Maternal Health & Perinatal Inequity

Agenda

8:00-9:00 – Monica M. Arce CNM IBCLC
Site Medical Director, Virginia Garcia Women's Clinic
Virginia Garcia Obstetrical Service

9:00-9:10 – Break

9:10-10:10 – Alexa Jett, BSDH, EPDH
Oral Health Integration Manager –CareOregon
Maternity Oral health

10:10-10:20 – Break

10:20-11:20 – Kimberly Porter, Community-Based Mental Health Therapist
The Role of the Doula

11:20-11:40 – Panel Q&A

Overall Learning Objectives

- Describe an integrated model of perinatal and team-based care designed to improve health disparities, and to reduce systemic racism and the generational impact of ACEs.
- Learn about the importance of oral health during pregnancy and how coordination and (where possible) integration of delivery of services can impact outcomes.
- Develop insight into the role of doulas in providing cultural and linguistic support in socially complex and stressful conditions not always identified during routine prenatal visits.

Virginia Garcia Obstetrical Service

Achieving Quality Care

Before and After Covid 19

Monica M. Arce CNM IBCLC

Site Medical Director

Virginia Garcia Women's Clinic

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Virginia Garcia Memorial
HEALTH CENTER

CareOregon

Our Mission & Vision

Virginia Garcia is a catalyst for change in health care delivery.

The Mission of the Virginia Garcia Memorial Health Center is to provide high quality, comprehensive, and culturally appropriate primary health care to the communities of Washington and Yamhill counties with a special emphasis on migrant and seasonal farmworkers and others with barriers to receiving health care.

Our vision is simple. We work to ensure that all people in our service area have access to timely, high-quality health services, enabling them to achieve the best possible health outcome.

VG Clinic Opens July 1975

Health Center Meets Need

With one month of experience behind them, the staff of the Virginia Garcia Memorial Health Center has found that they have learned much. Exposed to health problems not commonly found in the Northwest, and exposed to a wide range of cultural differences, the general consensus is that the Health Center is a "wonderful place to work". Talking with different staff members, a variety of unique experiences was pointed out, with an emphasis on the fact that they are providing TOTAL health care for their clients.

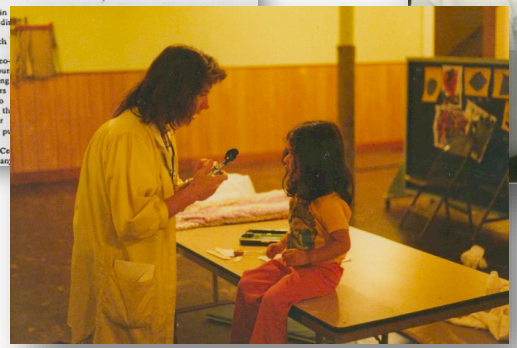
In dealing with people who have not often gone to doctors unless they are literally "too sick to work", nurses and doctors have had patients who are unfamiliar with holding thermometers under their tongues, recognizing that a needle means pain, or that after taking a blood sample the arm will stop bleeding. The staff views these differences in a positive way, and finds that health care for those unfamiliar with these practices is, in some ways, easier and in all ways challenging.

Maridee Dea, public health nurse, feels that an important point to stress to patients is that medication is never prescribed unless they know exactly what the problem is, and that the medication will treat that problem. In the past, many Spanish-speaking people have been given large amounts of antibiotics, such as penicillin, when it was uncertain if it was the proper medication, and thus have developed an immunity to these medications. "We don't guess", Marilee stressed.

The problem for migrants is in getting health care before it is too late. With its Outreach program, nurses are able to visit labor camps and see people before they are too sick to work, or too sick to be helped. Parents are urged to bring in their children for early immunization against disease. There is also a need to educate migrant families to look for early signs of illness, which the Health Center is trying to fulfill.

To really meet the needs of low income people, the Health Center has structured their hours so that people can see a doctor without missing work, has provided a bilingual staff, and offers all services free to those who cannot afford to pay for them. Many of the people treated at the Center have problems directly related to their work as migrants, such as strawberry rash, or pulled muscles.

Josefina Lucero, nurse aide at the Health Center, commented on the beauty and strength of many



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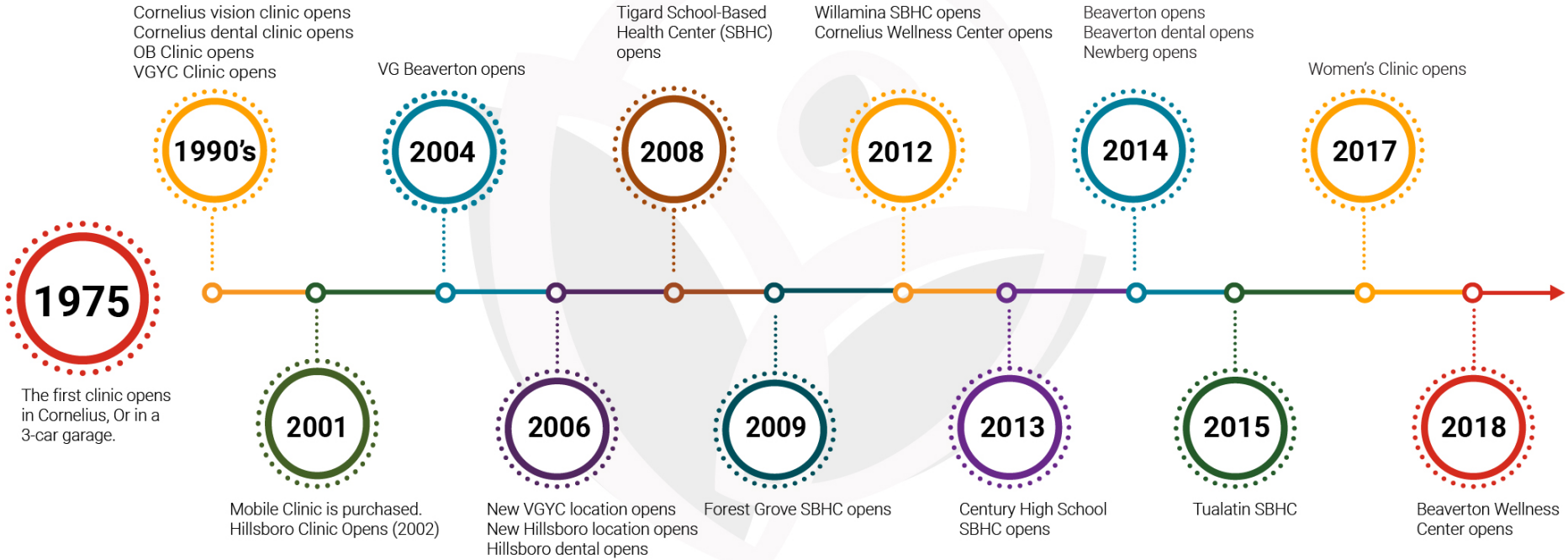
THE HISTORY OF VIRGINIA GARCIA MEMORIAL HEALTH CENTER



Responding to Community Need

We serve more than 50,000 patients in Washington and Yamhill counties:

- Five primary care and six dental clinics in Newberg, McMinnville, Beaverton, Hillsboro and Cornelius
- Five school-based health centers located in Tigard, Century, Beaverton, Forest Grove and Willamina
- A Women's Clinic
- A mobile outreach clinic

Today we serve 1 in every 13 residents of Washington and Yamhill counties.

Virginia Garcia Memorial HEALTH CENTER

Who We Serve

Our patients are amazing. If we had 100 of them standing in front of you today, here's what they would look like:

- 36 would be kids – 18 years old or younger
- 98 of those 100 would live in a low-income household
- 27 would be uninsured
- 63 would be insured by the Oregon Health Plan or Medicaid
- Over half would be best served in a language other than English.
- 20 would be farmworkers
- We serve around 400-500 patients during pregnancy every year.

Migrant Camp Outreach

- June – August each summer
- Mobile Medical & Dental Van brings health care to farmworkers at the camps and nurseries
- In partnership with many organizations to bring resources to the families in the housing complexes
- In 2019 VG cared for more than 900 patients in the camps and nurseries
- 2020 marked a year of large Covid19 screenings/testing at Migrant camps, mobile testing sites, wineries and many events co-sponsored with Washington and Yamhill County Health.

So How Have We Succeeded in Serving a Population Like Ours?

We've evolved many times in the last 45 years, and landed on:

- Medical Home/Team-Based Care
- Bilingual/bicultural providers and staff members with a passion for community health
- Encouragement of staff to participate in advocacy efforts in the community
- Integration of Behavioral Health into primary care
- PCCOWS (Primary Care Community Outreach Workers)
- Trainings and CEUs available for all staff on trauma-informed care, social determinants of health and ACEs

Advocacy at Virginia Garcia

For Community Health Centers around the country there are plenty of reasons to get involved

rise
WITH VIRGINIA GARCIA

REACH.
INSPIRE.
SUPPORT.
ENGAGE.

