



# **Prematurity Campaign Collaborative**

## **Clinical and Public Health Practice Workgroup**

**April 17, 2018**

**2:00 - 3:30pm**

# Co-Chairs



**Christopher Zahn**  
Vice President, Practice  
Activities, ACOG



**Vanessa Lee**  
HRSA Infant Mortality  
COIIN Coordinator

# General Housekeeping

## Please note the following:

All participants will be muted on entry

To speak to the group, remember to unmute yourself.

1. If you are connected through the computer audio, click the mic in the lower left hand corner of your screen to unmute and mute.
2. If you are connected through the phone press \*6 to unmute and mute

Be sure to mute yourself when you are not speaking

Please do not place call on hold

Use the chat box, if you would like a moderator to call on you or share your comments with the group

# Agenda for today's meeting

2:00 – Welcome and introductions

2:10 – CPHP Workgroup Action Plan

2:30 – Moving CPHP forward

3:10 – Update: Prematurity Prevention Summit

3:25 – Wrap up and adjourn

# Meeting Objectives

1. Discuss and understand goals of the CPHP Workgroup Action Plan
2. Discuss strategies/interventions to be addressed by the CPHP Workgroup for 2018-2020
3. Learn about CPHP breakout sessions for the 2018 Prematurity Prevention Summit

**2.**

**CPHP Workgroup  
Action Plan Review**

# CLINICAL AND PUBLIC HEALTH PRACTICE (CPHP) WORKGROUP ACTION PLAN September 1, 2017 – Dec 31, 2018

**Collaborative GOAL:** Achieve equity and demonstrated improvements in preterm birth by increasing effective use of evidence-informed clinical and public health practice.

## *CPHP Priority Goals:*

- During Pregnancy: Expand the effective use of specific evidence-based practices to high burden populations for whom the practice is unavailable or underutilized.
- Pre/ Inter Pregnancy: Expand opportunities in public health, primary care and women's health care settings to increase intentionality, achieve healthy birth spacing and improve pre-interconception health.
  - Expand opportunities to increase intentionality and achieve healthy birth spacing.

# CLINICAL AND PUBLIC HEALTH PRACTICE (CPHP) WORKGROUP ACTION PLAN September 1, 2017 – Dec 31, 2018

**AIM 1: Increase access to and utilization of 17 P, as evidence by state-based data.**

- Objective 1: Support states with legislative strategies to improve access and utilization of 17P.
- Objective 2: Reduce barriers to prior-authorization, as self-reported by health care organizations.
- Objective 3: Reduce barriers to patient access by providing support to states on alternative models of medication delivery and patient education strategies.

***AIM 2: Increase access to and utilization of Low Dose Aspirin to Prevent Preeclampsia.***

- Objective 1: By May 2018, increase awareness of USPSTF and ACOG recommendations regarding use of LDA to prevent Preeclampsia.



<b>Aim #1:</b>		<b>Increase access to and utilization of 17 P, as evidenced by state-based data.</b>	
		Description	Metric
<b>Objective #1:</b>		Support states with legislative strategies to improve access and utilization of 17P.	# and description of legislation considered, introduced, voted on, and/or passed  Qualitative description of how guidance informed advocacy efforts
	Activity #1	Compile examples of model legislation from states  (examples: OH, IL, others)	Completed: Yes (2/20/18)
	Activity #2	Create model legislation guidance	Completed: Yes (2/20/18) Legislation section of 17P Resource List includes links to examples of state legislation that allows pharmacists to bill for and provide shots at local pharmacies. (IL, OH, CA)
	Activity #3	Disseminate model legislation guidance	Completed: Yes (4/17/18) Through workgroup meeting presentations and 17P resource list.
	Activity #4	Collaborate with Policy Workgroup to support states in adoption of model 17P legislation	2018 TBD

