

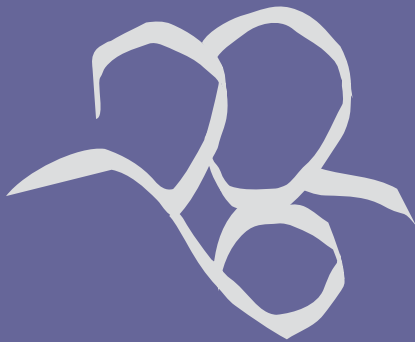
# Influencing State Health Policy

*by*

## Improving Local and Regional Perinatal Practice

### PRESENTER

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Barbara May RN, MPH  
Director, Prevention Programs  
Southern New Jersey Perinatal Cooperative

# Learning Objectives

- List the elements of successful program implementation;
- Describe how to engage regional providers in a collaborative process to implement a new health care policy;
- Recognize the challenges and benefits of local and regional collaboration;
- Understand how to support incremental change in organizations so that they can effectively carry out new practice and policy;
- Identify steps taken by a regional consortium to influence health policy change.



# Southern New Jersey Perinatal Cooperative

## One of 6 Regional Maternal and Child Health Consortia in New Jersey

- Began in 1982 as a Demonstration Project
- Licensed by NJDHSS in 1993
- Board of Directors includes hospitals, public health agencies, professionals and consumer reps
- Source of funding includes hospital dues, federal, state and local grants



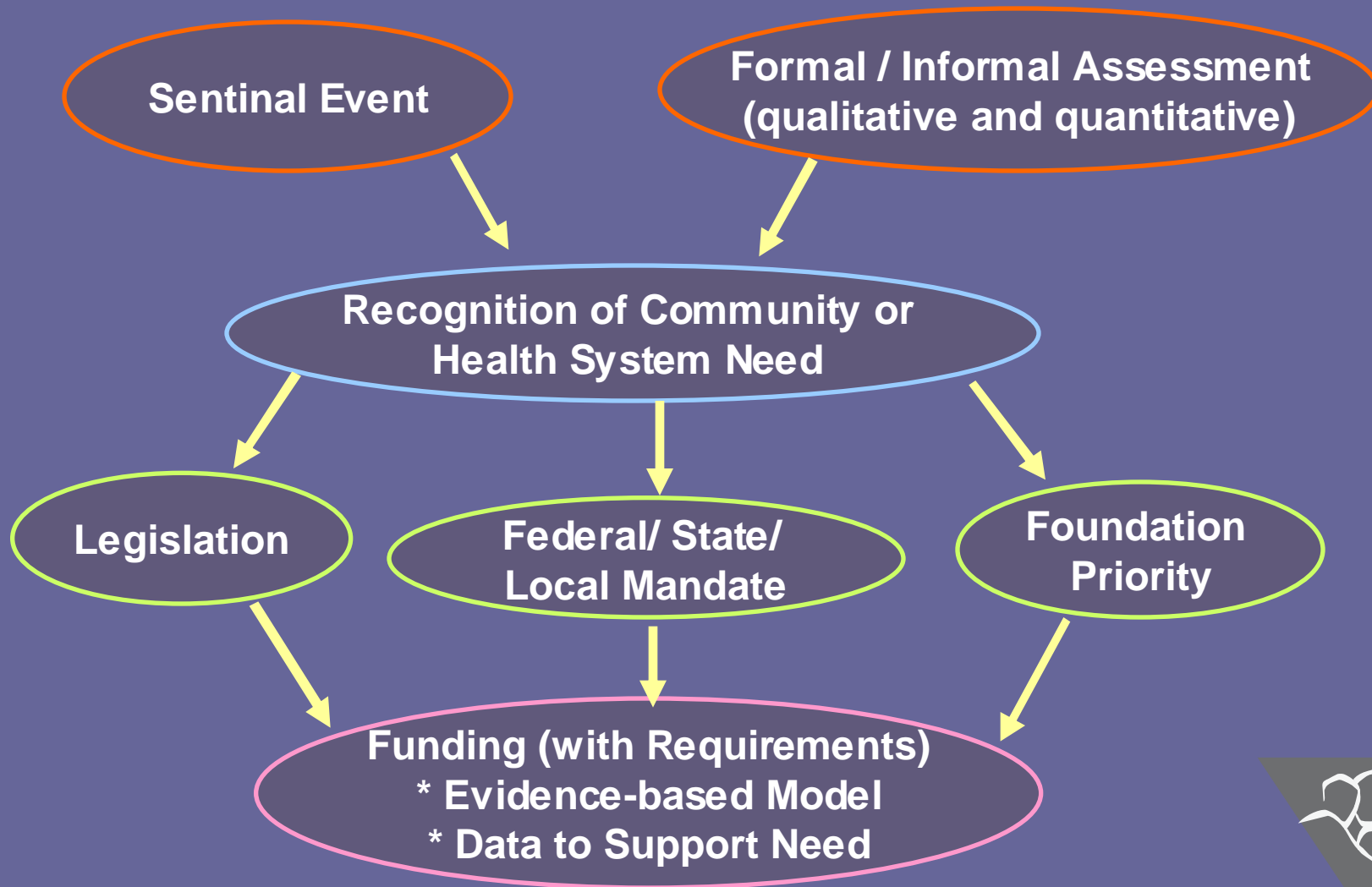
# SNJPC Mission

Work with hospitals, professionals, public health agencies and consumers to:

