

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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September 2016

Action Steps

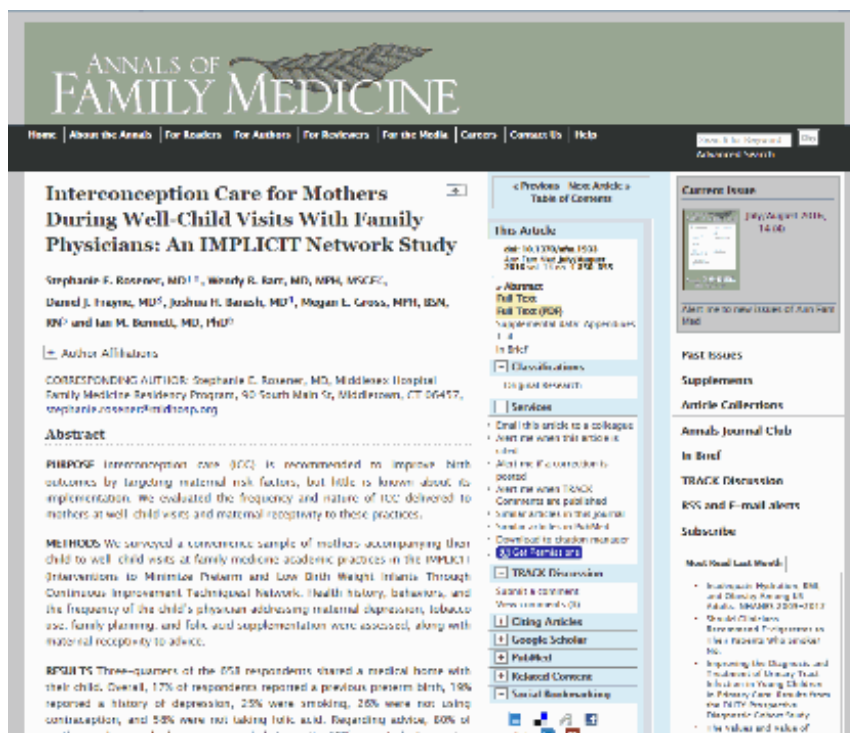
Please complete the following Action Steps:

- 1) Review Annals of Family Medicine Publication: [Interconception Care for Mothers During Well-Child Visits With Family Physicians: An IMPLICIT Network Study](#)
- 2) Review August 26, 2016 Smoking webinar featuring Dr. Frank Leone
- 3) Register for the IMPLICIT 2016 Annual Fall Meetings: [IMPLICIT 2016 Annual Fall Meetings](#)
- 4) Schedule quarterly site update call for September with your Network coordinator:
 - Eastern PA: [Jess Garber](#)
 - Western PA and sites outside PA: [Jess Brubach](#)

If you have news that you would like to include in the newsletter, please [email the Network](#) by November 1.

Network News

Annals of Family Medicine Publication: **Interconception Care for Mothers During Well-Child Visits With Family Physicians: An IMPLICIT Network Study**



Review the Network's recent publication in the Annals of Family Medicine July/August Issue: [Interconception Care for Mothers During Well-Child Visits With Family Physicians: An IMPLICIT Network Study](#).

Congratulations to the authors and all of the Network sites for collaborating on this excellent publication!

IMPLICIT Focus on Prenatal and Postpartum Smoking Webinar:

At the Friday, August 26, 2016 webinar, the Network learned from Dr. Frank Leone - an advocate for smoking cessation at the University of Pennsylvania. This presentation was important because women report smoking at 16.2% of ICC visits and an intervention is provided at 81.2% of ICC visits.

Dr. Leone discussed the changing brain chemistry associated with nicotine addiction. Changes in brain chemistry lead to a compulsion to obtain nicotine through smoking. This compulsion makes people reluctant to quit and makes sustained abstinence difficult. Therefore, treatment of nicotine addiction aims to reduce the compulsion.