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Community Advocacy

- Partnerships with the Oregon Food Bank
- Lights for Liberty 2019 (organized marches nationwide against Detention Centers and family separation at the border)
- Black Lives Matter participation
- Support for DACA
- Voter registration at our clinics
- Promotion of the Census

Community Advocacy


We must no longer accept
the things we cannot change.
We must change the things
we cannot accept.
-adapted from Dr. Angela Davis

Medical Home/ Team-Based Care

Each team is composed of:

- Medical Providers (MDs, NPs, PAs)
- One or two RNs
- A patient care coordinator (specialized MA)
- Team Assistant (referrals, etc.)
- Some teams have:
  - PCCOWs but they are shared by the entire clinic
  - Clinical Pharmacists ready to help with medication management
- All staff gets the opportunity to help staff the mobile clinics and outreach efforts throughout the year.

Bilingual/Bicultural Health Care Providers

Most of our providers and staff members are bilingual

- Hiring bilingual staff is a priority
- There is a pay differential that incentivizes multilingualism for all the staff, their language skills are tested to ensure adequate proficiency.
- Signage throughout the clinic is in our most frequent languages
- Interpreters in person, or over iPad/phone

Data Analysts in Administration

Provide each team reports every month that can be used by the team to improve target health care measures

- Measures align with the health care measures as set by different CCOs and by the federal government (Diabetes control, depression and f/u plans, asthma care management, vaccination rates, PAPs, One Key Question/contraception, etc.)
- Reports are reviewed in team meetings and each team comes up with their own interventions

Wt Assessment & Screening				
Count of MRN	Column Labels			
Row Labels	Met	Not Met	Grand Total	%Met
VG BEAVERTON	2002	848	2850	70.25
VG CORNELIUS	1186	344	1530	77.52
VG HILLSBORO	1422	353	1775	80.11
VG MCMINNVILLE	921	306	1227	75.06
VG MOBILE		2	2	0.00
VG NEWBERG	226	67	293	77.13
VG SCHOOL BASED	684	160	844	81.04
(blank)	319	84	403	79.16
Grand Total	6760	2164	8924	75.75
				#DIV/0!

BHP Integration Into Primary Care

At least two behavioral health providers integrated into each primary care site

- Provide behavioral intervention in real time to help with things like smoking cessation, motivational intervention for other lifestyle changes (exercise, weight loss, etc.)
- Real time response to suicidal ideation, anxiety, depression, stress
- Decrease barriers to access mental health services by providing real time response to issues

Community Health Outreach Workers in the Healthcare Team

Connecting patients to resources in the community:

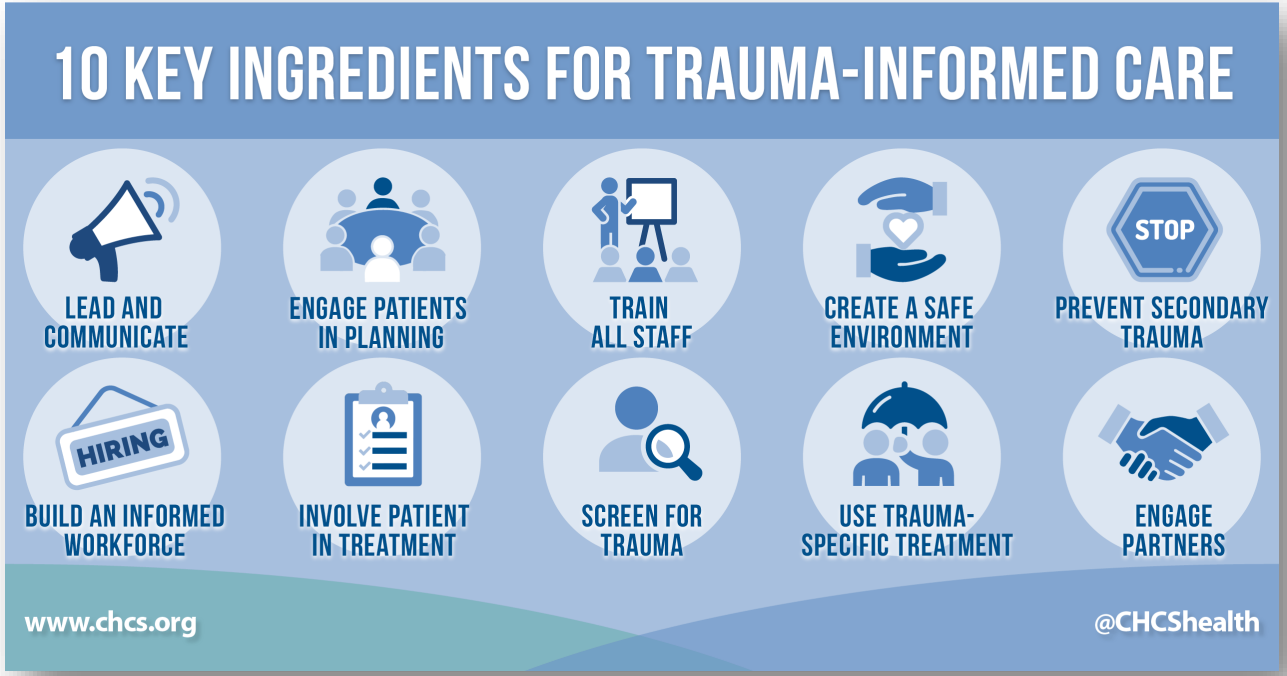
- Community Action
- Centro Cultural (Cornelius)
- IRCO, Catholic Charities
- Nurse Family Partnership
- WIC
- Affordable legal aid
- Food resources (banks, fairs, churches giving food boxes)

Trauma-Informed Care (TIC)

All Staff trainings rolled out on TIC between 2017-2019

- Staff is trained in the concept of “universal precautions” when interacting with anyone, the awareness that everyone we interact with has a high likelihood of having had trauma in their past.
- The importance of building a culture of safety at VG, trust and resiliency for staff and patients
- Encourage staff to recognize our own personal triggers and our on past traumas, to better able to regulate our own emotions in difficult circumstances
- A recognition that what we traditionally see as “difficult patients” or difficult interactions are most likely a fight or flight response, a protective mechanism triggered from past experiences.

Trauma-Informed Care



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Transitions of Care Program

Designed to smooth out the transition of patients discharged from hospital back into primary care

- Clinical pharmacy allows for medication reconciliation
- PCCOWs participate to ensure social service needs can be fulfilled.
- Decreases medication errors, and pts lost to f/u and care after discharge, decreases readmissions and ER visits.

How Did We Do It In OB?

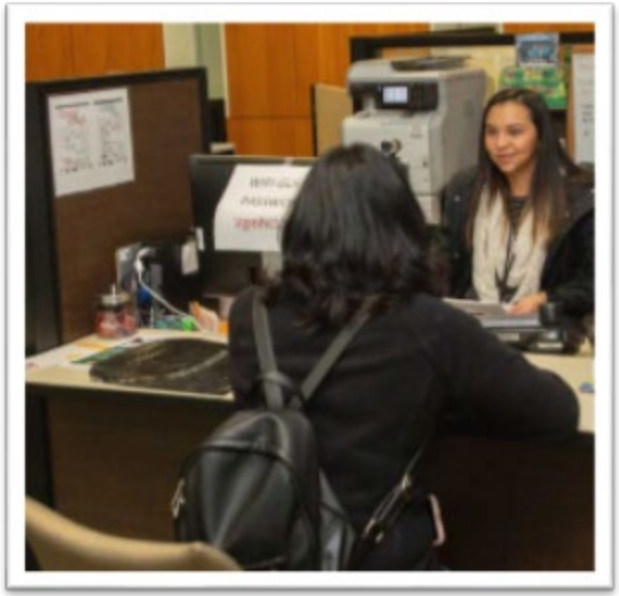
- Borrowed the same Medical Home/Team based care model and reproduced it in OB.
- - Providers rotating from primary care to do OB
- - RN
- - Patient Care Coordinator
- - Referrals Coordinator (also doing OHP applications)
- - OHP eligibility specialist in house
- Maternity case management with RNs at the onset of pregnancy for all women- screening for social determinants of health and referrals to community resources
- Centering Pregnancy
- Postpartum support with RN IBCLCs at home
- Partnerships with Doernbecher for safe sleep education and car seat safety
- Dental integration

Team of OB Providers

- CNM Site Medical Director, seeing patients 0.8 of time
- Nine Family Medicine Doctors (rotating through from primary care on different days of the week)
- Part-time clinic only CNM
- Soon to add a third CNM with hospital call to the team
- Most providers take call for OB patients.
- Hospital deliveries at OHSU Hillsboro Medical Center (formerly Tuality Hospital)
- Newborn care
- Full in-patient postpartum care

At Initiation of Prenatal Care

- Patient starts care with the OHP eligibility specialist
- Meeting with Centering Coordinator to introduce Centering Pregnancy and assign them a group
- OB RN Case management visit
- 40 min visit with provider, who often does dating US
- Most patients deliver with us at OHSU Hillsboro Medical Center, with some patients delivering at OHSU Portland Campus for higher risk needs



Maternity Case Management with RNs

Cases are initiated at the beginning of every pregnancy –

First visit enrolls patient in the program –

- Open chart and do full history, including social history and assessment of housing stability, DV, food security, employment, past trauma.
- Referrals to home visiting programs in Washington County (Nurse Family Partnership, etc.), encouraged to sign up for WIC
- Referrals to our PCCOWs stationed in primary care to help with acute issues- food resources, rent assistance, legal aid, etc.
- Social Determinants of Health Screening- incentivized by a gift card for $50 for patients.

