



MEDTAPP Progesterone Project



Ohio

Department of Medicaid

Ohio

Department of Health



OHIO COLLEGES OF MEDICINE
GOVERNMENT RESOURCE CENTER

The following is the SFY2019 Final Annual Report for the MEDTAPP Project

A. Key Summary (1/2 page)

Significant Project Outcomes

The aim of the OPQC Progesterone Project for SFY19 continued to focus on reducing the rate of premature births <32 weeks gestation by building on the project lessons of previous years. In consultation with and collaboration with ODM, OPQC endeavored to achieve this goal by working with maternity care providers in Ohio who care for a high population of Medicaid patients and increasing the utilization of the electronic Pregnancy Risk Assessment Form (PRAF) 2.0 to support the identification and treatment of eligible patients who would benefit from Progesterone.

Project outcomes in SFY19 included 1) sustaining the reduced rates of premature births seen after initiation of the Progesterone project; 2) engaging 44 practices in the implementation of PRAF 2.0 through a two-part webinar series, 1:1 outreach, coaching, and PDSA support; 3) development of the Credible Messenger Toolkit and video; 4) continued work with ODM and GRC to improve the PRAF database; and 5) efforts to link the PRAF database with VS data to allow better assessment. These efforts were achieved through collaboration with ODM and ODH as part of a larger state-wide initiative.

Progress to Achieving SMART AIMS

SMART Aim: Decrease the rate of premature births <32 weeks gestation by 10% by June 30, 2019 by spreading the Progesterone Project work to maternity care providers who care for a high population of Medicaid patients. Rates of premature birth were sustained from initial reductions seen earlier in the project.

Between January 2014 and April 2018, the Progesterone project reduced repeated early preterm births <32 weeks gestation across the state by 6.6% and by 20.3% in African American women. These reduced rates have been sustained throughout FY19. We did not see additional decreases in these rates during FY19 but do not believe this is unexpected due to small numbers and the need to increase the use of the PRAF to allow for maternity care practice monitoring.

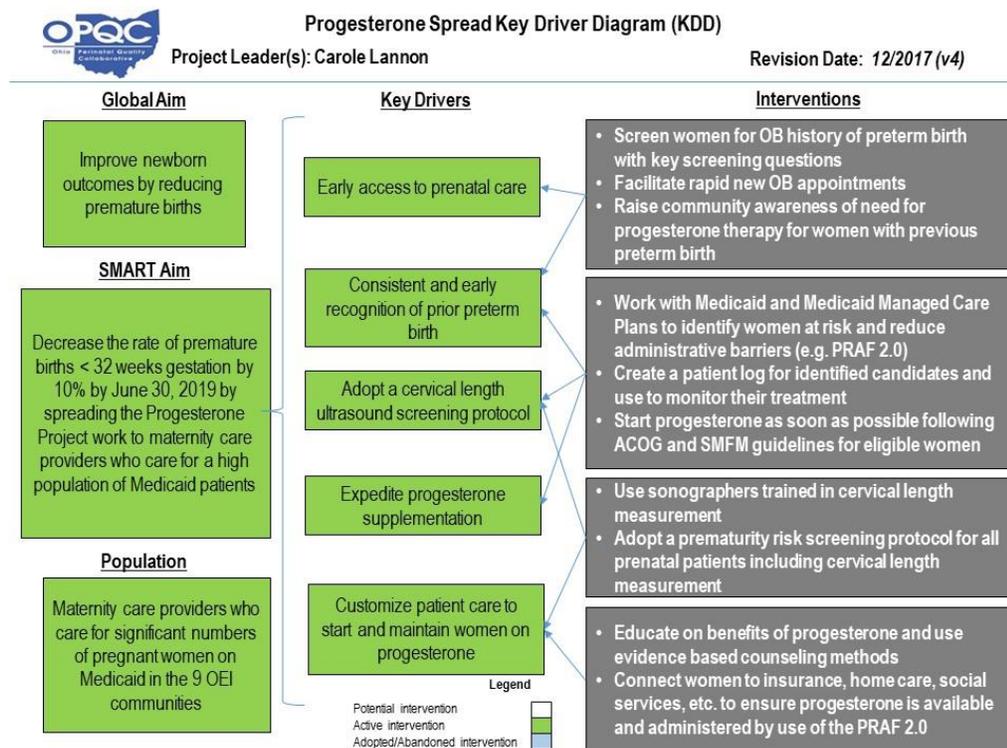
B. Project Overview

The initial work of the Progesterone project (2015-2017) addressed practice and system issues related to the identification and treatment of pregnant women at risk of recurrent preterm birth. As a result, there were significant improvement in prematurity rates for women with previous preterm birth, a publication summarized the work, a Change Package compiled key strategies to support interested teams in implementing successful change, and, in collaboration with ODM, the electronic PRAF 2.0 was developed to link patients with MCPs, facilitate needed support, and enable coordination of care.

The focus of the Progesterone project in SFY19 included working with ODM and ODH to increase the use of the PRAF 2.0 in the nine OEI communities, via maternity care practices and Federal Qualified Health Centers and increasing the use of the PRAF 2.0 to enable sites to track their patients at risk of preterm birth (e.g., previous preterm birth, smoking) and connect to appropriate support. In late SFY18 and early SFY19, OPQC had significant challenges recruiting teams to engage in traditional collaborative work to implement

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the Progesterone Change Package; as a result, it was decided to embed Progesterone change efforts within practice-targeted programs to facilitate the use of the PRAF 2.0.



C. Project Achievements

Change Package

OPQC continued to support the spread of the Progesterone Change Package to 44 maternity care practices and the five MCPs through promotion of the Change Package during PRAF 2.0 coaching calls and the webinar series. Sites also participated in spreading the change package through activities such as including the change package as part of their internal PRAF 2.0 spread binders, designed to help spread implementation of the PRAF 2.0 across their health system. In an effort to highlight the messages of the Progesterone Change Package, and in collaboration with the Ohio Collaborative to Prevent Infant Mortality (OCPIM) Action Group 3., OPQC shared key components and lessons of the Progesterone Change Package to inform and develop the Credible Messenger Toolkit. The toolkit is designed for community health workers, home visitors, community connectors, and WIC staff to assist them in explaining the benefits of Progesterone to women at risk for preterm birth (PTB).

