

South Carolina Postpartum Learning Collaborative (SCPPLC) Kickoff

Nov. 10, 2021



Establishment and Focus of the SCPPLC

- The South Carolina Birth Outcomes Initiative (SCBOI) Access and Coordination workgroup was selected to participate in a Centers for Medicare and Medicaid Services (CMS)/Mathematica collaboration with eight other states in a 12-month quality improvement initiative to improve postpartum care
- In June 2021, the South Carolina legislature approved Medicaid recipients to extend postpartum coverage to 12 months
- The amendment was introduced by Rep. Herbkersman and [amends proviso 33.22](#)

SCPPLC Core Team Members

- Dr. Greg Barabell, Clear Bell Solutions
- Dr. Berry Campbell, Prisma Health Midlands
- Dr. Thomas Gailey, Prisma Health Upstate
- Vinita Leedom, South Carolina Department of Health and Environmental Control
- Ana Lopez-DeFede, PhD, University of South Carolina's Institute for Families in Society
- Dr. Timothy Lyons, Diabetes Free SC
- Monty Robertson, Alliance for a Healthier South Carolina
- Ashley Sirianni, DNP, FNP-BC, SCDHHS
- Zeporia Tucker, SCDHHS
- Dr. Patricia Witherspoon, South Carolina Department of Health and Human Services (SCDHHS)

Community Stakeholder Survey: Preliminary Results

- Survey focused on identifying barriers to prenatal and postpartum care in South Carolina
- Representation
 - 25 hospitals
 - 21 state agencies
 - 17 nonprofit organizations
 - 11 universities
 - 8 others
- Disciplines of respondents
 - Nurses
 - Physicians
 - Home visitors
 - Breastfeeding/health consultants
 - Community health workers and educators
 - Program managers and directors
 - University professionals

Community Stakeholder Survey: Preliminary Results

(cont.)

- Methodology
 - Sent survey via Survey Monkey to more than 400 professionals working in maternal-child health
 - 82 responses were included in preliminary results
 - Pulled one week into the survey
 - Top five barriers were identified for both prenatal and postpartum care

Community Stakeholder Survey: Preliminary Results

(cont.)

- Prenatal care barriers
 - Insurance and financial constraints (n=39)
 - Transportation (n=38)
 - Rurality or lack of local maternal care (n=37)
 - Education and knowledge (n=34)
 - Healthcare navigation (n=18)
- Postpartum care barriers
 - Transportation (n=42)
 - Insurance issues and financial constraints (n=24)
 - Education and knowledge (n=24)
 - Rurality/lack of local maternal care (n=22)
 - Childcare (n=15)

SCPPLC Aim Statement

- Increase the quantity and improve quality of postpartum visits by 15% by the year 2026
- Goal will focus on women of color in rural areas
- Achieving goal depends on concurrent improvement of prenatal care

Redefining the Postpartum Visit

- The weeks following birth are a critical period for a woman and her infant, setting the state for long-term health and well-being
 - To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's needs
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- *ACOG Committee Opinion, May 2018*
 - *Presidential Task Force of Redefining the Postpartum Visit, Committee on Obstetric Practice*

Why the Focus on Postpartum Care?

- In state fiscal year (SFY) 2020, less than 70% of women enrolled in Medicaid had a postpartum care visit
- Adequate postpartum care is essential to ensure the physical and emotional well-being of the mother and the newborn
- Timely postpartum care can avoid unnecessary complications by addressing chronic conditions and mental health needs
- Documented geographical pattern between low number of postpartum care visits and high number of low birthweight babies
- Statistical association between low postpartum care and high rates of severe maternal mortality

Primary driver

- Redefine the postpartum care visit

Secondary driver

- After delivery
- Postpartum care team
- Care coordination
- Postpartum visit intervals of care (two days to three weeks, six to eight weeks and 12 weeks)

Change ideas

- Screen and counsel for hypertension, diabetes, obesity, cardiovascular disease and hepatitis
- Offer breastfeeding and safe sleep advice, counseling
- Communicate and co-manage chronic conditions
- Check blood pressure within three to five days after delivery for patients with hypertension
- Offer follow-up care for postoperative patients (six to nine days)
- Second postpartum visit two to four weeks later
- Conduct Screening, Brief Intervention and Referral to Treatment (SBIRT) at postpartum visit