Centering Pregnancy

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Centering Pregnancy

Started Centering Pregnancy Program in VG Hillsboro in 2010 with the assistance of the March of Dimes and several other grants

In 2010- 12 women participated in Centering Pregnancy groups

- In 2011- 32 women
- 2012- 40
- 2013- 50
- 2014- 72
- 2015- 59
- 2016- 68
- 2017- 73

The average participation since 2017 has ranged from 60-70 participants per year.

Centering Pregnancy

- We brought the Centering Pregnancy training program to our site in 2012.
- In 2013 we had a second training session for Level 2 facilitation for all of our Centering clinicians and co-facilitators.
- In 2014 we were approved as an official Centering Pregnancy site
- Unfortunately with COVID-19, we had to immediately suspend our Centering program, and are looking into ways that we could restart it via “Zoom” group meetings to get some of this content back into our care model.

Centering Pregnancy

As Part of the Centering Certification Process, We Report On Our:

- SGA rates: 4.4% of our Centering babies are small for gestational age (US national rate: 8% in 2015)
- Preterm delivery : 4.2% of our Centering babies are born prematurely (national rate: 9.57%, Oregon: 7.7%)
- Breastfeeding rates: 100% of Centering patients being discharged from OHSU Hillsboro Medical Center are breastfeeding full time at 2 weeks postpartum. (compared to 84% of our non-Centering Pregnancy patients)

Centering Pregnancy

- Since 2010 women have been asked how satisfied they are with their OB experience while participating in Centering
- This program has consistently had high patient and clinician satisfaction scores and has provided women with a new enhanced way to receive prenatal care.
- Barriers to participation in Centering Pregnancy have consistently been lack of childcare support, scheduling conflicts.

Postpartum RN IBCLC Home Visiting Program

- This is our longstanding "transitions of care" program – OB version and has been an integral part of our program for over 20 years.
- Home visits occurred every Mon, Tues, Thurs, Fri
- Breastfeeding support by IBCLC, weight checks, jaundice checks
- Home safety assessments
- BP checks for mom
- Multiple visits could happen if this was needed by mom or baby
- Reimbursements dependent on coverage, but many covered by the Maternity Case Management program

Partnerships with Doernbecher

Safe Sleep Program

- A program to teach parents safe sleep practices for prevention of SIDS
- Parents get a free co-sleeper bassinette when they participate in the class

Car Seat Safety program

- Parents sign up for a car seat safety fair once a month at OHSU HMC.
- They provide the program the ages and weights of all the children in the family
- Family shows up in their car and their current car seats are assessed for safety, set up, size and new car seats are available for purchase at $30 each.

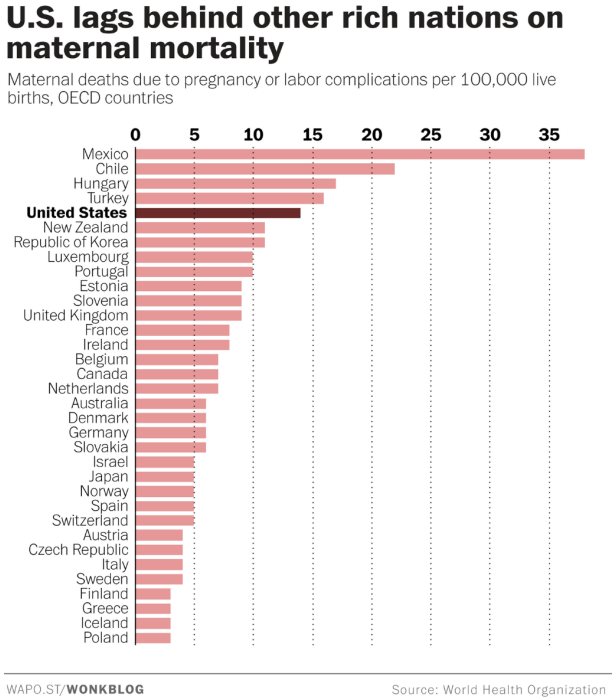
Padres con Iniciativa

Support group for new parents to teach healthy parenting techniques

- Review of self care strategies, stress reduction in the home
- How to make time for self care
- Strengthening communication with children
- Support normal development in children
- Positive behavior and positive reinforcement strategies
- Tips to enjoy family life.
- Cornelius Wellness Center weekly groups in the evenings.

Outcomes in VG's OB Program

- Our Total CS rate (including planned repeat cesarean sections) is 18.7% (nationwide- at 33%)
- Our induction rate is 14% (vs the national rate of 23.3%)
- Our rate for cesarean sections for first time mothers at term, with a baby head down, going into labor on her own is 6%. The rate at OHSU HMC is 15.7% (this includes the Tuality Ob/Gyn clinicians; US national rate: 21.5%, Oregon 18.2% in 2012).



Dental Integration Into the VG Women's Clinic – our next segment!

- Embedded hygienist project was funded by CareOregon Dental
- Checking into both their OB appt. and their dental appt. at once, then getting a dental evaluation and treatment plan while at VG Women's Clinic
- Dental Hygienist became an integral member of our team at VG Women's Clinic, providing full dental cleanings to our OB patients regularly
- In survey complete by VG during the project, 75% of patients who responded stated they had dental visit because it was recommended by their OB provider. That data supports our belief that messaging from PCPs is key in connecting patients to dental care.
- Using centering model for a lot of follow up care

Things We Would Like to Try and Have Thought About…

Doula program

- Biggest barrier is that doula services are still not reimbursed fairly in our current system (recently changed for CO)

MAT and OB care, in particular Centering for patients on MAT

- At this time trying to get as many providers waivered to be able to prescribe MAT in pregnancy

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How Things Have Changed After COVID-19

Alternative schedule for OB care – endorsed by the WHO/ACOG and SMFM

- 50% visits doing over the phone
- Schedule was arranged in coordination with OHSU MFM
- No family members during the visits, no children (Facetime participation during visits)
- Car seat program and safe sleep program being done individually by our staff members
- Handing out masks donated by the community for our patients

How Things Have Changed After COVID-19

All COVID evaluations (symptomatic) done in primary care

- Cancellation of all Centering groups
- Could we resume these via Zoom meetings? (applying for a grant to see help us explore this avenue at this time)

Stopping home visiting program (visits now happen at the VG Women's Clinic)

- Newborn weight checks/jaundice checks done in clinic
- Unable to assess home safety and family dynamics as we were doing before

How Things Have Changed After COVID-19

Hospital practice changes

- One support person per laboring/postpartum mother.
- Doula was considered a clinical support, so we allowed one doula as well
- No children visitors
- COVID-19 testing on admission or prior to admission
- No elective procedures until recently, and only after a negative COVID-19 test prior to procedure
- Masks for patients and support person throughout labor and birth.
- N95 and face shield for RNs and providers throughout second stage and other aerosolizing procedures

Keeping VG staff informed

- All staff communication with important COVID-19 updates from the state and our population
- Updates on our testing results, including percentage of positive tests collected by VG.

VGMHC Covid-19 Data Dashboard (8/22/20 - 8/26/20)

Location	United States	Oregon	Washington County	Yamhill County	Virginia Garcia	Total VG Washington County	Total VG Yamhill County
Total Tested	40,713,070	531,500	Incomplete	Incomplete	5,473	**	**
Total Resulted	na	na	na	na	5,302	**	**
Total Positive Cases	5,589,013	25,571	3,626	606	590	484	106
Weekly Positive Cases	243,568	1,406	174	56	21	14	7
Total Deaths	179,997	433	35	14	**	**	**
% Change New Cases (7 Days)	-26.4%	Uptrend**	No Trend**	Downtrend**	5%	-13%	75%
Hospitalization/ED Utilization (	na	Downtrend**	Downtrend**	Downtrend**	**	**	**

*Weekly Includes Previous Friday (Current Day Not Included)
**Data Last Updated 8/19/20

Positivity Rate	National	OR	VG
8/27/2020	**9.10%**	**4.81%**	**11.13%**
8/21/2020	9.30%	4.81%	11.04%

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careoregon.org

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Thank You!