- Collect, analyze and report regional data
- Improve professional practice
- Develop and implement programs to improve maternal and infant outcomes
- Oversee the implementation of state regulations and legislation



# What Drives New Program Development?



# What Kind of Program is Needed?

- Community Education
- Client Intervention
  - Education
  - Case Management
  - Support Services
- Clinical Service
- Professional Education
- Health System Change



# Successful Programs

## Measuring Outcomes that Matter to...

- **Grantor**
  - Was money well-spent?
- **Partners**
  - Feedback about their efforts
  - Data to support agency program needs
- **Community**
  - Residents' needs are understood and addressed
  - How many people were helped?
  - Where do they live?
- **Policy-makers**
  - This program works!
  - It is cost-effective, replicable and supported by the community, providers and other stakeholders



# Camden City Problems Statewide Solutions

- Substance Use During Pregnancy
- Perinatal Depression





# Screening for Substance Use in Pregnancy

## 1999-2001: Camden Healthy Start Project

- Risk Reduction Program Strategies
  - Uniform Screening
  - Professional Education
  - Case management
- Introduction to the 4 P's Plus and Ira Chasnoff, M.D. at The Children's Research Triangle
- July 2000: 10 member Camden City team attended Leadership Institute



# 2001 Citywide Implementation of 4P's Plus Screening Tool

- 5 Camden prenatal provider sites engaged in development of a uniform screening and referral tool
- 4 P's Plus chosen as the evidence-based tool for uniform screen
- Clients with positive screens given prevention education and referred for home follow-up and substance abuse assessment when necessary
- Provider education conducted in all sites
- Data and outcomes shared with Health Start Consortium



2002

## 4P's Plus Expansion *NJDHSS Initiative*

\$750,000/year devoted to Perinatal Addictions  
Projects in MCHC regions

- Uniform screening for alcohol, tobacco and other drugs
- Professional education
- Community education
- Linkage with Centers for Excellence
  - Children affected by drugs and alcohol



# 2003 Statewide Replication 4 P's Plus

## *A Window of Opportunity for Children*

- Collaborative effort of NJDHSS and FHI
- Funded by NJHI/RWJF
- Coordinate implementation of a uniform screening tool
  - Design uniform screening tool
  - Develop training materials; conduct training
  - Produce consumer education materials
  - Develop a centralized database and process for collecting statewide data and producing reports



# "A Window of Opportunity"

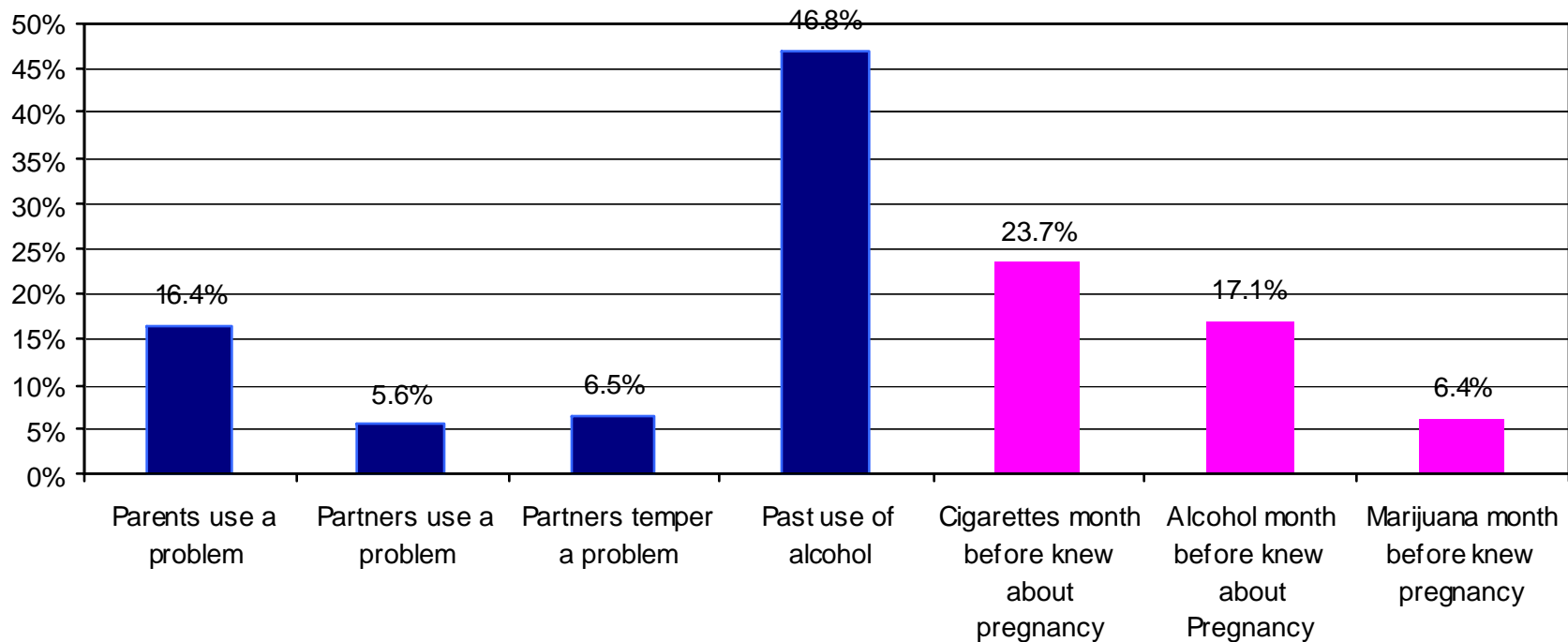
- 4P's Users send completed forms to Regional MCHC monthly
- MCHC staff submit forms for input and analysis
  - (Scantron electronic form review)
- MCHC staff review data:
  - provide quarterly technical assistance to 4 P's Plus users
- MCHC and NJDHSS staff:
  - Use data to demonstrate need for programs to address substance use with local, regional and statewide stakeholders and policy-makers



