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# FQHC Quality Improvement Innovations to Address Maternal Health Crisis

**Health Resources and Services Administration (HRSA)  
Quality Improvement Fund-Maternal Health (QIF-MH)**

NCCHCA Primary Care Conference  
June 7, 2024



# Learning Objectives



1

Discuss how perinatal interdisciplinary care team workflow model seeks to increase timeliness and comprehensiveness of postpartum care

2

Understand key components of model for virtual maternal fetal medicine (MFM) specialty consultation service for high-risk patients

3

Learn how innovation supports doula community collaboration in rural FQHC service area

# About Piedmont Health Services

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Large, multi-site FQHC



7 Contiguous Counties



Founded in 1970



46,671 Patients Served



Mixed Rural/Small Metropolitan



Perinatal Care Services  
> 1,000



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# Maternal & Women's Health Grants

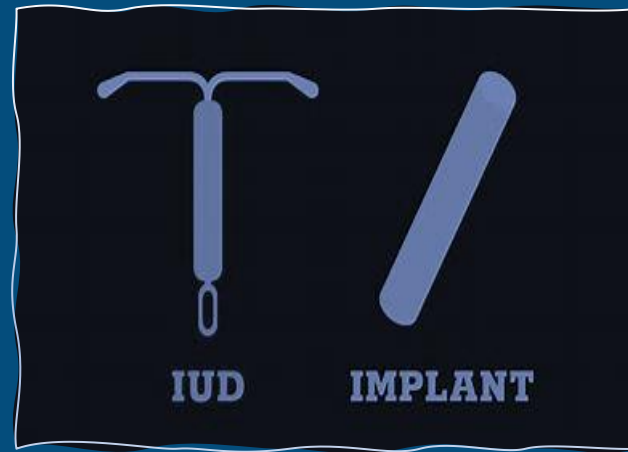


# Maternal & Women's Health Grants

AC<sup>3</sup>HIEVE

LARC

PCOS



# Maternal Health Crisis

*A woman is more likely to die from complications of pregnancy and birth than her mother was a generation ago. Black and Indigenous women are 2 and 3 times more likely than white women to die from complications of pregnancy and birth.*



