

Interventions to Minimize Preterm and Low birth weight Infants using Continuous quality Improvement Techniques



IMPLICIT Network Newsletter

"Preventing prematurity one woman at a time"

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June 2016

Action Steps

Please complete the following Action Steps:

- 1) Review **Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children** brief
- 2) Email Network Coordinator site documents:
 - IRB/QI Approval
 - ICC Workflow
 - ICC Data Collection Tools (paper forms or screen shots of EMR documentation)
- 3) Save the date: Fall IMPLICIT Meetings in Pittsburgh, PA:
Friday, October 28, 2016
Sunday, October 30, 2016

If you have news that you would like to include in the newsletter, please email Network Coordinator by August 1.

Network News

Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children Brief:

CMS Informational Bulletin

DATE: May 11, 2016

FROM: Vikki Wachso, Director
Center for Medicaid and CHIP Services

SUBJECT: Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children

Introduction

This Informational Bulletin discusses the importance of early screening for maternal depression and identifies the pivotal role Medicaid can play in identifying children with mothers who experience depression and its consequences, and connecting mothers and children to the help they need. State Medicaid agencies may cover maternal depression screening as part of a well-child visit. In addition, states must cover any medically necessary treatment for the child as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Prevalence and Impact of Maternal Depression

Maternal depression is a serious and widespread condition that not only affects the mother, but may have a lasting, detrimental impact on the child's health. Maternal depression prevents a significant early risk to proper child development, the mother-infant bond, and the family. Maternal depression screening and treatment is an important tool to protect the child from the potential adverse physical and developmental effects of maternal depression. According to the American Academy of Pediatrics (AAP), screening mothers for maternal depression is a best practice for primary care practitioners caring for infants and their families¹ and can be integrated into the well-child care schedule, as well as included in the prenatal visit.

Maternal depression is characterized by a spectrum of severity: the common "maternity blues" or "baby blues" are usually gone after a few days or one to two weeks and are helped with reassurance and support for the mother. This is distinct from postpartum depression and postpartum psychosis (the most serious condition), which meet specific diagnostic criteria.² According to AAP, it has been estimated that 2 percent to 25 percent of all pregnant, postpartum and parenting women have some type of depression depending on the population surveyed.³ "Maternal depression" in this guidance encompasses the full spectrum of severity, not only the most severe diagnoses. Mothers who have low incomes are more likely to experience some form of depression than the general population of mothers. For low-income women, rates of

A recent brief was published in May 2016 that promoted Maternal Depression reimbursement at Well Child Visits. Please read the brief "[Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children](#)" to learn more. As a Network, we should begin capitalizing on this to promote coverage in our states.

Get more involved with the Network, join a Committee:

Thank you to all who replied with interest in Network committees. Below is a list of committee members. Committees will meet quarterly.

Data Review Committee

- Maggie Adams
- Jim Dombroski
- Sam Martin
- Lisa Schlar
- Aimee Smith

Scholarly Activity Committee

- Dan Frayne
- Scott Hartman
- Heidi Knoll
- Stephanie Rosener
- Sukanya Srinivasan

Leadership Council

- Steve Ratcliffe
- Wendy Barr
- Ian Bennett
- Dan Frayne
- Stephanie Rosener
- Lisa Schlar

Additionally, the Network would like to form a Journal Club/Literature Review Committee.

To join a committee, [contact Network Coordinator](#).

Focus on National Preconception and Interconception Care Efforts Webinar:

Dr. Dan Frayne gave an informative presentation about the current efforts that are taking place nationally in the realm of preconception care. He began by summarizing how the importance of preconception care and wellness among reproductive-age women fit within the larger Preconception Health & Health Care Initiative and national initiatives such as the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality and the Title V Maternal and Child Health Block Grant Program. He went on to discuss how we can best measure the quality of preconception care within a community by using a combination of surrogate measures of the wellness of reproductive age women (i.e. daily folic acid intake, BMI, depression status) that are assessed at their first prenatal visit. Finally, he discussed the One Key Question initiative - having providers ask reproductive age women about their reproductive plan and the creation of a toolkit that helps providers navigate different responses to the question.