Medicaid Facts

- Using the all-payer data file, South Carolina Healthy Connections Medicaid paid for 60% of all deliveries in SFY 2020
 - 84% for women identifying as Black, non-Hispanic
 - 75% for women identifying as Hispanic
 - 71% for women residing in rural areas
 - 92% for women under the age of 20
 - 42% for women over the age of 35
- Overall Medicaid pays for 78% of all emergency department visits and 75% of all inpatient stays during the year prior to and after delivery

Primary driver

- Beneficiary engagement

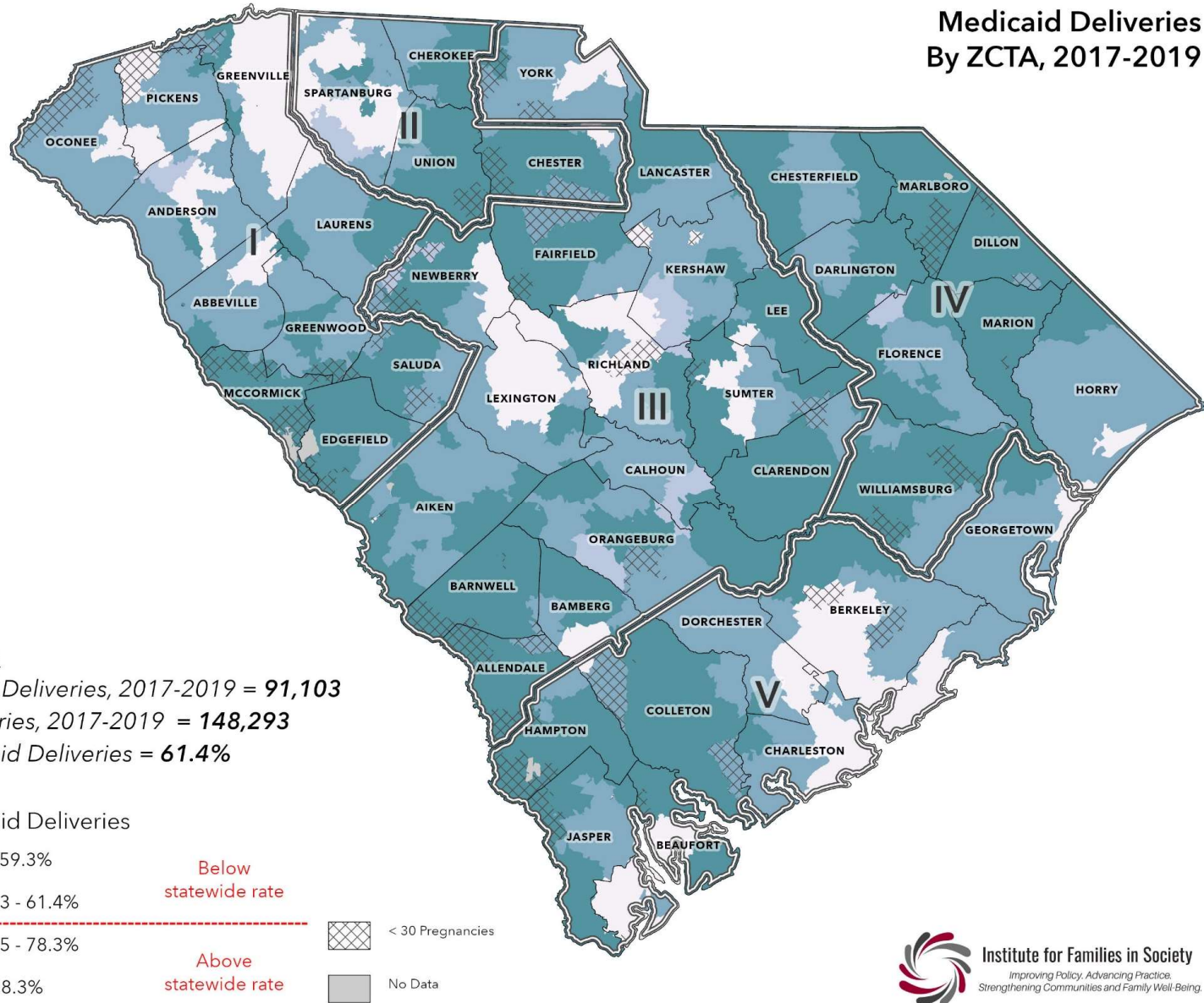
Secondary driver

- Follow-up care

Change ideas