Dr. Leone talked about multiple strategies to help people quit smoking. Motivational Interviewing (MI) is one technique that encourages patients to realize and reduce the disincentives that make smoking appealing. Nicotine Replacement Therapy uses a different vehicle (i.e. patch, gum, inhaler) to deliver increasingly lower levels of nicotine. Dr. Leone also discussed medications that can be used for tobacco cessation.

Finally, Dr. Leone discussed tobacco cessation during pregnancy. NRT during pregnancy is beneficial because the negative impacts nicotine has on the fetus are dose-related. Continued follow-up with patients to ensure continuation of such therapies is effective in both aiding with cessation and preventing relapse. Therefore, it is not only important to provide cessation aids to patients but also to closely monitor their adherence to these aids and follow-up with the patient.

- [IMPLICIT Focus on Smoking Slides](#)
- [Link to webinar](#)

The takeaway message of the webinar was this: smoking is a compulsive behavior that requires targeted therapies and close follow-up for best cessation attempt results.

Keep a look out for IMPLICIT ICC at upcoming conferences:



October 28-30, 2016
Regional Meeting

***IMPLICIT Interconception Care (ICC):
Rationale, Models of Implementation, and
Initial Data Outcomes***
Seminar Presentation

***Interconception Care (ICC) at UPMC
Shadyside, McKeesport, and St. Margaret
Family Health Centers***
Seminar Presentation

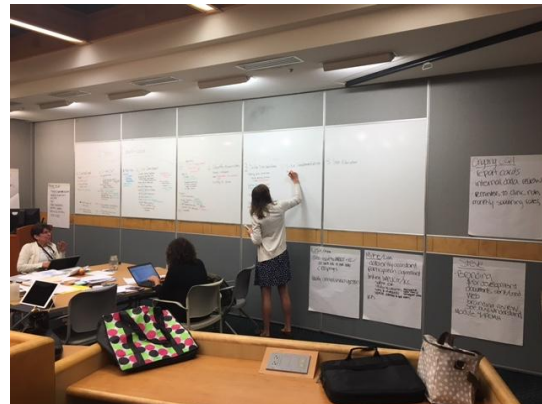


November 12-16, 2016
Annual Meeting

***Interconception Care to modify Risk of
Preterm Birth Delivered in Primary Care
Offices During Well Child Care***
Oral Presentation on Completed Research

IMPLICIT Kaizen Workshop

In order to develop best practice strategies for ICC implementation and changing maternal behavior, Jess Brubach, Jess Garber, and Maggie Adams worked with Cath Forney, Lancaster General Hospital Director of Research Operations, to participate in a Kaizen workshop. Kaizen workshops are designed to improve quality by defining processes, actions, and expectations.



Through bi-monthly audio calls leading to an in-person meeting August 2-5, 2016, the coordinators established six steps for ICC implementation:

- 1) IMPLICIT Organization Structure
- 2) Site Identification
- 3) Site Stakeholders and Key Players
- 4) Site Infrastructure Design & Development
- 5) Site Education and Training
- 6) Site Implementation

For each step, the coordinators also mapped out:

- 1) Future State (what best practice of the future state looks like)
- 2) Systems (what technology or infrastructure is needed to accomplish steps)

3) Opportunities (areas for improvement - things to change/implement)

4) Next Steps (what needs to be developed or performed for the step to be accomplished)

5) Metrics (how to measure the accomplished steps)

After meeting in-person for the workshop, the coordinators developed step-by-step guidelines for ICC implementation. In addition, they identified new tasks and materials that the Network needs to develop, as well as a three year plan to meet grant measures. The coordinators are continuing these efforts the first week of October in Asheville, NC.

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.

