Disclosure Statement

- **Faculty:** Candace Kugel, FNP, CNM and Megan Danielson, CNM

- **Disclosure:** We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.
Objectives

• Describe strategies to address clinical core measures that relate to women’s health.

• Discuss case studies that assist in understanding how creative collaborations and models of care can improve health outcomes for migrant women.

• Participants will be able to access clinical resources for working with female migrant patients.

Source: Motherhood & Migration
mama.imow.org

Agenda

• Women’s health measures review
  – Cervical cancer screening
  – Early prenatal care
  – Birth weight

• Case illustrations
  – Challenges
  – Improvement

• Resources
Cervical Cancer Screening

1. **Goal:** Provide cervical cancer screening for adult women aged 24 through 64

2. **Evaluate:** Percent of all women aged 24-64 who had at least one medical visit in a health center clinic during 2014 and were first seen before age 65 (excludes patients with hysterectomy)
Measuring Cervical Cancer Screening Data

Cervical Cancer Data

• A copy of the test result (your lab or another lab) or evidence based notation in the patient’s chart including provider, test date and result, entered by your provider or clinic staff must be present.

• **Not sufficient:**
  • A note that “patient was referred” or “patient reported receiving Pap test”
  • Patient refused or failed to return for test

• Look back into 3-5 years of medical records (based on age and tests)
National Comparisons

Historical trend: 2012 BPHC average 57.2%
(may not be comparable due to inclusion of HPV test in 2013)

Carla
Cervical Cancer Screening Resources


www.rwhp.org  cdc.gov/cancer/nbcedp  migrantclinician.org/services/network.html

Cervical Cancer Screening Resources
All health centers will now report on prenatal and perinatal services whether they are provided directly at the health center, by formal referral to another provider, or both. This will include:

- Age and trimester of entry into care on Table 6B
- Deliveries and infant birth weights on Table 7

Health centers which diagnose a woman’s pregnancy but do not directly provide prenatal care must refer for this care. If so they must:

- Track the referral to establish and record the date of her first comprehensive obstetrical visit.
- Track her delivery and record the weight of the infant(s) at birth.

Tables 6B and 7: Prenatal Services

1. **Goal:** Timely entry into care

2. **Evaluate:** Percent of patients entering prenatal care in first trimester

   - Entry into prenatal care begins with a complete prenatal physical exam with a physician or NP/PA/CNM provider.
   - Prenatal patients include all patients with ANY prenatal care regardless of whether the baby is delivered by health center provider.

<table>
<thead>
<tr>
<th>Trimester of Entry</th>
<th>Women Receiving Prenatal Care</th>
<th>Women Having First Visit with Health Center</th>
<th>Women Having First Visit with Another Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>First Trimester</td>
<td>(a)</td>
<td>(b)</td>
</tr>
<tr>
<td>8</td>
<td>Second Trimester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Third Trimester</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessing Early Entry into Prenatal Care

• Data Accuracy Checks:
  – Universe:
    • Prenatal medical patients by age must equal prenatal patients by trimester of entry
  – National Comparisons:
    • Historical trend: 2012 BPHC average 70.2%
    • Healthy People 2020 goal: to have 77.6% of females receiving prenatal care in 1st trimester

Sofia

Source: www.umich.edu
Early Prenatal Care Resources

1 Goal: Newborns with normal birth weight

2 Evaluate: Percent of births that are of normal birth weight. (excludes stillbirths)

<table>
<thead>
<tr>
<th>Prenatal Care Patients Who Delivered During the Year (1a)</th>
<th>Live Births: &lt;1500 grams (1b)</th>
<th>Live Births: 1500-2499 grams (1c)</th>
<th>Live Births: =&gt;2500 grams (1d)</th>
</tr>
</thead>
</table>
Birth Weight Considerations

Accuracy of Birth Weight Data

- Historical trend: 2012 BPHC average: 7.1% LBW and VLBW combined; other national averages: 8.2% LBW and VLBW combined.
- Healthy People 2020 goal: 7.8% LBW and VLBW combined.
Birth Weight Resources

- ACA/Medicaid
- Dormitories
- Nutrition support
- Pesticide Education
- Text for Babies
- Doulas

Marta
Sampling
Options for Reporting: Total Format (Table 6B)

- Column A: Universe – All patients who meet the reporting criteria.
- Column B: Universe or sample of 70 patients
  - Must report universe
    - When universe is less than 70 patients
    - For prenatal care (Table 6B) and delivery outcome (Table 7) measures
- Column C: Measurement Standard – Report number of charts whose clinical record indicates that the measurement rules and criteria have been met.

<table>
<thead>
<tr>
<th>CHILDHOOD IMMUNIZATION:</th>
<th>TOTAL NUMBER OF PATIENTS WITH 3rd BIRTHDAY DURING MEASUREMENT YEAR (a)</th>
<th>NUMBER CHARTS SAMPLED OR EHR TOTAL (b)</th>
<th>NUMBER OF PATIENTS IMMUNIZED (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Universe</td>
<td>Sample or Universe</td>
<td>Records meeting the measurement standard</td>
</tr>
</tbody>
</table>

Universe | Sample or Universe | Records meeting the measurement standard
Health Network

Elena

Photo by William Kwan
Resources

• Performance measure information: bphc.hrsa.gov
• Lessons From the Field: state- and practice-level policies to foster high performance in cervical cancer screening in FQHCs www.nashp.org
• Facilitating Early Prenatal Care Entry bphc.hrsa.gov/spotlight/eriefamilyhc/index.html
• Transforming Maternity Care transform.childbirthconnection.org

Questions?
Contact Us

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Register at www.migrantclinician.org/webinars

Up Next:

1 March 19
STRUCTURAL COMPETENCIES IN MIGRATION HEALTH

2 April 2
A MEANINGFUL APPROACH TO CLINICAL QUALITY IMPROVEMENT

3 April 23
TEN TIPS FOR CLINICAL OPERATIONAL REVIEWS

4 May 14
HEALTH CARE FOR MIGRANT WOMEN: TAKING IT TO THE NEXT LEVEL

5 June 5
ESSENTIAL STRATEGIES TO EFFECTIVELY ADDRESS DIABETES PREVENTION WITH VULNERABLE POPULATIONS

6 June 25
INTEGRATING ORAL HEALTH INTO THE PATIENT-CENTERED HEALTH HOME
Happy National Women’s Health Week!

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