 **Perinatal/Infant Domain *Recorder: Tamara (Thomas) Jones Facilitator: Carrie Akin***

| **Gaps and Challenges Around** **Alignment Opportunities** | **Action Items for Collaboration and/or Improvements** | **Next Step Responsibility:****Who? By when?** |
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| **MCH Topics Addressed:** Breastfeeding, Safe Sleep, Tobacco Cessation **Related Plan Items:** NPM4, SPM4, Objectives 4.1.2 and 4.1.5 |
| Streamlining the information -Letting mothers know information on insurance choices and benefits so they can make informed decisions – Many women are assigned a plan if since many do not choose while at the hospital once the baby is delivered – possibly too busy with other things.  **Communication** - Hard to get into contact with MCOsCollaboration with doctors needs improvement Consistent education messaging by MCOsBreastfeeding support if issues arise - how to help mothers by providing skilled lactation care – 1on1 counseling that is reimbursable Single breast pumps given by MCOs – not effective double breast pumps are better for working moms who have a limited amount of time to pumpAll 3 MCO’s offer both single and double electric pumps. We do not feel this is a concern so long as the mothers are counseled on which type of pump is most appropriate for their situation. The KBC does not recommend changes in breast pump coverage in our state. (Michelle Sanders)MCOs needs to educate providers on reimbursement of lactation servicesPolicy change is needed – Christy Schunn Educate the support group of the mom- grandparents, partner Exploring telehealth/telemedicine – for lactation consultations – potentially cost effective RFP for KanCare 2.0 – include home visits within 72 hours and address tobacco, safe sleep, breastfeedingInclude discharge information about retroactive medical coverage and medical plans (patients rarely choose, but are assigned)– fear of paying fees w/o medical card – doesn’t go to the doctor until cards are received MCO recommendations vs AAP – MCO schedule not standard of care – starts well visits at 2 monthsNot enough providers who accept Medicaid NO baby boxes! Need more evidence, however may hospitals and agency are flocking to this fad. How do get the baby in their own bed? – Education in the hospital/ home visitors or any influencers Need tobacco incentive programs – evidenced-based & multi-pronged PHQ-9 vs Edinburgh (Postpartum depression) – Why does one MCO promoting PHQ-9, while others are promoting Edinbugh? (KDHE promotes Edinburgh)Nicotine replacement therapy should be an incentive for ALL MCOs, not just one and should include incentives in the program.  | Change policy to double entry pumps? Duplication between WIC, MCO with free pumps and education and baby showersReimbursement for skilled lactation care Outcome based baby showers targeting high risk mothers with the following outcomes:-safe sleep-breastfeeding-tobacco cessationBaby showers – do away with only marketing to members and be more collaborative in nature with community partners and be sure to be outcome-based: Pre/post-test assessing intention and knowledge of resources (at least 3).Additional research is needed on Baby Boxes before recommendations can be made for their use. No action needed on Baby Boxes at this time. (Michelle Sanders & Brenda Bandy)Include coverage of breastfeeding support in RFP 2.0 to provide clinical breastfeeding support beyond what can be provided by online sources, WIC and volunteer organizations.Educate providers about CPT codes for lactation so they can get reimbursed for their servicesTrain MCO nurses/OB navigators to help mothers select the appropriate breast pumps for their situationNo need to duplicate with Kids Network. Incorporate breastfeeding info. including local breastfeeding coalitions, in all baby showers. See MOU between KIDS Network and KBC as an example of how this could be worded. | Share with MCOs and other community baby shower hosts outcome based education items on safe sleep, breastfeeding and tobacco cessation to be included in all community baby showers. Work with Christy Schunn and other P/I group members to develop dissemination and promotion plan. Possibly a Lunch and Learn.KMCHC will share AAP, NICHD and CPSC recommendations for a safety-approved crib as safe sleep environments until academic research supports use of baby boxes as a safe sleep environment by putting it on the website and sharing this knowledge to stakeholders in the community. Work with WIC to document gaps/needs in breastfeeding support coverage. Discuss needs with MCOs and determine feasibility of additional MCO coverage to help fill gaps.Work with Sharon Johnson (KDHE, Division of Health Care Finance) and other KDHE staff to educate providers/clinicians about CPT codes for lactation services so they can be reimbursed for their services.MCOs to train their RNs/OB navigators to identify breastfeeding challenges and refer members to appropriate resources in their community to obtain further support and skilled lactation care, when it is needed. Educate community partners of this resource via various ways: conferences, listserv, social media, KMCHC website, etc. |