

# Oregon Maternal and Child Health Title V Strategy Webinar:

## Well Woman Care

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# Welcome and webinar housekeeping

Thank you for joining us today –  
we really appreciate it!

- If there is more than one person participating at your site, please enter everyone's name and affiliation in the chat box.
- We welcome everyone's ideas – feel free to chime in by phone or through the chat box. When not speaking, please keep your phone muted.
- Please do not put your phone on hold or take a call on another line during the webinar! Hang up and rejoin if necessary.

# Poll question

## What type of organization do you represent?

- Local health department
- Tribe
- Community-based agency
- Coordinated Care Organization
- State agency

# Purpose of the webinar

**Bring together state and local Maternal and Child Health (MCH) Title V grantees and partners to:**

- Review and discuss evidence-informed strategies that Oregon's Maternal and Child Health programs might use to improve Well Woman Care.
- Learn about strategies already underway that participants feel would be a good match for MCH/Title V work.
- Determine if we're missing any key strategies.

# What we ask of you today

Put on your consultant hat:

- Help us think about strategies that might be important for state and local MCH programs to invest in and help lead – whether or not they are right for your community.

If you are a Title V grantee:

- Trust that there is a process and will be time to choose among the priorities and strategies that are a good fit for your work and your community.

# Questions we won't address today, But will at a later date...

- **Parameters for local choice and implementation** – how many priorities and strategies counties or tribes will work on, work plan and reporting guidelines, etc.
  - A Conference of Local Health Officials Healthy Families/Tribal/State MCH work group will draft parameters and guidelines – stay tuned.
- **Local capacity** for implementing the strategies
  - This is an important consideration to be addressed by each Title V grantee once the strategies/implementation parameters have been developed.

# Questions we won't address today, But will at a later date...

- **Measurement** of progress on these strategies
  - Development of measures will follow once we have honed the list of strategies.
- **Technical Assistance for implementation**
  - State and local Title V partners will work on identifying and meeting technical assistance needs as the work unfolds.

# What is the Title V Maternal and Child Health Program?

- Federal appropriation of Maternal and Child Health funds to Oregon.
- Purpose of the Federal Title V Maternal and Child Health program: to provide a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.
- In Oregon, funds distributed to: Oregon Center for Children and Youth with Special Health Needs, Local Health Authorities, Oregon Tribes, and the State Public Health Division.

# MCH Title V Block Grant 3.0

**The Maternal and Child Health Bureau (MCHB) is transforming Title V' s work to align with Federal health care transformation.**

- Goals of the transformation: reduce burden, increase accountability, and maintain flexibility

**States are required to:**

- Conduct a 5-year needs assessment
- Choose 8 of 15 national priority areas/performance measures, plus 3 state-specific priorities
- Develop strategies and strategic measures to “move the needle” on the national priorities
- Align use of funds with these priorities and strategies