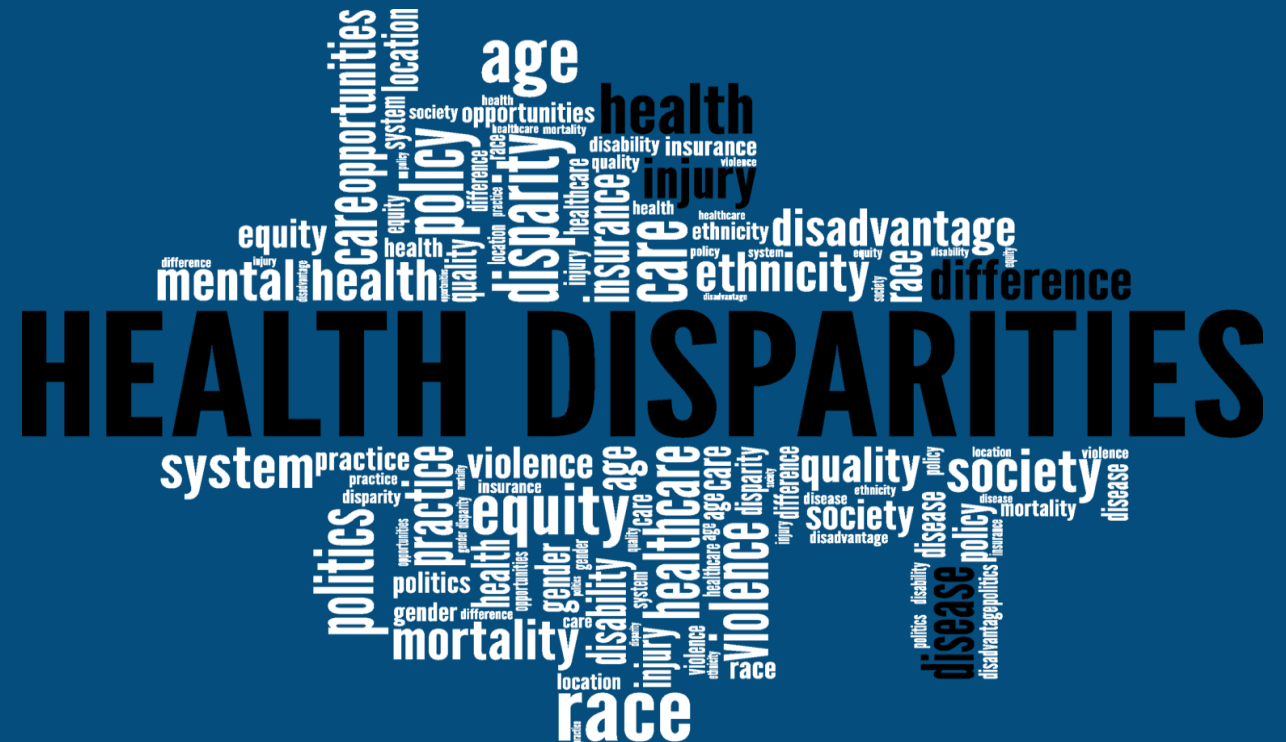


# Poll Everywhere

Text LYNELLHODGES924 to 22333

Black women are more than three times as likely as White women to die from pregnancy-related causes, while American Indian/Alaska Native (AI/AN) are more than twice as likely. These disparities persist due to:

- A. Income
- B. Education
- C. Geography
- D. Other socioeconomic factors
- E. All of the above
- F. None of the above





# Poll Everywhere

Text LYNELLHODGES924 to 22333

According to the CDC, what has contributed to the bleak disparities?

- A. Variations in quality healthcare
- B. Underlying Chronic Conditions
- C. Structural racism and implicit bias
- D. All of the above
- E. None of the above







# Poll Everywhere

Text LYNELLHODGES924 to 22333

The maternal mortality rate was 23.8 per 100,000 live births in 2020 and 20.1 in 2019. How does this compare to the 2021 rate?

- A. 41.4
- B. 15.1
- C. 32.9
- D. 19.8

*A maternal death is defined by the World Health Organization as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes”*

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# Quality Improvement Fund – Maternal Health Grant (QIF-MH) Overview

# Awardee Introductions

**36** health centers

**25** states

**386K** female patients  
aged 15-44



[View the full list of QIF-MH awardees](#)



# Grant Team



**Dr. Joan East**  
Director of Innovation Center



**Marni Holder MSN, RN, FNP-BC**  
Director, Community Health Initiatives  
UNC Family Medicine



**Lynell Hodges, MPH**  
Program Manager



**Christian Bergevin**  
Data Project Manager



**Katie Wouk**  
Evaluator  
PIRE



**Program Assistant**

# QIF-MH Core Expectations

Support health centers to partner with patients and the community to address disparities



Models of Care Delivery



Peer Learning & Evaluation



Learning Community



Clinical & Health-Related Needs



Improve Maternal Health Outcomes



Innovate



Centering Voices



Equity Training

# Our Proposal: Three Core Objectives

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Interdisciplinary  
Team (IDT) Care  
Model

Virtual Care  
Model with  
UNC Maternal  
Fetal Medicine  
(MFM) Specialist

Community  
Based Doula  
Collective

# Innovation Discussion

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- Rational
- Application
- Current Status

# Rational for Interdisciplinary Team (IDT) Care Model



**Evidence-based  
resources**



**Dr. Katie Wouk  
Baseline Data**

**Sources:**

- Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022.

- <https://pubmed.ncbi.nlm.nih.gov/35262055/>



# Improve Postpartum Return Rate Perinatal Interdisciplinary (IDT) & Team Visits



**Pilot CHC  
Carrboro**



**IDT Meetings  
and  
Team Visits**



**Equipment  
Upgrade**

# Innovation Update

❑ Lessons learned from Carrboro

❑ Implementation Toolkit

❑ Expanded to Charles Drew CHC

## PHS Prenatal Interdisciplinary Team (IDT) Innovation Implementation Toolkit

I. Program Overview: The prenatal Interdisciplinary Team (IDT) model is designed to improve the quality of care we provide for our perinatal patients through enhancing inter-departmental communication and optimization of team-based care. The prenatal interdisciplinary team (IDT) program model allows for team members to identify and address needs of high-risk birthing people throughout the perinatal period through collaborative team visits, case conferences for prenatal panel review and care coordination championed by site Care Management teams.

A team at the Carrboro Community Health Center initially ideated this model out of concern for disjointed access to clinic services such as WIC or breastfeeding education, lack of knowledge regarding community resource such as birth classes and doulas, unmet social needs such as newborn care basics and missed postpartum visits. Over the past 5 years, the Carrboro team has refined their workflow to ensure all pregnant patients received guideline-concordant, whole-person care and improve patient as well as staff satisfaction.

