Regional Perinatal Quality Collaboratives:
Status Update
Region 1

Regional Perinatal Quality Collaboratives: Status Update
### Status Update: Regional Perinatal Quality Improvement Collaborative Region 1

#### September 2017

<table>
<thead>
<tr>
<th>Status Summary</th>
<th>Project Leads/Steering Committee: Janey Joffee, Manager, Upper Peninsula Health Care Solutions and Lindsey Havel, Clinical Services Manager – Quality, Upper Peninsula Health Plan</th>
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<tbody>
<tr>
<td>(i.e., include year of project initiation; share tips of successful launch; methods of convening partners; successful interventions to promote collaboration; and etcetera)</td>
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<td>o The R1 Collaborative was recently initiated in July 2017. A strong and diverse group of stakeholders across the region representing Planned Parenthood, CMHs, FQHCs, Community Action – Early/HeadStart, Michigan Public Health Institute, Tribal Health and Human Services, Health Departments, Upper Peninsula Health Plan, hospitals, and OB provider offices are actively participating.</td>
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<td>o The R1 Collaborative determined that meeting in-person at Upper Peninsula Health Plan in Marquette, MI on a monthly basis would be important in ensuring project launch momentum continues. UPHP and UPHCS host the meetings at their office and provide a webinar option for remote attendees to participate (U.P. is 300 miles from end to end; Marquette is centrally located).</td>
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<td>▪ Initial meeting and project introduction took place on July 11, 2017. Debra Darling, Interim QI Director of the Institute for Health Policy at MSU, Dawn Shanafelt, and Lynette Biery presented information on the current Regional Perinatal Collaborative Quality Improvement coordination projects across the Lower Peninsula of Michigan, along with an overview of Region 1 maternal and perinatal health data and statistics.</td>
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<td>▪ The second meeting took place on August 22, 2017. The meeting included a presentation by Jenifer Murray, Public Health Consultant for Regions 2 &amp; 3 on lessons learned and program successes. Krista Hausermann, Project Coordinator at Michigan Public Health Institute introduced the U.P. NAS grant project that they had recently been awarded, inviting the group to consider participation. A breakout discussion occurred where small groups discussed possible project ideas, opportunities, and barriers that could be addressed during the first year of the QI project. Ideas generated were noted, and then put in an electronic survey format in order to more formally assess the Collaborative’s priority areas.</td>
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<td>▪ The survey was distributed to 60+ respondents on 9/18; 16 have responded as of 9/22. Top priority areas include:</td>
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<td>1. Substance Use Disorder screening tool development / pilot</td>
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<td>2. Perinatal substance use care planning</td>
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3. Inter-hospital collaboration for improved standard of care
4. Pre/postnatal mental health care access
5. Regional perinatal resource guide development

- The upcoming September 25, 2017 meeting will include a presentation by Dr. Steven Ondersma of Wayne State School of Medicine. Dr. Ondersma will be discussing his work with mHealth technology to screen for prenatal substance use and to conduct motivational intervention. The Collaborative has expressed strong interest in pursuing this project.
- The upcoming meeting will also include survey results review and discussion. As the project lead, we would like the Collaborative to ultimately define the focus area(s) for the upcoming year. We will also suggest workgroup / subcommittee formation to progress identified focus areas and project activities.

### Accomplishments

- Establishment of the R1 Collaborative.
- Active Collaborative participation.
- Opportunity to align with MPHI’s Systems-Level Approach to Neonatal Abstinence Syndrome grant and work plan activities to support Collaborative training opportunities.
- Introductions and connections made with Regional PCS leads and other key collaborative partners, which have been integral in initiating the R1 Collaborative, identifying improvement goals, and facilitating educational monthly meetings.

