## SNI Webinar Series Recap
# Preparing for Changes in PY7 Priority Measures

In 2024, three Quality Incentive Pool (QIP) measures moved to the priority measure set: the Cesarean Birth (NTSV) Measure; Follow-Up After ED Visit for Substance Use (FUA) Measure; and Follow-Up After ED Visit for Mental Illness (FUM) Measure. In the fall and winter of 2023, SNI hosted a three-part webinar series to help members prepare for PY7 priority measures. Below are the key takeaways.

## Strategies to Improve Cesarean Birth Rates to Address Maternal and Birth Equity

San Joaquin General Hospital's (SJGH) Family Maternity Center shared promising practices and strategies to improve maternity and birth equity through team development, training, and engagement.

> View the **webinar slides** and **recording**.

▶ **Team Development and Support**
SJGH created a Perinatal Safety Committee that included inpatient and outpatient staff and providers to ensure comprehensive support. The outpatient team included hospital clinic staff and federally funded clinic staff collaborating with staff from the Comprehensive Perinatal Services Program. The inpatient team included the Family Maternity Nursing leadership team and PRIME team.

▶ **Training and Engagement**
Curating patient training programs and fostering engagement are essential in making sure patients feel supported and informed. Consider how cultural differences play a role in a patient's labor journey and understand how you can support and accommodate their needs.

The SJGH Maternity Center team created induction policy forms to educate providers and patients on the process and expectations.

▶ **SJGH offered the following midwifery services:**
- Labor support – birthing and relaxation methods
- Maternity orientation – labor expectations and birth plans
- Breastfeeding classes – natural labor and medicated labor and their effects on breastfeeding
- Infant safety and security
- SJGH even offered incentives for families to take these classes

"You have to find out where people are, what they're looking for, and what their expectations are. Actively listen. Find out what someone really needs to get them to do what they need to do to take care of themselves and their family." – Carolyn Sanders, Nurse, SJGH

## Strategies to Improve Follow-Up After ED Visits for Substance Use and Mental Illness

Riverside University Health System (RUHS) and UC San Francisco Health (UCSF) shared promising practices and strategies that have contributed to their success.

### RUHS

- **An Interdisciplinary BHI Navigation Team**: The team consists of SUD navigators, a follow-up coordinator, perinatal navigator, case managers, peer support specialists, and a daily support administrator.
- **BHI Follow-Up Team**: The follow-up coordinator follows up with all patients who are discharged and provides appropriate linkage.
- **Linkages**: The team screens for SUD, housing, domestic violence, and mental health linkages. The team also provides integrated referrals and linkage to MAT services based on patient needs.

**View the webinar slides and recording.**

### UCSF

- **Stakeholder Engagement**: The QIP team recruited Complex Care Management LCSWs and ED staff who helped develop an intervention and workflow.
- **LCSW-Led Intervention**: The goal is to connect with patients within 7 days of discharge to assess SUD, offer supportive counseling, and provide linkage to recovery resources. The team followed the SBIRT model.
- **Data Analytics**: Identifying the proper denominator population is essential to success. The team also periodically compares the data captured in the record with their own manual tracker to ensure accuracy.

**View the webinar slides and recording.**

*"Every service we provide for the client is at the client's preference. If the client doesn't want it, if they want to go to a specific treatment facility, or whatever they select is what we want to help them achieve." – Julie Curran, Behavioral Health Specialist, RUHS*

**Members discussed their approach to the FUA/FUM measures. Concerns raised from members:**

- Various types of follow-ups and follow-up locations
- Definition of practitioner follow-up
- Identifying the correct target population and denominator
- Ensuring linkages
- Data sharing limitations

**At RUHS, the QIP and BHI teams maintain a strong relationship.**
**RUHS shared an overview of the data collaboration between QIP and BHI teams:**

| RUHS Behavioral Health Services | Data Storing and Processing | Access and Data Sharing | RUHS Medical Center QIP Metrics |
|---|---|---|---|
| Substance abuse programs and services are available throughout Riverside County. | Data is stored in a relational database warehouse. An extract, transform, and load process is performed nightly. | Behavioral Health and the Medical Center are under the same system, making data sharing secure and safe. | Monthly meetings between both departments are coordinated for performance improvement planning and outcome evaluation. |