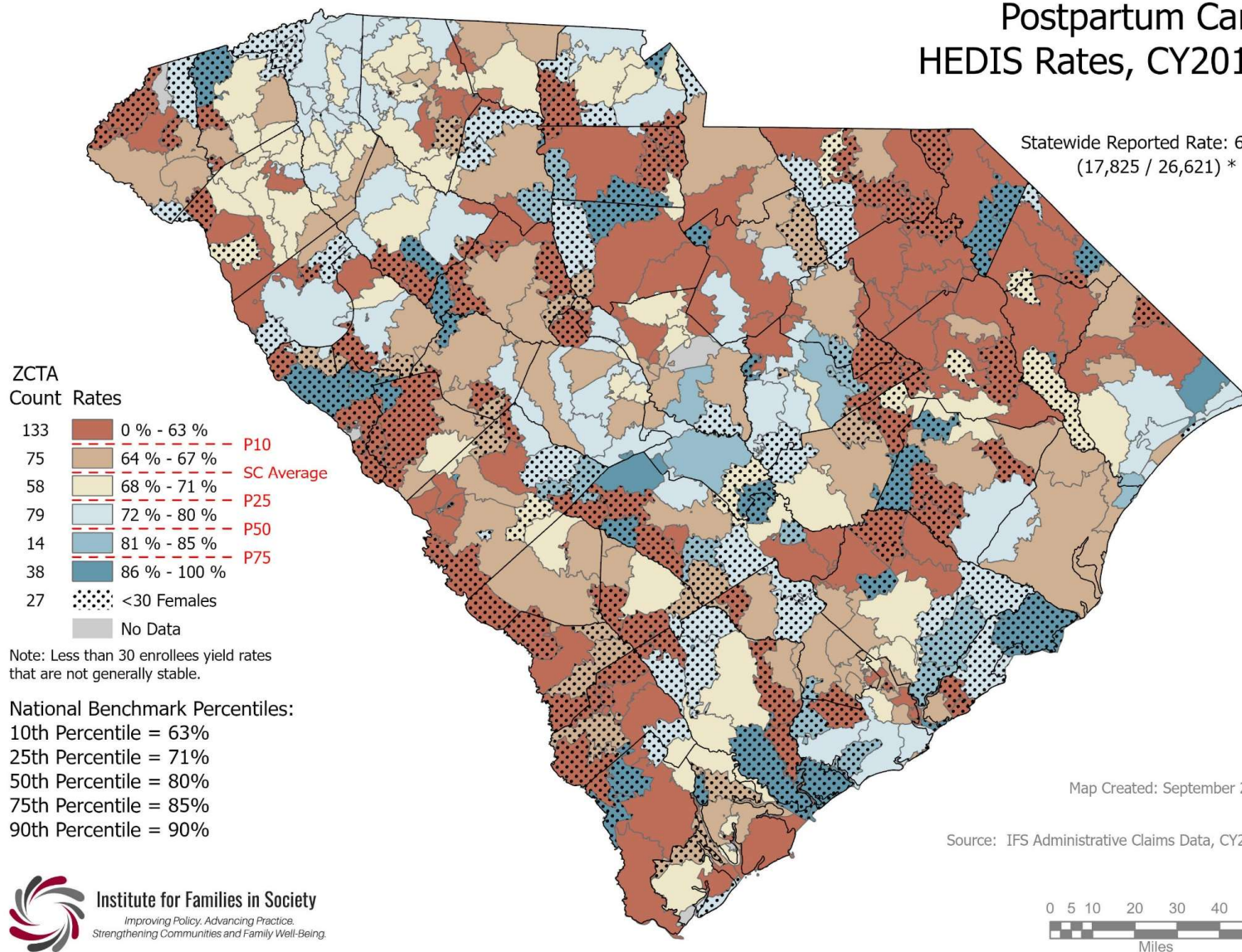
- Use peer counselors
- Discharge planners schedule postpartum visit during prenatal visit
- Use technology – text, email, call
- Discuss benefits of continued chronic condition management
- Share medical information in anticipation of complications or to avoid complications
- Conduct glucose tolerance test four to 12 weeks postpartum for women with gestational diabetes
- Provide appointment for test to patient upon discharge from the hospital
- Offer contraception (long-acting reversible contraceptives) and life course planning (birth spacing)
- Offer metabolic counseling
- Engage women on SBIRT findings

