

Taking the **First Step** Toward Integrating Preconception Health into Practice

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The leader is one who courageously holds out opportunities for people to come back together, to be engaged in the meaningful work of the organization, whatever it is.

Margaret Wheatley

2

Learning Objectives for Today

- ▶ Describe how the **Plan-Do-Study-Act** toolkit can be used to introduce preconception health into practice
- ▶ Develop strategies to improve preconception health service
- ▶ Identify how to track progress in care quality improvement



"Let's study the trends, analyze the reports, crunch the numbers and then do what Magda Peck does."

Borrowing from "Open Space Technology" 4 PRINCIPLES

1. Whoever comes are the right people.
2. Whatever happens is the only thing that could have.
3. Whenever it starts is the right time.
4. When it's over, it's over.

And *The Law of Two Feet*

- ▶ If you are not learning or not contributing, use your two feet to take you to wherever you will.

My Perspectives for Today

1. Urban Health (CityMatCH)
2. Public Health: prevention, maternal and child health (MCH), ecological model, health equity
3. Systems Change for population health

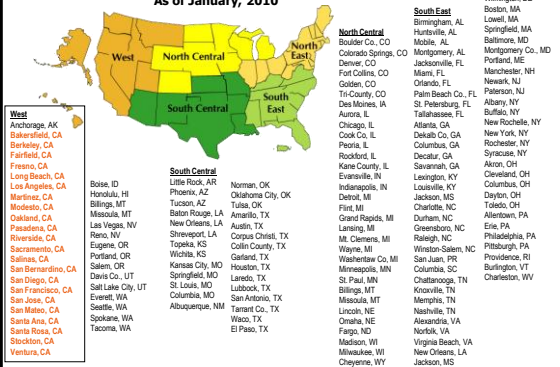
The CityMatCH Mission

Improving the health and well-being of urban women, children and families by strengthening public health organizations and leaders in their communities.

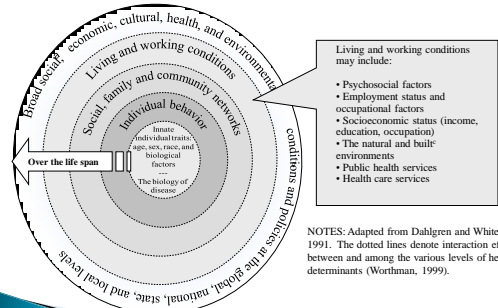


CityMatCH Membership Map

As of January, 2010



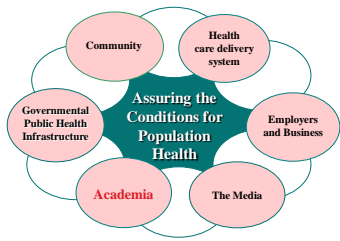
Public Health's Ecological Model



NOTES: Adapted from Dahlgren and Whitehead, 1991. The dotted lines denote interaction effects between and among the various levels of health determinants (Worltman, 1999).

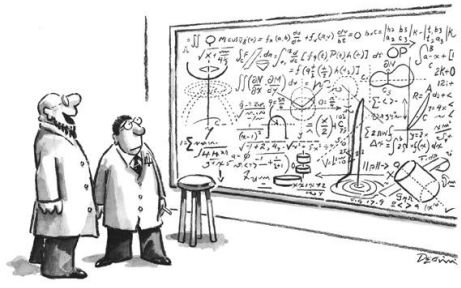
IOM 2003: Committee on Preparing Public Health Professionals for the 21st Century

We all are part of the **Public Health System** ...assuring the public's health.



INSTITUTE OF MEDICINE THE NATIONAL ACADEMIES
Advancing the Nation's Science, Education and Medicine

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"Hey, no problem!"

Why should we change?
We do an okay/excellent job now.

- *Every system is perfectly designed to produce the results it achieves.*
- **Improving results requires changing the system.**

From: Healthy Start ICC Learning Community

Formula for Systems Change:

$$D \times V \times F > R$$

14

Formula for Systems Change:

$$D \times V \times F > R$$

Dissatisfaction (D) with things as they are - the reasons we need a change*

Vision (V) of what is possible - a positive picture of the future*

First Steps (F) toward reaching the vision-worthy actions to begin the change*

Resistance (R) is natural and must be overcome to move toward the new

*Each of the elements must be present. If any of the elements = zero, the resistance will not be overcome.

