

IMPLICIT ICC:

Improving Birth
Outcomes through
Interconception Care at
Well Child Visits

Narges Farahi, MD
Director of Maternal and Child Health Services
UNC Department of Family Medicine
Health Equity Committee, IMPLICIT Network

Outline:

- Context
- Background of IMPLICIT Network
- IMPLICIT ICC model of interconception care
- IMPLICIT Network Data
- Implementation of the IMPLICIT model at sites
- Discussion/questions



The Problem:

- Preterm birth and birth defects remain unacceptably high
- Maternal mortality in U.S. is rising
- Every year more than 700 women die because of pregnancy related issues and about 24,000 babies die before their 1st birthday
- Early and adequate prenatal care has not been successful in reducing low birth weight and prematurity
- Many modifiable risks for poor birth outcomes occur prior to pregnancy
- <50% of pregnancies are unintended
 - Opportunities to modify risk are often not planned
- Postpartum, mothers bring children to doctors though may not seek care for themselves

Kahn and Wise, Pediatrics, 1999

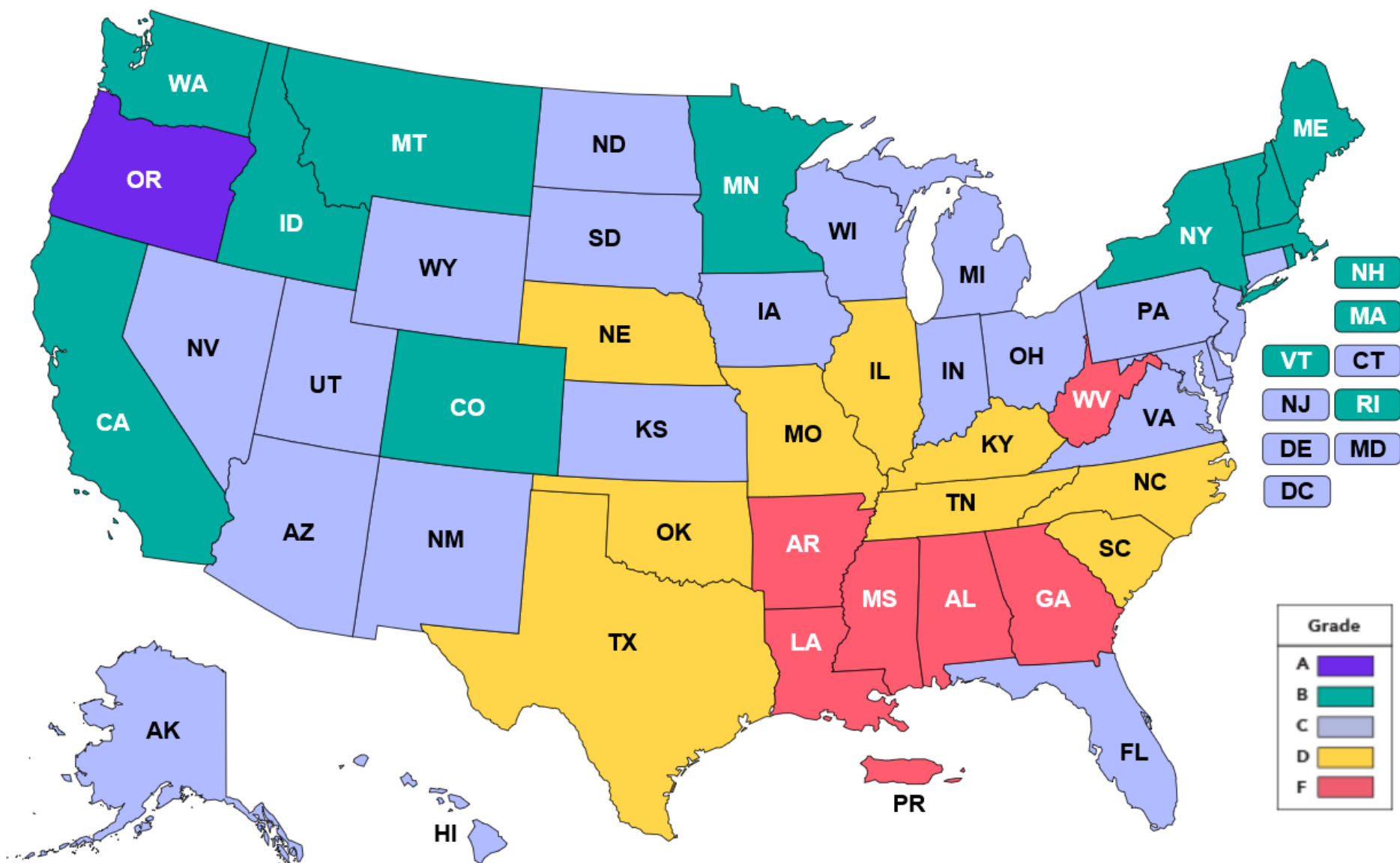
Gjerdingen et al., Ann Fam Med, 2009

Rosener et al Ann Fam Med, 2016

Centers for Disease Control and Prevention, 2016



2019 Premature Birth Report Cards



NORTH CAROLINA

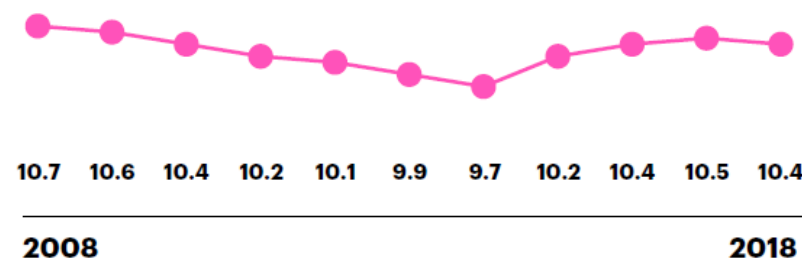
**PREMATURITY
GRADE**

D+

**PRETERM
BIRTH RATE**

10.4%

Percentage of live
births born preterm



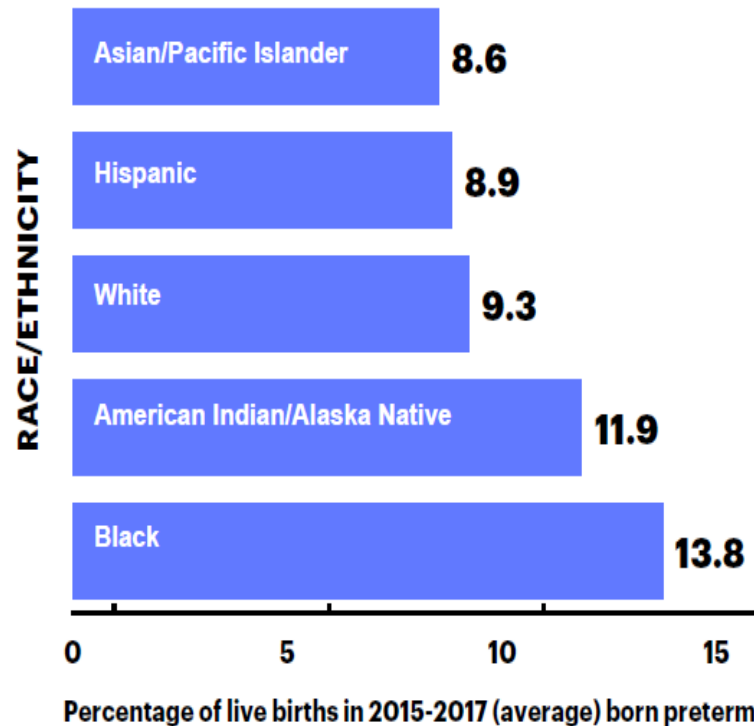
PRETERM BIRTH RATES BY COUNTIES AND CITY

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Cumberland	D-	11.2%	Improved
Durham	C-	10.1%	Worsened
Forsyth	F	12.6%	Worsened
Guilford	D	10.8%	Worsened
Mecklenburg	C-	10.3%	Worsened
Wake	B	8.9%	No change

NORTH CAROLINA

PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.



In North Carolina, the preterm birth rate among black women is 48% higher than the rate among all other women.

