

Perinatal Summit Recommendations Action Plan 2008 Update

Recommendation #1 - Build upon and strengthen comprehensive perinatal services for all women

The workgroup aimed to:

- Review implementation of the Comprehensive Perinatal Services Program (CPSP) in Los Angeles County
- Develop a care quality framework for comprehensive services
- Expand comprehensive services for all women

The workgroup for Recommendation #1 Comprehensive Perinatal Service for All Women met the objectives of reviewing implementation of CPSP and developing a care quality framework. Early in the implementation period, the group outlined the components of the State's Comprehensive Perinatal Services Program (CPSP) and compiled a list of CPSP providers in Los Angeles County. The workgroup conducted a literature search reviewing comprehensive perinatal services, minimum service requirements, barriers under various models, and the effects of the care model on outcomes. They also identified quality of care measures used by health plans to assist with evaluation of comprehensive perinatal care models.

In addition, one of the main objectives of this recommendation was the development and implementation of a care quality framework for improving perinatal care. The LA Best Babies Network, in partnership with the National Initiative for Children's Healthcare Quality, launched the Healthy Births Care Quality Collaborative (HBCQC). The collaborative included 10 sites, including seven community clinics, two private practice sites and one hospital-based practice site. The participating sites were all approved CPSP providers. The LA Best Babies Network developed a quality framework for ambulatory perinatal care and launched a data registry for the practice sites to regularly assess their progress. The Harvest Meeting, a culmination of the first cycle of the care quality collaborative was held on July 24 and 25, 2007. The teams highlighted their progress and areas of improvement. The HBCQC provided an opportunity to leverage resources from the Department of Public Health, CPSP, WIC, health plans and quality improvement experts. The Network established and met two objectives as measures of success for this collaborative:

- Increase in number of sites implementing best practice clinical guidelines during prenatal care and tracking at least two core measures selected.
- At least 80% of sites will increase the number of women screened and treated by 20% above baseline for one or more core measures.

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This workgroup is now focused on developing an evaluation framework for CPSP and launching another Healthy Births Care Quality Collaborative in 2008. The workgroup will also continue to strive toward the larger goal of expanding comprehensive services to all women in LA County.

Recommendation #2 - Assure every eligible newborn is enrolled in Medi-Cal before leaving the hospital

The workgroup aimed to:

- Review the status of newborn enrollment in Los Angeles County
- Develop toolkit (best practice) model for newborn enrollment in Medi-Cal and share with hospitals in Los Angeles County
- Encourage high volume delivery hospitals to implement a model for newborn enrollment
- Urge the State to implement electronic enrollment solutions

The workgroup met with objectives of reviewing status of newborn enrollment in Los Angeles County, developing a toolkit model for newborn enrollment and urging the State to implement electronic enrollment. The workgroup led by Maternal and Child Health Access (MCH Access) developed a newborn enrollment toolkit for hospitals and will begin to pilot the toolkit in high delivery hospitals. The workgroup met with Perinatal Summit Partners, LA Care and Health Net to explore dissemination of the toolkit to providers. The workgroup also initiated discussions with the Hospital Association of Southern California about messaging to hospitals on the importance of newborn enrollment.

The workgroup reviewed the status of newborn enrollment in LA County by establishing a partnership with the LA County Department of Public and Social Services. The Department was also able to assist the group in establishing baseline numbers on newborn enrollment to be able to accurately measure the impact of the efforts of this workgroup. The workgroup also advocated at the state level on the implementation of SB 24 which will establish a system of electronic enrollment in the State.

The workgroup will also consider the issue of examining newborn enrollment in private or other insurance plans.

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Recommendation #3 - Integrate perinatal resources into the 2-1-1 system

The workgroup aimed to:

- Increase the number of perinatal resources in the 2-1-1 system
- Disseminate materials and information about the 2-1-1 system and availability of perinatal resources
- Explore the feasibility of a special “Mommy Line”

The 2-1-1 system collects and classifies information about human services available throughout Los Angeles County. Formerly called Info Line, 2-1-1 helps the public find the services they need by providing information and referrals to over 28,000 programs from 4,000 health and human services agencies. The workgroup met its objective to integrate perinatal resources into the 2-1-1 system and to expand resources. The workgroup established the identification of resources for special populations including women of reproductive age, overweight and obese, and teens as a priority for the on-going efforts.