# Oregon's 2016-2020 Title V Priorities

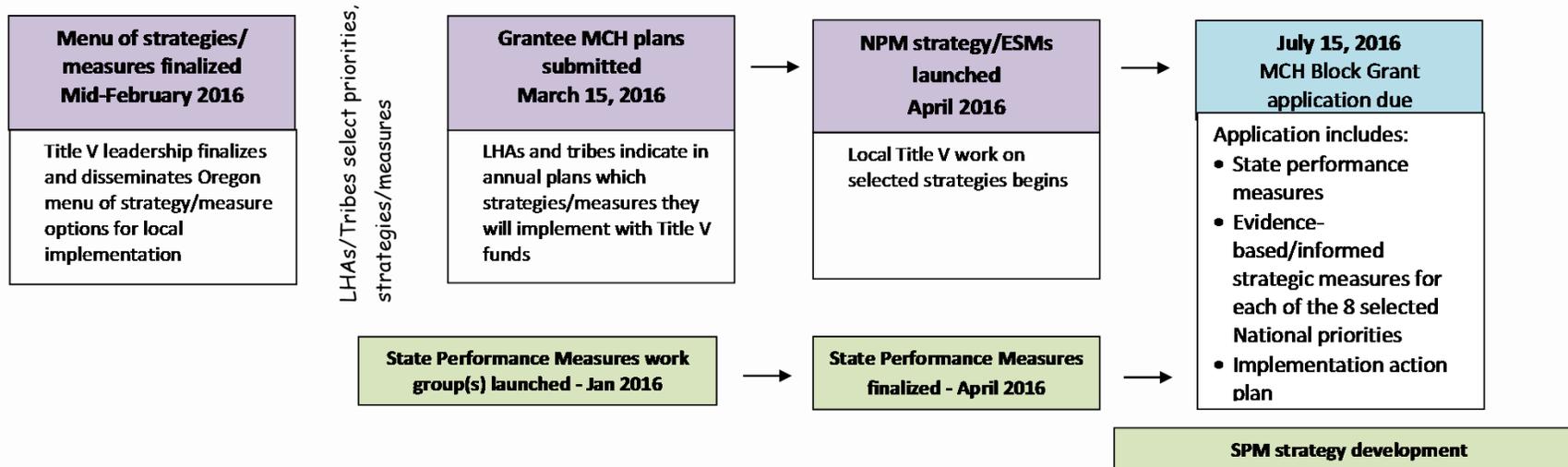
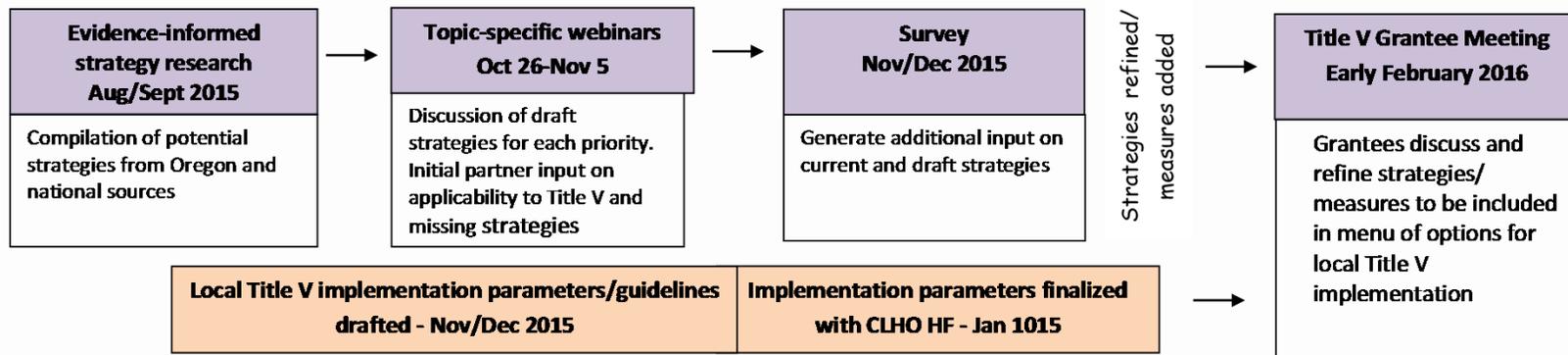
## Oregon's selected national priority areas

- Well woman care
- Breastfeeding
- Children's physical activity
- Adolescent well visit
- Oral health
- Smoking
- Medical home for children/youth with special health needs \*
- Transition for children/youth with special health needs\*

## State-specific priority areas:

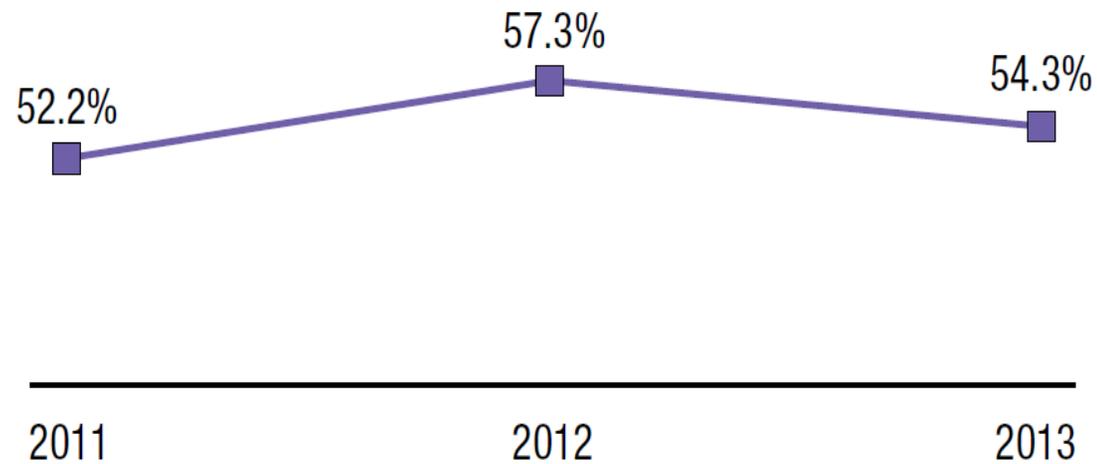
- Toxic stress, trauma and Adverse childhood experiences (ACEs)
- Food insecurity
- Culturally and linguistically responsive MCH services