@VGMHC

@VGMHCComunidad (Spanish-only page)

@VirginiaGarcia

Virginia Garcia Memorial Health Center and Foundation

Virginia Garcia Memorial Health Center

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10 minutes

Two Bright Smiles – Maternity Oral Health

Alexa Jett, BSDH, EPDH

Oral Health Integration Manager -CareOregon

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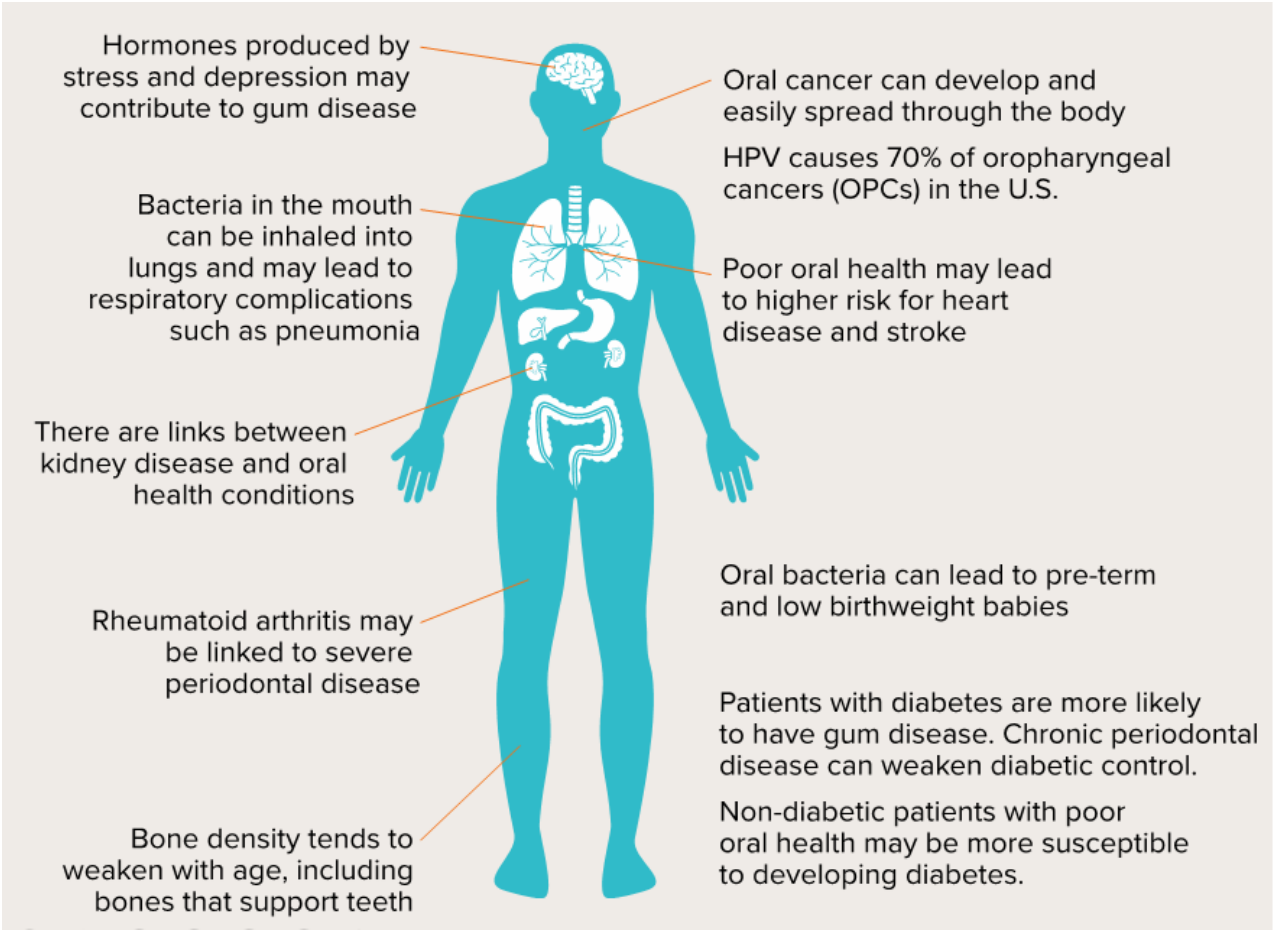
Segment Learning Objectives

1. Discuss the importance of oral health during pregnancy
2. Gain an understanding of prenatal dental care as an upstream approach to early childhood caries
3. Describe physical and oral health integration efforts for the maternity population



Systemic Relationships of Oral Health and Overall Health

Oral Health During Pregnancy

careoregon.org
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Two Bright Smiles

Good oral health is a part of good overall health.

- All pregnant patients should have dental care during pregnancy
- Dentistry is safe and important for a healthy pregnancy
- Good oral hygiene is important for both the patient and developing baby
- Dental navigation/care coordination is streamlined and efficient

Maternity Oral Health Initiative

In 2017, we launched our cross-regional maternity oral health initiative

- Organization-wide program development
  - Infrastructure to support prenatal providers with key oral health messaging
  - Infrastructure to aid with patient dental navigation and care coordination

In 2019, 32.4% of pregnant CareOregon Medical members completed a dental visit prior to delivery

- **3.9 % decline** from 2018 (36.3% rate)

Impact of Oral Health Care

Improved health outcomes for both pregnant patients and developing babies

- Oral bacteria may lead to preterm and low birthweight babies
- Inflammation is the link

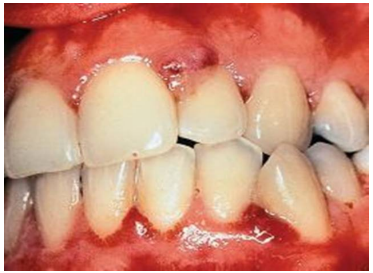
Periodontal therapy during pregnancy is associated with a decreased incidence of spontaneous preterm birth.

Jeffcoat M, Parry S, Sammel M, Clothier B, Catlin A, Macones G. Periodontal infection and preterm birth: successful periodontal therapy reduces the risk of preterm birth. BJOG 2011; 118:250-256