The workgroup expanded resources in 2-1-1 and continues to keep existing resources current. In January 2007, Los Angeles County Department of Public Health, MCAH programs were surveyed for services that should be listed in 2-1-1. Two programs were identified as providing services to the public, Comprehensive Perinatal Services Program (CPSP) and Black Infant Health. Both programs updated their roster of providers who met the criteria for inclusion with 2-1-1. As part of the Healthy Births Initiative, the Best Babies Collaboratives (BBCs) are charged with submitting their organizations’ information to 2-1-1 and promoting the use of 2-1-1 on marketing documents. All four BBCs submitted their information to 2-1-1 and continue to promote 2-1-1 at public events and on fliers. The Healthy Births Learning Collaboratives (HBLCs) of the LA Best Babies Network are also dedicated to increasing awareness of resources in their respective geographic regions. Each of the seven HBLCs identified the development of a resource guide as a critical component for their respective action plans. All of the HBLCs have submitted the information of their member organizations to 2-1-1 and are actively promoting 2-1-1. For example, in SPA 7 the HBLC developed a teen resource card which includes 2-1-1 and SPA 1 HBLC (Antelope Valley) developed a poster promoting early prenatal care and incorporated 2-1-1 into the poster.

The workgroup explored the feasibility of a special “Mommy Line” early on in the implementation phase and determined that it is not feasible at this time. The workgroup decided to focus its efforts on assuring 2-1-1 is an effective resource in perinatal health.

The workgroup will now work with 2-1-1 to develop training modules on perinatal health

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issues for the 2-1-1 personnel/referral specialists. The group will also develop standard presentations targeting several audiences, in order to promote 2-1-1 as the main referral agency in Los Angeles County. Perinatal health resources in 2-1-1 will be a critical component of First 5 LA's recently funded family engagement pilot which will provide an opportunity for all families with a newborn to connect to perinatal resources.

Recommendation # 4 - Promote risk appropriate perinatal care

The workgroup aimed to:

- Define the need for risk appropriate perinatal care
- Describe current practice in Los Angeles County
- Develop strategies to address risk appropriate perinatal care

This recommendation is being addressed on four fronts: Process, Data, Best Practice Models and Quality Improvement. With the assistance of a grant from the March of Dimes, this issue is being addressed statewide as well as in Los Angeles County. The workgroup established a Medical Advisory Panel comprised of specialists from throughout the state whose role it is to direct the search for standards, model policies and procedures and successful statewide systems of care. The Advisory Panel held its first meeting in September and plans are underway for two statewide summits on this issue to develop recommendations for risk appropriate maternal care. The workgroup processed background data into a database identifying hospital specific data looking at very low birthweight delivery rates by level of care designation of each delivering facility. A second database was developed looking at congenital anomalies identified prenatally requiring Level III or tertiary levels of care for the newborn and where the babies are actually born. The workgroup compiled state and national Best Practice Models for risk appropriate care and established linkages with maternal transport system operators in California. The workgroup also compiled National Perinatal Association data on Perinatal Regionalization legislation, Maternal and Neonatal Levels of Care and Statutory Regulations. Significant progress was also made in the area of Quality Improvement through the integration of a Maternal Risk Appropriate Care indicator into the mandatory 2007 CHART reporting requirements and Maternal Risk Appropriate Care materials into the Regional Cooperation Agreements.

The March of Dimes in collaboration with Sutter Medical Center developed a Preterm Labor Assessment Toolkit that is available to all birthing hospitals through the Regional

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Perinatal Program of California. The kit contains algorithms to assist the practitioner in determining 1) if the woman is in true preterm labor, 2) if delivery imminent and whether they need to call in the neonatal team to appropriately treat the mother, or 3) if there time to arrange for a maternal transport so the baby will be delivered at a hospital with the appropriate level of care and not require transportation to a higher level NICU. This toolkit supports recommendation #4 in getting very low birthweight babies delivered at hospitals prepared to manage them.

The March of Dimes Program Services Committee in collaboration with the Inland Empire Regional Perinatal Programs of California will hold the second annual Maternal and Neonatal Transport Forum. Information and recommendations from the two task forces are working on recommendations made at the summit held in 2006. Several health plans are involved in this process and determining how they can be more involved in identifying women at risk for preterm birth and move them into the high risk case management system. This process will help inform efforts in Los Angeles County.

Recommendation #5 - Support every woman to have a reproductive life plan

The workgroup aimed to:

- Promote understanding of the importance of and need for Pre/Interconception care
- Support financing for Interconception Care for two years after pregnancy for “at-risk” women
- Enhance the capacity of providers to prepare women “at- risk” for a health problem to reduce the risk in subsequent pregnancies

The workgroup has met and continues to address each of the objectives. The workgroup grew in the number of members and in the scope of the activities and has been able to leverage the momentum around preconception/interconception care at the local, state and federal levels. The workgroup is very active promoting pre/interconception care and financing at both the state and federal levels, participating on the Preconception Care Council for California and the CDC workgroup for preconception care. Workgroup members presented on pre/interconception care at the March of Dimes Conference in January 2007, the AMCHP Conference in March 2007 and at workshops for other national meetings.