<b>Aim #1:</b>		<b>Increase access to and utilization of 17 P, as evidenced by state-based data.</b>	
		Description	Metric
<b>Objective #2:</b>		Reduce barriers to prior-authorization, as self-reported by health care organizations	Qualitative description of how guidance informed prior-authorization processes
	Activity #1	Compile examples of universal prior-authorization forms	Completed: Yes (2/20/18)
	Activity #2	Compile examples of policy changes eliminating need for prior authorization	Completed: Yes (2/20/18)
	Activity #3	Disseminate examples of prior-authorization forms	Completed: Yes (2/20/18) Prior Authorization section of 17P Resource List includes links to examples of states (forms, Medicaid letters) that have removed or streamlined statewide the prior authorization process. (OH, SC, LA, MS)

<b>Aim #1:</b>		<b>Increase access to and utilization of 17 P, as evidenced by state-based data.</b>	
		Description	Metric
<b>Objective #3:</b>		Reduce barriers to patient access by providing support to states on alternative models of medication delivery and patient education strategies.	Qualitative description of strategies/support provided.
	Activity #1	Compile examples 17P administration outside of clinician office	Completed: Yes (10/27/17)
	Activity #2	Compile examples of patient education tools	Completed: Yes (12/15/17)
	Activity #3	Disseminate examples of prior-authorization forms	Completed: Yes (2/20/18) Sections of 17P Resource List includes links to examples of administration outside of clinician office (PR, Optum) and patient education tools (NC, March of Dimes).

Aim #2:		Increase access to and utilization of <u>Low Dose Aspirin</u> to Prevent Preeclampsia.	
		Description	Metric
Objective #1:		Increase awareness of USPSTF and ACOG recommendations regarding use of LDA to prevent Preeclampsia	Qualitative description of strategies/training provided.
	Activity #1	Webinar/learning series	Completed: Yes Clinical Directors network webinar, Saving Lives: Preventing Preeclampsia With Low-Dose Aspirin, implemented on 01/08/18 and 3/28/18.
	Activity #2	Educational materials	Completed: Yes Low-dose aspirin to prevent preeclampsia Health Action Sheet developed and shared on 12/15/18 workgroup webinar.
	Activity #3	Disseminate	Completed: In progress Current dissemination include presentation of health action sheet and strategies (TX) on workgroup meetings.
	Activity #4	Addressing Barriers with Pharmacists	Completed: In progress Pharmacist education credits offered on Clinical Directors Network webinar.

**3.**

**Moving CPHP Forward**



# Breakout Groups

- Chris Zahn and Peyton Mason-Marti
- Vanessa Lee and Sharyn Malatok

**Need your input and feedback**





# Work of the Breakout Groups

## Successes/Challenges to Date

- What has worked well in the workgroup?
- What have been challenges you have experienced while participating?
- What have you done/implemented due to your participation (i.e. intervention, policy change, sharing of best practices)?

## Where do we go from here?

- Do you think there is still action that needs to take place with the current identified interventions (17P, Low dose Aspirin)?
- Are there other interventions that the workgroup would like to address based on the collective impact model (preconception health, intentionality, chronic health conditions) ?

**4.**

**Prematurity Prevention Summit  
CPHP Breakout Sessions**



# PREMATURITY PREVENTION SUMMIT: BUILDING A BIRTH EQUITY MOVEMENT

## CPHP Breakout Session

**Clinical and Public Health Practice Session (CPHP) 1: Monday, May 21<sup>st</sup> - 10:30am-12:00pm**

*Communities, Clinicians, and Collective Action: Opportunities to Reduce Preterm Birth and Maternal Mortality*

### Moderator

**Vanessa Lee**, Infant Mortality CoIN Coordinator, HRSA, and Co-Chair of Prematurity Campaign Collaborative Clinical & Public Health Practice Workgroup

### Panelists

**Dr. Michael Kramer**, Emory University: Looking for community-level factors associated with maternal and infant mortality.

**Dr. Michelle Owens**, University of Mississippi School of Medicine: Low-dose aspirin to prevent preeclampsia and preterm birth among high and moderate risk women; implementation challenges.

**Monifa Bandele**, MomsRising: How to mobilize the community around maternal mortality and the needs of women of color and low income women.

