



KANSAS
MATERNAL &
CHILD HEALTH

Kansas Maternal & Child Health Council

JANUARY 17, 2018 MEETING



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Welcome Approval of Minutes

CONNIE SATZLER, ENVISAGE



Care Coordination Model & Birth Defects Program

KAYZY BIGLER, KDHE SPECIAL HEALTH SERVICES

ANNIE GILE, KDHE BIRTH DEFECTS PROGRAM



Special Health Care Needs

CARE COORDINATION

KAYZY BIGLER

Care Coordination

Care Coordination.....Why?

- **Top Priority** identified by providers, SHCN families and consumers
- **Not another care coordinator**, but one to assist families in coordinating all providers and services
- **Holistic approach** – meeting the individual/family where they are at



Care Coordination

Care CoordinationHow?

- Began researching different models in 2014
 - Holistic perspective
- Participated in the Medicaid Health Home meeting
- Brainstorming sessions – internal and clinic staff
- Boston Children's Hospital Care Coordination project
 - TA
 - Modify version



Care Coordination

Care CoordinationWhat?

➤ Defined by the Family Advisory Council as:

“Patient and family-centered approach that utilizes team-based and assessment activities designed to meet the needs of children and youth while enhancing the capabilities of families. It addresses interrelated medical, behavioral, educational, social, developmental, and financial needs to achieve optimal health.”

Care Coordination

Care Coordination.....What?

➤ Partnering with individuals and families

➤ Initial assessment

➤ Covering 5 areas

1. Medical
2. Educational
3. Social
4. Financial
5. Legal

Three care levels
Level 1: mild
Level 2: Moderate
Level 3: High

Yearly assessments occur to determine level change

Care Coordination

- Rooks
- Meade
- Morris
- Miami
- Ottawa
- Wyandotte
- Barton
- Crawford
- Saline
- Hays
- Nemaha
- NEK
- Stevens
- Topeka

Care Coordination.....Who?

SHCN Satellite Offices – SFY 2018



We are currently looking for a Satellite Office in the SW Region. In the meantime, this region is being covered by the Topeka office.

Care Coordination

Care CoordinationWhen?

- Recruited Satellite office across the state – 14
- Training:
 - Introduction webinar -June
 - Two day in-person training – July
 - Weekly webinar trainings – August to September
 - Brain Trust calls – October to December
 - Site Visits – August-October
 - Monday-Friday TA support from Topeka staff



Care Coordination

Care Coordination.....Where?

- Satellite offices began providing care coordination services October 1, 2018
- Clients are assigned Care Coordinators within their geographical area
- Monitoring and tracking – Topeka

Questions?



Birth Defects Program



Annie Gile BS, CHES
Birth Defects Program Coordinator
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www.kdheks.gov/bfh/birth_defects.htm

Our Mission: To protect and improve the health and environment of all Kansans.



Objectives

Introduce Program

- Background
- Current Mission
- Program Goals

Discuss Importance of Collaboration

- Gain Feedback on Opportunities

Our Mission: To protect and improve the health and environment of all Kansans.



Program Background

1979: Kansas began collecting information

1985: Earliest year of available data

2004: Required reporting/information system K.S.A. 65-1,241 thru 65-1,246

2010: Expanded list of reportable conditions K.A.R. 28-4-520 through 28-4-521

2016: CDC Funding awarded (Zika Grant)

2017: Program Coordinator position filled

Our Mission: To protect and improve the health and environment of all Kansans.



Current Mission

To create a seamless system of data collection and analysis, collaborative research, follow-up interventions, and birth defects prevention and education efforts to better serve children up to age 5 who are identified through the program and to improve outcomes for Kansans.

Our Mission: To protect and improve the health and environment of all Kansans.



1: Data Collection & Analysis



Vs.



Passive:
case reports are submitted by birthing facilities and providers to the surveillance program.

Active:
surveillance staff seek out cases at birthing facilities and specialty providers' offices.