Common Dental Conditions

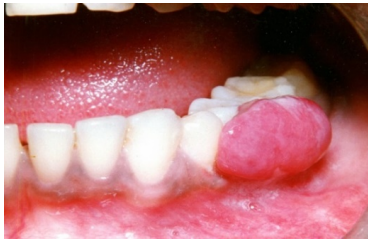
Pregnancy gingivitis

- Inflammatory process
- Hormonal changes
- Oral hygiene dependent

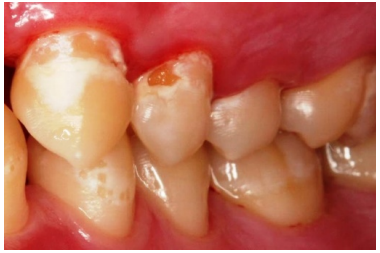


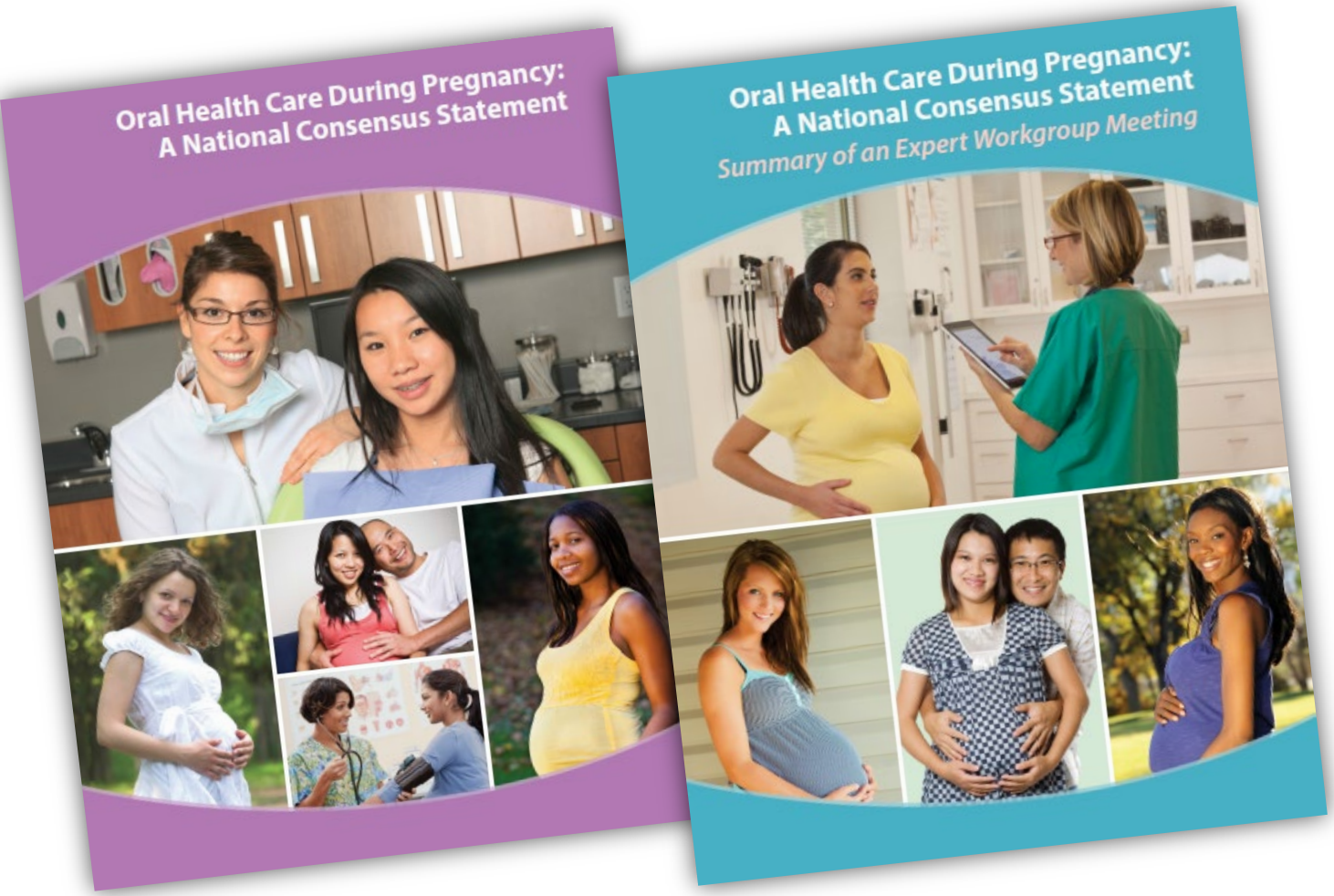
Pyogenic granuloma

- 1% of pregnant patients
- Oral hygiene dependent



Erosion and Dental Decay




Oral Health Care During Pregnancy:
A National Consensus Statement
Oral Health Care During Pregnancy:
A National Consensus Statement
Summary of an Expert Workgroup Meeting

Oral Health Care During Pregnancy

A National Consensus Statement

Developed in 2011 by a workgroup convened by the Health Resources & Services Administration (HRSA) in collaboration with

- American College of Obstetricians and Gynecologists
- American Dental Association
- National Maternal and Child Oral Health Resource Center

Supports and provides guidance for both Prenatal Care Health Professionals and Dental Professionals

National Consensus Statement

Guidance for Health Professionals

Prenatal care health professionals may be the “first line” in **assessing** pregnant patient’s oral health, **reinforcing** preventive messages and **referring** to oral health professionals

- Assess Pregnant Patients Oral Health Status
- Advise Pregnant Patients About Oral Health Care
- Provide Support Services (Case Management) to Pregnant Patients

Oral Health Care During Pregnancy Expert Workgroup. 2012. Oral Health Care During Pregnancy: A National Consensus Statement. Washington, DC: National Maternal and Child Oral Health Resource Center

2020 update

https://www.mchoralhealth.org/materials/consensus_statement.php

An Upstream Approach for Early Childhood Caries

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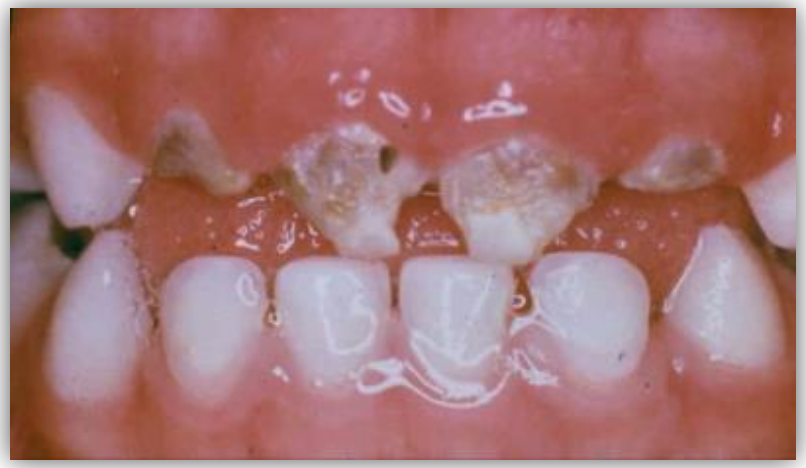
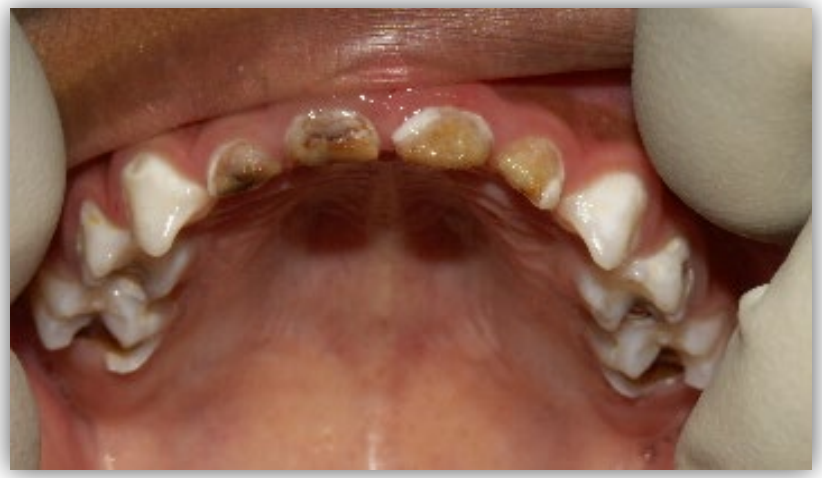
Dental Caries

A transmissible & Preventable Disease





Oral Bacterial Transmission

- Parents (or primary caregiver) pass cariogenic bacteria, *streptococcus mutans,* to their infants through common behaviors
- Siblings and other family members may also transfer cariogenic bacteria

Decreasing Bacterial Burden & Transmission

Minimizing the number of cariogenic bacteria in pregnant patients through good oral health may delay or prevent the onset of colonization of these bacteria in their infants, which results in less early childhood caries.

ACOG Committee Opinion, Number 569, August 2013, Committee on Health Care for Underserved Women, Oral Health Care During Pregnancy and Through the Lifespan

Dental Decay Rates in Oregon Children

Health Disparity

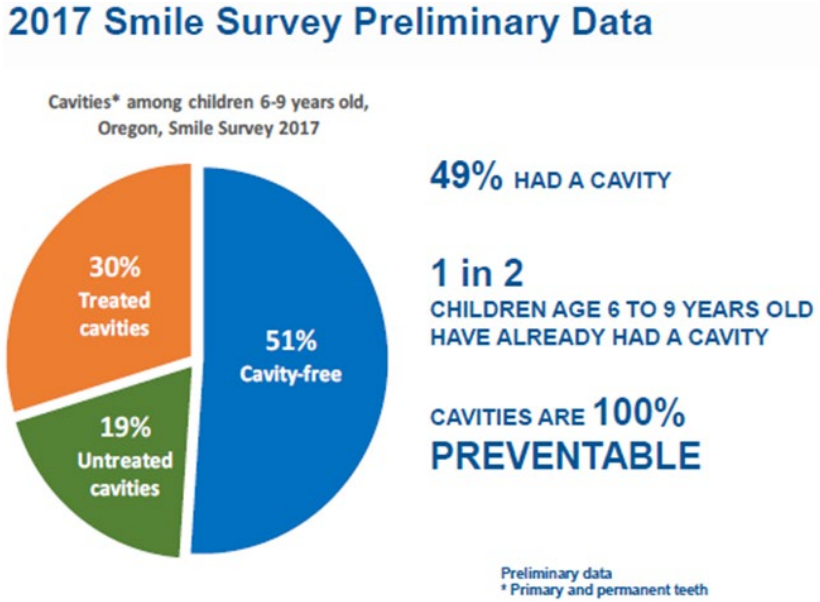
- Children from lower income households have higher decay rates and twice the rampant decay rate
- Hispanic/Latinx and Asian/Pacific Islander children have higher rates of decay

52% of children ages 6-9 have tooth decay experience

- Healthy People 2020 goal is 49%

20% have untreated tooth decay

- Healthy People 2020 goal is 26%



Early Childhood Caries

- Decay in the primary teeth of infants and children
- Most common chronic disease in children in the US
- Leads to pain and tooth loss
- According to the CDC, 51 million school hours lost annually

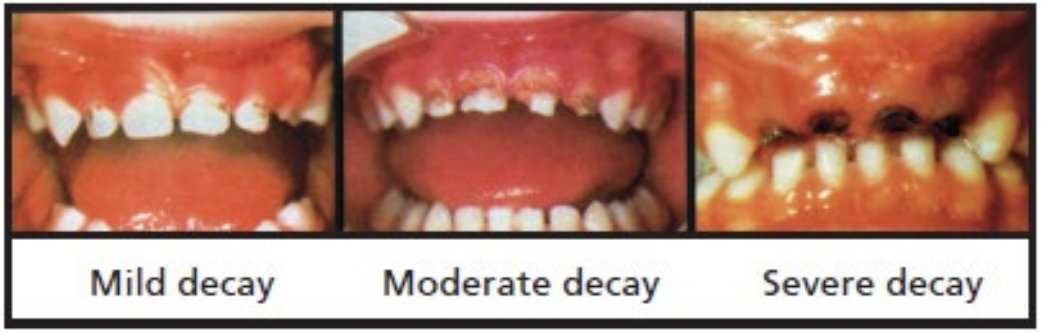


photo from Oregon Health Authority, Oregon WIC Program Form #57-726 ENG (12/2011)