DISPARITY RATIO:

1.28

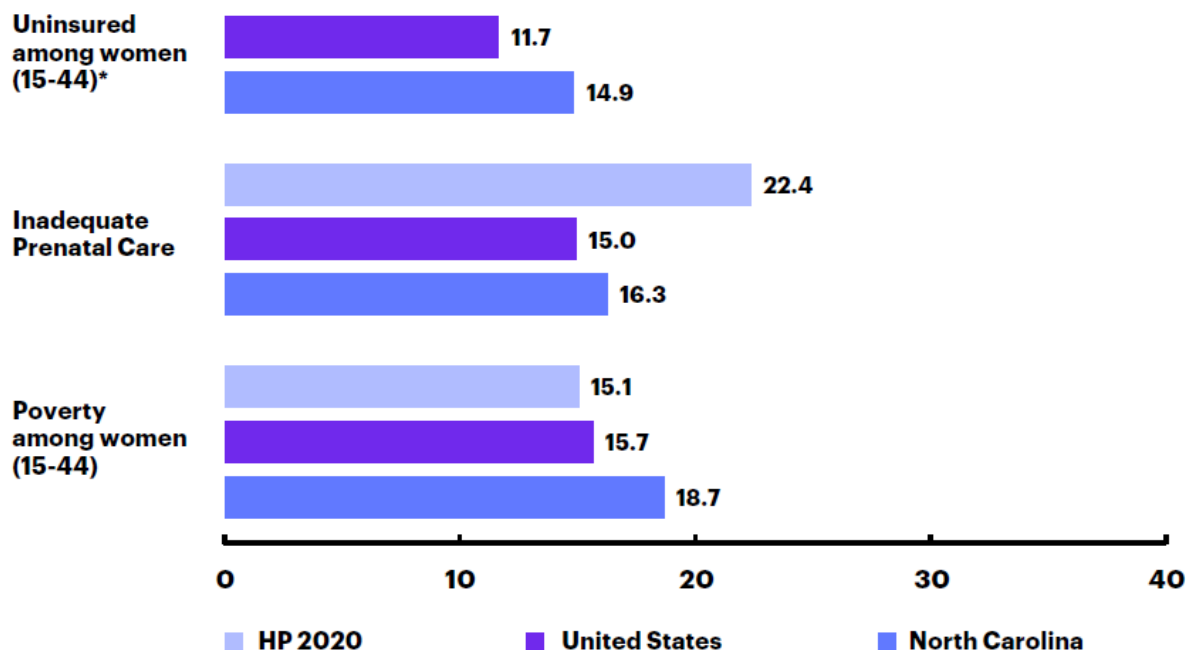
CHANGE FROM BASELINE:

No Improvement

NORTH CAROLINA MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

SELECTED SOCIAL DETERMINANTS OF HEALTH

Our unequal society has negative consequences for health. Factors such as these are linked to adverse maternal and infant health outcomes overall. Many other structural factors and inequities influence the health of mothers and babies, especially for Black, American Indian and Alaska Native women. For example, income, health insurance status and prenatal care access are traditionally considered protective factors, but if they are held constant, racial and ethnic disparities persist. March of Dimes is collaborating with others to confront social and structural determinants of health, while identifying solutions that help alleviate the negative impacts of such inequities.



*The Healthy People 2020 goal is for all women (15-44) to be insured.

The IMPLICIT Network



IMPLICIT Network: An FMEC Collaborative

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

Mission: The IMPLICIT Network is a family medicine maternal child health learning collaborative focused on improving birth outcomes and promoting the health of women, infants, and families through innovative models of care, quality improvement and professional development for current and future physicians



Lancaster General Health
Research Institute



With support from:
march of dimes



pennsylvania
DEPARTMENT OF HEALTH



IMPLICIT Network: An FMEC Collaborative

- Established in 2003
- Initial work *during pregnancy* (IMPLICIT Pregnancy)
- Current work *Interconception Care* (IMPLICIT ICC)
- Future work 4th Trimester (IMPLICIT 4th Trimester)



Lancaster General Health
Research Institute

With support from:



march of dimes



pennsylvania
DEPARTMENT OF HEALTH



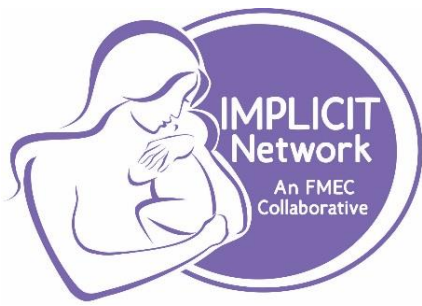
IMPLICIT Network: An FMEC Collaborative

Vision: To help create a future where mothers are fully supported to be healthy and have healthy babies

Values: The work of the IMPLICIT Network is rooted in the following core values:

- **Commitment:** Improving maternal health one woman and a time
- **Innovation:** Developing methods to improve the health of women, children and families
- **Education:** Training future physicians and health care providers to impact the maternal health in their communities
- **Collaboration:** Fostering an environment where all specialties can work towards birth equity and health equality for all





2011-2012:

- Collected Baseline data
- Implemented ICC Phase 1 with support from PA American Academy of Pediatrics \$62,500

2013:

- Received Pennsylvania March of Dimes Community Grants \$129,076 for three years
- Moved Network HUB to UPMC Shadyside

2015:

- Transitioned to Phase 2 data collection:
 - Unified Network sites
 - Simplified clinical screening questions
 - Improved data collection (especially depression)
- Established IMPLICIT Leadership Council
- Began case management to move beyond screening rates to improve maternal behaviors in Fall
- Presented during Infant Mortality COIIN webinar
- Presented at March of Dimes Prematurity Prevention Summit

2016:

- Received Pennsylvania Department of Health funding in 2016: \$665,000 for 3 ½ years
- Recommended as March of Dimes intervention for Interconception care
- Published “Interconception Care for Mother During Well-Child Visits with Family Physicians: AN IMPLICIT Network Study” in Annals Family Medicine July-August 2016

2017

- Released IMPLICIT Interconception Care (ICC) Toolkit in collaboration with the national March of Dimes
- IMPLICIT Leadership Council met and created a new identity for the Network:
 - The IMPLICIT Network- An FMEC Collaborative is a family medicine maternal child health learning collaborative focused on improving care for women, infants, and families through faculty, resident, and student development and quality improvement.
- Actively developing strategies to assess maternal behavior change

2018-2020

- Published “Delivering Interconception Care During Well-Child Visits: An IMPLICIT Network Study” in Journal of American Board of Family Medicine in March 2018
- Actively developing IMPLICIT 4th Trimester model of care
- Received Pennsylvania Department of Health funding in 2020 for 3 years
- Developing Health Disparities Initiatives for the IMPLICIT Network

IMPLICIT ICC Model Rationale:

Incorporate maternal assessments into well child visits

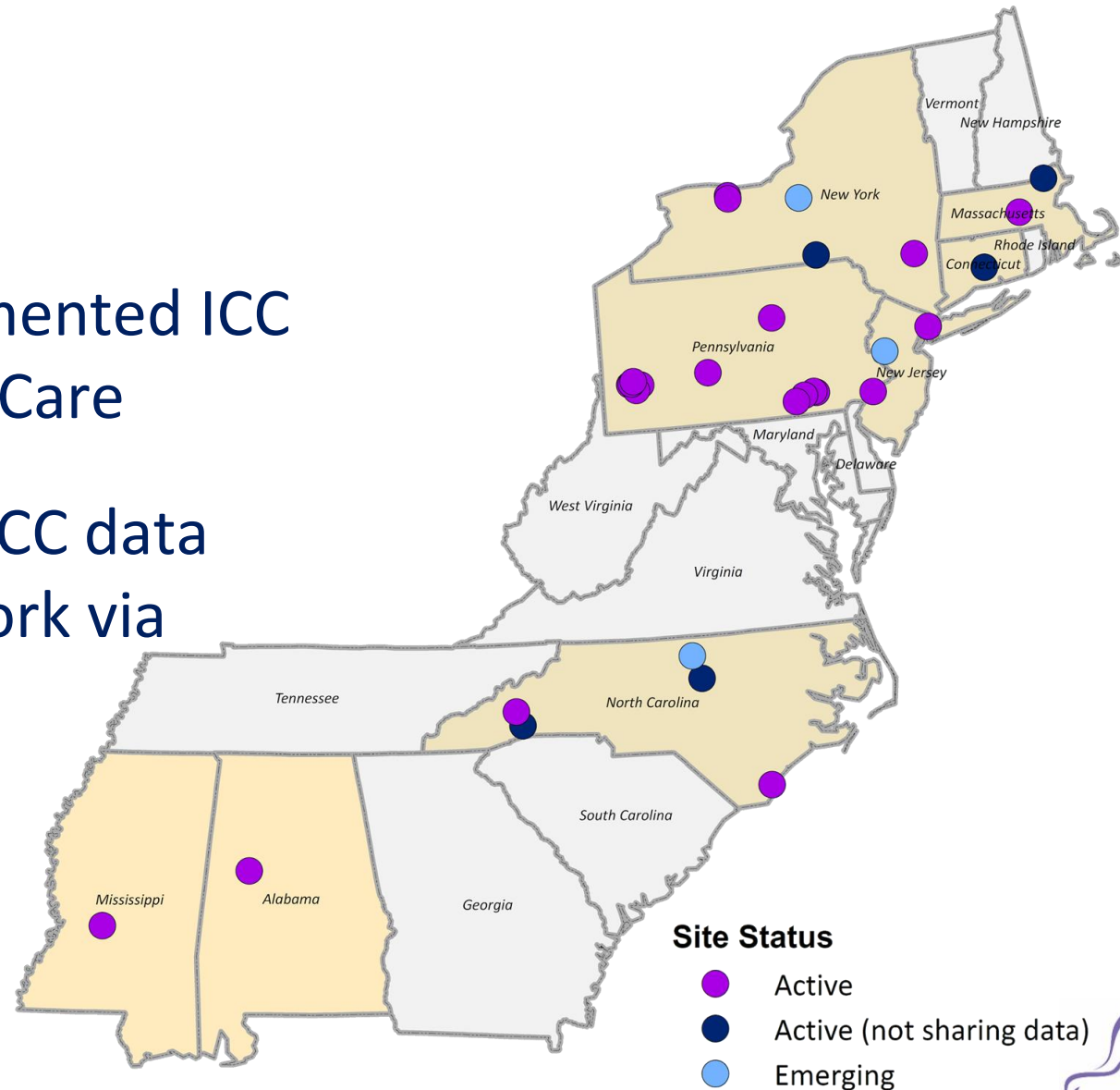
- Mothers bring children to well child visits though may not seek care for themselves
- Mother's health and behaviors directly impact child's health – positively and negatively
 - Tobacco use, depression
- Women accept inquiry and advice about own health at pediatric visits
 - Even if not their provider