2: Collaborative Research

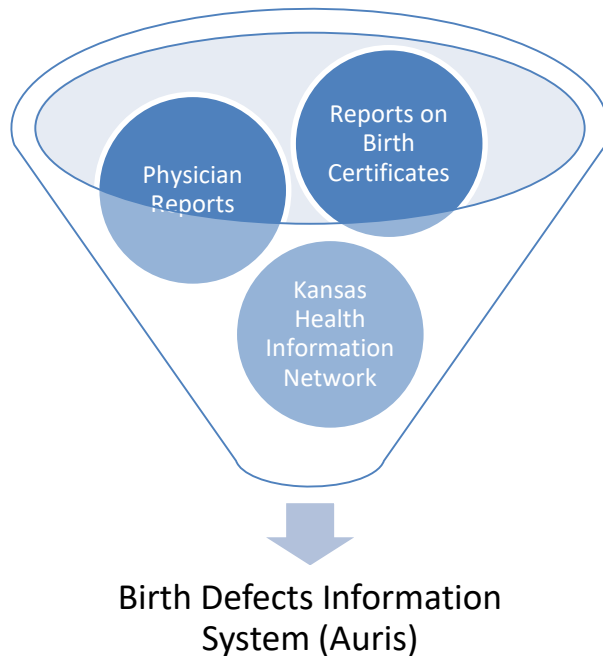
- Kansas Environmental Public Health Tracking
- National Birth Defects Prevention Network (NBDPN)
- National Center on Birth Defects and Developmental Disabilities (NCBDDD)



Our Mission: To protect and improve the health and environment of all Kansans.



3: Follow-Up Interventions



- **Birth Defects Information System synchronizes reports from different data sources**
- **External vendor currently conducts case verification and medical record review for potentially Zika-related cases**
- **For confirmed/eligible cases, refer to support services (SHCN, Infant-Toddler Services, KS Home Visiting, etc.)**

4: Prevention & Education



Short Term Goals:

- Establish partners in a coordinated prevention effort
- Educate partners and public to help raise social awareness
- Link impacted families with support networks

Intermediate Goals:

- Create a standard protocol of sharing prevention messaging in a coordinated way
- Evaluate effectiveness and adapt as needed

Long Term Goals:

- Capacity for evaluation of the economic impact on communities and program

Working Together

“Partnerships among public and private organizations at all levels of government (federal, state, local) are essential for the development and implementation of a successful birth defects surveillance system.”

**-Deborah Klein Walker, Bureau of Family and Community Health,
Massachusetts Department of Public Health, Boston, MA**

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Discussion



Program Goals:

1. Data Collection & Analysis
2. Collaborative Research
3. Follow-Up Interventions
4. Prevention & Education

Our Mission: To protect and improve the health and environment of all Kansans.



Questions



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Perinatal Quality Collaborative/ NAS & Maternal Mortality Review Launch

SARAH FISCHER, KDHE CHILDREN & FAMILIES



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Neonatal Abstinence Syndrome (NAS) & The Kansas Perinatal Quality Collaborative (KPQC)

NAS in Kansas

Between 2000 and 2014, the incidence of NAS in Kansas increased almost 900%.