Kindergarten Readiness

Impact of Poor Oral Health on Children's School Attendance and Performance

(American Journal of Public Health, 2011)

- Children with poor oral health status were nearly 3 x more likely than their counterparts to miss school as a result of dental pain.
- Absences caused by pain were associated with poorer school performance, but absences for routine care were not.
- Suggests improving children's oral health status may be a vehicle to enhancing their educational experience

https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2010.200915

Oregon Kindergarten Readiness

- State sponsored Health Aspects of Kindergarten Readiness
- 4 measures to address physical, ORAL, developmental, and SOCIAL-EMOTIONAL HEALTH
- Determined that 0-5 y/o preventive dental visits are DIRECTLY related to improving SEH

Social Determinants of Health

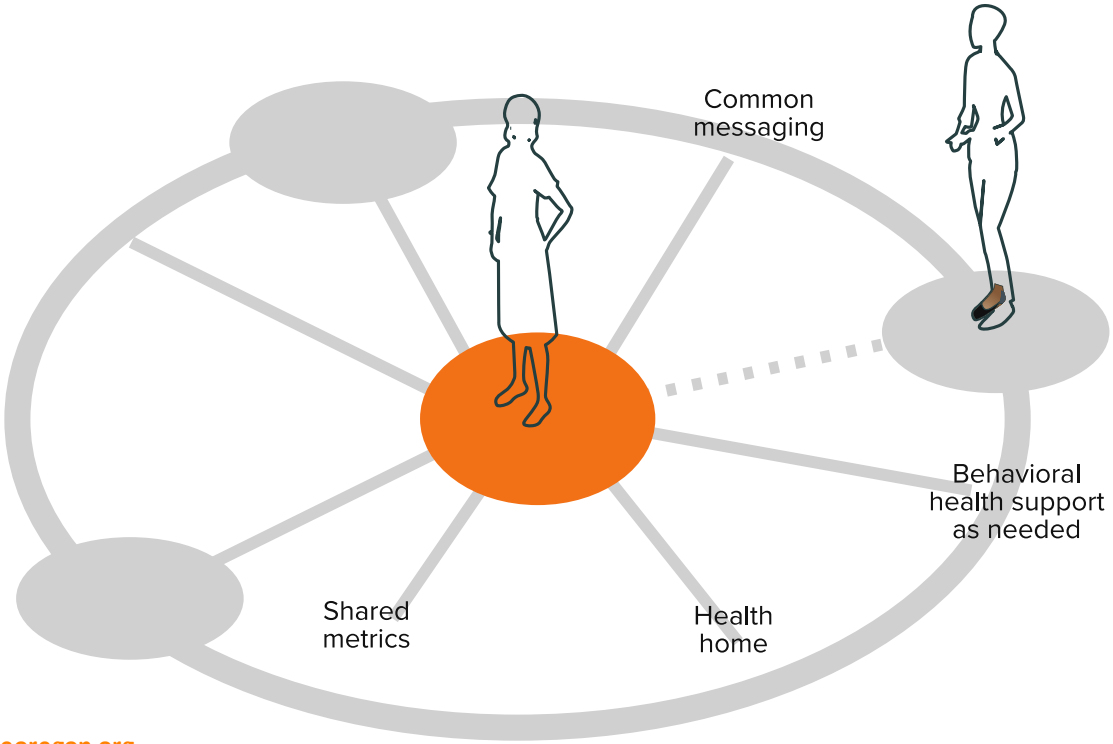
Oral health/social-emotional health and Kindergarten Readiness:

- Case being made
  - poor social emotional health/ SDoH leads to poor oral health
  - data shows that poor oral health is related to poor school attendance
  - poor school attendance results in poor graduation rates, which can lead to ever increasing income inequality, i.e. poverty

Integration in Action

careoregon.org
twitter.com/careoregon
facebook.com/careoregon

Before


Common
messaging
Behavioral
health support
as needed
Shared
metrics
Health
home

Guidance for Prenatal Care Health Professionals

Assess

Advise

Navigation to Dental (refer)

Assess

Sample Oral Health Questions

1. Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or other problems in your mouth?

2. Have you had a dental visit since becoming pregnant?

3. Do you need help finding a dentist?

Oral Health Care During Pregnancy Expert Workgroup. 2012. Oral Health Care During Pregnancy: A National Consensus Statement. Washington, DC: National Maternal and Child Oral Health Resource Center
https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf

Advise

CareOregon Recommendations

1. Pregnant patients to complete a dental visit if
    - they have not seen a dentist during their pregnancy
    - oral health problems were identified during the assessment

2. Encourage good oral hygiene and associate oral health with other healthy habits
    - nutrition
    - tobacco cessation

3. Inform patients that dentistry is safe during pregnancy and recommended for the health of both the patient and developing baby

Navigation to Dental Plan

Oregon Health Plan
Dental Benefit Package

OHP/Medicaid includes dental for all ages

- Dental exams, X-rays, cleanings, fluoride varnish
- Fillings, dentures, limited crowns
- Deep cleaning for gum disease
- Extractions
- Limited root canals
- Urgent and specialty dental care
- OHP has **enhanced benefits during pregnancy**
    - Patients may be eligible for more frequent dental cleanings and certain restorations.

Navigation Mechanism

Request for Dental Services

CareOregon CONNECT Provider Portal*

- Improves care coordination to dental
  - Takes the navigation burden off the patient and provider
- Simplifies patient DCO navigation
  - CCOs sub-delegate dental services to dental plans
- Requires only basic patient & clinic information

https://www.careoregon.org/providers/provider-portal
*also accessible through OneHealthPort

Request for Dental Services

Today's Date: 5/24/2019

- (•) Non-Urgent/Routine
- ( ) Urgent (pain, managed infection or swelling)

For Dental emergencies (unusual swelling or infection of the face/gums, tooth avulsion) please call Dental Care Coordination at 503-488-2812 Monday thru Friday from 8am to 5pm PST.

Referrals submitted online are processed once daily.

Patient Information

*Patient First Name:
*Patient Last Name:
*DOB:
*Medicaid ID:
*Patient Phone:
Parent/Guardian, if minor:
*Is the patient aware you are submitting this request on their behalf? (•) Yes ( ) No

Referring Provider Information

*Clinic/Program Name:
*Provider Name:
*Phone Number:
Fax for Correspondence:
Email for Correspondence:
*Person submitting this form:

Clinical Presentation

- ☐ Dental caries/Dental decay
- ☐ Swelling/Abscess
- ☐ Oral Pathology
- ☐ Pain
- ☐ Other

Health Conditions

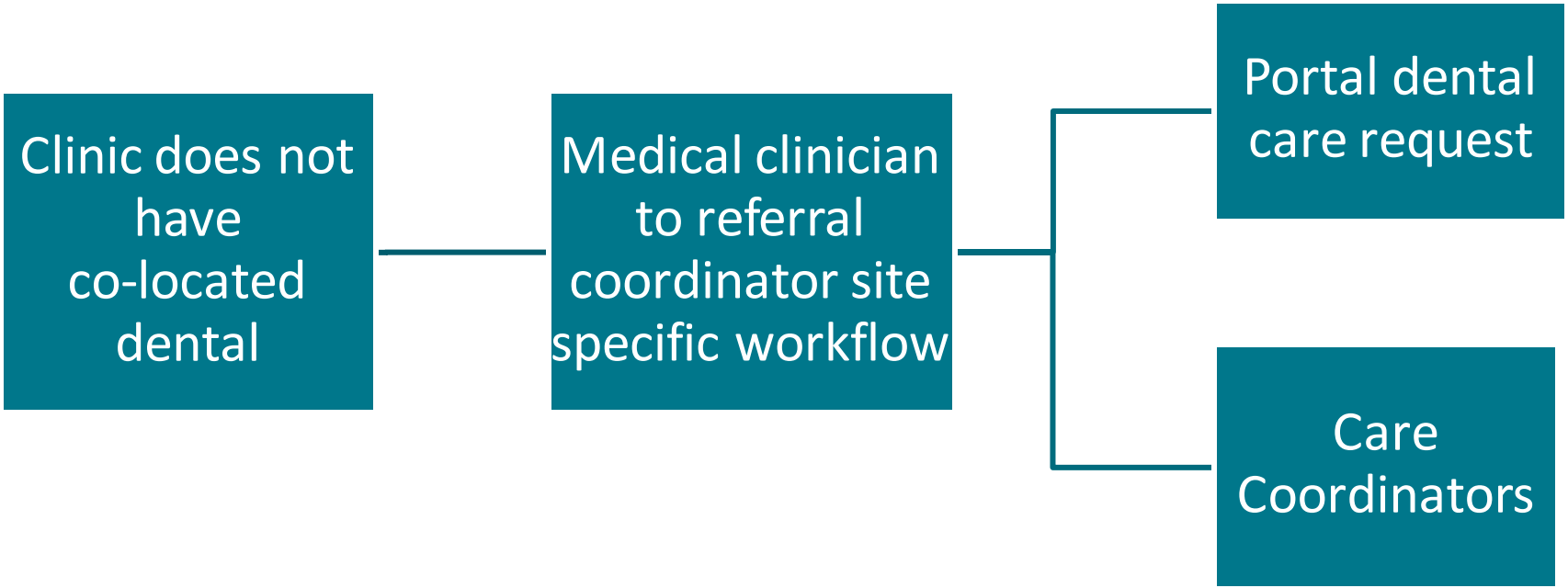
- ☐ Pregnancy
- ☐ Diabetes
- ☐ Cardiovascular Disease
- ☐ Other significant medical conditions