Kahn and Wise, Pediatrics, 1999
Gjerdingen et al., Ann Fam Med, 2009
Rosener et al Ann Fam Med, 2016



2020 IMPLICIT NETWORK ICC SITES

- 30 sites total
- 28 sites implemented ICC as Standard of Care
- 21 sites share ICC data with the Network via REDCap



Site Status

- Active
- Active (not sharing data)
- Emerging



IMPLICIT Interconception Care (ICC) Model



**Focus on 4
behavioral risks
affecting future
birth outcomes**

Smoking

Depression

**Family planning &
birth spacing**

**Multivitamin with
folic acid use**

IMPLICIT ICC Model



IMPLICIT ICC Model: Smoking

- 20% of smokers quit during pregnancy
- 70% who quit will relapse within 6 months postpartum

- Assess maternal smoking status
- Recommend cessation using 5-As:
 - **Ask**
 - **Advise to quit**
 - **Assess willingness to quit within 30 days**
 - **Assist with ways to quit**
 - **Arrange follow-up**



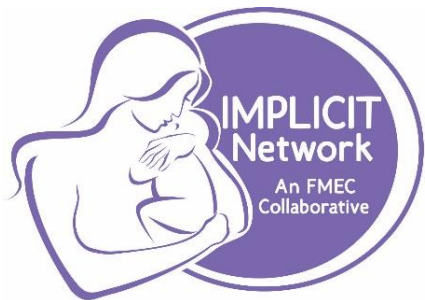
IMPLICIT ICC Model: Depression

- Symptoms occur in 20-40% of women during or postpartum
 - Depression has a peripartum recurrence of 40%
- Administer 2 question screen for depression, if positive give PHQ-9 OR administer EPDS/PHQ-9
 - If positive risk for depression
 - Assess for safety and severity of symptoms
 - Refer immediately if suicidal or homicidal ideation present
 - Arrange for follow up services



IMPLICIT ICC Model: Family Planning

- Unintended pregnancy and short interpregnancy interval increase risk of low birth weights and prematurity
 - Antenatal counseling does not show increase in postpartum contraception use
 - Many women miss postpartum visits
- Assess women for contraception use in context of Reproductive Life Planning
 - Educate about benefits of longer interpregnancy interval
 - Offer contraception or arrange appointment or referral



IMPLICIT ICC Model: Multivitamin

- Routine folic acid reduces the rates of neural tube defects by 66%
- Multivitamin w/folic acid is associated with many additional benefits for improved birth outcomes
- Only 24% of US women consume, less than 1 in 5 know

- Assess women for multivitamin with folate use
- Educate about benefits of folate and multivitamin
- Offer prescription to all women



IMPLICIT ICC Model

- ✓ Repeatedly screen mothers during WCVs from 0-24 months of age for behavioral risk factors
- ✓ Assess current risks at each WCV 0-24 mo
- ✓ Reinforce desired behaviors
- ✓ Connect with primary providers or community resources to address risks
- ✓ Provide prescriptions and/or free MVIs as needed
- ✓ Collect and analyze data
- ✓ Develop strategies to improve care delivery and patient outcomes



IMPLICIT NETWORK SITES



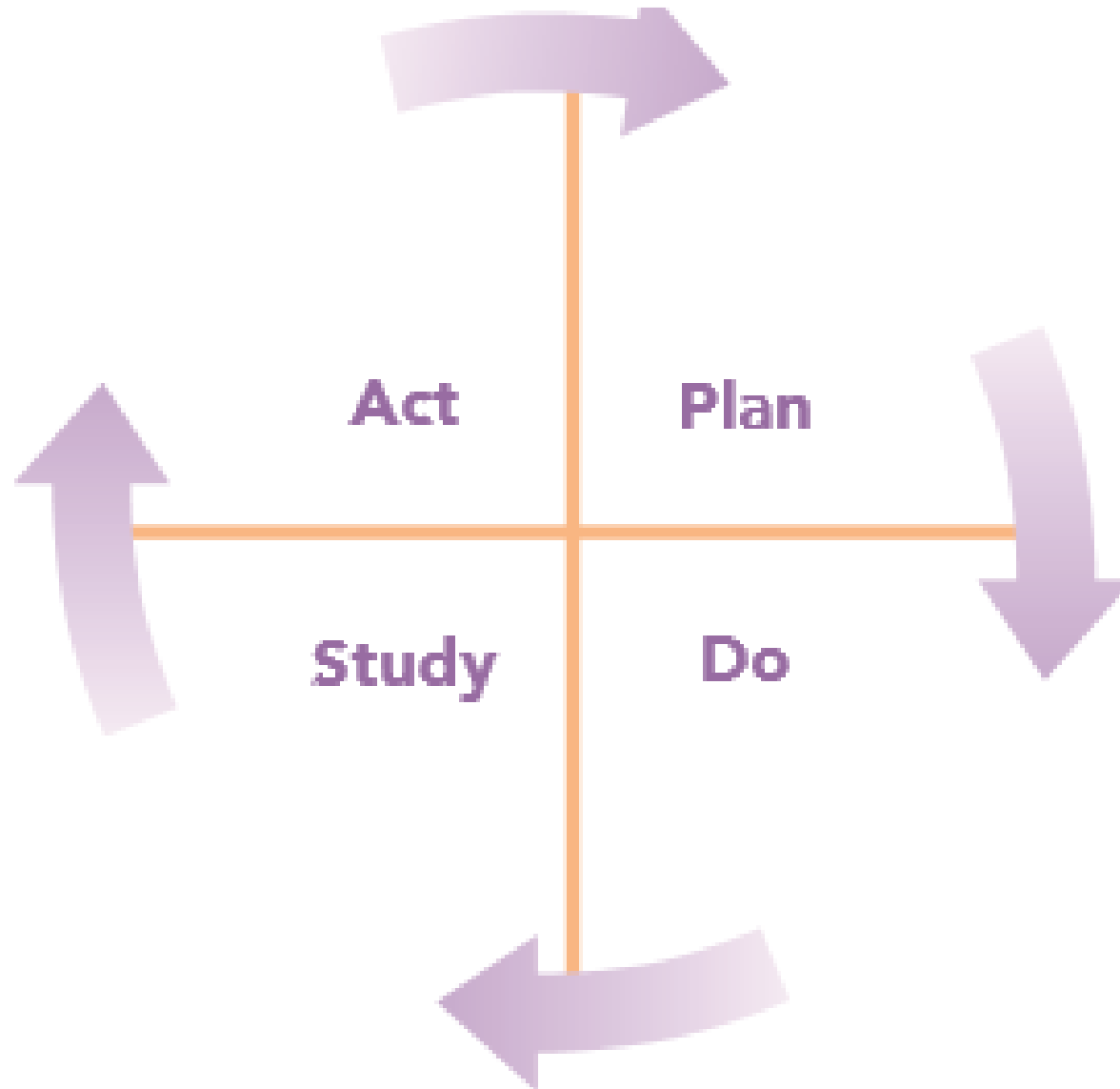
Participating Sites	State	Network Status
Anthony Jordan HC*	NY	Active- not sharing data
Blue Ridge Community HC	NC	Active
Forbes FMR*	PA	Active
Hunterdon Medical HC	NJ	Emerging
IFH Mid-Hudson Family Practice FMR	NY	Active
IFH Walton/Bronx HC	NY	Active
Lancaster General Hospital Downtown FMR	PA	Active
Lancaster General Hospital Family and Maternity Medicine HC	PA	Active
Lancaster General Hospital Twin Rose HC	PA	Active
Greater Lawrence FMR	MA	Active- not sharing data
Middlesex Hospital FMR	CT	Active- not sharing data
Mountain Area Health Education Center (MAHEC) FMR	NC	Active
New Hanover FMR	NC	Active
Penn State Hershey	PA	Emerging
UHS Wilson FMR	NY	Active- not sharing data
University of Alabama FMR	AL	Active
University of Massachusetts FMR	MA	Active
University of Mississippi FMR	MS	Active
University of North Carolina Chapel Hill FMR	NC	Active
University of North Carolina PHS Prospect Hill FMR	NC	Active- not sharing data
University of Pennsylvania FMR	PA	Active
University of Rochester Medical Center FMR	NY	Active
UPMC Altoona FMR	PA	Active
UPMC McKeesport FMR	PA	Active
UPMC Shadyside FMR	PA	Active
UPMC St. Margaret FMR	PA	Active
UPMC Williamsport FMR	PA	Active
UPMC Theiss HC	PA	Active
Upstate Medical University FMR	NY	Emerging
Wellspan York FMR	PA	Active