### Summary of Upcoming Activities

- Establish formalized expectations for the Collaborative going forward (meeting frequency, communication preferences, subcommittee progress reports/ report out, conference report out, travel/conference approval methods).
- Development of a R1 Collaboration vision statement.
- Identification of priority areas and establishment of workgroups/subcommittees that will lead improvement activities.
- Development of a formalized strategic plan for the year.
- Receive subcontract award November 1, 2017.
| **Milestone**  
| (desired outcomes with evaluation metrics) | **Due Date** | **Status**  
| (on track; monitor closely; urgent/action required; complete) |
| --- | --- | --- |
| Identification of at least one priority area for quality improvement to pursue in 2017-2018. | November 30, 2017 | On track |
| Establishment of detailed work plan for each priority area identified. | January 31, 2018 | On track |

**Describe Any Barriers Impacting Milestones Above and Expected Date of Resolution**

There are no known barriers anticipated at this time.
Region 2 and 3

Regional Perinatal Quality Collaboratives: Status Update
**Status Update:** Regional Perinatal Quality Improvement Collaborative Region 2 & 3

**September 2017**

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<th><strong>Project Leads/Steering Committee:</strong> Jenifer Murray/Mary Schubert/Betsy Hardy</th>
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**2011:**
Group was formed by the North Central Council of the Michigan Health and Hospital Association in conjunction with the Michigan Department of Community Health (MDCH). 21 county perinatal group covers the northern lower portion of Michigan.
- Initial members included hospital (9 birthing hospitals), 7 local health department, hospital association, and MDCH representatives.
- Identified mission and objectives, meeting schedule and location, and metrics.
- Developed key talking points about initiative.
- Received presentations on various programs addressing perinatal needs
- Identified, made presentations to, and invited other stakeholders to join.
- Collaboration fostered by allowing all participants to contribute to the conversation at each meeting. Also allowing all members to add items to the agenda. Also, the mission and vision continued to be revisited to keep us focused on our work.

**Accomplishments**

**2012:**
- Identified key challenges to address
  - Infant and adult mental health service support
  - Physician administrative complexity and other complications with Medicaid plans
  - Transportation
- Continued to receive presentations on various programs addressing perinatal needs
- Working with the MDCH and the March of Dimes, applied for grant for tele connected service for maternal fetal medicine in Cadillac
- Met with stakeholders regarding challenges in serving the temporarily insured Medicaid recipients, including a meeting with the Director of the Michigan Department of Community Health.
- Scheduled a meeting with the Medicaid plans medical directors and other stakeholders for the summer of 2013.
- Arranged for Fetal Infant Mortality Review (FIMR) assessment to take place in 2013.
- Continued to add member organizations.
2013
• Hospitals established tele connected maternal fetal medicine clinic in Cadillac.
• Health departments started work on a Robert Wood Johnson planning grant to develop cross jurisdictional sharing.
• Met with legislators on the challenges of maintaining safe rural perinatal services.
• Hosted a meeting with area physicians, MDCH, the Michigan Association of Health Plans, the MHA, and Medicaid health plan medical directors to discuss ways to strengthen services to recipients.
• Participated actively with MDCH perinatal initiative work groups.
• Continued to add member organizations.

2014
Working with the MDCH and March of Dimes, applied for and received a grant for a tele connected maternal fetal medicine clinic in Alpena and established that clinic.
• The health departments developed a cross jurisdictional health alliance to focus on maternal and child services and IT connections across the region.
• The birthing hospitals and health departments developed a plan for assuring that all women giving birth in a delivering hospital are referred for appropriate maternal and infant health services to their local health department.
• Working with a statewide set of stakeholders, met with the legislative budget committees to educate them on the critical importance of additional financial support for rural birthing hospitals and the public health danger of losing any additional OB delivery sites in this region.
• Met with the Medicaid policy division of the MDCH on the need for improvement in the transportation system currently in place for rural Medicaid recipients.
• Hosted a Perinatal Summit attended by more than 100 providers of perinatal services from across the 21 counties addressing 19 topics of concern.
• Began work with the Michigan Child Collaborative Care (MC3) program on assureing all providers are aware of the psychiatric service support available in the region.
• Connected our work to the Northern Michigan Pediatric Coalition.
• Staff from the Institute for Health Policy, the Coordinator of Perinatal Outreach, and MC3 became members.
• Home visiting planning for the region was completed.
### 2015
A researcher from the family practice residency program in our region plus the coordinator of Early On became members.