## Development and Launch of MCH Block Grant Strategies and Measures



# Overview of the Well Woman Care priority and performance measure

## Percent of women ages 18-44 who had a routine checkup within the past year, Oregon, 2011 - 2013



*Data source: Behavioral Risk Factor Surveillance System  
Note: Trend data over time is not available at the national level*

# Women age 18-44: Health Status Data

- The US Census Bureau estimated the population of women ages 18-44 in Oregon in 2013 to be 698,813.
- 15% of female Oregon residents age 17-44 receive Medicaid benefits.
- 14.9 % of women age 18-44 live in poverty.
- At least one-quarter of Oregon women of reproductive age are food insecure.
- In 2011, 46.3% of Oregon women were overweight or obese just before getting pregnant.
- In 2011, 25.2% of Oregon's women reported smoking cigarettes in the 3 months before getting pregnant.
- In 2010, 35.6% of adult women aged 18 years and older reported having experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

# Well Woman Visit

- Provides a critical opportunity to receive recommended clinical preventive services to optimize the health of women before, between, and beyond potential pregnancies.
- The annual well woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was also identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.

# Our Focus: Optimize the health of women before, between, and beyond potential pregnancies

- Fourth Trimester (3 months post-partum)
  - Sensitive period of time that links to lifecourse outcomes
  - Linkages to ongoing care and services
- Interconception Care
  - Care in between pregnancies with a specific focus on improving the next birth outcome
- Well Woman Care
  - Care across the lifecourse regardless of pregnancy intention

# Well Woman Care Strategies

# How were the strategy lists developed?

- National MCHB consultants at Johns Hopkins
  - Review of the literature and evidence base
- Oregon Title V research consultant:
  - Review of the literature and Johns Hopkins evidence review
  - Review of local public health plans and reported activities
  - Interviews with State Title V Priority leads
- State Title V leads:
  - Consultation with other state public health programs and partners
  - Review of Consultant list of strategies
  - Refinement with SMEs and local co-leads

**Note:** The strategies presented are at a high level, and may have multiple state and local level activities associated with them. This provides flexibility to tailor Title V activities to meet community needs, while allowing us to tell the story of Title V's work around the state to improve health in this priority area.



# Individual Strategies

# 1. Case-management to improve utilization of well-woman care (Local)

- Collaborate with MCH home visiting programs to implement a strategy for increasing awareness of the importance of well-woman care among clients.
- Increase the number of staff in Local Health Departments available to improve collaboration with primary care providers and other practitioners (case workers, social workers, etc.)

## 2. Provide outreach for insurance enrollment (Local)

- Provide educational and enrollment opportunities, and utilize outreach workers to enroll patients in insurance plans. These services could be provided by Local Health Departments or through collaboration with other health and human services agencies.
- Identify subgroups of women who would not qualify for current coverage, for example undocumented immigrants, and refer them to alternative services.

# Community/Systems Strategies

### 3. Use traditional and social marketing to educate the population and promote well woman care (State/Local)

- Use media messaging to communicate importance of preconception health, such as the CDC "Show Your Love" campaign
- Use of multimedia campaigns such as "Amor Y Salud".
- Collaborate with National Text4baby program to include messages around pre/interconception health and well women care and then promote Text4baby to improve reach of the service.
- Community Wide Folic Acid Campaign

## 4. Provide education/training on preconception/ interconception health for providers (State/Local)

- Broad definition of providers
- Encourage pregnancy intentional screening
- Promote use of the National Preconception / Interconception Care Clinical Toolkit to guide well-woman visits.
- Build partnerships with medical schools

## 5. Community outreach model to refer more people to well-woman services (State/Local)

- Collaborate with community organizations and other groups (colleges, childcare providers, WIC, etc) to use a community outreach model of care, i.e., women who receive services from any of many different types of health and human services organizations are screened and referred as appropriate.

## 6. Increase the use of metrics for well-woman care in programs serving women of child-bearing age (State/Local)

- Collaborate with OHP and advocate for 1) adding a CCO measure that aligns with the national Title V measure for well-woman care, and 2) incentivizing CCOs for reaching the benchmark for that measure
- Collaborate with the Oregon's Home Visiting programs to make well woman care a focus and performance measure.

## 7. Increase access to well-woman care visits (State)

- Collaborate with federal and state agencies to increase supply of publicly funded health clinics.
- Expansion of the health care workforce to improve access to well-woman care.

## 8. Support access to well-woman care through publicly funded / safety net clinics (State/Local)

- Collaborate with FQHCs and Title X Clinics to include preconception/interconception health care for women of childbearing age among services offered.