15

The future is grimmer than it has been in quite a while...
I grieve to think that it may/will be a time of dismantling and more reductions, needs are increasing." Carolyn Slack, Columbus (OH) MCH Leader,



Mammary Clouds, Hastings, Nebraska

16

$$D \times V \times F > R$$

"Kwik-Kvetch"

for Comfort and Commiseration

What are you most dissatisfied with?

What are others most frustrated with?

What is most in the way?

(in about 5 minutes)



Formula for Systems Change:

$$D \times \underline{V} \times F > R$$

V Vision

Formula for Systems Change:

$$D \times \underline{V} \times F > R$$

PPOR, Preconception Health and Health Care, Life Course...plus Social Determinants of Health, Reducing Health Disparities, Advancing Human Rights.....

1. From Prenatal Care to **Women's Health Across the Life Span...**

...the functional isolation of prenatal care from other components of women's health care remains an extraordinary expression of our **disrespect for the continuity of risk and patterns of health care utilization over the course of a woman's lifetime....**

Source: Paul Wise, American Journal of Public Health, 1994.

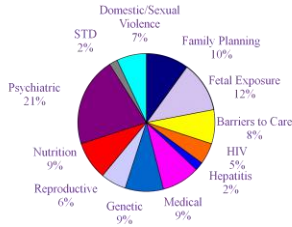
2. PPOR Reframes Infant Mortality Assessment: Map and Gap Analyses

Perinatal Periods of Risk (PPOR) MAP
Periods named for likely areas of intervention

Phase 1 Narrows Choices of Action

- Maternal Health/Prematurity → Preconception Health (Health Behaviors, Perinatal Care)
- Maternal Care → Prenatal Care (High Risk Referral, Obstetric Care)
- Newborn Care → Perinatal Management (Neonatal Care, Pediatric Surgery)
- Infant Health → Safe Sleep, Breast Feeding, Injury Prevention

3. Preconception Health: Risks Identified at the Time of a Negative Pregnancy Test



Source: Jack B, Campanile C, McQuade W, Kogan M. *Arch Fam Med* 1995;4:340-45

Shifting the Focus to Preconception Health and Health Care for Women's Health, 2005

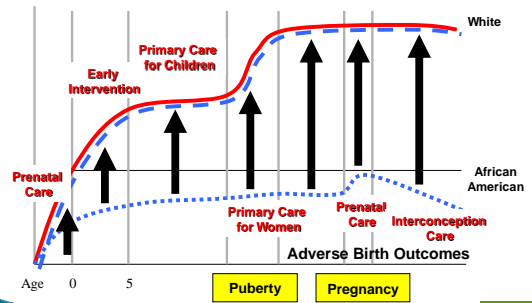


Ten (10) National Recommendations to Improve Preconception Health and Health Care, 2006

1. Individual responsibility across the life span
2. Consumer awareness
3. Preventive visits
4. Interventions for identified risks
5. Interconception care
6. Pre-pregnancy check ups
7. Coverage for low-income women
8. Public health programs & strategies
9. Research
10. Monitoring improvements



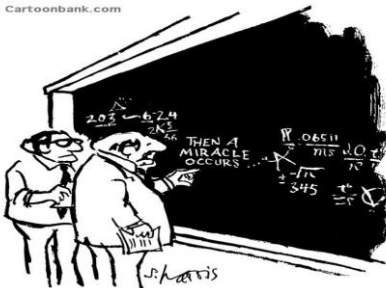
4. Life Course Perspective



Source: Michael Lu, 2003



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"I think you should be more explicit here in step two."



Formula for Systems Change:

$$D \times V \times F > R$$

First Steps (F) toward reaching the vision-worthy actions to begin the change



Translating Data to Action for Results: Practice and Learning Collaboratives

- ▶ Known science base and/or methods
- ▶ Locality ready and willing to engage fully
- ▶ Team-based participation, anchored leadership
- ▶ 18–24 month engagement through ‘planning to action cycle’
- ▶ Continuous infusion of science, strategy
- ▶ Peer exchange, technical assistance

Translating Data to Action for Results: CM Urban Practice/Learning Collaboratives


- ▶ PPOR – Improving Urban Perinatal Health
- ▶ Eliminating MTB Transmission of Perinatal HIV
- ▶ Promoting Healthy Weight in Women of Reproductive Age (State/Local)
- ▶ Urban Preconception Health
- ▶ Racism and Infant Mortality (State/Local)

Learning Collaboratives Have Proliferated; a few of the hundreds of examples:

- Network for the Improvement of Addiction Treatment (NIATx)
- Commonwealth Fund Assuring Better Child Health and Development (ABCD)
- Primary Care Development Corporation (NYC health centers)
- Multi-state Learning Collaborative (state and local health departments)
- Health Disparities Collaboratives (HRSA/FQHC)
- IHI – Diabetes, c-section, acute care, critical care, etc., etc.


