonic contact by a case manager from our Behavioral Health partner. Referrals can also be made at any time with or by the patient by calling the Behavioral Health partner directly at (401) 459-6681. Consent Signatures for a Behavioral Health referral is required.

REFERRAL FOR BEHAVIORAL HEALTH CASE MANAGEMENT

No Yes (referral reason): _____ Consent Date: _____
 Patient Signature: _____ Provider Signature: _____
 Date Prenatal Risk Assessment completed by Provider: _____

BEHAVIORAL HEALTH PRA - PLEASE CHECK ALL RISKS THAT APPLY*

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> History of PTSD
<input type="checkbox"/> Depression	<input type="checkbox"/> Suicidal attempts	<input type="checkbox"/> Other BH issues: _____
<input type="checkbox"/> History of Postpartum depression	<input type="checkbox"/> Psychosis	<input type="checkbox"/> No risk

* Risks checked off or written on this form do not ensure enrollment into the Bright Start Case Management Program. Neighborhood assumes the provider is managing all risks identified on this form.

MEDICAL PRA - PLEASE CHECK ALL RISKS THAT APPLY

History of Pre-term delivery (less than 36 weeks GA) and receiving weekly injections (17P): Yes No
 Adherence to Injection Yes No
 Current Diabetes Mellitus
 (If above is checked (active at High Risk Clinic) Yes No
 Pre-existing or chronic HTN/ on medication Yes No
 Short-term pregnancy interval (< 12 months)
 Smoking
 PROM
 No risks

2ND/3RD TRIMESTER RISKS

Health care non-adherence: (Not following treatment plan) (Not keeping appointments)
 Current preeclampsia/eclampsia
 Gestational diabetes (If yes) Active in High Risk Clinic Yes No

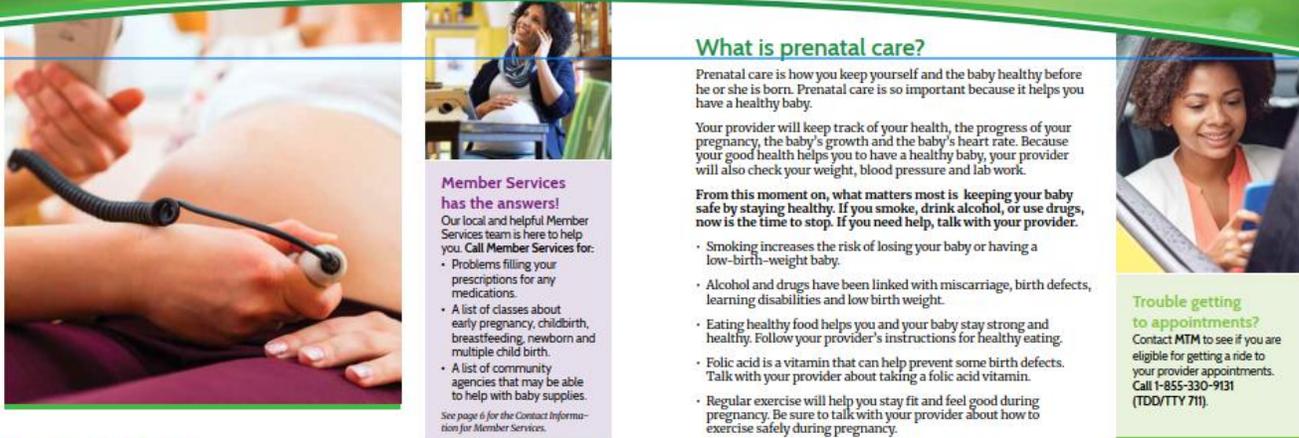
NEIGHBORHOOD REFERRAL FOR MEDICAL CASE MANAGEMENT

No Yes, referral reason: _____
 Have you discussed the referral with your patient? Yes _____ No _____

Bright Start Program Process

- Newsletter/Mailing
- Risk Identification
 - Care Management (CM)
 - Care Coordination (CC)
- Ongoing CM/CC
- Additional Supports

STEP 1: Bright Start Newsletter



Congratulations!
You are having a baby!