Medicaid Deliveries By ZCTA, 2017-2019

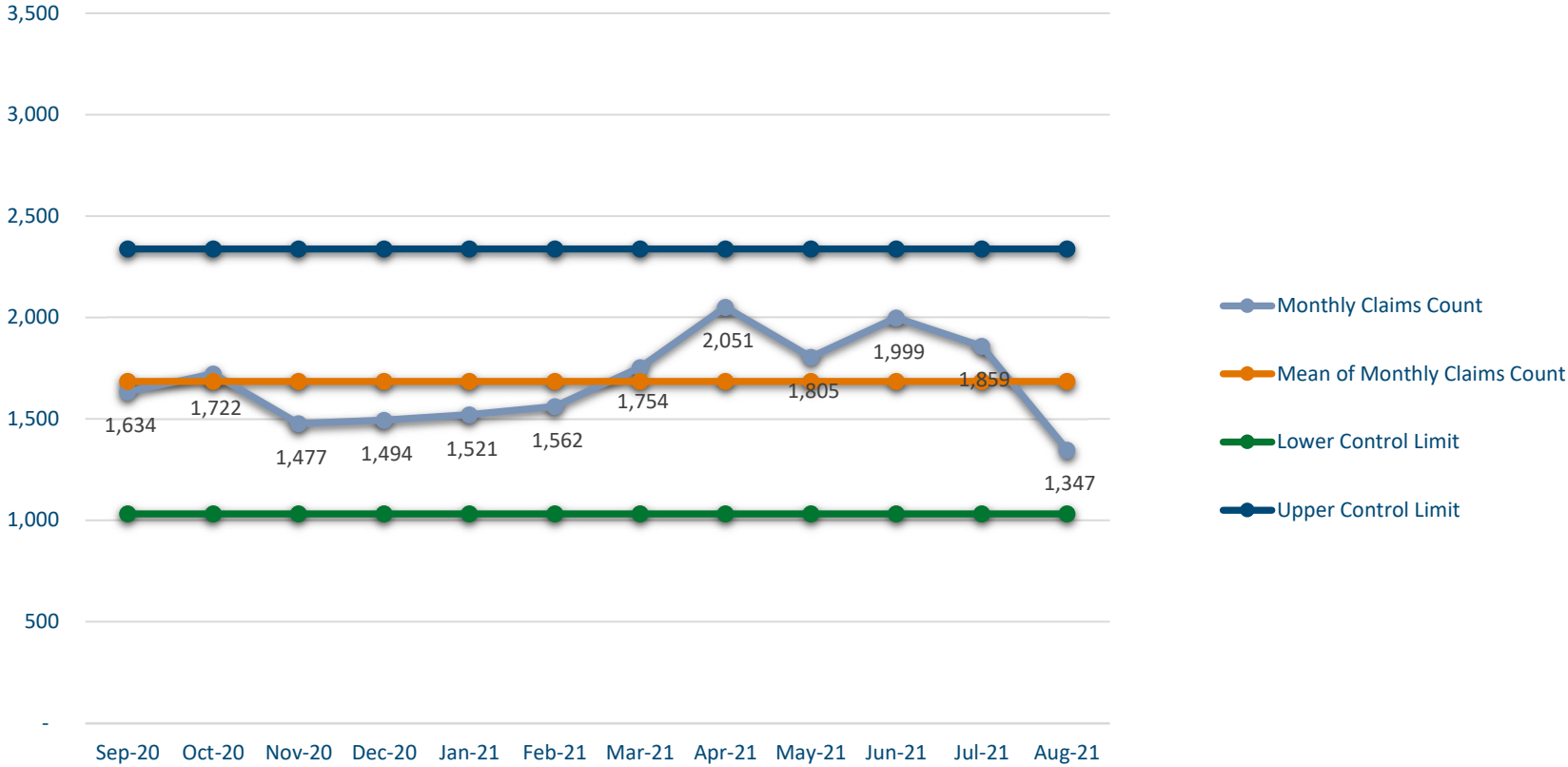


Postpartum Care HEDIS Rates, CY2019

Statewide Reported Rate: 67%
(17,825 / 26,621) * 100



Statewide Managed Care Organization (MCO) Average



Health Equity Challenge: Medicaid Beneficiaries Identifying as Black at Delivery Outcomes

- Statistically higher rates of prematurity and low birthweight
 - Federal fiscal year (FFY) 202 rate of low birthweight was two times the rate for mothers identifying as White, non-Hispanic (OR=2.1, 15.6% compared to 7.1%, respectively)
 - Odds of having a premature birth were higher by 1.4 times
- Slightly higher odds of having a potentially unnecessary cesarean among first-time mothers (OR- 1.2, 29% compared to 26% for mothers identifying as White, non-Hispanic)
- Nearly double the rate of severe maternal morbidity (OR=1.3, 2.1% compared to 1.2% for mothers identifying as White, non-Hispanic)
- Highest mean emergency department and inpatient stays pre- and post-12 months



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Primary driver

- Hospital engagement

Secondary driver

