**Woman-Maternal Domain *Recorder: Diane Daldrup Facilitator: Stephanie Wolf***

| **Gaps and Challenges Around**  **Alignment Opportunities** | **Action Items for Collaboration and/or Improvements** | **Next Step Responsibility:**  **Who? By when?** |
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| **MCH Topic:** Prenatal Education/Care. Note: Many statements apply across *all* topics: Prenatal education/care; 17P Barriers; tobacco, alcohol, other substances – NAS; Family caregiver health  **Related MCH Plan Items:** 1.1, 1.3, 1.2 | | |
| * + - * + Cross referrals across MCOs, providers, public health         + Need infrastructure to support direct ref. mechanism         + Centralized ref. system (MIECHV model)   time to replicate  Services - lack of continuity of approach  Regarding centralized ref. system:  Include KPQC  Family/patient engagement  Think beyond mandates (serving mother of child covered P loses coverage 2 month pp – i.e. case manage   * + - * + Lack of best practices (promising practices) | Central intake and referral model (Help Me Grow and IRIS implementation?)  KMCHC provides/develops MCH best practices we promote/define across organizations (MCOs, private insurance, public health, private providers)  - Medicaid uses these for reimbursement of MCOs  Recommend for what moves out of value added to required  - Recommend on core required services vs. value added  RFP for MCOs – Allow council to review & give recommendation (Including family engagement)  - Public comment period should be more known/promoted | * Common formulary for Medicaid payment for prenatal education and care, including payment consistency across all MCOs. This includes cross-cutting focus areas that are inconsistent in value added services provided by MCOs. \*KDHE BFH provides interface with Medicaid/MCOs. * WM Domain members provide input on cross-cutting services. |
| NAS – AAP Policy Statement on NAS (March 2017)  NAS framework issued by ASTHO and NICHQ October 2017. Goal is to compare AAP policy statement to ASTHO and NICHQ framework for alignment and to identify pediatrician role in NAS identification and treatment.  MCOs promote NAS awareness to members and community at large. | Provide AAP and ASTHO/NICHQ docs to KMCHC WM Domain group and to Sarah Fischer for incorporation into NAS strategic plan. Share NAS strategic plan with KMCHC members when available. |
| 17P – Barriers   1. Training to public health [?] nurses, Walgreens, etc. 2. PH reimbursement for 17P administration beyond Optum program. 3. No mechanism to track MCO/Optum program efficacy. 4. Pain at injection site leading to increased refusal rates. 5. No clear understanding of patient refusal issues. 6. Identification of candidates (providers, MCOs, public health) and treatment referral systems are lacking. | Establish guidelines/training protocol for admin.  Policy for reimbursement when administered in home or other setting by PHN, APRN, RN, other credentialed “like” practitioner within Optum for a similar service around administration | 1. Identify existing 17P administration training sources.   Develop professional training in partnership with KS TRAIN (Daldrup)   1. Explore Medicaid reimbursement policy for public health administration of 17P injections (Sorell). 2. Develop mechanism to track 17P utilization and outcomes for MCO/Optum homecare program (MCOs and Optum) 3. Look at what other states are doing related to injection site pain. Share with KMCHC and MCOs to determine KS approach (Daldrup). 4. Develop and conduct survey/focus groups among 17P candidates to identify concerns and barriers to 17P utilization (Optum sites in Wichita and KCK; Daldrup will coordinate). |
| **MCH Topic:** Undocumented population  **Related MCH Plan Items:** *Fill in related plan items* | | |
| * Fear * Language * Cultural barriers * Increasing refugees * Access/Transportation * Lack of knowledge * Receive zero MCH services – how served? * ACES * Communication /political support/understanding | * Focus groups where this population is being served   + Identify & support replication of the model * Identify what programs/services are available – educate providers * Push for coverage of undocumented pregnant women (argument of when the fetus is recorded as citizen/person) | * Identify geographic areas of large pockets of undocumented women of childbearing age. *First, identify best data source for this.* * Identify priority communities to conduct focus groups to determine local needs and develop pilots based upon needs. * KDHE BFH meets with Farmworker program in Dec. |