Study: Infant Mortality in African American Infants and Infants in Rural Areas

Work Group Conference Call on Care Coordination, July 30, 2019

DRAFT Meeting Summary

Purpose of the meeting: Discuss draft recommendations related to care coordination.

Attendees: (By phone)

Ben Steffen- Chair
Stacey Tuck
Andrea Williams

Work Group Participants
Stacey Brown
Cathy Costa
Sherry Dai
Rebecca Dineen
Maisha DouyonCover
Anne Eder
Stacey Tuck
Andrea Williams

Staff
LaWanda Edwards
Megan Renfrew

University of Maryland Team
Dr. Elaine Anderson
Amelia Jamison

Dr. Arethusa Kirk
Dr. Marian Moser Jones
Debbie Quint Shelef
Dr. Edmund Shenassa

Dr. Sheila Owens-Collins
Dr. Maria Thoma

Deb Rivkin
Dr. Sandra Crouse Quinn

Renee Roberts

Kristen Silcox

Dr. Donna Strobino

Discussion of Recommendation #7: Recommendation: Care coordination should include programs to address social determinants of health.
Megan Renfrew opened the discussion of this recommendation. The workgroup discussed the importance of representing the voice of the patients in policy development. Focus groups may be one way to help determine priorities. Any recommendation should include a sentence reflecting the importance of patient perspective as we design programs and make recommendations.

The workgroup also discussed the importance of funding. For care coordination to work well, it will require investment and should be included in budget planning. Cost also includes the cost of continuous insurance coverage, the cost of infrastructure and the cost of any incentives given to members for participation.
Similarly, it is important to develop care coordination infrastructure and processes, including referrals and data. Some social determinates can be coded into electronic medical records.

**SDH and existing tools**
The UMD team asked if they had identified all existing tools for screening, referral, and case management/follow-up. A work group member recommended Health Leads. Others suggested Healthify and Aunt Bertha.

Staff from Maryland Medicaid described multiple efforts at the State level to potentially identify a uniform tool for Social Determinants of Health screening, as well as a community resource directory. The Accountable Health Community Tool was also mentioned. Medicaid does reimburse for depression screening as part of the home visiting intake process. Making a referral is one step, the second step is to see if the individual is actually getting services.

**Unconscious Bias Training**
Ms. Renfrew asked about the recommendation on unconscious bias. The workgroup discussed who should be included in the training: would this include both high-level health care providers and those on “ground level”? Some work members agree that it should include all staff. Others focused on the importance of specifically addressing physician bias directly. The cultural competence training currently offered to providers hasn’t been particularly effective: building on what exists may not be a good strategy if the current approach isn’t working. As part of the Fetal Infant Mortality Review, the form asks if people have experienced racial bias, and many say that they do. This isn’t a “one and done” training.

**Patient Advocacy**
Another workgroup member suggest that we strengthen initiatives for patient empowerment, to let patients become better advocates for their own health and support patients in developing those skills. It may be a role for doulas: advocating for yourself during labor can be hard even if you have the knowledge and skillset. Enhance health literacy is also important. Patient advocacy may help create culture change within institutions.

**Recommendation #6: Improve existing care coordination processes and tools.**
There was a brief discussion of recommendation #6. The point should be to use data to do better work. Linking a deidentified dataset may be helpful to develop care coordination, particularly for programmatic purposes. Data sharing around the Prenatal Risk Assessment form would be contingent on having correct data sharing agreements in place.

The meeting concluded with a discussion of next steps as well as a reminder about the next Workgroup meeting on August 27th.