## 9. Research/assessment to identify barriers to having a usual primary care provider or PCPCH and receiving well-woman care (State/Local)

- Assessment of characteristics of women who receive and do not receive well-woman care
- Researching why patients leave hospitalization without being assigned to a primary care provider
- Research local barriers including local transit needs.

## 10. Support Patient Centered Primary Care Homes (PCPCHs) to increase receipt of well-woman care (State/Local)

- Collaborate with CCOs to provide patient centered primary care homes (PCPCHs) for women of childbearing age, so that primary care is accessible, comprehensive, preventative, culturally and linguistically appropriate, compassionate, coordinated, and family centered.

# 11. Use of the postpartum health care visit to increase utilization of well-woman visits (State/Local)

- Collaborate with primary care and prenatal care providers and CCOs to develop and implement a plan to improve postpartum visit content and attendance. Such a plan could include asking women during the postpartum visit what support they need in navigating the next well- women visit, or developing a warm hand-off procedure from perinatal care to well-woman care.

## 12. Support development and implementation of Pregnancy Medical Homes (State/Local)

- Collaborate with CCOs and prenatal care providers to provide care using a pregnancy medical home model.

# Policy Strategies

## 13. Medicaid (OHP) policies for provider billing of well-woman care (State/Local)

- Collaborate with the Oregon Health Plan and advocate for payment for dyadic care for mom and baby at well-child care visits.
- Collaborate with Oregon Health Plan to pay for delivery of preconception care services in hospital settings, regardless of the reason for the inpatient or outpatient care
- Support development and implementation of alternative payment methodologies for perinatal and well-woman care.

## 14. Increase the number of persons covered by health insurance to improve access to well-woman care (State)

- Collaborate with the Oregon Health Plan to find ways to cover subgroups of women who would not qualify for current coverage, example undocumented immigrants.

## 15. Improve continuity of care among insurance plans (State)

- Through policy strategies, address churn for pregnant women in order to provide continuity of care for women that may “churn” between Medicaid and the Exchange plans.

# Discussion and Polls

# Which of these strategies do you think have the most potential to improve health?

1. Case-management to improve utilization of well-woman care
2. Provide outreach for insurance enrollment
3. Use traditional and social marketing to educate the population and promote well woman care
4. Provide education/training on preconception/ interconception health for providers
5. Community outreach model to refer more people to well-woman services
6. Increase the use of metrics for well- woman care
7. Increase access to well-woman care visits (clinic and provider supply)
8. Support access to well-woman care through publicly funded / safety net clinics
9. Research/assessment to identify barriers to having a usual primary care provider or PCPCH and receiving well-woman care
10. Support Patient Centered Primary Care Homes (PCPCHs) to increase receipt of well-woman care
11. Use of the postpartum health care visit to increase utilization of well-woman visits
12. Support development and implementation of Pregnancy Medical Homes
13. Medicaid (OHP) policies for provider billing of well-woman care
14. Increase the number of persons covered by health insurance to improve access to well-woman care
15. Improve continuity of care among insurance plans

## **Which of these strategies do you think are foundational – meaning the most important/ best place to start in order to work on other strategies.**

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## Discussion question

Are there strategies already underway in your community that you think should be included in this discussion?

## Discussion question

Are there strategies missing from this list?  
If yes, what are they?

# Polls

## From your perspective, and thinking about your community, which strategies would you like to see Title V invest in? (choose 3)

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## Are there strategies that are less relevant for Oregon's maternal and child health work, and could be eliminated? (Choose up to 3)

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# Webinar Evaluation

- How well did this webinar accomplish its purpose?
  1. Not at all
  2. A little
  3. Somewhat
  4. Well
  5. Very well
- What went well with this webinar?
- What should we do differently for the upcoming webinars?
- Any other comments?

## Next steps

- **November:** Webinar feedback will inform the list of strategies
- **November-December:** Survey will gather more input on strategies across all MCH Title V priority areas
- **November-January:** Implementation guidelines and proposed measures will be developed by Title V state and local leads, CLHO HF and state MCH staff/consultant
- **February:** Title V grantees will meet to discuss and refine the menu of strategies and proposed measures for local implementation
- **March:** Local Title V grantees will choose priorities and strategies to include in work plans

# Ideas? Questions?

## General Title V questions:

- Nurit Fischler, Title V Coordinator [nurit.r.fischler@state.or.us](mailto:nurit.r.fischler@state.or.us)
- Cate Wilcox, Title V Director [cate.s.wilcox@state.or.us](mailto:cate.s.wilcox@state.or.us)
- MCH Title V website: <http://Healthoregon.org/titlev>

## Well Woman Cate priority and strategy work:

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