# Statewide: 4 Ps Plus Data

7/01/04 to 6/30/05

21,835 Screens Completed



# Uniform data tells a story creates the potential for policy change

- County agencies dedicate funds to services for pregnant women
- State approves reimbursement for .05 ASAM level treatment services
- Task force established: reimbursement for screening and brief intervention using 4 P's Plus
- Integration of 4P's Plus into uniform Medicaid Managed Care risk assessment tool and centralized data system (pilot phase)



# Screening for Depression During Pregnancy and Postpartum

**1999-present: Camden Healthy Start Project**

Case Management for pregnant women who are depressed

- Uniform Screening using Burns Depression Screen
- Referral of women with positive screens to Healthy Start Case Manager
- Professional Education
- Data and outcomes, including gaps in services shared with Healthy Start Consortium





# NJ Postpartum Depression Screening Legislation: 2006

## Licensed health care professionals that provide:

- Prenatal care to women shall provide education to women and their families about PPD...
- Postnatal care to women shall screen new mothers for PPD symptoms prior to discharge...and at the first few postnatal check-up visits;
- Prenatal and postnatal care to women shall include fathers and other family members...in the education and treatment processes to help them better understand the causes of PPD ... and improve their ability to be supportive of the new mother.



# PPD Screening Legislation

## *continued*

- All birthing facilities shall provide departing new mothers and fathers and other family members...with complete information about PPD, including:
  - symptoms,
  - methods of coping with the illness
  - treatment resources



# Local Program Experience *results in* Leadership and Innovation

- Regional providers engaged in a collaborative process to implement this new health care policy
  - Regional meetings of hospital leadership to prepare and share resources
  - Provide objective guidance through the steps of incremental change within institutions
  - Highlight successful model programs in the region
  - Inform providers of existing resources at the state and local level



# Leadership & Innovation

## *continued*

- Representation on State Task Force to develop guidelines, protocols and resources for hospitals
  - Recommend protocols for referral and follow-up of women who screen positive based on local experience
  - Develop templates and tools to be modified for local needs
  - Respond to concerns of professional associations and provide linkage to local resources



# Leadership & Innovation

## *continued*

- Develop regional programs in response to State request for proposals
  - Expand successful models
    - PPD Support groups
    - PDAs used for screening in outpatient setting
    - Training tools developed to facilitate provider use of the Edinburgh PDS
  - Develop new services
    - “Bridge” services
    - Training for mental health professionals



# Lessons Learned

- Plan every new program as if it is an opportunity to affect policy change at the local, state and federal level.
- Be willing to negotiate, mediate, and accept incremental change as programs are put in place.
- Remember: eligibility criteria, regulations and laws can be modified *IF* data are available to support the need.
- Seize opportunities to showcase the success of your local program...you never know who is listening!



# *More Lessons Learned*

- When developing client services, always find a way to include tools and education that support improved professional practice.
- Involve local and state stakeholders in planning programs and in sharing program success.
- Help providers, state agencies and legislators support your programs by creating solutions that maximize use of existing resources.
- Look to other states for successful models or creative policy.