Engagement and Collaboration with Original 23+4 Teams

In SFY19, OPQC communicated with the original 23 Progesterone teams plus the 4 FQHCs through quarterly partnership calls. OPQC also developed and distributed a survey to these teams to assess their

current state and opportunities for improvement. Highlights of the survey include that over 90% of the original teams have a clinic policy regarding offering ultrasound for cervical length measurement for women without a history of preterm birth, 81.8% conduct universal screenings, and 13.6% conduct selective screening. The survey demonstrated 73% of respondents experience challenges getting patients to accept Progesterone treatments. OPQC continues efforts to address the barrier of patient acceptance of treatment through the OCPIM collaboration promoting the Credible Messenger Toolkit.

Implementation of PRAF 2.0

The PRAF 2.0 not only connects patients and practices to MCPs and helps to coordinate care but also provides data that can be used to address infant mortality issues, e.g. prevention of prior preterm birth and smoking cessation.

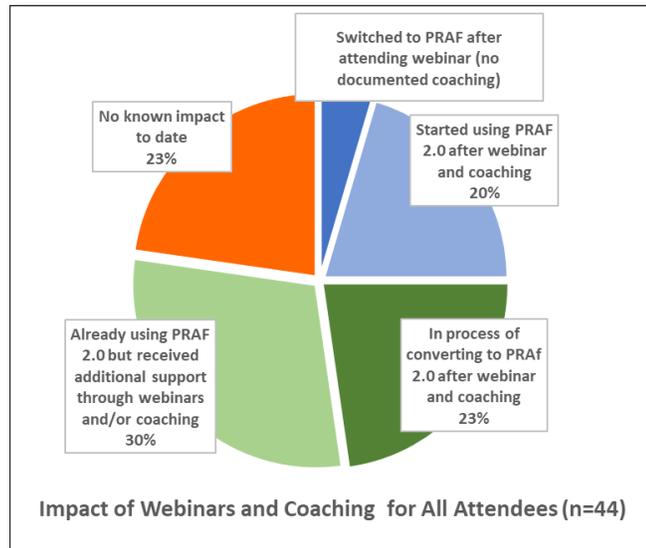
In collaboration with ODM and ODH and as part of a broader state-wide effort, OPQC developed and implemented a two-part webinar series to increase the utilization of PRAF 2.0. The first webinar, PRAF 2.0: Getting Started, covers lessons learned from the previous Progesterone project and an introduction to getting Started on using the PRAF 2.0 including gaining access to and step by step direction to the Nurture Ohio System. The second webinar is PRAF 2.0: Next Steps, and it discusses PRAF 2.0/Nurture Ohio access, sharing how the MCP uses the PRAF 2.0 information to assist patients to manage PTB risk factors and live presentation of data available to practices including practice-specific Progesterone candidates and acceptance of Progesterone. The table below outlines the dates, topics, and total attendance for each webinar. The full webinar can be viewed on the OPQC website.

PRAF 2.0 Webinar Series Detail

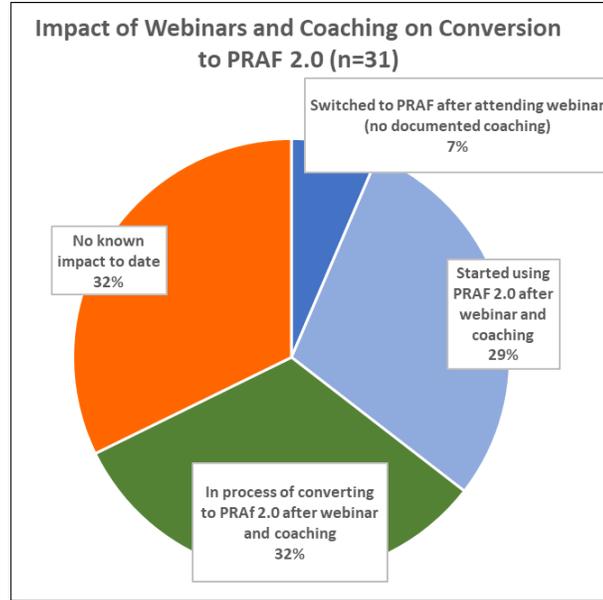
Webinar Title	Webinar Date	Attendance
PRAF 2.0 Getting Started (Pilot)	10/4/18	63
PRAF 2.0 Getting Started	10/18/18	17
PRAF 2.0 Next Steps	10/25/18	22
PRAF 2.0 Getting Started	11/8/18	46
PRAF 2.0 Next Steps	12/4/18	32
PRAF 2.0 Getting Started	1/22/19	19
PRAF 2.0 MCP Focused	1/23/19	3
PRAF 2.0 Next Steps	2/21/19	15
PRAF 2.0 Getting Started	3/13/19	10
PRAF 2.0 Next Steps	4/3/19	19
PRAF 2.0 Getting Started	5/29/19	17
PRAF 2.0 Next Steps	6/26/19	TBD

Tracking practice engagement is challenging due to discrepancies in naming convention in Nurture Ohio as well as webinar participant identification. An analysis of PRAF 2.0 webinar attendance demonstrated attendance of 68 representatives from office practices and FQHC’s providing direct prenatal care, representing 44 prenatal practices. Of these 44 practices, 33 (75%) currently self-report using the PRAF 2.0, 31 (70%) use the PRAF 2.0 as verified by review of practice lists provided by ODM/GRC, and 24 (55%) use the PRAF 2.0 as verified by review of Nurture OH data. Thirteen out of the 44 (30%) of sites were

already using the PRAF 2.0 before attending the webinar but received additional information or support through webinars.



Further analysis showed 1:1 coaching had a strong impact on the 31 sites that had not yet submitted a PRAF 2.0 before attending a webinar. While 2 out of 31 (7%) of sites converted to the PRAF 2.0 after attending a webinar but receiving no individual coaching support to date, 9 out of 31 (29%) sites converted to using the PRAF 2.0 after both attending one or more webinars and receiving individual coaching support from OPQC QIC's. Of the remaining 20/31 sites, 10 out of 31 (32%) attended a webinar, received coaching support, and are in the process of transitioning to PRAF 2.0 with OPQC continued support, and 10 out of 31 (32%) have not submitted a PRAF 2.0 form after attending a webinar to date (OPQC staff actively contacting these sites to offer individual coaching). For the purposes of this report, a practice was considered "in the process of transitioning to PRAF 2.0" if they either have registered a MITS user but have not yet submitted a PRAF 2.0 form for a patient, or if they self-reported to OPQC staff that they are working to register a MITS user or create a process to integrate PRAF 2.0 in their office. The full PRAF 2.0 webinar analysis is in Appendix 2.