- Discharge process

Change ideas

- Schedule postpartum care visit prior to discharge
 - Include glucose tolerance test appointment (at four to 12 weeks postpartum) in the hospital discharge order for women with gestational diabetes
 - Make sure appointment for test is given to patient upon discharge from hospital
 - Implement the Alliance for Innovation on Maternal Health (AIM) postpartum care bundle
 - <https://safehealthcareforeverywoman.org/wp-content/uploads/Postpartum-Care-Basics-1-Bundle-Resource-Listing.pdf>

Next Steps

- Plan-Do-Study-Act (PDSA) cycle



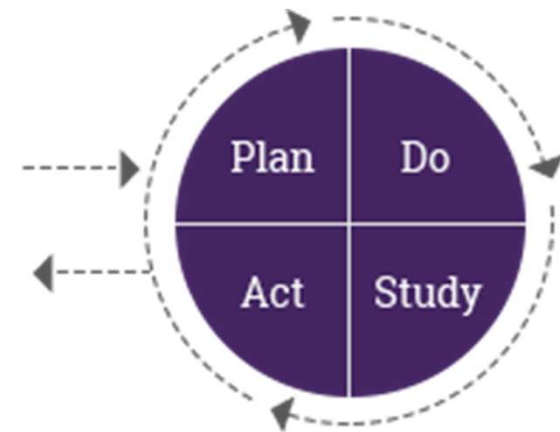
What is a PDSA Cycle?

- PDSA is a structured, straightforward approach to implementing quality improvement projects/initiatives in practices
- Approach works on many changes from improving a patient care process to executing a new workflow and practices/organizations of all sizes

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



Institute for Healthcare Improvement. Science of Improvement: How to Improve. 2016.

Step 1: Set an Aim

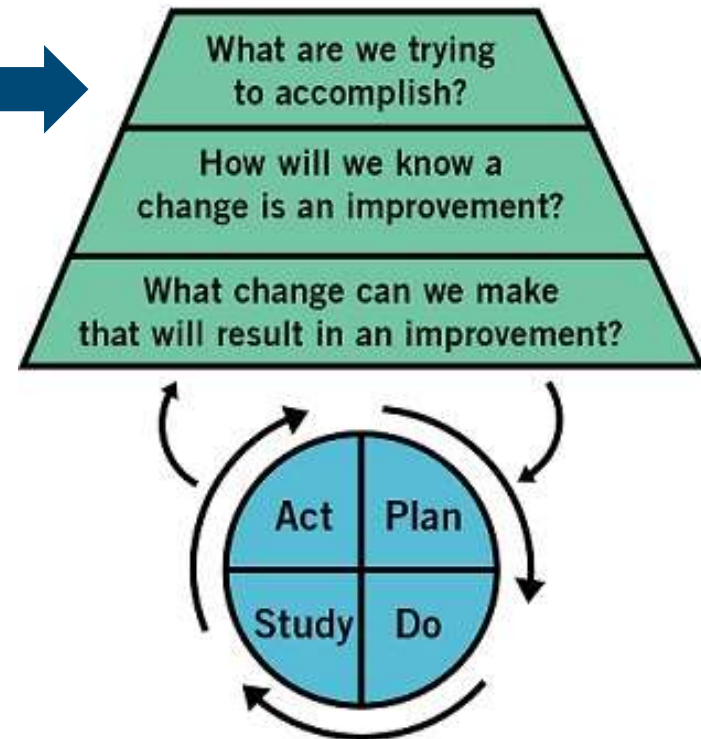
How good?