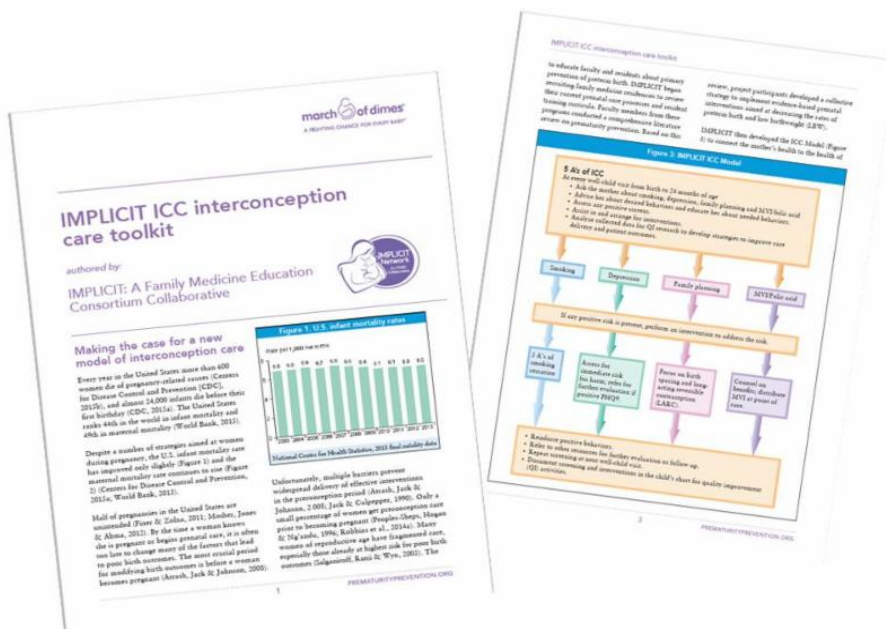
- [IMPLICIT Focus on National Pre/Interconception Care Efforts Slides](#)
- [Link to webinar](#)

The takeaway message of the webinar was this: preconception care fits within many national initiatives, is inextricably linked to the wellness of reproductive age women, and can begin to be improved by implementing the One Key Question initiative.

IMPLICIT ICC Toolkit

MOD and IMPLICIT Network are collaborating on developing an IMPLICIT ICC implementation toolkit. If you would like to help edit and assist, please [contact Dr. Dan Frayne](#) from MAHEC.

- [Review the contract](#)
- [Review the annotated Table of Contents](#)



The toolkit should be available by Summer 2016!

Pennsylvania Department of Health Collaboration

A grant with the Pennsylvania Department of Health was fully executed as of January 1, 2016.

- [Review the grant's work statement](#)
- [Review the Year 1 Quarter 3 Report](#)

[Contact Network Coordinator](#) with any questions or concerns.

IMPLICIT Pregnancy Lite

Lancaster General Research Institute is working on building the IMPLICIT Pregnancy Lite project in REDCap. [Review the IMPLICIT Pregnancy Lite form.](#)

Upcoming Dates

Network Webinars

IMPLICIT Focus on Smoking:
To be determined: late August

Webinar link:

<http://imeet.com/fmec/implicit>

Audio line: 1-404-602-9526 code: 474426#

In-person Meetings

Fall 2016 Meeting:
Friday, October 28, 2016 and Sunday,
October 30, 2016 in Pittsburgh, PA

Quick Links

Project Related Links:

- [IMPLICIT Network Contact List](#)
- [IMPLICIT Network Blog](#)
- [IMPLICIT ICC Data Forms](#)
- [IMPLICIT Pregnancy Data Forms](#)
- [IMPLICIT Pregnancy Data Forms \(REDCap\)](#)
- [IMPLICIT Pregnancy Lite Data Forms](#)
- [IMPLICIT ICC Evidence Based Summary](#)

Links to Webinar PowerPoint Presentations:

- [12.18.15 IMPLICIT Focus on Family Planning and Birth Spacing](#)
- [2.29.16 IMPLICIT Focus on Maternal Depression](#)
- [6.6.16 IMPLICIT Focus on National Pre/Interconception Care Efforts](#)

Links to Meeting Minutes:

- [4.8.16 IMPLICIT Spring Network Meeting](#)

Site Updates

Highlighted Site Update:

Each quarter, an exciting update will be highlighted from a Network site.

University of Rochester Medical Center:

At the the University of Rochester Family Medicine Residency Program, we completed our year of March of Dimes grant funding May 15, 2016. With the help of a funded coordinator, we were able to fully implement the IMPLICIT ICC model and build a complete interface for collecting our ICC data electronically. We hope to complete our 1st REDCap upload within the next few weeks. We were able to complete 1,162 ICC screenings in 11 months, with 531 unique mom-baby couplets screened. Our interdisciplinary ICC team meets month to continue and expand implementation, and we have recently added resident and student team members. We have also been giving prizes about every 2 months to the clinic teams with the highest ICC screening rates - to help motivate continued participation!