A survey among staff members in December 2022 noted staff involved in prenatal IDT were more likely to feel comfortable caring for pregnant persons and feel valued as a member of the care team. Providers who participated in the prenatal IDT model also reported an increased rate of utilization of Care Management and WIC services as well as patients receiving timely postpartum care.

Additionally, when tracking the quality of care prenatal patients received at Carrboro during the implementation process compared to that at other PHS sites with similar prenatal volumes (Moncure CHC and Charles Drew CHC), it was found that Carrboro patients were more likely to attend at least 80% of their prenatal appointments (see Fig.1), and this metric increased as the IDT program became more fully integrated into the clinic.

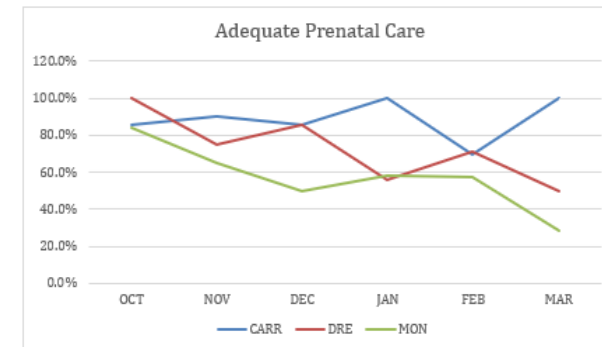


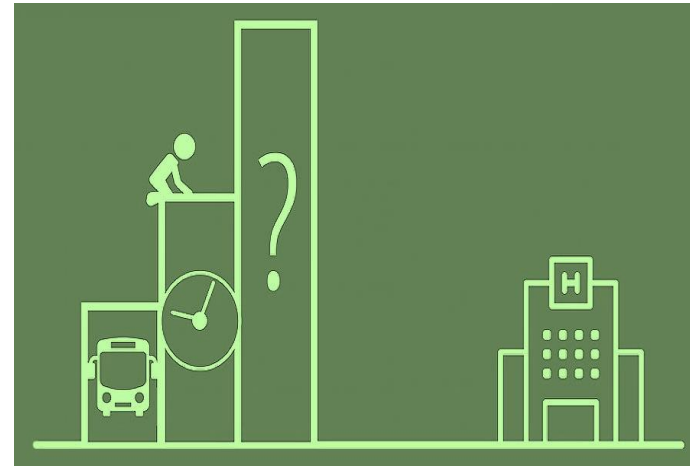
Figure 1. Patients that attended at least 80% of their prenatal visits

Additionally, patients who were enrolled in the prenatal IDT program had greater rates of receiving timely postpartum care (Fig. 2) and newborn retention (Fig. 3).

# Rational for Maternal Fetal Medicine (MFM) Innovation



## Telehealth and e-Consult



## Barriers to Care

### Sources

NC Perinatal Health Strategic Plan 2022-2026, published online at:  
[https://wicws.dph.ncdhhs.gov/phsp/docs/PerinatalHealthStrategicPlan-9-15-22\\_WEB.pdf](https://wicws.dph.ncdhhs.gov/phsp/docs/PerinatalHealthStrategicPlan-9-15-22_WEB.pdf)

Vedam S, Stoll K, Taiwo TK, Rubashkin N, Cheyney M, Strauss N, McLemore M, Cadena M, Nethery E, Rushton E, Schummers L, Declercq E; GVTM-US Steering Council. The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reprod Health*. 2019 Jun 11;16(1):77. doi:10.1186/s12978-019-0729-2. PMID: 31182118; PMCID:PMC6558766.

UNC Cecil Sheps Center (2016). Average distance to care for discharges for childbirth: Miles from residence to hospital.

# Implement Maternal Fetal Medicine (MFM) e-Consult and Telehealth



**Dr. Jesus Ruiz**



**Half-day Virtual  
Consult Clinic**



**Spread  
Success**

# MFM Innovation Update

## MARCH 2024 MATERNAL FETAL MEDICINE (MFM) TELEHEALTH CLINIC

Through the HRSA Quality Improvement Fund-Maternal Health grant, PHS will offer virtual MFM specialty consultation service including e-consult and telehealth capability for women with high-risk conditions at PHS rural community health centers.



Annie Dude, MD, PhD is a specialist at UNC Chapel Hill Maternal Fetal Medicine. A University of Chicago graduate, she was trained at Duke University and the University of Illinois at Chicago in Obstetrics and Gynecology and completed her Maternal Fetal Medicine Fellowship at Northwestern Prentice Women's Hospital. She is a researcher interested in work at the intersection of obstetrics and public health. Clinically, she focuses on the care of pregnancies complicated by maternal medical illness, especially diabetes, HIV and cardiac disease.