Congratulations on your pregnancy! You might be having a lot of feelings about the baby on the way, from joy and excitement to confusion and fear.

Neighborhood Health Plan of Rhode Island wants you and your baby to be well. This guide has helpful information that can be used before, during, and after you have a baby. These tips will help you feel more ready for your new baby.

You may already have good health habits to help you get ready for your pregnancy. If you do not, you can start making healthy choices today. One of the first steps is learning how to take care of yourself. You should see your provider as soon as you think you may be pregnant. Your provider will tell you a 'due date' for your baby. The 'due date' is when you can expect your baby to be born. To keep yourself and the baby healthy, continue healthy habits throughout your pregnancy.

Member Services has the answers!
Our local and helpful Member Services team is here to help you. **Call Member Services for:**

- Problems filling your prescriptions for any medications.
- A list of classes about early pregnancy, childbirth, breastfeeding, newborn and multiple child birth.
- A list of community agencies that may be able to help with baby supplies.

See page 6 for the Contact Information for Member Services.

Receive two (2) \$20 Gift Cards
As part of our Bright Start pregnancy program, you will receive a booklet in the mail called Bright Start Prenatal Rewards Booklet. Take it to all your prenatal provider visits and to your six-week post-partum provider visit. Have it stamped at each visit then mail it back in the return envelope provided. You will receive \$20 in a gift card for going to your recommended prenatal visits and \$20 in a gift card for going to your post-partum visit. All this for doing something great for your baby and for you!

What is prenatal care?
Prenatal care is how you keep yourself and the baby healthy before he or she is born. Prenatal care is so important because it helps you have a healthy baby.

Your provider will keep track of your health, the progress of your pregnancy, the baby's growth and the baby's heart rate. Because your good health helps you to have a healthy baby, your provider will also check your weight, blood pressure and lab work.

From this moment on, what matters most is keeping your baby safe by staying healthy. If you smoke, drink alcohol, or use drugs, now is the time to stop. If you need help, talk with your provider.

- Smoking increases the risk of losing your baby or having a low-birth-weight baby.
- Alcohol and drugs have been linked with miscarriage, birth defects, learning disabilities and low birth weight.
- Eating healthy food helps you and your baby stay strong and healthy. Follow your provider's instructions for healthy eating.
- Folic acid is a vitamin that can help prevent some birth defects. Talk with your provider about taking a folic acid vitamin.
- Regular exercise will help you stay fit and feel good during pregnancy. Be sure to talk with your provider about how to exercise safely during pregnancy.

Teeth first: Keeping your mouth healthy during pregnancy
A healthy mouth during pregnancy is connected to having a healthy baby. As your body changes during pregnancy, so does your mouth. You may notice these changes as early as within the first 3 months of pregnancy.

If you are pregnant or trying to get pregnant, here are some steps you can take to keep your mouth healthy:

- Visit your dentist for regular check-ups and cleanings
- Brush 2-3 times daily with a soft toothbrush
- Use a toothpaste with fluoride
- Floss every night before bed
- Eat a healthy diet with snacks high in protein and calcium
- Replace drinks like soda and juices with low fat milk and water

It is important that you visit the dentist while you are pregnant so that your mouth stays healthy, just like the rest of you.

Trouble getting to appointments?
Contact MTM to see if you are eligible for getting a ride to your provider appointments. Call 1-855-330-9131 (TDD/TTY 711).

Prenatal vitamins
Taking a prenatal vitamin during pregnancy can help make sure you are getting the right amount of nutrients that are important to the health of you and your baby. Ask your provider to help you choose the best vitamin for you.