# PREMATURITY PREVENTION SUMMIT: BUILDING A BIRTH EQUITY MOVEMENT CPHP Breakout Session

**Clinical and Public Health Practice Session (CPHP) 2: Monday, May 21<sup>st</sup> – 1:30-3:00pm**

*Pre and Interconception Health, Intentionality and Birth Spacing: Emerging Approaches*

## Moderator

**Dr. Chris Zahn**, ACOG Vice President of Practice Activities, and Co-Chair, Prematurity Campaign Collaborative Clinical & Public Health Practice Workgroup: Frame the issues, including recent publications on birth spacing and importance of addressing risk factors in interconception and preconception period.

## Panelists

**Ginny Ehrlich**, CEO, Power to Decide: national intentionality project; cultural relevance and other issues being explored.

**Dr. Diana Ramos**, CA Department of Public Health: Interconception care guidelines and clinical implementation strategies, with a focus on health equity.

**Sarah Verbiest**, Executive Director, UNC Center for Maternal & Infant Health: available models, resources and actions, including Preconception CoIN project.

**Monica Simpson**, Executive Director, Sister Song: reproductive justice.

# PREMATURITY PREVENTION SUMMIT: BUILDING A BIRTH EQUITY MOVEMENT

May 21 & 22, 2018  
Renaissance Arlington Capital View Hotel

## Day 1:

- Welcome Address:  
**Stacey D. Stewart**, MBA, President, March of Dimes &  
**Dr. Wanda D Barfield**, RADM, MD, MPH, FAAP, Assistant Surgeon General, CDC
- Opening Keynote: **Dr. Jerome Adams** VADM, MD, MPH, Surgeon General, US DHHS
- Six dynamic concurrent sessions
- Lunch Keynote: **Julie Sweetland**, PhD, MA, Vice President for Strategy and Innovation, FrameWorks Institute
- Social Event at FDR Memorial

## Day 2:

- Collaborative Workgroup meetings with **Michael McAfee**, EdD, EMPA, President PolicyLink

# PREMATURITY PREVENTION SUMMIT: BUILDING A BIRTH EQUITY MOVEMENT

Registration begins Feb. 22, 2018.

A registration link will be emailed to all Collaborative participants.

Register here: <http://www.cvent.com/d/ztqtd8>

\$400 fee includes:

- Conference fee
- Includes social event ticket to the Franklin Delano Roosevelt Memorial
- Meals during the Summit

Please address any questions to: [conferences@marchofdimes.org](mailto:conferences@marchofdimes.org).

**5.**

**Wrap Up and Future Meetings**

# Collaborative Meeting Schedule *(all times are EST)*

2018	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Full Collaborative		28 1:00 - 2:30			21 - 22 Summit			29 1:00 - 2:30			29 2:00 - 3:30	
Clinical & Public Health Practice		20 3:00 - 4:30		17 2:00 - 3:30		21 1:00 - 2:30		22 1:00 - 2:30		18 1:00 - 2:30		12 2:00 - 3:30

If you are interested in attending Workgroup meetings please email us at [collaborative@marchofdimes.org](mailto:collaborative@marchofdimes.org) to receive specific meeting information.

In the chat box, you will see a link to a brief post-meeting survey that will take you less than 5 minutes to complete. Your feedback is very important to us, so thank you in advance.

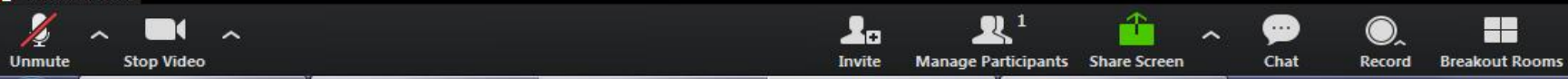
The link for the survey is:

[https://marchofdimes.az1.qualtrics.com/jfe/form/SV\\_4YeRgF3U48GCLPf](https://marchofdimes.az1.qualtrics.com/jfe/form/SV_4YeRgF3U48GCLPf)

Click on the **Chat** icon in your toolbox to access the survey link.



Collaborative



End Meeting