Improving Birth Outcomes in Nevada
Learning Collaborative Action Plan

2015–2018

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Nevada has been participating in the National Governors Association (NGA) Learning Network on Improving Birth Outcomes since December 2013. The goal of the Learning Network is to assist states in developing, implementing and aligning their key policies and initiatives related to the improvement of birth outcomes.

As a participant in the Learning Network, Nevada has established a Core Leadership Team to direct state efforts at improving birth outcomes. The Core Leadership Team and participants from multiple state agencies have worked together to develop the action plan contained herein.

Improving Birth Outcomes – Why it Matters

Birth outcomes is defined as “categories of measurement that describe health at the time of birth” and include issues such as birth-weight, gestational age, and infant mortality. Beyond measuring health at the time of birth, these outcomes also serve to predict the future health and wellness of a child. For instance, low birth-weight is a predictor of premature mortality, developmental and growth problems, cardiovascular disease and respiratory conditions.

Beyond the devastating implications of these issues for an individual family, there are practical implications for educational institutions and social service systems that are tasked with providing resources and supports for impacted children.

Some outcomes associated with births in Nevada are provided in the chart below.

Low Birth Weight | Pre-term Births
---|---
![Map of Low Birth Weight](http://datacenter.kidscount.org/data/Map/5425-low-birthweight-babies?loc=1&loct=2#any/false/36/any/11985/Orange/) | ![Map of Pre-term Births](http://datacenter.kidscount.org/data/Map/18-preterm-births?loc=1&loct=2#any/false/36/any/280/Orange/)

There are a number of factors that have been linked to birth outcomes, all of which have to do with the health of the mother prior to, during, and after pregnancy. These include:

- Biology
- Diet and Nutrition
- Physical Health
- Behavioral Health
- Social Circumstances
- Environmental Influences

Women who are economically disadvantaged are at greater risk for poor birth outcomes due to a combination of the factors listed above.

**What Are We Going to Do in Nevada?**

To ensure that children have the “best start” in life, Nevada has developed a plan to improve birth outcomes. It has established the following goals to support its mission of “improving birth outcomes and the health of children in Nevada.”

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**Promote Maternal, Child and Adolescent Health**

Integrate Life Course Perspective into educational outreach promoting maternal, child and adolescent health - including the consideration of lifetime and intergenerational experiences and exposures.

**Expand Healthcare Access**

Expand access to healthcare, including behavioral health, for women, pregnant women, and infants.

**Reduce Exposure to Alcohol, Drugs and Tobacco**

Reduce negative birth outcomes resulting from maternal substance use through education, prevention, intervention and treatment efforts.

**Extend Gestational Periods**

Decrease elective non-medically indicated early birth before 39 weeks.

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How Are We Going to Do It?
To achieve each of the four goals as described, the state of Nevada has developed an action plan to guide its efforts.

### Promote Maternal, Child and Adolescent Health
Integrate Life Course Perspective into educational outreach promoting maternal, child and adolescent health - including the consideration of lifetime and intergenerational experiences and exposures.

<table>
<thead>
<tr>
<th><strong>Collect and Analyze Data</strong></th>
<th><strong>Increase Community Education and Awareness</strong></th>
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<td>By June 2016, the Maternal, Child and Adolescent Health (MCAH) Section within the Division of Public and Behavioral Health (DPBH) will collect 80 percent (%) of identified data available on birth spacing, prenatal care visits, post-partum visits, wellness visits, high risk behaviors, and chronic illnesses.</td>
<td>By June 2017, The MCAH Section within DPBH will engage 90 percent (%) of the identified partners and stakeholders to increase community education and awareness about pre/interconception health.</td>
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<td><strong>Partner with Office of Public Health Informatics and Epidemiology (OPHIE) to gather data on birth spacing, prenatal care visits, high risk behaviors and chronic illnesses.</strong></td>
<td><strong>In consultation with the California program, Every Woman California, develop a similar website to promote pre/interconception health for every woman in Nevada.</strong></td>
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<td><strong>Partner with Women, Infants, and Children (WIC) Program to gather data on post-partum visits and wellness visits.</strong></td>
<td><strong>Partner with an established media vendor for a public awareness campaign to promote the pre/interconception website.</strong></td>
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<td><strong>Collaborate with the State Medical Board to collect data on One Key Question from Primary Care Providers and OBGYNs.</strong></td>
<td><strong>Provide information and resources on the Medical Home Portal to promote healthcare services for women and families with special health care needs.</strong></td>
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<td><strong>Engage Managed Care Offices to continuously collect and report data on the number of clients who receive wellness visits.</strong></td>
<td><strong>Develop campaign to educate Primary Care Physicians, Managed Care Offices, OBGYNs, and other health professionals on the value and benefits of One Key Question.</strong></td>
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<td><strong>Include information on family planning, birth spacing, post-partum visits, and wellness visits in the pink packet.</strong></td>
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Expand Healthcare Access

Expand access to healthcare, including behavioral health, for women, pregnant women, and infants.

**Expand Use of Telehealth**
By December 2017, expand eligibility for and utilization of telehealth.
- 25% increase in provider types/locations
- 10% increase in number of telehealth services per year able to process MCH applications.

