

NCIOM Task Force on a Perinatal System of Care

Task Force Meeting 2: Welcome & Discussion Recap

Robert Kurzydlowski, JD, MPH

Project Director

February 1, 2019

Agenda

Morning:

- Discussion Question Review
- Spotlight Series
- Background Information:
 - Levels of Care in NC (Neonatal)
 - AAP Neonatal Levels of Care Guidelines
 - ACOG Maternal Levels of Care

Afternoon

- LOCATe Tool
 - Background and Current use efforts
 - Utilization of tool in NC
- Group Discussion



TF Meeting 1: Discussion Question Review

- What kind of service gaps have you experienced with our current perinatal system of care?
- Please share some situations that lead you to request/facilitate transportation services in the past? (To a higher or lower level of care) What was your experience like? Were there set procedures in place?
- What are some obstacles you face when ensuring your patients/clients receive the appropriate level of care? (Ex: Distances between levels of care offerings, resources for consumers to travel with their infant, etc.)
- What are the biggest disparities you see in access to care?



1. What kind of service gaps have you experienced with our current perinatal system of care?

Lack of Care in Rural Areas

Labor & Delivery Units Closing

Medicaid Transformation

- Education/Support Available surround new & additional resources
- Participation Providers, or lack thereof
- Transport Services
 - Are they available?
 - How is utilization determined?
- Linking Care (Care Management) between all services
- Delay in coverage/Coverage Gap

Transportation Services

- Back transport to community
- Resources for public transportation to prenatal and postpartum care
- Burden on traveling for high risk care
 - Transportation to and from
 - Lodging
 - · Meals, etc.
- EMS/ Ambulances Services
 - Is there a contracting system
 - Regulations/Guidance for determining where they take patient for care?

Referrals

- System to System
 - Hospital guidance?
 - Provider choice?
 - Patient input?

• Staff Shortfalls (all, including providers)

- Education
 - Where does care begin?
 - Gatekeepers
 - Consistency/Follow-up
 - Training on importance of woman receiving prenatal and postpartum care
 - Appointment reminders/Assistance in locating resources to make appointment

Resource Efforts

- Quantity of Staff
- Ability to provide follow-on referrals
 - Mental/Behavioral health
 - Trauma informed care
 - Substance abuse care



1. What kind of service gaps have you experienced with our current perinatal system of care?

- Lack of Relationship Building
 - Communication Efforts
 - Trust Building
 - Patient & Doctor
 - Trusting relationship =
 More willing to ask for help
 = appropriate referral
 services obtained
 - Provider & Provider
 - Collaboration on Services
 - Continuity of Services
 - Difficulty in finding highrisk/specialty care vs. fear of high risk care

- Potential uses for Telemedicine
- Data Needs
 - Need input
- Babies in Foster Care
- Need for Community Support and Promotion of it
 - Social
 - Patient reassurance
 - Centering Services
 - Support for other family members
 - Access to translation services
 - Patient education and rights
 - Importance of prenatal and postpartum care
 - Postpartum: combatting the fear and stigma of asking for help

- People that are undocumented
- Lack of Patient Centered Care
 - Patient Rights
 - Coverage Gap
 - Patient Reassurance
 - Patient Education
 - Mom-Baby dyad
 - Lack of advocacy for patients rights/demands
 - Women not feeling like they have a voice
 - Absence of Care Team mentality



2. Please share some situations that lead you to request/facilitate transportation services in the past? (To a higher or lower level of care) What was your experience like? Were there set procedures in place?

- Lack of a centralized/regionalized transport system
 - Questions around the old call-in system (now unfunded?)
 - Vague procedures in place
- Lack of trust by providers of true level of care

- Incentive issues
 - Are there higher reimbursement levels for hospitals that hold themselves at higher levels of care?

Back Transport

- No financial sense to bring back
- Lack of trust by treating hospital to bring back

Medicaid

- Requirements for same day transfer
- Regulations on transport
 - Who can be transported?
 - Resources available once transported?
 - For families
- Agreements with community level hospitals
 - Level 3 & 4 Hospitals

Determination of Location of Transport

- Between hospital systems?
- Determined by contracts?
- Patient voice in matter?
- Are closer hospitals with same capability of services being skipped over?



3. What are some obstacles you face when ensuring your patients/clients receive the appropriate level of care? (Ex: Distances between levels of care offerings, resources for consumers to travel with their infant, etc.)

- Lack of Trust by providers in regard to true levels of care
- Social Determinants of Health
 - Transportation availability
 - Childcare
 - Lodging/Meal Expenses
- Timing of Care
 - Unable to miss work
 - Coordination among families
 - Staff appointments don't align with best time for patient appointments
- Care/Case Management
- Uninsured

- Lack of standardization in provider reporting
- Issues between sharing information on EHRs
 - Accessibility between providers/caregivers
 - Staff education on use
- Lack of trust between providers and patients
- Financial Barriers & Cultural Barriers
- Community Support
- Hiring, training and retaining transport teams

- Identifying high risk mothers/infants ensure correct levels of care
- Education on levels of care/common health concerns leading to high risk pregnancies
- Awareness of Resources
- Acceptance of Medicaid
 - Waiting periods
- Lack of resources at hospitals for families traveling to higher level of hospital
 - Distance; Lodging; Meal Vouchers; Child Care



4. What are the biggest disparities you see in access to care?

- Resources available to accessing appropriate levels of care
- Woman's voice not being heard
- Importance of health literacy & education
- Lack of patient support/navigators
- Difficulty in finding providers
- EMS Education on importance of patient history
 - Some sort of medical card for pregnant women/women who have recently delivered

- Lack of provider/clinic/staff/clinical team follow-up on scheduling appointments and reminders
- Labor and Delivery Units being shut down in rural areas
 - Economies of scale
- Social supports
- Cultural competence
- Facilities not conducive to mom with multiple children and having appointment

- Getting mothers to the resources needed to continue postpartum care after 6 weeks
- Availability of Telemedicine
- Lack of positive interactions with providers
 - More personalized care
 - Care begins at first phone call
 - Forms trusting relationship