- Birthing hospitals and health departments continue work on a coordinated referral system for new mothers and infants who are eligible for Medicaid Home Visiting services.
- Home visiting programs have begun and a Home Visiting Leadership Council has been established.
- Education about and advocacy for rural OB services continues.
- MC3 has been extended to all 21 counties.
- **Began work on further formalizing the relationships between agencies in the 21 counties and in identifying the top two clinical priorities of 1) family home visiting expansion and 2) perinatal substance use disorder pathway planning to address in 2016 and 2017 - thanks to a grant from MDHHS.**
- Our use of these grant funds will move us further in terms of structure and clinical priorities.

### 2016

**2016 Perinatal Substance Use Goal:** 1) Improved availability of, and access to prenatal and postnatal care for pregnant women using high risk substances and their infants 2) Strengthen care coordination for women to connect them with substance use treatment providers, housing, newborn care, and resources to support and achieve a healthy family; 3) Promotion of evidence-based guidelines for use by health care practitioners who provide management of the mother and newborn infant.

**2016 Family Visiting Expansion Goal:** To explore the expansion of a sustainable system of family visits for all pregnant women, newborns, and their families by 5% (250 births) in the northern 21 counties to serve as a gateway to evidence-based home visiting in the region.

- Birthing hospitals and local health departments continue work on a coordinated referral system for new mothers and infants who are eligible for MIHP services.
- **Top clinical priority:** Family visiting was expanded to the Munson Grayling hospital births, with the DHD #10, CMDHD and DHD #2 as local health department providers of family visit services.
- **Top Clinical Priority:** PSUD screening using an evidenced based electronic screening tool is planned for 2 OB offices in the region. Referral pathways developed/implemented for those who screen positive.
- **Top Clinical Priority:** NAS hospital protocols aligned across the region with a gold standard developed from renowned evidenced based practices. Annual Finnegan scoring training materials purchased and distributed to the birthing hospitals in the region.
- **Top Clinical Priority:** NAS training for public health nurses in the region held in July 2017, launching a potential NAS training model to be utilized state-wide.
- **Top Clinical Priority:** Several physicians across the region recruited for MAT for women with PSUD.
- **Top Clinical Priority:** An assessment of treatment clinic expansion options across the region completed by Julia Riddle, MD.
- Ongoing work to formalize and support the perinatal relationships between agencies in the 21 counties.
Upcoming Activities

Region 2 & 3 Regional Perinatal Collaborative Network Goals for 2017-18

Objective 1: Align PSUD screening with the Health Endowment Grant for 2 OB offices in the region. Continue to refine referral treatment pathways.

Activity:
1. Align screening work with the Health Endowment Grant received by Wayne State University, Dr. Steven Ondersma.
2. Continue to align work of the PSUD screening grant and maternal smoking workgroup under the PSUD subcommittee and overall Regional Perinatal Collaborative.
3. Refine maternal smoking pathway using Script trained professionals in our region for smoking cessation support and treatment referral.
4. Implement referral pathways that support treatment and counseling (aligned with Mom Power) and support for families.

Responsible Staff/Partners: JHM Consulting, Betsy Hardy, Michelle Klein, Julia Riddle DO, Dr. Ondersma
Date Range: 10/01/2017 - 09/30/2018
Expected Outcome: Pilot screening process implemented in 2 OB offices with support from stakeholders from the Perinatal Regional Collaborative Network.
Measurement: # of PSUD screenings completed. Verification from stakeholder groups of acceptance of screening and referral pathways.