* HC = Health Center
FMR = Family Medicine Residency



Network Data

Quality Improvement



Participating Sites	Dates of WCV	Mom/Baby Dyads	Total WCV	WCV Mom Present Rate %	ICC Screen Rate % (includes All or Partial ICC Visits)
Anthony Jordan HC*	Jun 2016 - Jun 2018	76	96	100.0	100.0
Blue Ridge Community HC	Feb 2019 - Jul 2020	869	7,033	98.1	25.8
Forbes FMR*	Jun 2017 - Jul 2020	148	346	96.5	99.4
IFH Walton/Bronx HC	Apr 2017 - Aug 2019	999	3,539	92.6	95.1
MAHEC FMR	Feb 2015 - Jun 2020	3,322	16,971	94.6	71.6
IFH Mid-Hudson Family Practice FMR	May 2015 - Aug 2019	1,520	6,933	90.6	94.1
New Hanover FMR	Apr 2015 - Mar 2020	946	3,122	93.2	87.0
Uni. of Alabama FMR	Jan 2017 - Jul 2020	2,022	3,840	98.2	60.5
Uni. of Rochester Medical Center FMR	Mar 2015 - Jan 2020	1,396	2,935	98.4	89.8
University of Massachusetts FMR	Jul 2017 - Nov 2020	1,358	4,855	95.0	86.7
University of Mississippi FMR	Mar 2017- Dec 2019	7,739	23,207	99.6	88.8
Uni. of North Carolina Chapel Hill FMR	Jan 2019 - Nov 2019	180	17	93.3	82.0
University of Pennsylvania FMR	Jul 2014 - Jun 2020	1,063	1,858	90.2	72.3
LGH Family and Maternity Medicine HC	Aug 2016 - Jun 2020	403	1,688	90.3	83.5
LGH Downtown FMR	Jun 2015 - Jun 2020	2,257	9,985	92.4	76.9
LGH Twin Rose HC	Jun 2015 - Jun 2020	1,171	4,782	93.3	60.0
UPMC Altoona FMR	May 2019 - Jul 2020	162	367	97.8	66.0
UPMC Theiss HC	Nov 2016 - Jun 2020	148	426	93.9	82.2
UPMC McKeesport FMR	Dec 2014 - Aug 2021	786	2,378	92.9	76.8
UPMC Shadyside FMR	Nov 2014 - Jul 2020	700	2,427	94.4	83.3
UPMC St. Margaret FMR	Dec 2014 – Jul 2020	1,315	4,505	92.4	69.8
UPMC Williamsport FMR	Nov 2015 – Jul 2020	547	1,615	95.7	100.0
Wellspan York FMR	Oct 2017 – Jun 2020	397	746	96.5	97.8
All Sites	Total	29,524	103,671	95.1	77.3

IMPLICIT Network ICC Cumulative Screening Rates

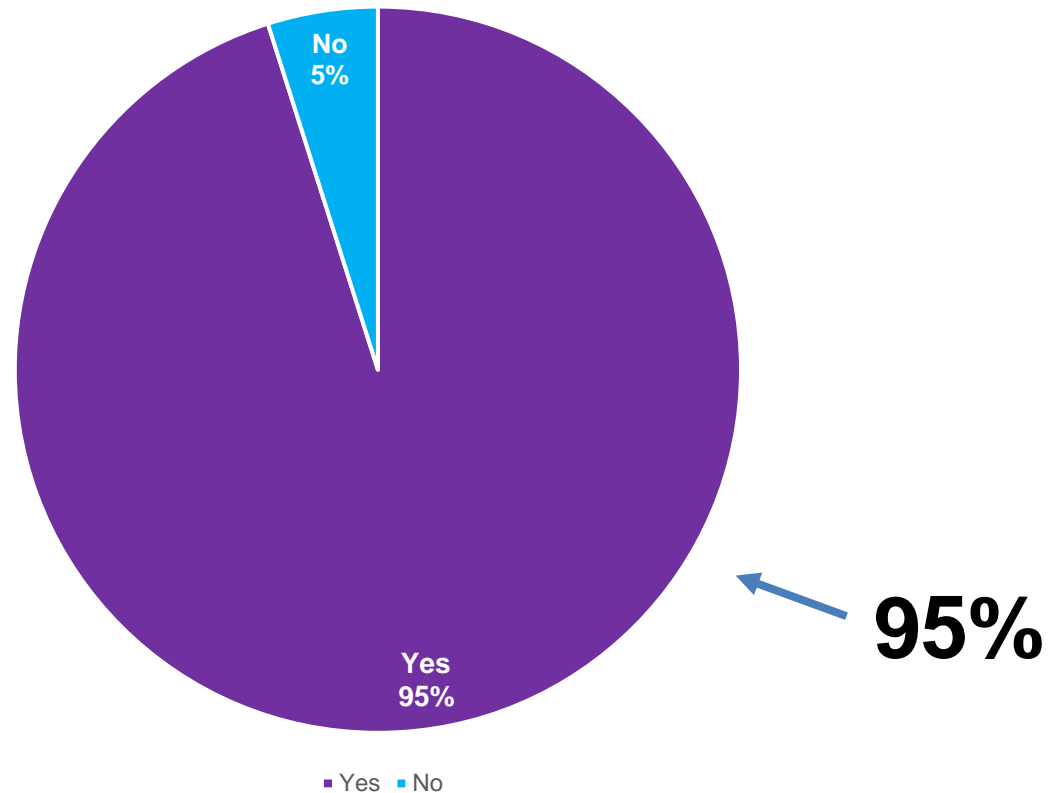


* HC = Health Center

FMR = Family Medicine Residency

Mother Present Rate at WCV

(n=103,671)



IMPLICIT Network Data

Jan 2016- Jun 2020



Network Maternal Demographic Data

Cumulative Race Summary		
Race	Frequency	Percent
White	7,658	36.9%
Black	8,707	42%
Am. Indian or AK Native	69	0.3%
Asian	447	2.2%
Native HI or Other PI	65	0.3%
Other	2,780	13.4%
Unknown	1,001	4.8%
Missing	9,211	NA%
Total	29,938	100%

Cumulative Ethnicity Summary		
Ethnicity	Frequency	Percent
Hispanic	2,835	12.5%
Non-Hispanic	17,921	79%
Unknown	1,942	8.6%
Missing	6,833	NA%
Total	29,531	100%



Cumulative data Jan 2016- Jun 2020: Report ran on 7/20/2020

Network Maternal Demographic Data

Cumulative Insurance Summary		
Insurance Type	Frequency	Percent
Medical assistance	11,641	55.8%
Private insurance	3,300	15.8%
Self-pay	3,818	18.3%
Unknown	2,108	10.1%
Missing	8,664	NA%
Total	29,531	100%

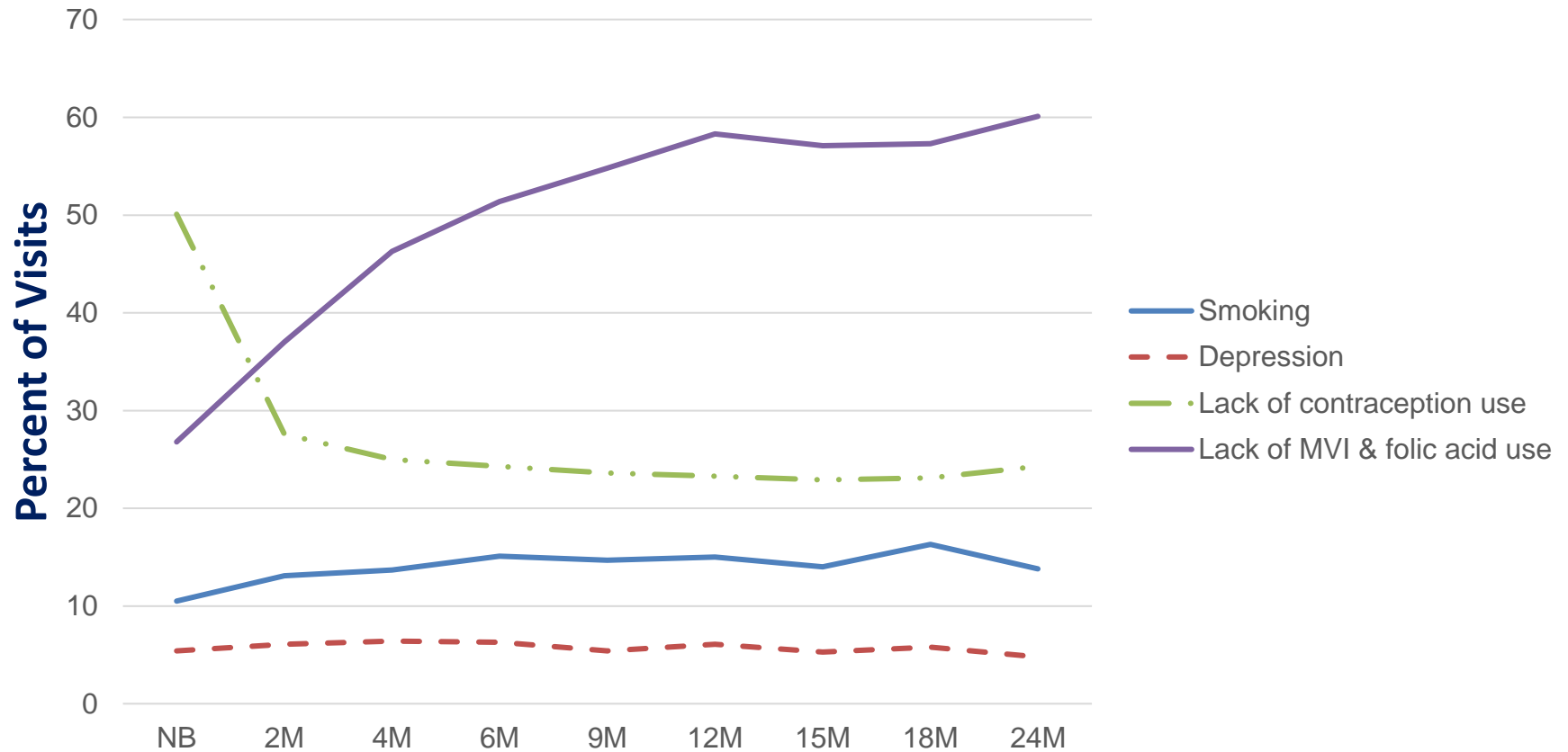
Maternal Education Summary		
Education Level	Frequency	Percent
High school degree or equivalent (GED)	5,766	46.1%
Less than High school degree or equivalent (GED)	1,959	15.7%
More than High school degree or equivalent (GED)	4,785	38.2%
Missing	17,021	NA%
Total	29,531	100%