- Work with Medicaid to expand eligibility for telehealth services.
- Work with Governor’s Office of Science, Innovation & Technology to map existing services and identify gaps in coverage.
- Partner with Universities to increase enrollment in programs that support telehealth workforce.
- Promote increased provider awareness of telehealth through website, etc.

**Provision of Mental Health Assessments**
By December 2016, 25% of mothers participating in key partner programs will have received a mental health assessment.

- Partner with Home Visiting programs to support provision of mental health assessments.
- Adapt standardized behavioral health assessments in participating clinics, in collaboration with Community Health Centers, Substance Abuse Prevention and Treatment Agency (SAPTA) and Rural Community Health Services.

**Increase Access to Family Planning**
By December 2016, 100% of participating behavioral health clinics will have received training on family planning and related issues.

- Leverage National Training Center for resources to provide to behavioral healthcare clinics.
- Partner with Project ECHO to develop and implement training modules on family planning and related issues.
Reduce Exposure to Alcohol, Drugs and Tobacco

Reduce negative birth outcomes resulting from maternal substance use through education, prevention, intervention, and treatment efforts.

Data collection, cultural competency, workforce development and quality improvement are a component of each of the following goals:

**Increased Awareness and Resources Available to Healthcare Providers**
By February 2018, increase the awareness of healthcare providers related to maternal substance use prevention and linkages to treatment services.

- SBIRT training will be provided to 50% of the DPBH community health nurses and behavioral health nurses.
- Disseminate an infographic with data related to maternal substance use and resources to healthcare providers.
- Incorporate maternal substance use prevention and intervention training into the University of Nevada Medical School public health curriculum.
- Create a guide for clinicians that clearly defines reimbursement for Medicaid-related services for maternal substance use (SBIRT, cessation programs, etc.).
- Disseminate the NIAAA brochure and standardized screening tool to healthcare providers.
- Assess the CASAT pilot (CDC grant) related to SBIRT implementation.
- Research if SBIRT modules are available in electronic medical record systems.

**Increased Awareness and Resources Available to Partner Agencies**
By August 2016, increase collaboration with non-traditional partners and safety net providers to promote maternal substance use prevention, education, and linkage to services.

- Define the non-traditional partners and safety net providers that may serve women of childbearing age that may have substance use issues. This includes understanding the services accessed before, during, and after pregnancy.
- Develop a resource guide that can be distributed to non-traditional partners and safety net providers that outlines resources for pregnant women with substance abuse issues.

**Increased Awareness and Resources Available to Public**
By February 2017, increase public awareness of substance use prevention and treatment services for women of childbearing of age.

- Continue public service announcements (PSAs) promoting healthy moms and healthy babies through substance use prevention and treatment.
- Advertise substance use prevention and treatment resources at food retailers and pharmacies.
- Provide peel off information cards to be voluntarily posted in food establishment (bars, restaurants) ladies restrooms. Distribution of the cards will be done during environmental health inspections.
- Include information on substance use prevention and treatment services in the hospital “Pink Packets” provided to new moms after delivery.
Extend Gestational Periods

Decrease elective, non-medically indicated early birth before 39 weeks

Develop Model Policies
By December 2018, 25% of delivery centers/hospitals will have adopted model policy on Early Elective Delivery.

- Request hospitals to provide examples of their Early Elective Delivery Policy.
- Create a template that outlines the criteria for early delivery.
- Share the early delivery hospital policy with the Hospital Association to promote with its members.

Promote Supportive Reimbursement Policies
By December 2018, the Hospital Association will support reimbursement policies that promote extended gestational periods / discourage non-medically indicated early births before 39 weeks.

- Evaluate differences between Fee for Service and Global Reimbursement.
- Create an evidence-based clinical pathway that links with reimbursement to promote extended gestational periods.
- Conduct Education and Outreach with members during Public Health Week.

Increase Public Awareness
By December 2018, a public campaign will have been launched regarding the benefits of full-term delivery.

- Work with the March of Dimes to promote public education campaign about the risks of premature delivery and benefits of full-term gestation.
- Partner with public and community based agencies to promote full-term births information dissemination.
- Provide information to public officials and key stakeholders about the importance of full-term births during Public Health Week.

Increase Public Awareness
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### Action Plan Timeline

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Implementing and Evaluating Plan Progress

Each goal contained in the action plan has been assigned to a workgroup to ensure that progress is made.

The progress towards each goal, objective and action will be reported out to the Core Leadership Team on a quarterly basis. Updates will be established annually so that the plan remains relevant and responsive to current environmental circumstances. Annual updates will support efforts related to bi-annual reports to the Legislature.

- Review status of each goal, objective and action.
- Identification of any interim adjustments.

- Review progress achieved on each goal, objective and action.
- Modify Plan as needed.

- Bi-annual report to the legislature.
**SPECIAL THANKS**

It is with deep appreciation to the many individuals who participated in the Nevada Improving Birth Outcomes Learning Collaborative over the past three years.

We extend special thanks to the following core team:

Noreen Dentscheff, RN, United Healthcare
Karen Gardiner, Amerigroup
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