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Members of the workgroup are also participating on the Preconception Care Council of California, an advisory group convened by the March of Dimes for the California Department of Health Services Office of Maternal, Child and Adolescent Health. The Council is developing recommendations in the areas of public health and outreach, research and clinical and public policy and financing. In the public policy area, the Council worked with the legislative office of Assembly member Karen Bass to amend and support AB741 on Interpregnancy care. The bill that would have created demonstration projects in Los Angeles, San Francisco and Oakland providing interconception care to women who have had a very low birthweight infant. While AB 741 was passed by the legislature it was vetoed by the Governor. The group will continue to focus on financing options for preconception and interconception care.

To enhance the capacity of providers to prepare women “at- risk” for a health problems to reduce the risk in subsequent pregnancies First 5 LA Healthy Births Initiative funds over 32 organizations to serve women at highest risk for adverse pregnancy and birth outcomes. The goal is to create a seamless integration of quality services so that women and families are supported between pregnancies and the risks are reduced in the next pregnancy. The intensive case management and provider support help empower women to prepare and plan for their pregnancies. Currently 905 clients are enrolled and receiving intensive case management.

The galvanized effort of this workgroup positioned Los Angeles County to solidify a collaborative and be selected as one of three teams in the nation selected by the Centers for Disease Control and Prevention (CDC) and CityMatCH to serve as demonstration projects for the integration of preconception health into public health practice. The Los Angeles County Preconception Health Collaborative is a partnership of the California Family Health Council (CFHC), the LA Best Babies Network, the Los Angeles County Public Health Department (LACPHD), the March of Dimes, and the Public Health Foundation Enterprises – Women, Infants, and Children (PHFE-WIC) Program. Since its formation in March 2007, the collaborative has made significant progress on the following major activities:

- Data Briefs - The first of several data briefs is being completed for distribution at the Second National Summit on Preconception Health and Health Care in October. The initial brief identifies components of preconception health and refines the selection of proposed baseline measures for Los Angeles County. The LACPHD supports a rich repository of vital records and population-based survey data. *Defining Preconception Health in Los Angeles County* evaluates measures of health care, maternal health and reproductive history, nutrition, and

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risk-taking behaviors among three populations of women in LA County: women of childbearing age, women who recently had a baby and women who experienced a fetal or infant loss. Future briefs will focus on selected topics that compliment the work of partners in the collaborative.

- **Speakers' Bureau** - LACPHD is developing a Preconception Health Speakers' Bureau and a half-hour presentation *The ABCDE's of Preconception Care* on preconception health issues, prevention strategies, and resources that will serve as a resource for community-based education. The presentation will be available for Public Health staff to use to educate medical providers, nurses, and community members. A brochure highlighting the key concepts of preconception health is also being developed as a resource to accompany the presentation.
- **Curriculum for Family Planning Clinics** - In partnership with CFHC, Title X family planning clinics are assessing the level of pre- and interconception care being practiced. They will use the information to develop a curriculum for integrating pre- and interconception care into family planning clinics. Ultimately, training will be provided for family planning staff in LA County and statewide.
- **WIC Offers Wellness** - The *WIC Offers Wellness (WOW)* Program, funded by the March of Dimes, provides care coordination services to low-income mothers who recently delivered a preterm or low birth weight baby at PHFE-WIC's Avenue 43 WIC Center. The demonstration project is designed to show that care coordination of high-risk women who receive WIC services will dramatically increase their chances of a healthy subsequent pregnancy. To reduce the incidence of repeat poor birth outcomes to low-income women, WOW aims to improve the health status of its clients, increase pregnancy intervals, and increase the rate of planned pregnancies.
- **Preconception Care Marketing Tools** - The March of Dimes is supporting this recommendation by making posters and materials available to all agencies interested in displaying or distributing materials that focus on the steps a woman should take and the questions she should ask her health care provider before she becomes pregnant.
- **Reproductive Life Plan Toolkit** - The LA Best Babies Network is developing a reproductive life plan toolkit for providers to use as an assessment tool during the preconception period. The Network will also develop a brochure for women to use as preconception care assessment tool.



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- Employer Based Component - To promote preconception care among employers, the LA Best Babies Network developed and is disseminating a Pregnancy and Family Friendly Workplace Policies Brief, offering employers recommendations on developing and implementing policies to support pregnant and parenting women. The brief was endorsed and disseminated by the LA Area Chamber of Commerce via their electronic newsletter. The Network also conducted exploratory interviews with several employers to gauge knowledge of preconception/interconception care and to educate them on the issues. The Network has identified two targeted employers to receive technical assistance on developing and implementing pregnancy and family friendly policies.