Network Risk Factor Prevalence Data

Risk Factor Prevalence at Associated WCV

(n=76,238)



IMPLICIT Network Data

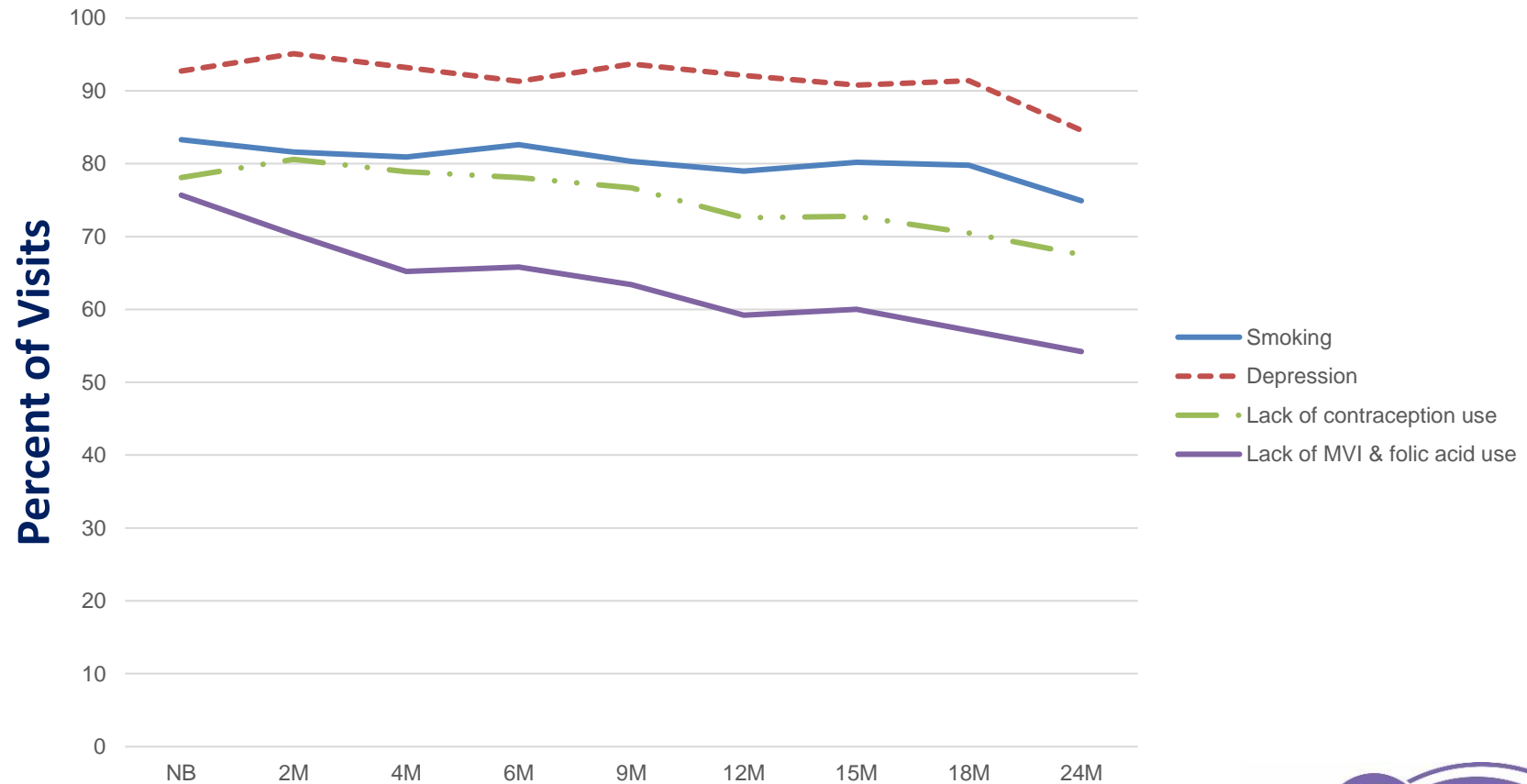
Jan 2016- Jun 2020



Network Intervention Data

Interventions Provided at Associated WCV

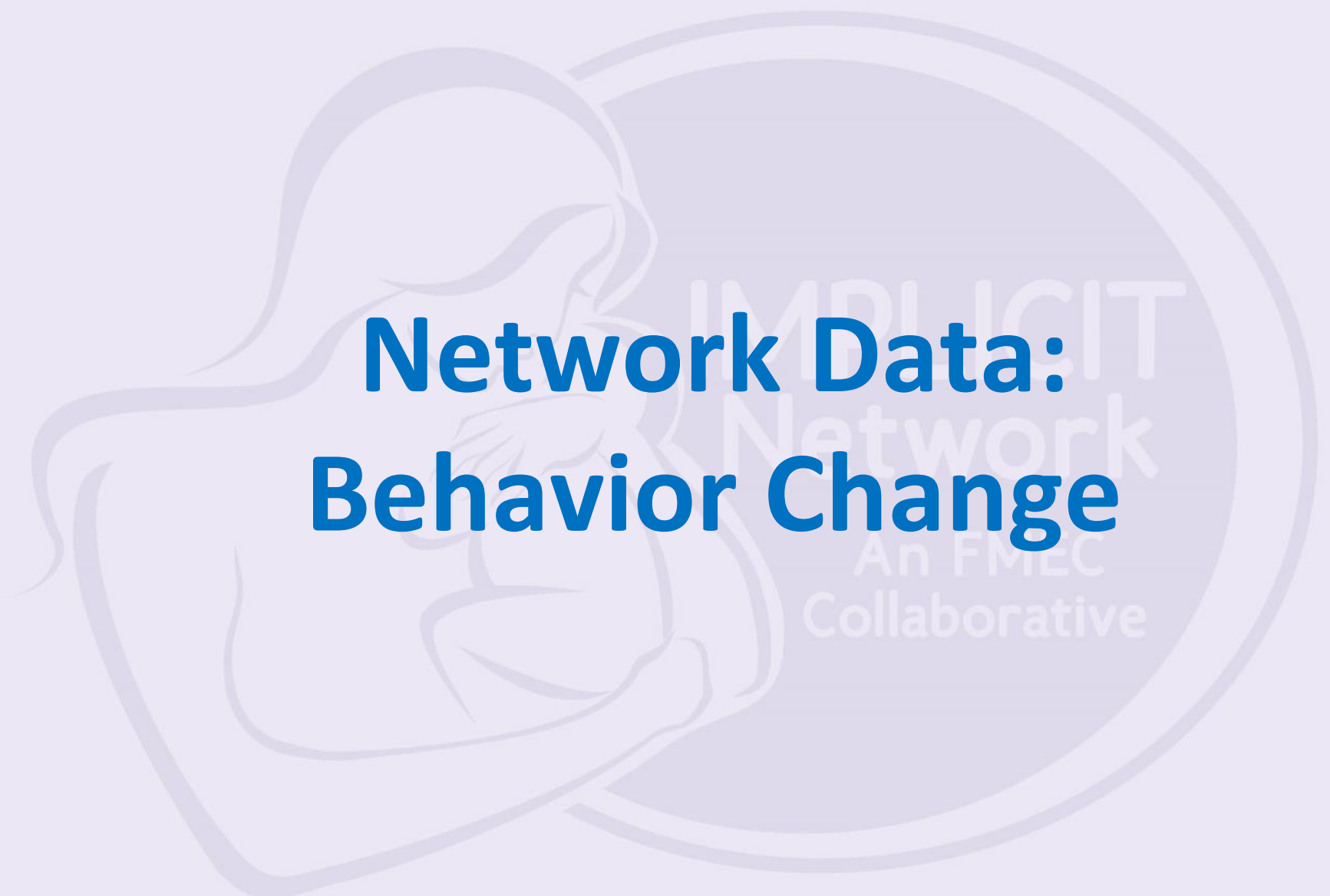
(n = 76,238)



