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HMIHC Fall 2015

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HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

FALL 2015

The First 1,000 Days

INSIDE THIS ISSUE

- *Progress on increasing access to Long Acting Reversible Contraception (LARC)*
- *Update on our efforts to institute statewide prenatal screening, brief intervention and referral to treatment for substance use cessation*
- *Expanding access to progesterone for women at risk for pre-term birth*
- *Collaborative efforts to improve safe sleep practices*
- *Advocacy for Fatality Review Unit; both maternal and child*

A REMINDER OF WHO WE ARE...

The Hawaii Maternal and Infant Health Collaborative, founded in 2013, is a public private partnership committed to Improving Birth Outcomes and Reducing Infant Mortality. The Collaborative was started as an outgrowth of the Governor's Office Early Childhood Action Strategy Healthy and Welcomed Births Team, with help from the Department of Health and National Governor's Association, and is implementing strategies to improve maternal and child health

Collaborative Improvement and Innovation Network to Reduce Infant Mortality (CoIIN) Initiative.

The Collaborative has completed a strategic plan, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality by 2018. A cross-sector leadership team coordinates the work of the Collaborative. Work is specific, outcome driven, informed by data and primarily accomplished in

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technical assistance to the Collaborative through our participation in the national Maternal and Child Health Bureau's

We encourage your participation by contacting the Work Group Team Leaders.

WORK GROUPS UPDATES...

PRE AND INTER-CONCEPTION CARE

Reducing our unintended pregnancy rate in Hawaii is a major focus of the Collaborative work coming up for 2016.

Long Acting Reversible Contraception (LARC)

Increasing Hawaii's rate of pregnancies that are intended has been a primary objective of the Collaborative to improve birth outcomes. One strategy to accomplish that objective is to increase the utilization of the most effective methods of contraception for those women wanting to defer pregnancy. Clinicians have identified a number of barriers to increasing utilization of LARC. There has been a lack of clarity regarding insurance coverage, both private and public, pre-authorization requirements, timing of insertion and pharmacy stocking. The Collaborative is systematically addressing these concerns.

Thanks to our partners at MedQUEST we have been able to clarify post pregnancy coverage and ICD-10 coding for all MedQUEST plans for both insertion and the cost of the device. We have made a handy coverage chart, laminated and ready to distribute to providers. Please contact [Lin Joseph](#) for a chart.

- ✓ Our partners at MedQUEST are helping to track claims submitted by providers to ensure that there are no snafus; to date all have been approved for payment.
- ✓ Dr. Shandhini Raidoo, Dr. Bliss Kaneshiro, Mary Tschann, Dr. Reni Soon, Dr. Emmakate Friedlander and Dr. Jennifer Salcedo with the Department of Obstetrics, Gynecology and Women's Health University of Hawaii John A. Burns School of Medicine have written a [white paper](#) addressing the benefits and addressing providers concerns regarding LARC.
- ✓ Dr. Michael Savala will make a presentation on LARC coverage and its benefits to physicians at the annual ACOG Hawaii section conference this November, the chart will be available for distribution there.

Next Steps for LARC:

To join the Team, or for more information, contact: [JoAnn Farnsworth](#)

CARE DURING PREGNANCY AND DELIVERY

Improving birth outcomes and decreasing the rate of pre term births has also been a primary objective for the Collaborative. We have prioritized two strategies to improve birth outcomes and decrease pre term births through 1) the reduction of risk factors for tobacco, alcohol, and drug use during pregnancy through prenatal screening, assessment, brief intervention and referral to treatment and 2) increasing appropriate access to progesterone use for those women at risk of pre term birth.

Prenatal Screening Brief Intervention & Referral to Treatment (SBIRT)

Update:

A major focus of the Collaborative's work has been moving prenatal SBIRT from the planning to the implementation phase. We anticipate the implementation phase being two years. We have submitted requests for funding for a contractor to work with the Collaborative's SBIRT Team. The major deliverables will be determination of the incentive to both providers and health plans to cover SBIRT services; provider education and training; and enhancing the referral network of community support and treatment services.

- Contract in place with JABSOM Department of Psychiatry to map Hawaii's current substance abuse system of care; community by community.

Increase appropriate use of progesterone (17P)

In order to prevent pre term births, HMIHC is working to increase the usage of 17P for women who are at risk due to a prior preterm birth.

HMIHC surveyed Hawaii American College of Obstetricians and Gynecologists (ACOG) members, Family Medicine Physicians, and certified midwives to understand current practice and concerns. To date we have received 30 responses. The survey will be distributed at the ACOG conference in November.

Next steps for 17P:

- Analyze survey results
- Resolve any insurance coverage issues such as pre-authorization requirements

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[assessment](#) of prenatal providers to ascertain their current practices for SBIRT and any barriers to utilization. Not surprisingly, availability of treatment options was among the largest concerns.

To join the Team or for more information contact: [Lin Joseph](#)

Next Steps for SBIRT:

- Secure funding for implementation
- Coordinate efforts with Governor's Office of Health Care Transformation to incorporate prenatal SBIRT into their plan of universal screening for SBIRT, depression and anxiety.
- Work with MedQUEST as an "early adopter" of prenatal SBIRT.

To join the Team, or for more information, contact: [Betty Wood](#)

Infant Health and Safety

The current efforts of the infant health and safety team are to increase infant safe sleep environment at home and in child care by:

- Promoting safe sleep practices
- Decreasing substance use in infant homes
- Developing an appropriate harm reduction strategy to address co-sleeping

✓ HMIHC is working closely with Safe Sleep Hawaii to ensure a coordinated statewide effort to promote Safe Sleep practices. Safe Sleep Hawaii has four working committees

- Public awareness and messaging
- Child care policy

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To join the Team, or for more information, contact [Lynn Niitani](#)

Advocacy and Policy

HMIHC recently formed an Advocacy and Policy Work Group. Dr. Autumn Broady is the chair of this work group. The Collaborative, along with many others, has been concerned that there is a serious lack of data on infant deaths. The child death review position at the Department of Health (DOH) was de-funded three years ago and child death reviews have not taken place in any effective way since. This makes it very difficult to address issues of infant mortality as no team reviews are conducted and lessons learned to change practice and policy are not brought forward.

It is the objective of this work group to establish a Fatality Review Unit in the DOH for both maternal deaths (approximately 9 per year) and child deaths (approximately 170 per year, the majority of which are infants). Plan A is to have the unit funded through the Executive Budget; if that fails, Plan B is to write an appropriation bill and submit to the Legislature.

If you would like to work on this effort please contact [Dr. Autumn Broady](#)



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