QI Efforts

In SFY19, sites participating in the PRAF 2.0: Getting Started and PRAF 2.0: Next Steps webinars received 1:1 coaching and outreach from OPQC QI. Throughout the year a total of 44 sites received such support. During the coaching calls, sites discussed the planning and testing of PDSAs for PRAF 2.0. Office practices tested process changes needed to transition from the written PRAF to the web based PRAF 2.0. This testing included how to efficiently gain MITS and Nurture Ohio access, how to submit bills for PRAF 2.0 submissions, and how to complete a web-based PRAF. Practices also tested how to fit submitting PRAF 2.0 into their existing work process, modifying existing workflows for patient risk factor identification, home health, pharmacy, and MCP referrals, and utilizing Nurture Ohio analytics for Progesterone candidate tracking.

Partnership and FQHC Quarterly Calls

Quarterly calls were held with Progesterone partners across the state of Ohio, including the original 23 Progesterone teams and the 4 FQHCs. The calls are an opportunity for state agencies and participating sites to share information around the implementation, spread, and access to Progesterone, and they are an opportunity for organizations to collaborate with one another. The table below outlines the dates, topics, and attendance for each of the calls in SFY19.

Date	Attendance	Topics
September 5, 2018	40	<ul style="list-style-type: none"> Retrieving and utilizing PRAF 2.0 data Spreading PRAF 2.0 throughout the state Progesterone coverage
December 5, 2018	48	<ul style="list-style-type: none"> Partners outlined practical strategies and collaborative efforts to boost targeted engagement and effective use of the PRAF 2.0. Mitigating coverage and support issues associated with the generic form of 17p.

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		<ul style="list-style-type: none"> • Invitation to teams to attend PRAF 2.0 webinar series.
March 6, 2019	46	<ul style="list-style-type: none"> • Review of Vital Statistics data. • Obtaining Progesterone therapy. • Updates on PRAF 2.0
June 5, 2019	Not yet occurred 	<ul style="list-style-type: none"> • Sharing data collected on the QuickCheck Survey completed by original 23+4 sites. • Release of the Progesterone Messaging Toolkit for Credible Messengers

Quarterly FQHC calls were scheduled between OPQC and the Ohio Association of Community Health Centers to review and discuss progress and barriers to implementing and accessing Progesterone in OEI communities. The table below outlines dates, topics, and attendance on the calls.

Date	Attendance	Topics
September 5, 2018	52	<ul style="list-style-type: none"> • PRAF 2.0 data • How to retrieve PRAF 2.0 data • Spreading the PRAF 2.0 throughout the state • Progesterone Coverage
December 5, 2018	Unknown	<ul style="list-style-type: none"> • Engaging Practice teams in 2019. • Analysis of PRAF 2.0 webinar metrics to determine which practices are receiving training in use of PRAF 2.0.
March 6, 2019	N/A	<ul style="list-style-type: none"> • Cancelled due to availability of partners
June 5, 2019	Not yet occurred 	<ul style="list-style-type: none"> • Progress in spread of PRAF 2.0 across FQHC organizations

Data

Throughout SFY19, OPQC's DBE and BMI teams worked with GRC and Duet to improve the data from Nurture Ohio in order to fully understand and utilize PRAF 2.0 data and data systems for quality improvement. Challenges with the Nurture Ohio system resulted in large amounts of OPQC effort needed to clean the data prior to use. Upon receipt of the cleaned PRAF 2.0 data from GRC, BMI and DBE teams implemented a series of exceptions to ensure appropriate site data was analyzed. Exceptions were programmed into a report that runs with each new file. With the help of GRC to geocode the addresses, OPQC executed the exceptions and programmed measures for the original 23 sites and 4 FQHCs. Exceptions include:

Practice Name: if the address and practice name entered do not match then we will flag for resolution
--

Patient ID Duplicates: the # of duplicates will be counted per site and added to report (Need to identify which form to use if the newest form does not contain all data, but oldest does)

Variables Have an Incorrect Format: listing out of which variable is incorrect and why

OPQC Site Checked but not on OPQC Site List: user selected OPQC site in the form, but site does not currently exist on the Site List provided by OPQC
OPQC Site but not OPQC Patients: an OPQC site has been identified/matched to site list, but the user has selected that they are NOT an OPQC site.
Additional Unexpected Coding: any coding received in any column that was not originally identified in a codebook or otherwise.

OPQC successfully validated PRAF 2.0 data in Q4 of SFY19, and reports will be available by the end of SFY19. Processes were created for receipt, review, revision, and reporting of Vital Statistics data and are shared on a quarterly basis with project sponsors.

D. Lessons Learned and Next Steps:

Lessons Learned

Recruiting teams to engage in traditional collaborative work surrounding PRAF 2.0 was challenging, which resulted in an engagement redesign for FY19 focused on facilitating maternity care practice use of the PRAF 2.0 as part of a broader state-wide effort between ODH and ODM to increase the use of the PRAF 2.0. The PRAF 2.0 will provide key data for maternity care practices to support the use of Progesterone for eligible pregnant women.

Frequent staffing changes at sites, especially changes in staff responsible for PRAF data entry, was identified as a challenge with PRAF 2.0 implementation. This lesson improved the coaching provided by OPQC, and guidance provided to sites included the importance of having training materials consistently available in addition to a simplified process for gaining PRAF 2.0 access. Individual site coaching was highly reliable in assisting teams transitioning from the written PRAF to the web-based PRAF 2.0.