IMPLICIT Network Data

Jan 2016- Jun 2020





Network Data: Behavior Change

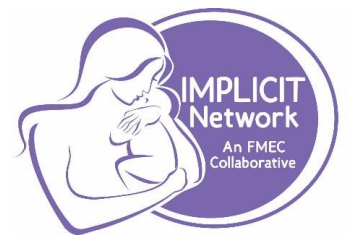
Behavior Change By Unique Mother/Child Dyad

Risk %

- + risk present at any WCV

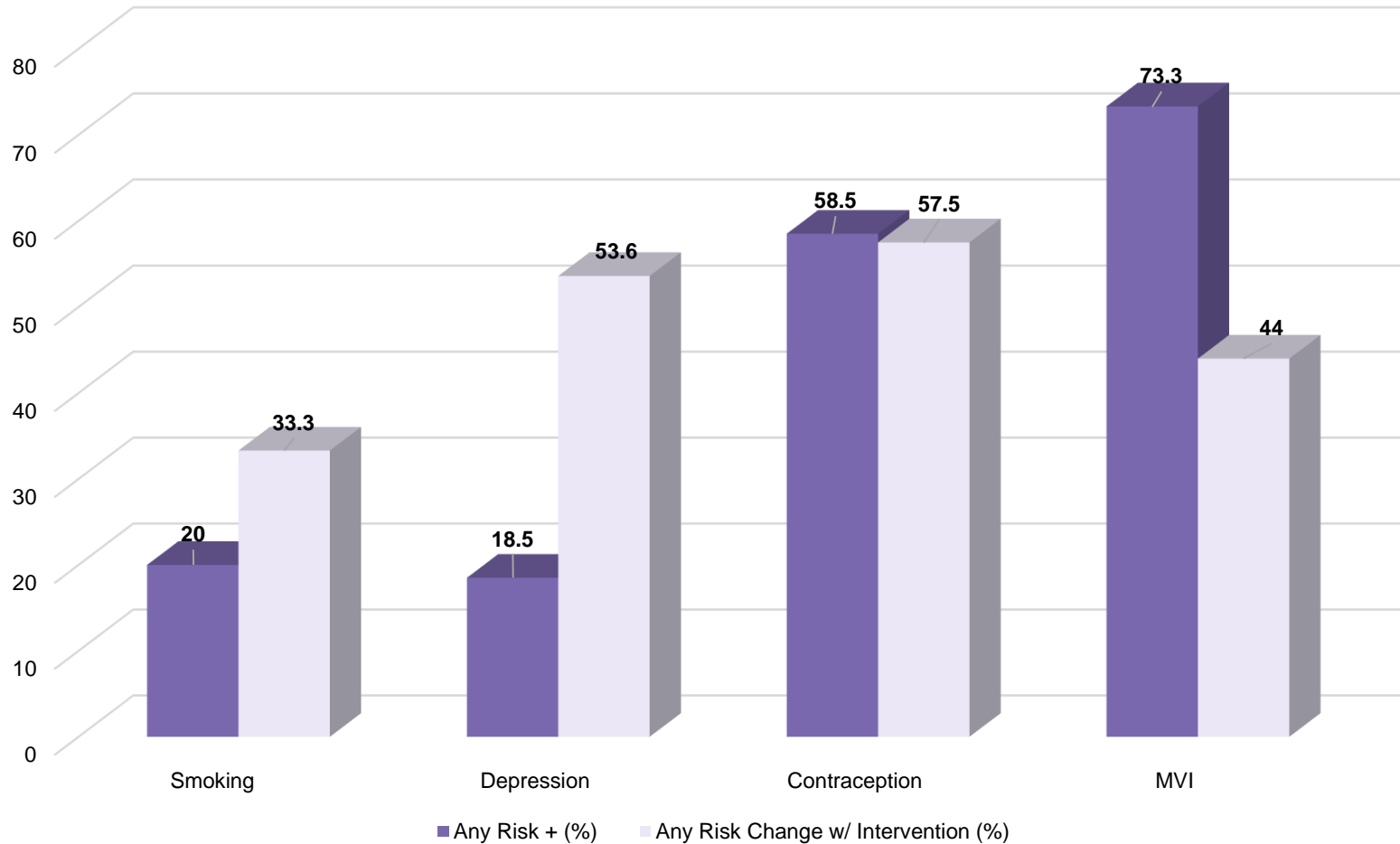
Change %

- if mom was at risk at any visit, at the next visit where the risk was assessed the risk was not present



IMPLICIT ICC Maternal Behavior Change

Jan 2016 through June 2020



Report ran on 7/20/2020



An IMPLICIT Story

- Mother present at 9 month WCC
- IMPLICIT ICC risks performed – all 4 positive
 - Restarted smoking
 - Stopped birth control pill but did not want to become pregnant
 - Screened positive for depression with increased stress at home
 - Stopped multivitamins
- Same-day interventions: MVIs, connected w/ behavioral health for assessment and support, 5As brief intervention for smoking, discussed reproductive goals
- Follow up in 2 weeks later for depression and Nexplanon placement
- ***At 15 month WCV all 4 screens showed change***

IMPLICIT ICC Maternal Behavior Change

- Without ICC, these moms would likely receive **no additional care** to address these risk factors
- Risk has to be assessed at more than one visit (mom has to be present for screening over multiple visits)
 - On average we see moms at **4/9** potential WCV throughout the 24-month period
- Mothers/children are **constantly aging in and out** of our ICC cohorts
- Behavior change is assessed in a **binary nature** (i.e. positive behavior change or no behavior change)
 - Ex. Smoking reduction does not count as behavior change (reducing from 2 packs/day to 1 pack/day)
- Over the past 5 years, **new sites have implemented ICC** and began sharing data with the Network. This does affect our maternal behavior change numbers
 - Ex. Altoona came on in June 2019, they don't have a full year of WCVs



IMPLICIT ICC Data Summary

- Mothers attend 95% of their child's WCV
 - WCVs are an opportune time to screen
- Modifiable maternal risks were successfully identified during brief screenings at WCVs
 - Mothers screened positive for one or more behavioral risks at 63% of visits
- Women continue to screen positive for behavioral risks despite high intervention rates
- Additional strategies are needed to educate and modify maternal behaviors
- ICC is a brief, innovative, sustainable model that can be used to improve maternal health, the health of families and the health of future pregnancies



IMPLICIT ICC Model Summary

- IMPLICIT has developed an ICC model with:
 - Refined evidence based focus
 - Clinical screening tools
 - Provider training
 - Patient education materials
 - Data management system
- Outcomes of nearly 103,671 WCVs
 - Model CAN be implemented at WCV
 - Results are promising for identifying maternal risks and encouraging healthy behavior choices





IMPLICIT Interconception Care Implementation

Collaborative

ICC Implementation: Building an ICC Team

- Each site must identify a Provider Champion
- Success depends on establishing an ICC Team
- Time and energy is needed to implement and maintain/improve, funding is helpful

Members may include:

- Physicians
- Advanced Practitioners
- Residents
- Nurses
- Office Managers
- Medical Assistants
- Project Coordinator
- Pharmacists
- Medical Students
- Electronic Health Record Experts
- Data Analysts