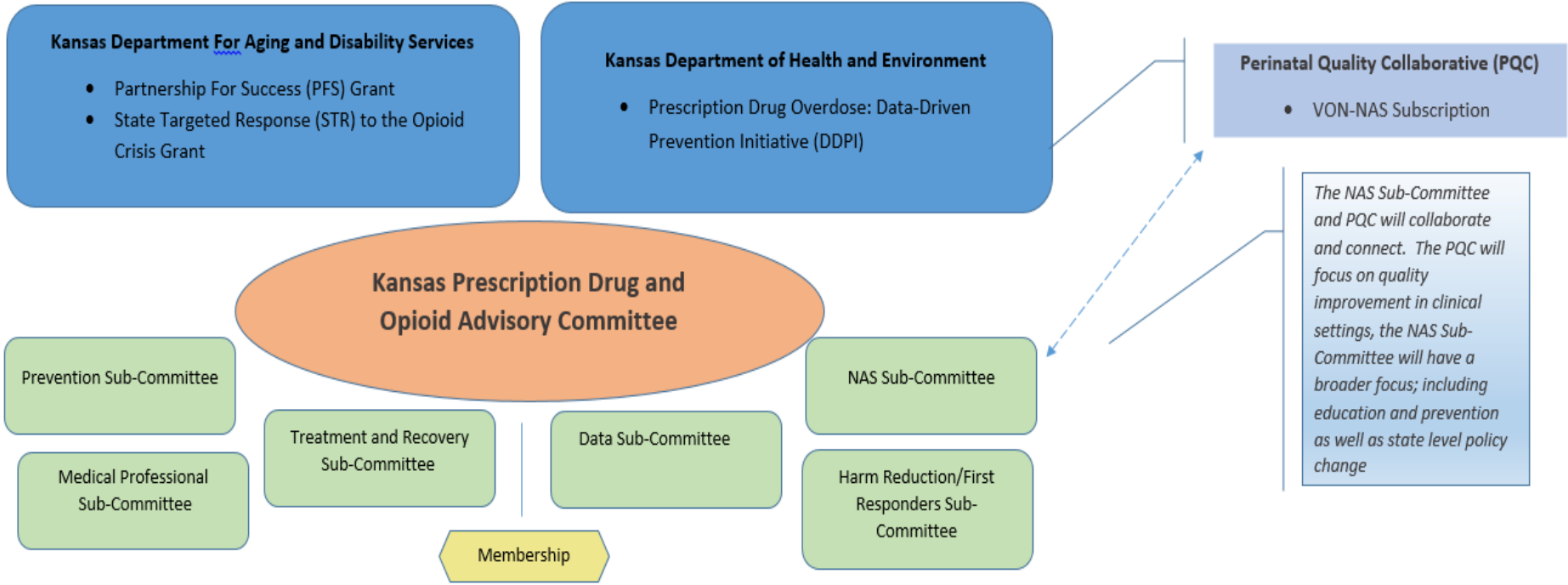
Although the incidence rate is lower in Kansas compared to other states, the increase in incidence for Kansas is much higher than national estimates (i.e., 300%).

This means that the occurrence of NAS diagnoses are steadily increasing among newborns in Kansas.

Two Key Focus Areas

1. Prescription Drug and Opioid Prevention, Education, Practice and Policy Change
 - The KS RX Drug and Opioid Advisory Committee
 - NAS Sub-Committee

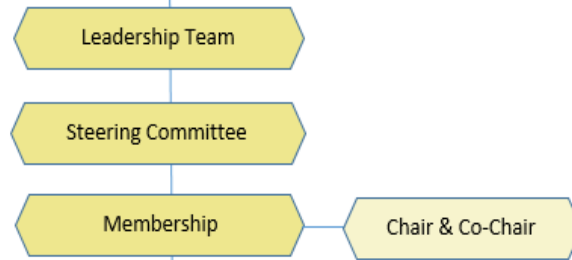
2. Clinical Quality Improvement and Education
 - KS Perinatal Quality Collaborative
 - Vermont Oxford Network (VON) Universal Training Program



Kansas Department of Health and Environment	Kansas Department for Aging and Disability Services	Kansas Child Death Review Board
Kansas Board of Pharmacy	Kansas Foundation for Medical Care	American Association of Oral and Maxillofacial Surgeons
Kansas Department for Children and Families	Kansas Department of Corrections	Kansas Dental Board
DCCCA	The University of Kansas Health System - Poison Control Center - Project ECHO-Pain Management - Methadone Clinic - Department of Anesthesiology and Pain Medicine	Board of Emergency Management Services
Kansas Hospital Association	Shawnee County Chronic Pain Collaborative	Kansas State Board of Nursing
Greenbush, SE KS Education Service Center	Kansas State Board of Healing Arts	Prairie Band Pottawatomie Tribe
Valley Hope	Kickapoo Social Services	Iowa Tribe of Kansas and Nebraska
Kansas Pharmacists Association	Pfizer	Kansas Bureau of Investigation
Sunflower Health Plan	Kansas Association of Chiefs of Police	Kansas Sheriffs Association
Kansas Attorney General's Office	Topeka Police Department	