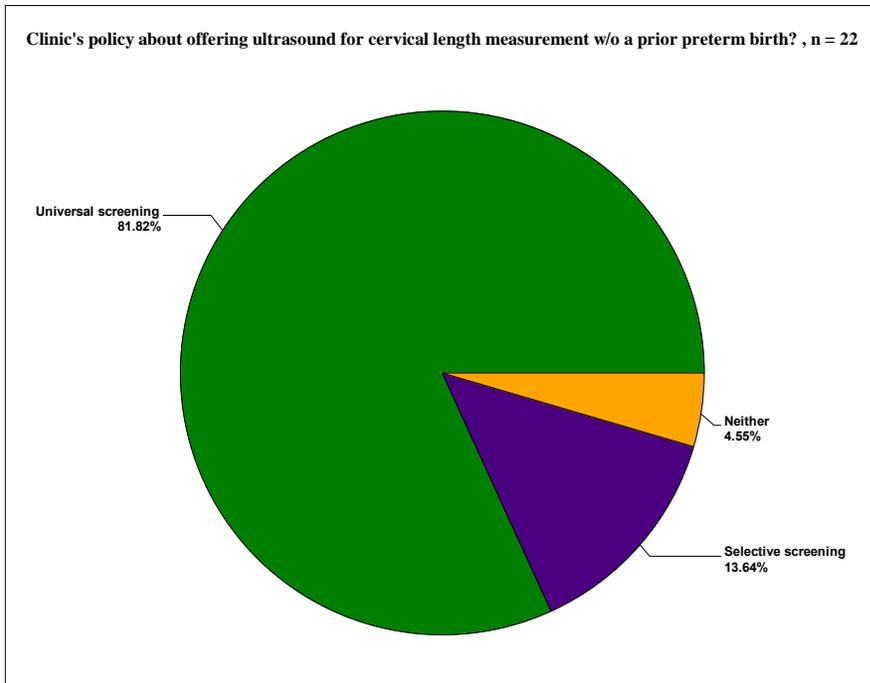
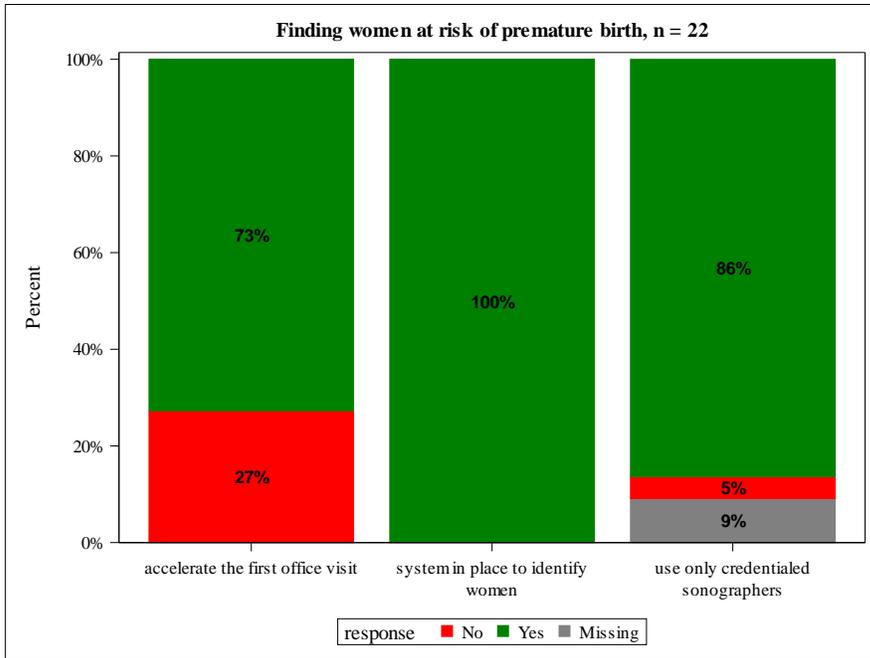
Through working with PRAF 2.0 data and engaging with sites, OPQC learned of design issues with naming conventions within the Nurture Ohio system. The naming convention issue created barriers to data analysis and confusion for sites when attempting to pull and review reports from the system. Through collaboration with GRC, Duet, and ODM, OPQC worked to clean and update site names within the system and recommended solutions for long-term resolution to allow for more useable data in SFY20.

Next Steps

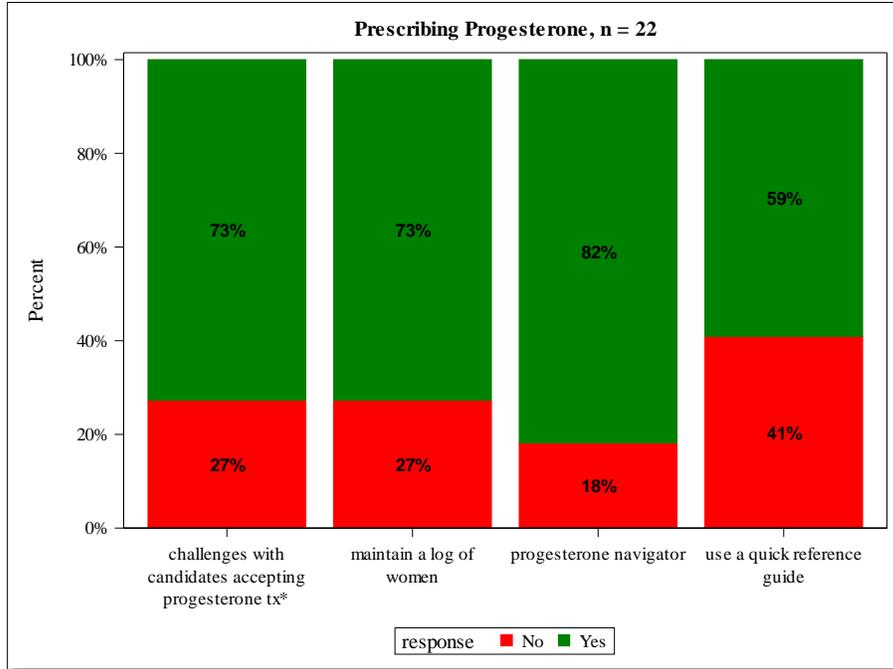
OPQC will continue efforts to increase PRAF 2.0 utilization to support the identification and treatment of eligible patients who would benefit from Progesterone as part of a broader state-wide effort between ODH and ODM to increase the use of PRAF 2.0. OPQC's activities to further this work include collecting barriers to implementation from sites and creating a Pareto chart with results, continued coaching, and webinars as necessary. OPQC will continue collaboration with GRC and Duet to improve the Nurture Ohio system, and OPQC will leverage Nurture Ohio data to assess the impact of PRAF 2.0 and to identify low-users of Progesterone. Support for OEI communities will continue with FQHC calls and promotion of the Credible Messenger Toolkit. A draft project plan is in Appendix 3.

