



Domain Group: Women/Maternal July 31st Results

Expert Guest(s): Dr. Jackson Sobbing, Dr. Randall Morgan

Lead Staff: Kelli Mark Recorder: Jennifer Miller

Focus Area: Provide brief responses to the following questions related to the focus area/issue.

Discussion Questions	Comments
<p>1. What is the problem/focus issue?</p>	<p>The annual preventive medical/well visit for women of reproductive age and postpartum women.</p> <ul style="list-style-type: none"> - Timing of well visits: How often should women see the doctor and does it vary by age or during critical periods (more or less often)? Annual - Services: What should be happening during the well visit (screenings, conversations, expectations). Same as on ACOG infographic plus domestic violence screening, social history review, substance abuse screening <p><i>Note:</i> Include special messaging for the population of postpartum women that need a well visit after delivery, especially for those that are covered by Medicaid considering they will lose coverage 60 calendar days following delivery. The postpartum visit might be the only one the woman has in the entire year after pregnancy.</p> <p>Differentiating between a pap smear and a well women, they are not the same. Pap smear is every 3 years but a well women should still be done annually. Looking at the elements of what has been completed in the visit to determine if it was a complete well women.</p>
<p>2. Who is the target audience for the message(s)?</p>	<p>Audiences should be patient and provider if possible; if need to focus on one it will be the woman/patient in regard to education about access and services based on recommendations for best health.</p> <p>Patient and Provider The younger you can educate the better Mothers of adolescents –normalizing the behavior</p>
<p>3. What type of document/product related to outreach/ messaging are you preparing (what is the purpose) and why? (action alert, infographic, bulletin, etc.)</p>	<p>Action Alert/Call to Action</p> <p>(Use data, strategies, tips, and reminders to send the messages to impact behavior; intent is to mobilize and activate/create and drive action across sectors – we are all a part of the solution and can do something now.)</p> <p>Infographics for patients (email/text, paper) Providers: short, simple bulletin or email blast, recurring include patient tools or new updates Social Media: tik tok, short videos, Facebook, etc. Provider bulletin on mom’s bringing in daughters and infographic and book for parent to give to child to start the conversation (Care and Keeping of You)</p>
<p>4. What MCH performance measure does this aim to address/support?</p>	<p>NPM 1: well-woman visit (# of women 18-44 with annual preventive visit in the last year) Process Measure: % of women educated on the importance of an annual well visit</p> <p>Could add internal measure by facility to track progress</p>
<p>5. Outline the case for need:</p> <ul style="list-style-type: none"> - Data/negative trends - Behaviors to target for change that are contributing to the issue 	<p>Data: The most current data indicates only 64.8% of Kansas women 18-44 reported receiving an annual well visit in a prior year during 2018 (Source: BRFSS). This is a slight drop from 65.1% in 2016. Based on Kansas MCH network data (Source: DAISEY), only 13.5% of women seen at the local level were educated about the importance of a well visit during 2018. This is a decrease from 15.3% in 2016. Significant improvement is necessary.</p>

Discussion Questions	Comments
<ul style="list-style-type: none"> - System and/or policy issues and barriers contributing to the problem - Other contributing factors <p style="color: red;">KHIN would be a good place to track all the elements of a well women visit so providers across the State could see if patient has had one within the last year</p>	<p>Behaviors to Target: Modeling behavior Starting/having the conversation about reproductive health with your daughter What is a well women visit and why it is important Provide resources to assist mothers with these conversations</p> <p>System and/or Policy Issues:</p> <p>Barriers to Address: Scheduling: finding times that work for both mother and daughter to be there Potential space issues in exam rooms Transportation to and from appointments Communication/knowledge of whether a well women visit is being completed or not (understanding all the elements of a WW visit)</p> <p>Other Factors to Consider: Comfort level of the mother Why modeling is important Articulate the “why” Talking about HPV What is the mother’s level of health literacy</p>
<p>6. What are the “asks” from the audience? What changes/actions can make a difference? Specifically, how should we move forward with this “issue” area that needs to be advanced? (Carry to action alert worksheet.)</p> <p>NOTE: Break strategies/actions for change down by target population and provider or setting type.</p>	<p style="color: red;">Why modeling is important to help moms teach their daughters: better birth outcomes, decrease risk of cervical cancer/catching it earlier, quality of life</p> <p style="color: red;">Addressing fears about visits</p> <p style="color: red;">Could consider a focus group around this topic</p>
<p>7. What key message(s) or resources (phone numbers, websites, etc.) need to be communicated or promoted? (Carry to action alert worksheet.)</p>	<p style="color: red;">Make healthcare multigenerational</p> <p style="color: red;">If healthcare is important to you, ensure healthcare is important to your daughter</p> <p style="color: red;">Golden Circle: why, how, what</p> <ul style="list-style-type: none"> • Why preventive health (improving quality of life, protects reproductive life, etc.) • Why modeling (look for studies that support this working)
<p>8. Sources/References</p>	