Objective 2: Expand Healthy Futures family visiting programs in region and funding stability for those family visits.

Activity:
1. Explore expansion options with the established family visiting leadership teams in Prosperity Regions 2 and 3.
2. Implement the documented funding strategies in the Region 2 & 3 HV Billing Guide.
3. Engage private payers as potential funding sources for family visiting.
4. Implement CQI project related to family visiting expansion in conjunction with the State-wide Perinatal Learning Collaborative

Responsible Staff: JHM Consulting; Betsy Hardy; Deb Aldridge
Date Range: 10/01/2017 - 09/30/2018
Expected Outcome: Family Visiting expanded to DHD #4 region and HDNWM region
Measurement: Completion of list of programs available; HF enrollment data
**Objective 3:** Develop capacity on a therapeutic level for treatment for pregnant women (MAT, Counseling, link to community resources) in Region 2.

Activity:
1. Develop a business plan to improve treatment clinic capacity.
2. Engage providers and community members across the spectrum of care for a steering committee/planning committee for region 2.

**Responsible staff:** JHM Consulting, Betsy Hardy, Mary Schubert, Julia Riddle DO

**Date Range:** 10/01/2017 – 9/30/2018

**Expected Outcome:** Planning implemented for comprehensive treatment clinic for pregnant women.

**Measurement:** Planning meeting minutes; completed business plan.

**Objective 4:** Align with community partners in work surrounding CHIR HUBS, family planning, FIMR, trauma and Adverse Childhood Experiences work (ACES).

Activity:
1. Continue with regular updates at monthly Perinatal Collaborative Network meetings.
2. Members of Perinatal Collaborative Network participate on subcommittees that support the above noted health priorities.

**Responsible Staff:** JHM Consulting, Mary Schubert, members of the Northern Michigan Perinatal Collaborative Network

**Date Range:** 10/01/2017 – 9/30/2018

**Expected Outcome:** Alignment with community partners in work surrounding CHIR HUBS, maternal smoking, family planning, FIMR, trauma and Adverse Childhood Experiences work (ACES).

**Measurement:** Perinatal Collaborative Network Meeting Minutes
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<th>Milestone</th>
<th>Due Date</th>
<th>Status</th>
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<td><strong>Milestone</strong> <em>(desired outcomes with evaluation metrics)</em></td>
<td><strong>Due Date</strong> <em>(on track; monitor closely; urgent/action required; complete)</em></td>
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<tr>
<td>1. Number of family visits conducted at pilot site Grayling Obstetrical Practice. 101 Phone calls to 94 Children 25 Home Visits to 23 Children</td>
<td>As of 7/2017</td>
<td>On track</td>
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<td>2. Number of families enrolled at Grayling Obstetrical Office 191 children currently fully enrolled</td>
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<td>3. # currently enrolled families/# total deliveries in regions 2 &amp; 3 2125 children currently fully enrolled in HF “full service” (prenatal thru age 2) Approximately 5,000 births per year</td>
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<tr>
<td>1. Number of obstetrical clients screened for substance use. NA – Coming in FY 2017/18</td>
<td>As of 7/2017</td>
<td>#1: Training implemented to conduct screenings, but actual screening delayed due to receiving Health Endowment Grant. This measure has been moved to FY 2017-18 for completion.</td>
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<td>2. Number of neonatal abstinence trainings. Completed one NAs training in July 2017</td>
<td></td>
<td>#2-4 on track. Completed.</td>
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<td>3. Number of individuals trained. Trained 70 Public Health Nurses and Social Workers in July 2017</td>
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<td>4. Increase in neonatal abstinence syndrome knowledge from baseline knowledge as evidenced by an increase in pre-and post test score for 80% of attendees. 100% of attendees attained an increase in pre to post test scores.</td>
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Describe Any Barriers Impacting Milestones Above and Expected Date of Resolution