E. Appendix:

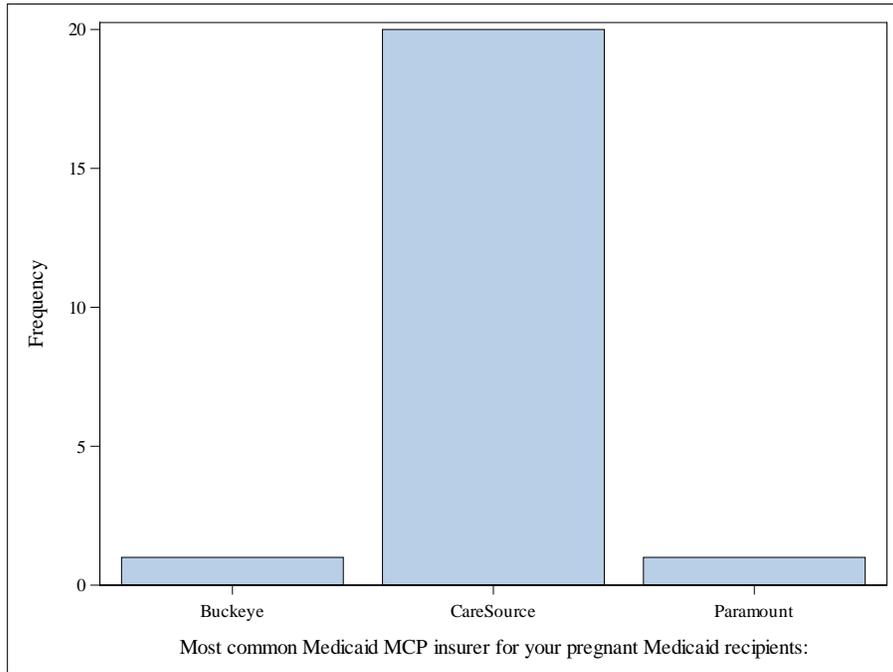
Appendix 1: 23+4 Quick Survey Results



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(Question) Please select the Medicaid Managed Care Plan that most commonly insures your pregnant Medicaid recipients:



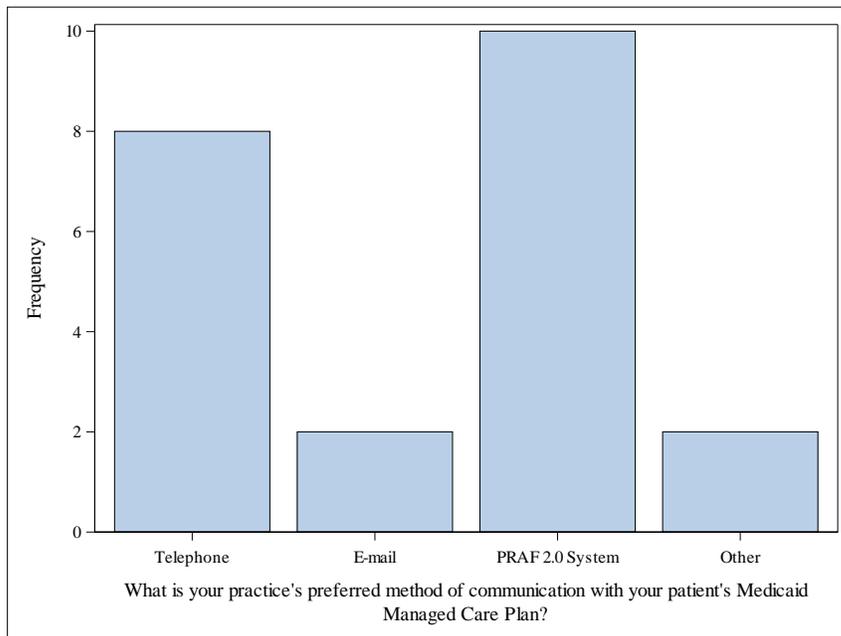
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Most Common Medicaid MCP Communication Characteristics				
Does this Managed Care Plan communicate well with you?	Does this Managed Care Plan communicate well with your patients?			
	missing / no response	No	Yes	Total
No	0 0.00	2 9.09	0 0.00	2 9.09
Yes	1 4.55	2 9.09	17 77.27	20 90.91
Total	1 4.55	4 18.18	17 77.27	22 100.00

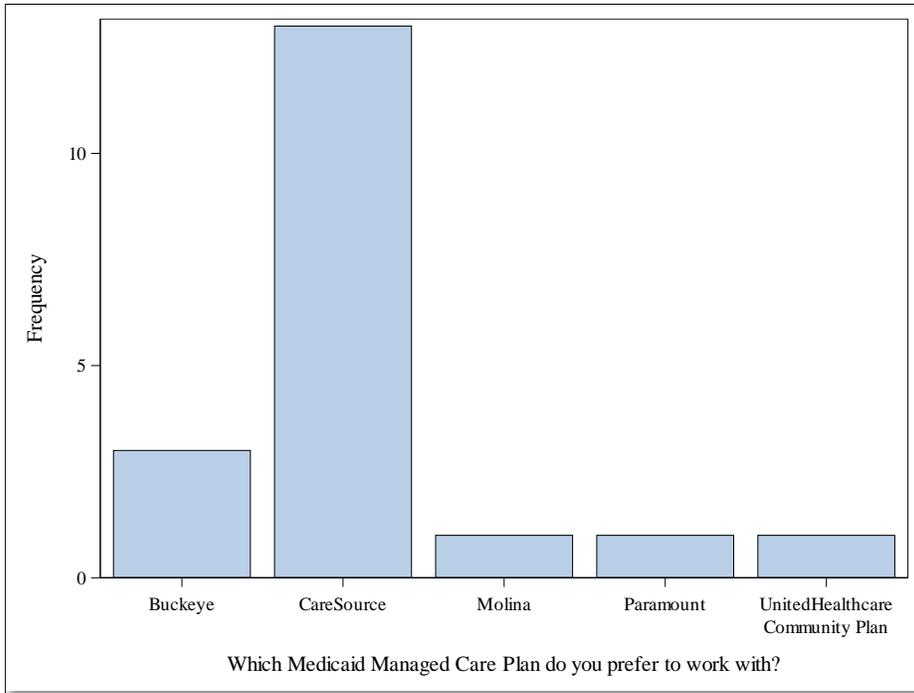
(Question) Please select the Medicaid Managed Care Plan that second most commonly insures your pregnant Medicaid recipients:

Second Most Common Medicaid MCP Communication Characteristics				
Does this Managed Care Plan communicate well with you?	Does this Managed Care Plan communicate well with your patients?			
	missing / no response	No	Yes	Total
No	1 4.76	4 19.05	0 0.00	5 23.81
Yes	1 4.76	0 0.00	15 71.43	16 76.19
Total	2 9.52	4 19.05	15 71.43	21 100.00

(Question) What is your practice's preferred method of communication with your patient's Medicaid Managed Care Plan?



(Question) Which Medicaid Managed Care Plan do you prefer to work with?