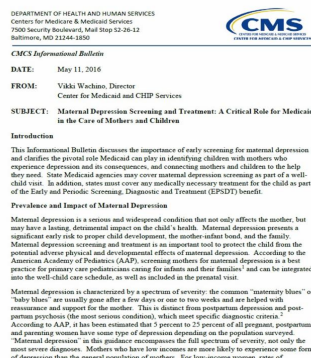
Data Review Committee	Scholarly Activity Committee	Leadership Council
<ul style="list-style-type: none">• Maggie Adams• Jim Dombroski• Sam Martin• Lisa Schlar• Aimee Smith	<ul style="list-style-type: none">• Dan Frayne• Scott Hartman• Heidi Knoll• Stephanie Rosener• Sukanya Srinivasan	<ul style="list-style-type: none">• Steve Ratcliffe• Wendy Barr• Ian Bennett• Dan Frayne• Stephanie Rosener• Lisa Schlar
<u>Draft of DR Committee Expectations.</u>	<u>Draft of SA Committee Expectations.</u>	

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

To join a committee, [email the Network](#).

Additional support for maternal screening:

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



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.

- **Medicaid Expansion Promotes Children's Development and Family Success by Treating Maternal Depression Report:**

Medicaid Expansion Promotes Children's Development and Family Success by Treating Maternal Depression

by Alisa Oberst, Stephanie Schmit, Joan Albin, and Melissa Golden

Key Findings

1. Universal maternal depression is a major public health problem that affects large numbers of women, especially low-income women, and their children. More than half (50 percent) of poor births have a mother who is experiencing some level of depressive symptoms. Maternal depression has been shown to interfere with children's healthy development and young women's efforts to access prenatal care.
2. While safe and effective treatments exist, low-income and

Introduction

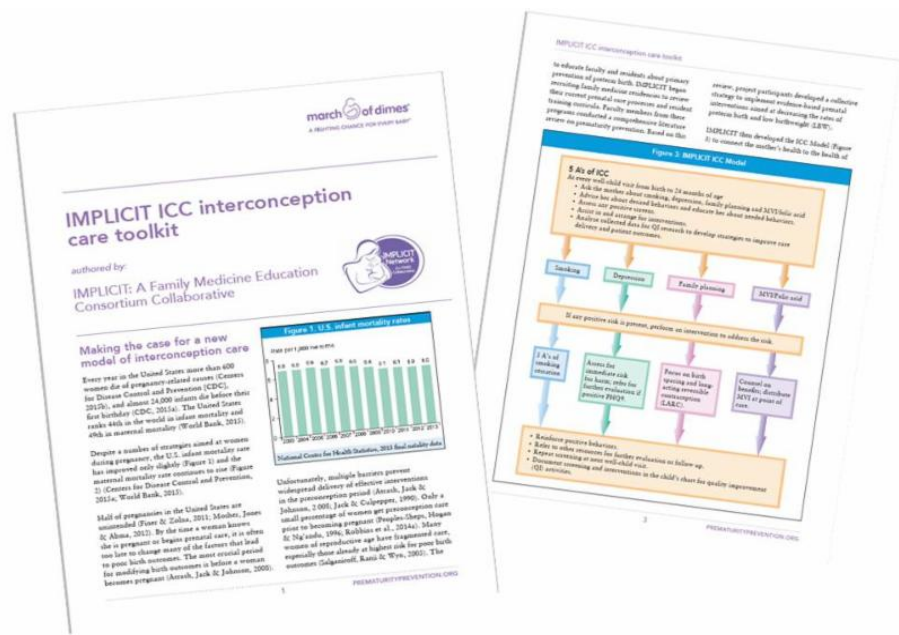
This paper reports on the important reasons why access to Medicaid for poor adults is crucial for children's healthy development. Other research has documented the reasons why Medicaid coverage matters so much for uninsured adults, both parents and non-parents: It reduces the rate of uninsured, allows them to get treatment for medical and mental health problems, and stabilizes family finances. But it can be less obvious why adults' coverage should matter for children, who were

A recent report from the Georgetown University Health Policy Institute Center for Children and Families supports Medicaid expansion to women to promote child health and wellbeing. Please read the report "Medicaid Expansion Promotes Children's Development and Family Success by Treating Maternal Depression" to learn more.