2 BRIGHT START GUIDE

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STEP 2: Risk Identification

Needs are identified

3 Categories:

- Medical coordination
- Social determinants
- Behavioral health

STEP 3: Coordination of Care/ Referrals

Care Manager is lead of the care team

- Coordination/collaboration with OB providers
- External partnerships with Community Based Organizations (CBOs)
- CBO examples:
 - Behavioral Health/Substance Use programs
 - WIC
 - Youth Success
 - RIDOH Home Visiting Programs

STEP 3a: Care Management

Medical Risks

MEDICAL PRA - PLEASE CHECK ALL RISKS THAT APPLY

History of Pre-term delivery (less than 36 weeks GA) and receiving weekly injections (17P): Yes No

Adherence to Injection Yes No

Current Diabetes Mellitus

(If above is checked (active at High Risk Clinic) Yes No

Pre-existing or chronic HTN/ on medication Yes No

Short-term pregnancy interval (< 12 months)

Smoking

PROM

No risks

2ND/3RD TRIMESTER RISKS

Health care non-adherence: (Not following treatment plan) (Not keeping appointments)

Current preeclampsia/eclampsia

Gestational diabetes (If yes) Active in High Risk Clinic Yes No

STEP 3b: Care Coordination

Behavioral Health

BEHAVIORAL HEALTH PRA - PLEASE CHECK ALL RISKS THAT APPLY*

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Anorexia |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> History of PTSD |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Suicidal attempts | <input type="checkbox"/> Other BH issues: _____ |
| <input type="checkbox"/> History of Postpartum depression | <input type="checkbox"/> Psychosis | <input type="checkbox"/> No risk |

Social or other risk requiring Care Management support

NEIGHBORHOOD REFERRAL FOR MEDICAL CASE MANAGEMENT

- Yes, referral reason:
- Have you discussed the referral with your patient? Yes _____ No _____

STEP 4: Bright Start Partnerships



Maternal wellbeing program empowering women to improve maternal and infant outcomes

- **Partnership with Business Innovation Factory**
- **Open to all pregnant members; designed to help Black, Indigenous and People of Color (BIPOC) women**
- **Program participants leverage:**
 - Wellbeing Coach
 - LunaYou Mama's Community
 - Journaling
 - Wellbeing Dashboard/Mobile Platform to track 7 risk factors
 - Steps, Sleep, Blood Pressure
 - Personal Empowerment
 - Managing Stress
 - Respect and Equity
 - Social Support

Summary

- The Bright Start Program is designed to improve birth outcomes
- Our partnerships/collaborations are primary to our success
- External partnerships are coordinated
- Doula program coordination soon to be available

Addressing Prenatal Health Disparities - Health Plan Initiatives

Tufts Health Plan: Claire Levesque, MD, Chief Medical Officer, Commercial Products and Michelle Wolfsberg, MPH, BSN, Director Clinical Strategic Initiatives



Maternity and Food Insecurity Pilot

Michele Wolfsberg RN MPH – Director of Clinical Strategy

Claire Levesque MD – Chief Medical Officer, Commercial Products

a Point32Health company

Confidential. Please do not distribute.



Pilot objective – identify pregnant and post partum women who have food insecurity or other needs

- Funding provided by Quality Grant
- Partnering with Women and Infant's High risk OB clinic and Meals on Wheels of RI
- Identify women who are assessed to be high risk or food insecure
- Referral is made to Meals on Wheels of RI to deliver nutritionally appropriate meals
- Assessment made by Meals on Wheels to determine if additional community services are needed

Addressing Prenatal Health Disparities - Health Plan Initiatives

UnitedHealthcare: Barry Fabius, MD, CMO and Sarah Coutu, BSN, RN, CCM, MNN, Health Services Director



UnitedHealthcare Community Plan of Rhode Island: Maternity Programs

September 2021

Presented by:
Dr. Barry Fabius, Chief Medical Officer
Sarah Coutu, BSN, RN Health Services Director

**United
Healthcare®**

UHCCP Rhode Island Maternity Priorities

Addressing Racial/Ethnic Disparities in Maternal & Infant Outcomes



UHC C&S is committed to improving maternal and infant health outcomes with a focus on addressing racial/ethnic disparities.