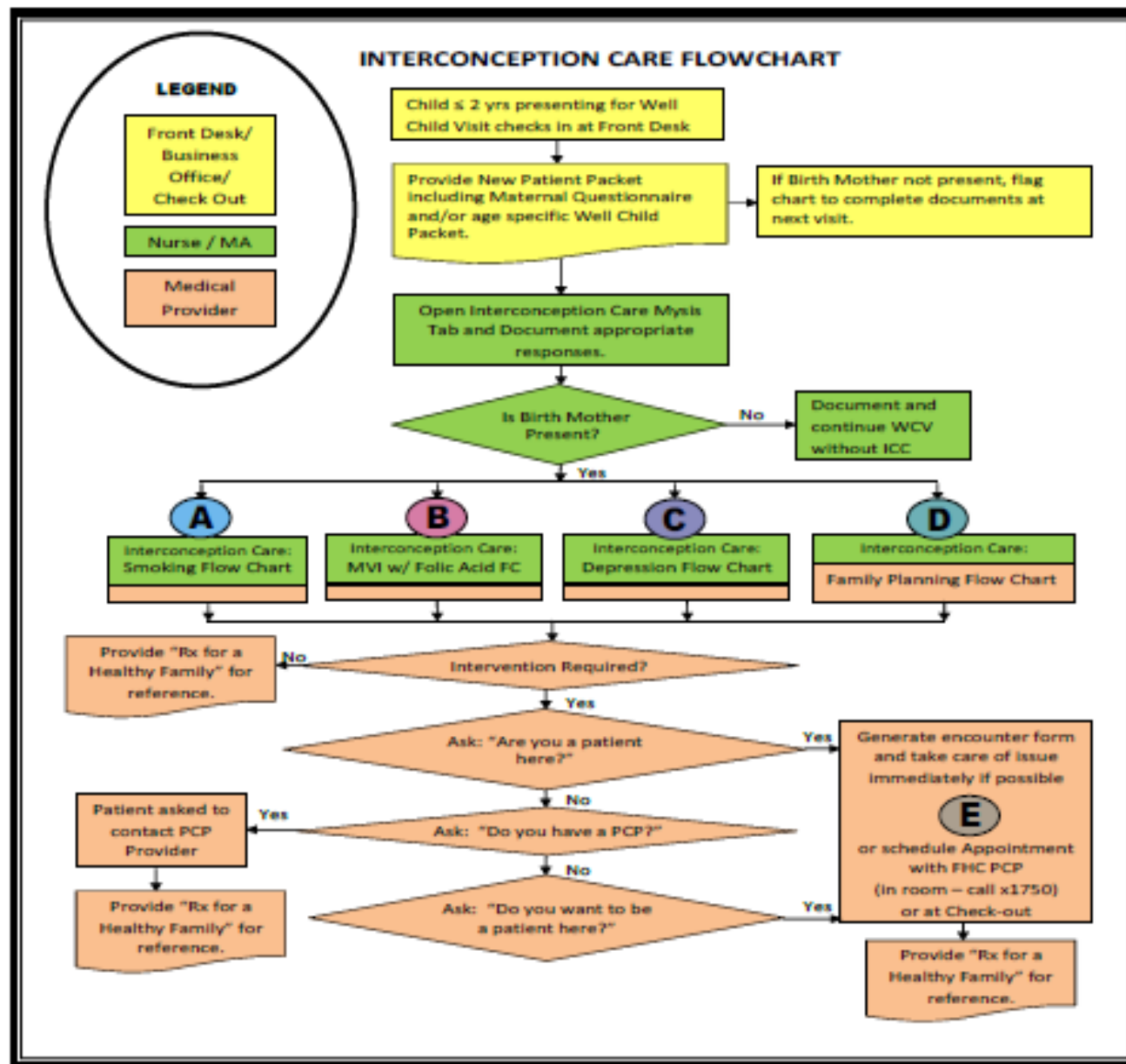
ICC Implementation: **Developing workflows**

- Need to develop workflow to administer ICC screen during WCVs
- Successful models do not rely entirely on the physician to remember to screen for ICC

Things to consider:

- Engage the entire office (front to back)
- What will work in your existing office flow?
- Do you need materials in different languages?





ICC Implementation: Addressing Positive Screens

- Need to develop workflows for addressing positive screens, especially if mom is not a patient
- Additional appointments or referrals often needed to improve maternal health
- Some sites are testing case management strategies

Workflows for addressing positive depression screens are crucial for acute suicidality/homicidality since screening occurs during WCV

Most sites have patient education materials that focus on the four risk factors to educate mothers



IMPLICIT ICC Patient Education

Smoking

Although **50%** of women quit smoking while pregnant, **70%-80%** of women start again after birth

Quitting smoking ↓ risk of:

- cancer
- heart attack
- stroke
- lung disease



Women who smoke while pregnant are at an ↑ risk of having a baby born too early and underweight



Mom's smoking can lead to long term childhood health issues like:

- child smoking
- attention-deficit hyperactivity disorder (ADHD)
- childhood obesity



Children exposed to **SECONDHAND SMOKE** are more likely to get:

- ear infections
- lung infections
- asthma
- the flu



& die from **Sudden Infant Death Syndrome (SIDS)**



Depression

Baby blues is a time **3-5 days after giving birth** when mom can feel more annoyed, sad, or confused. She may cry more easily. It can last anywhere from **a few days to 2 weeks and is completely normal**

Talk to your doctor if your baby blues lasts longer than 2 weeks

Depression is an **illness** that affects:

- body
- mood
- thoughts





Postpartum Depression is a type of sadness that women can get after giving birth and is **nothing to be ashamed of**

1 in 7 women feel depressed after having a baby

Women who are depressed may not have the **strength or desire to care for themselves or for their baby**



Early **detection and treatment** of mom's depression ↓ risk of **behavioral & mental health problems in children**

Family Planning

Planning time between pregnancies is important to both **mom and each of her children**

Ideal spacing between pregnancies **18 months or more**

Getting pregnant less than **12 months** after you had your baby will ↑ the risk that the baby will be **born too early**

Talk to your doctor about the best form of birth control for you!

Having more space in-between children gives mom enough time to **recover physically & emotionally** from the previous pregnancy




Birth control is the best way to protect yourself from getting pregnant

Types of birth control:
IUD, Implant, Shot, Pill, Patch, Ring




IUDs & Implants are one of the **most effective** ways to help ↓ the chance of unintended pregnancy and increase the odds of better birth spacing

Multivitamin


Folic Acid is a type of B vitamin that helps our bodies **make new cells**, and may **prevent heart disease and cancer**

It also helps **prevent birth defects**


Eating a healthy diet, that includes **fruits and vegetables** helps you get the folic acid you need



But the **best** way to make sure you are getting enough folic acid is to **take a multivitamin with folic acid DAILY**




Neural tube defects (NTDs) are birth defects of the **brain & spine**




They can start **days to weeks** after conception, **when many women do not know they are pregnant**

Folic Acid alone reduces the rate of NTDs by 70%



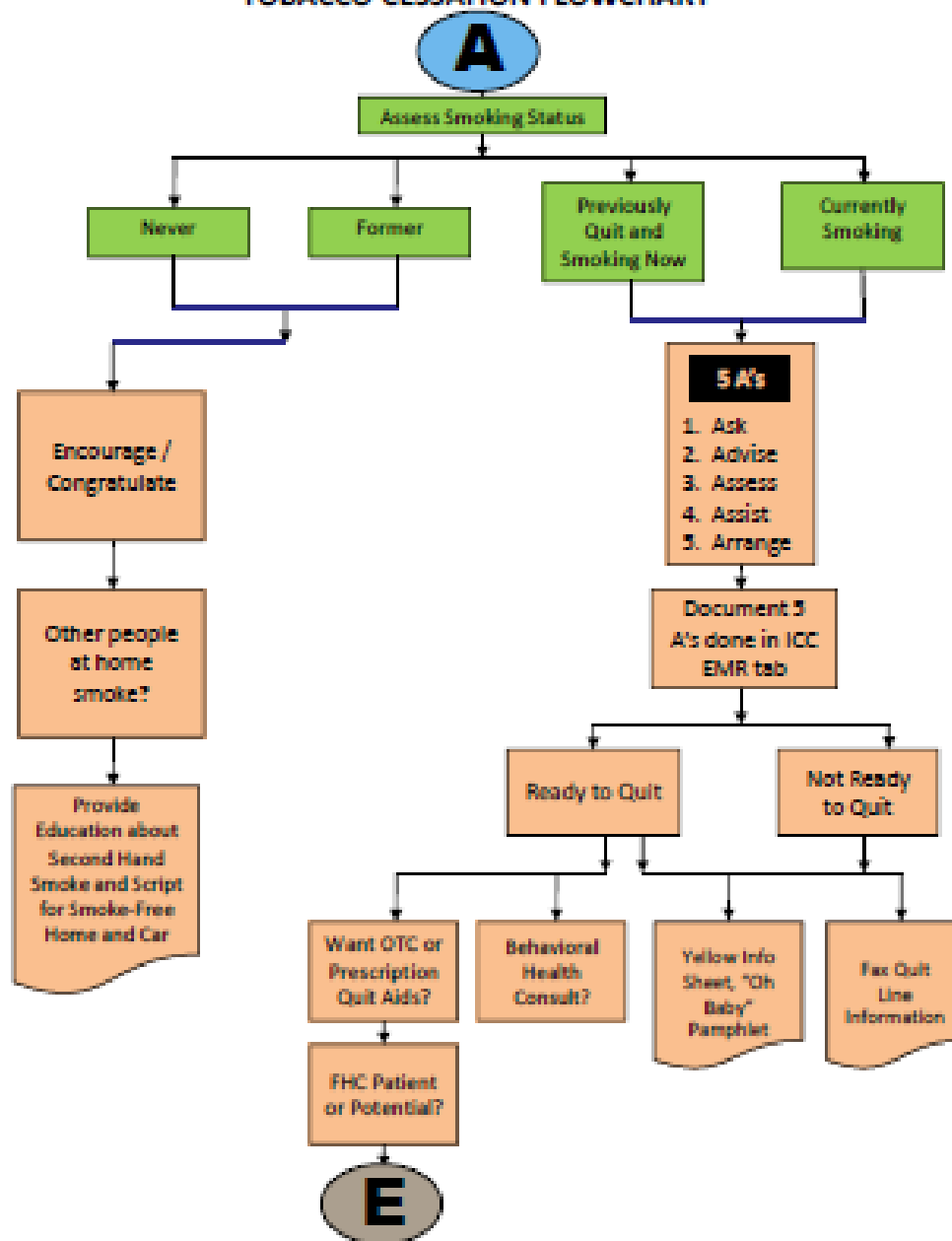
BUT Multivitamins with folic acid reduce the risk of NTDs by **90%**



To help prevent NTDs, women should take a multivitamin with folic acid **DAILY** for at least **1 month prior to conception**



TOBACCO CESSATION FLOWCHART



Free Multivitamins and Prenatal Vitamins



ICC Implementation: **Data collection tools**

- Sites must collect ICC visit data, as well as maternal demographics
- Recommended that ICC screening is built into the Electronic Health Record (EHR), although a paper form may work

IMPLICIT Network sites have developed ICC EHR templates for:

- EPIC
- Allscripts
- Centricity



ICC Implementation: Data collection tools

Notes

Snapshot

ICC

Specialty Comments

My Last Relevant Note

Family Comments

Care Team and Communications

ICC Maternal Screening

Is the mother present at today's visit?