Comments about the condition

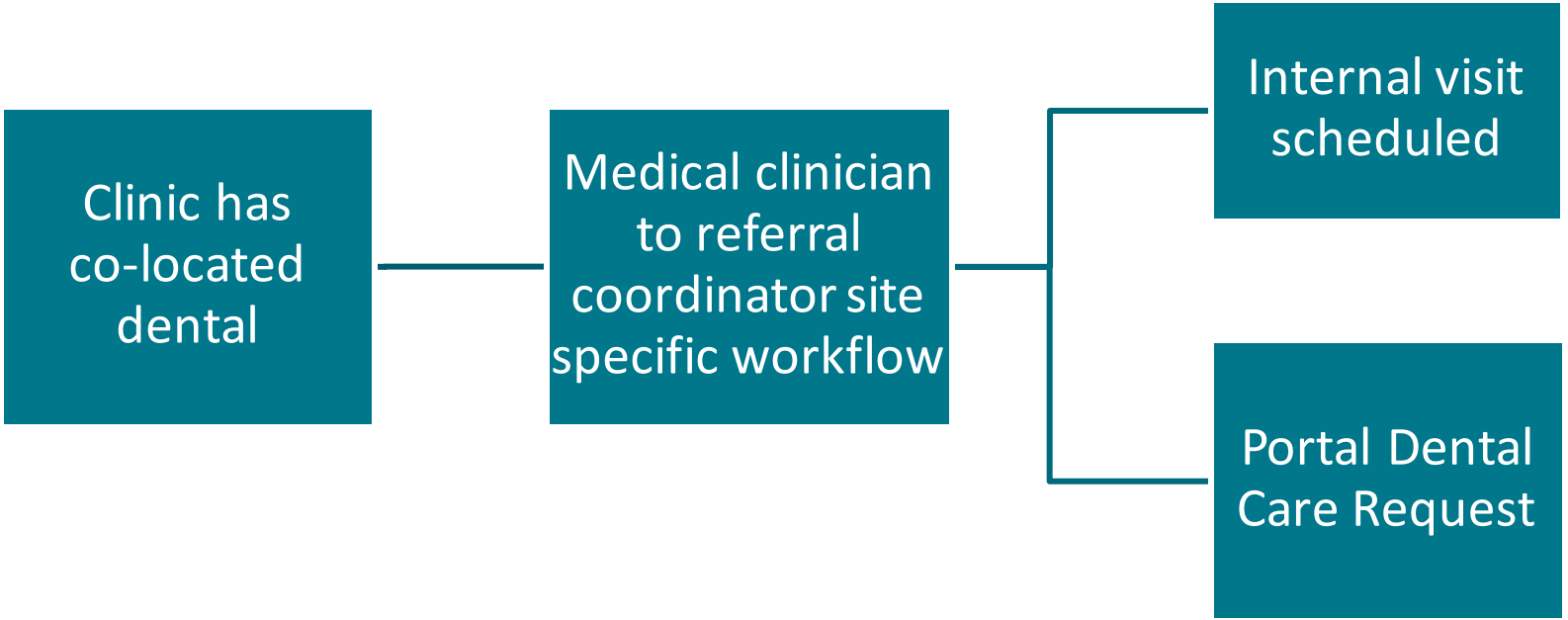
We will make every attempt to identify the member's coverage and dental organization for coordinating dental care services. We, however, are not liable for members we are unable to identify or if the member no longer has coverage.

Submit

Navigation to Dental



Navigation to Co-Located Dental



Integration in Action

CareOregon Metro region

Prenatal provider maternity list sharing

- Secure data transfer
- Dental plan outreach/care coordination

Embedded EPDH in Women's Clinic

- Dental hygiene services provided onsite- pivot due to COVID

Integration in Action

Columbia Pacific CCO

- First Steps incentive program for pregnant patients
    - Dental visit incentives for members
    - Maternity list sharing

Jackson Care Connect CCO

- Starting Strong

  post-partum follow up includes oral health messaging and navigation

Pregnancy & Dentistry

Dentistry is safe throughout all trimesters of pregnancy, including:

- Acute, urgent, and comprehensive care
- Preventive care including diagnostic radiographs, exams, cleanings, and fluoride varnish
- Restorative dental treatment and extractions with local anesthetics to reduce infection and lower bacterial load
- Positioning in dental chair to avoid pressure of inferior vena cava

CareOregon Resources

For Patients:

- Two Bright Smiles brochure (Spanish & English)
- Oral health slideshow

For Providers:

- Two Bright Smiles training
- Technical Assistance
  - Referrals
  - Workflows
  - Data-sharing files
- First Tooth early childhood caries prevention program training/support (CME available)

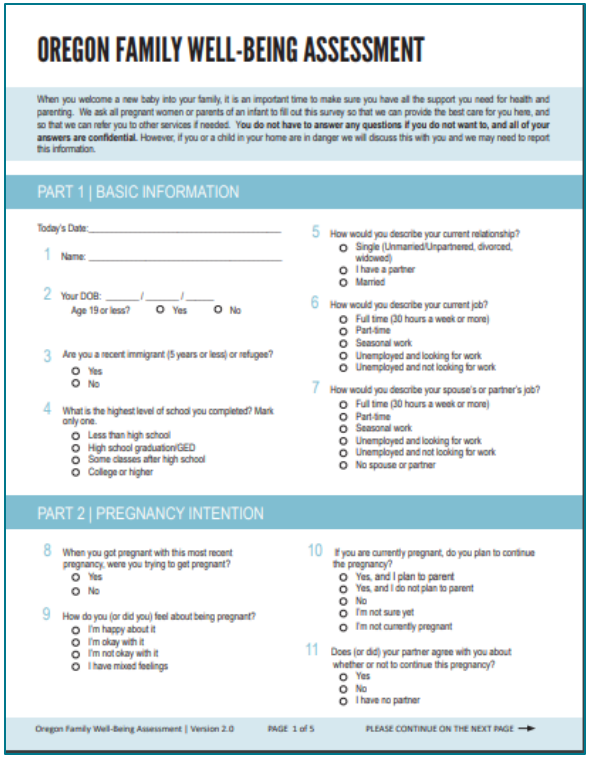
Additional Resources

Protect Tiny Teeth

- AAP and CDC resource for healthcare providers and pregnant patients
- Online toolkit
  - Infographics, brochures, workflow and questionnaire templates

https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/tiny-teeth/Pages/default.aspx

Additional Resources



OREGON FAMILY WELL-BEING ASSESSMENT

When you welcome a new baby into your family, it is an important time to make sure you have all the support you need for health and parenting. We ask all pregnant women or parents of an infant to fill out this survey so that we can provide the best care for you here, and so that we can refer you to other services if needed. **You do not have to answer any questions if you do not want to, and all of your answers are confidential.** However, if you or a child in your home are in danger we will discuss this with you and we may need to report this information.

PART 1 | BASIC INFORMATION

Today's Date:_____

1 Name: _____

2 Your DOB: _____/_____/_____
Age 19 or less? O Yes O No

3 Are you a recent immigrant (5 years or less) or refugee?
O Yes
O No

4 What is the highest level of school you completed? Mark only one.
O Less than high school
O High school graduation/GED
O Some classes after high school
O College or higher

5 How would you describe your current relationship?
O Single (Unmarried/Unpartnered, divorced, widowed)
O I have a partner
O Married

6 How would you describe your current job?
O Full time (30 hours a week or more)
O Part-time
O Seasonal work
O Unemployed and looking for work
O Unemployed and not looking for work

7 How would you describe your spouse's or partner's job?
O Full time (30 hours a week or more)
O Part-time
O Seasonal work
O Unemployed and looking for work
O Unemployed and not looking for work
O No spouse or partner

PART 2 | PREGNANCY INTENTION

8 When you got pregnant with this most recent pregnancy, were you trying to get pregnant?
O Yes
O No

9 How do you (or did you) feel about being pregnant?
O I'm happy about it
O I'm okay with it
O I'm not okay with it
O I have mixed feelings

10 If you are currently pregnant, do you plan to continue the pregnancy?
O Yes, and I plan to parent
O Yes, and I do not plan to parent
O No
O I'm not sure yet
O I'm not currently pregnant

11 Does (or did) your partner agree with you about whether or not to continue this pregnancy?
O Yes
O No
O I have no partner

Oregon Family Well-Being Assessment | Version 2.0 PAGE 1 of 5 PLEASE CONTINUE ON THE NEXT PAGE →

Oregon Perinatal Collaborative

https://oregonperinatalcollaborative.org/

- Developed a Family Well Being Assessment (FWBA) tool for pregnancy
- Created in response to the need to integrate behavioral health, social determinants of health, and awareness of Adverse Childhood Events (ACEs) into maternity care; includes oral health questions
- FWBA tool & suggested workflows available online: **https://oregonperinatalcollaborative.org/initiative/fwba/**

Questions?