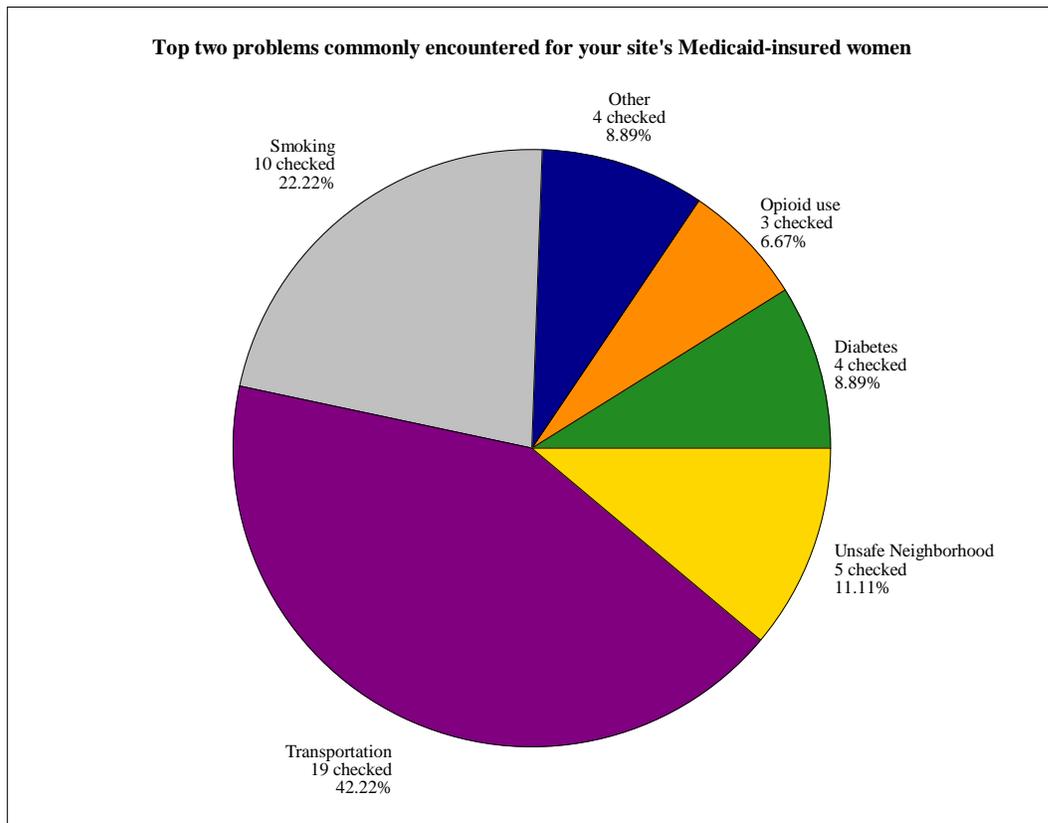
Which Medicaid Managed Care Plan do you prefer to work with?				
medicaid_3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
missing / no response	3	13.64	3	13.64
Buckeye	3	13.64	6	27.27
CareSource	13	59.09	19	86.36
Molina	1	4.55	20	90.91
Paramount	1	4.55	21	95.45
UnitedHealthcare Community Plan	1	4.55	22	100.00

(Question) Which pregnancy notification form does your prenatal clinic use most commonly?

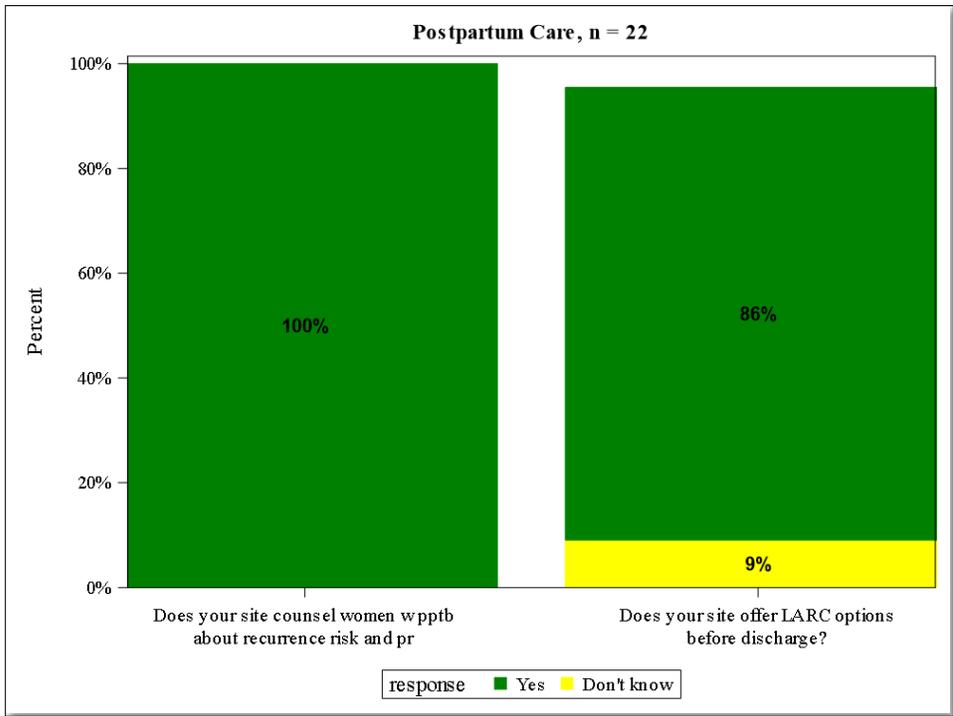
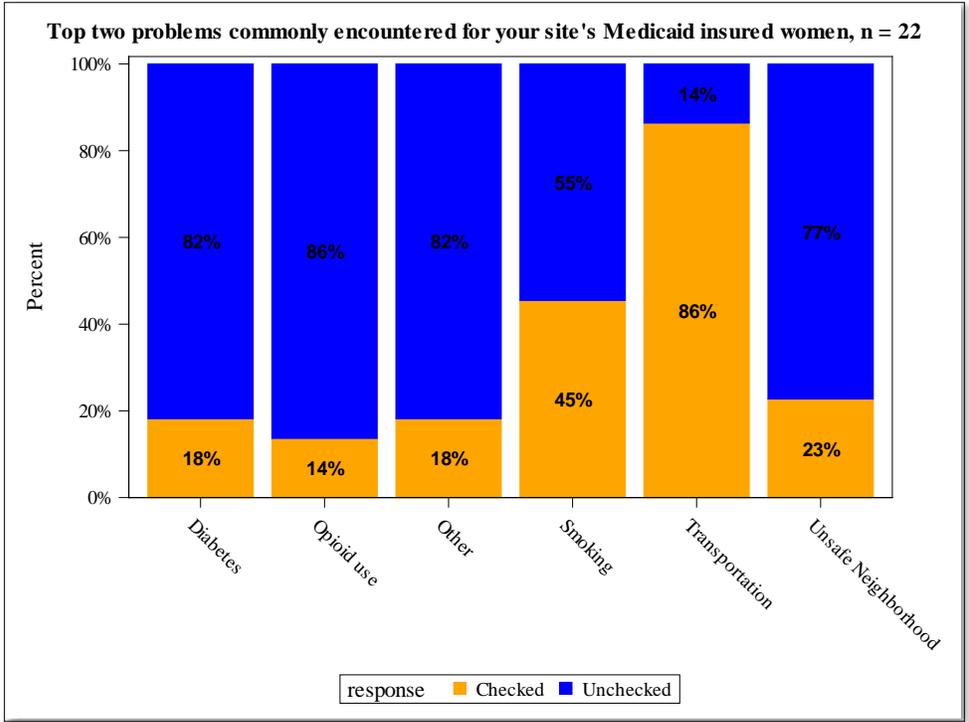
Which pregnancy notification form does your prenatal clinic use most commonly?				
clinic_2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Paper PRAF 10207	5	22.73	5	22.73
Electronic PRAF 2.0	17	77.27	22	100.00