*I am passionate about working with patients and families during even the most complicated of pregnancies in a way that makes them feel safe and cared for – Dr. Dude*

### Thursday Afternoons Siler City CHC

March 21  
March 28

April 18  
April 25

Conditions for Consultation\*  
• Pregestational DM • GDMA1 or A2 • Hypertensive Disorders of Pregnancies • Consult for TOLAC vs C/S • AMA • Cholestasis of Pregnancy • Thyroid Disorders • Macrosomia • Oligohydramnios • Polyhydramnios • History of Recurrent Miscarriage • History of Preterm Birth • Maternal History of Cardiac, Pulmonary or Renal Disease • Severe Anemia • Thrombocytopenia

\*These are examples and not intended to be all-inclusive.

PHS MFM Clinic  
Documentation



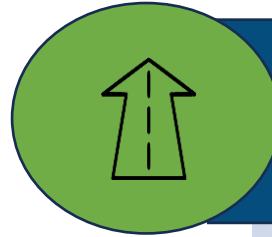
Maternal Fetal Medicine

## Telehealth & E-consultation

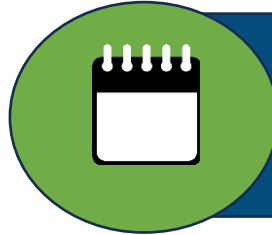
PHS Siler City & Moncure



# MFM Innovation Update



Prospect Hill  
TBD



Moncure  
July 2024



Surveys



Launched  
March 2024



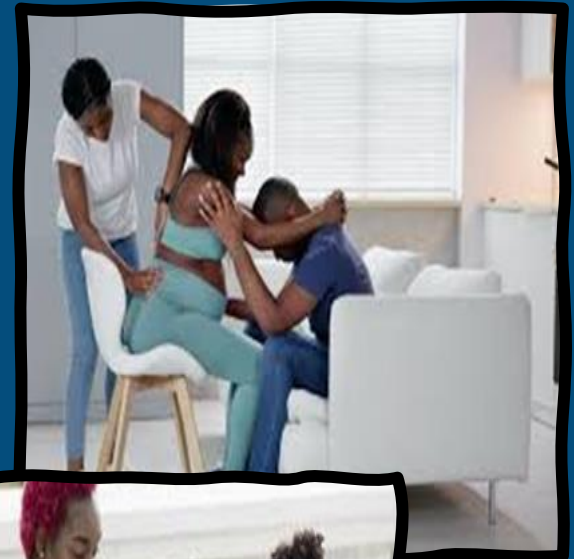


# Poll Everywhere

Text lynellhodes924 to 22333

What does your health center do with regards to doula support for your perinatal population?

- A. Employees doulas
- B. Contracts or collaborates with doulas
- C. Neither hires nor collaborates





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# The Benefits of a Doula



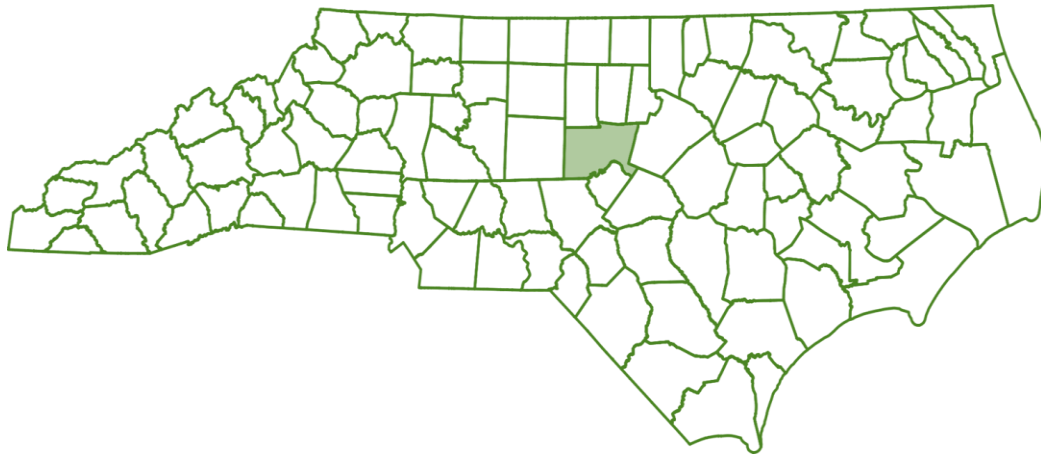
- \* 31% decrease in the use of Pitocin
- \* 28% decrease in the risk of C-section
- \* 12% increase in the likelihood of a spontaneous vaginal birth
- \* 9% decrease in the use of any medications for pain relief
- \* 14% decrease in the risk of newborns being admitted to a special care nursery
- \* 34% decrease in the risk of being dissatisfied with the birth experience