Our goal to implement PSUD screening in 2 OB offices in the northern region was delayed. Wayne State University received a Health Endowment Grant to pilot test comprehensive PSUD screenings as well as mental health screenings in 2 OB offices in our northern region. Rather than duplicate work, we decided to collaborate with Wayne State University, and align our PSUD screening work with their PSUD screening work and timeline. Due to the more comprehensive screening that will be conducted through this grant, the screening is delayed a few months. Screening data will be available in FY 2017-18.
Region 4

Regional Perinatal Quality Collaboratives: Status Update
**Status Update:** Regional Perinatal Quality Improvement Collaborative Region 4

**September 2017**

<table>
<thead>
<tr>
<th>Status Summary</th>
<th>Project Leads/Steering Committee: Joann Hoganson, Jill Keast, Marcus Cheatham, Amy Loftus-Tuitel</th>
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<tbody>
<tr>
<td>(i.e., include year of project initiation; share tips of successful launch; methods of convening partners; successful interventions to promote collaboration; and etcetera)</td>
<td>Region 4 organized our first meeting late 2016. During our four meetings in FY 2017 we invited various partners with different levels of involvement within the community. We have invited Physicians, Home Visitors, Outreach Workers, Social Workers, various members of the Health Departments and Community Liaisons to join us in our discussions. Our efforts thus far have helped us identify two priorities to address: Increase the use of evidence-based home visiting programs and Increase substance abuse screening in pregnant women. We have developed our two workgroups to focus on these areas. Region 4’s Home Visitation workgroup will structure their workplan around the rural areas of Mecosta/Lake County and the urban areas of Muskegon County. Region 4’s Substance Use Screening will develop two pilot programs focusing on increasing the screening rate to 90% of pregnant women.</td>
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**Accomplishments**

Accomplishments so far: We have been able to identify two priority topics to address; Substance Use during pregnancy and Increase home visitation. Two work groups have been organized to focus on the priorities identified. Each workgroup has identified their steering committee and work plans are being developed. Together, both work groups have developed logic models that contain a large number of interventions which members will begin to prioritize and select key interventions to begin implantation.

**Summary of Upcoming Activities**

On Nov. 3rd we will be hosting an event titled “Substance Use During Pregnancy” that will be open to local health departments, hospitals, home visitors, DHHS workers and any other interested persons.

Workgroups will begin regular phone conferences and meetings in October. Their goal is to meet on a monthly basis.

The leadership team will continue to conduct regular quarterly meetings bringing the work groups together to report on their findings and to collect and share data.
| **Milestone**  
*desired outcomes with evaluation metrics* | **Due Date** | **Status**  
(on track; monitor closely; urgent/action required; complete) |
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<tr>
<td>Increase substance use screening of women during the perinatal period for alcohol, Rx, and illicit drugs using a standardized and evidence-based tool from _____ to 90% by September 30, 2018.</td>
<td>September 30, 2018</td>
<td>On track</td>
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<tr>
<td>Increase the use of already existing home visitation services in the pilot areas of Mecosta/Lake (rural) and Muskegon (urban) Counties by 20% by September 30, 2018.</td>
<td>September 30, 2018</td>
<td>On track</td>
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<td>Improve cross referral/intervention system by making the home visiting system easier to navigate and reduce client confusion</td>
<td>September 30, 2018</td>
<td>On track</td>
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<td>Normalize home visitation services by reducing stigma, client perception. Increase home visitation participation to make it a universally accepted program</td>
<td>September 30, 2018</td>
<td>On track</td>
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<tr>
<td>Identify a tool that will be universally used for drug screening in pregnant women</td>
<td>September 30, 2018</td>
<td>On track</td>
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<tr>
<td>Educate providers on available screening tools for perinatal drug use</td>
<td>September 30, 2018</td>
<td>On track</td>
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<tr>
<td>Develop a pilot program in two regions that will implement universal perinatal drug screening</td>
<td>September 30, 2018</td>
<td>On track</td>
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<td>Describe Any Barriers Impacting Milestones Above and Expected Date of Resolution</td>
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<td>Barriers to our listed milestones are: Agency collaboration, lack of voluntary participation in home visiting programs, lack of access to home visiting programs within our rural counties, underfunded programs such as MIHP, selecting a screening tool that will be widely accepted and used by prenatal clinics and having adequate resources to develop all necessary tools.</td>
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<td>All barriers are expected to have a resolution within the next year. We are in the beginning stages of implementation and will be able to better address those barriers after our pilot programs have begun.</td>
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Region 8