For whom?

By when?



Model for Improvement



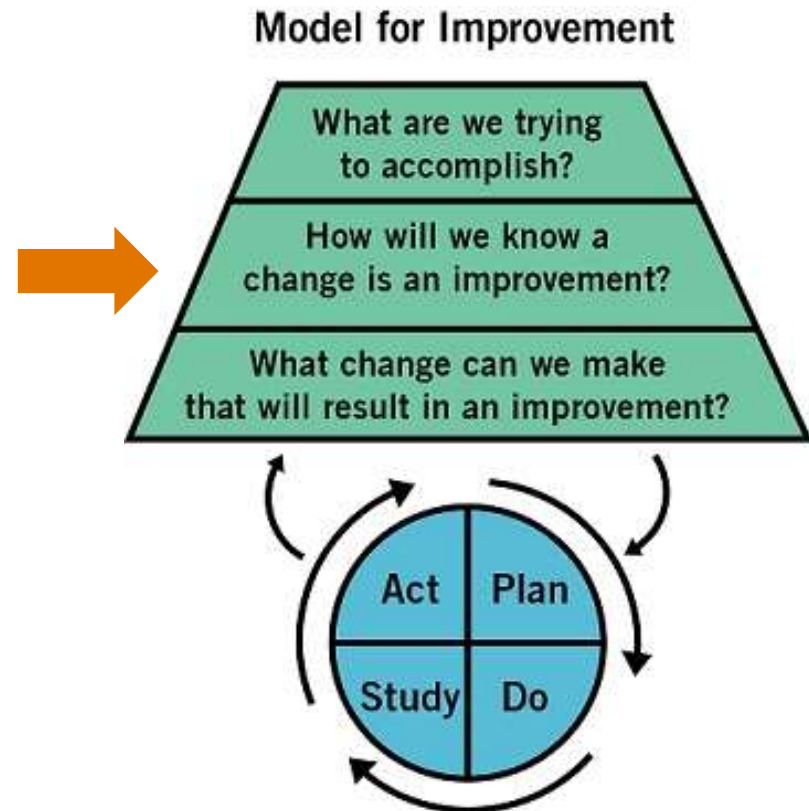
Institute for Healthcare Improvement. Science of Improvement: How to Improve. 2016.

Step 2: Establish Measures

 Outcome measures

 Process measures

 Balancing measures



Institute for Healthcare Improvement. Science of Improvement: How to Improve. 2016.