2012, Hodnett, et al., *Evidence Based Birth*



# Rational for Community Doula Innovation

## Population of Focus



## Deficit: Perinatal Wrap-Around Support Services



# Train and Deploy Concordant Community Doulas

## Lived Experience Accessible Doula (LEAD)



**DR. JACQUELYN  
MCMILLIAN-BOHLER**  
Ph.D., CNM, CNE  
CO-PRINCIPAL INVESTIGATOR

**VENUS  
STANDARD**  
MSN, CNM, APRN, FACNM, LCCE, CODONAI  
CO-PRINCIPAL INVESTIGATOR

**DR. STEPHANIE  
DEVANE-JOHNSON**  
Ph.D., CNM, FACNM  
CO-PRINCIPAL INVESTIGATOR



## Chatham County Public Health Department (CCPHD)/EMBRACe



# Community-Based Doula Collective Update

Shift in Original Training Plan

LEAD – Spring 2024 Cohort



# National Evaluation

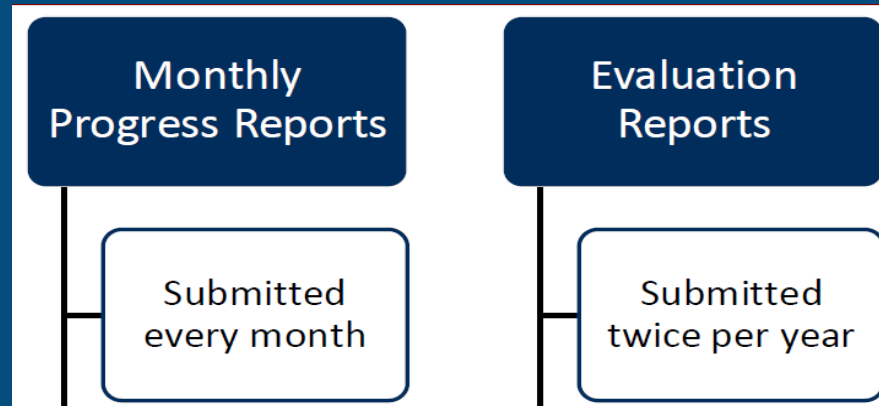


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Hannah Reisner, MPH  
Public Health Analyst

**HRSA Project Officer**



**Evaluation Contractor**



**Technical Assistance (TA) Provider**



**Technical Coaches**

- Taleen Yepremian
- Vince Pancucci

# Project Advisory Council

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Patients → Community → Clinical

# Project Advisory Council Handbook



## Quality Improvement Fund – Maternal Health (QIF-MH)

PROJECT ADVISORY COUNCIL HANDBOOK

Quality Improvement Fund – Maternal Health (QIF-MH)

### Introduction

Welcome to a Piedmont Health Services Project Advisory Council. We are glad you are here and would like to thank you for volunteering your time to support the work of Piedmont Health Services in our efforts to provide quality healthcare services to our perinatal population. Piedmont Health Services values your commitment and our staff relies on your expertise and engagement in this important quality improvement work.

We hope that you will gain from the experience as much as you contribute to it. The Advisory Council is an excellent place to engage with the challenges of strengthening our services and learn from our patients and community partners.

We have developed this handbook to help orient you to the role of Project Advisory Council member in Piedmont Health Services maternal health work and explain what the council will do. The handbook also outlines the policies and procedures that govern PHS Project Advisory Council.

Piedmont Health Services  
88 Wilson Center Drive  
Suite 110  
Chapel Hill, NC 27514  
Telephone: (919)  
<https://piedmonthhealth.org/>

**Mission:** To improve the health and well-being of the community by providing high-quality, affordable, and comprehensive primary health care.

**Vision:** Our vision is a healthy community in which all people have timely access to quality health care.

**Our Culture:** By consistently following and demonstrating these core principles amongst our patients and our care team, we support the people of our communities in a compassionate, supportive way.





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# Discussion

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**What are you doing at your clinic/organization to improve maternal health outcomes?**



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# Questions?





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# Thank You!

Lynell Hodges  
Program Manager  
Innovation Center

(919) 933-8494  
hodgesl@piedmonthealth.org

 [www.piedmonthealth.org](http://www.piedmonthealth.org)