Regional Perinatal Quality Collaboratives: Status Update
**Status Update:** Regional Perinatal Quality Improvement Collaborative Region 8  
**September 2017**

| Status Summary | Project Leads- Robin Schroeder  
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<tr>
<td><em>(i.e., include year of project initiation; share tips of successful launch; methods of convening partners; successful interventions to promote collaboration; and etcetera)</em></td>
<td>Steering Committee: Courtney Davis; Danielle Persky, Jim Rutherford, Jodee Rolfe, Dianne Shaffer, Dawn Shanafeldt, Jennifer VanValkenburg; Cathy Kothari</td>
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**Fall 2016**  
Attended presentation at Cradle Kalamazoo Steering committee meeting where Dawn Shanafeldt presented the Regional Perinatal Care System, at which point a number of uses committed to collaborating on moving forward with the 7 counties that make up Region 8.  
YMCA and Cradle Kalamazoo provided initial administrative support and Bronson Healthcare Group hosted all meetings.

**November 2016**  
Steering committee formed and started to hold monthly meetings, working on pulling together all data for Region 8 and forming a plan to hold a kick-off meeting in the spring.

**March 2017**  
Robin Schroeder, Region 8 Lead attended a Region 2 & 3 meeting in Kalkaska, MI and a Pre-Infant Mortality Advisory Council (IMAC) workshop and meeting May 2017.

**April 27, 2017**  
Region 8 Kick-off event held at Bronson with over 100 people from 6 counties in attendance, only one county did not send a representative. Consensus from the group was to move forward with forming Region 8 Perinatal Network.

**May 2017**  
Survey sent to all Region 8 members seeking to identify the issues that are important to each county.

**June 2017**  
Steering committee met narrow down the list of issues as identified by the members in the survey results. A name was selected for Region 8 “Southwest Michigan Perinatal Collaborative.”

**July 2017**  
Bronson Health Foundation chosen as fiduciary for Region 8.  
The twelve highest ranked issues were then sent out in another survey. The top 3 issues identified were  
1. Emotional/physical and drug abuse  
2. Educating mothers on the importance of personal/health/early entry into prenatal services  
3. Safe Sleep
Due to another group in SW Michigan having a similar name as Region 8. Group decided to change name to “Southwest Michigan Prenatal Quality Improvement Collaborative.”

**August 2017**
Steering Committee chose date for next large group meeting- September 28, 2017. Invitations sent out and speakers solicited to speak on the 3 identified issues at July steering committee meeting.

**September 2017**
Steering Committee made decision to cancel the September 28 regional meeting due to need for more time to prepare. Emotional and Physical Abuse separated from Drug Abuse as separate and distinct issues. Potential speakers identified for next meeting. The group also made a decision to hire a consultant asap and identified possible people to invite to send a proposal. Deadline for submitting proposals is 10-24-17, conference call for decision is 10-27-17, and contract to be signed by 11-2-17.

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**Accomplishments**
Summary of Upcoming Activities

Southwest Michigan Perinatal Improvement Collaborative meeting is scheduled for November 2, 2017
Steering committee continues to meet monthly
Working on hiring a consultant to help group organize and put together an implementation plan.