Step 3: Develop Changes



Process analysis tools



Benchmarking



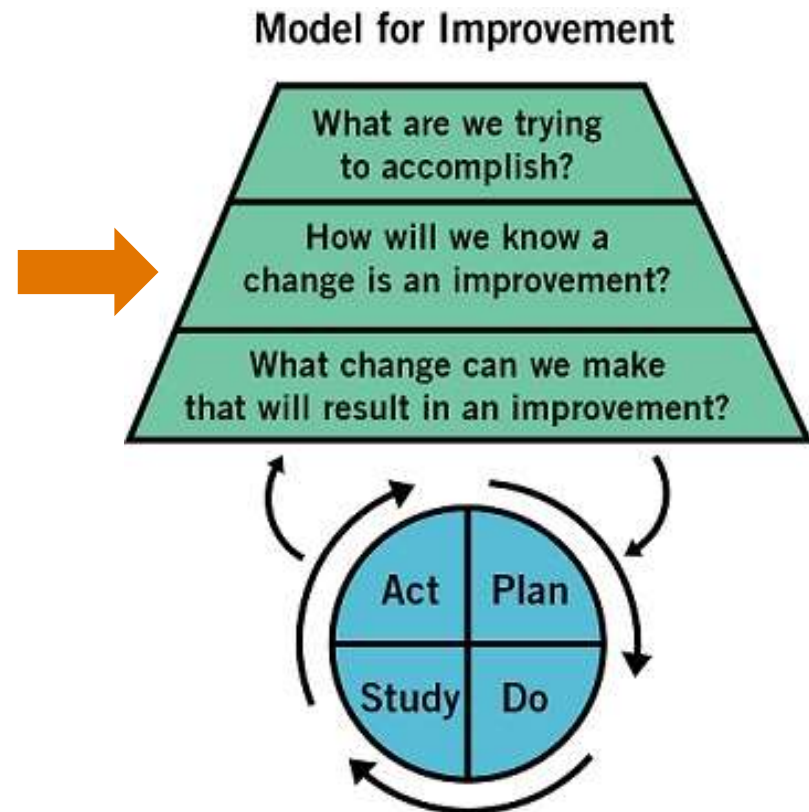
Technological solutions



Creative thinking



Change concepts



Institute for Healthcare Improvement. Science of Improvement: How to Improve. 2016.

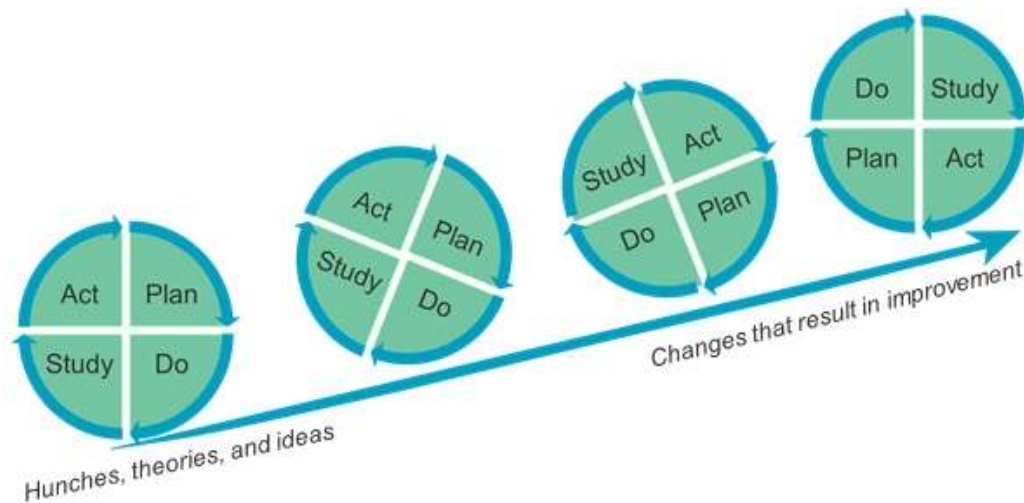
Step 4: Test Changes

- Plan
 - Questions and predictions
 - Who, what, where and when
- Do
 - Observe the test
 - Document results
- Study
 - Draw run charts
 - Analyze the data
- Act
 - Refine the change and plan for the next cycle



Linking PDSA Test Cycles

- Start small
- Think ahead
- Don't wait to begin



Next Steps

1

Seeking practices and organizations willing to participate in SCPPLC and undertake in testing different approaches to improve postpartum care with your population

2

Participating organizations will have the support of members of SCPPLC leadership team on ways to conduct a postpartum care PDSA cycle

- Formulate goals to support the overall aim
- Establish the measures
- Develop the change approach
- Test change



Breakout Sessions

Breakout Sessions

- Breakout sessions are 30 minutes
- Three breakout groups (*select one*)
 - **Redefining the Postpartum Visit**
 - **Beneficiary Engagement**
 - **Hospital Engagement**

Feedback/Debrief

- **Redefining the Postpartum Visit**
 - PDSA
- **Beneficiary Engagement**
 - PDSA
- **Hospital Engagement**
 - PDSA

Concluding Remarks

- Next steps
- Monthly SCBOI meeting: Dec. 8, 2021