Alexa Jett, BSDH, EPDH

Oral Health Integration Manager

jetta@careoregon.org

503-416-3398

10 minutes

Maternal Health & Perinatal Inequity: **The Doula Solution**

Kimberly Porter, Raeben Nolan

careoregon.org
twitter.com/careoregon
facebook.com/careoregon

CareOregon

What Is a Doula?

Doula = non-clinical, specially trained, personal support companion who provides physical, emotional and informational support to clients, partners & families through pregnancy, birth and postpartum.

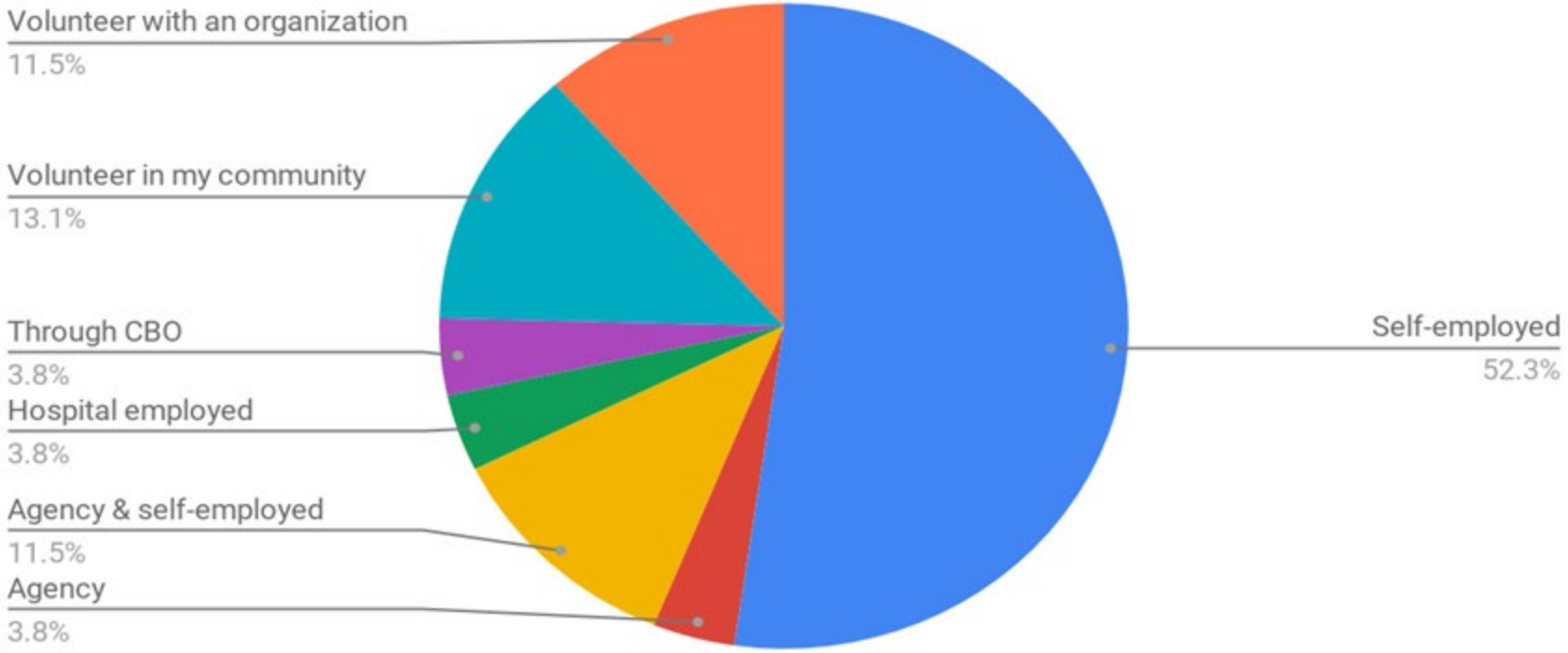
Types of Doulas

Birth Doulas: Care usually includes 1-2 prenatal meetings, on-call, continuous labor and birth support, 1-2 postpartum visits. Birth doulas are currently the only recognized Traditional Health Worker doula type.

Postpartum Doulas: Care includes in-home postpartum support visits within the first three months after birth. Focus on practical support and infant care. Frequency, length, and duration of postpartum visits depend on clients needs.

Community Based Doulas: Dual trained to provide both birth and postpartum support, usually provides more prenatal and postpartum visits. Community Based Doulas identify as a member of the racial, ethnic, linguistic, religious, LGBTQ, or lived experience (addictions, homelessness, DV/IPV, teen pregnancy, refugee, military, ect) community that they serve.

How are Doulas Employed?



History of Doula Medicaid Reimbursement

- Doulas have traditionally not been state or federally regulated
- 2011 - HB 3311 - OHA to explore ways to use doulas to improve birth outcomes
- subsequent 2012 report found that doulas could improve birth outcomes for underserved women and should be reimbursed by medicaid
- 2013 - HB 3407 - Established the "Traditional Health Worker" (THW) Commission and Registry. Non-licenced, non-clinical health workers to specific populations; included Community Health Workers, Peers, Health Navigators, and Birth Doulas
- Medicaid reimbursement rate for doulas was $75
- 2017 rate was raised to $350 but this was still a non-sustainable rate for doulas
- 2015-2020 - only a few doula organizations have figured out the billing process
- 2020 increased awareness from OHP/Medicaid health plans around the need to enhance OHP's FFS rate for bundled services to sustain access to doula services

Challenges, Barriers, & Successes

- THW Registry barriers
- Low reimbursement rate
- Difficulty billing = low doula engagement

- Doula Hubs
- Upcoming resources for Registry requirements
- CCO/Medicaid Health plans begin enhancing FFS rates to support access & sustainability

But What is the REAL Problem?

- The U.S. has the worst overall maternal and infant mortality rate and outcomes of the developed nations
- Black maternal mortality three times higher than white
- Native/Indigenous maternal mortality is more than twice as high as white
- Black infant mortality is more than double white infant mortality
- Black babies are more likely to be born preterm and low birthweight

Doulas, especially Black doulas, are needed to change the balance!

Integration of Doulas as Part of the Maternity Care Team

Regardless of how professional doulas are employed (hospital or autonomous) they should be integrated as an integral part of the maternity care team in order to help reduce health disparities.

- Allowed in hospitals to support clients during pandemic
- Allowed to be present for common interventions such as epidural or cesarean
- Included in social worker case management strategies and communication
- Professionalism with the maternity care team

THW Doulas & Community Based Doulas

We need more skilled birth advocates for underserved and marginalized communities:

- Limits of THW Registry & billing process
- Current doulas need additional training and support
- Need a robust community-based care model with more wrap-around support
- Value of cross-training - recruit CHWs, Peers, Interpreters, Social Workers, Public Health Workers to be able to do doula care within or beyond their other roles

Case Study in Challenges & Success: Lilian Olero

- Community Health Worker with African Family Holistic Health Organization
- Interpreter (Swahili)
- THW Doula
- Community Based Doula
- Owner of Pendo La Mama Doula Services

Examples of CCO & CBO Collaborative Community Doula Models

- Sacred Roots Doula Program
- Sacred Roots training partnership with Birthingway
- Health Share sponsored Doula Business Course for Black, Native/Indigenous, Latinx doulas

Introduction to the Community Doula Alliance

CBO created to capacitate doulas and promote sustainable utilization within the Community Based Doula model

- Portland Doula Training - **portlanddoulatraining.com**
- Diverse Doula Project
- Focus on BIPOC doulas

Sources & Additional Information

- Oregon Doula Workforce Assessment Report https://www.oregon.gov/oha/OEI/Documents/Doula%20Workforce%20Needs%20Assesment%20Full%20Report%202018.pdf
- CDC Pregnancy Mortality Surveillance System https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm
- Racial and Ethnic Disparities in Birth Outcomes https://www.marchofdimes.org/materials/March-of-Dimes-Racial-and-Ethnic-Disparities_feb-27-2015.pdf
- How Does Race Impact Childbirth Outcomes? https://online.nursing.georgetown.edu/blog/race-disparities-maternal-infant-outcomes/
- Eliminating Racial Disparities in Maternal and Infant Mortality https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/
- Evidence on Doulas https://evidencebasedbirth.com/the-evidence-for-doulas/
- Disrupting the pathways of social determinants of health: doula support during pregnancy and childbirth https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5544529/
- Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5736765/

Panel Questions & Answers

CareOregon

Thank You!
Join Our Upcoming Session:

Placeholder Text

Date TBD

MEDS Ed™

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