-Dr. Scott Hartman



UNIVERSITY of
ROCHESTER

In addition, the March of Dimes Buffalo, Rochester and Syracuse Markets Maternal and Child Health Director shared Rochester's accomplishments with other clinical leaders throughout Western, NY. [Review the email.](#)

Keep up the great work and stay tuned for more updates!

12 sites have implemented ICC as a standard of care:

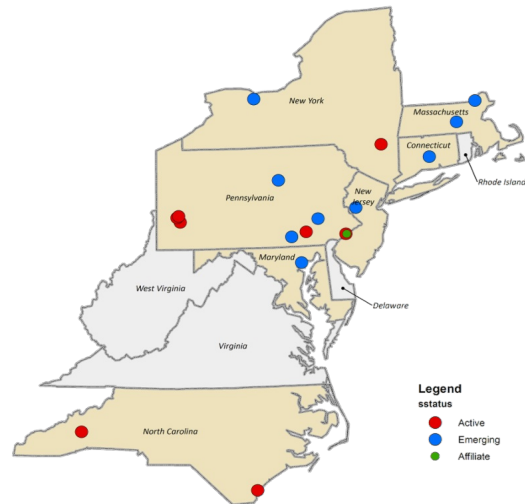
- Lancaster General Health*

- Lawrence
- Middlesex Hospital
- Mid-Hudson Family Practice*
- Mountain Area Health and Education Center (MAHEC)*
- New Hanover Regional Medical Center* Collecting baseline
- University of Pittsburgh Medical Center (UPMC) McKeesport*
- University of Pittsburgh Medical Center (UPMC) Shadyside*
- University of Pittsburgh Medical Center (UPMC) St. Margaret*
- University of Massachusetts
- University of Pennsylvania*
- University of Rochester Medical Center

* sharing ICC data with the Network

Learn more about the status of IMPLICIT Pregnancy and ICC at each Network site.

Have an update for your site?
Contact Network Coordinator.



Meet the IMPLICIT Network Team:



Jessica Brubach
Network Coordinator

- Coordinates ICC at UPMC
- Supports Network sites outside PA



Jessica Garber
PA Network Coordinator

- Coordinates ICC at LGH
- Supports Network sites in Eastern PA



Tabbi Reefer
Practice Facilitator

- Enhances ICC at UPMC
- Supports Network sites in Western PA

Providers' Passions:

Learn what motivates these doctors to take care of moms and babies!

If you have an ICC success story that you would like shared in a future Newsletter, please email Network Coordinators ([Jess Brubach](#) or [Jess Garber](#))!

Learn more about caring for women and children

IM CoIIN



Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN)

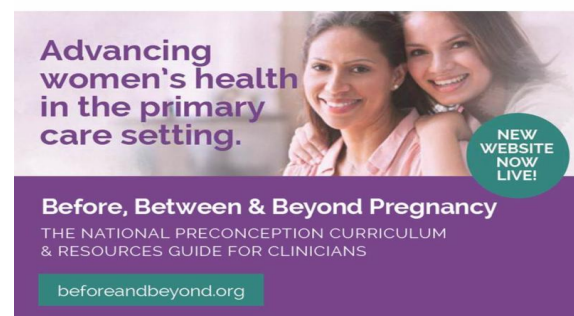
IM CoIIN is a unique national initiative that establishes learning networks focused on quality improvement, innovation, and collaborative learning to reduce infant mortality and poor birth outcomes. Participating states select one or more of the following strategic areas to focus efforts:

- Improve safe sleep practices
- Reduce smoking before, during and/or after pregnancy
- Pre/Interconception Care: Promote optimal women's health before, after and in between pregnancies, during postpartum visits and adolescent well visits
- Social Determinants of Health: Incorporate evidence-based policies/programs and place-based strategies to improve social determinants of health and equity in birth outcomes
- Prevention of Preterm and Early Term Births
- Risk-appropriate Perinatal Care: Increase the delivery of higher risk infants and mothers at appropriate level facility

Some IMPLICIT Network members are beginning to collaborate with state health departments and their CoIIN initiatives. [Learn more about IM CoIIN.](#)

National Preconception Health and Health Care Initiative

If you are looking for more information regarding preconception health, please visit the [National Preconception Health and Health Care Initiative's website](#). The clinical toolkit is a great resource help providers meet patients' needs and incorporate preconception health into the routine care of women of childbearing age.



[Visit IMPLICIT's website](#)

[Contact IMPLICIT](#)