Kansas Perinatal Quality Collaborative

The purpose of the Kansas Perinatal Quality Collaborative (KPQC) is to make Kansas the best place to be born and to be a mother. Its mission is to improve Kansas' maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence based practice, and quality improvement processes.



Kansas Prescription Drug & Opioid Advisory Committee

- NAS Sub-Committee

The NAS Sub-Committee and PQC will collaborate and connect. The PQC will focus on quality improvement in clinical settings, the NAS Sub-Committee will have a broader focus; including education and prevention as well as state level policy change.

Kansas Department of Health and Environment	American Congress of Obstetricians & Gynecologists	Midwives
Kansas Department for Children and Families	Kansas Foundation for Medical Care	Family Physicians
Kansas Department for Aging & Disability Services	The University of Kansas Health System	Perinatologist
Kansas Hospital Association	Children's Mercy Hospital	Neonatologists
Kansas Healthcare Collaborative	Shawnee Mission Medical Center	Obstetricians
Kansas Medical Society	Wesley Medical Center	Gynecologists
American College of Nurse Midwives	Providence Medical Center	Pediatricians
American Academy of Pediatrics	Stormont Vail Regional Medical Center	Public Health
Managed Care Organizations	Overland Park Regional Medical Center	Home Visitors
Kansas State Board of Nursing	Birth Centers	Early Intervention Specialists
Kansas Breastfeeding Coalition	Birthing Hospitals (rural, urban)	Kansas Tribe(s)
Federally Qualified Health Centers	Mental Health Centers	KIDS Network of Kansas

Sub-Committee

Sub-Committee

Sub-Committee

Sub-Committee

Wichita State University

- Lead agency for PQC staffing, membership and related efforts
- VON Implementation/support

Kansas Department of Health and Environment

- Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI)
- Title V Maternal & Child Health Program



Next Steps

- Subscribing to the Vermont Oxford Network (VON); recruit birthing hospitals to participate in program
- Convening the KPQC
- Finalizing goals and objectives for the statewide advisory committee's strategic plan
- Implement strategies as identified in the strategic plan



Kansas Maternal Mortality Review Committee

Maternal Mortality Review

An increasing national and state trend in maternal and pregnancy related/associated deaths indicates the need to conduct maternal mortality review in order to gain insight into the medical and social factors leading to these events and to prevent future occurrences.