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Describe Any Barriers Impacting Milestones Above and Expected Date of Resolution
Region 10

Regional Perinatal Quality Collaboratives: Status Update
Status Update: Regional Perinatal Quality Improvement Collaborative Region 10

September 2017

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<tr>
<th>Status Summary</th>
<th>Project Leads/Steering Committee: Vernice D. Anthony, BSN, MPH, Alethia Carr, RD, MBA, Iris Taylor, RN, Ph.D.</th>
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The Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) was funded in October 2015, and held its inaugural meeting on January 27, 2016.

Prior to the first meeting VDA Health Connet established an expert staff team including Vernice D Anthony, BSN, MPH, Alethia Carr, RD, MBA, and Iris Taylor, RN, Ph.D. In addition, Public Sector Consultants (PSC), a well-respected, Lansing-based firm and the Greater Detroit Area Health Council (GDAHC), a southeast Michigan regional health improvement collaborative, were brought in to assist with creating the structure, process implementation and recruiting and convening appropriate stakeholders. Michigan Department of Health and Human Services (MDHHS) provided technical support and guidance throughout this process. SEMPQIC is now completing its second year of operations with exciting plans for the next year.

SEMPQIC participants include representatives from 23 birthing hospitals, health plans, including Blue Cross Blue Shield of Michigan (BCBSM) and Medicaid health plans, breast feeding experts, mental health organizations, Head Start, local public health departments and community-based organizations working to improve the social determinants of health.

Tips and lessons learned from the successful launch and interventions to promote collaboration and sustainability:

1. Use known and trusted experts to make initial contacts with stakeholders (e.g., SEMPQIC leadership and GDAHC)
2. Seek input from stakeholders in drafting goals and document goals and expectations before starting work.
3. Choose a meeting location that is neutral to each stakeholder to eliminate the appearance of preference for one or some organizations.
4. Seek input and feedback regarding meeting times, meeting length from stakeholders.
5. Allow stakeholder sharing and collaboration by combining opportunities for stakeholders to present their organizations’ work both through large group presentation and small group break-out sessions.
6. Provide ongoing feedback to stakeholders after each meeting and clarity on next steps.
7. Invite experts from within the stakeholder group to present and lead discussion on selected topics (e.g., health departments, birthing hospitals, breast feeding, etc.)
8. Establish trusting relationships with stakeholders through one-on-one meetings.
9. Create opportunities for continuous learning and information sharing through sharing updated and relevant research related to perinatal concerns and evidence-based strategies.
Accomplishments

- Held 5 half day meetings each of the two years of funding of the SEM PQIC membership.
- Convened a diverse group of Region 10 perinatal stakeholders and created a cohesive group of approximately 40 members actively interested in improving the Region 10 perinatal system of care, with the goal of improving birth outcomes for black infants.
- Completed a gap analysis of Region 10, including publishing a Data Resource Document, summarizing available perinatal related data for the Region 10 area.
- Used the CDC LOCATe Survey tool to assess the Region 10 birth hospitals (22) level of care as compared to the AAP & ACOG standards. Held a webinar to share the results with participating hospitals and shared the hospital specific results with each hospital surveyed.
- Created and launched a web link as part of the Greater Detroit Area Health Council, where SEM PQIC information is routinely posted and shared.
- Convening the first Region 10 day-long conference, Sept. 29, 2017 entitled, Transparency in Perinatal System of Care for Continuous Quality Improvement in partnership with MHA and the Michigan Quality Collaborative Initiative

Summary of Upcoming Activities

Beginning in October 2017, SEMPQIC will implement the following activities:

1. Implement a pilot to increase home visiting services in high risk Region 10 women of child-bearing age in two target zip codes.
2. Increase WIC enrollment by 10 percent for high risk families in Region 10 by increasing accessibility of service sites through partnerships with Region 10 WIC programs and SEMPQIC members.

SEMPQIC’s goal for Year 3 is to solidify actionable strategies to address reducing the gap between black and white infant mortality by integrating the social determinants of health into all strategies, continuing to educate, inform and create opportunities for SEMPQIC members to become active participants in solutions.