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 Fall 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
- Review the Year 1 Quarter 4 Report
- Review the Year 1 Annual Report

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

In-person Meetings

To Be Determined

Fall 2016 Meeting:

Friday, October 28, 2016 and Sunday,
October 30, 2016 in Pittsburgh, PA

Webinar link:

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

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

Spring 2017 Meeting:

Friday, April 7, 2017 in Lancaster, PA

Quick Links

Project Related Links:

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

Site Updates

Welcome Lancaster General Hospital Family and Maternity Medicine and University of North Carolina!



The Network welcomes Lancaster General Hospital Family and Maternity Medicine.

The Network welcomes University of North Carolina Chapel Hill Family Medicine Residency.

The Network is excited to work with these new sites to further improve the health of moms and babies!

Highlighted Site Update:

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

Lancaster General Hospital:

At Lancaster General Hospital, we have greatly increased our focus on ICC over the past six months. Thanks to the PA DOH Grant, my position was funded - allowing my hire and motivating staff to refocus their efforts on ICC. Our ICC screening rate continues to increase each month due to several small CQI efforts. In March 2016, our rate was about 35%. The rate last month (July 2016) was 86%! To increase this rate, we began including reminders to complete ICC in the appointment notes, simplified the EHR data collection form, formed an ICC leadership team, and began sending out monthly report cards to providers. The leadership team is planning further CQI efforts such as including nursing staff in the ICC screening process. Additionally, we are working on implementing ICC at other LGH practices and officially bringing them into the IMPLICIT Network as new sites!



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

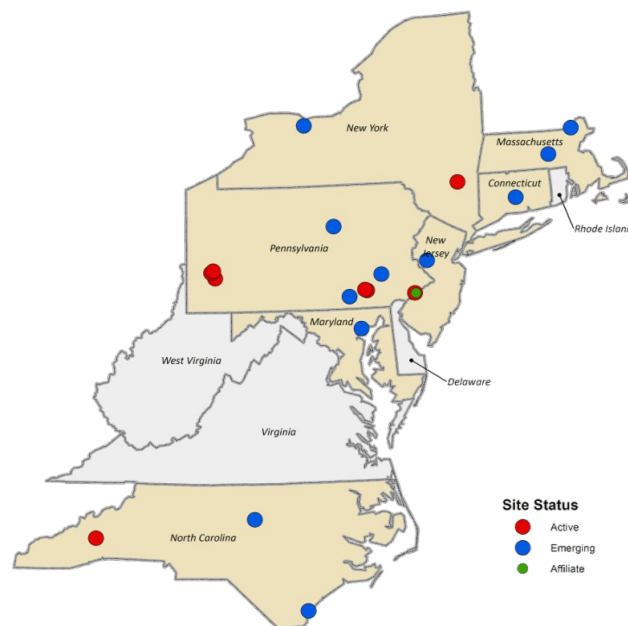
12 sites have implemented ICC as a standard of care:

- 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?
Email the Network.



Providers' Passions:

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

Dr. Lisa Schlar discusses ICC with Comcast Newsmakers



Watch this brief interview with Dr. Lisa Schlar from UPMC Shadyside Family Medicine Residency about IMPLICIT ICC and the March of Dimes' on-going support of moms and babies in the community.

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

Learn more about caring for women and children

IM CoIN



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

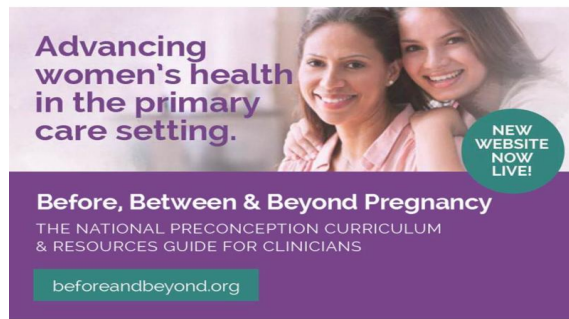
IM CoIN is a unique national initiative that establishes learning networks focused on quality improvement, innovation, and collaborative learning to reduce infant mortality and poor birth outcomes. Participating states select one or more of the following strategic areas to focus efforts:

- 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 CoIN initiatives. [Learn more about IM CoIN.](#)

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](#)

Family Medicine Education Consortium

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