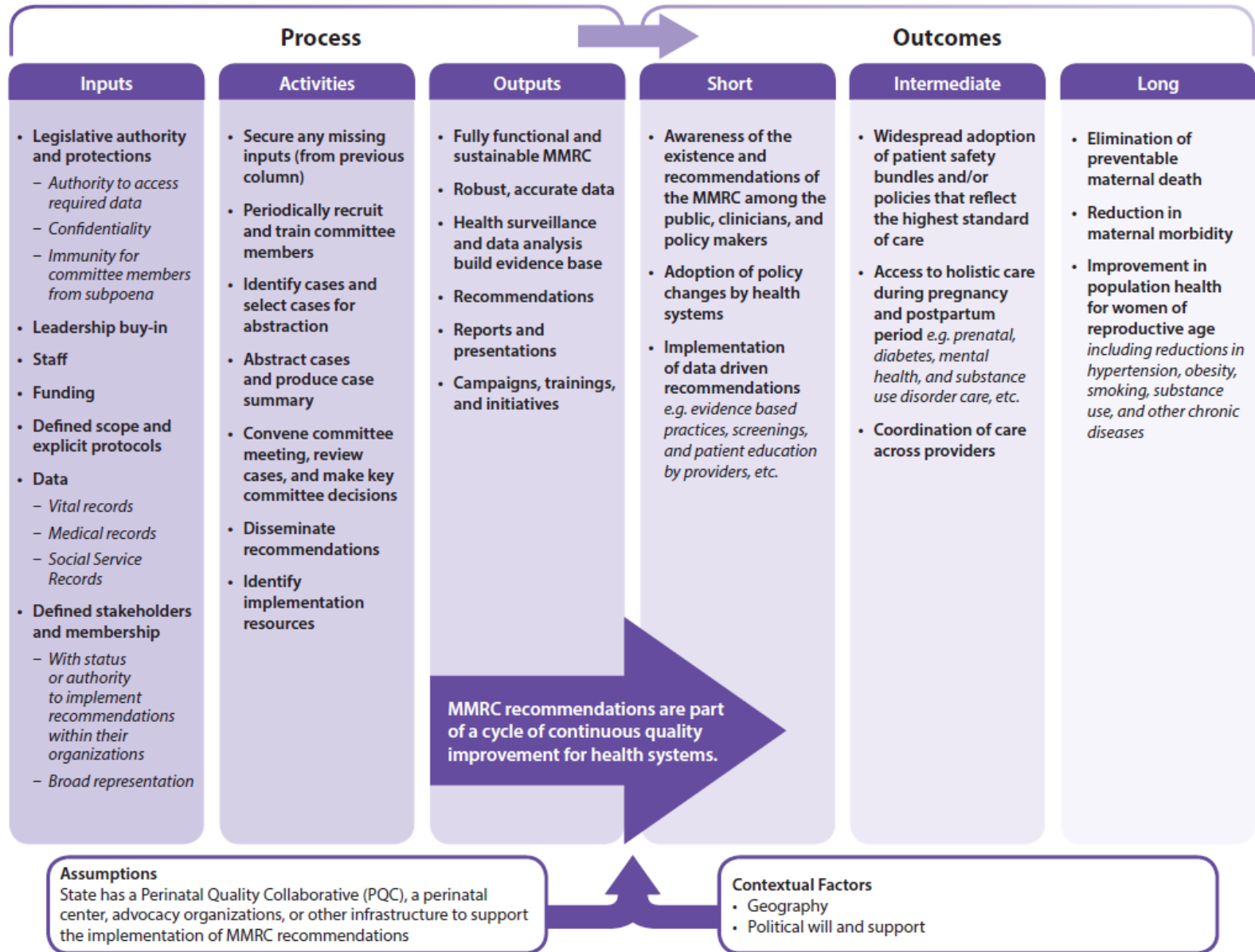
Goals of Maternal Mortality Reviews

- Perform thorough record abstraction in order to obtain details of events and issues leading up to a mother's death.
- Perform a multidisciplinary review of cases to gain a holistic understanding of the issues.
- Determine the annual number of maternal deaths related to pregnancy (pregnancy related mortality).
- Identify trends and risk factors among pregnancy related death in Kansas.
- Recommend improvements to care at the individual, provider, and system levels with the potential for reducing or preventing future events.

Goals of Maternal Mortality Reviews

- Prioritize findings and recommendations to guide development of effective preventive measures
- Recommend actionable strategies for prevention and intervention.
- Disseminate the findings and recommendations to a broad array of individuals and organizations.
- Promote the translation of findings and recommendations into quality improvement actions at all levels.

Maternal Mortality Review Committee Logic Model



The Committee will review:

- Maternal Deaths-The death of a woman while pregnant and within 42 days of termination of pregnancy
- Pregnancy-Associated Death-The death of any woman, from any cause, while pregnant or within one calendar year of termination of pregnancy

Six Key Decisions

1. Was the death pregnancy related?
2. What was the cause of death?
3. Was the death preventable?
4. What were the critical contributing factors to the death?
5. What are the recommendations and actions that address those contributing factors?
6. What is the anticipated impact of those actions if implemented?