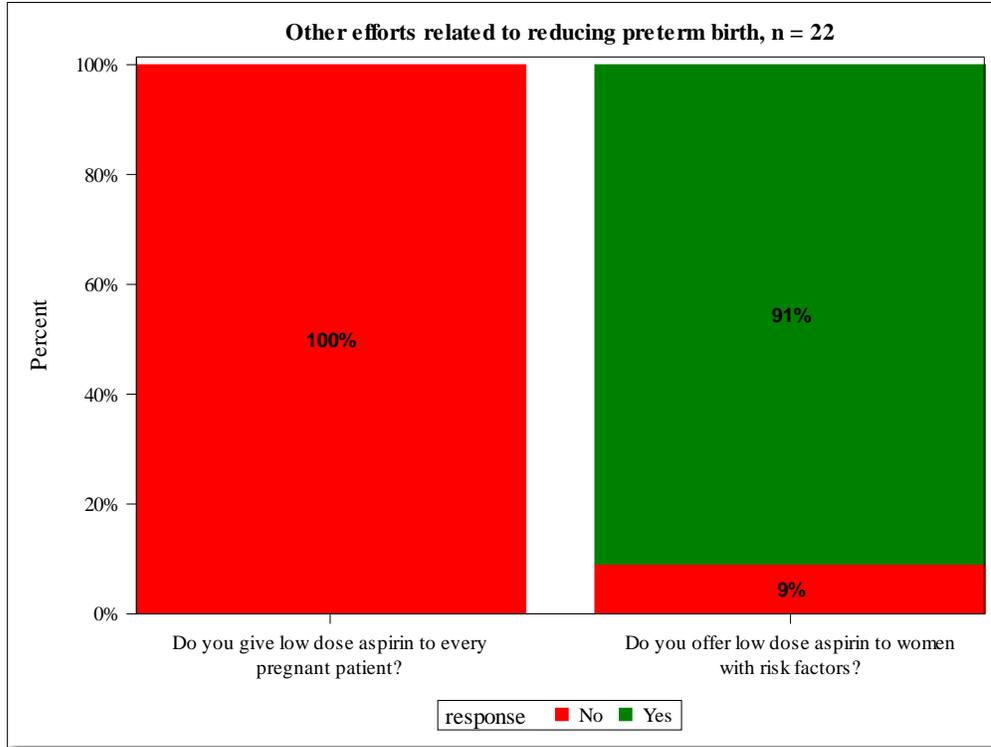
(Question) Your clinic and the PRAF 2.0

Your clinic and the PRAF 2.0				
Has your prenatal clinic tried the electronic PRAF 2.0?	Has your prenatal clinic adopted electronic PRAF 2.0?			
	missing / no response	No	Yes	Total
missing / no response	1 4.55	0 0.00	0 0.00	1 4.55
No	0 0.00	2 9.09	0 0.00	2 9.09
Yes	0 0.00	1 4.55	18 81.82	19 86.36
Total	1 4.55	3 13.64	18 81.82	22 100.00



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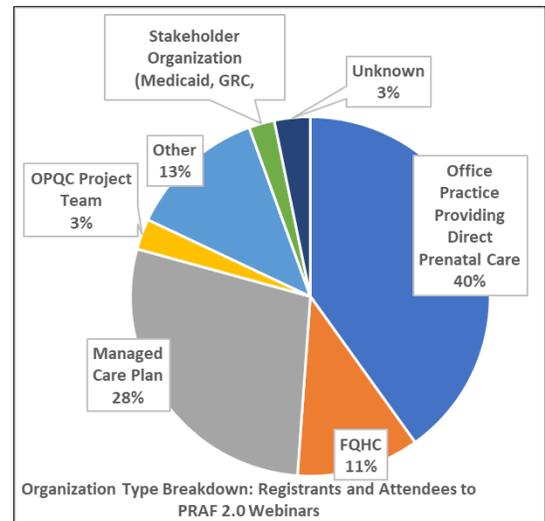




Appendix 2: Report on PRAF 2.0 Webinar Series Attendance and Impact.

General Information

- Total number of individuals registered and/or confirmed attended: **223**
 - One limitation is that it is challenging to confirm attendance due to webinar platform restrictions.
 - This total number of registrants is noteworthy because all registrants and attendees who indicate in registration that they are from a prenatal practice receive an individual follow-up invitation for coaching with OPQC.
- Total number of office practices and FQHC's providing direct prenatal care represented on webinars: **44 (49 sites registered for webinars)**.
- Number of PRAF 2.0 series offered: **4**
 - *Two webinars per series (10 total webinars):*
 - Pilot PRAF 2.0 Getting Started Webinar
 - MCP-focused PRAF 2.0 Webinar
 - PRAF 2.0 Getting Started (4 offered)
 - PRAF 2.0 Next Steps (4 offered)