Yes

No

What is mother's smoking status?

current

former

never

Was an intervention done?

follow-up appointment or referral to community program

prescription for medication to assist cessation

provided education materials

reinforced cessation or advised mother to quit

none

Does mother have past or current diagnosis of depression?

Yes

No

Was PHQ2 positive?

Yes

No

Was PHQ9 positive (>=10 or suicide risk identified)?

Yes

No

Not done or refused

Was an intervention in place or provided?

Currently under treatment

Follow-up appointment or referral to outside resource

In-visit counseling

Provided education materials and crisis phone number

Warm handoff to behavioral health or prescription

None

Since this child's birth has mother been pregnant?

Yes

No

Is mother using contraception?

Tier 1 - IUD/implant

Tier 1 - permanent sterilization

Tier 2 - Depo, pills, patch, ring, diaphragm

Tier 3 - barrier, withdrawal, sponge, spermicide, fertility awareness

Currently pregnant

Trying to conceive

Abstinence or not currently sexually active with men

None

Is mother currently taking a multivitamin, prenatal vitamin, or folic acid?

Yes

No

Was a multivitamin,

Recommended

Notes

This Visit

Create Note

My Note

ICC

Sensitive

Tag

Share w/ Patient

Details

Cosign Required

Autism:m-chat screening performed and child is considered {LOW-MED-HIGH:102986}-risk.

Oral Health:has an established dental home***

Interconception Care

ICC 3 MATERNAL DEPRESSION ADVANCED:

Is the mother present at today's visit?: **Yes**

What is mother's smoking status?: **Current**

Was an intervention done?: **Follow-up appointment or referral to community program, prescription for medication to assist cessation, provided education materials and reinforced cessation or advised mother to quit**

Does mother have past or current diagnosis of depression?: **Yes**

Was PHQ2 positive?: **Yes**

Was PHQ9 positive (>or suicide risk identified)?: **Yes**

Was an intervention in place or provided?: **Follow-up appointment or referral to outside resource, Provided education materials and crisis phone number and Warm handoff to behavioral health or prescription**

Since this child's birth has mother been pregnant?: **No**

Is mother using contraception?: **Tier 1 - IUD/implant**

Is mother currently taking a multivitamin, prenatal vitamin, or folic acid?: **No**

Was a multivitamin, prenatal vitamin, or folic acid recommended?: **Recommended and provided prescription or voucher**

Selective Screening

Screening Test	Reason to Screen:
Anemia	{pfc anemia:112490}
Blood pressure	{pfc bp < 3 yrs:112477}
Hearing	{pfc hearing 4mo-2.5yrs:112482}
Lead	{pfc lead:112483}
Vision	{pfc vision:112489}

Sign at Close Encounter

Accept

Cancel

ICC Implementation: **Data entry tools**

- Once ICC data is collected at individual sites, it is shared in the Network's data management system, REDCap
- Data can be entered by hand or formatted to upload multiple visits at once using a data import

Most sites work with a coordinator or data entry assistant to enter data in REDCap

Using data in REDCap, Network coordinators send quarterly site and Network data reports to develop best practice strategies



ICC Implementation: Continuous Quality Improvement

- To improve ICC processes and maternal behavior, sites should use ICC data for continuous quality improvement (CQI)

Examples of CQI activities include:

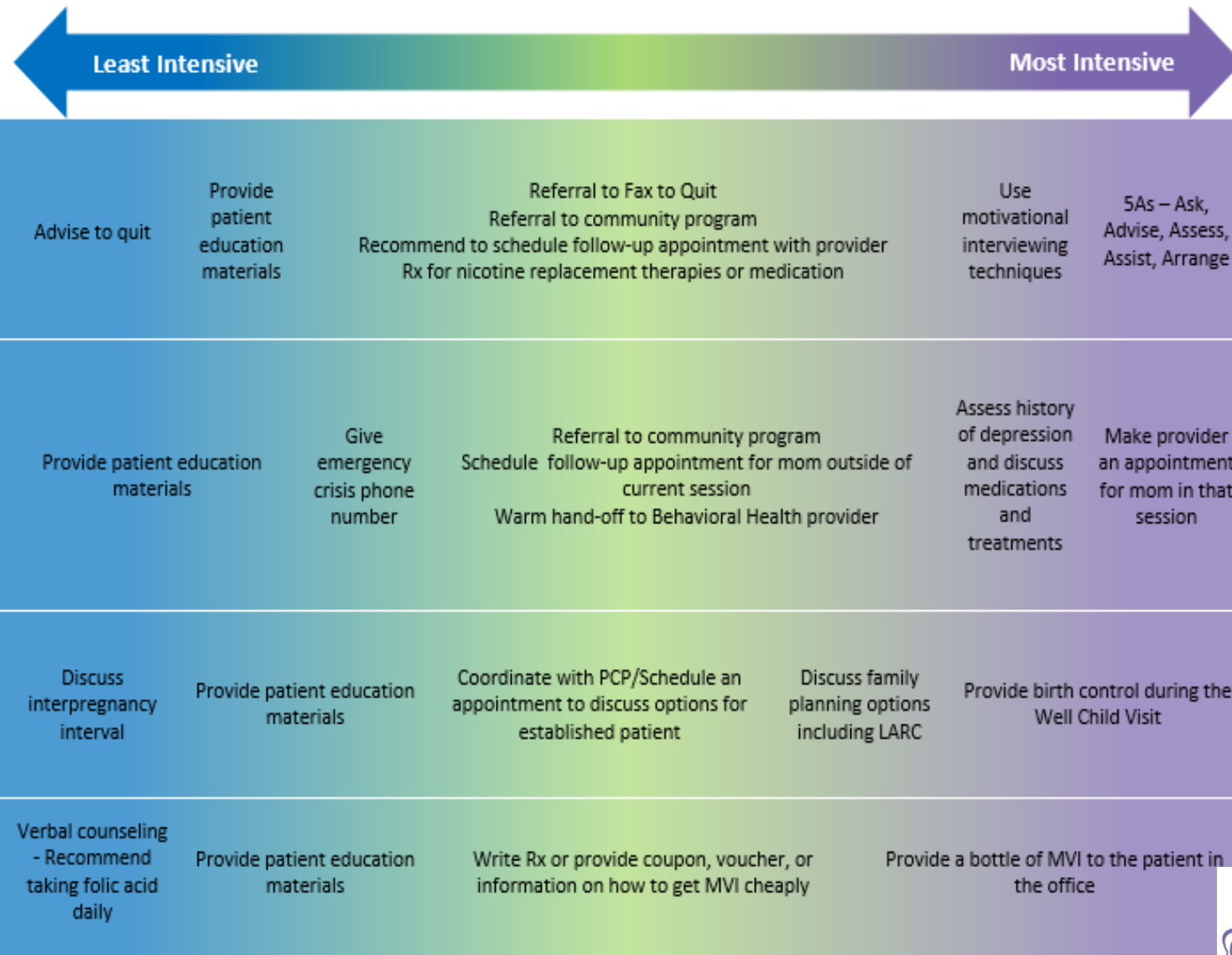
- Regular meetings with ICC Team at site
- Identify and troubleshoot barriers to screening
- Analyze/use data – e.g. develop provider report cards
- Check data quality with Network Coordinator
- Make risk factor interventions more meaningful



IMPLICIT ICC Intervention Spectrum



IMPLICIT Interconception Care (ICC): What is an Intervention for a Positive Screen?



IMPLICIT ICC Implementation Summary

- ❑ Identify Provider Champion and Build an ICC Team
 - ❑ Consider funding for personnel and materials
- ❑ Obtain IRB/QI Approval
- ❑ Develop workflow to administer screen
- ❑ Develop workflow for addressing positive screens
- ❑ Develop data collection tools
- ❑ Develop data entry tools and workflow
- ❑ Continuous quality improvement



IMPLICIT ICC Model Summary

- IMPLICIT has developed an ICC model with:
 - Refined evidence based focus
 - Clinical screening tools
 - Provider training
 - Patient education materials
 - Data management system
- Outcomes of nearly 104,000 WCVs
 - Model CAN be implemented at WCV
 - Results are promising for identifying maternal risks and encouraging healthy behavior choices
 - IMPLICIT ICC is a brief, efficient, innovative strategy to improve maternal health prior to the next pregnancy



Want to learn more?

Download Our ICC Toolkit

Contact us:

✓ implicitinfo@fmec.net

✓ <http://www.fmec.net/implicitnetwork.htm>





New Initiatives

An FMEC
Collaborative

New Initiatives

- Developing and Implementing 4th Trimester project
- Network Health Disparity Initiatives





IMPLICIT Spring 2021 Meeting

March 19th 2021

Preventing prematurity one woman at a time...



Questions???