MCH State Action Plan Objectives & Strategies:

- Increase the proportion of women receiving a preventive medical visit annually.
 - Increase the number of health departments and health centers educating on the importance of an annual well visit and providing on-site assistance for accessing health care coverage (certified application counselors or Medicaid eligibility workers), especially to ensure coverage beyond the post-partum period.
 - Utilize peer and social networks for women, including group education models, to promote and support access to preventive care. *(What's the measurement)*
 - Promote individuals' responsibility through the development and documentation of personal health plans that include the annual visit.
 - Promote consumer awareness about the importance of preconception care, and inter-conception care, and birth spacing. *(How to audit this in charts)*
 - *Number of providers who are training in trauma-informed care*

Expand modeling to the first prenatal visit as all the components of a well women are completed then

What, if any recommendations, does the group have for the MCH State Action Plan related to this issue? Consider and discuss the following:

Is the issue/need adequately addressed in the plan? Circle one (yes or no) and explain.	Yes	No
Does the group recommend any strategies to advance the work or improve the outcomes/measures? Circle one (yes or no) and explain.	Yes	No

Additional Resources:

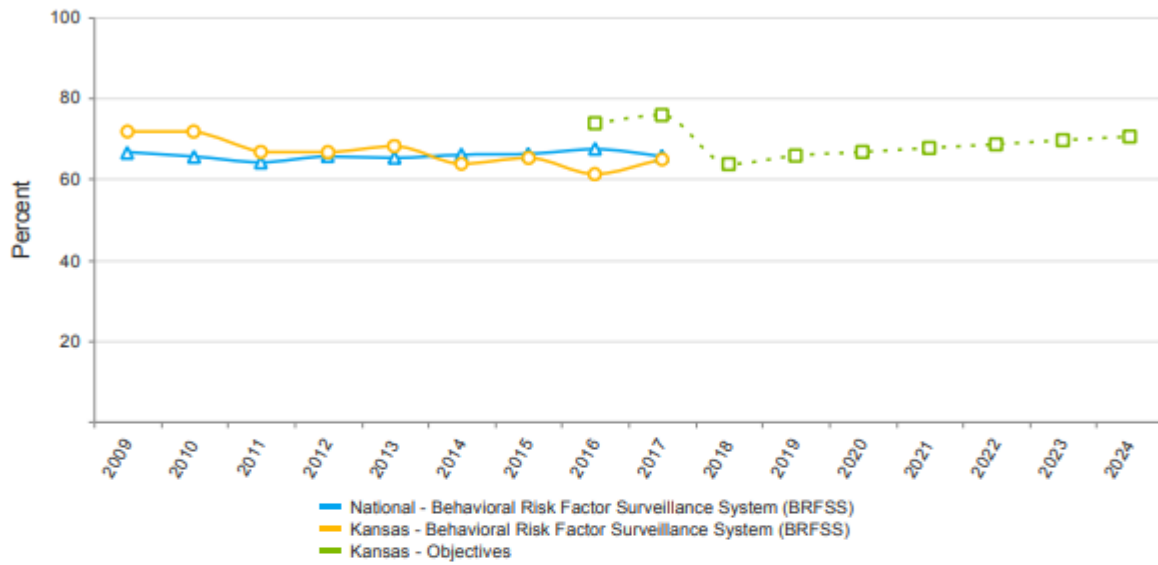
- [Well Woman Chart](#)
- [Women's Preventive Services Guidelines](#)
- [ACOG Well Woman Infographic](#)

Significance & Data:

A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit is recommended by the American College of Obstetrics and Gynecologists (ACOG). <http://www.acog.org/Resources-AndPublications/Committee-Opinions/Committee-on-Gynecologic-Practice/Well-Woman-Visit>

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



Federally Available Data			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			
	2016	2017	2018
Annual Objective	73.7	75.7	63.6
Annual Indicator	65.1	61.0	64.8
Numerator	317,072	294,297	311,046
Denominator	486,998	482,804	480,042
Data Source	BRFSS	BRFSS	BRFSS
Data Source Year	2015	2016	2017

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	65.7	66.6	67.6	68.5	69.5	70.4

Evidence-Based or –Informed Strategy Measures

ESM 1.1 - Percent of women program participants (18-44 years) that received education on the importance of a well-woman visit in the past year

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		20	30	
Annual Indicator	24.7	28	25.9	
Numerator	1,604	1,773	1,702	
Denominator	6,496	6,335	6,578	
Data Source	DAISEY	DAISEY	DAISEY	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Final	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	30.0	35.0	40.0	45.0	50.0	55.0