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
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.
AIM 1: Increase access to and utilization of 17P, 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.
<table>
<thead>
<tr>
<th>Aim #1:</th>
<th>Increase access to and utilization of 17 P, as evidenced by state-based data.</th>
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<tbody>
<tr>
<td><strong>Objective #1:</strong></td>
<td><strong>Description</strong> Support states with legislative strategies to improve access and utilization of 17P. <strong>Metric</strong> # and description of legislation considered, introduced, voted on, and/or passed Qualitative description of how guidance informed advocacy efforts</td>
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<tr>
<td><strong>Activity #1</strong></td>
<td>Compile examples of model legislation from states (examples: OH, IL, others) <strong>Completed:</strong> Yes (2/20/18)</td>
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<tr>
<td><strong>Activity #2</strong></td>
<td>Create model legislation guidance <strong>Completed:</strong> 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)</td>
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<tr>
<td><strong>Activity #3</strong></td>
<td>Disseminate model legislation guidance <strong>Completed:</strong> Yes (4/17/18) Through workgroup meeting presentations and 17P resource list.</td>
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<tr>
<td><strong>Activity #4</strong></td>
<td>Collaborate with Policy Workgroup to support states in adoption of model 17P legislation <strong>2018 TBD</strong></td>
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### Aim #1:
Increase access to and utilization of 17P, as evidenced by state-based data.

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<tr>
<th>Description</th>
<th>Metric</th>
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### Objective #2:
Reduce barriers to prior-authorization, as self-reported by health care organizations

| Qualitative description of how guidance informed prior-authorization processes |

<table>
<thead>
<tr>
<th>Activity #1</th>
<th>Complete examples of universal prior-authorization forms</th>
<th>Completed: Yes (2/20/18)</th>
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<tr>
<th>Activity #2</th>
<th>Complete examples of policy changes eliminating need for prior authorization</th>
<th>Completed: Yes (2/20/18)</th>
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| Activity #3 | Complete examples of prior-authorization forms | 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) | Completed: Yes (2/20/18) |
|-------------|-------------------------------------------------|-------------------------|
### Aim #1:
*Increase access to and utilization of 17P, as evidenced by state-based data.*

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<thead>
<tr>
<th>Description</th>
<th>Metric</th>
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<tr>
<td><strong>Objective #3:</strong> Reduce barriers to patient access by providing support to states on alternative models of medication delivery and patient education strategies.</td>
<td>Qualitative description of strategies/support provided.</td>
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<tr>
<th>Activity #1</th>
<th>Completed: Yes (10/27/17)</th>
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<tr>
<td>Compile examples 17P administration outside of clinician office</td>
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<tr>
<th>Activity #2</th>
<th>Completed: Yes (12/15/17)</th>
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<tr>
<td>Compile examples of patient education tools</td>
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<tr>
<th>Activity #3</th>
<th>Completed: Yes (2/20/18)</th>
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<tr>
<td>Disseminate examples of prior-authorization forms</td>
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<tr>
<td>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).</td>
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<tr>
<td>Aim #2: Increase access to and utilization of <strong>Low Dose Aspirin</strong> to Prevent Preeclampsia.</td>
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<tr>
<td><strong>Objective #1:</strong> Increase awareness of USPSTF and ACOG recommendations regarding use of LDA to prevent Preeclampsia</td>
<td>Qualitative description of strategies/training provided.</td>
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<tr>
<td><strong>Activity #1</strong></td>
<td>Webinar/learning series</td>
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<td>Completed: Yes</td>
<td>Clinical Directors network webinar, Saving Lives: Preventing Preeclampsia With Low-Dose Aspirin, implemented on 01/08/18 and 3/28/18.</td>
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<td><strong>Activity #2</strong></td>
<td>Educational materials</td>
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<tr>
<td>Completed: Yes</td>
<td>Low-dose aspirin to prevent preeclampsia Health Action Sheet developed and shared on 12/15/18 workgroup webinar.</td>
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<td><strong>Activity #3</strong></td>
<td>Disseminate</td>
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<td>Completed: In progress</td>
<td>Current dissemination include presentation of health action sheet and strategies (TX) on workgroup meetings.</td>
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<td><strong>Activity #4</strong></td>
<td>Addressing Barriers with Pharmacists</td>
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<tr>
<td>Completed: In progress</td>
<td>Pharmacist education credits offered on Clinical Directors Network webinar.</td>
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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 21st - 10:30am-12:00pm
Communities, Clinicians, and Collective Action: Opportunities to Reduce Preterm Birth and Maternal Mortality

Moderator
Vanessa Lee, Infant Mortality CoIIN 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 21st – 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 CoIIIN 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

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.
5.
Wrap Up and Future Meetings
Collaborative Meeting Schedule *(all times are EST)*

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<tr>
<th>2018</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
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<th>Sept</th>
<th>Oct</th>
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<tr>
<td>Full Collaborative</td>
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<td>21 - 22 Summit</td>
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<td>29 1:00 - 2:30</td>
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<td>28 1:00 - 2:30</td>
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<td>Clinical &amp; Public Health Practice</td>
<td>20 3:00 - 4:30</td>
<td>17 2:00 - 3:30</td>
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<td>21 1:00 - 2:30</td>
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<td>22 1:00 - 2:30</td>
<td>18 1:00 - 2:30</td>
<td>12 2:00 - 3:30</td>
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If you are interested in attending Workgroup meetings please email us at 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

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