1. Every coalition meeting will include a specific presentation and/or activity related to raising the level of awareness and accountability of SEMPQIC members.
2. We will provide relevant resources and tools that could be useful to members in acting upon their learnings.
3. We will assure diversity in our presenters, and “hands on” experts from possible resources.
4. We commit to developing strategies to measure our progress and results of our efforts related to the social determinants of health.
5. We will increase participation in SEMPQIC to include greater community representation including those that can speak to social determinants of health resources.
6. We will seek ongoing input and feedback from SEMPQIC members on our effectiveness in support for social determinants of health.
7. We will keep ourselves and SEMPQIC members up to date on the latest research and evidence-based strategies in the current literature.
<table>
<thead>
<tr>
<th><strong>Milestone</strong></th>
<th><strong>Due Date</strong></th>
<th><strong>Status</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(desired outcomes with evaluation metrics)</td>
<td>(on track; monitor closely; urgent/action required; complete)</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone:</strong> Identify home visiting agencies in Region 10 to participate in the pilot</td>
<td>January 30, 2018</td>
<td></td>
</tr>
<tr>
<td><strong>Expected Outcome:</strong> At least 2 home visiting agencies serving women in Region 10 will commit to participating in the pilot to increase home visiting services to high risk women in Region 10.</td>
<td></td>
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</tr>
<tr>
<td><strong>Measurement:</strong> Number of and name of agencies in the pilot.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>Milestone:</strong> Identify and implement enhancement strategies to engage high risk Region 10 women in home visiting services. | September 30, 2018 |  |
| <strong>Expected Outcome:</strong> Strategies will be implemented to address gaps in home visiting services in Region 10 and 10% more high risk women will receive home visiting services. |  |  |
| <strong>Measurement:</strong> Change in the percentage of high risk women in the target zip codes receiving home visiting services. Number of strategies implemented to enhance home visiting services. |  |  |</p>
<table>
<thead>
<tr>
<th><strong>Milestone</strong> (desired outcomes with evaluation metrics)</th>
<th><strong>Due Date</strong></th>
<th><strong>Status</strong> (on track; monitor closely; urgent/action required; complete)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milestone</strong>: Facilitate SEMP QIC members to establish/modify organizational policies and partnerships that connect clients to evidence based home visiting programs.</td>
<td>September 30, 2018</td>
<td></td>
</tr>
<tr>
<td><strong>Expected Outcome</strong>: Increased number of organizations with policies and partnerships that connect clients to evidence based home visiting programs.</td>
<td></td>
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</tr>
<tr>
<td><strong>Measurement</strong>: Number of SEMP QIC member organizations that have added or changed policies and practices to connect clients to evidence based home visiting programs.</td>
<td></td>
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</tr>
<tr>
<td><strong>Activity</strong>: Implement WIC enrollment in two Region 10 birthing hospitals.</td>
<td>September 30, 2018</td>
<td></td>
</tr>
<tr>
<td><strong>Expected Outcome</strong>: High risk women access WIC enrollment services at the birthing hospital where they deliver.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measurement</strong>: WIC enrollment of women and infants increases by 10% in Region 10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Milestone</strong> (desired outcomes with evaluation metrics)</td>
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</tr>
<tr>
<td>---------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Activity:</strong> Implement WIC enrollment in two Region 10 prenatal clinic sites.</td>
<td>September 30, 2018</td>
<td></td>
</tr>
<tr>
<td><strong>Expected Outcome:</strong> At least two prenatal clinic sites in Region 10 have WIC enrollment services available to high risk women.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measurement:</strong> Number of prenatal clinic sites with WIC enrollment added this fiscal year. WIC enrollment of pregnant women increases by 10% in Region 10.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe Any Barriers Impacting Milestones Above and Expected Date of Resolution

Lack of additional funding for incentives and/or training for these initiatives is a barrier.