Empower Women

Support Member Engagement in Pregnancy Journey



Select Initiatives	Description
Healthy First Steps Case Management	<ul style="list-style-type: none">• Comprehensive Case Management services to address medical, behavioral, and social needs for high-risk members and infants.• Expertise on interdisciplinary care team includes RNs, LPN's, CHWs, Behavioral Health Specialists, and Housing Navigation.
Doula Pilot	<ul style="list-style-type: none">• Doula pilot launched July 2021
HFS Rewards	<ul style="list-style-type: none">• Mobile-friendly platform that rewards members for attending important doctor visits through an infant's first 15 months of life.• Provides appointment reminders and rewards (e.g., diaper bags, gift cards).
24/7 SUD Helpline	<ul style="list-style-type: none">• Members and staff can access 24/7 SUD Helpline staffed by behavioral health professionals to ensure help is available whenever needed.
Wellhop	<ul style="list-style-type: none">• Education and social support in a virtual group setting for women of similar gestational ages through a trained facilitator.

UHCCP Doula Pilot



You've got this

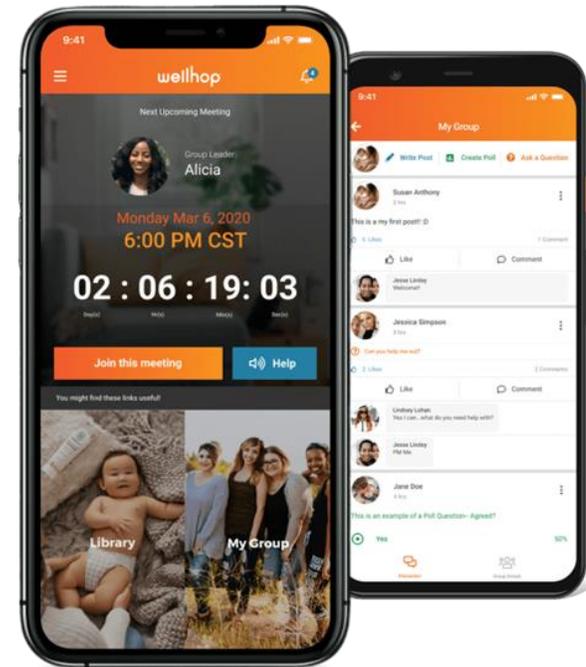
Support for your pregnancy journey

Your body is doing amazing things right now. It's exciting, but it can also be overwhelming. And for some moms, pregnancy can have added risks. It's important to have someone who listens to your concerns and can be your advocate. That's where a doula comes in.



Wellhop for Mom & Baby Pilot

- ✓ Brings women with similar due dates together in **group video conversations** for support and education *every other week*
 - Second trimester
 - Third trimester
 - Four months postpartum
- ✓ **Group leaders** trained in prenatal and postpartum health
- ✓ Enroll through the **35th week of pregnancy**
- ✓ **NEW mobile app** and web design
- ✓ **Connect online** between meetings
 - Discussion boards
 - Library with articles and videos





Engage Communities

Capacity Building & Connections to Social Needs

Initiatives	Description
Community Partnerships	<ul style="list-style-type: none">• Engagement/support with community-based organizations• Prevent duplication of services and referrals• Building on basic needs – housing, food, transportation• Relationships with CBOs to help identify the right intervention at the right time for each member
Women's Health	<ul style="list-style-type: none">• Preconception/Family planning• Pregnancy• Post partum• Breast cancer/women's health screenings• Primary Care Provider education/transition from childbearing years to primary care

Addressing Prenatal Health Disparities - Health Plan Initiatives

- *Discussion*

Wrap-Up & Next Steps

CTC-RI Clinical Strategy Committee Meeting:

- Friday, September 17

CTC-RI Breakfast of Champions:

- Friday, December 10

CME Credits:

- Please request session credits when filling out the evaluation.

Evaluation/Credit Request Form:

- <https://forms.office.com/r/wzmaJhrPxV>