From: Healthy Start ICC Learning Community



Institute for Healthcare Improvement Breakthrough Learning Collaboratives: *Characteristics*

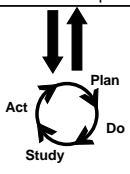
- Bring together teams with common goal
 - 12–160 participants; similar kinds of organizations (e.g. hospitals, clinics, health centers)
- Short-term initiative
 - focused on an aim; 6–15 months
- Learning Sessions
 - face-to-face meetings
 - learning from peers and from experts
 - report on experience during action periods
- Action Periods
 - in between learning sessions
 - participants implement the PDSA model

The IHI Collaborative Model for Achieving Breakthrough Improvement (Innovation Series 2003) www.ihl.org




The Model for Improvement

1. What are we trying to accomplish?
2. How will we know that a change is Improvement?
3. What changes can we make that will result in Improvement?




The Improvement Guide, 1996 Jossey-Bass



1. Aim: What are we trying to accomplish?

- ▶ Effective Aim Statements:
 - Contain specific numeric goals
 - A time frame for achieving them
 - Describe the population to be served
 - Offer guidance on the approaches to improvement

From: Healthy Start ICC Learning Community



2. Measurement: How will we know that a change is an improvement?

Types of measures

- Outcome measures – Where are we ultimately trying to go?
 - Process measures – Are we doing the right things to get there?
 - Balancing measures – Are the changes we are making to one part of the system causing problems in the other part of the system?
- ▶ *When to measure*
- Examine data before and after the change
 - Display data over time during the change



From: Healthy Start ICC Learning Community

3. Change Concepts: What changes can we make that will result in improvement?

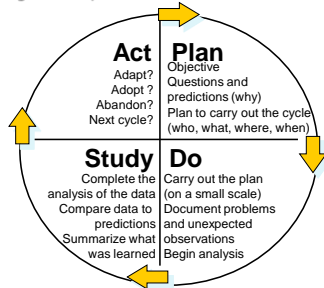
Generate ideas for changes:

- What are our clients telling us needs to change?
- Critical thinking about the current system; do a walk-through
- Look at peer programs: what are they doing to achieve better results?
- Use technology (e.g. bar coding)
- Creative thinking
- Research, publications, conferences



From: Healthy Start ICC Learning Community

The PDSA Cycle for Learning and Improvement



The IHI Collaborative Model for Achieving Breakthrough Improvement
(Innovation Series 2003) www.ihi.org



Plan-Do-Study-Act (PDSA) Cycles

- Rapid Cycle Improvement
- A way to test changes on a small scale in real work settings
- Tweak the change and test again until it works
- Avoid time-consuming, comprehensive changes that might not work
- PDSA is not research

The IHI Collaborative Model for Achieving Breakthrough Improvement
(Innovation Series 2003) www.ihi.org



Plan

- ▶ Choose the change team
- ▶ Hold (interdisciplinary) team meetings to discuss how to implement the change
- ▶ Conduct a walk-through
- ▶ Map the current ICC process
 - What referrals, protocols are currently used? Why?
 - What relationships are in place - or not?
 - What is the impact on clients?
- ▶ Develop the change action plan and associated tools (e.g., data collection method)

From: Healthy Start ICC Learning Community

Do

- ▶ Implement the change
 - Review potential partners, protocols, standardized referral tools, discuss which one the team thinks is best,.....
 - OR
 - Schedule staff training, train the designated staff, formalize relationships and referrals

From: Healthy Start ICC Learning Community

Study

- ▶ Discuss what happened with the first clients with whom the change was tried
- ▶ Examine process measures – was the change implemented as planned?
- ▶ Compare measures post-implementation of change with previous measures
- ▶ Any unintended effects?

From: Healthy Start ICC Learning Community

Act

- ▶ Modify the change as necessary
- ▶ Conduct a PDSA cycle again

From: Healthy Start ICC Learning Community

Not Rocket Science....so what's the big deal?

- ▶ Results-focused
- ▶ Small steps, practiced....till proven
- ▶ Connect the dots: toward systems change
- ▶ Accountable

F

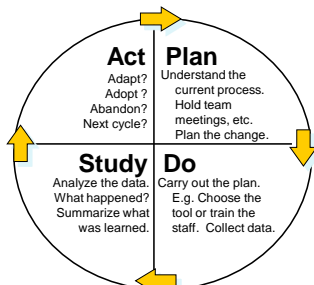
Not Rocket Science....so what's the big deal?