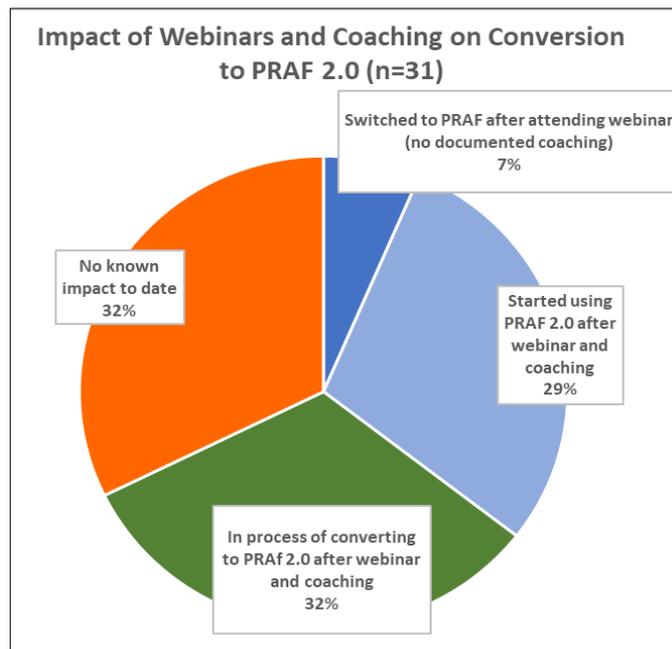
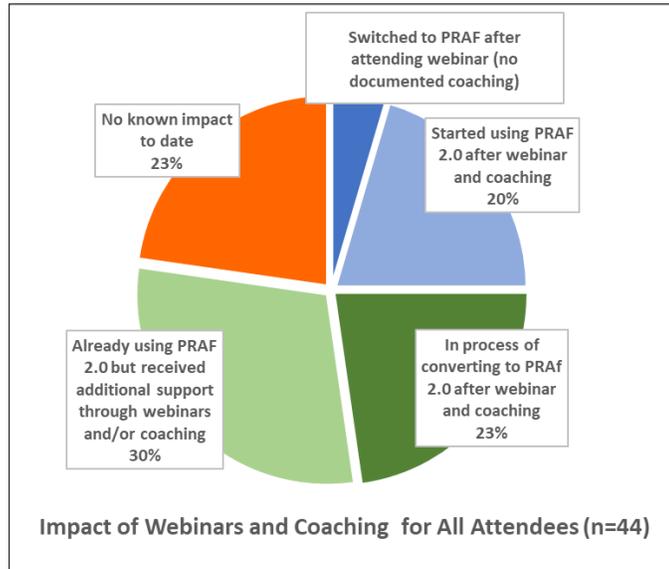


Impact of webinars with additional coaching calls

- **68** representatives from office practices and FQHC's providing direct prenatal care have attended webinars, representing **44** prenatal practices. An additional **5** practices registered but did not attend.
 - Of these 44 practices, **33 (75%)** currently self-report using the PRAF 2.0.

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- Of these 44 practices, **31 (70%)** use the PRAF 2.0 as verified by review of practice lists provided by ODM/GRC.
- Of these 44 practices, **24 (55%)** use the PRAF 2.0 as verified by review of Nurture OH data.
- **13 out of 44 (30%)** sites were already using the PRAF 2.0 before attending the webinar but received additional information or support through webinars.



- Coaching had a strong impact on the **31 sites who had not yet submitted a PRAF 2.0** before attending a webinar*:
 - **2 out of 31 (7%)** sites converted to the PRAF 2.0 after attending a webinar but receiving no individual coaching support to date.
 - **9 out of 31 (29%)** sites converted to using the PRAF 2.0 after both attending one or more webinars and receiving individual coaching support from OPQC QIC's.
 - **10 out of 31 (32%)** sites who attended a webinar and received coaching support are in the process of transitioning to PRAF 2.0 with OPQC support. **

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- **10 out of 31 (32%)** sites have not submitted a PRAF 2.0 form after attending a webinar to date. OPQC staff is actively contacting these sites to offer individual coaching.
- OPQC is in the process of looking at overall ration of Medicaid patients to practice data entry in PRAF 2.0

**Verification of the start date for submitting PRAF 2.0 is based on data exported from Nurture Ohio sites and matched to site names indicated on PRAF 2.0 webinar registration form.*

***Sites are considered "in progress" of converting to PRAF 2.0 if: 1.) they indicate to OPQC Quality Improvement Coaches that they are planning a method to actively integrate PRAF 2.0 into their clinical flow, or 2.) They appear on the exported list of sites using PRAF 2.0 provided by GRC/ODM but have not yet submitted a PRAF 2.0 form*

In addition to the practice sites included in the metrics above, connections made on webinars have been instrumental in the scale and spread of PRAF 2.0. A minimum of 6 Health Care Systems were coached by OPQC Quality Improvement Coaches as a result of having heard about PRAF 2.0 from webinar attendees. These Health Care Systems include***:

- TriHealth - Total 17 practices, 6 practices currently using Nurture Ohio
- Akron General Medical Center – Total 4 practices, 0 currently using Nurture Ohio
- Promedica NW Ohio – Total 14 practices total, 8 practices currently using Nurture Ohio
- Blanchard Valley – Total 2 practices, 1 currently using Nurture Ohio
- OSU Nationwide – Total 14 practices, 9 practices currently using Nurture Ohio
- The Christ Hospital – Total 5 practices, 0 currently using Nurture Ohio

**** Due to limitations in practice site names/addresses within healthcare systems in Nurture Ohio, these practice site estimates are potentially less than the true total number of sites entering PRAF 2.0 forms.*

Metrics for Webinar Videos

- **Views for PRAF 2.0 Getting Started webinar recording (webinar date: 11/8/18):** 43 unique views (Average Viewing Time: 9m12s; 2 views for 48m43s)
- **Views for PRAF 2.0 Next Steps webinar recording (webinar date: 12/4/18):** 26 unique views (Average Viewing Time: 2m2s)
- **Views for updated Next Steps Webinar recording (webinar date: 4/3/19):** 2 unique views (Average Viewing Time: 0m 11s)
- Available publicly on the OPQC website here: <https://www.opqc.net/projects/Progesterone>
- Shared in follow-up emails after PRAF 2.0 webinars to all registrants.
- Webinars have been promoted across OPQC Projects:
 - MOMS promoted on Action Period Calls before the SU questions were removed from PRAF
 - Smoke Free has promoted on AP Calls, Kick-Off Webinar and the Virtual Learning Sessions as well as follow up emails for all of these virtual events.
 - Progesterone promotes on Webinar invitation, reminders and follow-up.

Appendix 3: Draft Project Schedule

Progesterone Project Schedule