Kansas Maternal Mortality Review Committee



- 25-30 members
 - Geographically diverse
 - Representing various specialties, facilities, and systems that interact and impact maternal health
- First meeting to be scheduled in late March/Early April

Review to Action

www.reviewtoaction.org

Review to Action is a resource developed by the [Association of Maternal and Child Health Programs \(AMCHP\)](#) in partnership with the [CDC Foundation](#) and the [CDC Division of Reproductive Health](#).

The objectives of Review to Action include:

- Assist states without a MMRC in gathering resources, tools, and support to build political and social will to establish a review committee;
- Connect states with a MMRC to their peers to share forms, processes, procedures, and strategies to build capacity to conduct reviews and translate findings into action;
- Raise awareness of the critical role maternal mortality review committees play in eliminating preventable maternal deaths and promoting the health and wellness of expecting and new mothers.

For More Information:

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Kansas Department of Health and Environment

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Substance Abuse and Mental Health: MCH's Role

SARAH FISCHER, KDHE CHILDREN & FAMILIES

LISA CHANEY, GREENBUSH



Lunch & Networking



MCO Partnership: Updates and Next Steps

RACHEL SISSON, KDHE

CONNIE SATZLER, ENVISAGE



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Domain Group Work

Domain Group Assignments

Women & Maternal Health

- Priority 1 (WM)
- Priority 6 (CC)

Facilitators: Stephanie & Diane

Child Health

- Priority 3 (C)
- Priority 7 (CSHCN)

Facilitators: Kayzy & Debbie

Perinatal & Infant Health

- Priority 4 (PI)
- Priority 2 (CC)

Facilitators: Carrie & Tamara

Adolescent Health

- Priority 5 (A)
- Priority 8 (CC)

Facilitators: Elisa & Connie

Domain Group Work

1. Review Discussion from Last Meeting, Information Gathered Since Previous Meeting
2. Domain Group Objectives
 - Building on the discussion from and progress since the last meeting, identify 1-2 opportunities to move forward that align with the Title V Action Plan and note how this will help advance the plan.
 - Clearly outline the next steps to advance this work.
 - Assign a lead person for the work and identify who else from the small group will be involved in the work. (Note: The lead person should NOT be a KDHE staff member.)
 - Identify key players to assist Title V in this collaborative work. If not part of Council or Domain workgroup, how can/should they be engaged?
 - Identify immediate, short-term, and intermediate objectives.

Domain Group Work

- **Immediate Objectives: between this meeting and the next**
 - May include contacting MCOs/partners, gathering and compiling additional information (policy, research, etc.), clarifying policies or services offered, reaching out to partners and stakeholders for additional examples and recommendations, drafting resources that could be shared with providers or families, etc.
- **Short-Term Objectives: within the next 6 months**
 - May include developing, refining, or collecting resources to share; promoting services; increasing awareness; disseminating information; small changes, test implementations or pilots on a small level or in a single organization or community; etc.
- **Intermediate Objectives: with the next 2+ years**
 - May include broader dissemination of information; changes in programs, services, or policies; broader implementation of best practices; system changes; etc.

Ground Rules

1. Stay present (phones on silent/vibrate, limit side conversations).
2. Invite everyone into the conversation. Take turns talking.
3. ALL feedback is valid. There are no right or wrong answers.
4. Value and respect different perspectives (providers, families, agencies, etc.)
5. Be relevant. Stay on topic.
6. Allow facilitator to move through priority topics.
7. Avoid repeating previous remarks.
8. Disagree with ideas, not people. Build on each other's ideas.
9. Capture “side” topics and concerns; set aside for discussion and resolution at a later time.
10. Reach closure on each item and summarize conclusions or action steps.



Help Me Grow Kansas Update

HEATHER SMITH, KDHE



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KMCHC Member Announcements

KDHE & KMCHC MEMBERS



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Next Meeting Date

APRIL 18, 2018



Closing Remarks

DENNIS COOLEY, MD, CHAIR