- ▶ Evidence-based
- ▶ Team-based
- ▶ Structured process
- ▶ Learning-oriented
- ▶ Data-driven

F

The PDSA Cycle for Learning and Improvement

F=?



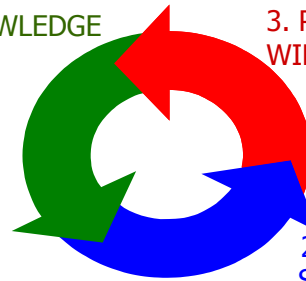
The IHI Collaborative Model for Achieving Breakthrough Improvement (Innovation Series 2003) www.ihi.org

Requisites for Systems Change

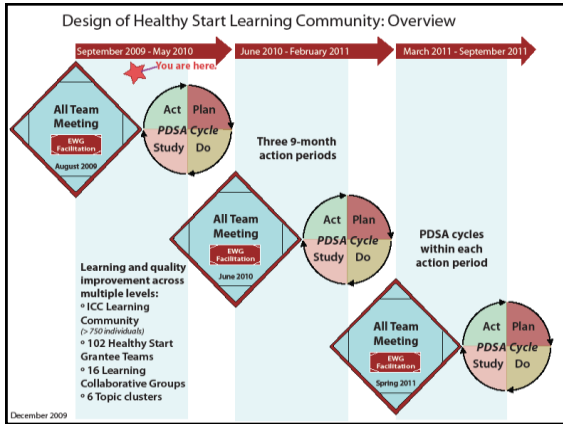
1. KNOWLEDGE
BASE

3. POLITICAL
WILL

2. SOCIAL
STRATEGY



From: Richmond and Kotelchuck



An Interconception Care Example

- ICC Topic: **Family Planning/Reproductive Health**
- Goal for ICC Learning Community: **Assure Healthy Start consumers who wish to plan their next pregnancy have family planning/reproductive health visits and/or filled contraceptive prescriptions early in the postpartum period**

From: Healthy Start ICC Learning Community

1. Aim: What are we trying to accomplish?

- Assure that Healthy Start consumers who have delivered in the last month and do not wish to conceive currently have had a family planning visit, have chosen a contraceptive method and are using the chosen method. (*Stretch aim*)

From: Healthy Start ICC Learning Community

2. Measures: How will we know a change is an improvement?

- Increase % of women who have had family planning visits within the first month PP, i.e. a primary care visit which addresses family planning
- OR
- Increase % of women who have chosen a contraceptive method per case manager documentation (process measure)
- OR
- Increase % women who are using a contraceptive method

From: Healthy Start ICC Learning Community

3. What change can we make that will result in improvement? (What will Healthy Start grantees actually do?)

- Options (choose only one per PDSA cycle)
- Develop a relationship with local family planning organization that will serve low income women (if HS project does not already have one)
 - OR
 - Develop protocol and associated tools for use by Healthy Start staff to promote early family planning for those women desiring it immediately postpartum
 - OR
 - Assure that Healthy Start staff make contact with the consumer in the first weeks postpartum to discuss family planning, facilitate a family planning/reproductive health visit or obtaining contraceptive method

From: Healthy Start ICC Learning Community

Formula for Systems Change:

$$D \times V \times F > R$$

$$F = ?$$

54

Monitor Performance Over Time

- ▶ A critical part of Quality Improvement (QI) is to measure when changes are made.
- ▶ In the same way data for the baseline measurement is calculated, periodic calculations of performance measures should be accomplished.
- ▶ For some organizations who are actively engaged in improvement work, this is often monthly.

From: Healthy Start ICC Learning Community

Types of Performance Measures

- ▶ **Process measure** tells a team whether a specific process change has been accomplished and whether it is having the intended effect
- ▶ **Outcome measure** tells a team whether the change it is making are actually leading to improvement – helping to achieve the stated aim. For example: 50 percent increase in PP women receiving family planning services within 4 weeks

From: Healthy Start ICC Learning Community

Monitor Performance Over Time

- ▶ It is important to use the same methodology to collect and calculate the data each time
- ▶ Continue to test changes and make improvements until goals have been achieved.

From: Healthy Start ICC Learning Community

A Useful Way of Categorizing Measures

	Quantity	Quality
Effort	How much did we do?	How well did we do it?
Effect	Is anyone better off?	

Source: Mark Friedman's *Trying Hard Is Not Good Enough*

Thomas Alva Edison

If we did all the things we are capable of doing we would literally astound ourselves.

59



